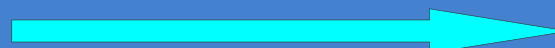


U.S. Models of Cancer Survivorship Care: Lessons to Share and to Learn

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The Cancer Continuum



Prevention	Early Detection	Diagnosis	Treatment	Survivorship	End-of-Life Care
-Tobacco Control -Diet -Physical activity -Sun exposure -Virus exposure -Alcohol use -Chemoprevention	-Cancer screening -Awareness of cancer signs and symptoms	-Oncology consultations -Tumor staging -Patient counseling and decision making	-Chemotherapy -Surgery -Radiation therapy -Adjuvant therapy -Symptom management -Psychosocial care	-Long-term follow-up/surveillance -Late-effects management -Rehabilitation -Coping -Health promotion	-Palliation -Spiritual issues -Hospice

Source: From *Cancer Patient to Cancer Survivor: Lost in Transition*; page 24, Box 2-2.

MSKCC Survivorship Initiative

- Develop and evaluate new models of follow-up care
 - Connect survivors to already existing resources
 - Establish new clinical programs addressing greatest need
- Expand the survivorship research community
 - Medical
 - Behavioral
 - Epidemiology
- Develop information resources, education and training programs
 - Health professionals
 - MSKCC and nationally
 - Survivors and their families

Survivorship Care Models

- Adult programs in community and academic setting
 - Consultative model
 - One time visit
 - Focus on medical summary and systematic plan for surveillance
 - Ongoing care model
 - Extends the care continuum
 - May be imbedded with the treatment team
 - Multidisciplinary model
 - Pediatric follow-up

Long Term Follow-up Clinics

- Survivors of adult onset cancers
 - Follow-up care and research
 - Services provided in the same clinical area where patients received their treatment
 - Begin with the most common diseases with the largest number of survivors and those with unique needs
 - Breast, prostate and colorectal cancers
 - Thoracic cancers
 - BMT survivors
 - Ongoing care by nurse practitioners or primary care physicians

Goals of Adult Survivor Clinics

- Provide high quality follow-up care
- Identify and develop new services not currently available
- Free up oncologists and surgeons to see new patients
- Assure a connection with the primary care provider
 - Apply shared –care model
- Allow a planned transition to the community for appropriate patients
 - Annual communication between MSK and survivor
- Serve as a platform for research

Models of Care Essential Components

- Surveillance for recurrence
- Screening for new cancers
- Identification and interventions for consequences of cancer and its treatment
- Health promotion strategies
- Coordination between oncology specialists and primary care providers

Standard Follow up

Service	Cancer type	Interval	Visit	Testing	Stage/Primary Provider
Thoracic	Lung	Year 1	Every 6 months	CT scan w/contrast	Stage I-II: Surgeon ≥ Stage IIIA: Medicine
		Year 2	Every 6 months	CT scan w/contrast	Stage I-II: Survivor NP ≥ Stage IIIA: Medicine
		≥ Year 3	Annual	CT scan w/out contrast	
Urology	Prostate	Year 1-2	Every 6 months	PSA Every 6 months DRE Annually year 2	Year 1- surgeon ≥ Year 1- Survivor NP
		Year 3-5	Annual	DRE Annual PSA Every 6 months	
		≥ Year 5	Annual	PSA/DRE Annual	
Lymphoma	Hodgkin's	Year 1	Every 3 months	Labs: CXR and CT abdomen/pelvis	Medical oncologist
		Year 2-3	Every 4 months	Labs: CXR and CT abdomen/pelvis	Medical oncologist Survivor NP year 3
		Year 4-5	Every 6 months	Labs and CXR every visit CXR and CT abdomen/pelvis annually	Medical oncologist Survivor NP
		≥ Year 5	Annual	Labs; CXR	Medical oncologist Survivor NP
	Large Cell NHL	Year 1-2	Every 3 months	Labs; CXR and CT abdomen/pelvis	Medical oncologist
		Year 3-5	Every 6 months	Labs and CXR every visit CXR and CT abdomen/pelvis annually	Medical oncologist Survivor NP
	≥ Year 5	Annual	Labs and CXR	Medical oncologist Survivor NP	

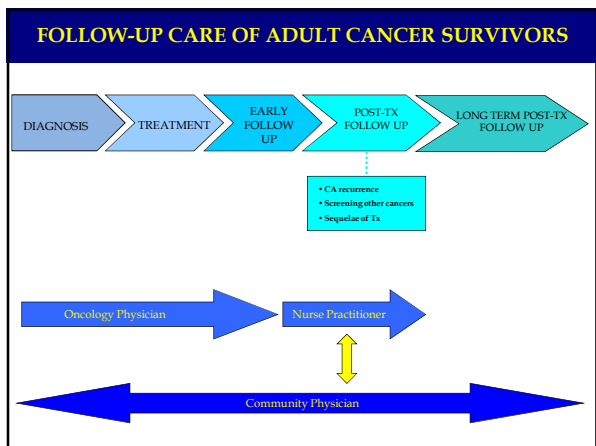
2008 Follow-Up Clinics

Survivor Group	# of Eligible	% of Eligible Seen by NP
Prostate		
Surgery	1,447	69%
Radiation	713	64%
Thoracic DMT	922	74%
Colorectal DMT	658	59%
Breast		
Surgery	2,964	61%
Medicine	3,105	50%

Shared-Care Model Components

- Care shared by two or more clinicians of different specialties
- Common understanding of expected components of care and respective roles
- Knowledge transfer
 - Clinical summary
 - Specific information on disease
 - General information about treatment
- Communication channels
 - Contact information for oncology physicians and nurses
- Active patient involvement
 - Encouraged to contact primary care physician with problems
 - Provided with the information given to the primary care physician

Renders et al. Diabet Med 20:846-852, 2003.
Jones et al. Am J Kidney Dis 47: 103-114, 2006
Nelson et al. Qual Saf Health Care 12(4): 263-272.



Summary of Cancer Treatment and Follow-Up Plan

Diagnosis: _____ Pathology: _____
 Date of Diagnosis: _____
 Additional Information: _____

TREATMENT SUMMARY

Surgery
 Surgeon: _____ Phone: _____
 Date: _____ Procedure: _____

Chemotherapy/Biotherapy
 Medical Oncologist: _____ Phone: _____
 Regimen: _____ Drug: _____
 Regimen: _____ Drug: _____

Radiation Therapy
 Radiation Oncologist: _____ Phone: _____
 Date: _____ Type: _____ Field: _____ Dose: _____

Binary of Cancer Treatment and Follow - Microsoft Word

FOLLOW-UP PLAN

Visit Schedule
 Survivorship NP Choices: every 6 months, 12 months, other
 Surgeon
 Medical Oncologist
 Radiation Oncologist

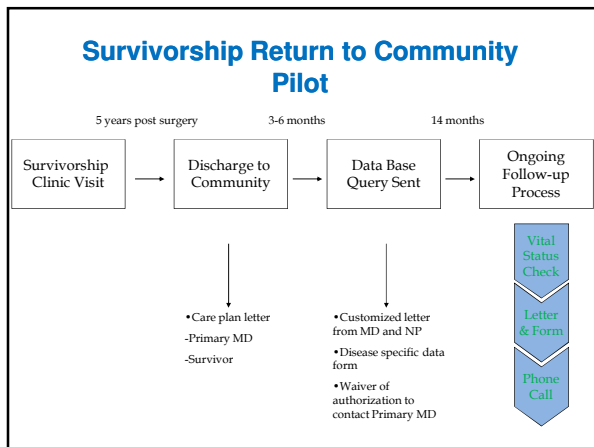
Testing Schedule
 Lab work: Choices: N/A, CBC, Electrolytes, Cholesterol, Triglycerides, Thyroid Function, PSA, Tumor markers , Other
 Radiologic Studies: Choices: N/A, Chest x-ray, CT, chest, abdomen, pelvis, Mammogram, MRI, Ultrasound, PET Scan, Other
 Other: Choices: N/A, Bone Densitometry, EKG, Echocardiogram, Bone scan, Other

Cancer Screening
 Colorectal: Choices: Colonoscopy every 10 years, Other:
 Prostate: Choices: Annual PSA with Digital rectal exam Other:
 Breast: Choices: Annual Bilateral Mammogram, Other:
 Cervical: Choices: Annual PAP smear, PAP smear every 2-3 years, PAP smear plus HPV-DNA test, Other:
 Other:

Health Behavior Recommendations
 Other: Choices: Osteoporosis screening with bone densitometry
 Annual cholesterol screening
 Annual influenza vaccination
 Moderate physical exercise 30minutes/day
 Stop smoking
 Remain tobacco free
 Weight control
 Regular sun protection with sunscreen
 See your local primary physician annually or as needed
 NP Phone

Shared-Care Models Risk-Stratified Approach

- Low risk individuals
 - Transition early to primary care
- Moderate risk individuals
 - Joint follow-up by oncology team and primary care
 - Transition late to primary care
- High risk individuals
 - Oncology maintains follow-up
 - Primary care manages non-cancer related care



Getting Started New and Expanded Services

- Maximize use of current programs and services
 - Support groups and psychoeducational programs
 - Nutrition counseling
 - Smoking cessation
 - Physical rehabilitation
- Establish communication systems
 - Patients
 - Providers
- Consider new services
 - Clinic for adult survivors of pediatric cancer
 - Sexual health program
 - Reproductive medicine and fertility preservation consultation

Tips for Getting Things Started

- Spend time getting buy in from all the interested parties before you begin
- Include patients in the planning
 - Different solutions for different survivor groups
- Conduct:
 - needs assessment
 - Resource assessment
 - Assess and use existing services
- Determine what you want to achieve
 - Short term
 - Long term

Tips for Getting Things Started

- Figure out what might work in your particular setting
- Establish simple metrics
- Have a financial plan
- Understand that you will need to implement, assess and revise
- Don't get discouraged