Coordination of survivorship care across sectors and survivorship care plans in Canada

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Ontario Institute for Cancer Research
and Giblon Professor, University of Toronto
Outline of Presentation

1. Overview of the need for coordination of care across health care sectors
2. Review the interface between primary care and oncology care to provide quality care
3. Review of survivorship care plans as a tool to improve quality of care
4. Conclusions

The presentation will use examples from Canadian research and activities
2007: 172/day
2017: 228/day
Long-Term Cancer Survival (1975 -1999) in Canada

Age Standardized Relative Survival Ratios for Major Cancers

Year of Diagnosis

5 year relative survival ratio (%)
Cancer Care Trajectory

Start Here

Diagnosis and Staging

Treatment With Intent to Cure

Cancer-Free Survival

Managed Chronic or Intermittent Disease

Treatment Failure

Recurrence/Second Cancer

Palliative Treatment

Death

Survivorship Care
Cancer prevalence by age

Percentage

Age

- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75-79
- 80-84
- 85+

0.6% 0.9% 1.4% 2.2% 3.5% 5.4% 8.0% 11.3% 14.8% 17.8% 19.3% 18.0%
Severity of comorbidities by cancer site

- All Patients
- Prostate
- Breast
- Gynecological
- Head and Neck
- Digestive System
- Lung
- Urinary System

Severity Levels:
- None
- Mild
- Moderate
- Severe
Survivorship Issues

Routine follow-up care for cancer
- Surveillance for recurrence
- Surveillance for late effects of treatment
- Surveillance for new primary cancer
- Psychosocial issues
- Special concerns (social/economic/occupational)

General medical and preventive care
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Patient and Family PCP Nurse General Surgeon Oncologist(s) Supportive Care Team (i.e. social worker, nutritionist, pharmacist)
Breast Cancer: Mix of Physician Visits

<table>
<thead>
<tr>
<th>Physician Specialty</th>
<th>Follow-up Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of patients with at least one visit</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Primary Care Only*</td>
<td>8.0</td>
</tr>
<tr>
<td>Oncology Only*</td>
<td>8.8</td>
</tr>
<tr>
<td>Multiple</td>
<td>4.9</td>
</tr>
<tr>
<td>PCP and Oncology*</td>
<td>81.1</td>
</tr>
<tr>
<td>PCP and Medical</td>
<td>11.3</td>
</tr>
<tr>
<td>PCP and Radiation</td>
<td>7.5</td>
</tr>
<tr>
<td>PCP and Surgical</td>
<td>13.1</td>
</tr>
<tr>
<td>PCP and Multiple</td>
<td>49.2</td>
</tr>
</tbody>
</table>

* P < 0.001

Source: Grunfeld et al, J Oncl Pract 2010
## % Never screened over 4 years

<table>
<thead>
<tr>
<th>Screening</th>
<th>Index Cancer$^4$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Breast (n=11,219)</td>
</tr>
<tr>
<td>Mammogram$^1$</td>
<td>-</td>
</tr>
<tr>
<td>Pap$^2$</td>
<td>50.7</td>
</tr>
<tr>
<td>Colorectal cancer$^3$</td>
<td>65.3</td>
</tr>
</tbody>
</table>

1. Females age 40+
2. Females age 20+
3. Age 50 to 74; FOBT, Barium enema, sigmoidoscopy or colonoscopy
4. Size of sample varies based on age/sex eligibility for screening modality
Models for Delivering Survivorship Care

A

Pre-CA | CA | Off 1-2 Years | 5 Years
CA  | DX | RX  | Off RX | Off RX

PCP

Onc

Communication

B

Pre-CA | CA | Off 1-2 Years | 5 Years
CA  | DX | RX  | Off RX | Off RX

PCP

Onc

↓ a  ↓ b  ↓ c  ↓ c

a. Cancer diagnosis, stage and/or TNM classification, planned therapeutic approach, brief overview of chemotherapy, radiation therapy, and/or surgery.
b. Survivorship Care Plan: summary of cancer and cancer therapy, a list of potential late effects, up-to-date recommendations for monitoring for recurrence and late effects, contact information
c. Continued update with changes in surveillance recommendations and new information regarding potential late effects.

Oeffinger 2006
## Testing a Model of Primary Care Follow-up of Breast Cancer Patients

<table>
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<tr>
<th>STUDY</th>
<th>YEARS</th>
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<td>1997-2003</td>
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</tr>
<tr>
<td>Phase IV</td>
<td>2007+</td>
<td>RCT (n=400)</td>
<td>Canadian Patients</td>
</tr>
</tbody>
</table>
## Percent Willing to Provide Exclusive Cancer Follow-up: Results from a Canadian National Survey of PCPs

<table>
<thead>
<tr>
<th>Cancer</th>
<th>≤2yrs</th>
<th>3 to 5 yrs</th>
<th>10+ or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>55.3</td>
<td>35.4</td>
<td>8.1</td>
</tr>
<tr>
<td>Colorectal</td>
<td>49.8</td>
<td>33.4</td>
<td>15.4</td>
</tr>
<tr>
<td>Breast</td>
<td>50.0</td>
<td>40.5</td>
<td>7.7</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>42.0</td>
<td>41.6</td>
<td>15.4</td>
</tr>
</tbody>
</table>

Current experience providing exclusive follow-up most significant predictor of willingness.

Source: Del Guidice, Grunfeld, et al, 2009
## Views on Primary Care Follow-up

<table>
<thead>
<tr>
<th>观点</th>
<th>Can¹ PCP</th>
<th>UK² PCP</th>
<th>UK² Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCPs are better placed to provide psychological support</td>
<td>79.8</td>
<td>81.7</td>
<td>24.6</td>
</tr>
<tr>
<td>PCPs should be involved at an earlier stage in follow-up</td>
<td>63.7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PCPs have the skills necessary for follow-up</td>
<td>69.1</td>
<td>68.9</td>
<td>37.6</td>
</tr>
<tr>
<td>Patients will not be adequately reassured by PCP follow-up</td>
<td>39.2</td>
<td>18.4</td>
<td>48.4</td>
</tr>
<tr>
<td>Patients expect to be followed by cancer specialist</td>
<td>71.7</td>
<td>63.5</td>
<td>85.7</td>
</tr>
</tbody>
</table>

1. Del Guidice, Grunfeld et al, 2009
2. Grunfeld, Mant et al, 1995
# Usefulness of Various Modalities to Help Primary Care Physicians Provide Follow-up

<table>
<thead>
<tr>
<th>Rank</th>
<th>Modality</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Patient-specific standardized letter with guidelines</td>
<td>95.4</td>
</tr>
<tr>
<td>2</td>
<td>Printed guidelines</td>
<td>91.8</td>
</tr>
<tr>
<td>3</td>
<td>Expedited rates of re-referral</td>
<td>92.7</td>
</tr>
<tr>
<td>4</td>
<td>Expedited access to test for suspected recurrence</td>
<td>91.1</td>
</tr>
<tr>
<td>5</td>
<td>Ability to telephone\email specialist for advice</td>
<td>86.1</td>
</tr>
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Source: Del Guidice, Grunfeld, et al JCO 2009
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Institute of Medicine Report: From Cancer Patient to Cancer Survivor: Lost in Transition

Recommendation #2:

- Patients completing primary treatment should be provided with a comprehensive *care summary* and follow-up plan.
  
  ... (the) *survivorship care plan*
What is a Survivorship Care Plan (SCP)?

- Personalized record of care
- Cancer treatment summary
- Diagnostic tests completed
- Risk of recurrence
- Signs and symptoms of recurrence
- Recommended surveillance guidelines (recurrence and new cancers)
- Potential long-term and late-effects
- Preventive care recommendations
Elements of a Survivorship Care Plan

Treatment Summary

- Diagnostic tests performed and results
- Tumor characteristics (e.g. site, stage, grade, markers)
- Dates of treatment initiation and completion
- Surgery, radiotherapy, chemotherapy, including agents used, treatment regimen, total dosage, clinical trials (if any), and toxicities experienced during treatment
- Psychosocial, nutritional, and other supportive services
- Contact information on treating institutions and providers
- Identification of a key coordinator of continuing care
Rehabilitation Elements of a Survivorship Care Plan

- Long-term and late-effects of treatment
- Lifestyle/behavioral interventions
- Non-cancer care
  - Screening/prevention
  - Other medical conditions
- Education about resources
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Randomized Trial to Test a Survivorship Care Plan

- **Objective:** to determine if a survivorship care plan for breast cancer survivors who are ready for transition from specialist care to primary care improves patient and health service outcomes

- **Intervention:**
  - Guideline for primary care physician
  - Guideline for patient
  - Educational session for patient
  - Survivorship care plan for patient
Multicentre randomized trial: n=400 patients

<table>
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<th>Experimental Group</th>
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<td>Follow-up care transferred to the patient’s PCP</td>
<td>Follow-up transferred to the patient’s PCP plus</td>
</tr>
<tr>
<td>▪ Patient and PCPs instructed to schedule the first follow-up visit in approximately 3 months</td>
<td>▪ Patient gets → educational session by nurse and survivorship care plan</td>
</tr>
<tr>
<td></td>
<td>▪ PCP gets → usual discharge letter, user friendly guideline, copy of survivorship care plan, full guideline and reminder table</td>
</tr>
<tr>
<td></td>
<td>▪ Patients and PCPs instructed to schedule the first follow-up visit in approximately 3 months</td>
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Canadian Partnership Against Cancer: Objectives

1. Reduce gaps in knowledge to enhance cancer control
2. Facilitate and accelerate implementation of best available knowledge
3. Optimize quality and access
4. Improve the cancer experience for Canadians
Priorities for Survivorship Care in Canada

- Identification (and understanding) of survivors’ needs and research in this domain
- Development and implementation of appropriate
  - models of care
  - guidelines
  - follow-up care plan(s)
- Increased collaboration between the health care and cancer care systems, including the community
Priorities for Survivorship Care in Canada

- Establish national standards and guidelines for survivorship care
- Identifying appropriate models of care delivery to meet the long-term needs of survivors
- Development and implementing survivorship care plans
- Promoting survivorship research
- Ensuring effective knowledge translation
- Facilitating a comprehensive communications plan
- Promoting a consortium of national cancer advocacy groups
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Conclusions

- Meeting rehabilitation needs of the large and growing prevalence of cancer survivors is a challenge for health care systems internationally.
- Change in perspective from acute life threatening disease to chronic disease.
- Majority of cancer survivors are elderly with multiple co-morbid conditions.
- Health care needs pertain to rehabilitation for the index cancer as well as general medical and preventive care, involving different health care sectors.
- Understanding how to meet those needs is a challenge for cancer systems worldwide.
Thank You!

Niagara Falls, Canada