

# A Blueprint For the Next Decade of Cancer Survivorship

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# A Decade of Progress !



Thanks to our DREAM TEAM of leaders and

# The Next Decade



*Loading...*

# The Perfect Storm

Skyrocketing  
Costs of Cancer  
Care &  
Survivorship

15.5 Million  
Survivors +1.7M  
each year

Provider Knowledge  
Deficits

Chronic & Late  
Effects of Cancer  
(Physical,  
Psychosocial,  
Financial, Ability to  
Work)

Provider  
Shortages (ONC,  
PCP, Nursing)

# A Blueprint For the Next Decade of Cancer Survivorship

## Change the Mindset

- Survivorship starts at diagnosis

## Change the Model

- Screen for & manage toxicities
- Risk-stratify follow-up care

## Change the Language

- Honor the diversity of survivorship trajectories

# A Blueprint For the Next Decade of Cancer Survivorship

## 1. Change the Mindset

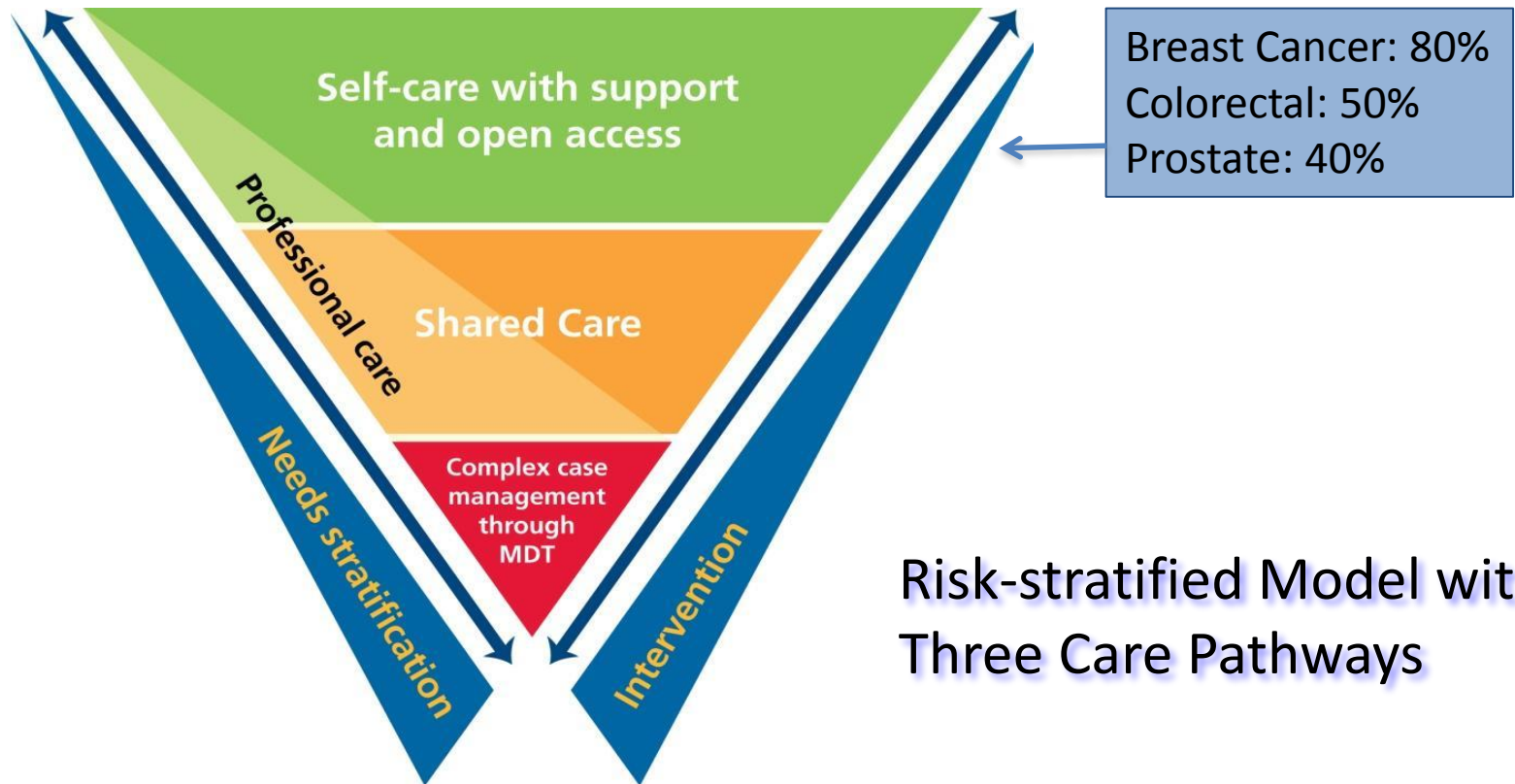
- Continue to describe the issues faced by long-term survivors as treatments change
- **Survivorship begins at diagnosis**
- Orient providers and patients toward long-term survivorship from the beginning

# A Blueprint For the Next Decade of Cancer Survivorship

## 2. Change the Model

- Implement a system for screening and management of toxicities from diagnosis
  - Prevent toxicities where possible
  - Early treatment of toxicities to prevent disability
- Expand the team:
  - Always include the PCP
  - Develop algorithms to help oncologists refer to cancer rehabilitation, psychosocial, and other providers (APPs, nurse and lay navigators, tools? Alexa?)
- Focus care on preventing recurrence, 2<sup>nd</sup> cancers, late effects
- Implement risk stratified follow-up care

# The UK Model of Survivorship Care



Risk-stratified Model with  
Three Care Pathways

# Cancer survivorship in the USA 3

## Integrating primary care providers in the care of cancer survivors: gaps in evidence and future opportunities

Larissa Nekhlyudov, Denalee M O'Malley, Shawna V Hudson

www.thelancet.com/oncology Vol 18 January 2017

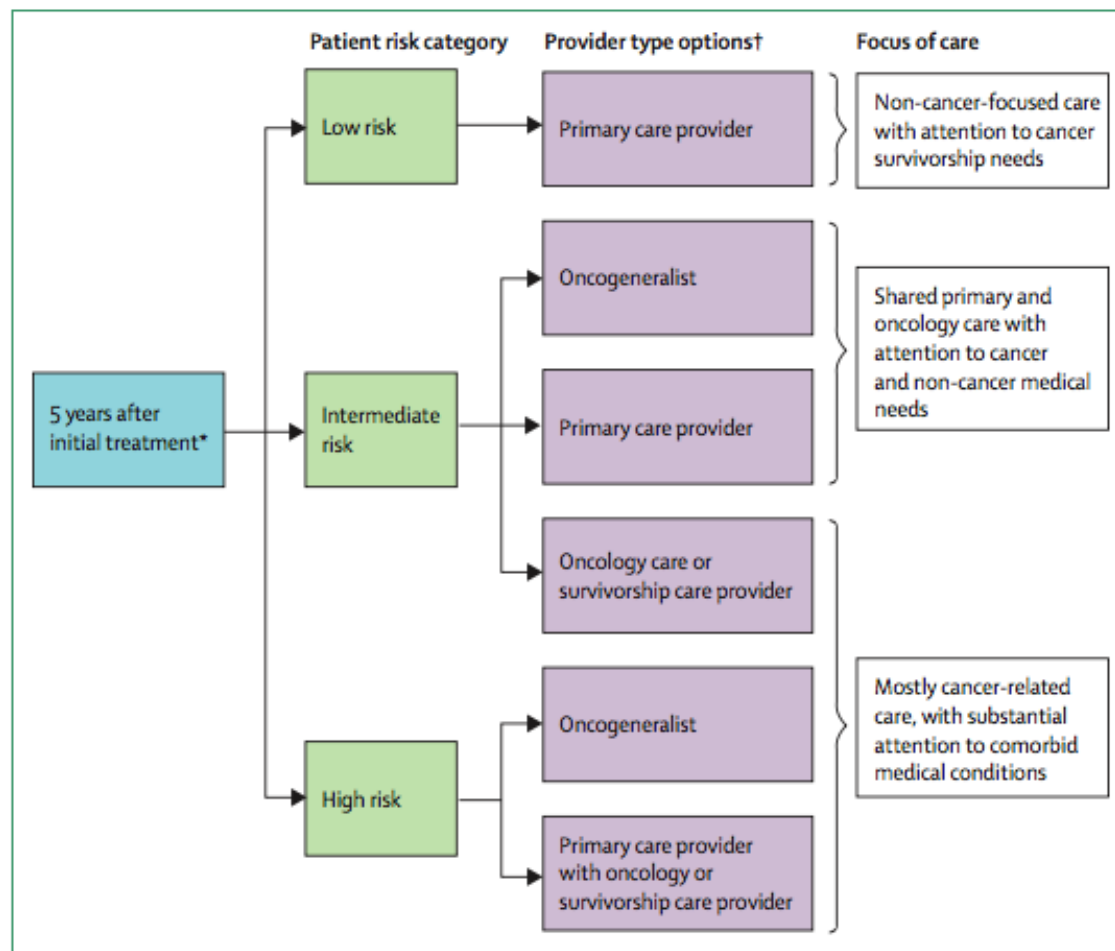


Figure 2: Survivorship care strategies

\*5 years is based on general recommendations in the cancer community; transition of care might vary. †Any of these models might be appropriate for nurse practitioner or physician assistant involvement.

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## 2. Change the Model

- Use a precision medicine lens: “right sized care”
- Improve understanding of risk and mechanisms by integrating across data types
- Make the business case that this revised care model improves:
  - Patient functioning and QOL
  - Ability to work
  - Clinic flow & provider availability
  - Healthcare utilization and costs

# A Blueprint For the Next Decade of Cancer Survivorship

## 3. Change the Language:

### Honor the diversity of survivorship trajectories

- Patients who are post-treatment & cancer-free
- Patients on active surveillance, not requiring treatment
- Patients living with intermittent active disease requiring treatment
- Patients living with metastatic disease

### Honor those who want to “fight” and those for whom that metaphor does not resonate

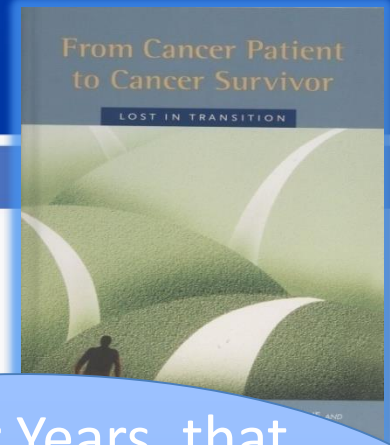
- Do we need a different word? If so, WHAT?

# We MUST Accelerate Progress!



In Cancer Years, that IOM report was commissioned around the time Lincoln was assassinated...

Matthew Zachary  
Founder/CEO Stupid Cancer



# Thank you!

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