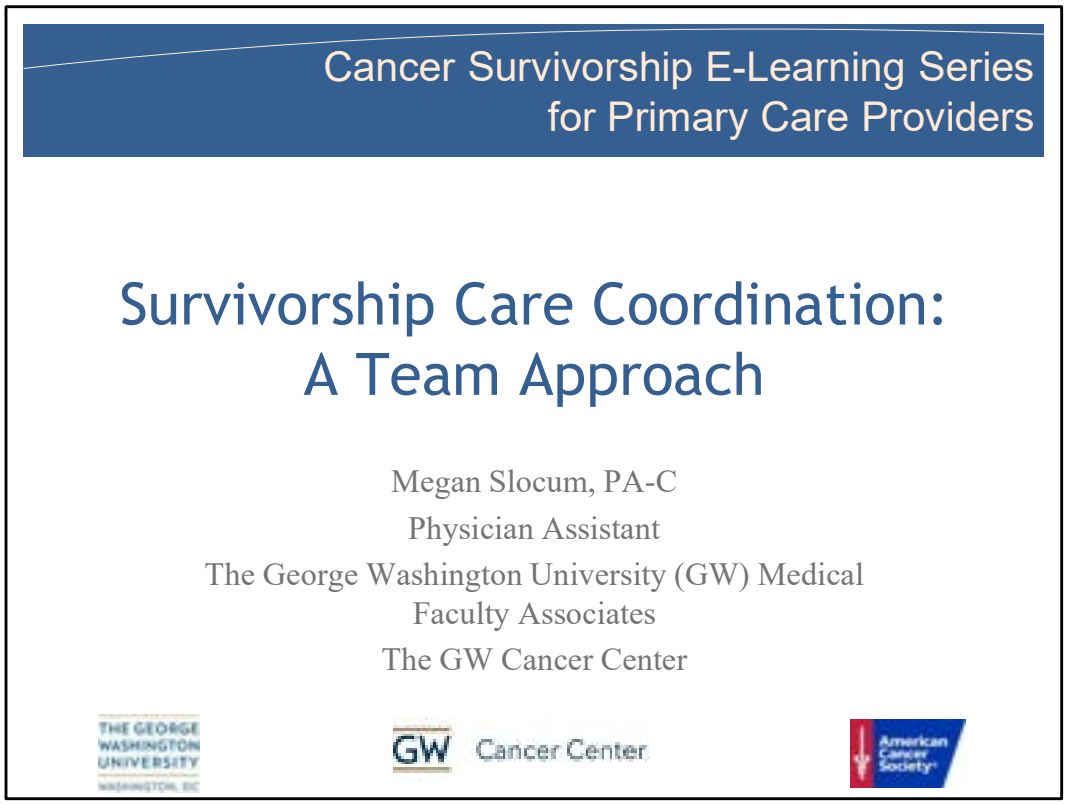


Welcome to this lesson on Survivorship Care Coordination: A Team Approach. I am Megan Slocum, Physician Assistant at the George Washington University Cancer Center.

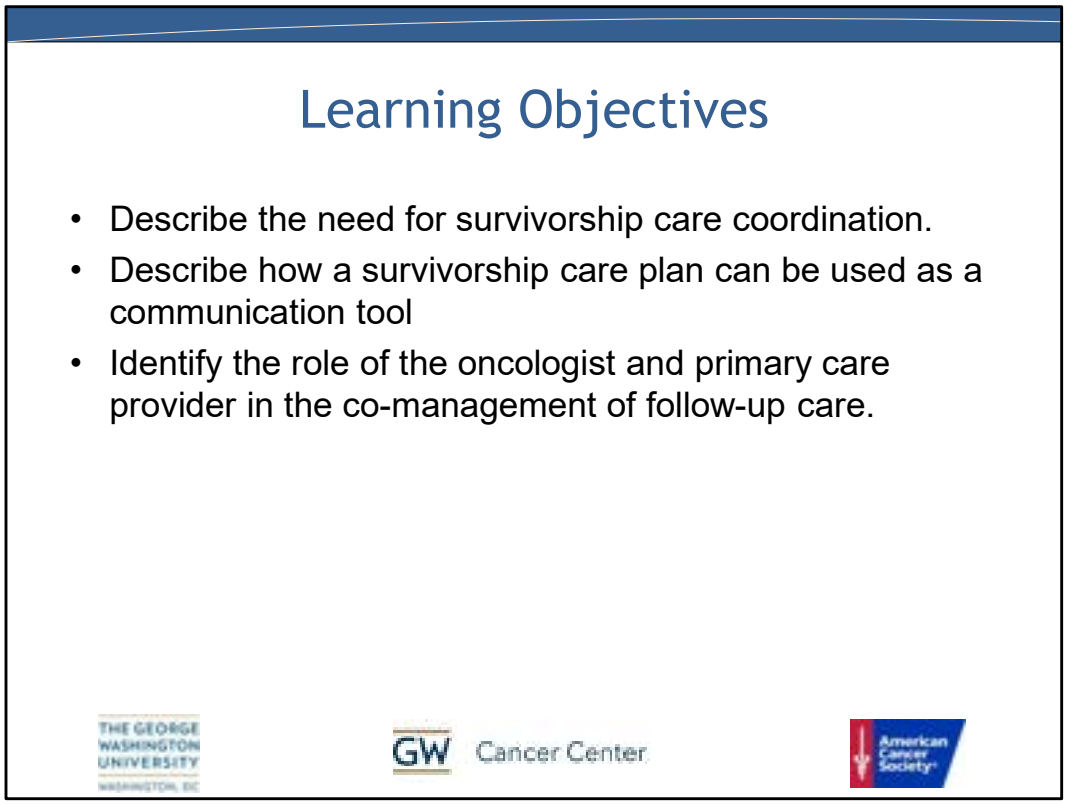
We are pleased to offer this educational session through the National Cancer Survivorship Resource Center, a collaboration between the American Cancer Society and the George Washington University Cancer Center originally funded by a five year cooperative agreement from the Centers for Disease Control and Prevention.

Disclosures

This program was originally developed through the National Cancer Survivorship Resource Center (The Survivorship Center), a collaboration between the American Cancer Society and the George Washington University Cancer Center funded by a 5-year cooperative agreement (#5U55DP003054) from the Centers for Disease Control and Prevention (CDC).

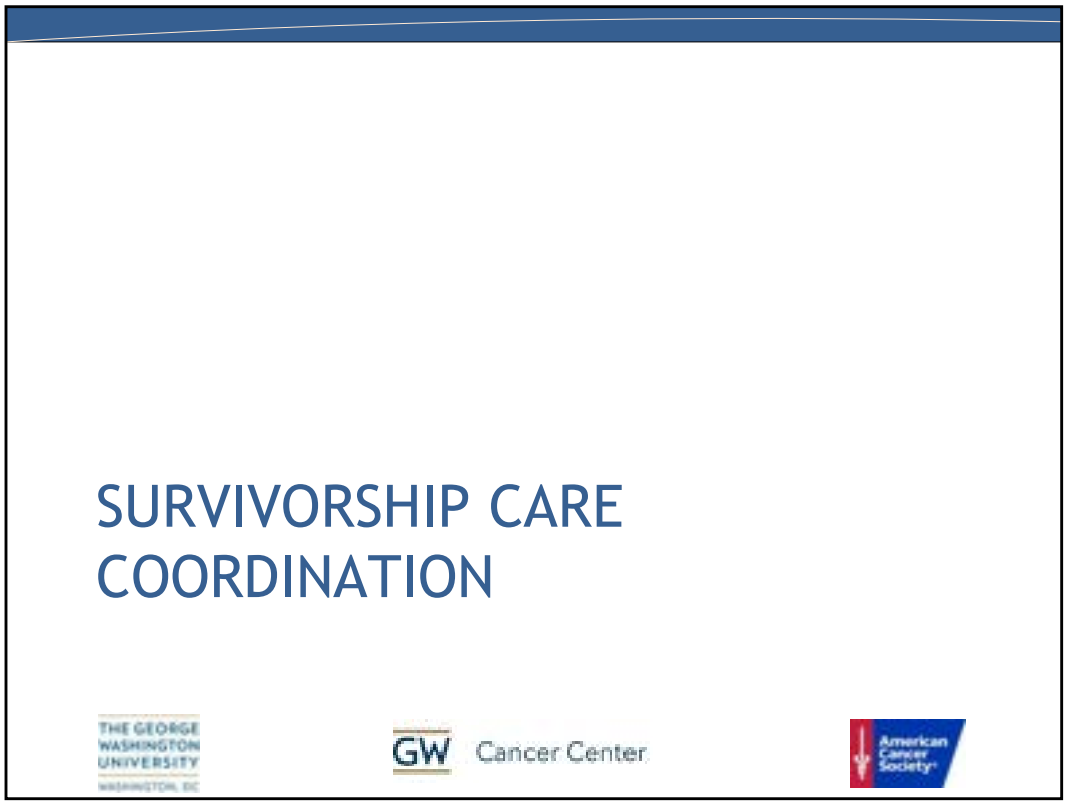
It is currently supported through a cooperative agreement (#NU58DP006461-01) from the CDC. The GW Cancer Center would also like to thank the CDC for their partnership on this program.

This work was supported by cooperative agreements from the CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC. No industry funding was used to support this work.

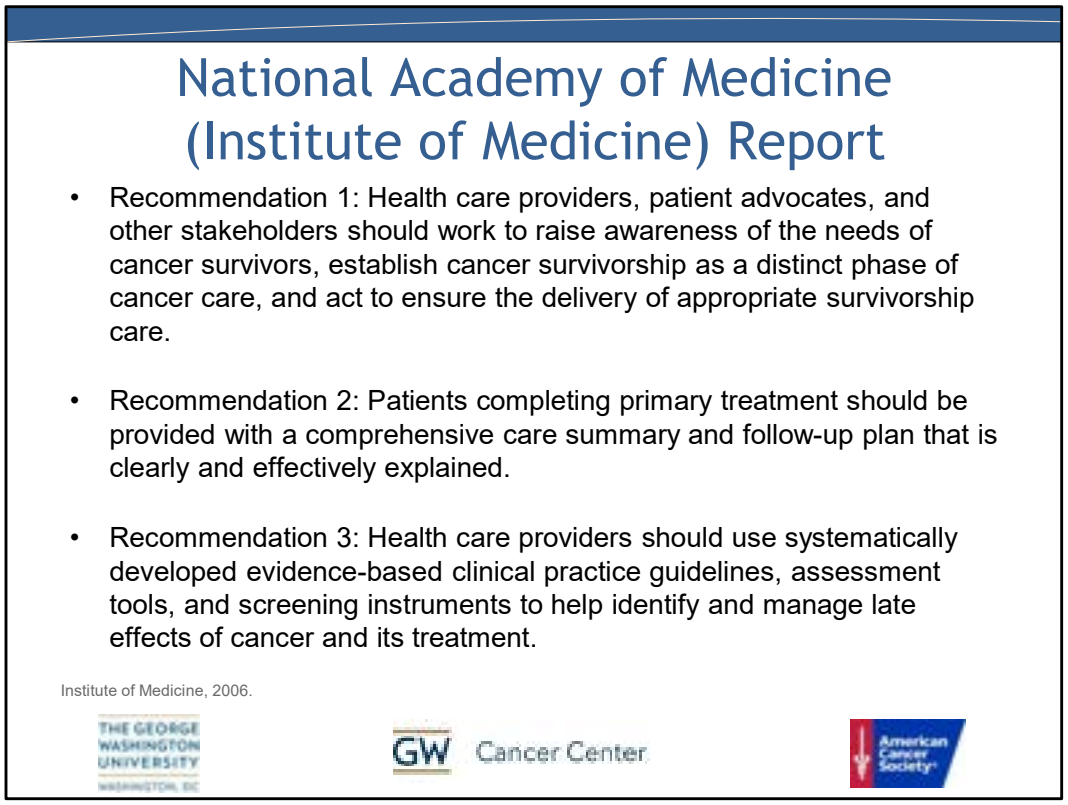


After completing this lesson, you will be able to:

- Describe the need for survivorship care coordination;
- Describe how survivorship care plans can be used as a communication tool and
- Identify the role of the oncologist and primary care provider in the co-management of follow-up care



Let’s start with survivorship care coordination.



In 2005, the National Academy of Medicine, formerly the Institute of Medicine published, a seminal report: *From Cancer Patient to Cancer Survivor: Lost in Transition.* This report highlighted the unique needs of cancer survivors and provided cross-sector recommendations to improve care for survivors.

There are several key recommendations from this report that are relevant to this lesson.

- One recommendation is that health care providers, patient advocates, and other stakeholders should work to raise awareness of the needs of cancer survivors, establish cancer survivorship as a distinct phase of cancer care, and act to ensure the delivery of appropriate survivorship care.

- A second recommendation is that patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan that is clearly and effectively explained.

- A third recommendation is that health care providers should use systematically developed evidence-based clinical practice guidelines, assessment tools, and screening instruments to help identify and manage late

effects of cancer and its treatment.

As you can see, this report helped provide an initial roadmap and makes the case for care coordination once a survivor is post-treatment.

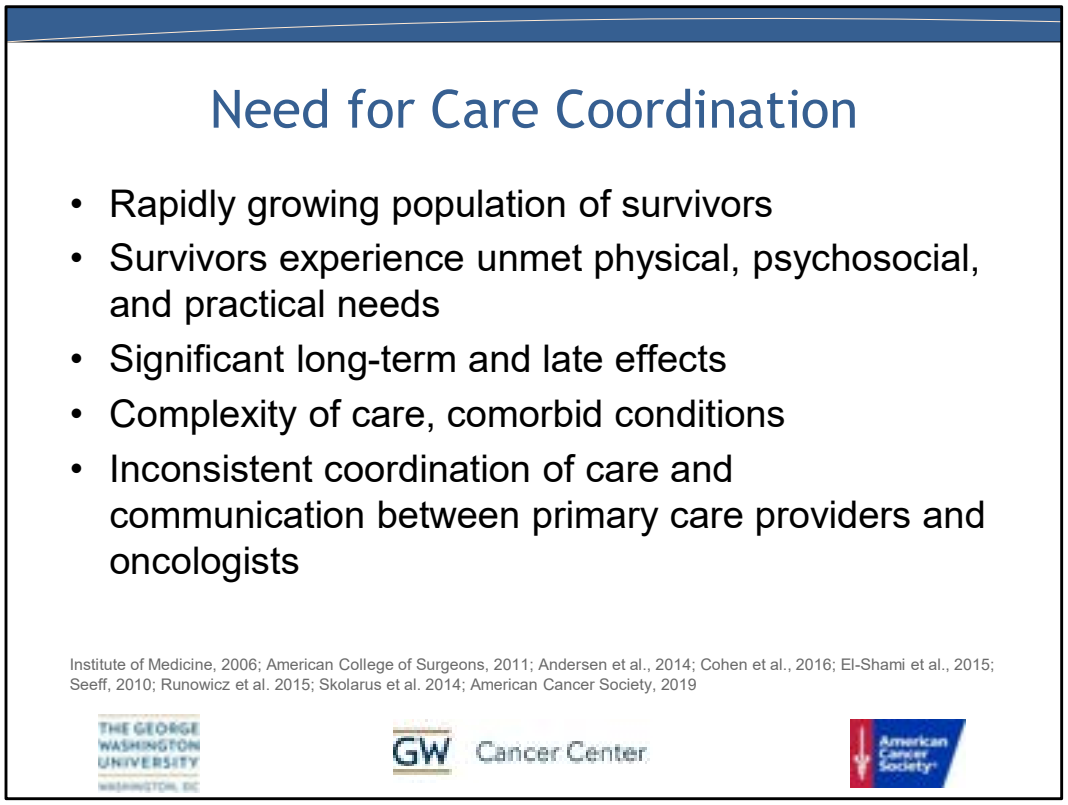
A 2017 article in the Journal of Clinical Oncology highlighted the progress toward meeting the original National Academy of Medicine recommendations. These were the highlighted examples of works that have helped us to move toward achieving the first 3 recommendations.

The first recommendation was related to increasing awareness of survivorship as a distinct phase. Celebrity survivors have started sharing personal stories. There has been a growth in the number of events of survivorship-focused walks, runs, and other functions. There have also been frequent newspaper columns and blogs that feature survivors and survivorship topics. And for professionals, there has been an emergence of textbooks, dedicated journals, and supplements, as well as many national educational programs.

Recommendation 2 is related to the dissemination of survivorship care plans. This has been demonstrated by an increased uptake of using survivorship care plans although practical challenges have been reported, especially in optimizing the process to better tailor and coordinate their use. There is evidence on the impact of survivorship care plan that is still emerging, and the Commission on Cancer has implemented a standard for this recommendation.

Recommendation 3 is related to progress towards survivorship-focused guidelines.

Many professional organizations have generated survivorship-focused guidelines and there are consistent updates included in guidelines for survivors of childhood cancer. Further identification is needed of personal factors that increase the risk of late effects.



As noted in other Modules, there are approximately 16.9 million survivors living in the U.S. This number is expected to increase as our population ages. In addition, there is an estimated 1.9 million adults ages 85 and older living with a history of cancer.

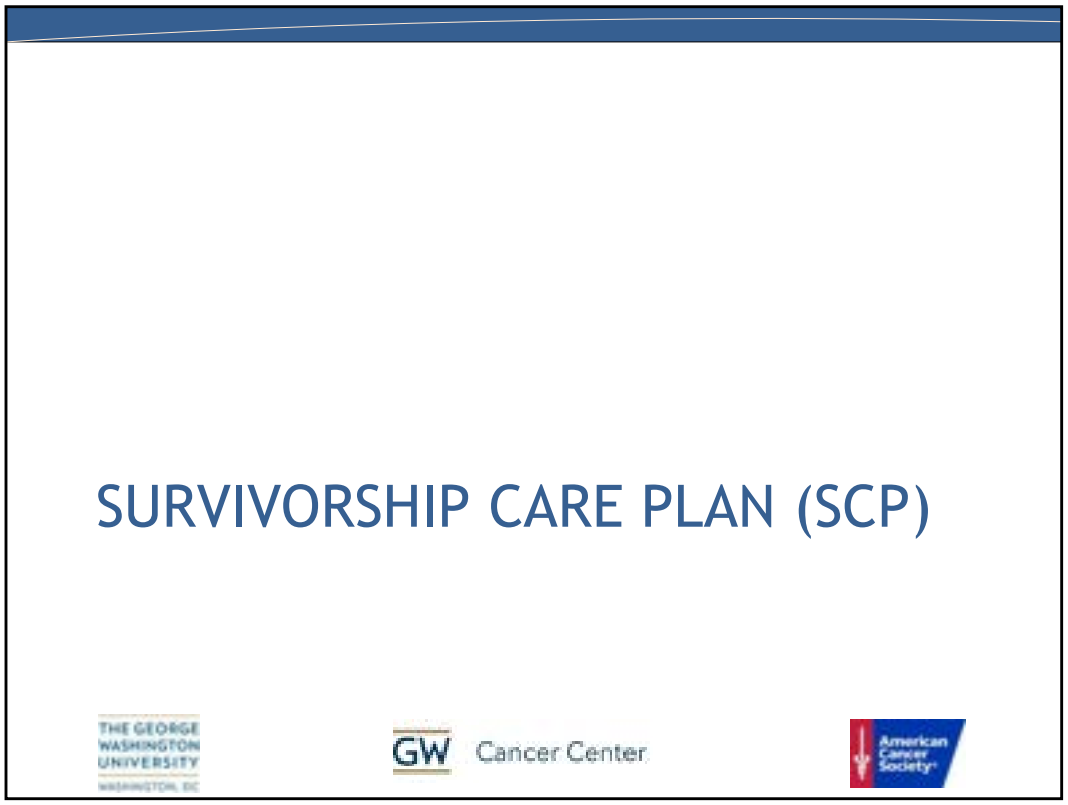
Also, as discussed more in-depth in Modules 2 and 3, survivors experience physical, psychosocial, and practical issues including:

- Second primary cancers
- Physical long-term and late effects
- Mental, emotional, and psychosocial long-term and late effects
- Impact on relationships
- Work life
- Financial hardship

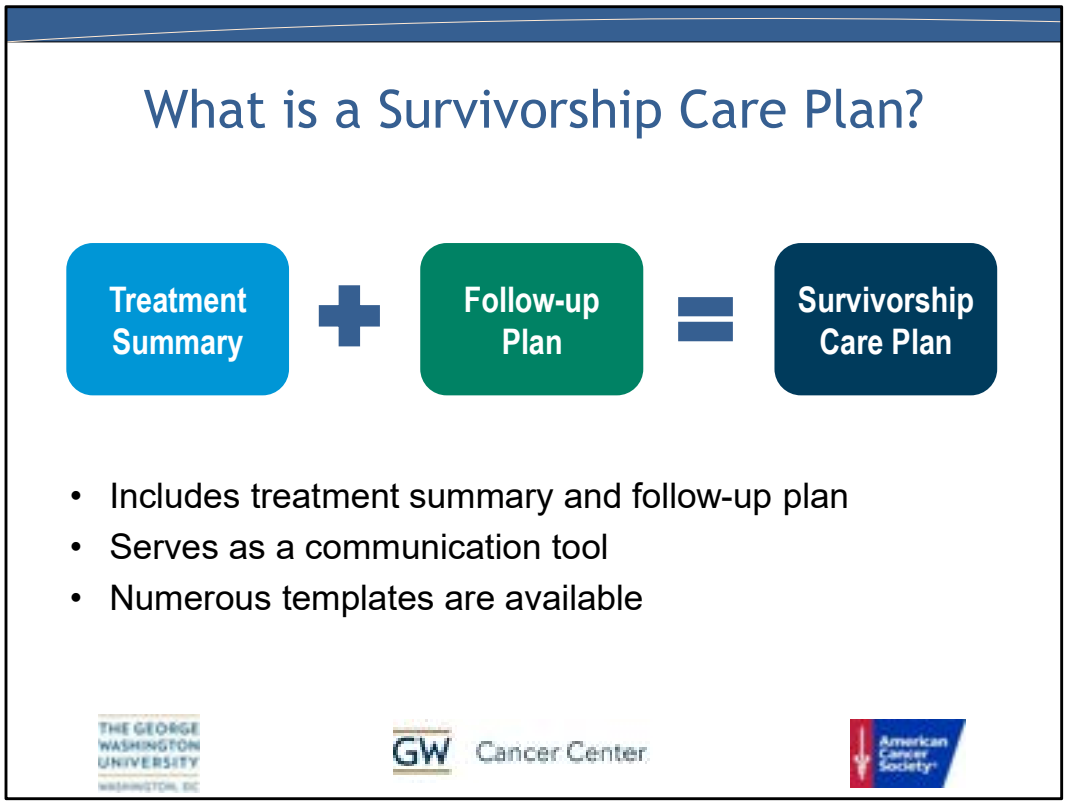
As our population of older survivors grows, there is an increasing complexity of care and comorbid conditions.

While strides have been made following the release of the National Academy of Medicine report, there is still inconsistent coordination of care and communication between primary care providers and oncologists. In order to address these issues and

challenges, it is critical to focus on coordinated, long-term follow-up care for cancer survivors.



Now, let's discuss a survivorship care plan.



A Survivorship Care Plan is a key component of survivorship care. It includes two parts, a Treatment Summary and a Follow-up Plan.

The Treatment Summary contains the important details about the patient's treatment history, including diagnosis, the type and stage of cancer, as well as information about any treatment administered.

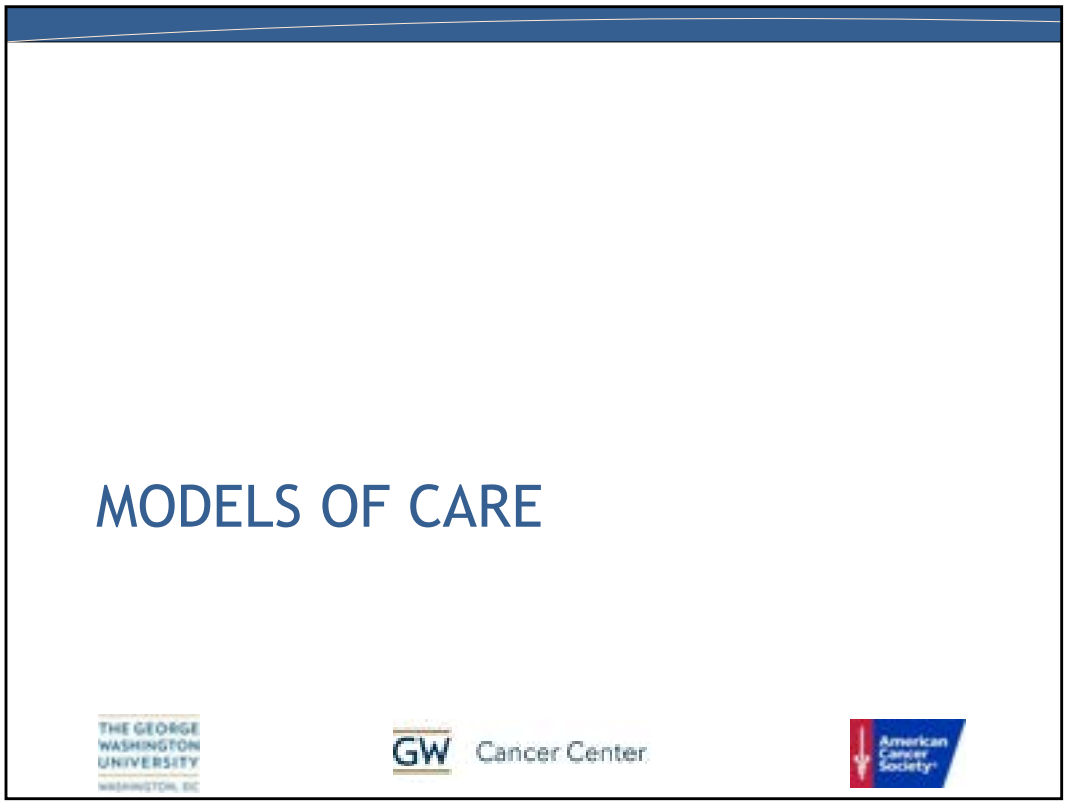
The Follow-up Plan provides recommendations for follow-up care after treatment is completed, including a schedule of follow-up oncology visits and any necessary surveillance testing. It also provides recommendations for the identification and management of any late or long-term effects of cancer treatment. Finally, the Follow-up Plan provides health promotion recommendations to promote a healthy lifestyle among cancer survivors.

While there have been some barriers to implementation of Survivorship Care Plans, it is can be a very helpful communication tool between providers but also between patients and providers.

Links to survivorship care plan templates are provided in the resources section at the end of this lesson.

In 2012, the American College of Surgeons Commission on Cancer (CoC) released revised standards, which began requiring all accredited CoC sites to start incrementally providing survivorship care plans to cancer survivors. Since then, the CoC has issued clarifications about the standard and they continue to revisit the implementation of survivorship care plans.

If you are interested in learning more about current CoC requirements, please visit their website shown here on your screen. (https://www.facs.org/quality-programs/cancer/coc)



Now, let's discuss models of survivorship care delivery.

Care Models

Nekhlyudov, O'Malley & Hudson, 2017; American Society of Clinical Oncology, n.d.-b.

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

GW Cancer Center

American Cancer Society

Many different types of providers may be involved in the care of cancer survivors in order to meet their needs. There are several models of cancer survivorship care delivery designed to meet the needs of survivors. However, in this lesson we will focus on the shared-care model.

Shared Care Model

- Care of a patient shared by 2 or more clinicians in different specialties
- Includes communication and periodic transfer of knowledge between specialist and primary care provider
- Shared care in other fields
  - Demonstrated to improve patient outcomes and enhance management of patients with various chronic diseases (e.g. diabetes)

Oeffinger & McCabe, 2006; Ciardullo et al., 2003; Renders et al., 2003.

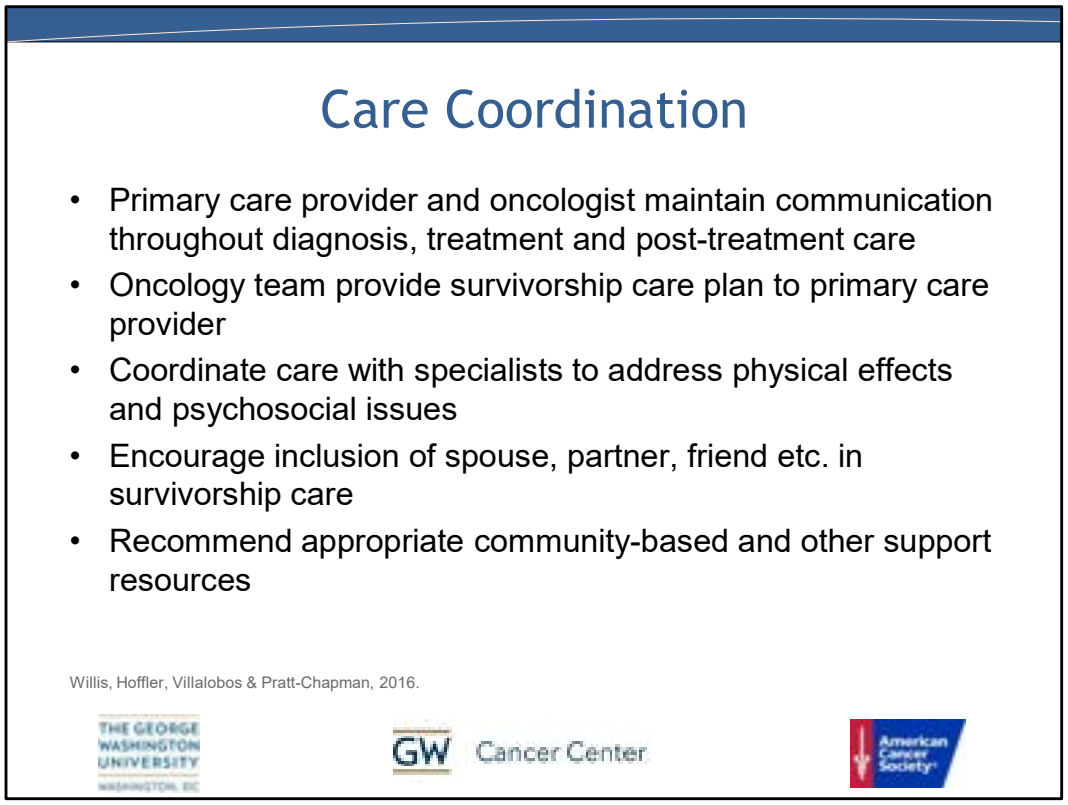
THE GEORGE WASHINGTON UNIVERSITY WASHINGTON, DC

GW Cancer Center

American Cancer Society

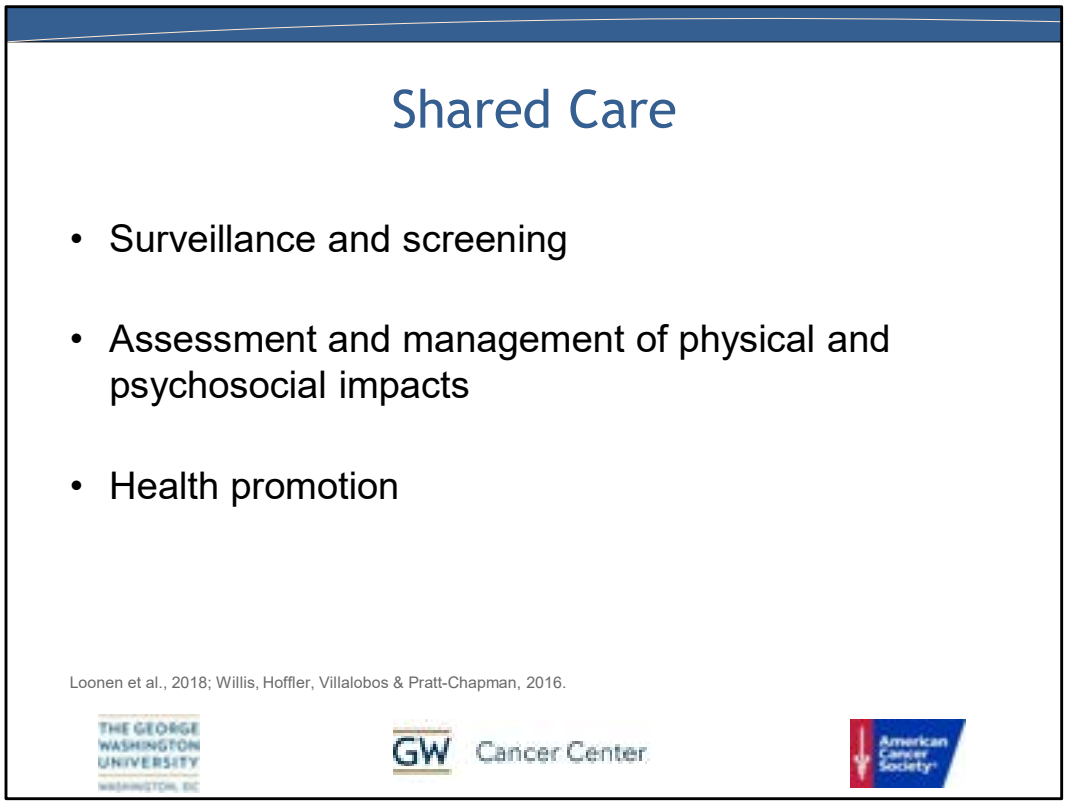
The shared care model involves the coordinated care of a survivor between an oncologist and primary care provider. It includes communication and periodic transfer of knowledge between the specialist and primary care provider.

The model has been demonstrated to enhance management of patients with various chronic conditions such as a person with diabetes whose care is managed by both an endocrinologist and a primary care provider. It has also been demonstrated to improve patient outcomes and can be an effective way to manage the long-term care of cancer survivors.

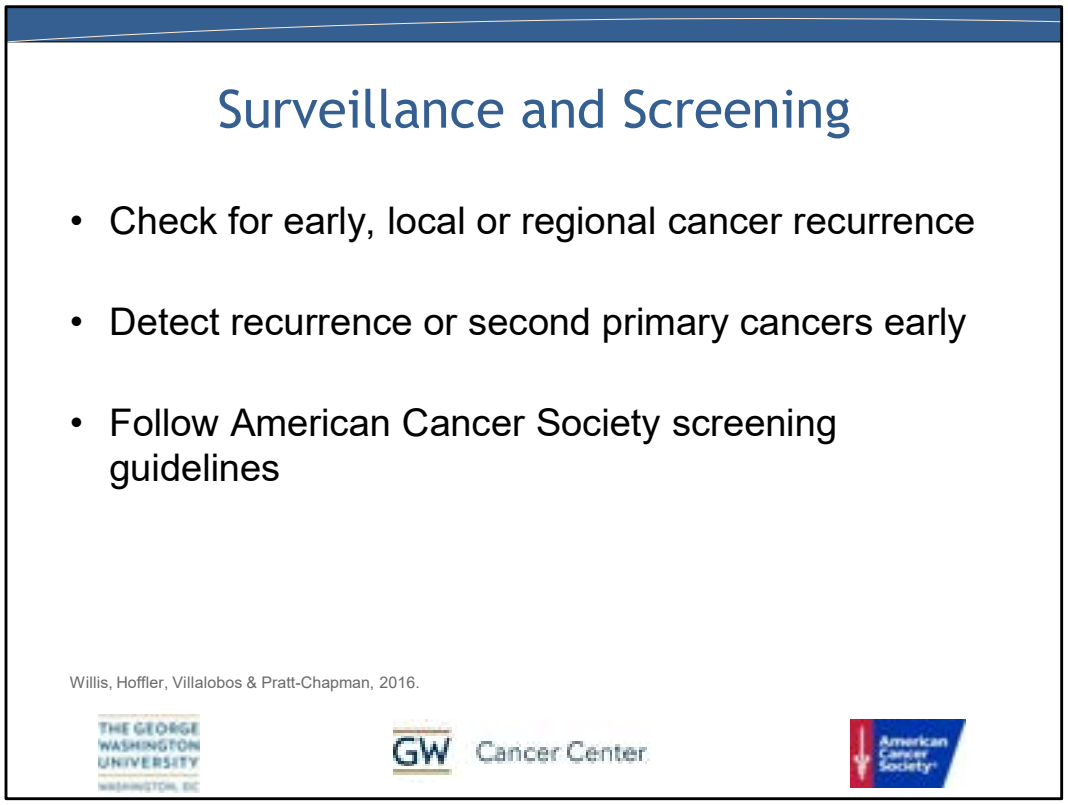


As mentioned, care coordination is a critical component of the shared care model.

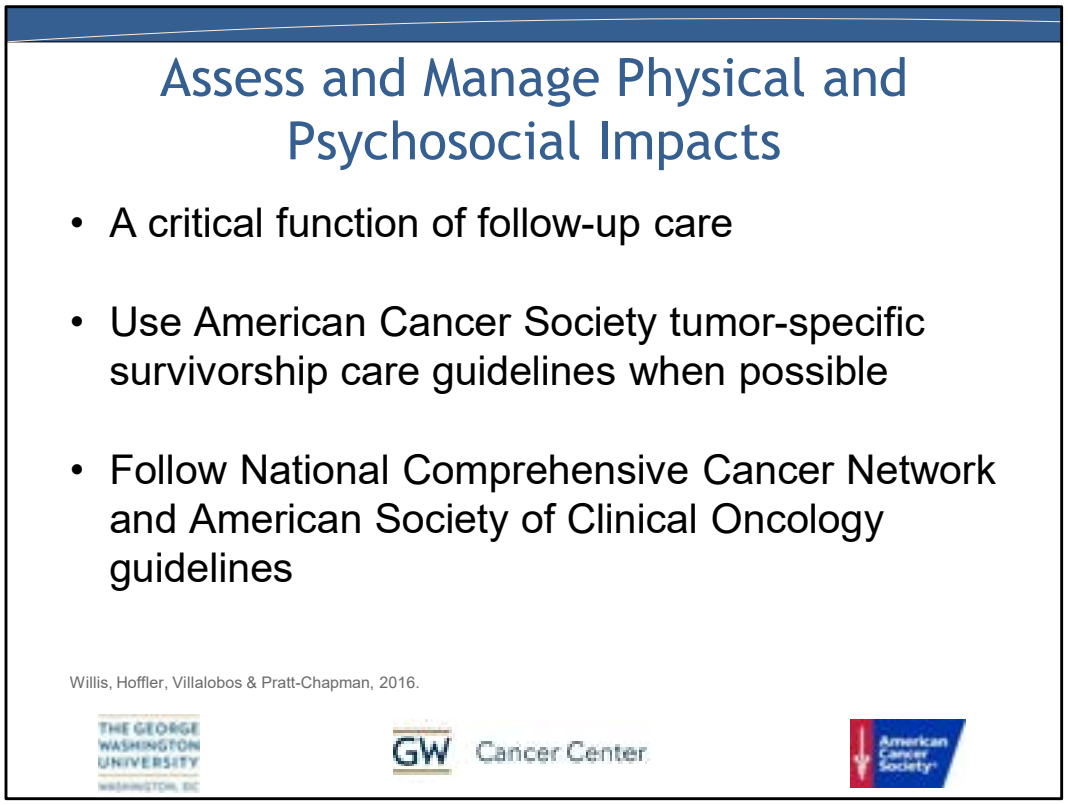
The primary care provider and oncologist should maintain communication throughout diagnosis, treatment and post-treatment care. The oncology team should provide a survivorship care plan to the primary care provider. Further, it is important to coordinate care with other specialists to address physical effects and psychosocial issues. Providers should also ask survivors who they want involved in their care- such as a spouse, partner, friend. It is also important to recommend community-based and other support services to address needs of survivors and their loved ones.



Shared care of the cancer survivor is most successful when it is clear which provider is responsible for which follow-up element. Clinical guidelines exist for both oncology and primary care providers. These guidelines offer recommendations as to who should be responsible for different components of care.



A critical component of quality survivorship care involves surveillance and screening for cancer recurrence and for new primary cancers. As cancer patients transition from active treatment to survivorship, the oncology team will be involved in surveillance and screening. However, primary care providers should continue to monitor for early, local or regional cancer recurrence and screen for second primary cancers. This is typically done through physical examination, imaging studies and laboratory tests. For average-risk, asymptomatic individuals, follow the American Cancer Society guidelines for breast, cervical, colorectal, endometrial, lung and prostate cancer screening.

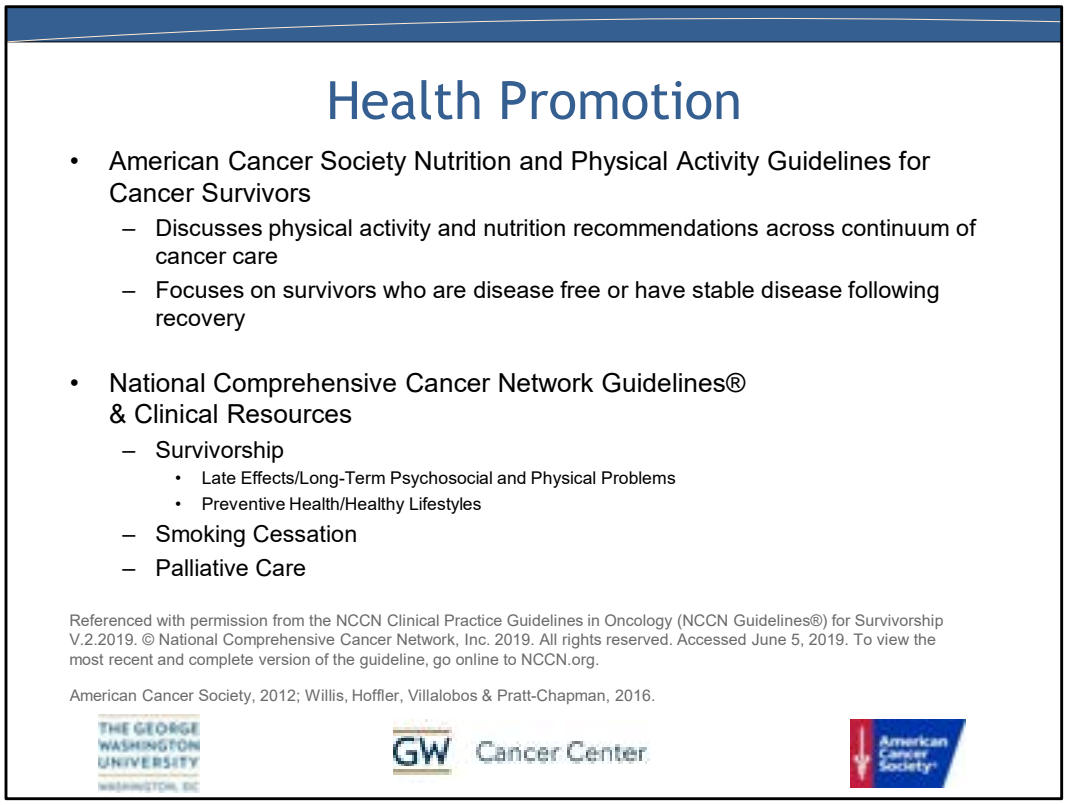


Primary care providers should assess and manage cancer survivors' physical and psychosocial long-term and late effects. This is a critical function of follow-up care as these effects often have a significant impact on quality of life.

The American Cancer Society has developed tumor-specific survivorship care guidelines for a number of different cancer types that are evidence-based guidelines developed by multidisciplinary expert working groups and provides guidance on how to provide comprehensive follow-up care to cancer survivors.

Both the National Comprehensive Cancer Network and the American Society of Clinical Oncology have published guidelines on comprehensive survivorship care that include recommendations for the assessment and management of many common late and long-term effects of cancer treatment.

Use cancer survivorship clinical guidelines to inform referrals to medical, rehabilitation and/or behavioral specialists to address concerns.

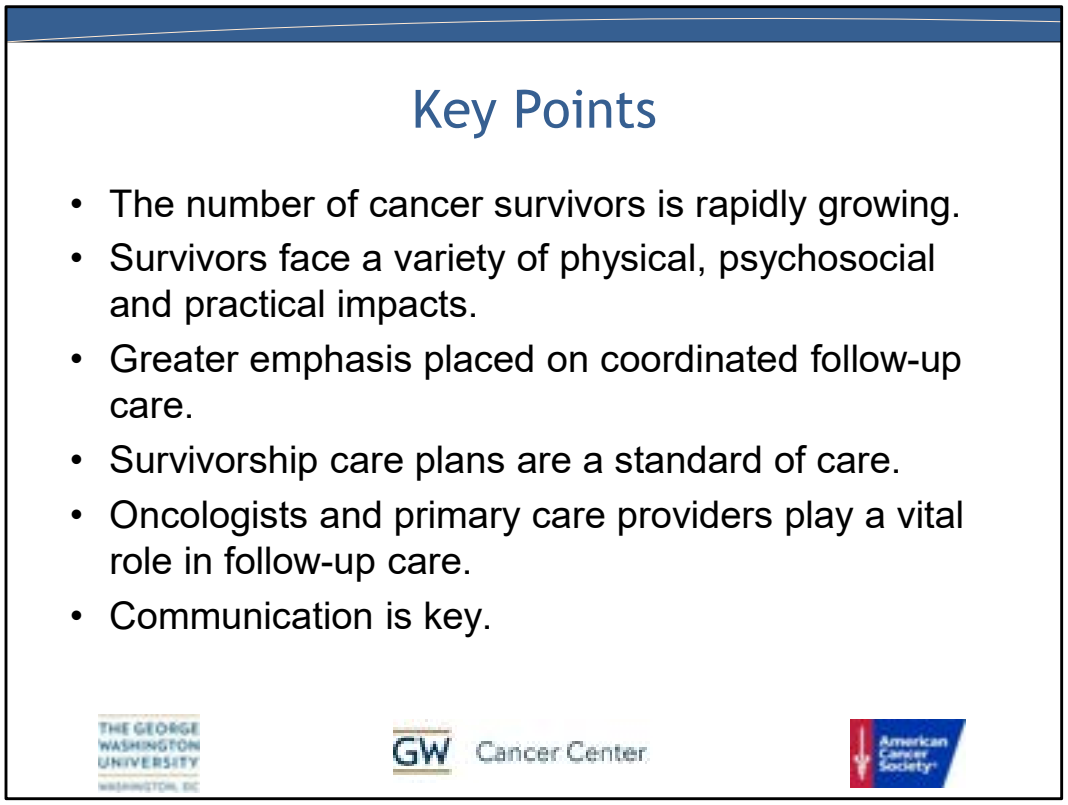


Primary care providers support all patients adopting healthy behaviors and lifestyles to improve their health. Since cancer survivors are at a higher risk for second primary cancers and often have other chronic conditions, primary care providers must be aware of all patients cancer history in order to offer cancer survivors tailored health behavior recommendations compared to the general population.

The American Cancer Society has developed specific physical activity guidelines and nutrition recommendations for cancer survivors. In addition, the National Comprehensive Cancer Network has survivorship guidelines that include recommendations for preventive health measures (physical activity, nutrition and weight management) as well as smoking cessation. The American Cancer Society continues to conduct and fund research related to the impact of various health behaviors on cancer survivorship.

The NCCN not only has survivorship care guidelines to inform practice, but also guidelines for smoking cessation and palliative care, both of which can be useful in the care of cancer survivors.

Use these cancer survivorship health promotion guidelines to inform your referrals and care recommendations for survivors.



As this lesson comes to a close, it is important to remember:

- The number of cancer survivors is rapidly growing;
- Survivors face a variety of physical, psychosocial and practical impacts;
- There is now greater emphasis on coordinated follow-up care;
- Survivorship care plans are a standard of care;
- Oncologists and primary care providers play a vital role in follow-up care; and
- Communication is key.

Survivorship Care Plan Resources

- **American Society of Clinical Oncology's (ASCO) Survivorship Care Plan Template**: https://www.asco.org/practice-guidelines/cancer-care-initiatives/prevention-survivorship/survivorship-compendium
- **Journey Forward's Survivorship Care Plan Builder:** https://www.journeyforward.org/professionals/survivorship-care-plan-builder
  - **My Care Plan**: https://www.journeyforward.org/planning-tools/my-care-plan
- **OncoLife Survivorship Care Plan**: https://oncolife.oncolink.org/

THE GEORGE WASHINGTON UNIVERSITY

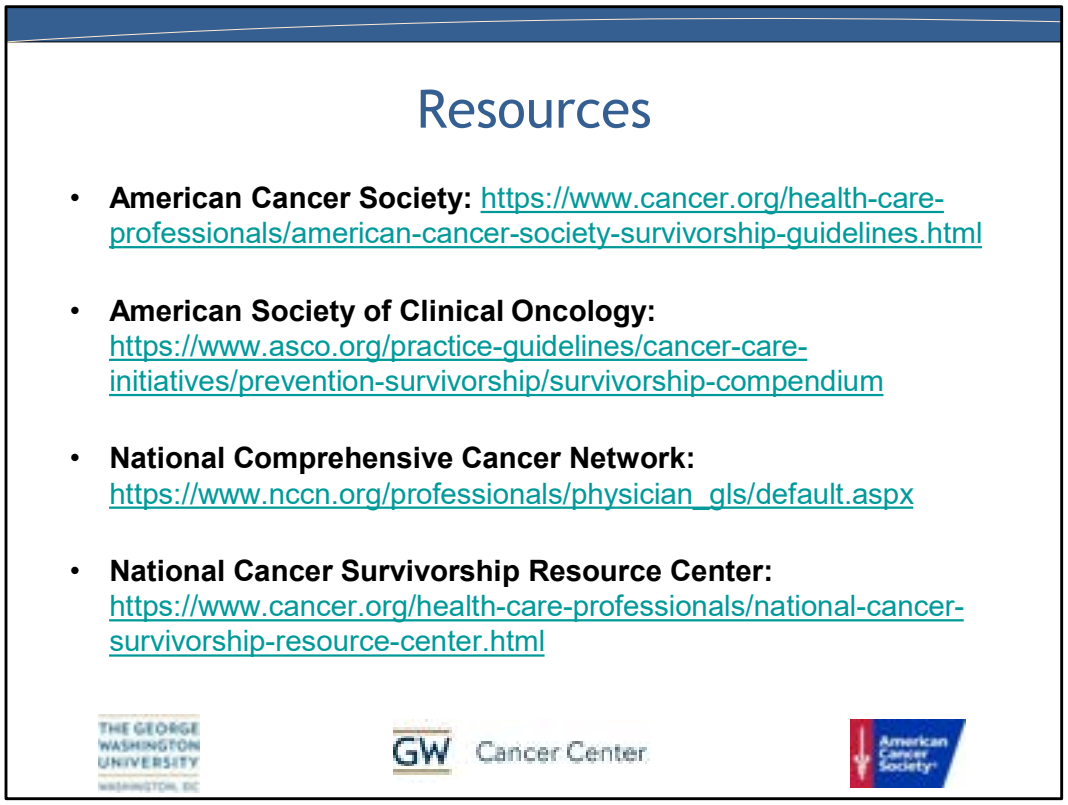
GW Cancer Center

American Cancer Society

- ASCO provides a survivorship care plan template, which is composed of a treatment summary and follow-up care plan. In addition, ASCO also offers disease specific templates for breast cancer, colorectal cancer, non-small cell lung cancer, small cell lung cancer, prostate cancer and diffuse large B-cell lymphoma.

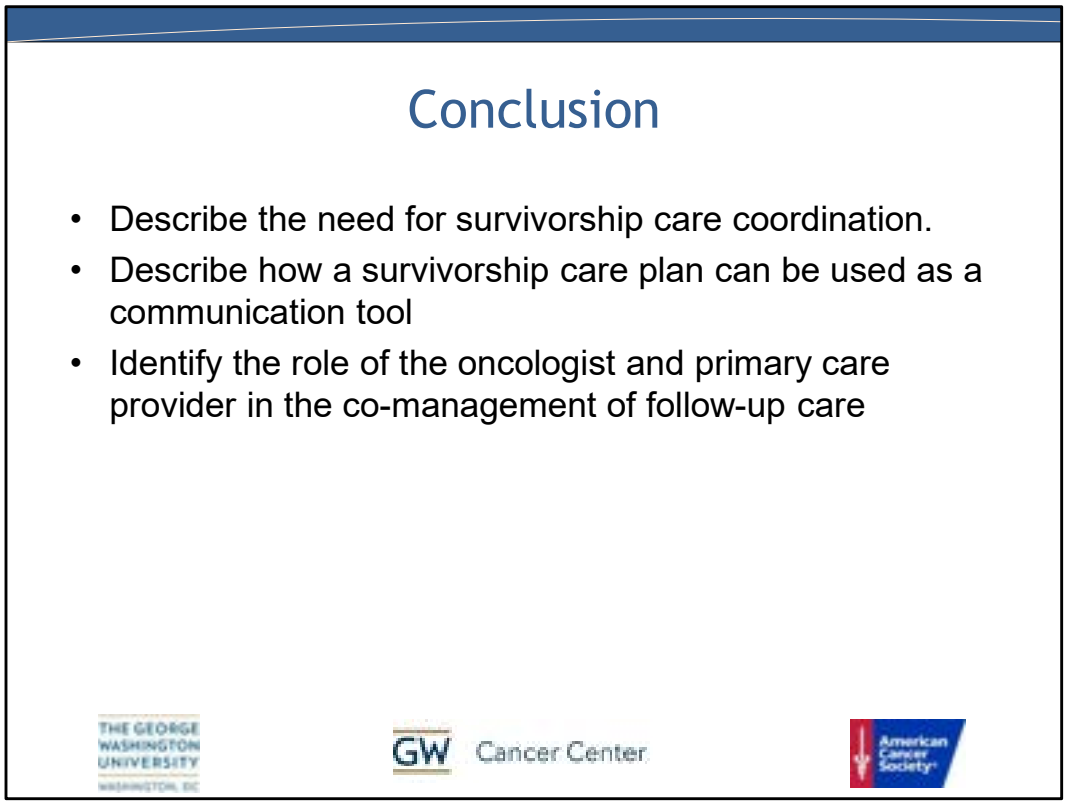
- Journey Forward's survivorship care plan builder is available to providers to help you make treatment plans, treatment summaries and survivorship care plans for your patients. Journey Forward also offers My Care Plan, a tool for patients to start their own survivorship care plan.

- OncoLife's Survivorship Care Plan is a tool that providers can use to create survivorship care plans. The plan is individualized based on responses to an online questionnaire.



Here are some further resources and readings you can access.

The first three resources offer clinical practice guidelines. The National Cancer Survivorship Resource Center offers a number of tools and resources for providers as well as patients to address post-treatment cancer survivorship care.



In this lesson you learned to:

- Describe the need for survivorship care coordination;
- Describe how survivorship care plans can be used as a communication tool and
- Identify the role of the oncologist and primary care provider in the co-management of follow-up care

References

American Cancer Society. (2012). Nutrition and physical activity guidelines for cancer survivors. A Cancer Journal for Clinicians. https://doi.org/10.3322/caac.21142

American Cancer Society. (2019). Cancer Facts & Figures 2019. Atlanta, Georgia: American Cancer Society.

American College of Surgeons. (2011). Cancer program standards 2012. Retrieved from https://www.facs.org/~/media/files/quality%20programs/cancer/coc/programstandards2012.a shx

American College of Surgeons. (2015). Cancer program standards: Ensuring patient-centered care: 2016 Edition. Retrieved from https://www.facs.org/~/media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx

American Society of Clinical Oncology. (n.d.-a). ASCO Treatment Summary and Survivorship Care Plan. Retrieved from https://www.asco.org/practice-guidelines/cancer-care-initiatives/prevention-survivorship/survivorship-compendium

American Society of Clinical Oncology. (n.d.-b.). Models of Long-Term Follow-Up Care. Retrieved from https://www.asco.org/practice-guidelines/cancer-care-initiatives/prevention-survivorship/survivorship/survivorship-3

Andersen, B. L., DeRubeis, R. J., Berman, B. S., Gruman, J., Champion, V. L., Massie, M. J., et al. (2014). Screening, assessment, and care of anxiety and depressive symptoms in adults with cancer: An American society of clinical oncology guideline adaptation. Journal of Clinical Oncology, 32(15), 1605-1619. doi:10.1200/JCO.2013.52.4611.

Birken, S. A., Deal, A. M., Mayer, D. K., & Weiner, B. J. (2014). Following through: The consistency of survivorship care plan use in United States cancer programs. *Journal of Cancer Education,* 29(4), 689-697.

THE GEORGE WASHINGTON UNIVERSITY WASHINGTON, DC

GW Cancer Center

American Cancer Society

This concludes the lesson. Please continue to explore the remaining modules of the Cancer Survivorship E-Learning Series for Primary Care Providers.

References

Ciardullo, A.V., Daghio, M.M., Brunetti, M., et al. (2003). Changes in long-term glycemic control and performance indicators in a cohort of type 2 diabetic patients cared for by general practitioners: Findings from the Modena Diabetes Project. *Nutrition Metabolism Cardiovascular Disease* 13:372-376, 2003

Cheung, W.Y., Neville, B.A. & Earle, C.C. (2010) Associations among cancer survivorship discussions, patient and physician expectations, and receipt of follow-up care. Journal of Clinical Oncology (15):2577-83

Cohen, E. E. W., Lamonte, S. J., Erb, N. L., Beckman, K. L., Sadeghi, N., Hutcheson, K. A., et al. (2016). American cancer society head and neck cancer survivorship care guideline. CA Cancer Journal for Clinicians, 66(3), 203-239. doi:10.3322/caac.21343

El-Shami, K., Oeffinger, K. C., Erb, N. L., Willis, A., Bretsch, J. K., Pratt-Chapman, M. L., et al. (2015). American Cancer Society colorectal cancer survivorship care guidelines. CA Cancer Journal for Clinicians, 65(6), 427-455. doi:10.3322/caac.21286

Forsythe, L. P., Parry, C., Alfano, C. M., Kent, E. E., Leach, C. R., Haggstrom, D. A., Ganz, P. A., Aziz, N., … Rowland, J. H. (2013). Use of survivorship care plans in the United States: associations with survivorship care. *Journal of the National Cancer Institute*, *105*(20), 1579-87.

Grunfeld, E. & Earle C.C. (2010). The interface between primary and oncology specialty care: Treatment through survivorship. *Journal of National Cancer Institute Monographs*. 40: 25-30.

Institute of Medicine and National Research Council. (2006). From cancer patient to cancer survivor: Lost in transition. Washington, DC: The National Academies Press.

THE GEORGE WASHINGTON UNIVERSITY

GW Cancer Center

American Cancer Society

References

Loonen, J.J., Blijlevens, N.M.A., Prins, J…Hermens, R.P.M.G.(2018). Cancer survivorship care: Person centered care in a multidisciplinary shared care model. *International Journal of Integrated Care, 18*(1): 4.

National Comprehensive Cancer Network (NCCN). (2019). Guidelines and clinical resources. www.nccn.org.

Nekhlyudov L. (2014). Integrating primary care in cancer survivorship programs: models of care for a growing patient population. The oncologist, 19(6), 579-82.

Nekhlyudov, L., Ganz, P.A., Arora, N.K., & Rowland, J.H. (2017). Going beyond being lost in transition: A decade of progress in cancer survivorship. *Journal of Clinical Oncology*. 35(18): 1978-1981.

Nekhlyudov L., O'Malley, D.M. & Hudson, S.V. (2017). Integrating primary care providers in the care of cancer survivors: gaps in evidence and future opportunities. The Lancet Oncology, 18(1) e30-e38. doi: 10.1016/S1470-2045(16)30570-8.

Nyarko, E., Metz, J. M., Nguyen, G. T., Hampshire, M. K., Jacobs, L. A., & Mao, J. J. (2015). Cancer survivors' perspectives on delivery of survivorship care by primary care physicians: an internet-based survey. BMC family practice, 16, 143. doi:10.1186/s12875-015-0367-x

Oeffinger, K.C. & McCabe, M.S. (2006). Models for delivering survivorship care. *Journal of Clinical Oncology*. DOI: 10.1200/JCO.2006.07.0474

Potosky, A.L., Han, P.K.J., Klabunde, C.N., et al. (2011). Differences between primary care physicians' and oncologists' knowledge, attitudes and practices regarding the care of cancer survivors. *Journal of General Internal Medicine*. 26(12): 1403-1410.

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

GW Cancer Center

American Cancer Society

References

Renders, C.M., Valk, G.D., de Sonnaville, J.J., et al. (2003). Quality of care for patients with type 2 diabetes mellitus: A long-term comparison of two quality improvement programmes in the Netherlands. *Diabetic Medicine* 20:846-852.

Runowicz, C. D., Leach, C. R., Henry, N. L., Henry, K. S., Mackey, H. T., Cowens-Alvarado, R. L., et al. (2016). American cancer society/American society of clinical oncology breast cancer survivorship care guideline. Journal of Clinical Oncology, 34(6), 611-635. doi:10.1200/JCO.2015.64.3809

Salz, T., Oeffinger, K.C., McCabe, M.S., Layne, T.M., & Bach, P.B. (2012). Survivorship care plans in research and practice. *CA: a cancer journal for clinicians*, *62*(2), 101–117. doi:10.3322/caac.20142

Seeff, L. (2010). CDC's National Comprehensive Cancer Control Program (NCCCP): 2010 Priorities and New Program Opportunities. Retrieved from http://www2a.cdc.gov/cic/documents/cdc/uncleared/pdf/10pd_ccc_priorities.pdf

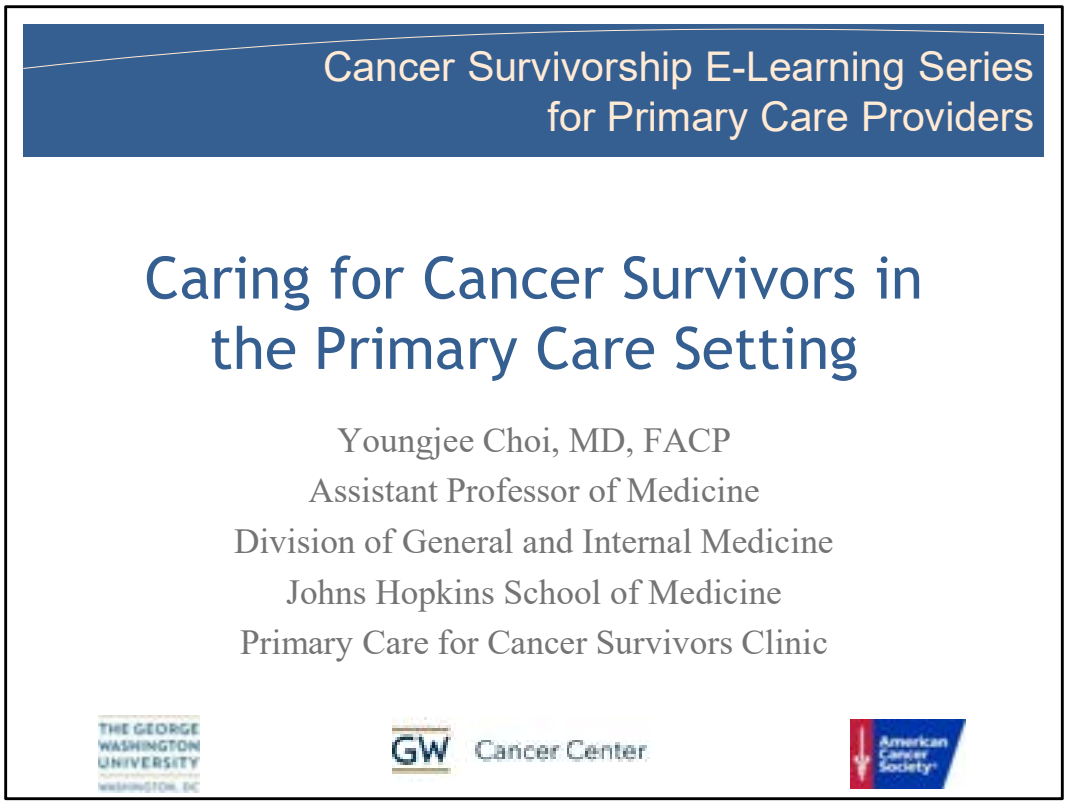
Skolarus, T. A., Wolf, A. M. D., Erb, N. L., Brooks, D. D., Rivers, B. M., Underwood III, W., et al. (2014). American cancer society prostate cancer survivorship care guidelines. CA Cancer Journal for Clinicians, 64(4), 225-249. doi:10.3322/caac.21234

Willis, A., Hoffler, E., Villalobos, A., Pratt-Chapman, M. (2016). National Cancer Survivorship Resource Center: Implementing Clinical Practice Guidelines for Cancer Survivorship Care. The George Washington University Cancer Institute. Washington, DC.

THE GEORGE WASHINGTON UNIVERSITY

GW Cancer Center

American Cancer Society



Welcome to this lesson on Caring for Cancer Survivors in the Primary Care Setting. I am Youngjee Choi, Assistant Professor of Medicine at the Johns Hopkins School of Medicine and Program Director of the Primary Care for Cancer Survivors Clinic.

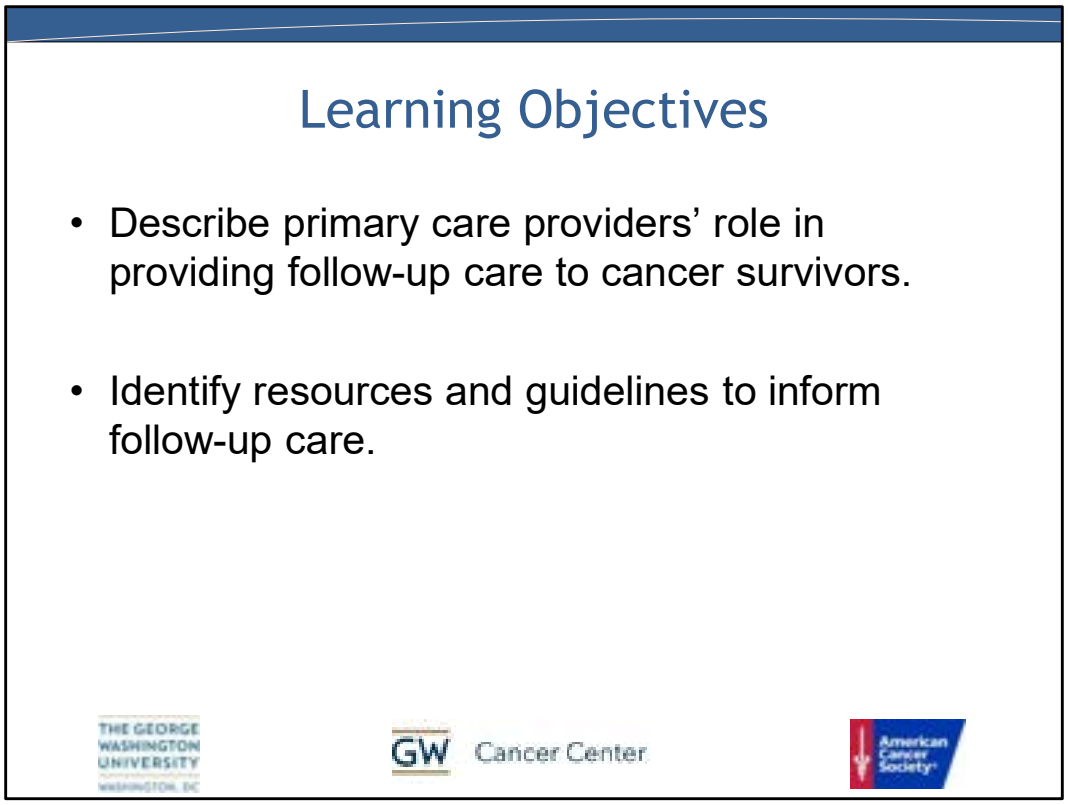
We are pleased to offer this educational session through the National Cancer Survivorship Resource Center, a collaboration between the American Cancer Society and the George Washington University Cancer Center originally funded by a five year cooperative agreement from the Centers for Disease Control and Prevention.

Disclosures

This program was originally developed through the National Cancer Survivorship Resource Center (The Survivorship Center), a collaboration between the American Cancer Society and the George Washington University Cancer Center funded by a 5-year cooperative agreement (#5U55DPOO3O54) from the Centers for Disease Control and Prevention (CDC).

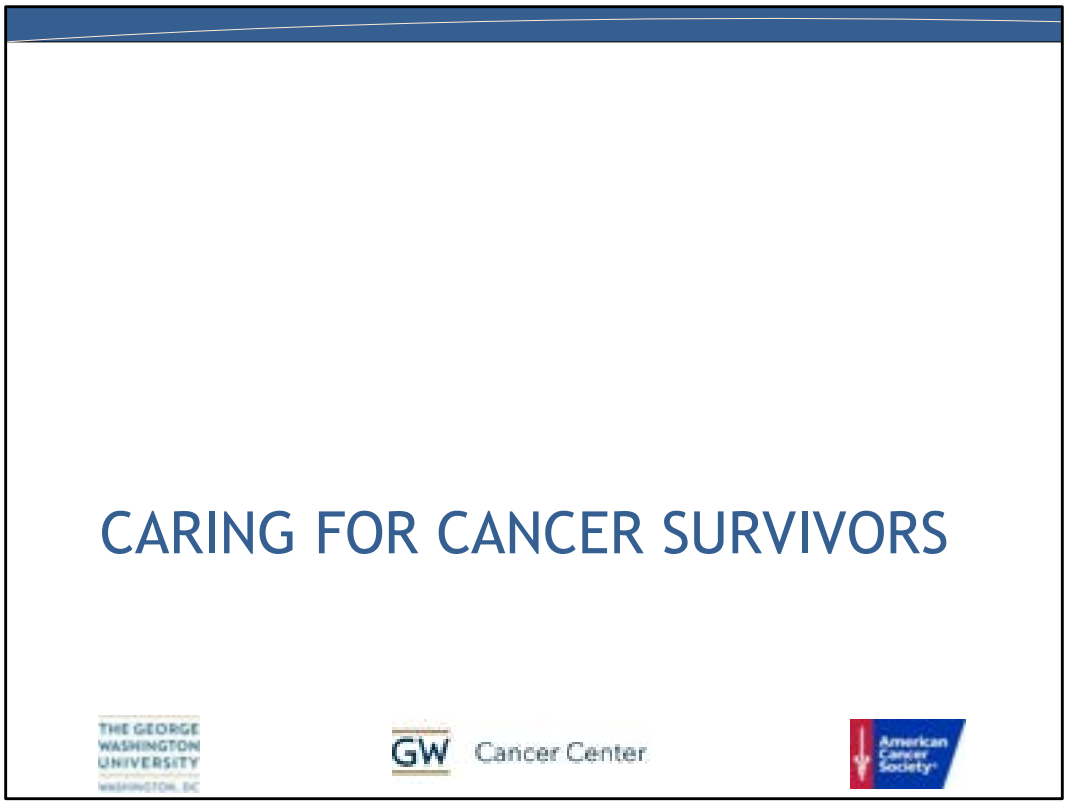
It is currently supported through a cooperative agreement (#NU58DP006461-01) from the CDC. The GW Cancer Center would also like to thank the CDC for their partnership on this program.

This work was supported by cooperative agreements from the CDC. It's contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC. No industry funding was used to support this work.



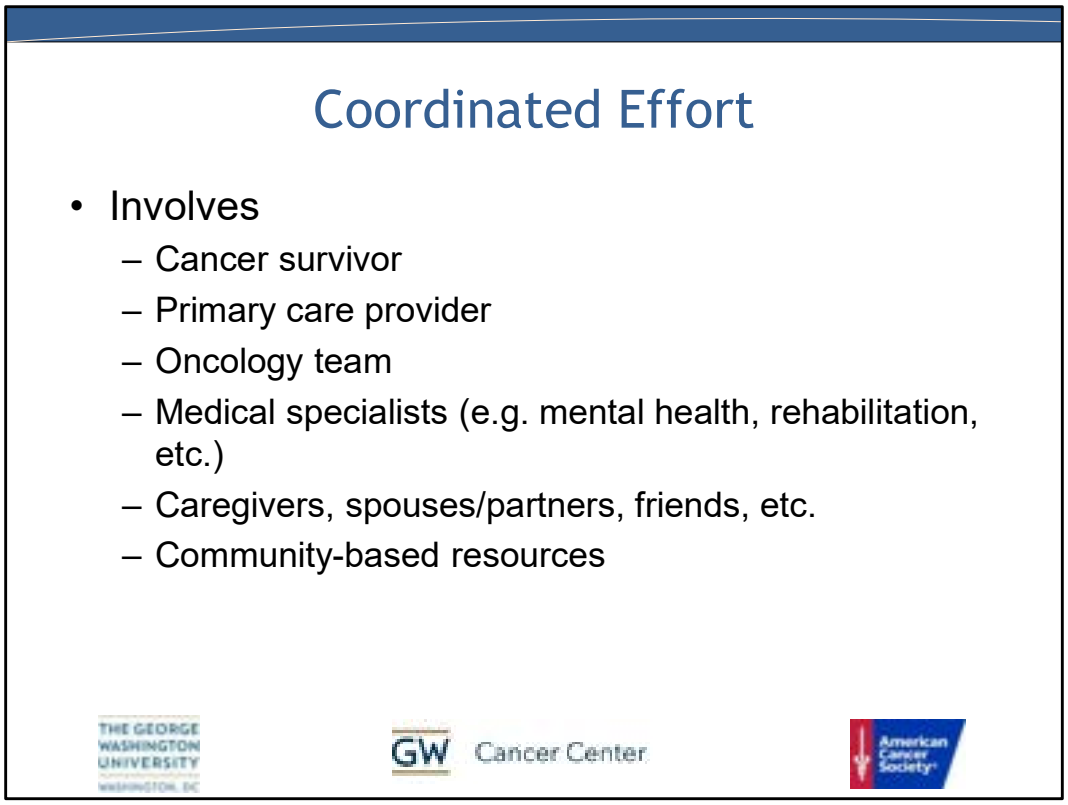
After completing this lesson, you will be able to:

- Describe primary care providers' role in providing follow-up care to cancer survivors; and
- Identify resources and guidelines to inform follow-up care.

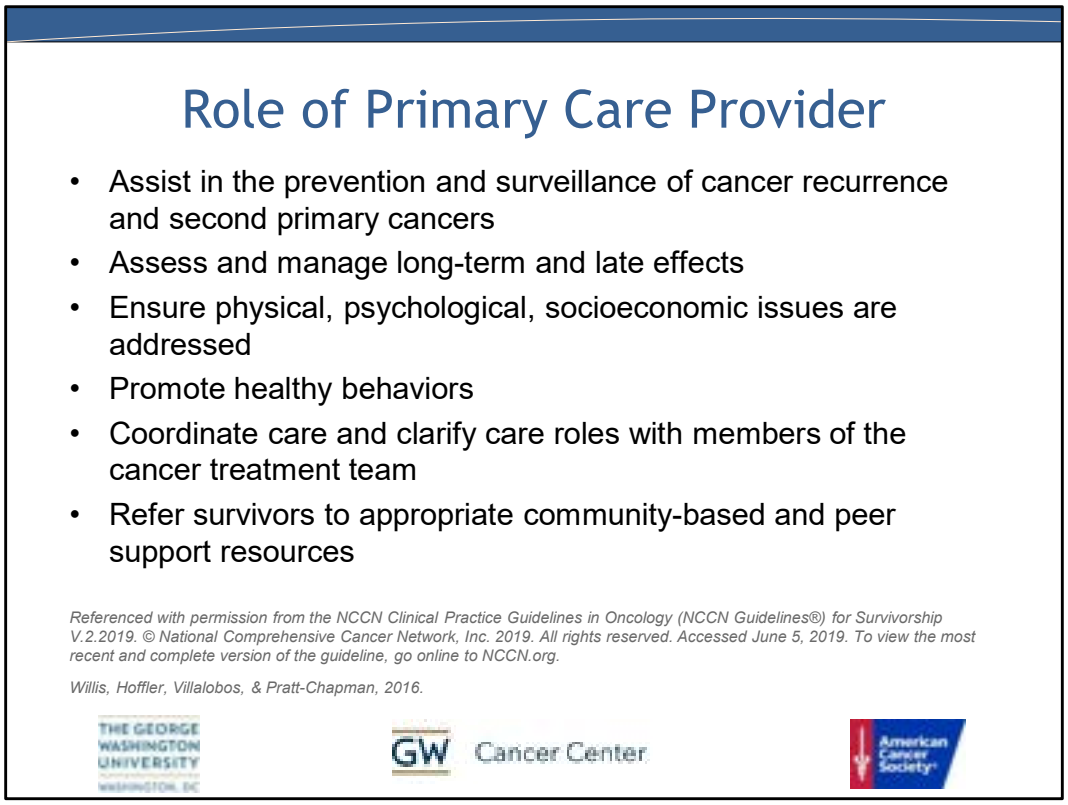


In the previous lesson, you learned about the need for survivorship care coordination, the role of the oncologist and primary care provider (PCP) in the co-management of follow-up care, and how survivorship care plans can be used as a communication tool between providers as well as patients.

In this lesson, we will focus on the primary care provider's role in survivorship care and apply what you have learned from this and the previous lesson to complete a case study.



As discussed in the previous lesson, care coordination and effective transitions of care are essential for high quality cancer survivorship care. To maximize care coordination, it is important to identify those involved in post-treatment care, this includes the cancer survivor, PCP, various specialists (for example, medical oncologists and radiation oncologists), as well as other non-physician medical providers, loved ones, and community resources.

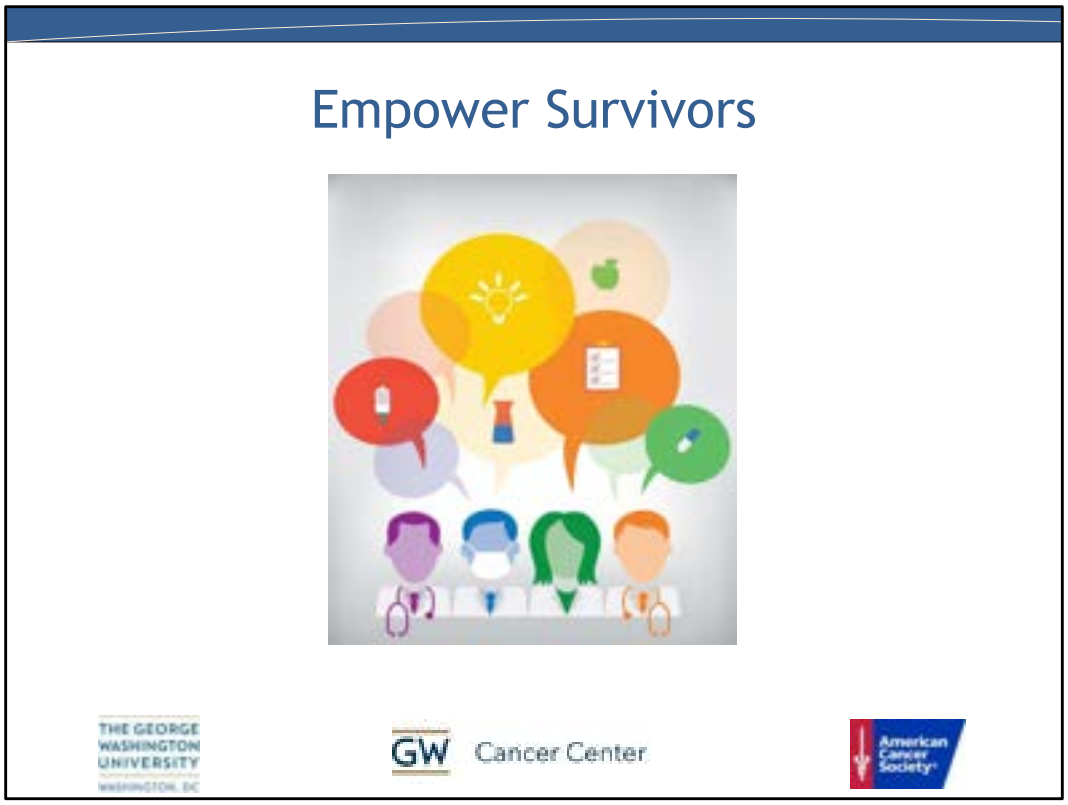


In addition to a coordinated effort it is important to specify the care components that the primary care provider is involved in, which include:

- Assist in the prevention and surveillance of cancer recurrence and second primary cancers
- Assess and manage long-term and late effects
- Ensure physical, psychological, socioeconomic issues are addressed
- Promote healthy behaviors
- Coordinate care and clarify care roles with members of the cancer treatment team
- Refer survivors to appropriate community-based and peer support resources

Recommendations on the role of primary care providers in caring for cancer survivors is provided in the American Cancer Society Survivorship Care Guidelines.

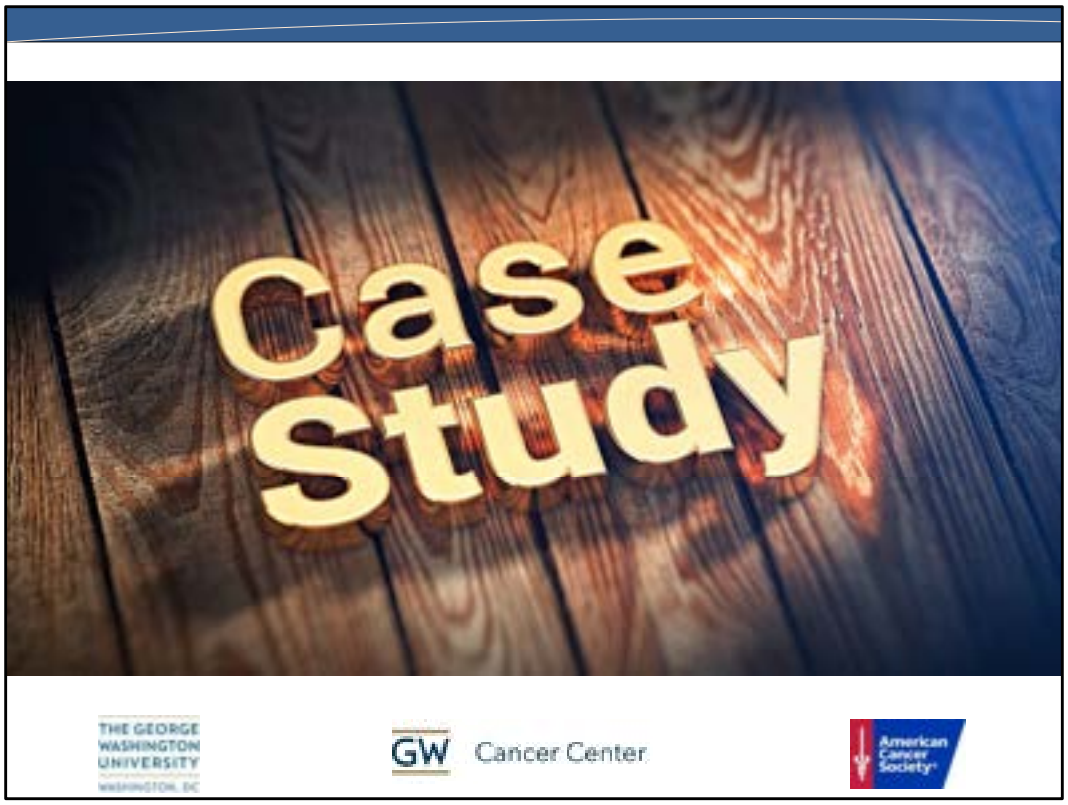
[provide link to guidelines on slide]



Involving and empowering cancer survivors to participate in their care is also critical. Utilizing shared decision-making is an effective tool that supports both patients and clinicians. Shared decision-making involves a discussion of a patient's goals, preferences, needs and values, as well as provider's assessments of health and care options. Shared decision-making includes:

- Asking open-ended questions
- Asking the patient's perspective (for example, what do they prefer? what do they think is causing the issue?)
- Confirming understanding of the patient's views and
- Speaking with empathy

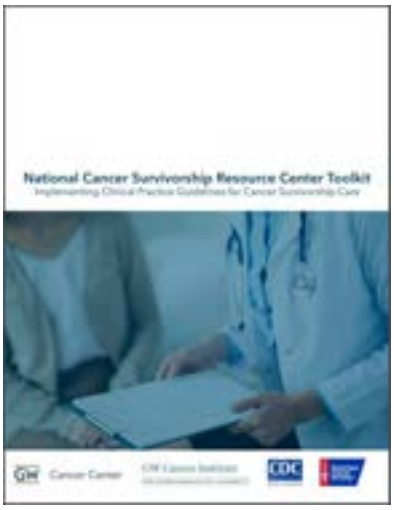
Shared decision-making can be utilized at any point, but may be a helpful tool when discussing the management of the long-term and late effects of cancer as well as the survivor's health behaviors.



Now, let's review a case study together.

Case Study

- Download the **National Cancer Survivorship Resource Center Toolkit: Implementing Clinical Practice Guidelines for Cancer Survivorship Care (NCSRC Toolkit)**
- You will use this toolkit to complete the case study.



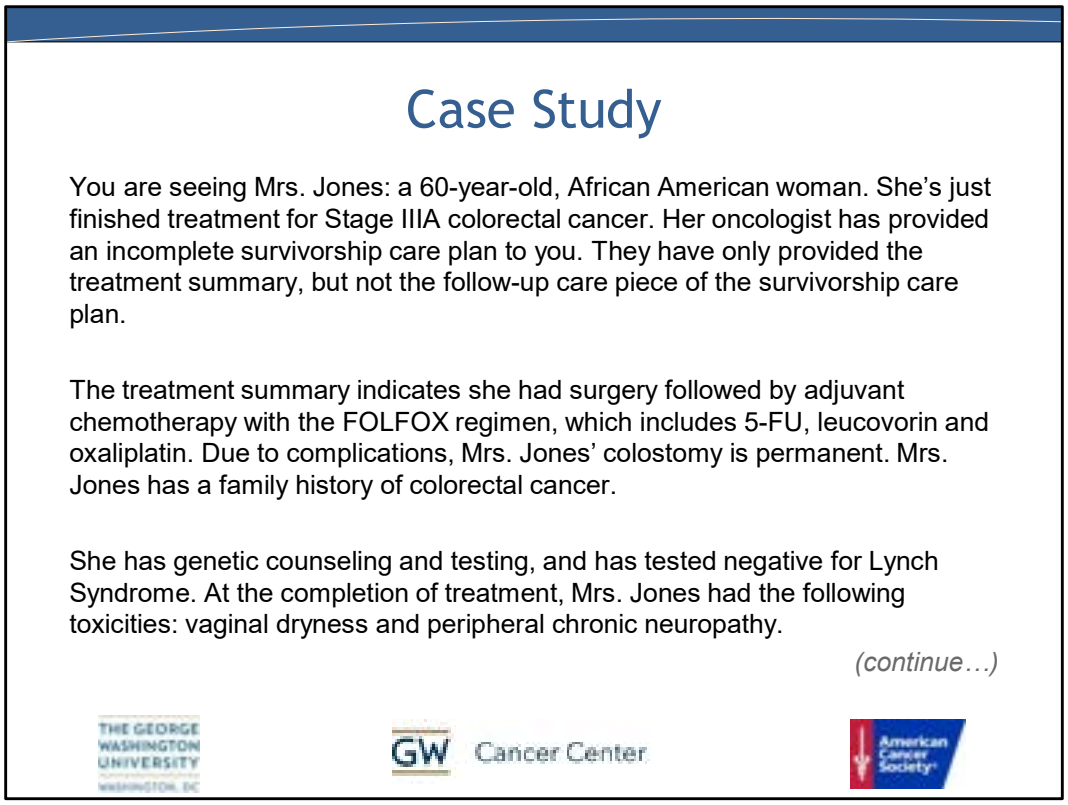
THE GEORGE WASHINGTON UNIVERSITY

GW Cancer Center

American Cancer Society

Please click on the link to download the National Cancer Survivorship Resource Center Toolkit: Implementing Clinical Practice Guidelines for Cancer Survivorship Care.

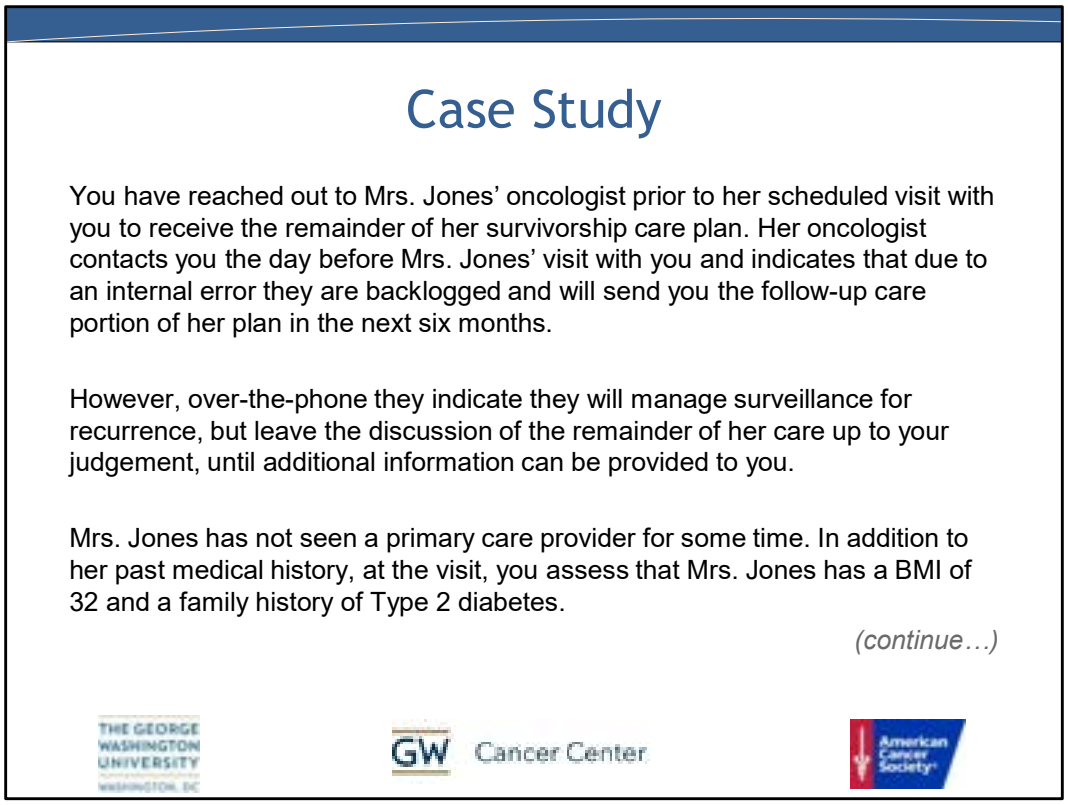
You will use this toolkit to complete the case study.



You are seeing Mrs. Jones: a 60-year-old, African American woman. She's just finished treatment for Stage IIIA colorectal cancer. Her oncologist has provided an incomplete survivorship care plan to you. They have only provided the treatment summary, but not the follow-up care piece of the survivorship care plan.

The treatment summary indicates she had surgery followed by adjuvant chemotherapy with the FOLFOX regimen, which includes 5-FU, leucovorin and oxaliplatin. Due to complications, Mrs. Jones' colostomy is permanent. Mrs. Jones has a family history of colorectal cancer.

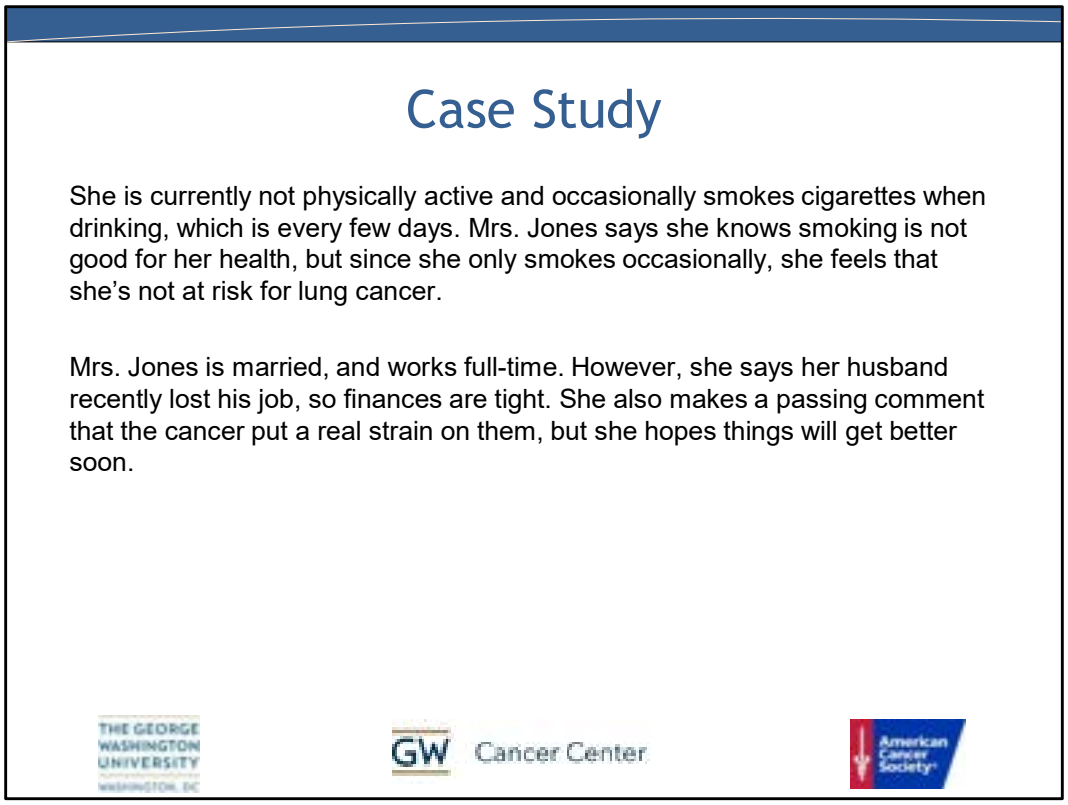
She has genetic counseling and testing, and has tested negative for Lynch Syndrome. At the completion of treatment, Mrs. Jones had the following toxicities: vaginal dryness and peripheral chronic neuropathy.



You have reached out to Mrs. Jones' oncologist prior to her scheduled visit with you to receive the remainder of her survivorship care plan. Her oncologist contacts you the day before Mrs. Jones' visit with you and indicates that due to an internal error they are backlogged and will send you the follow-up care portion of her plan in the next six months.

However, over-the-phone they indicate they will manage surveillance for recurrence, but leave the discussion of the remainder of her care up to your judgement, until additional information can be provided to you.

Mrs. Jones has not seen a primary care provider for some time. In addition to her past medical history, at the visit, you assess that Mrs. Jones has a BMI of 32 and a family history of Type 2 diabetes.



She is currently not physically active and occasionally smokes cigarettes when drinking, which is every few days. Mrs. Jones says she knows smoking is not good for her health, but since she only smokes occasionally, she feels that she's not at risk for lung cancer.

Mrs. Jones is married, and works full-time. However, she says her husband recently lost his job, so finances are tight. She also makes a passing comment that the cancer put a real strain on them, but she hopes things will get better soon.

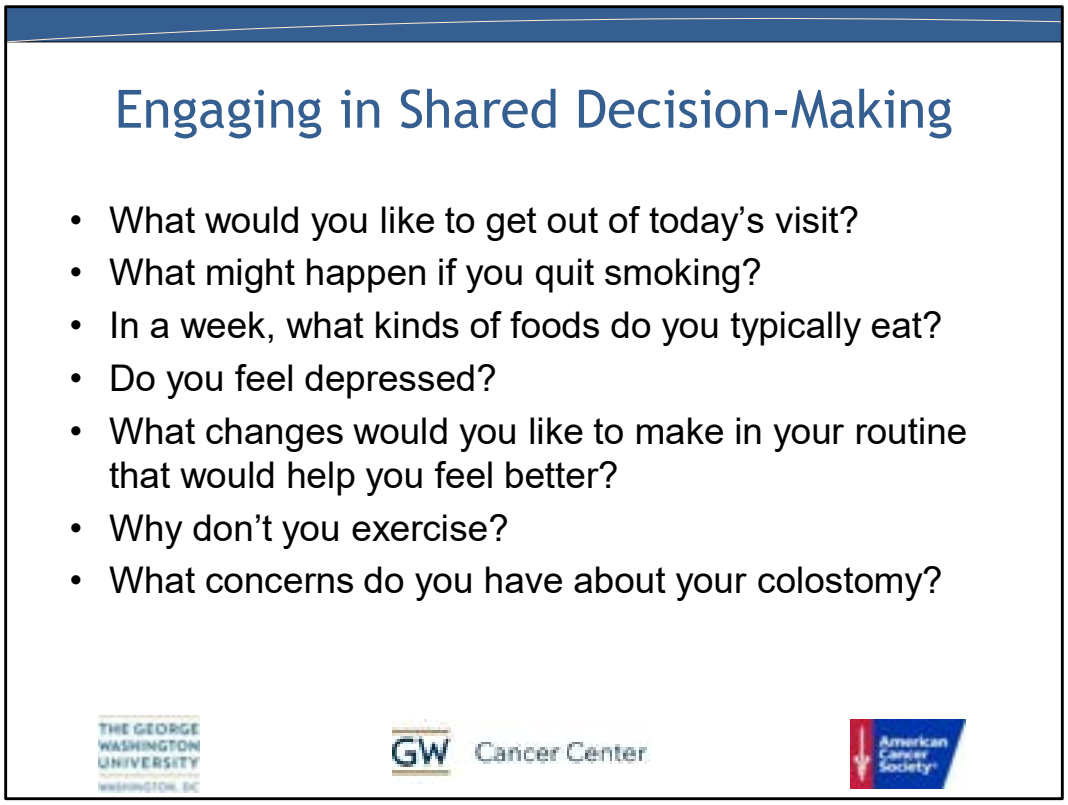
Case Study

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

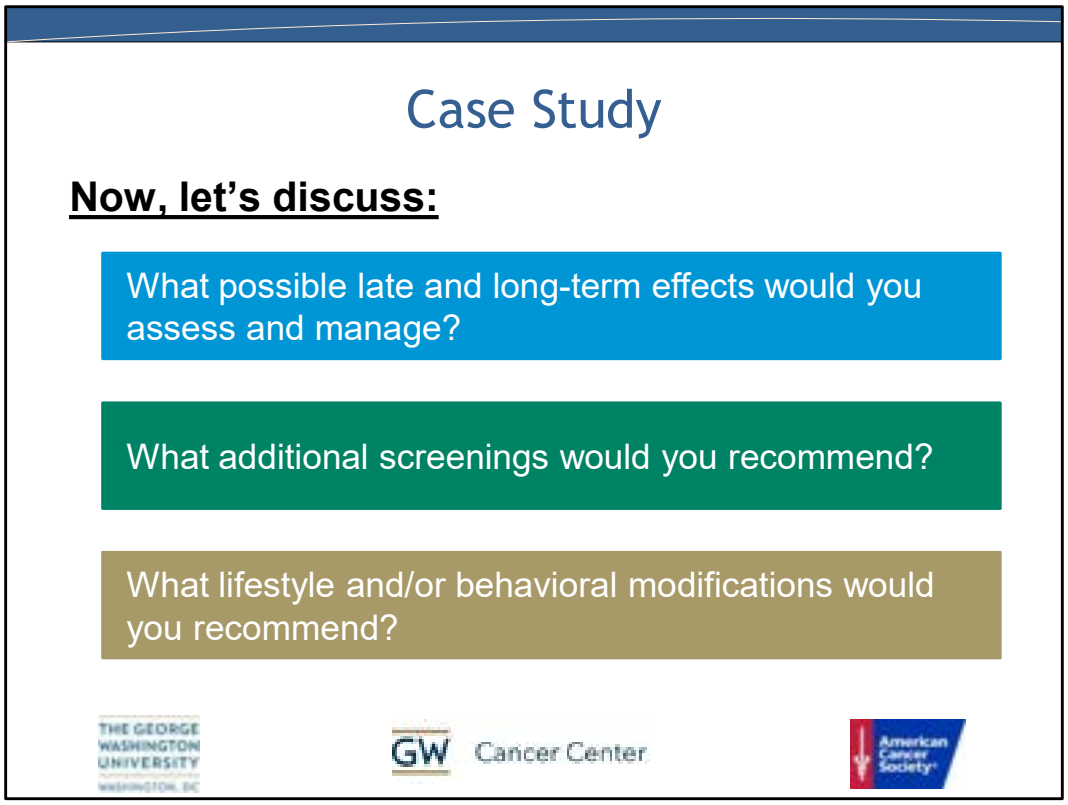
GW Cancer Center

American Cancer Society

Now, please take a few minutes to review the NCSRC toolkit. For the purposes of this case study, please read pages 19-25 only.



Using the guidelines and shared decision-making principles to inform care, what are some questions you could ask Mrs. Jones about late and long-term effects; screening; and lifestyle and/or behavioral modifications?



Now that you have a better understanding of Mrs. Jones values, preferences and concerns let's discuss recommendations.

It is important to note, that while the oncologist has taken on responsibility of managing surveillance testing, primary care providers should be aware of surveillance recommendations (as outlined on page 22 and 23). Surveillance within the first 5 years after treatment includes CT every 12 months, CEA every 3-6 months, and colonoscopy of remaining colorectal tissue, initially a year after surgery.

Now let's discuss: What possible late and long-term effects would you assess and manage?

- Vaginal dryness: particularly for women with a history of radiation therapy, we should be sure to ask about this symptom along with sexual dysfunction and urinary symptoms. Vaginal dryness can be managed by vaginal lubricants, such as Replens or coconut oil or vaginal estrogens. Pelvic floor physical therapy can also be helpful for sexual dysfunction and urinary symptoms.

- Financial toxicity: one potential resource for patients bringing up financial concerns is referral to a case manager. For patients who are continuing to work, they should ask about managing cancer at work programs, which may be available at their location of

employment.

- Psychological effects: As providers, we should be asking patients about symptoms of depression and anxiety as well as other psychological strains. Appropriate referrals may include therapy and counseling, marriage counseling, and referrals to psychiatry. The oncologist or local cancer center may have a list of providers who have expertise with cancer survivors.

- Patients who have a stoma are at higher risk of depression and may have body image issues. Referrals to psychiatry and counseling may be appropriate. For colostomy management, a referral to colostomy services or colorectal surgery may be appropriate as well.

- For symptoms of gas and bloating, it may be helpful to inquire about the patient's diet. Patients often have awareness of foods that are more difficult for their bodies, such as certain raw vegetables and fruits, and a referral to nutrition may be appropriate as well. In the patient's diet, it may be helpful to assess fiber intake after surgery. While fiber intake may be helpful to slow down digestion after surgery, too much fiber too quickly can cause gas and bloating.

- Neuropathy: typically we continue to see improvements in peripheral neuropathy through one year after finishing chemotherapy. Specifically in cases on oxaliplatin induced peripheral neuropathy, there appears to be partial (80%) or complete resolution (40%) within the year after chemotherapy. There is a moderate recommendation for duloxetine for chemotherapy induced peripheral neuropathy based on a phase III clinical trial. But if this is ineffective, one could consider other neuropathic pain agents, though there is a lack of evidence. These agents include gabapentin and tricyclic antidepressants.

- Fatigue: the best evidence we have for managing cancer-related fatigue is exercise. Guidelines recommend 150 minutes of moderate aerobic exercise per week, in addition to strength training at a minimum of twice weekly. For those who are very deconditioned, referring to physical therapy for deconditioning and a graded exercise program may be helpful. There are limited data, but yoga and acupuncture for those who are interested in complementary medicine may be of benefit.

<u>Now let's discuss: What additional screenings would you recommend?</u>

- Age appropriate screenings should be pursued. For Mrs. Jones, this would include a

pap smear as well as a mammogram.

- We should also discuss screening for comorbidities. Based on the patient's BMI and family history, it would be appropriate to assess for diabetes. Either through a fasting blood sugar or a hemoglobin A1c, as well as assessing for hypertension and hyperlipidemia.

- In terms of vaccinations, Mrs. Jones would be eligible for Shingrix, the new shingles vaccine. This vaccine should be administered at least 3 months after completing chemotherapy. The influenza vaccine is recommended during influenza season regardless of timing with chemotherapy.

- Depression screening would be appropriate if this has not come up already with late and long-term effect assessment. Tools that could be used to assess for depression include the CES-D as well as the PHQ-9.

- To assess for eligibility for lung cancer screening, we should illicit more details about her smoking history. Criteria for lung cancer screening include age, current smoking status, and smoking history. Based on if the patient meets eligibility criteria, one can discuss benefits and limitations of lung cancer screening. Regardless of eligibility for lung cancer screening, smoking cessation should be counseled (https://www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines/screening-recommendations-by-age.html).

Now let's discuss: What lifestyle and/or behavioral modifications would you recommend?

Lifestyle and behavioral modifications are nicely outlined in the American Cancer Society Nutrition and Physical Activity Guidelines for Cancer Survivors as well as the National Cancer Comprehensive Network Cancer Survivorship Guidelines.

- As we previously discussed, the patient has an elevated BMI of 32, which falls in the obesity category. Weight loss to achieve a normal BMI of 19-25 should be counseled, as normal BMI has been associated with improved cancer outcomes.

- Guidelines for exercise recommend 150 minutes of moderate aerobic exercise weekly, as well as strength training twice weekly.

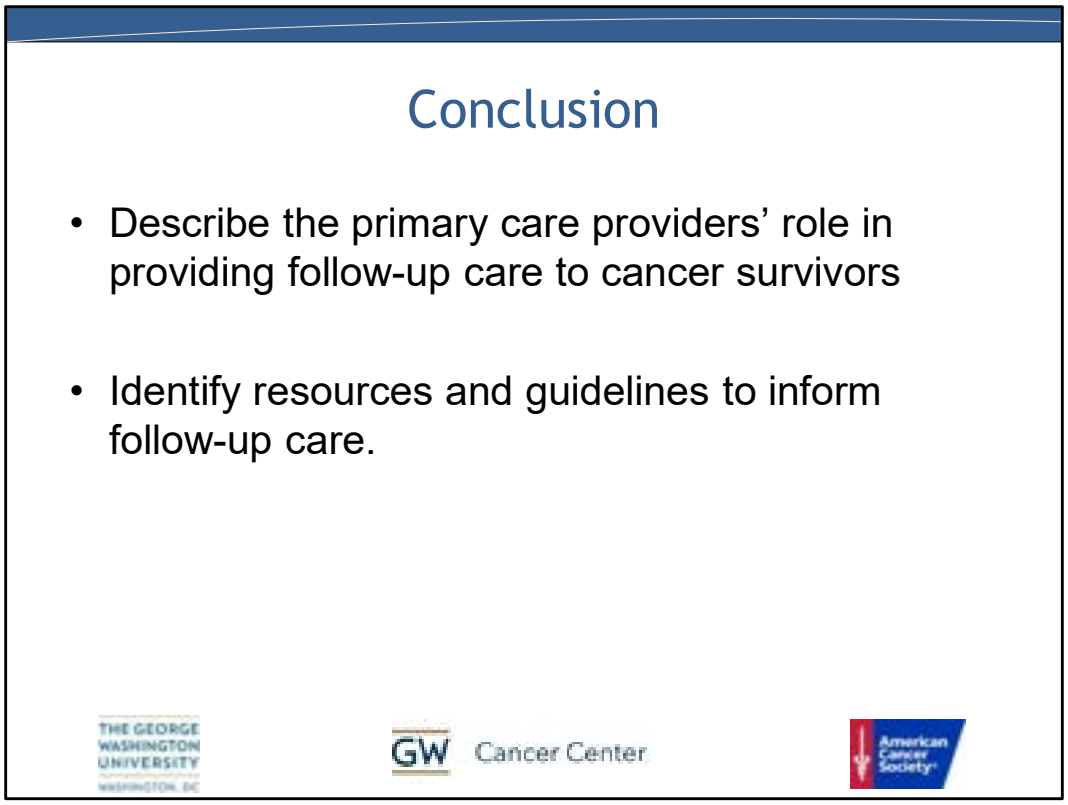
- In terms of diet, there are certain principles that should be emphasized. Lots of fruits and vegetables, whole grains, fish and lean chicken for the healthiest meat options, use of olive oil as the healthiest fat, and other healthy fat sources such as avocados and nuts should be advocated. A lot of these recommendations are consistent with the Mediterranean diet.

- Mrs. Jones should receive smoking cessation counseling. A potential resource includes 1-800-QUIT-NOW, a toll-free number operated by the National Cancer Institute. This toll-free number will connect the patient to his or her state's tobacco quitline.

- Alcohol parameters: Mrs. Jones mentioned that she drinks every few days. It would be important to quantify her alcohol intake further. The American Cancer Society recommends no more than 1 alcoholic beverage a day for women, and no more than 2 alcoholic beverages per day for men.

In a trial published in 2018, in JAMA Oncology, stage III colon cancer survivors who had healthier lifestyles based on the American Cancer Society guidelines, in terms of BMI, diet, exercise, and alcohol intake, had longer survivals.

Based on your recommendations, you and Mrs. Jones make decisions about her care and agree at the end of the visit to see each other again in three months for follow-up.



In this lesson, you learned how to describe the PCP role in providing follow-up care to cancer survivors and how to identify resources and guidelines to inform follow-up care.

Resources

- **American Cancer Society Survivorship Care Guidelines:** https://www.cancer.org/health-care-professionals/american-cancer-society-survivorship-guidelines.html includes complete versions of guidelines along with patient-friendly versions for breast cancer, colorectal cancer, prostate cancer, and head and neck cancer.
- **American Society of Clinical Oncology Guidelines on Survivorship Care**: https://www.asco.org/guidelines/survivorship
- **NCCN Guidelines®: Survivorship** https://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf focus on the impact both the diagnosis and treatment of cancer have on the adult survivor.
- **Other NCCN Guidelines® and Clinical Resources:** https://www.nccn.org/professionals/physician_gls/default.aspx

THE GEORGE WASHINGTON UNIVERSITY WASHINGTON, DC

GW Cancer Center

American Cancer Society

Here are some further resources and readings you can access.

References

National Comprehensive Cancer Network® (NCCN). (2019). Clinical Practice Guidelines® in Oncology: Survivorship V2.2019. Retrieved from www.nccn.org

Van Blarigan, E.L., et al. (2018). Association of Survival With Adherence to the American Cancer Society Nutrition and Physical Activity Guidelines for Cancer Survivors After Colon Cancer Diagnosis: The CALGB 89803/Alliance Trial. *JAMA Oncology, 4(6):783-790*

Willis, A., Hoffler, E., Villalobos, A., Pratt-Chapman, M. (2016). National Cancer Survivorship Resource Center: Implementing Clinical Practice Guidelines for Cancer Survivorship Care. The George Washington University Cancer Institute. Washington, DC.

THE GEORGE WASHINGTON UNIVERSITY WASHINGTON, DC

GW Cancer Center

American Cancer Society

This concludes the lesson. Please continue to explore the remaining modules of the Cancer Survivorship E-Learning Series for Primary Care Providers.