



Newsletter of the Survivorship, Outcomes And Risk Program at MSK

Survivorship Symposium Convenes Primary Care and Oncology Experts SOAR Investigators Lead Discussions, Present Findings in Multidisciplinary Conference

The inaugural multidisciplinary Cancer Survivorship Symposium, held in January in San Francisco, drew more than 800 clinicians and researchers from across the globe to discuss challenges in the care of cancer survivors. The meeting was co-sponsored by the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), and the American Society of Clinical Oncology (ASCO).

The symposium was unique in its collaborative approach, with each session co-chaired by oncologists and primary care clinicians. Keynote speeches, expert panels and original research presentations addressed a range of issues in cancer survivorship, with special emphasis on late and long-term effects of treatment, surveillance for recurrent disease and new cancers, models of survivorship care delivery, and strategies for improving communication and coordination of care.

Several SOAR investigators presented research findings at the symposium, including internist **Emily Tonorezos**



Emily Tonorezos

(Medicine). Tonorezos had diagnosed hepatic adenoma – a rare, non-malignant, but potentially serious condition – in 3 adult survivors of childhood cancer in her clinic at MSK. Given the low prevalence of this lesion in the general population – about 1 in 100,000 – she wondered if childhood cancer survivors had an increased risk. Tonorezos and her colleagues identified 9 additional cases of hepatic adenoma in childhood cancer survivors at

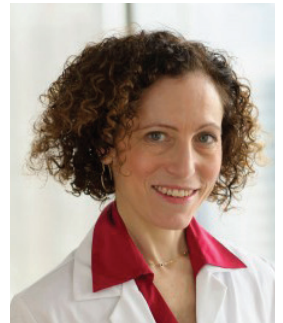
MSK, predominantly young women who received hormone therapy after treatment-induced premature menopause.

The study did not establish a definitive link between childhood cancer and hepatic adenoma, but the symposium gave Tonorezos an opportunity to discuss this possible late effect with other clinicians on the front lines of cancer survivorship care.

In another session, **Debbie Korenstein** (Medicine) talked about balancing the harms and benefits of surveillance testing in survivors.

Like Tonorezos, Korenstein was influenced by an experience from her survivorship clinic at MSK. She told attendees about a patient in her 40s, a childhood leukemia survivor, who in 2014 had 11 imaging tests on 8 different days, 6 other tests on 4 additional days, and visits on 5 additional days with no testing, for a total of 20 outpatient days at MSK including 9 physician visits with 5 different doctors. While some of this care was certainly appropriate, it was also burdensome to the patient, who traveled more than 2 hours each way to Manhattan, is an unemployed single mother, receives disability support and Medicare benefits, but has about \$20,000 in medical debt. Korenstein emphasized the importance of tailoring a survivor's care to that person's goals and life context, potentially reducing the number of tests and visits when the burden of that care – in terms of cost, inconvenience and anxiety – exceeds the expected benefit.

Kevin Oeffinger (Medicine) chaired the Steering Committee for the inaugural symposium, and will chair the Program Committee for next year's meeting. The abstract submission deadline for the 2017 Cancer Survivorship Symposium is October 4, 2016.



Deborah Korenstein

Thyroid Cancer Incidence Continues Upward Trend in US

Indolent Tumors Reclassified, New Treatment Guidelines Issued for Diagnosis and Treatment

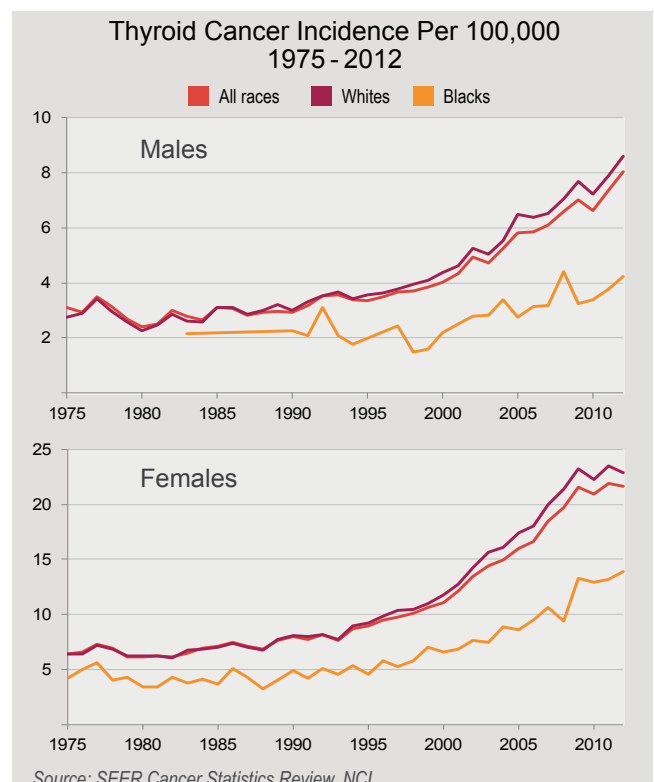
Between 2003 and 2012, the age-adjusted incidence of thyroid cancer increased by more than 5% annually, according to the National Cancer Institute's Annual Report to the Nation on the Status of Cancer. In men, incidence rose from 4.71 cases per 100,000 in 2003 to 8.02 in 2012. Women, who have a higher underlying risk of thyroid cancer, had an increase from 14.45 cases per 100,000 in 2003 to 21.67 in 2012. The report, based on information from the Surveillance, Epidemiology and End Results (SEER) program, was published in the May 1 issue of *Cancer*.

Recent papers have addressed the rising incidence of thyroid cancer worldwide, and in particular, concerns about detection and treatment of indolent tumors. Following an NCI-sponsored conference in 2012 and subsequent studies, the Endocrine Pathology Society recently identified diagnostic criteria for a new classification of thyroid lesions: noninvasive follicular thyroid neoplasm with papillary-like nuclear features, or NIFTP. This change will reclassify about 15% of thyroid lesions currently labeled "cancer."

Ben Roman (Surgery), who studies quality of life in head and neck cancer, said, "reclassifying some lesions to NIFTP will certainly help assuage fear of the 'C' word for patients with these lesions. And there are other thyroid neoplasms that we still call cancer that are probably similarly indolent." Roman also noted new guidelines from the American Thyroid Association, which, for the first time, recommends against routine biopsy of thyroid nodules less than 1cm and offers active surveillance as an alternative to surgery in patients with small tumors. "These are potential game-changers in our desire to risk-stratify the work-up and management of patients with thyroid lesions."

The new guidelines represent a shift toward more risk-based management of thyroid tumors, said **Shrujal Baxi** (Medicine), who studies head and neck cancer survivors. Radioactive iodine, long the standard of care following sur-

gery, is now only recommended in patients with intermediate- or high-risk disease. Patients with low-risk disease can be spared the adverse effects of iodine therapy, including a substantially increased risk of second malignancy. These changes may lead to more risk-based survivorship care, said Baxi. Survivors with low-risk disease may face less frequent, less intensive follow-up testing, reducing anxiety and cost without compromising cancer control.



SOAR Grants

Smita C. Banerjee (Psychiatry and Behavioral Sciences) received a pilot project award from the MSK/CCNY TREND (Tobacco Research and Education to Eliminate Disparities) Partnership for “Examining Narrative Voices of Racial/Ethnic Minority Head and Neck Cancer Survivors.”

Katherine DuHamel (Psychiatry & Behavioral Sciences) and colleagues at the Icahn School of Medicine at Mount Sinai received an R01 from the NCI for “Systematic Light Exposure for Fatigue in Stem Cell Transplant Survivors.”

Francesca Gany (Immigrant Health & Cancer Disparities) was awarded a U01 from the National Institute on Minority Health and Health Disparities for “Taxi STEP (Social networks, Technology, and Exercise through Pedometers).”

Jada Hamilton (Psychiatry & Behavioral Sciences) received a Mentored Research Scholar Grant from the American Cancer Society for “Precision Medicine Decisions and Family Communication in Advanced Cancer.”

Malcolm Pike (Epidemiology & Biostatistics) received a grant from the Department of Defense’s Ovarian Cancer Program for “Multidisciplinary Ovarian Cancer Outcomes Group (MOCOG).”

Jaya Satagopan (Epidemiology & Biostatistics) received an R01 from the NCI for “Study Of Exposures And Biomarkers In Cancer Epidemiology.”

Mark your calendar

- May 5** **Current Advances in Prostate Cancer Health Disparities**
Hunter College
- May 11** **SOAR Seminar**
4:00PM Aaron Kesselheim, MD, JD, MPH
M-107 Harvard Medical School
- June 3-7** **ASCO Annual Meeting**
Chicago, IL
- July 30 - August 4** **Joint Statistical Meetings**
Chicago, IL

SOAR Honors

- ★ **Ann Zauber** (Epidemiology & Biostatistics) was selected as a Fellow of the American Statistical Association.
- ★ **Jamie Ostroff** (Psychiatry & Behavioral Sciences) was appointed to the Blue Ribbon Panel Working Group on Implementation Science of the NCI’s National Cancer Moonshot Initiative.

SOARNEWS EDITORIALSTAFF

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MSK Launches Initiative in Psycho-Oncology Institute Will Train Providers, Study Outcomes

Patients at MSK have long benefited from the expertise of the psychiatrists, psychologists, social workers, nurses and other professionals who provide psycho-oncology care. This expertise may now reach patients treated outside of MSK. The MSK Psycho-Oncology Education and Training Institute (POETI) was established in the fall of 2015 to disseminate evidence-based interventions in psycho-oncology and supportive oncology.

Led by **Katherine DuHamel** (Psychiatry & Behavioral Sciences) and **William Breitbart** (Psychiatry & Behavioral Sciences), POETI is a collaboration of several MSK departments, including Psychiatry and Behavioral Sciences, Social Work, Nursing, Integrative Medicine, and Survivorship and Palliative Care. The Institute seeks to train cancer care clinicians at MSK and its regional network and Alliance member sites, as well as providers at other institutions in and beyond New York.

Asked about the motivation for establishing POETI, DuHamel cited MSK’s leadership in developing and refining psycho-oncology interventions specifically for cancer patients. Through its seminars, workshops and other training activities, the Institute will expand the reach of MSK’s expertise. DuHamel emphasized the importance of evidence and the Institute’s plans to study the outcomes of patients treated by POETI-trained providers. Summarizing this relationship, she said, “We want to promote evidence-based practice, but we also need to develop practice-based evidence.”



Katherine DuHamel

NIH Introduces New Application Instructions Policy Requires Resource Authentication

Concerned about the reproducibility of research findings, NIH recently revised its grant application instructions to address scientific rigor and transparency. Among the new policies is a requirement for the authentication of key biological and chemical resources. This policy applies to established resources which may or may not have been generated with NIH funds, may exhibit variation between laboratories, and are integral to the proposed research. Examples include cell lines, tissue samples, and any resource obtained from an outside source. The new policy does not apply to standard laboratory reagents.

NIH acknowledges a lack of consensus guidelines for authenticating different types of resources. Investigators are encouraged to describe the steps they will take to ensure the identity and validity of key resources prior to use and at regular intervals, if appropriate. Authentication Plans should be no longer than one page. Investigators proposing the development of a new biological or chemical resource are expected to describe authentication procedures in the Research Strategy section of the application.

Authentication of key biological and chemical resources is one component of a larger effort to improve the rigor and transparency of NIH-funded research. Other new policies and review criteria address the scientific premise of proposed research, rigorous experimental design for robust and unbiased results, and consideration of relevant biological variables. These changes, which apply to both research and training grants, were announced in 2015 and took effect with the January 2016 submission deadline.

Other changes taking effect May 25th include:

- An optional new Assignment Request Form to indicate preferred study section, potential reviewers in conflict, and scientific expertise needed to review the application
- A new single form that combines the Planned Enrollment Report and Cumulative Inclusion Enrollment Report

SOAR Seminars



▼ **Ethan Basch**, UNC Lineberger Comprehensive Cancer Center, presented *Patient-Reported Outcomes and Adverse Event Reporting in Oncology: It All Began at MSK* on April 12th.



▲ **A. Mark Fendrick**, University of Michigan, presented *Value-based Insurance Design: Using “Smarter Cost-sharing to Align with Alternative Payment Models* on April 29th.

▲ **Cristian Tomasetti**, Sidney Kimmel Comprehensive Cancer Center, presented *The Relationship between Stem Cell Divisions, Somatic Mutations, Cancer Incidence and Cancer Prevention* on March 8th.

