# Survivorship: Caring for the 12 Million Surviving Cancer

#### Linda A. Jacobs, PhD, RN Director

LIVE**STRONG™** Survivorship Center of Excellence University of Pennsylvania Abramson Cancer Center

## Survivorship Care Why now?

- Rapidly growing population of survivors
- Increasing expectations of patients for a better quality of life
- Greater emphasis on patient-centered issues
  - Medical community
  - Advocacy groups
    - Quality & quantity of life

### **Profile of Cancer Survivors**

- Over 12 million in the U.S.
- Over 20 million globally
- 3 out of 4 families will have at least 1 family member diagnosed with cancer
- 66% of adults diagnosed can expect to be alive in 5 years
- 61% of survivors are > 65 years of age

ACS, 2007

#### Needs of Survivors Lance Armstrong Foundation LIVESTRONG<sup>™</sup> Poll N=1020

#### 53% reported secondary health problems

- Chronic pain (54%)
- Sexual dysfunction (58%)
- Relationship difficulties
- Fertility issues
- Fear of recurrence
- Depression
- Financial & job related concerns
- 49% reported
  - Non-medical cancer related needs not met

#### Needs of Survivors Lance Armstrong Foundation LIVESTRONG<sup>™</sup> Poll N=1020

- 70% reported
  - oncologists did not offer support in dealing with health problems secondary to cancer
- 30% reported
  - oncologists willing to talk about secondary heath problems
    - did not have the adequate experience or information to provide guidance

# Essential Components of Survivorship Care

- Prevention & detection of new cancers & recurrent cancer
- Surveillance for cancer spread, recurrence, or second cancers
- Intervention for consequences of cancer & its treatment
- Coordination between specialists & primary care physicians to ensure that all of the survivor's health needs are met

## Survivorship Issues

- Long Term Effects of Treatment
  - Develop during active treatment
  - Persist for years
    - Neuropathies
      - Weakness, numbness, pain
    - Fatigue
    - Cognitive & sexual difficulties
- Late Effects of Treatment
  - Not present or identified after treatment
    - Develop as a result of treatment
      - Organ systems
      - Psychological process

Hewitt M, Greenfield S, Stovall E. (2006). From Cancer Patient to Cancer Survivor: Lost in Transition. Washington, D.C.: The National Academies Press.

## Survivorship Issues

- Follow-up guidelines
- Duration of oncology follow-up care
- Communication among providers
- Knowledge of providers
  - Oncology
  - Primary care
- Information needs of survivors
  - Left in the medical twilight zone

# Information Needs of Survivors

- Cancer Survivors Study N=752
  - 6 different cancer sites
    - Bladder, breast, colorectal, prostate, uterine, melanoma
  - 3-11 years post diagnosis
  - Information needs
    - Quality of information received
      - 38% fair to poor
    - Long-term side effects
      - 36% fair to poor

Report from ACS Studies of Cancer Survivors, 2008

# Survivorship Issues

- Variable
  - Risk factors
    - Age
    - Race
    - Co-morbidities
    - Income
    - Access to care
    - Compliance

### **Caring for Cancer Survivors**

#### Evaluation of oncology care model

- Clinical care
- Research
- Resource assessment & allocation
  - Dedicated staff
  - \$\$
- Goals
  - Short & long-term

# Challenges

- Diverse oncology populations
- Workforce issues
  - Oncology
  - Primary Care
- Large patient volumes
- Reimbursement, insurance issues
- HIPAA
- Funding

## More Challenges \$\$\$\$

- Clinical revenue
  - Limited

#### Downstream income

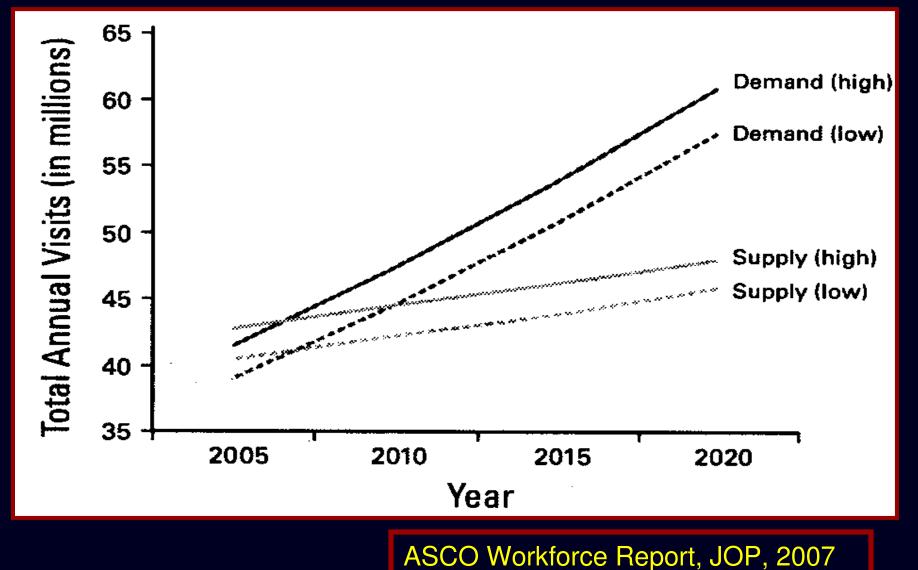
- Institution
  - Other departments
    - labs
    - radiology
    - subspecialists

## IOM Report 2006 Adult Cancer Survivorship

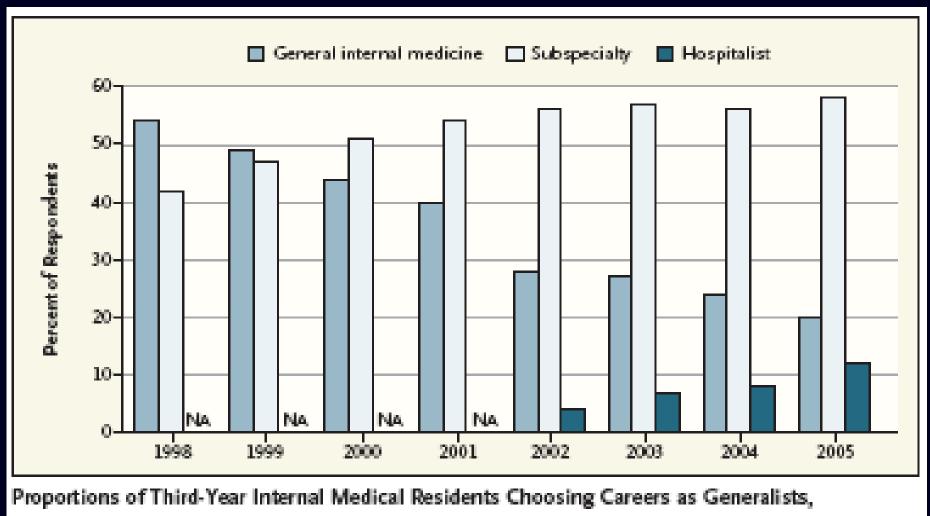
- How many survivors receive comprehensive survivorship care?
  - Many are "lost in transition"
- Transition from active treatment to survivorship care
  - How is this accomplished & by whom?
  - How is the patient prepared for this transition & educated about plan?

Hewitt, Greenfield, & Stovall (2005). *From Cancer Patient to Cancer Survivor: Lost in Transition.* The National Academies Press: Washington, D.C.

#### Projected Supply of and Demand for Oncologists



#### Proportions of Third-year Internal Medical Residents Choosing Careers as Generalists, Subspecialists, and Hospitalists



Subspecialists, and Hospitalists.

#### N Engl J Med 355:9; August 31, 2006

## Necessary Care for Cancer Survivors

- Study of quality of non-cancer related health care received by CRC survivors
- Cases=14,884
- Controls=16,659
- Survivors were less likely to receive recommended care
  - e.g., lipid monitoring in survivors with chronic angina
    - 64.3% cases
    - 69.1% controls

## Necessary Care for Cancer Survivors

#### Survivorship Care N=7465

- Non-cancer-related health needs of cancer survivors are not a priority by oncologists
  - 50% continue with oncologist for follow-up
  - 8% oncologist alone
  - 68% oncologist & primary

#### • Primary care alone

- Less likely to undergo cancer-related surveillance procedures
- More likely to receive
  - Eye exams
  - Flu vaccines
  - Cholesterol screening
  - cervical screening
  - DEXA scans
- Oncologist alone
  - Worse preventive care

Earle & Neville, 2004

### IOM Report 2006 Adult Cancer Survivorship

- "Patients completing primary treatment should be provided with a comprehensive 1) *treatment summary* & 2) *follow-up plan* that is clearly and effectively explained."
  - Cancer type, treatments, & consequences
  - Timing & content of follow-up care

Hewitt, Greenfield, & Stovall (2006). *From Cancer Patient to Cancer Survivor: Lost in Transition.* The National Academies Press: Washington, D.C. (p. 151).

# Models of Care

- Pediatric Follow-up Care Model
  - Multidisciplinary
    - Resource intense, not disease specific
- Adult Follow-up Care Models
  - Multidisciplinary
    - Resource intense, not disease specific
  - Disease specific
    - Survivorship clinic
  - Consultative service
    - One time visit
  - Nurse Practitioner
    - Extension of care continuum
  - Integrated Care Model
    - Survivorship care focused visits
    - Transition to primary care

#### **Integrated Care Model**

#### Survivorship Treatment Summaries & Care Plans

- Survivorship follow-up visits in all oncology collaborative practices
  - NP survivorship visits at the end of treatment/yearly
  - Treatment summary & care plan completed & discussed
- Referral to Primary Care
  - variable timing/disease specific
- Education & information dissemination
  - patients, oncology/primary care providers, sub-specialists
- Outcome evaluation
  - patients & providers

## Resource Survivorship Care Plan

- OncoLink
  - OncoLife
    - Version 1. released Spring 2007
    - Develop care plans with patients at the end of treatment
      - Late effects of treatment
      - Surveillance guidelines

http://www.oncolink.com/oncolife



## Caring for the 12 Million Cancer Survivors

- Summary of Survivorship Care Models
- \$\$, limited number of survivors reached
- Dedicated staff, clinic space, resources
  - Multidisciplinary
  - Disease specific
  - Consultative service
  - Nurse Practitioner
- Broadest reaching
- Treatment summary & care plan
  - Communication tool
- Transfer to primary care
  - Integrated Care Model

## Caring for the 12 Million Cancer Survivors

- Needs of Cancer survivors
  - Cancer & non-cancer related
- Models of care
  - Treatment summaries & care plans
- Workforce issues
- Reimbursement issues
- Follow-up care guidelines
- Research funding