

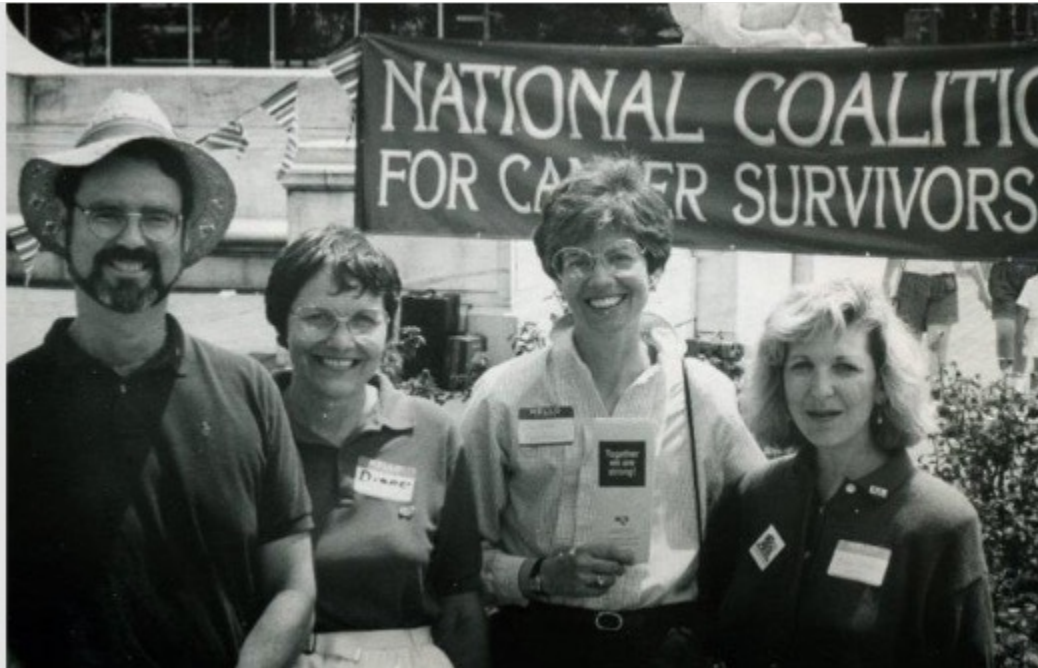
# Survivorship in the Modern Era of Cancer Care

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# | Agenda

1. History of Cancer Survivorship
2. Definition of Cancer Survivorship
3. Challenges
4. Sylvester Experience

# History of Cancer Survivorship



# I Seasons of Survival

It did not occur to me while I was acutely ill or for some time afterward that the simple concepts of sickness and cure were insufficient to describe what was happening to me. As with most cancer patients, the quality of my life during this period was severely compromised, and the possibility of death was always present. I was, in fact, struggling physically and mentally with the cancer, the therapy and the large-scale disruption of my life. Survival, however, was not one condition, but many. It was desperate days of nausea and depression. It was elation at the birth of a daughter in the midst of the treatment. It was the anxiety of waiting for my monthly chest film to be taken and lying awake nights feeling for lymph nodes. It was the joy of eating Chinese food for the first time after battling radiation burns of the esophagus for four months. These reflections and many others are a jumble of memories of a purgatory that was touched by sickness in all its aspects but was neither death nor cure. It was survival...

—Fitzhugh Mullan, from his essay *Seasons of Survival: Reflections of a Physician with Cancer*, *New England Journal of Medicine*, July 1985.

# | Who is a Cancer Survivor?

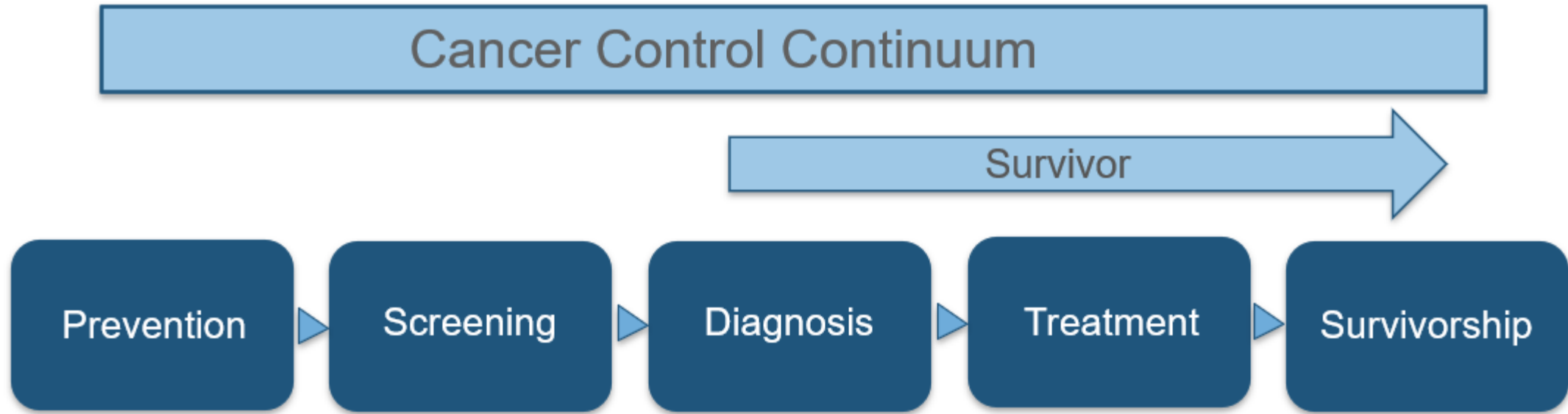


# I Defined

- An individual is considered a cancer survivor from the time of diagnosis, through the balance of life. The U.S. National Cancer Institute extends this definition by also including family members, friends and caregivers.



# | Cancer Control Continuum



# I Guidelines/accreditation

- Many organizations may be required to have a formal cancer survivorship program due to accreditation requirements or reimbursement models.

## 4.8 Survivorship Program

### Definition and Requirements

The cancer committee oversees the development and implementation of a survivorship program directed at meeting the needs of cancer patients treated with curative intent.

**ASCO**<sup>®</sup> AMERICAN SOCIETY OF CLINICAL ONCOLOGY

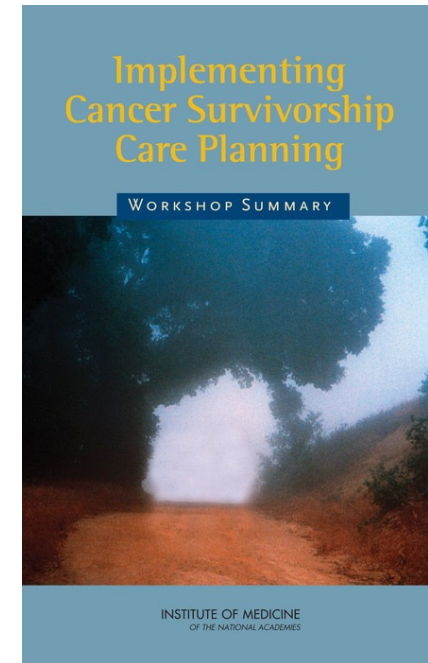
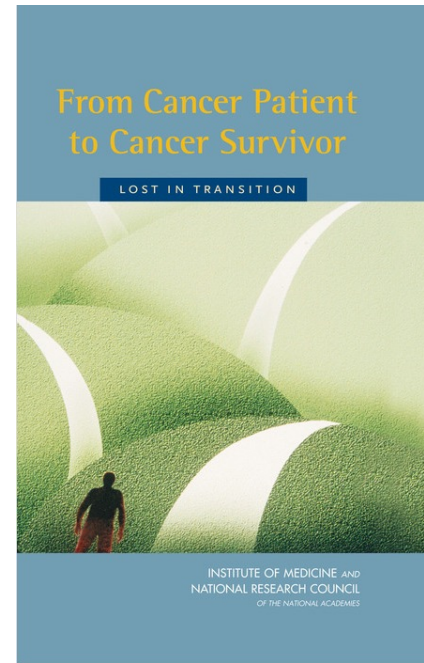
**CO** Commission on Cancer

**ONS**<sup>®</sup>  
Oncology Nursing Society

**NCCN** National Comprehensive Cancer Network<sup>®</sup>



# | A Call to Action...



**Address unmet needs:  
Physical, Emotional,  
Social, Financial &  
Care Delivery needs**

**Implement patient-  
centered assessment  
of psychosocial and  
physical symptoms**

**Avoid care  
fragmentation via  
coordinated  
survivorship and other  
care services**

# | Challenges in Medicine



Inne Mind—Getty Images

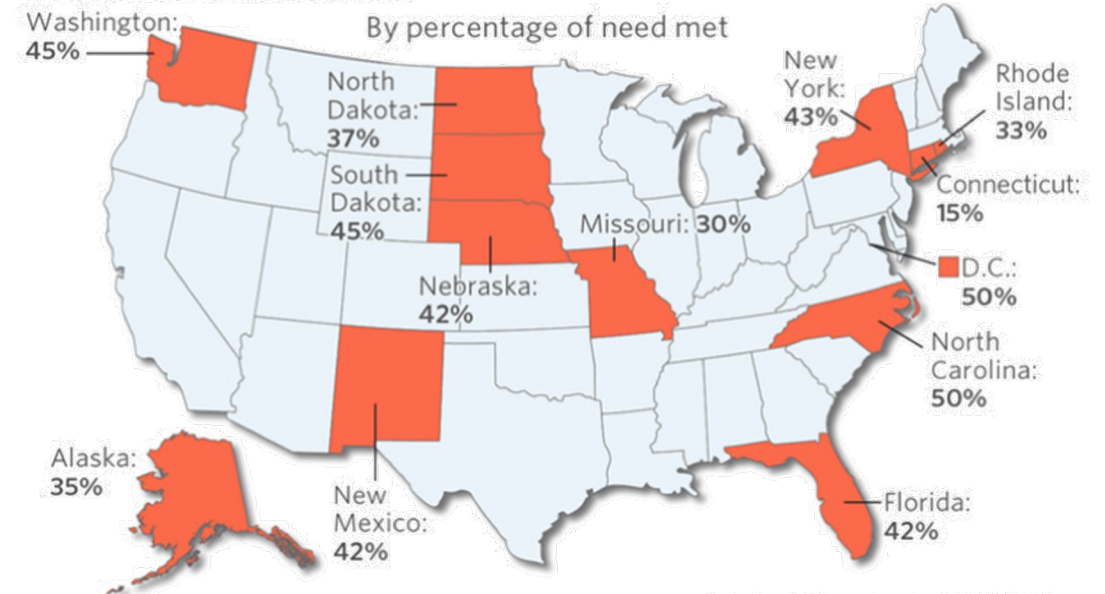
# | Critical Workforce Challenges - Oncologists

- Two thirds of rural counties lack an oncologist, according to the American Society of Clinical Oncology's (ASCO's) 2020 State of the Oncology Workforce in America report. That leaves about 32 million Americans without a cancer specialist nearby.
- The most recent ASCO data predict a shortage of 2,393 oncologists by 2025.
- Top 10 metropolitan areas most likely to suffer a shortage of oncologists:
  - **Miami, FL**
  - Virginia Beach, VA
  - Tampa, FL
  - Washington, DC
  - North Port, FL
  - Tucson, AZ
  - Las Vegas, NV
  - **New Orleans, LA**
  - Raleigh, NC
  - Providence, RI

# Critical Workforce Challenges – Primary Care

- The U.S. faces a projected shortage of between 37,800 and 124,000 physicians within 12 years, according to The Complexities of Physician Supply and Demand: Projections From 2019 to 2034 (PDF), a report released by the Association of American Medical Colleges (AAMC).
- Specific AAMC projections by 2034 include shortages of:
  - Between 17,800 and 48,000 primary care physicians .
  - Between 21,000 and 77,100 non-primary care physicians.

## The primary care doctor shortage across America



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# Multiple Survivorship Challenges

ACS & NCI: “the perfect storm”



(Alfano, 2018)

# | Challenges to Quality Care

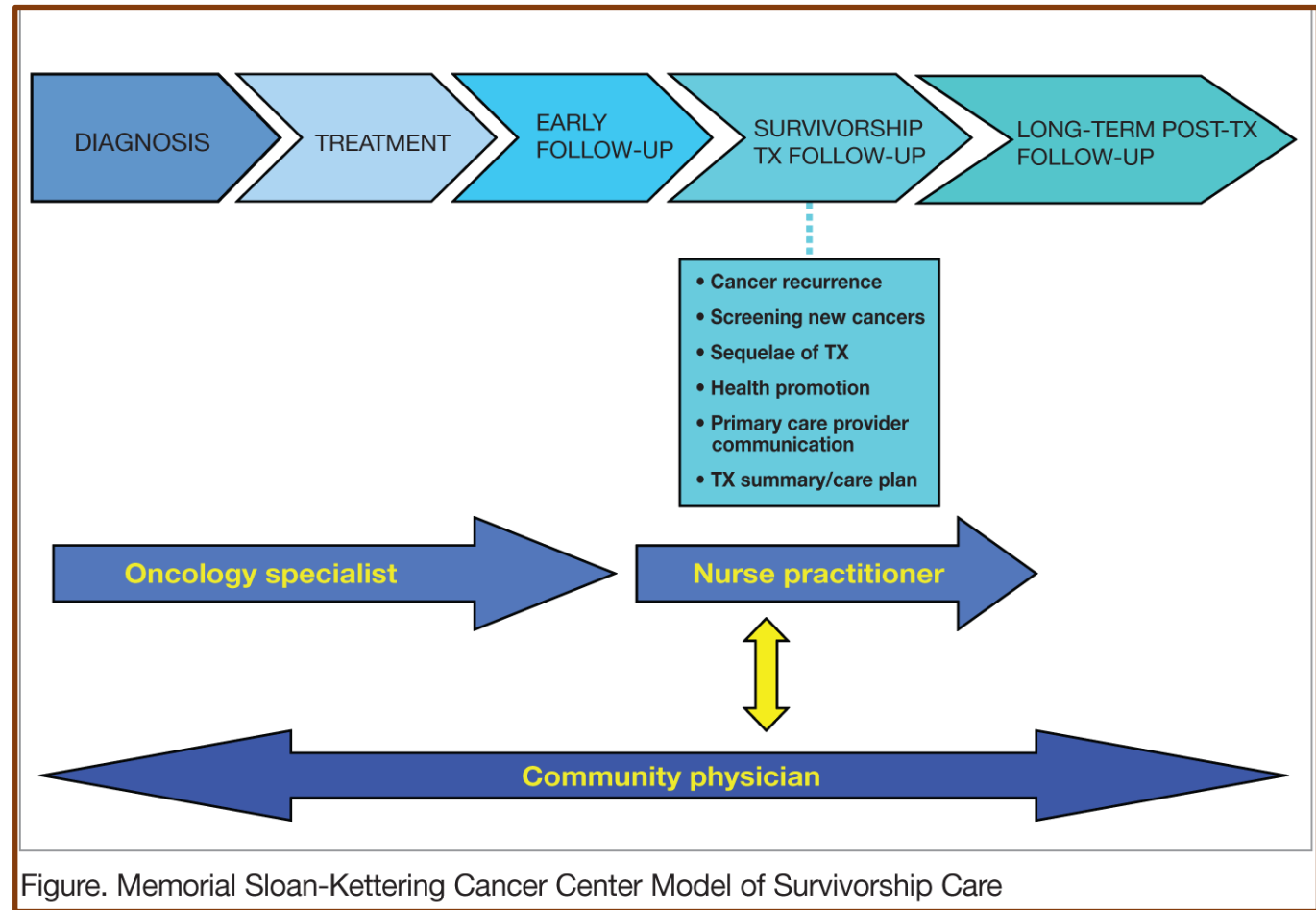
- Unclear who is responsible for specific components of care
- Lack of communication and coordination between providers
- Ongoing provider education needed on guidelines, late effects, toxicities, and new treatments
- Survivorship care plans have not shown major impact on outcomes-need to focus on the process and care

<http://www.ascopost.com/News/59357>

# | Survivorship at Sylvester

<http://www.ascopost.com/News/59357>

# I Proposed Model





# | Sylvester Experience

## Consultative Survivorship Clinic (Centralized)

- Referral based
- Billable
- SCPs, healthy living tips, prevention resources, in-person physicals offered
- One-time consultative clinic
- Seen by APPs
- Current: all other diseases not seen in MDC or SDG embedded

## MDC Survivorship Clinic (SDG Embedded)

- Referral based
- Billable
- SCPs, healthy living tips, prevention resources, support services offered
- Seen by Oncologist or APPs
- Current: Breast at Plantation and DFB

## Disease Specific Survivorship Clinic (SDG Embedded)

- Referral based
- Billable
- SCPs, healthy living tips, prevention resources, physicals offered
- Seen by APPs
- Current: Lymphoma, Thoracic, GYO, GI
- Coming soon: Breast, HNC (all sites)

# | Sylvester Experience - other

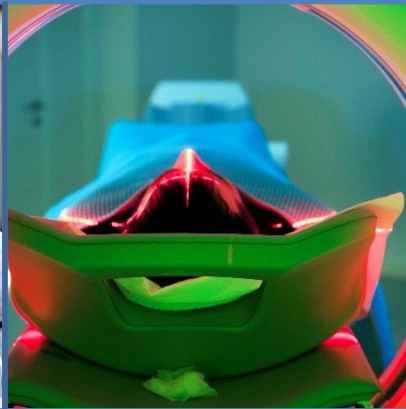
- Alex's place – pediatrics – established since 2011 (Children's Oncology Group)
- Transplant and Cellular Therapy – established since 2019 (American Society for Transplantation and Cellular Therapy)
- AYA program
- Clinical trials – phase 1 research patients (coming soon)

# | Services Provided



## Lifestyle Modifications:

Smoking Cessation,  
Alcohol consumption,  
Physical Activity,  
Exercise, Diet



## Cancer Screenings:

Breast, Lung, Skin,  
Cervical, Prostate,  
Endometrial, &  
Colorectal



## Health Assessments and Coordination of Care

- Transition to PCP
- Adherence to surveillance recommendations
- Referral to Specialists
- Research Enrollment
- Continuity of Care



## Anthropometrics:

Height, Weight, BMI,  
Body circumference



## Survivorship Care Plans

- Treatment Summary
- Identification of late effects

# | Supporting providers

- Family medicine providers (training, George Washington University)
- Physician leaders (created modules, research, leadership)
- Survivorship team (training, competency, ongoing support)
- Survivorship Case Study presentations
- Team meetings
- Survivorship Provider Series

<http://www.ascopost.com/News/59357>

# Select Survivorship Activities



## Cancer Survivorship Care Plan and Treatment Summary Essential Items

- Tumor Characteristics
- Diagnostic Test
- Dates of Treatment (initiation and completion)
- Types of Treatment (agent, regimen, and doses)
- Clinical Trials (if participated in)
- Response to Toxicities
- Psychosocial Services
- Supportive Services
- Follow-up Care and Management Schedule
- List of Symptoms of Recurrence
- Contact Information of Care Providers

# Cancer Support Services

Arts in Medicine	Music Therapy	Oncology massage	Acupuncture	Pet Therapy
Physical Therapy	Pastoral Care	Social Work (support groups/counseling referrals)	Physical Medicine and Rehabilitation	Palliative Care
Integrative Medicine	Cancer Resource Center	Adolescent & Young Adult Program	Exercise Physiology	Nutrition

# | Cancer Support Services



# | In Summary

- Start the conversation early, from the time of diagnosis, through the balance of life.
- Survivorship is still a new and growing specialty.
- Multiple challenges moving forward for providers and patients.
- Relationships are key: engage Advanced Practice Providers, primary care, and multidisciplinary teams in oncology, and specialty care providers.
- It takes a team. Make your team.

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**Thank you!**  
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