The Role of the PCP in Cancer Care

Addressing the Adverse Consequences of Cancer Treatment
National Cancer Policy Forum

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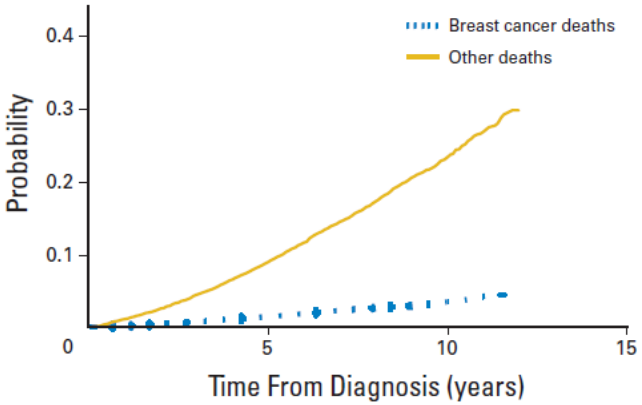
Summary

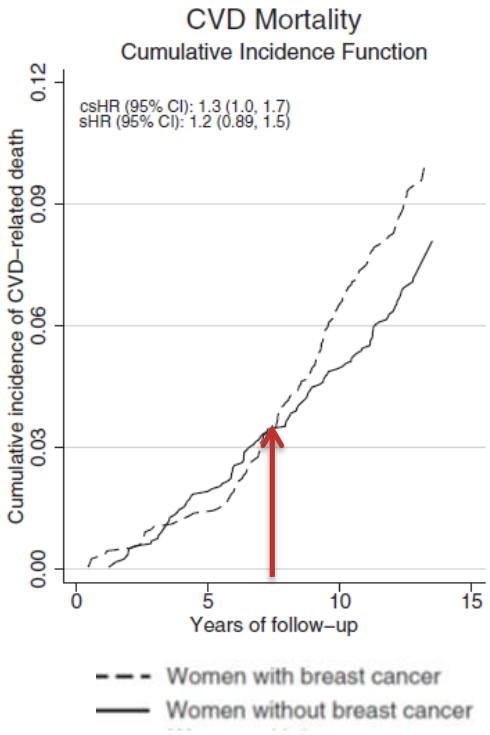
- Cure rates are high for many cancers, including breast, colorectal, and prostate cancer
- Risk of death from cardiovascular disease (**CVD**) often exceeds that of risk of death from the cancer
- Generally not due to the toxicity of therapy but rather benign neglect of non-cancer comorbidities
- Nationally, and internationally, the primary care provider (**PCP**) is not an integral member of the care team during or soon after cancer therapy
- All of the above is also relevant for individuals with a chronic cancer, such as chronic lymphocytic leukemia (CLL)

Importance of Non-Cancer Comorbidities

Probability of death from breast cancer or other causes among women age 50 and older with ER+ early stage breast cancer
SEER: 1988-2001

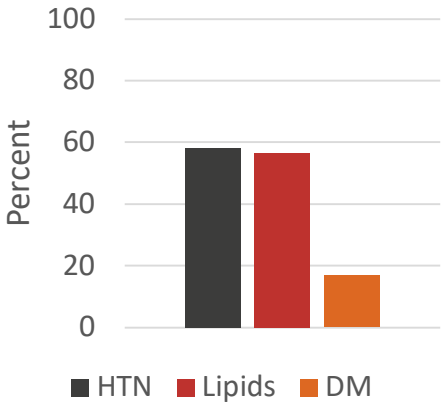


Hanrahan EO, et al. J Clin Oncol, 2007



Bradshaw PT, et al. Epidem, 2016

Percent of women with early stage breast cancer and a cardiovascular risk factor
SEER-Medicare: 2000-2007



Chen J, et al. J Am Coll Cardiol, 2012

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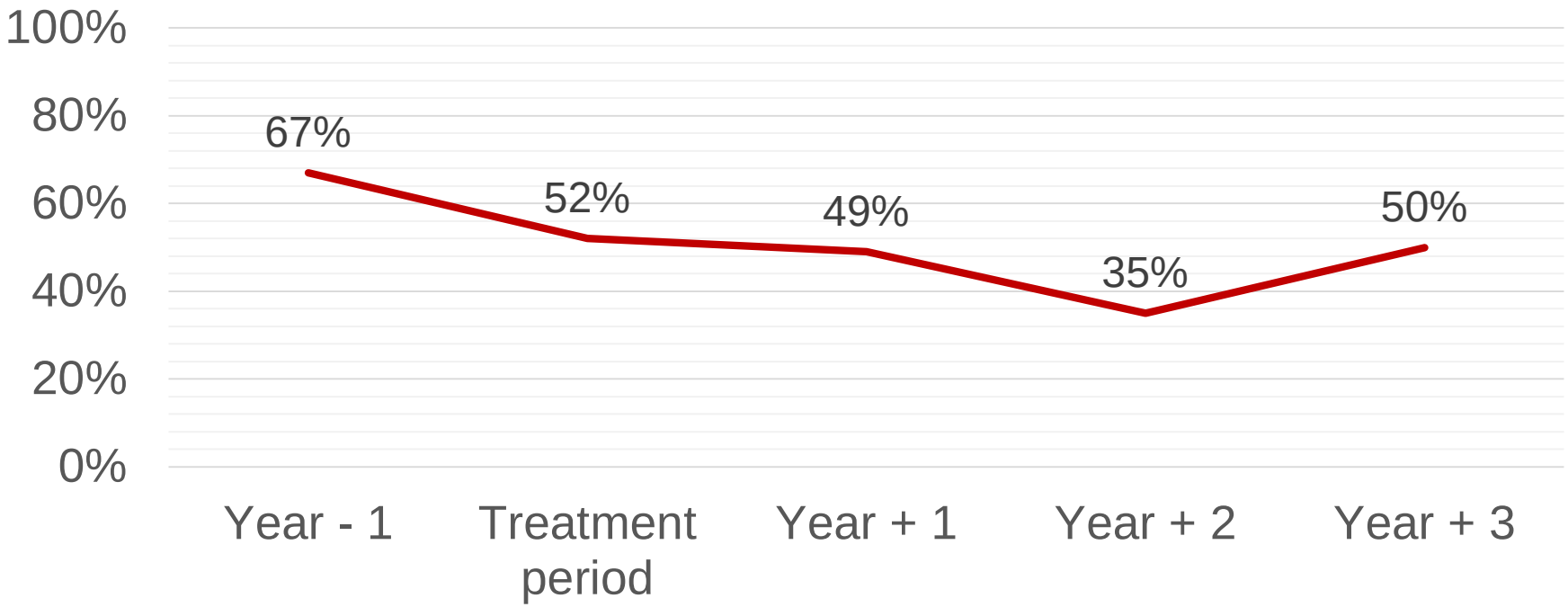
Adherence to Medications for Comorbidities

Percent of breast cancer survivors adherent to their statin therapy prior to and following early stage breast cancer diagnosis and treatment (Group Health 1990-2008, N=4,221 women)



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Calip GS, et al. Breast Cancer Res Treat, 2013

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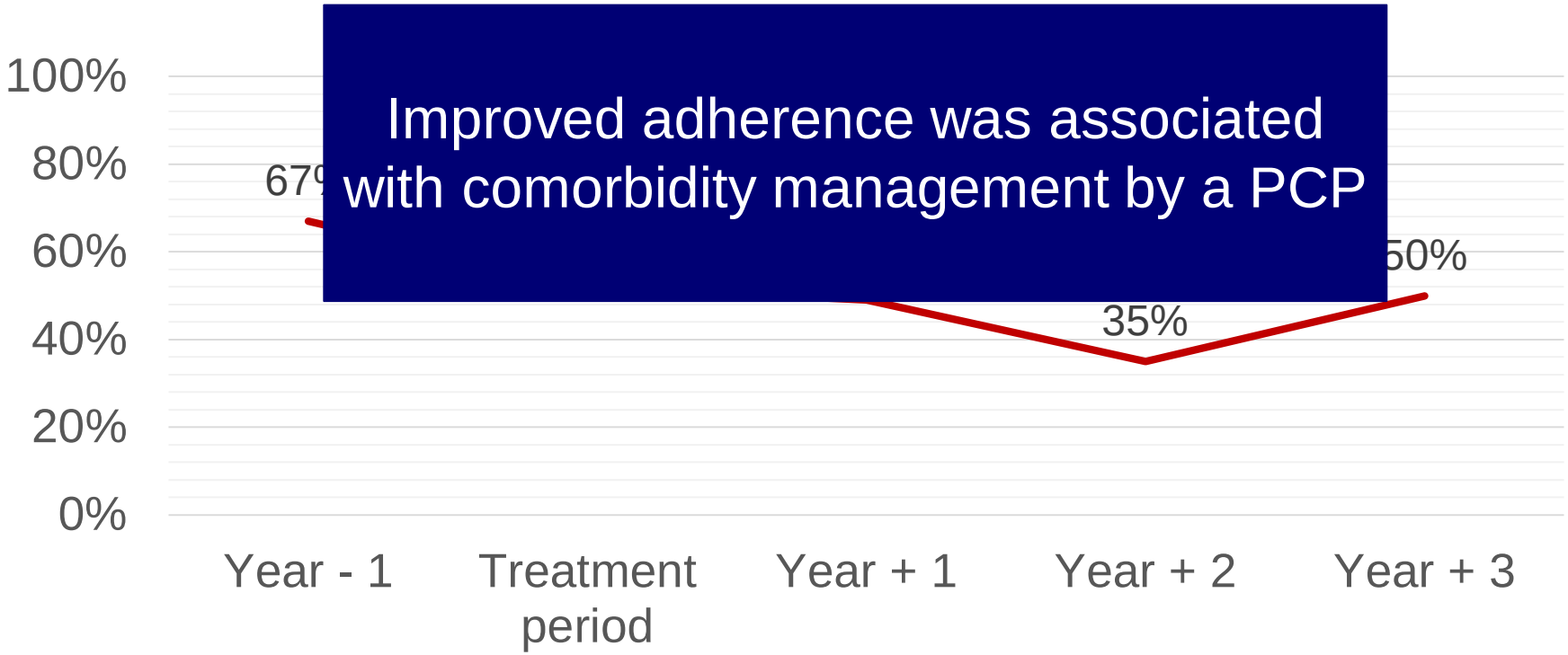

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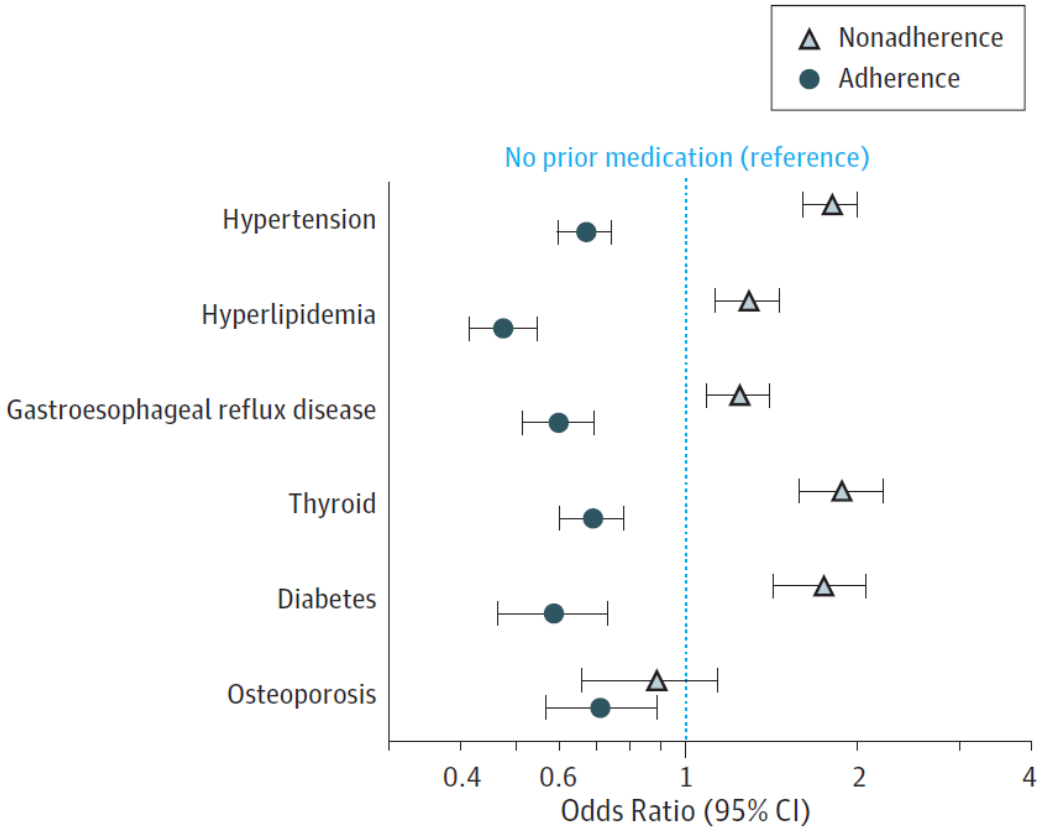
Calip GS, et al. Breast Cancer Res Treat, 2013

Non-Adherence = Non-Adherence

Nonadherence to adjuvant hormonal therapy in women with early stage breast cancer



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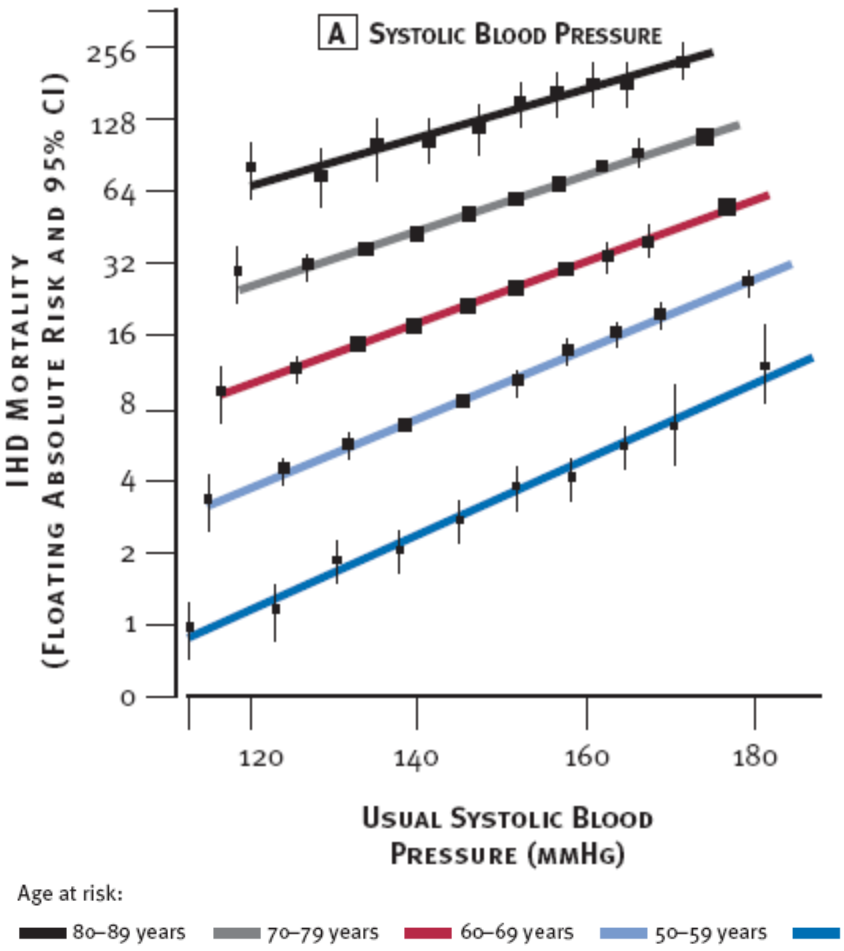
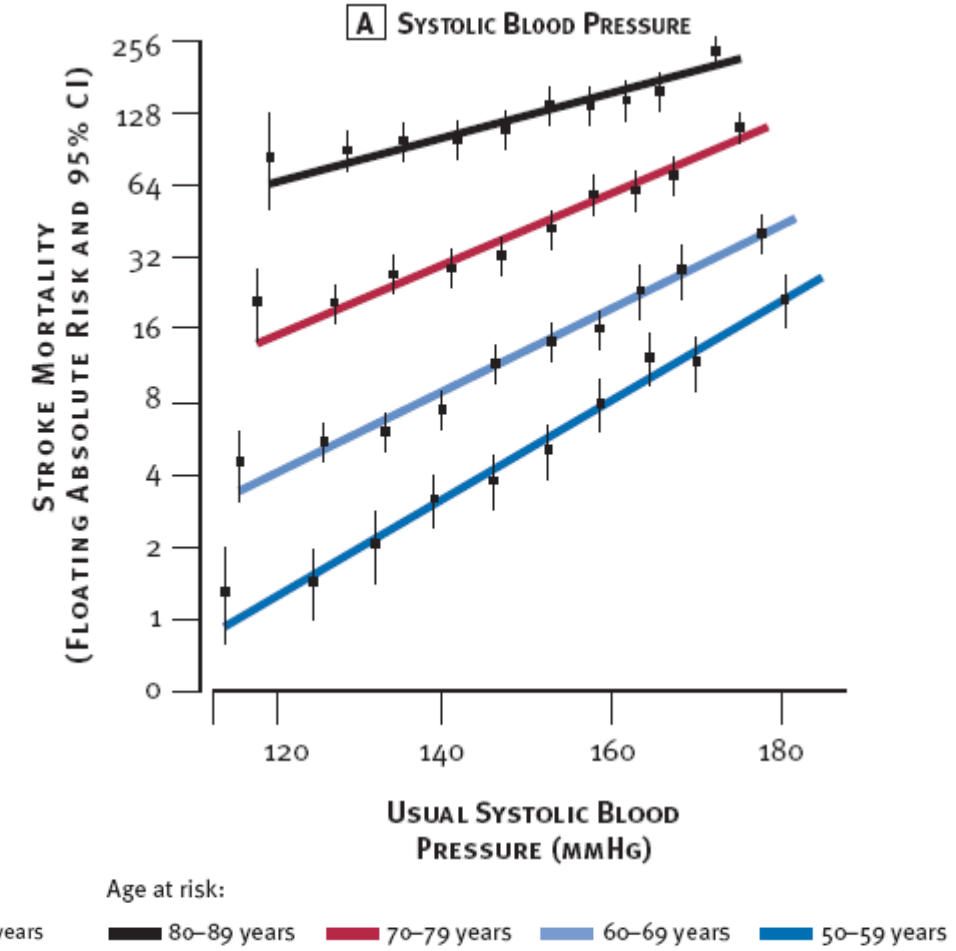
Neugut AI, et al. JAMA Oncol, 2016

Relationship of BP to Events





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Lewington S, et al. Lancet, 2002

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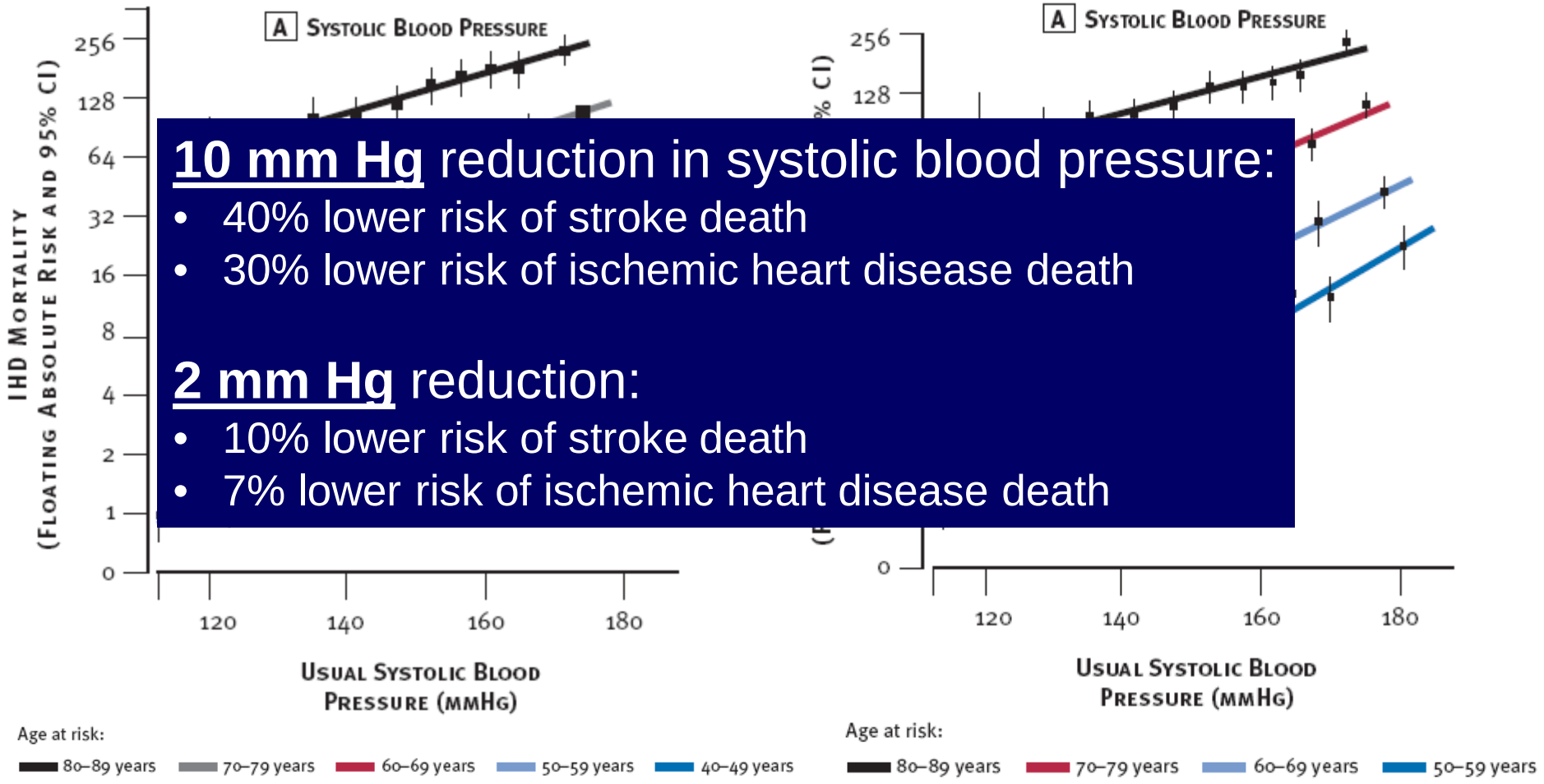

10 mm Hg reduction in systolic blood pressure:

- 40% lower risk of stroke death
- 30% lower risk of ischemic heart disease death

2 mm Hg reduction:

- 10% lower risk of stroke death
- 7% lower risk of ischemic heart disease death

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Lewington S, et al. Lancet, 2002

National Hypertension Guidelines

(for non-cancer patients)

	JNC 8 2014	ACC / AHA 2017*	ACP / AAFP 2017#	ACC HF 2017^
Systolic	**< 140**	**< 140**	**< 140**	**< 130**
		< 130		
Diastolic	**< 90**	**< 90**	**< 90**	**< 80**
		< 80		

* Risk-stratified by 10-year ASCVD risk < or ≥ 10%

For individuals ≥ 60 years of age

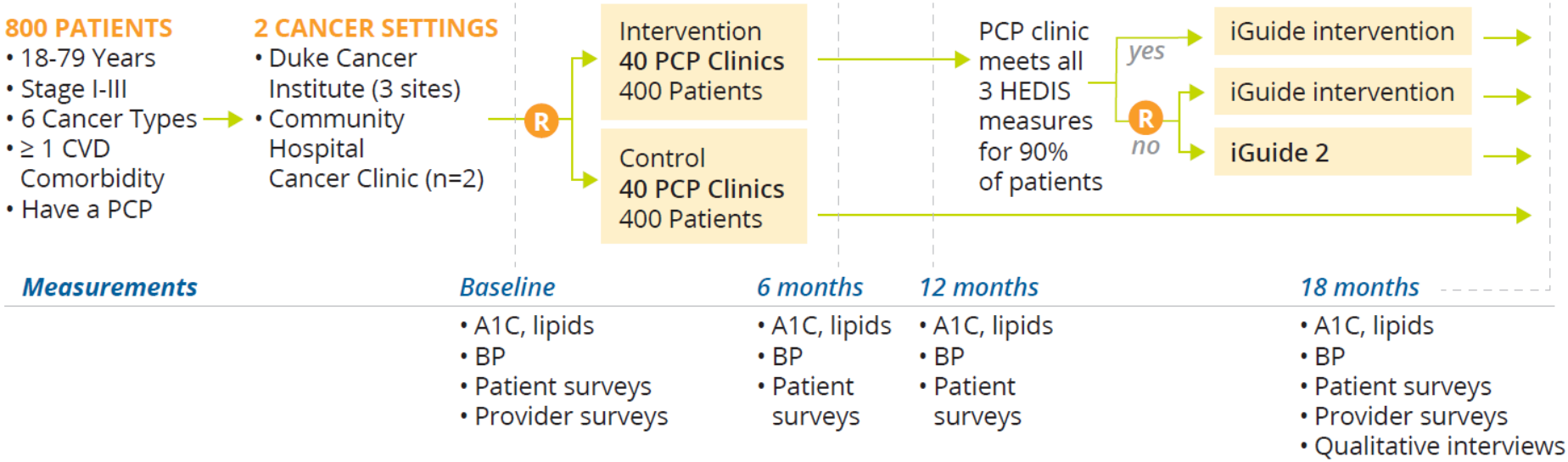
^ At risk of HF (Stage A) including treatment with cardiotoxic cancer therapy

Abbreviations: JNC, Joint National Committee; ACC, American College of Cardiology AHA, American Heart Association; ACP, American College of Physicians; AAFP, American Academy of Family Physicians; HF, heart failure; ASCVD, atherosclerotic cardiovascular disease

Management of Comorbidities

- Hypertension (pre/during/post cancer) is a key risk factor in development of cardiovascular disease in cancer survivors treated with cardiotoxic therapy
  - Jawa Z, et al. Medicine, 2016
  - Chen J, et al. J Am Coll Cardiol, 2012
  - Armstrong GT, et al. J Clin Oncol, 2013
  - Salz T, et al. J Clin Oncol, 2017
- To date, no completed intervention studies aimed at blood pressure management during / after cancer therapy
- Other comorbidities associated with an increased risk of poor outcomes

ONE TEAM Study



Measurements	*Baseline*	*6 months*	*12 months*	*18 months*
	• A1C, lipids • BP • Patient surveys • Provider surveys	• A1C, lipids • BP • Patient surveys	• A1C, lipids • BP • Patient surveys	• A1C, lipids • BP • Patient surveys • Provider surveys • Qualitative interviews

Intervention	*Randomization #1*	*Randomization #2*
	iGuide Intervention (Self-guided)	iGuide 2 Intervention (Tailored / Targeted)
	Patients: • Video vignettes • Webinar • Print material PCPs: • Letter from oncologist • Tele-education series • Automated reminders	Patients: • Tailored video vignettes PCPs: • Targeted feedback with goals of treatment

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Policy Recommendations

For individuals with cancer, from the time of diagnosis:

- Including individuals treated with curative intent and those with a chronic cancer (i.e., chronic lymphocytic leukemia)
- Applicable during and after cancer therapy

1. Incorporate the PCP into the cancer care medical home
2. Establish blood pressure guidelines
3. Develop and implement HEDIS quality metrics for management of non-cancer comorbidities

HEDIS = Healthcare Effectiveness Data and Information Set, established by the National Committee for Quality Assurance (NCQA)

Thank You

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