

**CANCER  
SURVIVORS**  
**SYMPOSIA SERIES**  
*Issues & Solutions for Life After Cancer*

***New Approaches to Survivor Health Care***  
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**Executive Summary**

**Survivorship Care Planning**

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- A. Highlights from the Institute of Medicine report: *From Cancer Patient to Cancer Survivor: Lost in Transition*
- Title refers to the point when people are finishing their primary treatment for cancer and moving on to become a survivor.
  - Represents a shift in thinking—cancer no longer thought of as an isolated health care “crisis,” but rather something that continues to need attention after treatment is complete.
  - Recommendation 1: Recognize cancer survivorship as a distinct phase of cancer care and recognize the commonalities between survivors, regardless of type of cancer.
    - Late effects
    - Mobility and fatigue issues
    - Risk for second cancers
    - Employment
    - Psychosocial issues—fear of recurrence, fear of morbidity, effects on relationships, cosmetic effects.
    - Cognitive effects—“chemobrain”
    - Not all effects are negative—most survivors are not debilitated and some even have positive effects.
  - Recommendation 2: Patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan—the “survivorship care plan.”
    - To communicate to both the survivor and other health care providers what has been done and what needs to be done in the future in terms of care for a patient.
    - To promote a healthy lifestyle to prevent recurrence and reduce the risk of developing other medical problems and other cancers.
  - Why are there communication problems in cancer care?

- Multidisciplinary care means there is an average of more than three physicians involved in the care for each patient.
- Treatment is complex and often takes place in a variety of settings over a long period of time.
- Cancer care usually takes place in isolation from primary care physicians.

B. Treatment Summary: Each patient should receive a summary consisting of:

- 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

C. Follow-up Care

- Reasons for follow up:
  - Surveillance for recurrence, new cancers and late effects of treatment.
  - Lifestyle and behavioral interventions to decrease risk
  - Non-cancer care—screening for other cancers and monitoring other medical conditions
  - Education about resources
- Testing
  - A controversial area because in a lot of cases there isn't a lot of evidence that doing a lot of tests helps.
  - Do not necessarily detect recurrence earlier than would be discovered otherwise, nor do they necessarily change the outcome.
  - Psychologically can provide comfort but also stress.
  - Risks of intensive testing include stress, false positives, harm caused by invasive testing and false negatives.
  - Most patients diagnosed with cancer today will not die from that cancer (heart disease, stroke and lung cancer are top causes of death for breast cancer survivors).
  - Non-cancer causes of death in survivors may be related to late effects of treatment and are often lifestyle related. Therefore both cancer and non-cancer health care is important.
  - Getting cancer may be a "teachable moment" that inspires important lifestyle and behavior changes.
- Non-cancer care
  - There is evidence that some cancer survivors lose touch with their PCPs and other specialists while immersed in their cancer care
  - May be lack of clarity around roles of different physicians
  - Non-cancer care can fall through the cracks without clear communication.

- Survivorship Care Plan: Goal is to optimize communication and coordination of care. Should explicitly identify:
  - Who's going to follow for recurrence of cancer
  - Who's going to screen for other cancers
  - Who's going to provide health maintenance (flu shots, lipids screens, etc.)
  - Who's going to manage other medical problems
  
- Increase in cancer patients and survivors are placing great demand on oncologists. Primary care physicians will play an important role in survivorship care as this trend continues.