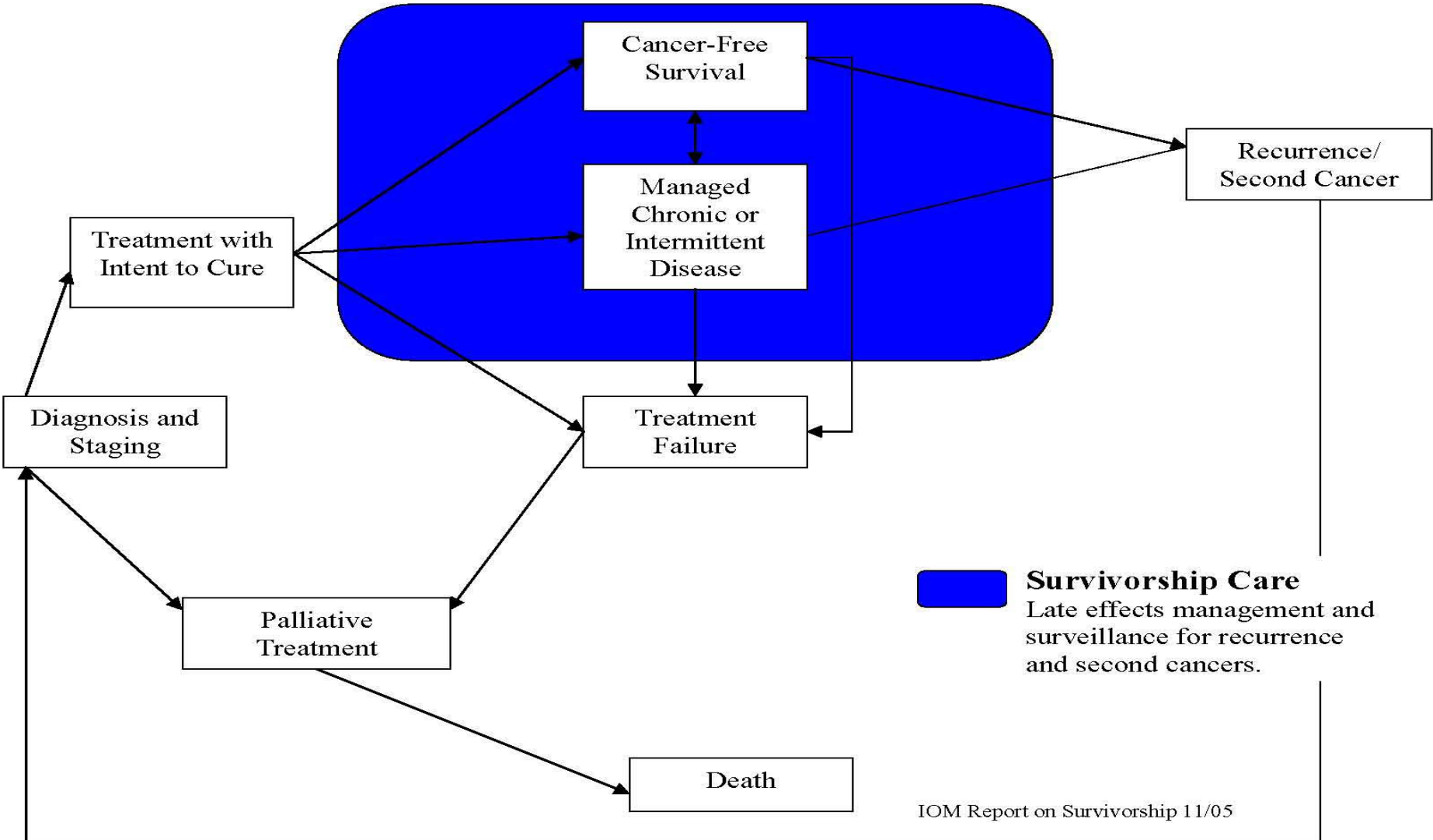


Survivorship Care Plans
Guides for Living After
Cancer Treatment

Cancer Care Trajectory



Survivorship Care
Late effects management and surveillance for recurrence and second cancers.

Institute of Medicine Report

2005

- Recommendations for meeting needs of cancer survivors
- **Implement survivorship care plan**
- Build bridges between oncology and primary care
- Develop and test models of care
- Develop national guidelines, institute quality assurance, strengthen professional education
- Make better use of psychosocial and community support services
- Address employment and insurance issues
- Invest in survivorship research

IOM Recommendation

Patients completing primary treatment should be provided with a comprehensive plan summary and follow-up care plan that is clearly and effectively explained

What is a Survivorship Care Plan?

- Comprehensive care summary and follow-up plan
- Clearly and effectively explained
- Written by principle providers of oncology treatment
- Reimbursable by third-party payors of health care

Elements of a Survivorship Care Plan: Treatment Summary

- Cancer type
- Tumor characteristics
 - site, pathology, stage and grade
- Treatments received
 - Surgical procedure
 - Chemo/bio/hormonal therapy- agents, regimen, dose, clinical trials, dates
 - Transplant
 - Radiation therapy- type, site, dose, dates
- Care provider and institution contact information

Elements of a Survivorship Care Plan: Ongoing Care Plan

who, what ,when why and by whom?

- Timing and content of surveillance
- Monitoring potential consequences of treatment
- Recommendations for preventive practices and maintaining health and well being
 - Cancer screening
 - Smoking cessation
 - Nutrition, diet, weight control
 - Exercise
 - Sunscreen
 - Osteoporosis prevention
 - Immunizations
- Psychosocial concerns
- Identification of providers

Treatment Summary and Quality Care

- Care coordination
- Patients-physician communication
- Efficiency

Potential Audiences for Care Plan

- Patients
- Other oncologists
- Other physicians
- Nurses
- Non MD/RN providers (psychologists, physical therapists)
- Insurers
- Researchers

Guidelines for Surveillance

- Few guidelines available because of lack of evidence and consensus on follow up recommendations
- Surveillance seems like a good thing
 - Little evidence of improved outcomes
 - Expensive
 - Relapse more commonly detected by signs and symptoms
 - Psychological distress
- Justified for the identification of disease that can be cured or survival prolonged
- Limit unnecessary and harmful care
- Facilitate delivery of necessary care

Guidelines for Surveillance

- American Society of Clinical Oncology (ASCO)
 - Breast¹ <http://jop.ascopubs.org/cgi/reprint/2/6/317>
 - Colon² <http://jop.ascopubs.org/cgi/reprint/1/4/137>
- Children's Oncology Group
 - Monitoring for long term and late effects of cancer therapy
 - Evidence and consensus based
 - Many recommendations applicable to adult survivors
 - www-survivorshipguidelines.org

Journal of Clinical Oncology, Vol 24, No 31 (November 1), 2006: pp. 5091-5097¹

Journal of Clinical Oncology, Vol 23, No 33 (November 20), 2005: pp. 8512-8519²

Screening Guidelines

- ASCO Initiative
 - Cardiopulmonary late effects; bone health; second cancers; hormone deficiency; anxiety and depression
- American Cancer Society
 - cancer screening guidelines

Sample Treatment Summaries

- ASCO Templates for Use in Practice
 - Colon Cancer Survivorship Care Plan
 - Breast Cancer Survivorship Care Plan
- Oncolink
 - <http://www.oncolink.com/oncolife/>

Sample treatment plan for colon cancer

www.plwc.org/ASCO/ArticleASCO/TabColonCancerTreatmentPlanandSummaryposting.pdf

Colon Cancer Treatment Plan – Adjuvant Chemotherapy 01/2007		
Insert Practice Name/Info Here		<i>This Treatment Plan is a brief record of major aspects of colon cancer adjuvant chemotherapy. This is not a complete patient history or comprehensive record of intended therapies.</i>
Provider name:		
Patient name:		Patient ID:
Patient DOB: ___/___/___	Age at diagnosis:	Patient phone:
Support contact name:		
Support contact relationship:		Support contact phone:
BACKGROUND INFORMATION		
Cancer detection: Screening Symptoms Incidental		
Site in colon: Right Transverse Left Sigmoid		
Predisposing conditions: None Inflammatory bowel disease FAP HNPCC		
Family history: None 2 nd degree relative 1 st degree relative Multiple relatives		
Pre-op colonoscopy to cecum: Yes No		
Other lesions: None Low risk polyps High risk polyps		
Primary colon operation:		Date of surgery: ___/___/___
Surgery type: Elective Emergent		CEA pre-op:
CEA post-op:		CEA post-op:
Stage: IIA IIB IIIA IIIB IIIC	T stage: T1 T2 T3 T4	N stage: N0 N1 N2
Number of nodes removed:		Number of positive nodes:
Notable pathology findings:		
Notable surgical findings/complications:		Ostomy: Yes No
Comorbidities:		
PLAN FOR ADJUVANT TREATMENT		
Name of regimen:		Start date: ___/___/___
Treatment on clinical trial: Yes No		
Chemotherapy drugs	Administration	Major side effects
Number of planned treatments:		How often:
For how many weeks:		
Central venous catheter placement needed: Yes No		
General health status at start of treatment: Excellent Very good Good Fair Poor		
Nutritional status at start of treatment: Excellent Very good Good Fair Poor		
Special circumstances:		
Oncology Team Members	Name	Contact Information/Location
Medical oncologist		
Oncology nurse		
Surgeon		
Pharmacy		
Comments:		

J Oncol Pract; 3:137-142 2007

JOURNAL OF ONCOLOGY PRACTICE

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Important caution: this is a summary document whose purpose is to review the highlights of the colon cancer chemotherapy treatment plan for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with colon cancer and adjuvant chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for colon cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

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Thursday, September 20, 2007

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OncoTip
of the Day 

■ Coping with Cancer

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 Abramson Cancer Center of the University of Pennsylvania

OncoLife Questionnaire

Sex: Female Male

Race:

Age at Diagnosis:

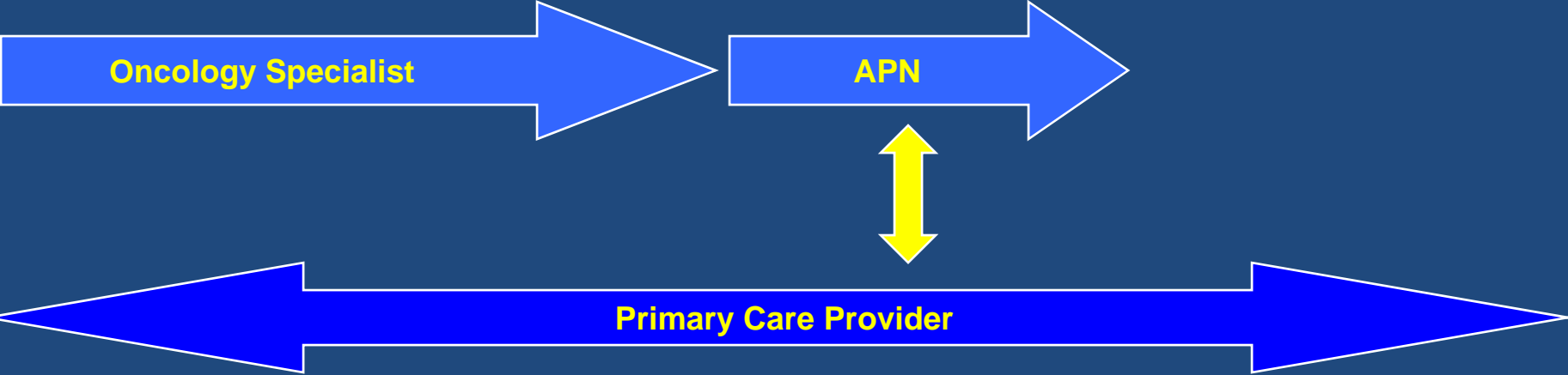
Barriers to Creating Care Plans

- Lack of evidence based guidelines
 - Need to standardize by consensus
 - Formal discharge consultation MD, RN
 - Reimbursement
- Need for culture change

FOLLOW UP CARE OF CANCER SURVIVORS



- Cancer recurrence
- Sequelae of Tx
- Screening other cancers
- Health Promotion



Survivorship Standard Follow-up Care

Service	Cancer type	Interval	Visit	Testing	Stage/Primary Provider
Thoracic	Lung	Year 1	Every 6 months	CT scan w/contrast	Stage I-II/Surgeon
		Year 2	Every 6 months	CT scan w/contrast	Stage I-II/ Nurse Practitioner
		≥ Year 3	Annual	CT scan w/out contrast	
Urology	Prostate	Year 1	Every 6 months	PSA Every 6 months	Year 1- Surgeon ≥ Year 1- Nurse Practitioner
		Year 2	Every 6 months	DRE and PSA Every 6 months	
		Year 3-5	Annual	DRE Annual/PSA Every 6 months	
		> Year 5	Annual	Annual PSA/DRE	
Colorectal	Colon	Year 1-2	Every 4 months	CEA/scope depending on tumor site and CT scan depending on stage	Year 1- Surgeon Year 2- Nurse Practitioner
		Year 3-5	Every 6 months	CEA/scope depending on tumor site and CT scan depending on stage	Nurse Practitioner
		Year >5	Annual	CEA	Nurse Practitioner
	Rectal	Year 1-2	Every 4 months	CEA/scope	Surgeon
		Year 3- 5	Every 6 months	CEA/scope	Surgeon/ Year 5 Nurse Practitioner
		Year ≥5	Annual	CEA	Nurse Practitioner
Breast	Breast Surgery	Year 1-2	Every 6 months	Clinical breast exam, Annual mammogram	Surgeon
		>Year 2	Annual	Clinical breast exam, Annual mammogram	Nurse Practitioner
	Breast Medicine	Year 1-2	Every 3-4 months	Clinical breast exam, Annual mammogram	Medical Oncologist
		Year 3-5	Every 6 months	Clinical breast exam, Annual mammogram	Medical Oncologist
		> 5 years	Annual	Clinical breast exam, Annual mammogram	Nurse Practitioner

Survivor NP Practice - MSKCC

- Independent Nurse Practitioner visit
- Nurse Practitioner services
 - Surveillance for recurrence of the primary cancer
 - Evaluation and treatment of medical and psychosocial consequences of treatment
 - Screening for second cancers
 - Patient education about survivorship issues and availability of community resources
 - Health promotion, including smoking cessation and sexual health services
 - Communication with community physician
 - Cancer Treatment Summary and Care Plan

Summary of Cancer Treatment and Follow-Up Plan

Diagnosis [REDACTED]
Date of Diagnosis [REDACTED]
Additional Information [REDACTED]

Pathology [REDACTED]

TREATMENT SUMMARY

Surgery

Surgeon [REDACTED] Phone [REDACTED]

Date	Procedure
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Chemotherapy/Biotherapy

Medical Oncologist [REDACTED] Phone [REDACTED]

Regimen [REDACTED]

Drug	Drug
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Regimen [REDACTED]

Drug	Drug
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Radiation Therapy

Radiation Oncologist [REDACTED] Phone [REDACTED]

Date	Type	Field	Dose
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

Research Questions

IOM asserts that survivorship care plans:

- have strong face validity
- assumed to improve care unless/until evidence to contrary

What is best format for survivorship care plans?

How can they feasibly created?

What is best setting? E.g. specialized clinics, NP?

Do all patients need it?

Does it improve outcomes of care?

Is it cost effective?