Maine Cancer Foundation
Project ECHO
Cancer Patient Navigation

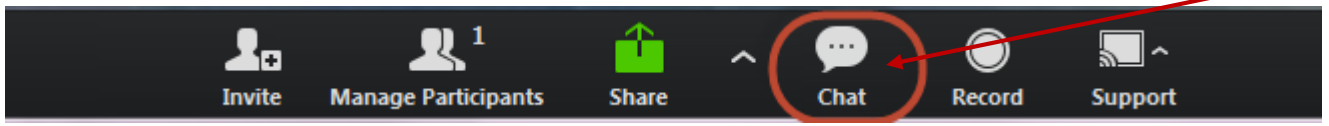
Survivorship
December 18, 2019

Welcome to Project ECHO Cancer Patient Navigation

This meeting will begin promptly at 3:00pm

Please mute upon entry

Enter your name, credentials, organization, and email address in the Chat



If you are experiencing any technical difficulties, please type in the Chat or call Maine Cancer Foundation at 207-773-2533 and reference you need Project ECHO assistance

Ground Rules

- Always MUTE microphone when not speaking – do not put your call on hold because it will play music
- Please show yourself on your video, but remember people can see you!
- Never disclose protected health information
- To speak:
  - Raise hand (physically or click the option in Zoom)
  - Message in Chat
- Speak loudly and clearly
- Please keep questions and comments related to the topic

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Objectives

- Definition of Cancer Survivorship
- Describe components of survivorship care
- Compare scope of survivorship models
- Integrate survivorship care navigation
- Apply CoC 4.8 Standards for 2020
- Assess Education and Research opportunities

Definition

An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life. Family members, friends, and caregivers are also affected by the survivorship experience and therefore included in the this definition.

NCCS, IOM

2005

Definitions

- 5 years after a diagnosis without recurrence
- Living with, through and beyond a diagnosis of cancer
- Death by other morbidity other then cancer
- Rejection of the term “survivor”

History of the Development of Cancer Survivorship

- 1985-Fitzhugh Mullen first describes cancer survivorship
- 1986-NCCS
- 1996-NCI establishes the office of Cancer Survivorship
- 2003-Pediatric Cancer Survivor Report
- 2004-President's Cancer Panel
- 2005-IOM-From Cancer Patient to Cancer Survivor: Lost in Transition in 2006

IOM Recommendations

- Recognize Cancer survivorship as a distinct phase of care.
- Patients completing primary treatment should be provided with a comprehensive care summary and follow up plan.
- Begins at end of primary treatment with intention to cure and lasting until a cancer recurrence, a second cancer or death. It may include ongoing treatment

“Seasons of Survival”

- Acute
- Extended
- Permanent

Seasons

- Acute
- Extended
- Permanent

Acute	Extended	Permanent
Diagnosis Distruption Finances Fear	Rx Completion Watchful waiting Periodic Examination Fear Lingering side effects	“Cure” Late effect Return to normal Lasting impact Self confidence Self trust

Goals of Survivorship Care

- Preventing secondary cancers and recurrence whenever possible
- Promoting appropriate disease management following diagnosis and treatment to ensure maximum number of years of healthy life
- Minimizing preventable pain, disability, and psychosocial distress for those living with through and beyond cancer
- Assisting cancer survivors in accessing family, peer, community support and other resources they need for coping with their disease

Goals of Survivorship Care

- Empower survivors and families
- Provide enhanced and better coordination of communication around survivorship care
- Improve Quality of Life

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Focus of Survivorship Care

- Surveillance
- Prevention
- Intervention
- Coordination

Demands of Cancer Survivorship

- Average of 3 specialists per patient
- Treatments may be inpatient and outpatient
- Time intensive and in specialized treatment facilities
- Cancer treatment occurs in isolation from primary health care- communication is impacted from multiple medical records.

Core Components of a Survivorship Care Plan

- Treatment Summary
- Follow up Plan of Care

NCCN Survivorship Baseline Assessment

- Anxiety/Depression
- Cognitive Function
- Exercise
- Fatigue
- Immunizations and Infection
- Pain
- Sexual Function
- Sleep Disorder

Models of Care

- Shared Model
- Risk based follow up
- Disease specific clinics
- Institution based programs

Patient Navigation

- Designed to reduce barriers to care
- Bridge gaps and to address diverse needs
- Improved access to screening, care coordination, symptom management, reducing cost, improved QOL, improved treatment adherence, reduces time to diagnostic resolution, improving clinic appointment commitment
- Improved provider well being

CoC 2020

- Cancer Committee appoints a coordinator
- Coordinator develops a survivorship program team
- Team identifies a list of Services offered on site or by referral
- The team formally documents a minimum of 3 services offered each year
- Each year the coordinator gives a report to include-# of cancer patients that participated in the 3 identified services and identification of the resources needed to improve the services if barriers were encountered.

Survivorship Program Services

- Treatment summaries
- Care Plans
- Screening programs for cancer recurrence
- Screening for new cancers
- Seminars for survivors
- Rehabilitation services
- Nutritional Services
- Psychological support and psychiatric services
- Support groups and services
- Formal referrals to experts in cardiology, pulmonology, sexual dysfunction and fertility counseling.
- Financial support services
- Physical activity programs

CoC 2020

Documentation

- Policy and procedure defining the survivorship program requirements
- Cancer Committee minutes that document the required yearly evaluations of the survivorship program

Compliance

- Cancer committee identifies a survivorship team , including its designated coordinator and members
- The survivorship program is monitored and evaluated. A report is given to the cancer committee, contains all the required elements and is documented in the cancer committee minutes.

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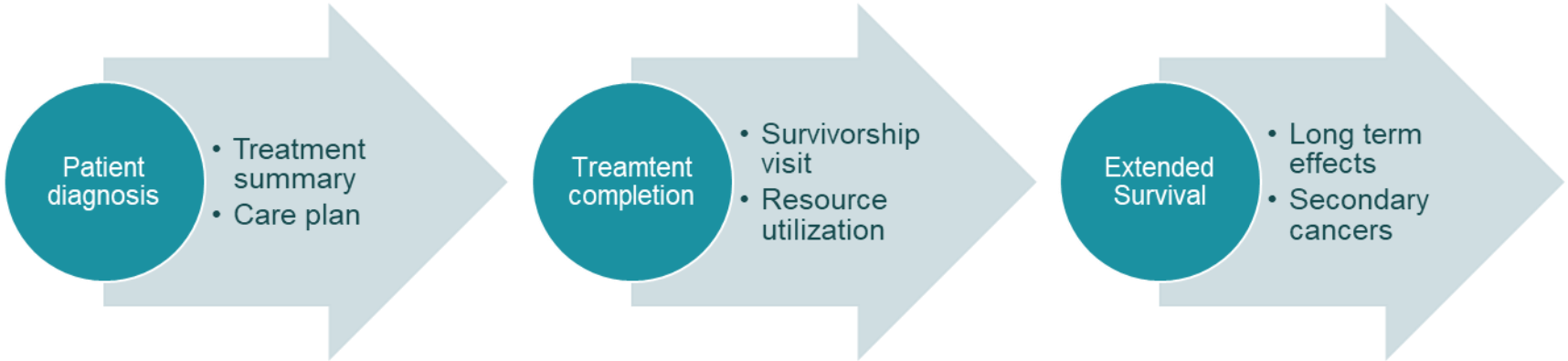

Future Directions

- Improve QOL for patients and families with a diagnosis of cancer
- Develop community based interdisciplinary cancer survivorship programs to support and care for the patient and family
- Alleviate the burden of cancer care in long term survivors to reflect the decreasing supply of oncologists and PCPs
- Perform research that demonstrates improvement in outcomes associated with cancer survivorship clinic care.

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Questions?

Case Study

AK-31yo man –Hx Stage IIA Nodular sclerosing Hodgkin Lymphoma

- Treatment Summary:
  1. ABVD x4 cycles
  2. xRT to neck and mediastinum

Seen 3 years after treatment complet- Obese, hypertension, Hyperthyroid, hypogonadism

GK, 58yo man- IIB Hodgkin lymphoma in 1970's

- Treatment Summary:
  1. Gold standard Chemo/xRT
     unknown dosing
     Mantle field xRT

Sent by community pulmonologist- Significant respiratory and cardiac disease, hyperthyroid, hypogonadism, hypercoaguability, basal/squamous cell, partial vocal cord paralysis

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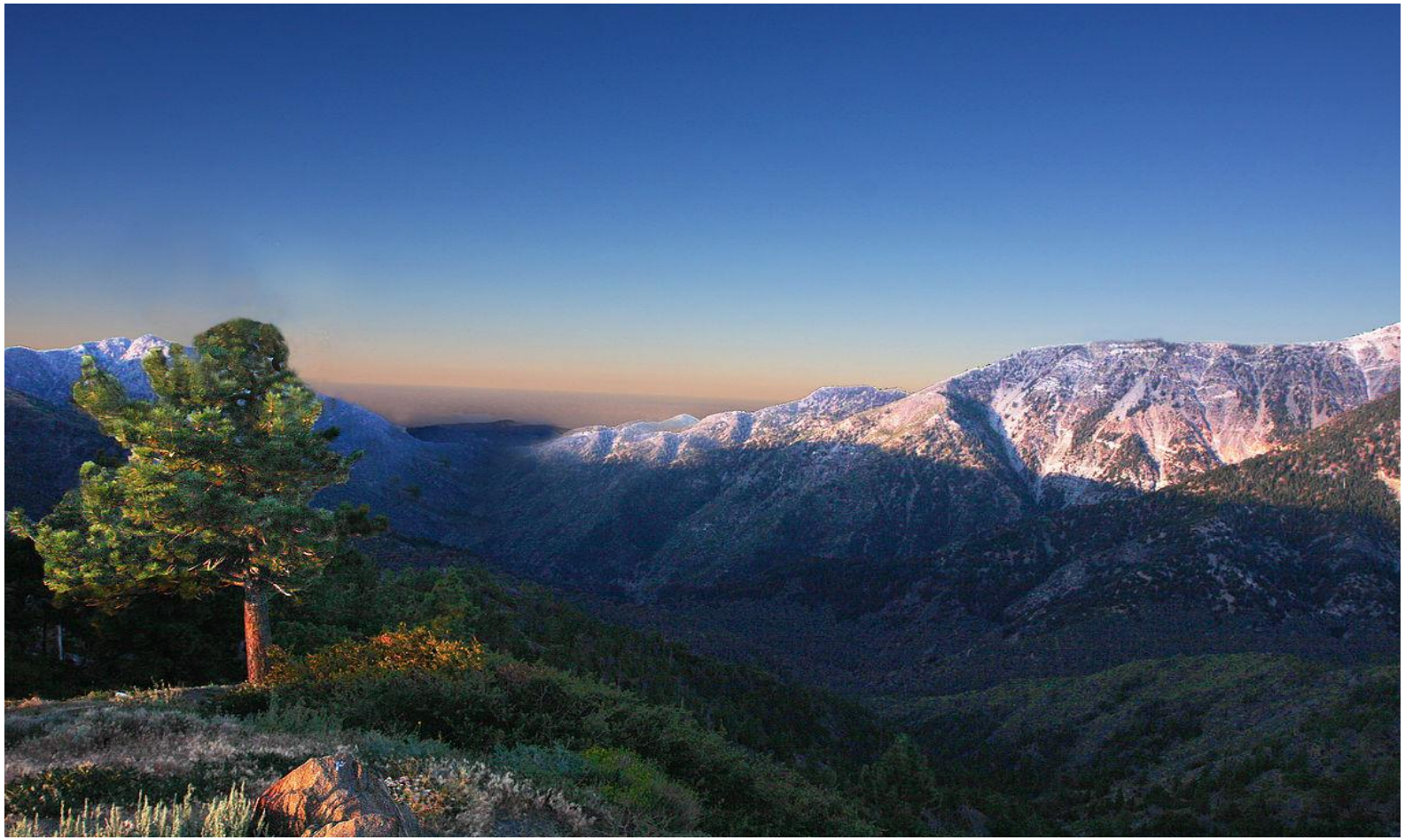

Happy Holidays

See you in 2020!

Next ECHO: Wednesday, January 22nd, 3-4 PM

Cancer Genetics – Kat Lafferty, Genetic Counselor