Survivorship Care Plans
Guides for Living After Cancer Treatment
Cancer Care Trajectory

- Cancer-Free Survival
- Managed Chronic or Intermittent Disease
- Recurrence/Second Cancer
- Treatment with Intent to Cure
- Diagnosis and Staging
- Treatment Failure
- Palliative Treatment
- Death

Survivorship Care
Late effects management and surveillance for recurrence and second cancers.

IOM Report on Survivorship 11/05
Institute of Medicine Report
2005

• Recommendations for meeting needs of cancer survivors
• **Implement survivorship care plan**
• Build bridges between oncology and primary care
• Develop and test models of care
• Develop national guidelines, institute quality assurance, strengthen professional education
• Make better use of psychosocial and community support services
• Address employment and insurance issues
• Invest in survivorship research

IOM Recommendation

Patients completing primary treatment should be provided with a comprehensive plan summary and follow-up care plan that is clearly and effectively explained.

What is a Survivorship Care Plan?

- Comprehensive care summary and follow-up plan
- Clearly and effectively explained
- Written by principle providers of oncology treatment
- Reimbursable by third-party payors of health care

Elements of a Survivorship Care Plan: Treatment Summary

- Cancer type
- Tumor characteristics
  - site, pathology, stage and grade
- Treatments received
  - Surgical procedure
  - Chemo/bio/hormonal therapy- agents, regimen, dose, clinical trials, dates
  - Transplant
  - Radiation therapy- type, site, dose, dates
- Care provider and institution contact information

Elements of a Survivorship Care Plan: Ongoing Care Plan

who, what, when, why and by whom?

• Timing and content of surveillance
• Monitoring potential consequences of treatment
• Recommendations for preventive practices and maintaining health and well being
  – Cancer screening
  – Smoking cessation
  – Nutrition, diet, weight control
  – Exercise
  – Sunscreen
  – Osteoporosis prevention
  – Immunizations
• Psychosocial concerns
• Identification of providers

Treatment Summary and Quality Care

- Care coordination
- Patients-physician communication
- Efficiency
Potential Audiences for Care Plan

- Patients
- Other oncologists
- Other physicians
- Nurses
- Non MD/RN providers (psychologists, physical therapists)
- Insurers
- Researchers

Hewitt, M & Ganz, P (2006) Implementing Cancer Survivorship Care Planning
Washington D.C: The National Academies Press
Guidelines for Surveillance

- Few guidelines available because of lack of evidence and consensus on follow up recommendations
- Surveillance seems like a good thing
  - Little evidence of improved outcomes
  - Expensive
  - Relapse more commonly detected by signs and symptoms
  - Psychological distress
- Justified for the identification of disease that can be cured or survival prolonged
- Limit unnecessary and harmful care
- Facilitate delivery of necessary care

Guidelines for Surveillance

• American Society of Clinical Oncology (ASCO)
  – Breast$^1$  http://jop.ascopubs.org/cgi/reprint/2/6/317
  – Colon$^2$  http://jop.ascopubs.org/cgi/reprint/1/4/137

• Children’s Oncology Group
  – Monitoring for long term and late effects of cancer therapy
  – Evidence and consensus based
  – Many recommendations applicable to adult survivors
  – www.survivorshipguidelines.org

Screening Guidelines

• ASCO Initiative
  – Cardiopulmonary late effects; bone health; second cancers; hormone deficiency; anxiety and depression

• American Cancer Society
  – cancer screening guidelines
Sample Treatment Summaries

• ASCO Templates for Use in Practice
  Colon Cancer Survivorship Care Plan
  Breast Cancer Survivorship Care Plan

• Oncolink
  – http://www.oncolink.com/oncolife/
Sample treatment plan for colon cancer

www.plwc.org/ASCO/ArticleASCO/TabColonCancerTreatmentPlanandSummaryposting.pdf

<table>
<thead>
<tr>
<th>Colon Cancer Treatment Plan – Adjuvant Chemotherapy 01.2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert Practice Name/Info Here</td>
</tr>
</tbody>
</table>

This Treatment Plan is a brief record of major aspects of colon cancer adjuvant chemotherapy. This is not a complete patient history or comprehensive record of intended therapies.

<table>
<thead>
<tr>
<th>Provider name:</th>
<th>Patient name:</th>
<th>Patient ID:</th>
<th>Patient DOB:</th>
<th>Age at diagnosis:</th>
<th>Patient phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Support contact name: Support contact relationship: Support contact phone: 

BACKGROUND INFORMATION

Cancer detection: Screening Symptoms Incidental 
Site in colon: Right Transverse Left Sigmoid 
Predisposing conditions: None Inflammatory bowel disease FAP HNPCC 
Family history: None 2nd degree relative 1st degree relative Multiple relatives 
Pre-op colonoscopy to cecum: Yes No 
Other lesions: None Low risk polyps High risk polyps 
Primary colon operation: Date of surgery: 
Primary site: 
Surgery type: Elective Emergent 
Stage: IIA IIB IIA IIIA IIIB IIIIC 
T stage: T1 T2 T3 T4 
N stage: N0 N1 N2 
Number of nodes removed: Number of positive nodes: 
Notable pathology findings: 
Notable surgical findings/complications: 
Ostomy: Yes No 

Comorbidities: 

PLAN FOR ADJUVANT TREATMENT

<table>
<thead>
<tr>
<th>Name of regimen:</th>
<th>Start date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment on clinical trial: Yes No</td>
<td></td>
</tr>
</tbody>
</table>

Chemotherapy drugs Administration Major side effects 

Number of planned treatments: How often: For how many weeks:

Central venous catheter placement needed: Yes No 
General health status at start of treatment: Excellent Very good Good Fair Poor 
Nutritional status at start of treatment: Excellent Very good Good Fair Poor 

Special circumstances:

<table>
<thead>
<tr>
<th>Oncology Team Members</th>
<th>Name</th>
<th>Contact Information/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical oncologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

© 2006 American Society of Clinical Oncology. All rights reserved. 
Important caution: this is a summary document whose purpose is to review the highlights of the colon cancer chemotherapy treatment plan for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with colon cancer and adjuvant chemotherapy in detail. Both medical science and an individual’s health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for colon cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.
Coping with Cancer

OncoLife Questionnaire

Sex:  Female  Male
Race: Please Select  
Age at Diagnosis: Please Select  

OncoTip of the Day

Abridgeman's Cancer Center of the University of Pennsylvania
Barriers to Creating Care Plans

• Lack of evidence based guidelines
  – Need to standardize by consensus
  – Formal discharge consultation MD, RN
  – Reimbursement

• Need for culture change

FOLLOW UP CARE OF CANCER SURVIVORS

- Cancer recurrence
- Sequelae of Tx
- Screening other cancers
- Health Promotion

Oncology Specialist → APN → Primary Care Provider
<table>
<thead>
<tr>
<th>Service</th>
<th>Cancer type</th>
<th>Interval</th>
<th>Visit</th>
<th>Testing</th>
<th>Stage/Primary Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic</td>
<td>Lung</td>
<td>Year 1</td>
<td>Every 6 months</td>
<td>CT scan w/contrast</td>
<td>Stage I-II/Surgeon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year 2</td>
<td>Every 6 months</td>
<td>CT scan w/contrast</td>
<td>Stage I-II/ Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>≥ Year 3</td>
<td>Annual</td>
<td>CT scan w/out contrast</td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td>Prostate</td>
<td>Year 1</td>
<td>Every 6 months</td>
<td>PSA Every 6 months</td>
<td>Year 1- Surgeon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year 2</td>
<td>Every 6 months</td>
<td>DRE and PSA Every 6 months</td>
<td>≥ Year 1- Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year 3-5</td>
<td>Annual</td>
<td>DRE Annual/PSA Every 6 months</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; Year 5</td>
<td>Annual</td>
<td>Annual PSA/DRE</td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td>Colon</td>
<td>Year 1-2</td>
<td>Every 4 months</td>
<td>CEA/scope depending on tumor site and CT scan depending on stage</td>
<td>Year 1- Surgeon Year 2- Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year 3-5</td>
<td>Every 6 months</td>
<td>CEA/scope depending on tumor site and CT scan depending on stage</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year ≥5</td>
<td>Annual</td>
<td>CEA</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td>Rectal</td>
<td>Year 1-2</td>
<td>Every 4 months</td>
<td>CEA/scope</td>
<td>Surgeon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year 3-5</td>
<td>Every 6 months</td>
<td>CEA/scope</td>
<td>Surgeon/ Year 5 Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year ≥5</td>
<td>Annual</td>
<td>CEA</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Breast</td>
<td>Breast Surgery</td>
<td>Year 1-2</td>
<td>Every 6 months</td>
<td>Clinical breast exam, Annual mammogram</td>
<td>Surgeon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; Year 2</td>
<td>Annual</td>
<td>Clinical breast exam, Annual mammogram</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Breast</td>
<td>Breast Medicine</td>
<td>Year 1-2</td>
<td>Every 3-4 months</td>
<td>Clinical breast exam, Annual mammogram</td>
<td>Medical Oncologist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year 3-5</td>
<td>Every 6 months</td>
<td>Clinical breast exam, Annual mammogram</td>
<td>Medical Oncologist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 5 years</td>
<td>Annual</td>
<td>Clinical breast exam, Annual mammogram</td>
<td>Nurse Practitioner</td>
</tr>
</tbody>
</table>
Survivor NP Practice - MSKCC

• Independent Nurse Practitioner visit

• Nurse Practitioner services
  – Surveillance for recurrence of the primary cancer
  – Evaluation and treatment of medical and psychosocial consequences of treatment
  – Screening for second cancers
  – Patient education about survivorship issues and availability of community resources
  – Health promotion, including smoking cessation and sexual health services
  – Communication with community physician
  – Cancer Treatment Summary and Care Plan
# Summary of Cancer Treatment and Follow-Up Plan

**Diagnosis:** [Redacted]  
**Pathology:** [Redacted]  
**Date of Diagnosis:** [Redacted]  
**Additional Information:** [Redacted]

## TREATMENT SUMMARY

### Surgery

<table>
<thead>
<tr>
<th>Surgeon</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Procedure</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Chemotherapy/Biotherapy

<table>
<thead>
<tr>
<th>Medical Oncologist</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regimen</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Radiation Therapy

<table>
<thead>
<tr>
<th>Radiation Oncologist</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Type</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FOLLOW-UP PLAN

Visit Schedule
Survivorship NP
Surgeon
Medical Oncologist
Radiation Oncologist

Choices: every 6 months, 12 months, other

Testing Schedule
Lab work
Choices: N/A, CBC, Electrolytes, Cholesterol, Triglycerides, Thyroid Function, PSA, Tumor markers, Other

Radiologic Studies
Choices: N/A, Chest x-ray, CT chest, abdomen, pelvis, Mammogram, MRI, Ultrasound, PET Scan, Other

Other
Choices: N/A, Bone Densitometry, EKG, Echocardiogram, Bone scan, Other

Cancer Screening
Colorectal
Choices: Colonoscopy every 10 years, Other:

Prostate
Choices: Annual PSA with Digital rectal exam, Other:

Breast
Choices: Annual Bilateral Mammogram, Other:

Cervical
Choices: Annual PAP smear, PAP smear every 2-3 years, PAP smear plus HPV-DNA test, Other:

Other
Choices: Osteoporosis screening with bone densitometry

Annual cholesterol screening
Annual influenza vaccination
Moderate physical exercise 30 minutes/day
Stop smoking
Remain tobacco free
Weight control
Regular sun protection with sunscreen

See your local primary physician annually or as needed

NP
Phone
Research Questions

IOM asserts that survivorship care plans:
• have strong face validity
• assumed to improve care unless/until evidence to contrary

What is best format for survivorship care plans?
How can they feasibly created?
What is best setting? E.g. specialized clinics, NP?
Do all patients need it?
Does it improve outcomes of care?
Is it cost effective?

Earle, Craig  ASCO presentation Surveillance, Disease Prevention and Health Promotion in Cancer Patients, 2006