Communication Between Oncology and Primary Care Providers

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The State of Survivorship

- There are 1 million survivors in New York State
- 20% of all new cancers are diagnosed in people with a history of cancer
Why is Cancer so Different?

- Complexity of the treatments
- Multi-modality/multi-disciplinary treatments
- Toxic
- Expensive
- Poorly Coordinated
- Cancer treatment occurs in isolation from Primary Cancer setting

Presented By Patricia Ganz at 2018 Cancer Survivorship Symposium: Advancing Care and Research
Why are we talking about Survivorship?

- Because cancer treatment does not leave patients the same...ever
- Because recovery from cancer treatment can mean many different things
  - Depending on treatment
  - Depending on responds to treatment
  - Depending on baseline health before and after treatment
- Because the whole family and friends and caregivers are also affected by the cancer
The Key Factors Around Survivorship

- Growing numbers
- Older
- Multiple co-morbid conditions
- Scarce education and training on how to follow survivors
- Increasing costs of cancer care and post-treatment care
- Fractured resources in the communities
Differences in Observed/Reported Effects From Chemotherapy Regimens

Primary Care and Cancer Specialists Relationship

- Poor and delayed communication between PCPs and cancer specialists
- Cancer specialists’ endorsement of a specialist-based model of care
- PCPs’ belief that they play an important role in the cancer care continuum
- PCPs’ willingness to participate in the cancer care continuum
- Cancer specialists’ and PCPs’ uncertainty regarding the knowledge or training of the PCP to provide care
- Discrepancies between PCPs and oncologists regarding roles and expectations


L. Nekhyudov Presentation, DOH Grand Rounds, March 2021
IOM Findings: Survivorship Care

- Survivorship care is a neglected phase of the cancer care trajectory
- Cancer recurrence, second cancers, and treatment late effects concern survivors
- Few guidelines on follow-up care
- Providers lack education and training

From Cancer Patient to Cancer Survivor

2006

Presented By Patricia Ganz at 2018 Cancer Survivorship Symposium: Advancing Care and Research
Pathway of Information Between Survivors and Providers

- Oncology
- Self-Advocacy
- Community Based Support Services
- Community Based Specialist
- Patient
- PCP

Two-Way Communication
The Role of Survivorship Care Plans (SCPs)

- Serve to educate patients and PCPs regarding general cancer survivorship-related needs
- Developed in oncology settings, must be shared with PCPs and their patients
- Communication between the oncology team and the PCP must entail more than a document
- Establishing relationships is important to answer questions regarding management of comorbid medical conditions

What’s in a care plan?

- Diagnosis, date of diagnosis, age at diagnosis
- Treatment summary (surgery, radiation, chemotherapy, IT)
- Names of treatment team
- Possible short/long-term side effects from treatment
- On-going medications (hormonal)
- Frequency of surveillance testing
- Cancer screening recommendations
- Support services referrals suggested
- Genetic testing recommendations
- Testing that should be done by the PCP

This serves as a major communication tool from oncology to the PCP and the patient.
CoC Recommended Support Services for Survivors

- treatment summaries and survivorship care plans
- screening for cancer recurrence
- screening for new cancers
- physical therapy
- nutritional services
- psychological support
- cardiac consultation
Roswell Park Care Network (RPCN)

The Roswell Park Care Network Reach

PARTNERSHIPS

AFFILIATES

COMMUNITY PRACTICES

Roswell Park Comprehensive Cancer Center

Catholic Health Services of Long Island

Ellis Medicine
The Survivorship Program in the Roswell Care Network

- **To Support** each patient and family-with patient-oriented care
- **To Individualize** a survivorship care plan that will provide a map for the future
- **To Maximize** the level of health and wellness for every survivor and their support system through education, experiences, therapies
- **To Improve** the quality of life for survivors and their support networks
Survivorship Strategy Across the Roswell Care Network

- Establish designated survivorship appointments in each site
- Utilize Advance Practice Providers
- Develop a list on community-based support services and specialists
- Utilize a structured follow-up note containing “SCP” information
Survivorship Care

- Clinical Team
- Support Services
- Integrative Therapies
- Cancer Screening
Support Services

- Physical, occupational, lymphedema therapy
- Rehabilitation (before and after treatment)
- Nutrition support (Survivorship nutritionist)
- Pain control
- Psychology/Psychiatry/Social work
- Endocrine/Hearing/Ophthalmology
- Smoking cessation
- Sexual Health clinics
- Restorative dermatology clinic
- Wellness and Integrative medicine, including acupuncture and yoga
Cancer Screening

- Cancer screening for second cancers
- Dental referrals
- Colon Cancer screening
- Lung cancer screening
- Mammograms
- Skin checks
- Pancreatic screening clinic
What Can PCP Do About Survivorship Care?

- Clarify the cancer history for each patient (location, data of diagnosis and treatment)
- Participant in CME on cancer treatment side effects
- Maintain complete cancer screening coverage for Survivors
- Utilize Survivorship Clinics or Consultations if available
- Consider cancer history when working up new problems
- Reach out to local oncologists with questions
Strategies for Managing Survivors

- Stratification of patients by risk
  - Low (early, common cancers with low risk of recurrence)
  - Moderate (multiple treatments, low doses of risky drugs, and at some risk of treatment related effects)
  - High-risk (rare cancers, complicated treatments, high risk of treatment-related effects)

Where do We Go From Here?

- Oncology must **educate** providers along the whole continuum about the needs of Survivors.
- **ASCO Oncology-PCP Task Force**
- Survivors must be informed so that they **advocate** for themselves as they embrace life after cancer.
- Widely promoted SCP-like tool to establish the **communication**
- Strive to **coordinate** care, in a shared-care model
- **Focus** on cancer-related effects, comorbid medical conditions, socioeconomic disparities and wellness
References

- Accreditation Committee Clarifications for Standard 3.3 Survivorship Care Plan, American College of Surgeons Commission on Cancer 2014
- Optimal Resources for Cancer Care: 2020 Standards. Chicago, IL, American College of Surgeons Commission on Cancer 2019
Thank you!