Overview

- Overview of the Cancer Care Continuum and Need for Multidisciplinary and Multispecialty Care
- Real World Examples of Providing Multidisciplinary, Multispecialty Expert Care to Patients Living with and Beyond Cancer
- Education and Training Opportunities
- Health System Opportunities
- Overcoming Obstacles to Provide Comprehensive Multidisciplinary, Multispecialty Expert Care to Patients Living with and Beyond Cancer: Policy, Payment, and Advocacy Opportunities

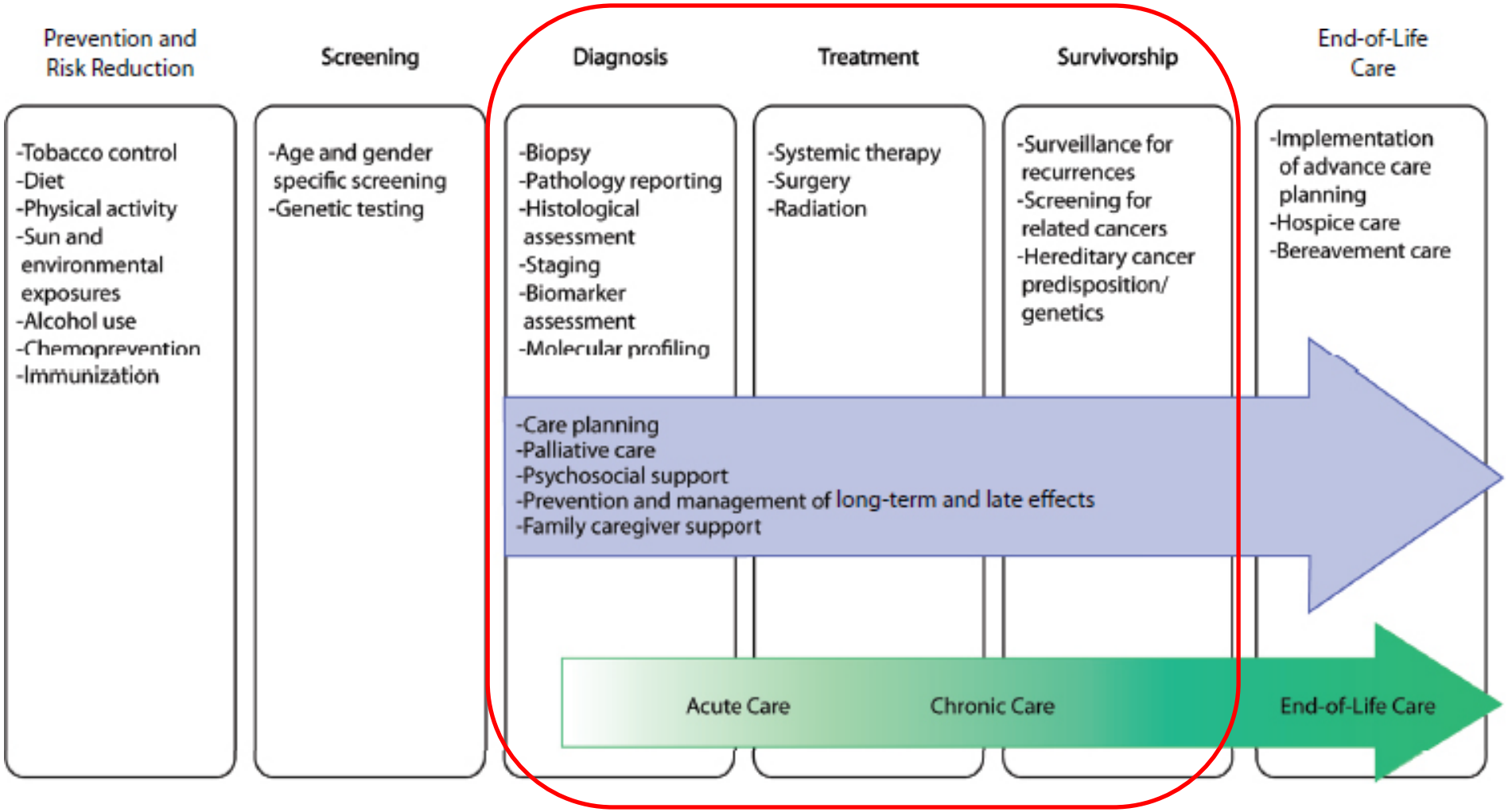
Definition for this Workshop – Cancer Survivor

- Any person with a history of cancer, from the time of diagnosis through the remainder of their life.
  - Living cancer-free after treatment for the remainder of life
  - Living cancer-free after treatment for many years but experiencing one or more serious, late complications of treatment
  - Living cancer-free after treatment for many years, but dying after a late recurrence
  - Living cancer-free after the first cancer is treated, but developing a second cancer
  - Living with intermittent periods of active disease requiring treatment
  - Living with cancer continuously, with or without treatment, without a disease-free period.

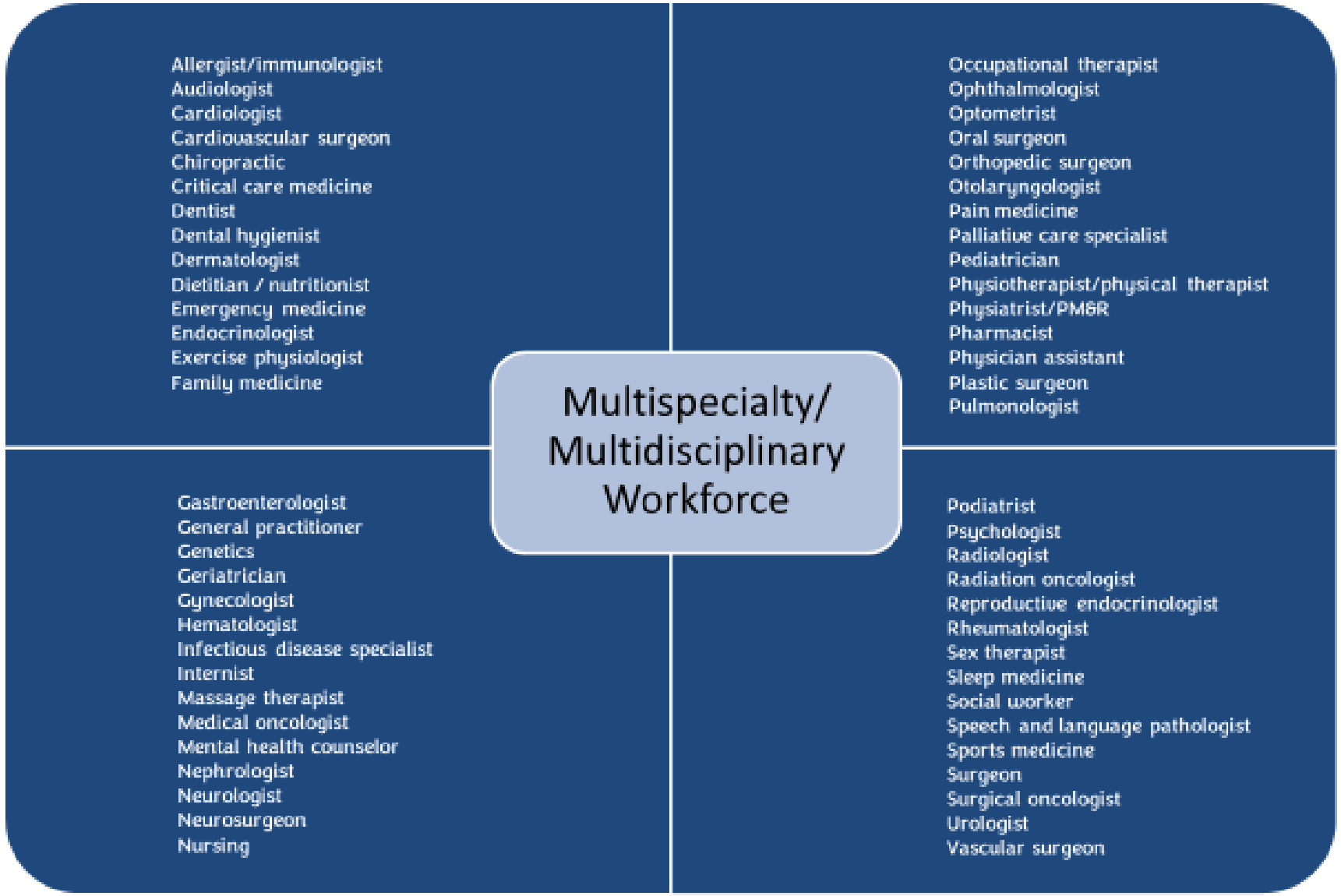
American Cancer Society. Cancer Treatment & Survivorship Facts & Figures 2016-2017.

Definitions for this workshop – Phases of Care

For the purpose of this workshop, not addressing end-of-life care



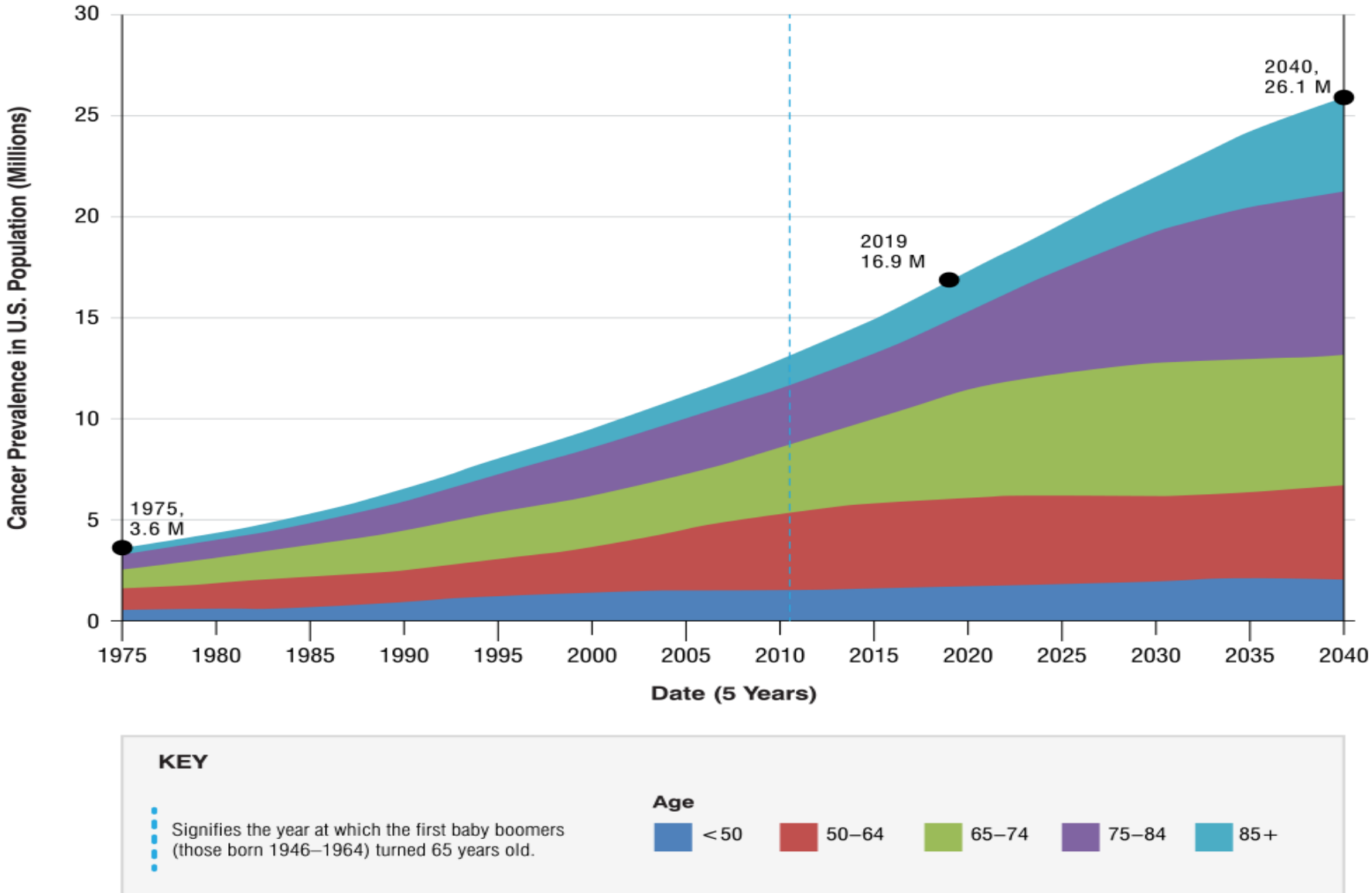
Definitions for this workshop – Workforce



Specialties and disciplines

- Physicians, advanced care clinicians, physician assistants, nurses, mental health professionals, rehabilitation clinicians, among others
- Workshop will focus on some as examples, will not cover all
- Examples will provide a framework that can may be generally applied and/or tailored

Cancer Prevalance and Projections in U.S. Population from 1975–2040



REFERENCE: Bluethmann SM, Mariotto AB, Rowland, JH. Anticipating the "Silver Tsunami": Prevalence Trajectories and Comorbidity Burden among Older Cancer Survivors in the United States. Cancer Epidemiol Biomarkers Prev. 2016;25:1029-1036.

Drivers of Cancer Patient Population and Needs

- Aging population, increasing numbers of cancer pts
- Better treatments, reduced mortality, increased survival
- New therapies – need to focus on effects of treatments and minimize treatment when possible without compromising survival (de-escalation strategies)
- Need to focus on long-term complications of therapy, and mitigation strategies to improve quality of life

Determinants of Short and Long-Term Toxicities

- Primary cancer diagnosis and site of disease
- Treatment – surgery, systemic therapies, radiation
- Age and co-morbidities
- Race and ethnicity
- SDOH and geography

Determinants of Short and Long-Term Toxicities

- "Survivorship" begins at time of diagnosis
  - Design of treatment determines short and long-term toxicities
  - Need to balance treatment benefit with short and long-term toxicities
  - Decisions about continuing therapy in face of toxicities
    - Trastuzumab and cardiac toxicity
    - PD-1/PD-L1 inhibitors and organ toxicities

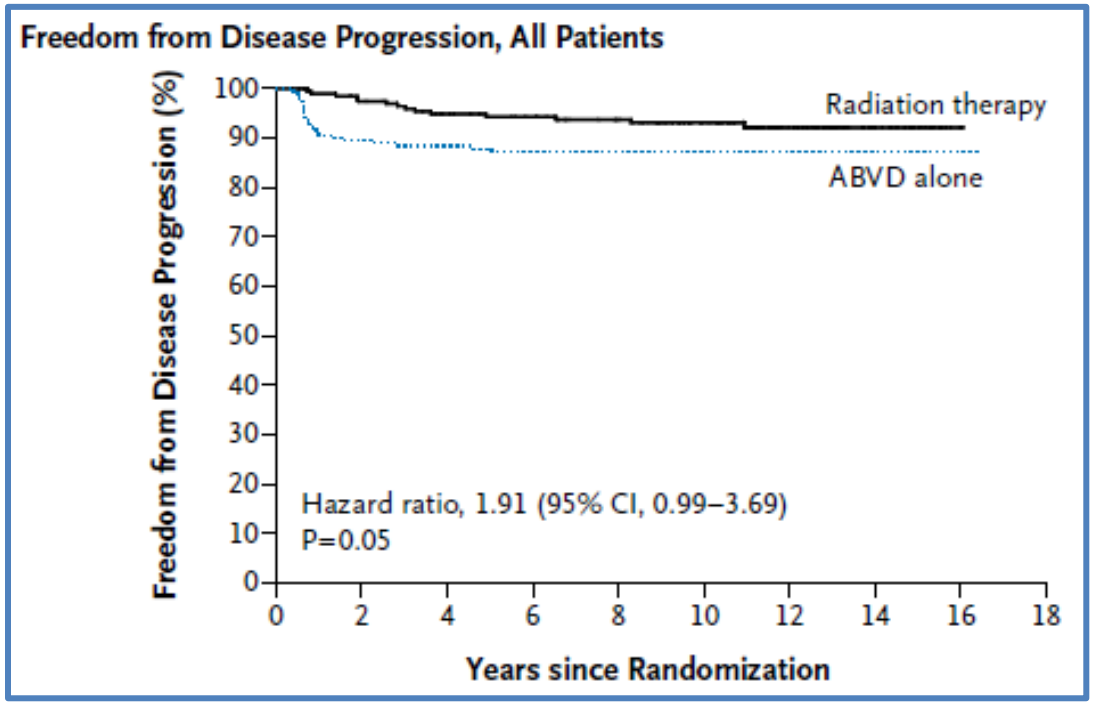
Determinants of Short and Long-Term Toxicities

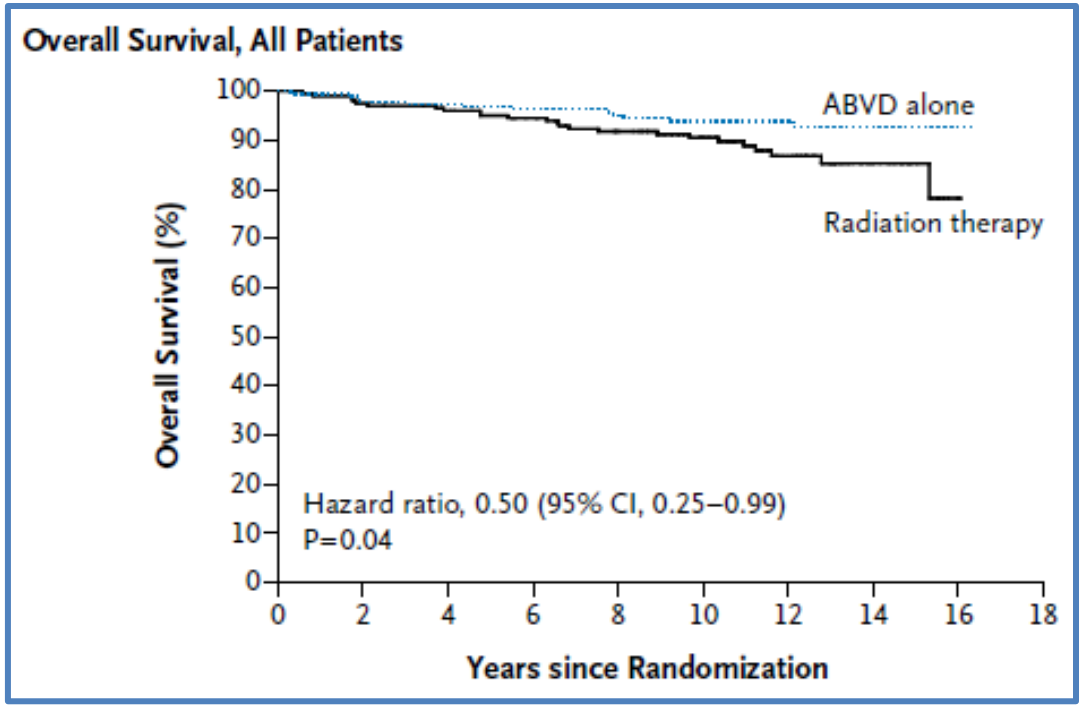
- Need to follow patients for life – often decades
  - Studies of “long-term” follow up – 5 years – Really??
  - We currently have very poor systems to follow patients and better understand their life-long quality of life
- Some toxicities fade with time
- Some toxicities worsen with time
  - Cardiac
  - Second cancers

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 FEBRUARY 2, 2012 VOL. 366 NO. 5

ABVD Alone versus Radiation-Based Therapy in Limited-Stage Hodgkin's Lymphoma

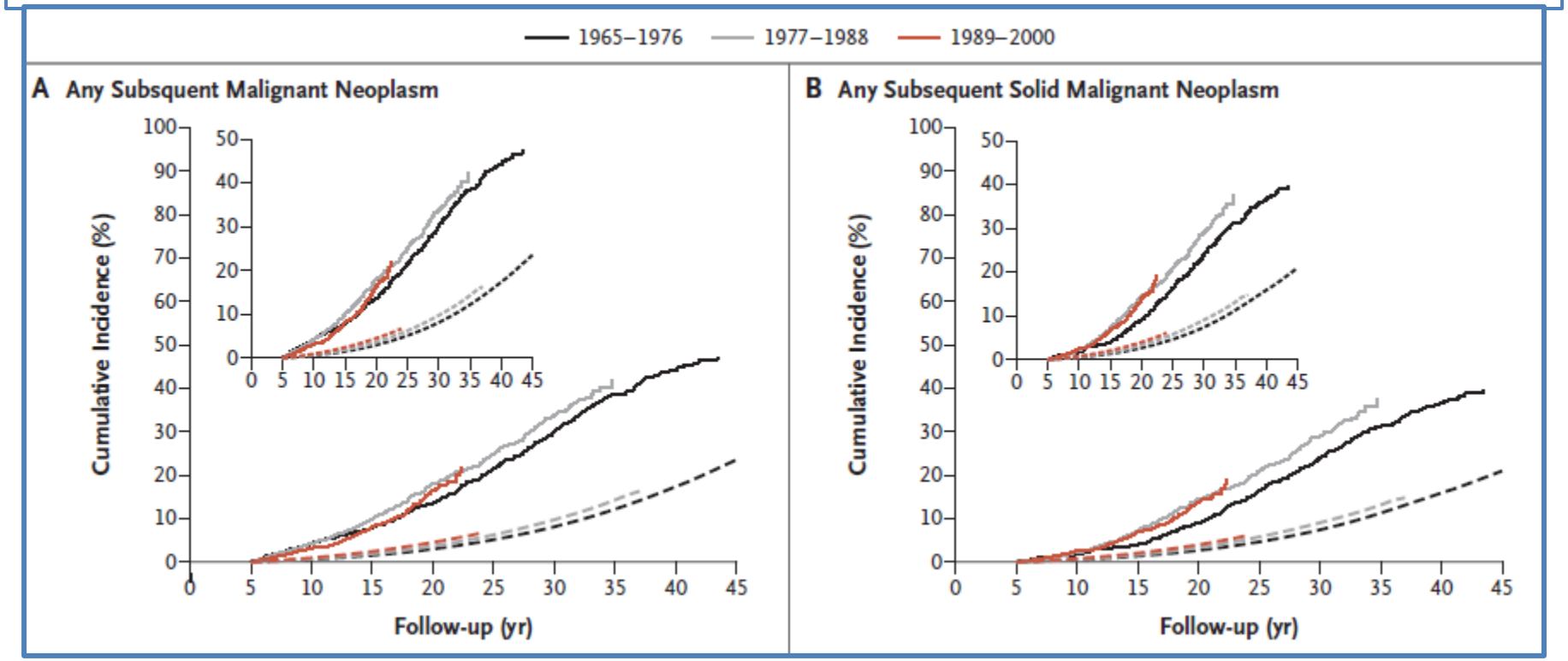




The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 DECEMBER 24, 2015 VOL. 373 NO. 26

Second Cancer Risk Up to 40 Years after Treatment for Hodgkin's Lymphoma

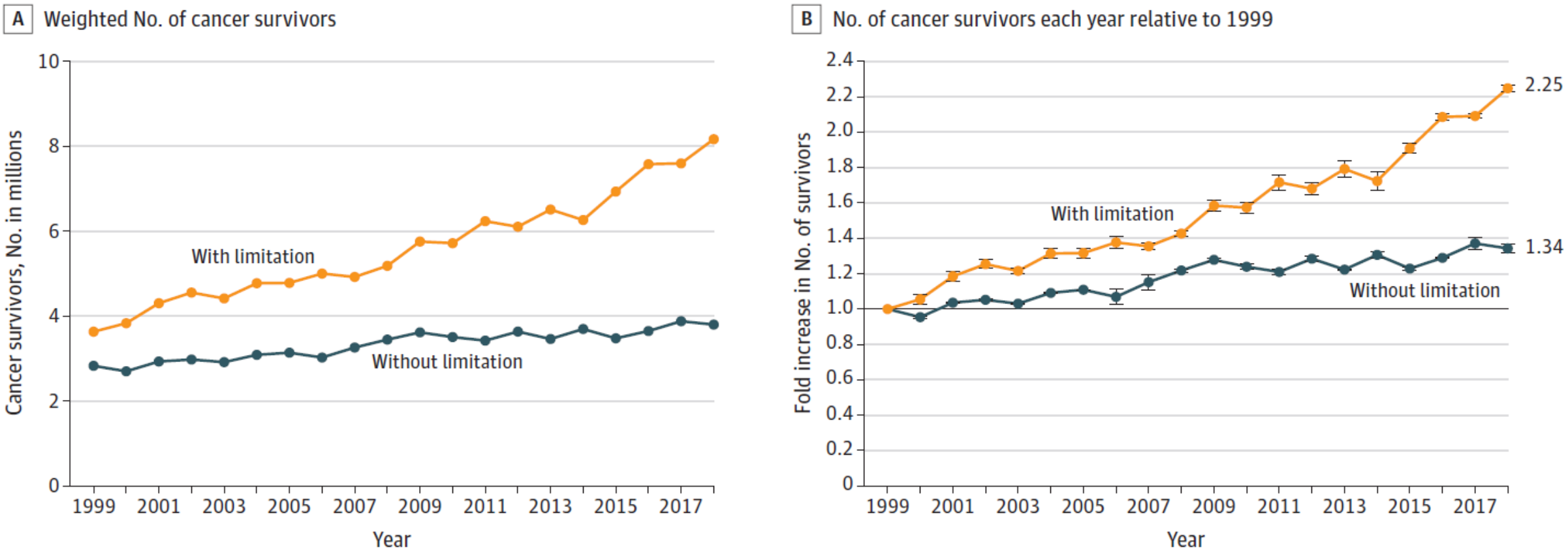


What do we really know??

- For “older” therapies we have some information about short and long-term toxicities – but we are still learning

- Newer therapies have profound organ toxicity in the short-term, and we have no long-term toxicity data
  - PD-1/PD-L1 inhibitors
  - Targeted therapies (VEGFR, etc)

Figure. Trends in the Number of Cancer Survivors Reporting Functional Limitation in the US, 1999 to 2018



Values represent (A) the weighted number of cancer survivors in the National Health Interview Survey and (B) the number of survivors each year relative to those in 1999, stratified by those with and without a self-reported functional limitation. The fold increase value is given for each group. Error bars represent 95% CIs.

Patel et al, JAMA Oncology 2023

Challenges

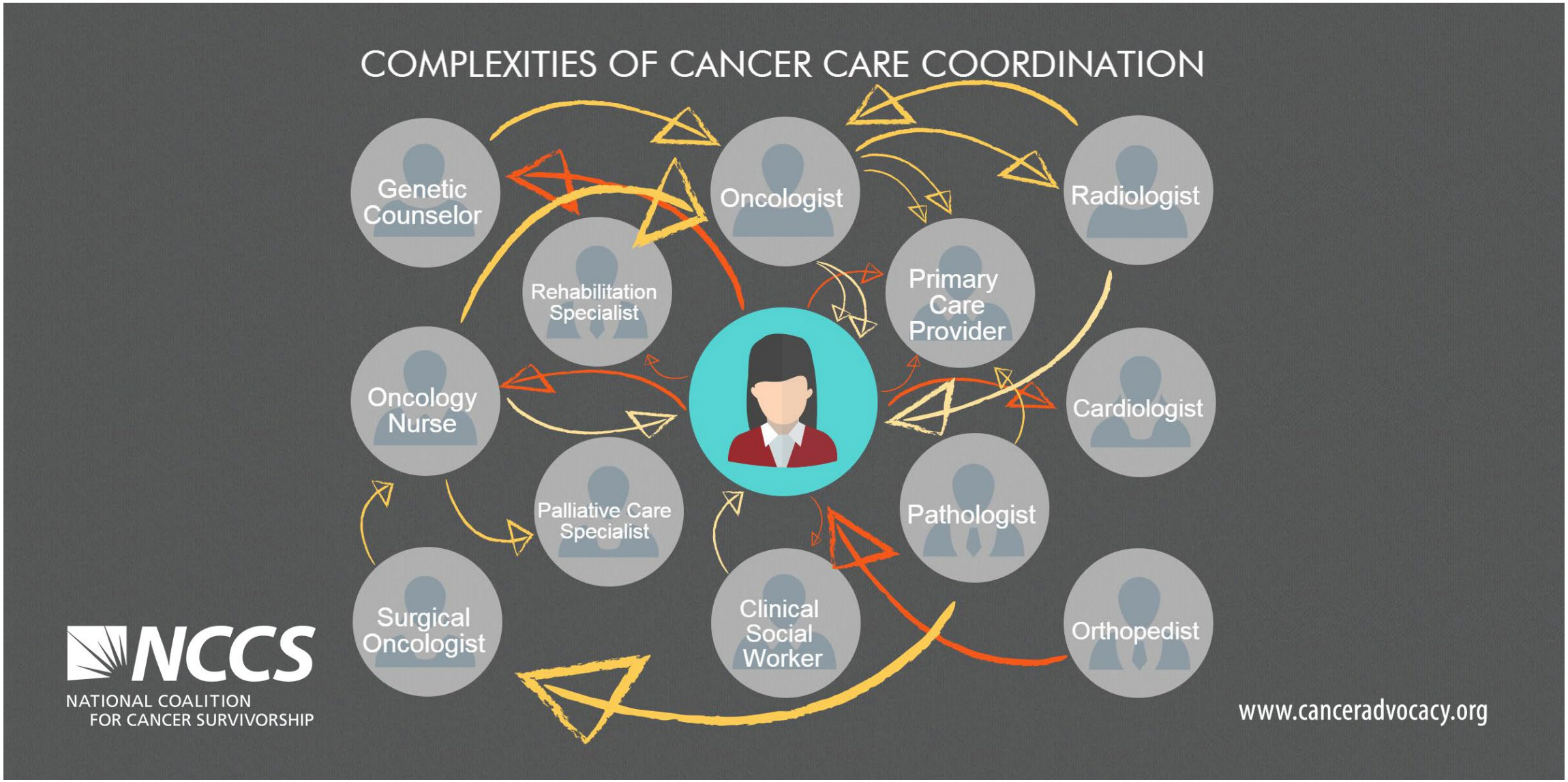
- New therapies creating new short and long-term toxicities, evolving and complex – new knowledge
- Lots of different health care specialists needed
- Many specialists unfamiliar with current cancer treatments
- Lack of education and training
- Complex health care system
  - Poor communication and care coordination
- Payment issues

Why are we having this workshop?

- We have had survivorship workshops in the past
- Treatments are evolving, improving survival, but….
- Short and long-term toxicities are becoming more complex and also still evolving

Why are we having this workshop?

- Difficult for “generalist specialists” to keep up on evolving oncology therapies
- How do we best monitor survivors for toxicity, and assess who needs high-level specialist care vs “general” care
- This level of expertise is not present broadly throughout the US, resulting in disparities of care and outcomes
- Strategies are needed to close these gaps in care


COMPLEXITIES OF CANCER CARE COORDINATION
Genetic Counselor
Oncologist
Radiologist
Rehabilitation Specialist
Primary Care Provider
Oncology Nurse
Cardiologist
Palliative Care Specialist
Pathologist
Surgical Oncologist
Clinical Social Worker
Orthopedist
NCCS
NATIONAL COALITION FOR CANCER SURVIVORSHIP
www.canceradvocacy.org