**Project ECHO December 18, 2019**

[**Video Recording of Today’s Session**](https://youtu.be/uEm4PxpSwjM)

**Attendees:**

1. Aysha Sheikh, Director of Programming, Maine Cancer Foundation
2. Katelyn Michaud, Program Manager, Maine Cancer Foundation
3. Circe Damon, Nurse Practitioner, New England Cancer Specialists
4. Michelle Hayes, Oncology Social Worker, MaineHealth, Midcoast
5. Katie Bourque-Davidson, American Cancer Society Patient Navigator
6. Christine Currie, LCSW, Harold Alfond Center for Cancer Care
7. Barb Perry, Survivorship Program Manager, MaineHealth Cancer Care Network
8. Mary White, Patient Advocate, Northern Light EMMC Cancer Care
9. Kim Shaw, Financial Advocate, New England Cancer Specialists
10. Angela Fochesato, Cancer Patient Navigator, Healthy Acadia
11. Magda Alden, American Cancer Society Patient Navigator, Maine Medical Center
12. Amber O’Leary, RN, Head and Neck Cancer/Memorial Hospital Nurse Navigator, MaineHealth
13. Manny Ortega, Upper GI Navigator, MaineHealth

**Didactic Presentation**

Presenter: Circe Damon, Nurse Practitioner, New England Cancer Specialists

* See videorecording for Circe’s presentation.

**Case Study Presentation**

Presenter: Circe Damon, Nurse Practitioner, New England Cancer Specialists

Two cases:

* 31yo man – HxStage IIA Nodular sclerosing Hodgkin Lymphoma
	+ Treatment Summary (finished treatment 3 years ago):
		- ABVD x4 cycles
		- xRT to neck and mediastinum
	+ Seen in Survivorship Clinic 3 years after treatment completed
		- Obese, hypertension, Hyperthyroid, hypogonadism
	+ This patient did not have primary care physician, and is now set up in the survivorship clinic. He will be seen frequently, working to implement lifestyle changes, referred to LiveStrong physical activity program. He will now be set up to address the late effect issues from his treatment moving forward at regular intervals.
* 58yo man – IIB Hodgkin lymphoma
	+ Treatment Summary (treated in 1970s)
		- 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
	+ This patient was able to come in and talk about his experiences and he was able to have conversation with the radiation oncologist who treated him in 70s. This was beneficial, but the patient has significant side effects and toxicities related to his treatments that are difficult to treat now. So many of these things could have been prevented if he was seen post-treatment for survivorship, in the ways we do now.
* These two examples illustrate the importance of managing toxicities right off the bat. With the 31yo, providers can help this patient at a much earlier stage and ideally combat many of the toxicities and challenges he will face as a result of his treatment

**Recommendations for Case Study**

* Resources for navigators:
	+ Journal of Oncology Navigation and Survivorship, American Academy of Oncology Nurse Navigators
	+ Article: Cancer Survivorship, The Role of the Nurse Navigator, GW Cancer Institute <http://www.jons-online.com/issues/2015/december-2015-vol-6-no-6/1381-cancer-survivorship-the-role-of-the-nurse-navigator>
* GW University studies and research in cancer survivorship, trying to teach primary care providers with education around cancer survivorship.
* How can rural navigators who may not have access to a survivorship clinic provide survivorship care?
	+ Telemedicine or a phone call with a provider can be very helpful.
	+ Important for navigators to have a list of resources, so they know where to direct patients.
* Outside of regular surveillance plan, how often do you see patients for issues that come up around various survivorship topics?
	+ If working on a specific issue, will see patients anytime.
	+ If seeing a patient intervally for disease surveillance, follow ASCO guidelines.
* How does this work in busy clinics?
	+ Survivor patients in busy practice may be treated like an urgent visit. Survivorship care can be well-managed by NPs and PAs, and then those providers can make appropriate follow up once they manage the toxicity. Ex: for neuropathy, after patient is seen for urgent visit, they can be referred to neurology so they can weigh in on managing.
* Nurses put together survivorship care plan

**Next Patient Navigation ECHO Call:**

January 22, 3-4pm, Cancer Genetics