Survivorship: The Standards of Care

Rachael Schmidt, DNP, APRN, AOCNP
Cancer Survivorship and Cancer Risk and Prevention Program Director
Nebraska Medicine

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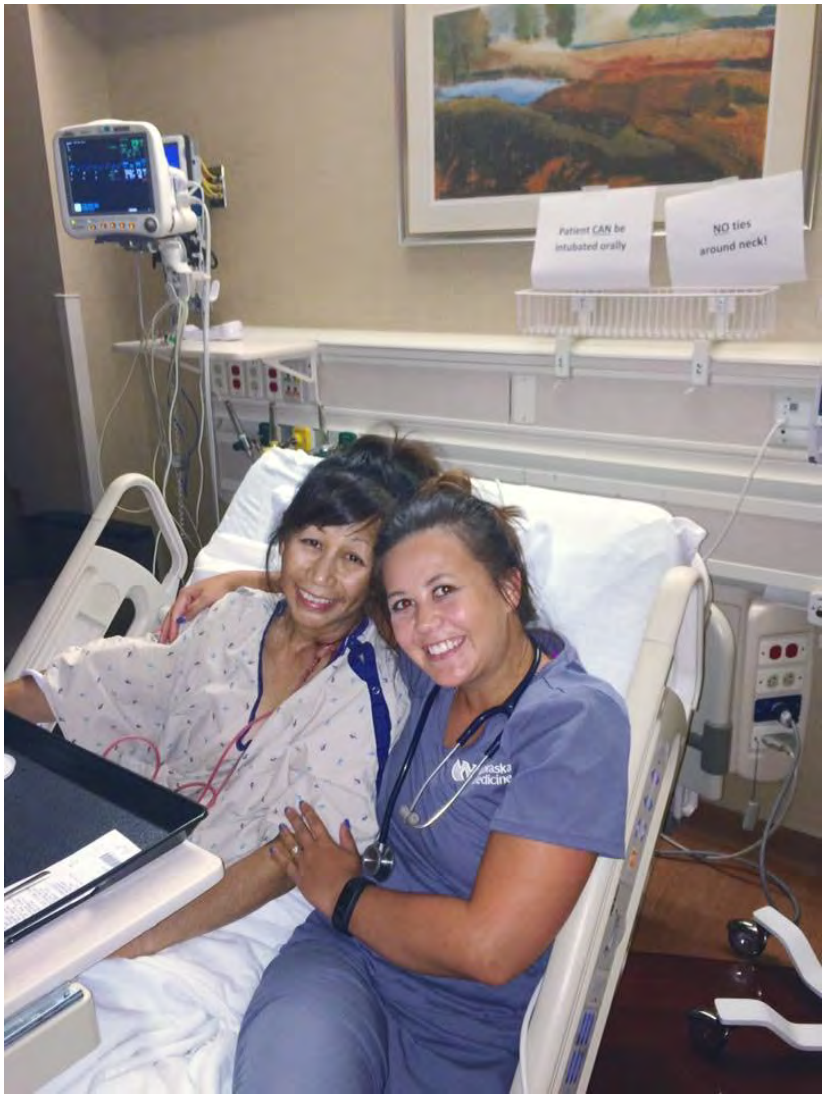
Objectives

- Discuss past, present, and future trends in cancer survivorship and the role of providers after initial cancer treatment.
- Identify the medical and psychosocial needs of diverse cancer survivors and develop strategies to address those needs.
- Review updated evidence and tools to enhance the delivery and coordination of care for cancer survivors.

Who is a Cancer Survivor?



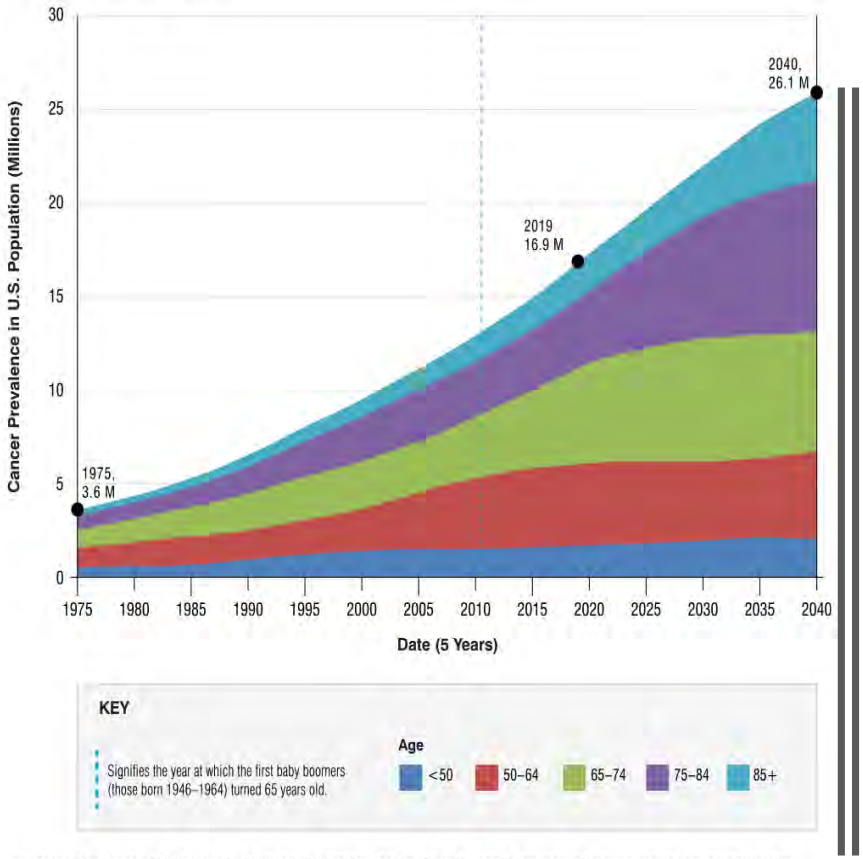
A *survivor* is anyone living with a history of cancer – from the moment of diagnosis through the remainder of life.

- Living with cancer
- Living through cancer
- Living beyond cancer

American Cancer Society (2019)

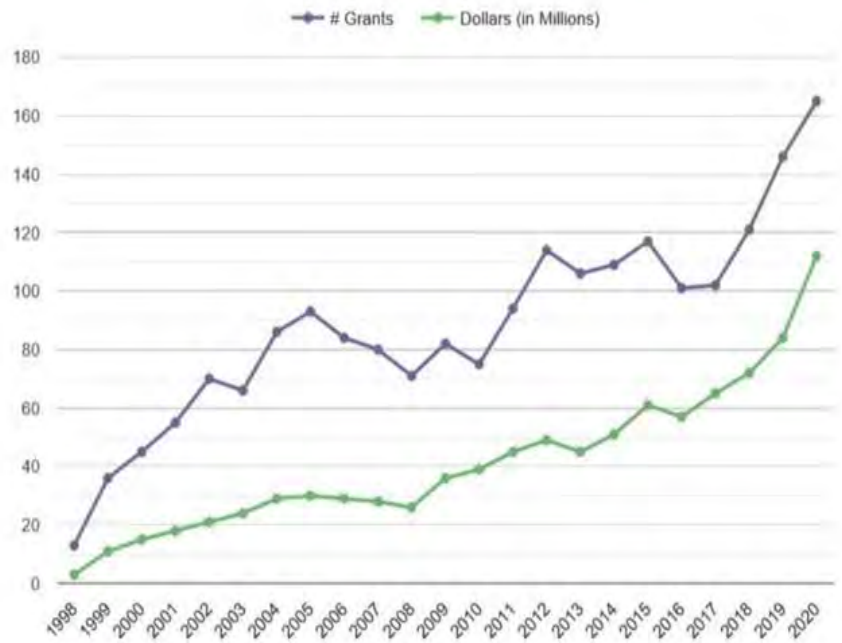
Survivorship over the years

Cancer Prevalence 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.

Survivorship Grants and Funding



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What we know about cancer survivors…

It is estimated that there will be 22 million cancer survivors by 2030

Approximately 1 in 4 cancer survivors report a decreased quality of life due to physical problems and 1 in 10 due to emotional problems.

Survivors diagnosed at a younger age tend to have poorer emotional functioning

Survivors diagnosed at an older age tend to have poorer physical functioning

Survivorship Challenges: IOM Report

- Felt lost in the transition
- Lack of communication between oncologist and patient
- Lack of communication between oncologist and primary care
- Health risks after treatment were not explained
- Difficulty in restarting work or school

Report by the Institute of Medicine in 2006

What are the components of cancer survivorship?

2015 Commission on Cancer (CoC) Survivorship Standard 3.3

The Accreditation Committee made the following changes to the established time frame and scope of implementation for Standard 3.3.

January 1, 2015 – Implement a pilot survivorship care plan process involving 10% of eligible patients.
January 1, 2016 – Provide survivorship care plans to 25% of eligible patients.
January 1, 2017 – Provide survivorship care plans to 50% of eligible patients.
January 1, 2018 – Provide survivorship care plans to 75% of eligible patients.
January 1, 2019 – Provide survivorship care plans to all eligible patients.

2020 CoC Survivorship Standard 4.8

Development and implementation of a survivorship program	Establish a Survivorship Program Team	Determines a list of services and programs that address the needs of cancer survivors

Documents a minimum of three services offered each year. Services may be continued year to year

- An estimate of the number of cancer patients who participated Identification of the resources needed to improve the services if barriers were encountered

Survivorship Program Services:

- •Treatment summaries/SCPs
- •Screening programs for cancer recurrence
- •Screening for new cancers
- •Seminars for survivors
- •Formalized referrals to experts
- •Physical activity programs, etc

Survivorship Through the Cancer Continuum

Diagnosis (Living With Cancer)

- Oncofertility / Fertility Preservation
- Contraception Counseling
- Prehabilitation
- Support Services Referrals (psychology, nutrition, etc)

During Treatment (Living Through Cancer)

- Screening for Side Effects / Symptom Management
- Treatment Summary / Survivorship Care Plan
- Support Services Referrals (psychology, nutrition, etc)

After Treatment (Living Beyond Cancer)

- Screening and Management of Late/Long Term Effects
- Health Promotion
- Cancer Screenings

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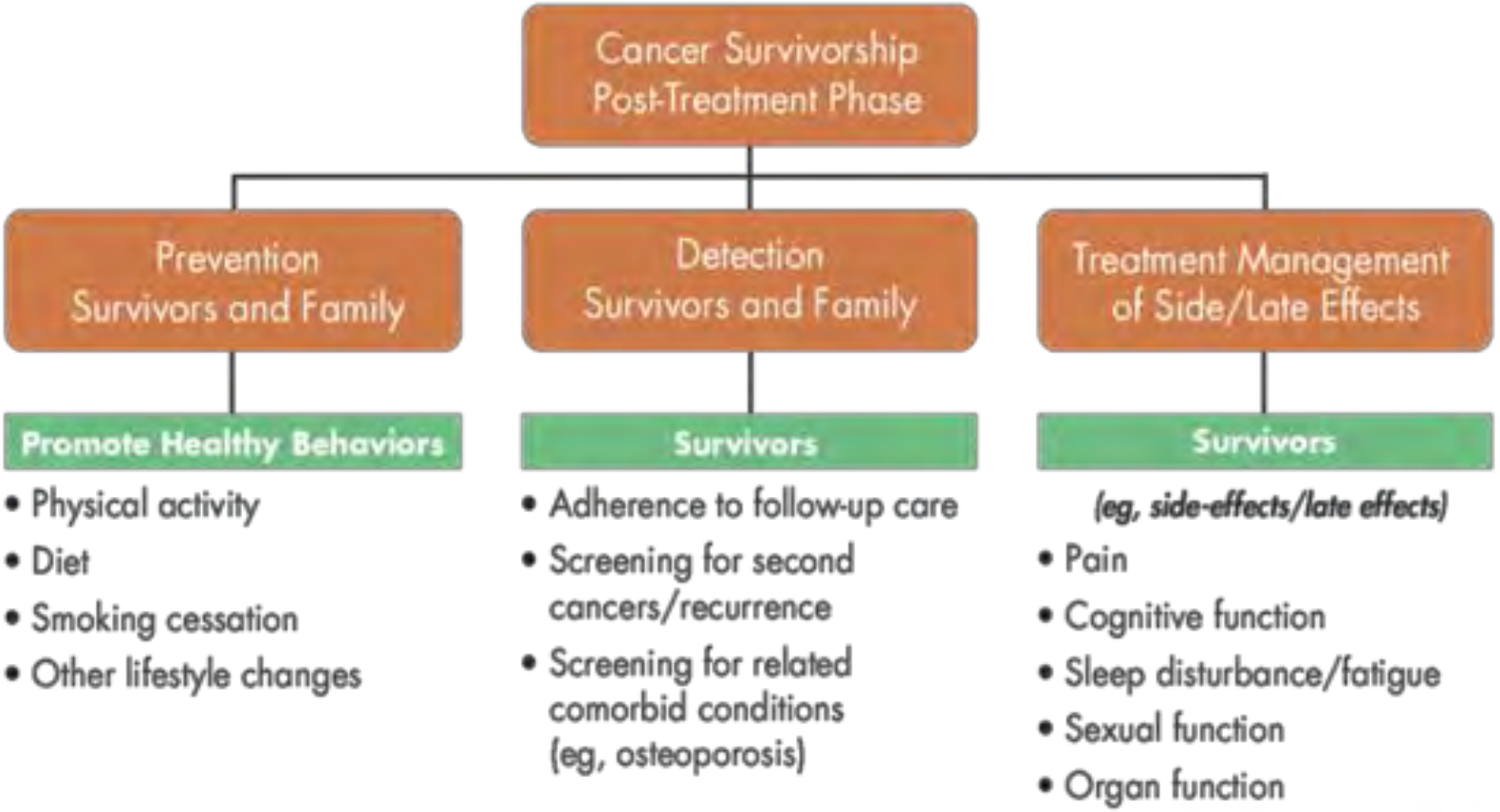
Survivorship Visit Components



National Comprehensive Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Survivorship

Version 1.2022 — March 30, 2022

NCCN.org

NCCN Guidelines for Patients® available at www.nccn.org/patients

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National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2022
Survivorship

Nearly 300 pages

Screening Questions

All Survivors:

NCCN Survivorship Assessment

- Cardiotoxicity
- Anxiety/Depression
- Cognitive Dysfunction
- Fatigue
- Lymphedema
- Pain
- Hormone Related Symptoms
- Sexual Function
- Sleep
- Immunizations
- Healthy Lifestyle Behaviors
  - Exercise
  - Diet
  - Weight
  - Supplements

Special Groups:

Short Physical Performance Battery

Blessed Test

Brief Sexual Symptom/Sexual Health Inventory

STOP Bang – OSA screening

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Nebraska Medicine Survivorship Program

- General Survivorship Clinic
- Disease Based (Thyroid and Gyn Onc)
- Allogenic PSCT Long Term Follow Up Clinic
- Adult Survivors of Childhood Cancer Clinic

Survivorship = Supportive Care Services

- Nutrition
- Psychiatry / Psychology
- Physical / Occupational Therapy
- Support Groups
- Social Work
- Smoking Cessation
- Genetic Testing
- Oncofertility
- Cardio-Oncology
- Financial Services
- Massage
- Acupuncture
- Mindfulness
- Yoga

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Leveraging Survivorship Programs

Pending Crisis:

- Growing survivorship population
- Clinician shortages
- Clinician knowledge gaps
- Cost of care
- Lack of time

Stratified Care (one size does not fit all):

- Low Risk – self management with transition back to PCP
- Moderate Risk - a shared care model to briefly manage survivorship needs with PCP
- High Risk - complex case management where patients are followed by a multi-disciplinary team long term (oncologist, survivorship, and PCP)

Information Needs of Colorectal Patients

Well informed about:	Less informed about:
• Treatment 86% • Disease 84% • Follow up program 80%	• Future expectations 49% • Nutrition 43% • Physical activity 42% • Hereditary cancer 40%

Trends to Improve Survivorship Care

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Utilize Survivorship to Improve Access

Alternate visits with survivorship to address quality of life issues

Fatigue	Nutrition	Exercise	Fear of recurrence

Allows oncologist to see more new patients and patients on treatment

Utilize Survivorship to Improve Adherence

Receipt of colonoscopy among CRC survivors is suboptimal 38-48% at first year

Factors related to noncompliance:

- Patients may believe that they have been treated for CRC and that further colonoscopy is not required
- Lack of pcp understanding for need of colonoscopy following resection
- Patients do not have adequate follow up

Survivorship Care Plans outline their colonoscopy schedule and surveillance recommendations

Previous studies have reported an increase in adherence to surveillance in many types of cancer when survivorship care plans are administered

PATHOLOGIC STAGE	SURVEILLANCE[b]
Stage I	Colonoscopy[a] at 1 y after surgery • If advanced adenoma, repeat in 1 y • If no advanced adenoma,[hh] repeat in 3 y, then every 5 y[ii]
Stage II, III	• History and physical examination every 3–6 mo for 2 y, then every 6 mo for a total of 5 y • CEA[jj] every 3–6 mo for 2 y, then every 6 mo for a total of 5 y • Chest/abdominal/pelvic CT every 6–12 mo (category 2B for frequency <12 mo) from date of surgery for a total of 5 y • Colonoscopy[a] in 1 y after surgery except if no preoperative colonoscopy due to obstructing lesion, colonoscopy in 3–6 mo ▸ If advanced adenoma, repeat in 1 y ▸ If no advanced adenoma,[hh] repeat in 3 y, then every 5 y[ii] • PET/CT scan is not indicated • Principles of Survivorship (COL-H)

PCPs in Nebraska

34% of PCPs reported not having receiving any training regarding late and long-term effects

Only 13% of PCPs report feeling very confident in their knowledge of late and long-term effects

Post Care Treatment

60% Oncologist

23% Primary care provider

Utilize Survivorship for Coordination of Care

- A pillar of survivorship care focuses on clean communication between oncology and primary care providers
- Current guidelines are often vague and lack specificity as to what tests are needed and are inconsistent across professional societies
- Vague recommendations lead to overuse and underuse of resources and can negatively impact the cost and quality of survivorship care
- When survivorship care plans are given to PCPs and patients it can decrease ambiguity and increase adherence

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Utilize Survivorship for Health Promotion

Hypertension, heart attack and stroke
(twofold increase in comparison to general population)

- Increased risk for cardiovascular disease due to shared lifestyle risk factors
  - >65 years old
  - At least 1 comorbidity
  - Obesity

Survivors with one or more comorbidity at baseline had double the risk of cardiovascular disease at 10 years after diagnosis compared to patients with no comorbidities

Examples of different survivorship clinics:

Alternate appointments between oncologist (with scans) and survivorship APP

Low risk patients transition to survivorship after 2 years post diagnosis

Yearly visits in tandem with Oncologist

Survivorship consult at end of treatment and at discharge back to PCP (5 years post diagnosis)

Create a model that works for you and your patients

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Rachael Schmidt, APRN
Program Director

Laura Tenner, MD
Medical Director
Solid Tumors

Vijaya Bhatt, MD
Medical Director
Transplant

Molly Thomas, APRN

Amanda Bond, PA

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Questions?

Rachael Schmidt, DNP, APRN, AOCNP
Survivorship & Cancer Risk/Prevention
Program Director
Fred & Pamela Buffett Cancer Center
Nebraska Medicine
raschmidt@nebraskamed.com

Nebraska Medicine