Session 1: Overview of Cancer Survivorship

When Life Is Sewn Back Together, It Has Changed

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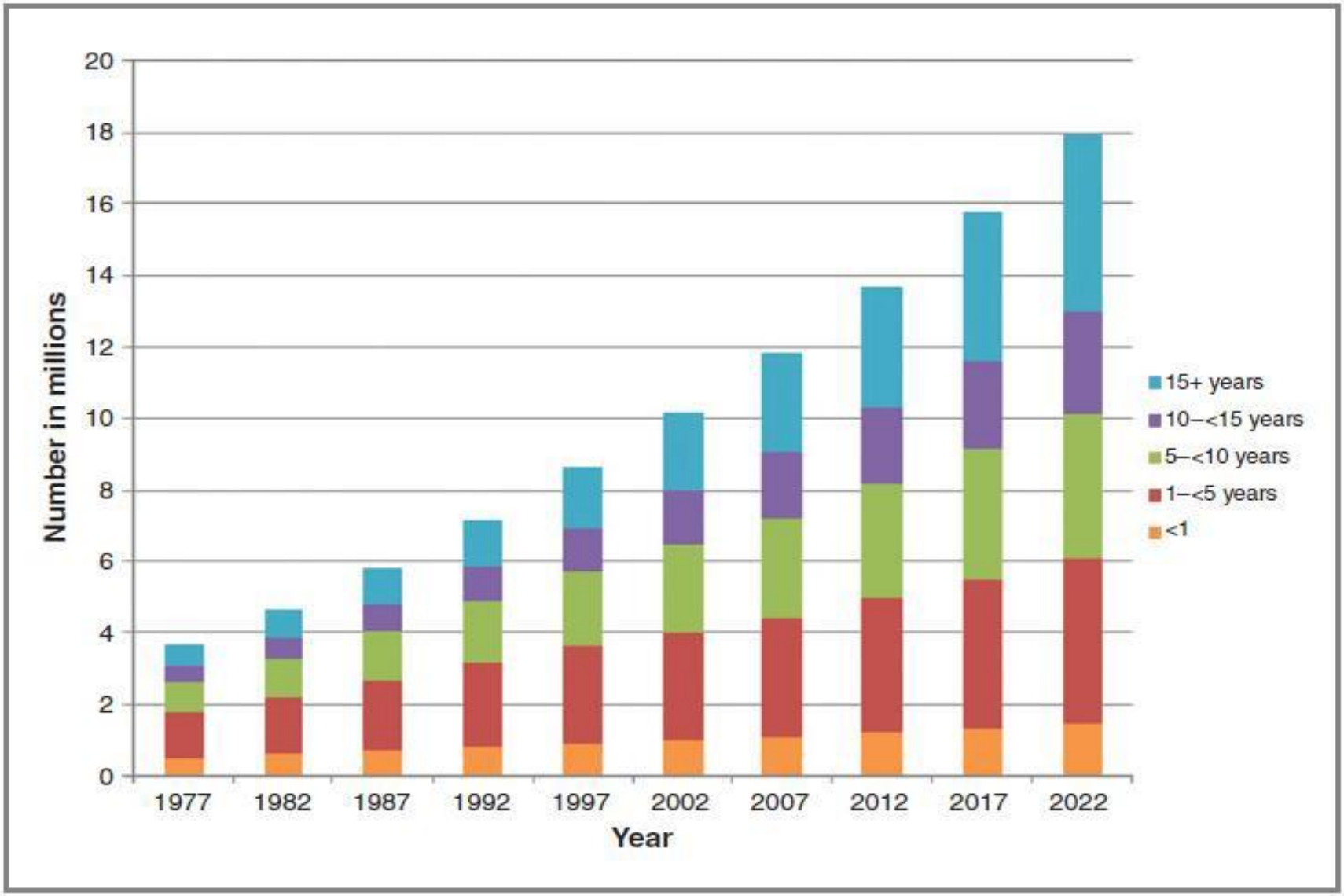
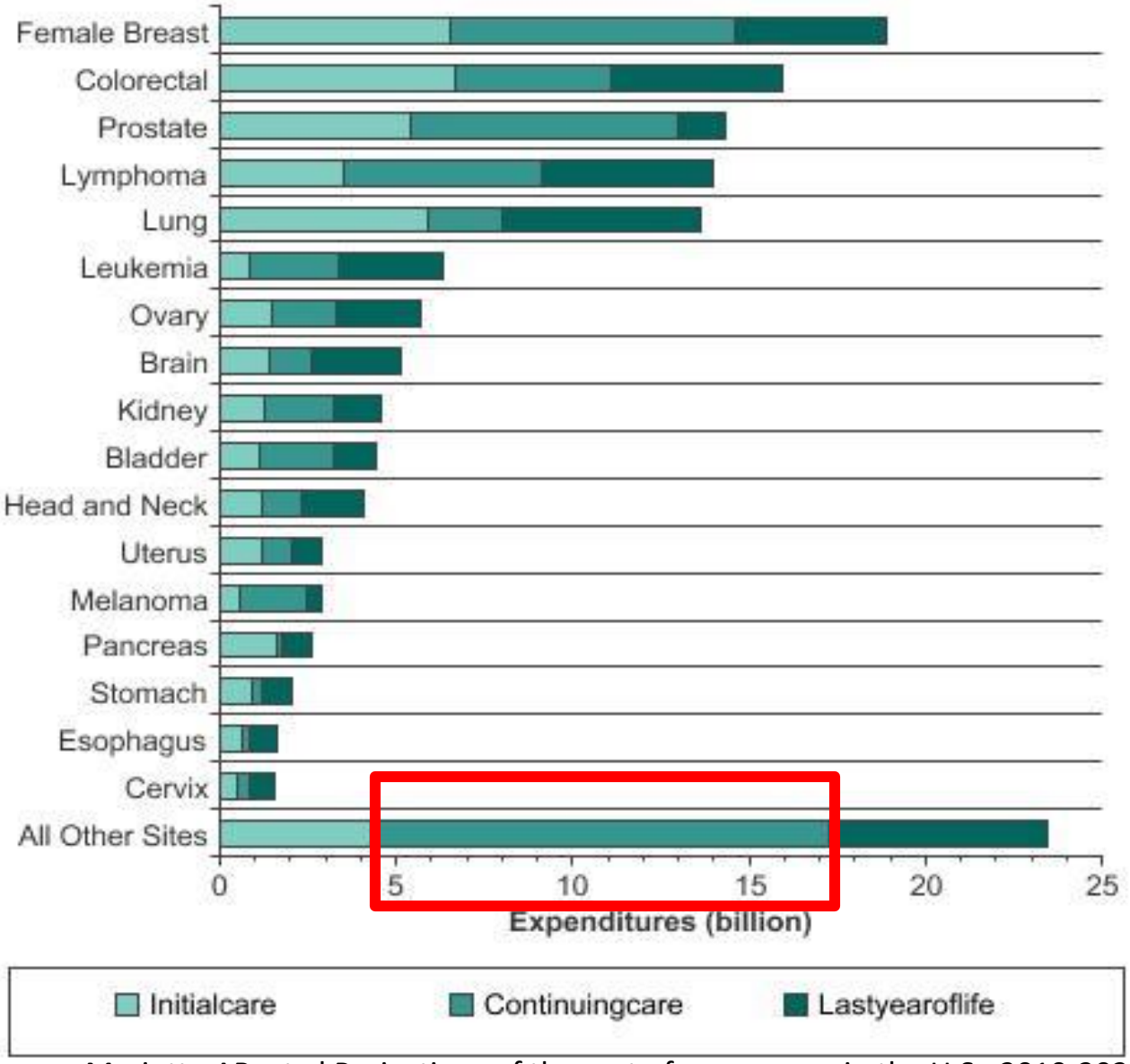
UNC CANCER CARE

20 Million Cancer Survivors Projected in 2026



Estimates Of National Expenditures For Cancer Care, By Site



Source: Mariotto AB, et al Projections of the cost of cancer care in the U.S.: 2010-2020. J Natl Cancer Inst 2011; 103(2):117-28.

Cancer Prevalence and Cost of Care Projections: http://costprojections.cancer.gov/

Essential Components of Survivorship Care

1. **Prevention** of recurrent and new cancers, and of other late effects;

2. **Surveillance** for cancer spread, recurrence or second cancers; assessment of medical and psychosocial late effects;

3. **Intervention** for consequences of cancer and its treatment;

4. **Coordination between specialists and PCPs to ensure that all of the survivor's health needs are met.**

Hewitt M, Greenfield S, Stovall E. *From cancer patient to cancer survivor; lost in transition*. 2006. Washington, DC: The National Academies Press.

LIVESTRONG Essential Elements (2011)

TIER 1: CONSENSUS ELEMENTS

All medical settings MUST provide direct access or referral to the following elements of care.

- Survivorship care plan, psychosocial care plan, and treatment summary
- Screening for new cancers and surveillance for recurrence
- Care coordination strategy which addresses care coordination with primary care physicians and primary oncologists
- Health promotion education
- Symptom management and palliative care

TIER 2: HIGH-NEED ELEMENTS

All medical settings SHOULD provide direct access or referral to these elements of care for high-need patients and to all patients when possible.

- Late effects education
- Psychosocial assessment
- Comprehensive medical assessment
- Nutrition services, physical activity services, and weight management
- Transition visit and cancer-specific transition visit
- Psychosocial care
- Rehabilitation for late effects
- Family and caregiver support
- Patient navigation
- Educational information about survivorship and program offerings

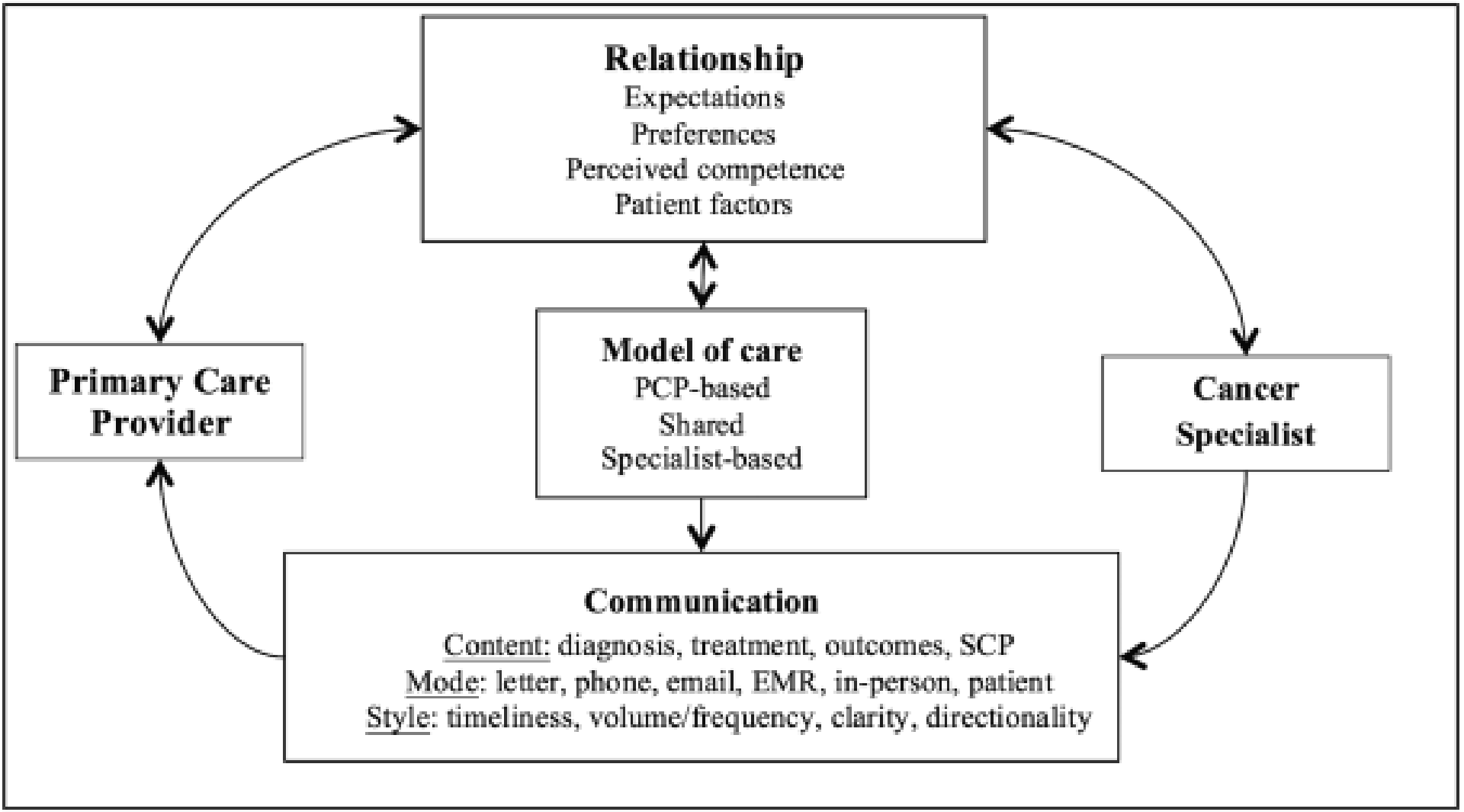
TIER 3: STRIVE ELEMENTS

All medical settings should STRIVE to provide direct access or referral to these elements of care.

- Self-advocacy skills training
- Counseling for practical issues
- Ongoing quality-improvement activities
- Referral to specialty care
- Continuing medical education

Need risk stratification and algorithms to triage elements

The Primary Care Provider (PCP)-Cancer Specialist Relationship: A Systematic Review and Mixed-Methods Meta-Synthesis



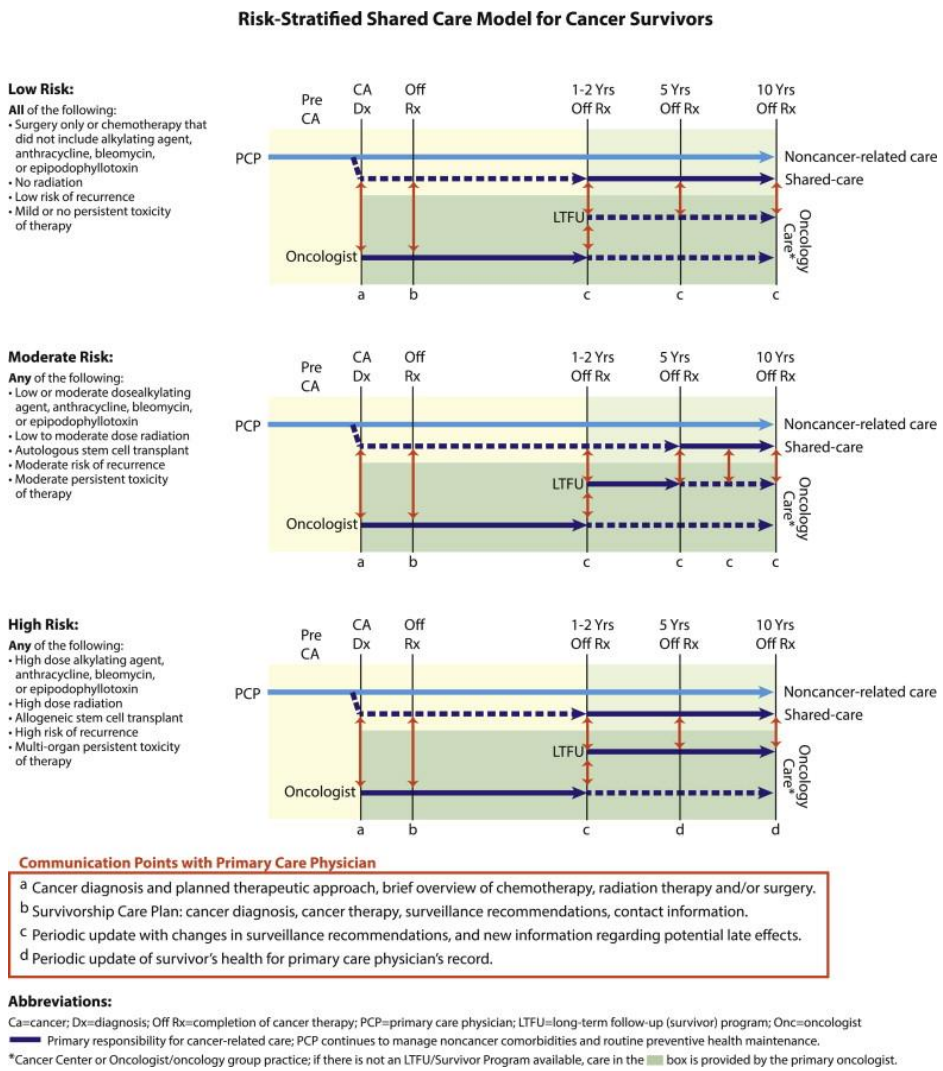
Dossett LA, Hudson JN, Morris AM, Lee MC, Roetzheim RG, Fetters MD, Quinn GP. CA Cancer J Clin 2017;67:156–169.

The Primary Care Provider (PCP)-cancer Specialist Relationship: A Systematic Review And Mixed-method Meta-synthesis.

Summary of Findings

Poor and delayed communication between PCPs and cancer specialists
Cancer specialists endorse a specialist-driven model of care
PCPs believe they play an important role in the cancer continuum
PCPs are willing to play a role in the cancer care continuum
Oncologists and PCPs are uncertain of PCPs' knowledge or ability to provide care
Discordance among expectations and perceived roles

Dossett LA, Hudson JN, Morris AM, Lee MC, Roetzheim RG, Fetters MD, Quinn GP. CA Cancer J Clin 2017;67:156–169.



McCabe MS, Partridge AH, Grunfeld E, Hudson MM. (2013) *Semin Oncol.*, 40:804-12

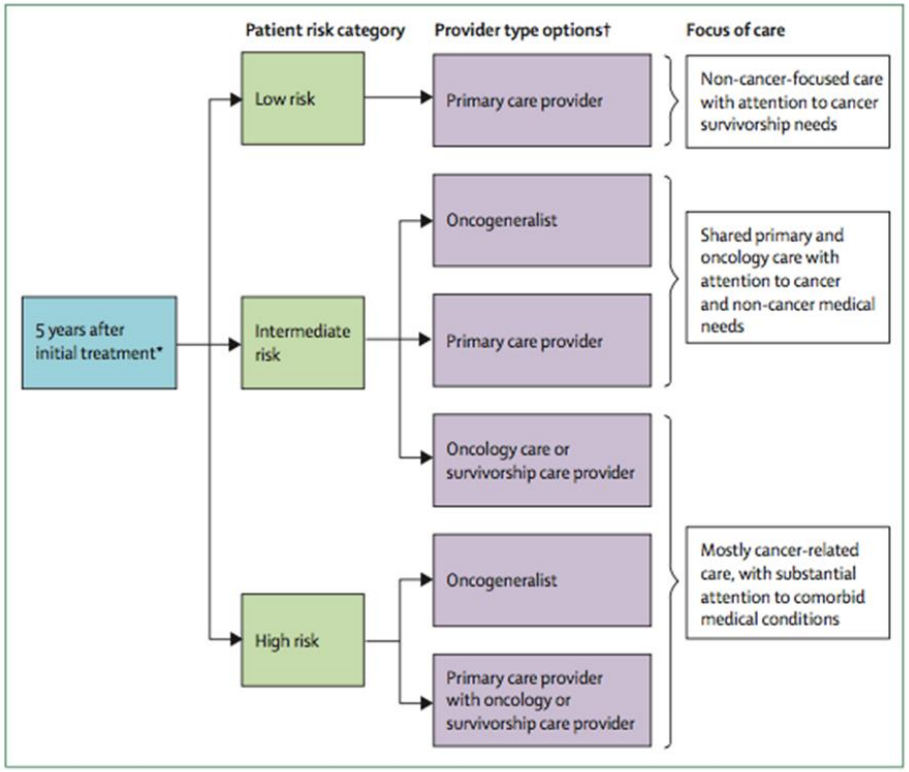


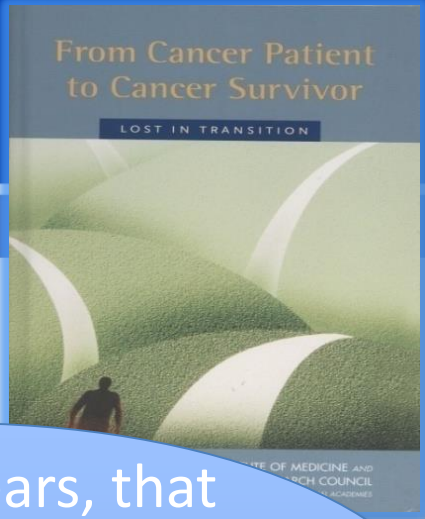
***Figure 2:* Survivorship care strategies**
*5 years is based on general recommendations in the cancer community; transition of care might vary. †Any of these models might be appropriate for nurse practitioner or physician assistant involvement.

Nekhlyudov L, O'Malley D., Hudson SV. (2017). *Lancet Oncology*, 18: e30-e38

Challenges for Cancer Care

- We need to rethink how we deliver care:
  - what care is needed
  - who needs that care
  - who delivers care
  - where care is delivered
- We need to optimize functionality and use of data and electronic tools (EHR, apps, mHealth) to extend our impact in delivering quality cancer care to all in need.

We MUST Accelerate Progress!



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

Matthew Zachary
Founder/CEO Stupid Cancer

BEFORE…DURING…AFTER (2008)