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# Adult cancer survivors

## Prof Michael Jefford

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Director, Australian Cancer Survivorship Centre, a Richard Pratt legacy  
Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia

Professorial Fellow  
University of Melbourne, Melbourne, Victoria, Australia

Saturday June 22 2019

# MASCC/ISOO

Annual Meeting on Supportive Care in Cancer

[www.mascc.org/meeting](http://www.mascc.org/meeting)

Follow us on Twitter: @CancerCareMASCC



#MASCC19

# Conflict of interest disclosure

Michael Jefford, MBBS, MPH, MHIthServMt, PhD, FRACP

- Travel support, Roche (January 2018)
- No other potential COI



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Peter MacCallum Cancer Centre, main site, Parkville, Melbourne



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# Audience participation

Please rate your familiarity with / awareness / knowledge of all things cancer survivorship:

- a. 0-2 / 10 (low)
- b. 3-5 / 10 (moderate)
- c. 6-8 / 10 (high)
- d. 9-10 / 10 (very high)



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# Shared challenges, internationally

- Large, and growing number of survivors
- Survivors may experience a broad range of issues, concerns, needs
  - Currently poorly identified / addressed
- Limited health workforce
- Need to provide improved care within resource constraints
  - Redesign models of care



# Survivors in Australia



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## Australians living with and beyond cancer in 2040

February 2018

It is estimated that 1.34 million Australians will be diagnosed with cancer this year and that this number will rise to 1,500,000 by 2020 and to continue to rise thereafter.

As well as an increasing number of new cancer diagnoses, cancer survival has increased due to improved detection and treatment. Currently, 68% of people diagnosed with cancer in Australia live more than 5 years beyond their cancer diagnosis.<sup>1</sup>

### How many Australians have been directly affected by cancer?

We estimate that there are currently over 1.1 million (1 in 22) Australians with a personal history of cancer, with slightly more women (51%) than men (49%).

### How many people will be living with or beyond cancer in Australia in 2040?

We estimate that there will be almost 1.9 million people with a personal history of cancer in 2040;<sup>2</sup> that is, 1 in 18 Australians will have been diagnosed with cancer in their lifetime.

Of these, it is predicted that there will be fewer women (47%) than men (53%).

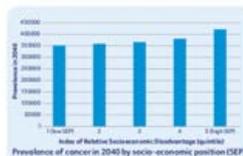
While the majority (64%) of people who have been diagnosed with cancer will have lived more than 5 years beyond diagnosis, a substantial proportion will have been more recently diagnosed and may still be undergoing cancer treatment or surveillance, while others may be living with advanced cancer.

More than half (58%) of Australians with a personal history of cancer will be aged 70 years or older in 2040.

The table opposite shows a breakdown of the predicted numbers of people living with, or beyond cancer by their age in 2040.

Age in 2040	Number of people living with or beyond cancer	% of all people living with or beyond cancer	% of all Australians of that age group
Under 15	6,000	0.3	0.1
15-29	20,000	1.0	0.3
30-39	41,000	2.2	0.9
40-49	107,000	5.7	2.4
50-59	231,000	12.3	5.5
60-69	385,000	20.5	11.4
70-79	553,000	29.4	19.5
80 and over	538,000	28.6	23.7
<b>Total</b>	<b>1,881,000</b>	<b>100.0</b>	

The figure below shows that a greater proportion of people with a personal history of cancer in 2040 will be people of high socio-economic position (SEP) (57%, more than people of low SEP), most likely due to earlier detection, better prognosis or being diagnosed with cancers with better survival.



Currently, 1.1m survivors

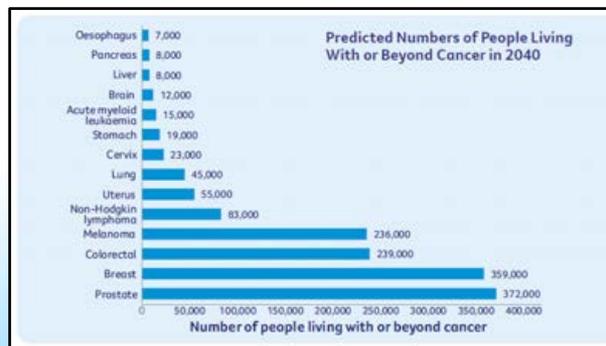
68% 5-year survival

1 in 22 Australians are cancer survivors

In 2040, 1.9m survivors

Majority (64%) > 5 years post diagnosis

Majority (58%) will be aged 70 or older





# Issues experienced by cancer survivors



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J Cancer Surviv (2009) 2:20–32  
DOI 10.1007/s11704-008-0043-4

## Survivorship issues following treatment completion—results from focus groups with Australian cancer survivors and health professionals

Michael Jefford · Emily Karahalios · Annabel Pollard · Carl Baravelli · Mariko Carey · Jennie Franklin · Sanchia Aranda · Penelope Schofield

Support Care Cancer (2017) 25:3171–3179  
DOI 10.1007/s00520-017-3725-5



ORIGINAL ARTICLE

## Patient-reported outcomes in cancer survivors: a population-wide cross-sectional study

Michael Jefford<sup>1,2,3,4</sup>, Andrew C Ward<sup>2</sup>, Karolina L Jay<sup>1</sup>, Karen Lacey<sup>4</sup>, Jon D Emery<sup>4,5,6</sup>, Adam W Glaser<sup>3</sup>, Hannah Cross<sup>4</sup>, Mei Krishnasamy<sup>4,7</sup>, Sue-Anne McLachlan<sup>8</sup>, Jim Bishop<sup>4</sup>

Supportive Care in Cancer  
https://doi.org/10.1007/s00520-019-04664-w

ORIGINAL ARTICLE



## Health concerns of cancer survivors after primary anti-cancer treatment

S. Y. Tan<sup>1,2</sup> · J. Turner<sup>1,3</sup> · K. Kerin-Ayres<sup>1</sup> · S. Butler<sup>1</sup> · C. Deguchi<sup>1</sup> · S. Khatri<sup>1</sup> · C. Mo<sup>3</sup> · A. Warby<sup>3</sup> · I. Cunningham<sup>1</sup> · A. Malalasekera<sup>1,2</sup> · H. M. Dhillon<sup>2</sup> · Janette L. Vardy<sup>1,2,3</sup>

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

## Patients' Supportive Care Needs Beyond the End of Cancer Treatment: A Prospective, Longitudinal Survey

Jo Armes, Maggie Crowe, Lynne Colbourne, Helen Morgan, Trevor Murrells, Catherine Oakley, Nigel Palmer, Emma Ream, Annie Young, and Alison Richardson

Open Access

Research

BMJ  
open

## Patient-reported outcomes of cancer survivors in England 1–5 years after diagnosis: a cross-sectional survey

Adam W Glaser,<sup>1</sup> Lorna K Fraser,<sup>2</sup> Jessica Corner,<sup>3</sup> Richard Feltbower,<sup>4</sup> Eva J A Morris,<sup>3</sup> Greg Hartwell,<sup>6</sup> Mike Richards<sup>6</sup>

Original Article

## Symptom Burden in Cancer Survivors 1 Year After Diagnosis

A Report From the American Cancer Society's Studies of Cancer Survivors

Qiuling Shi, MD, PhD<sup>1</sup>; Tenbroeck G. Smith, MA<sup>2</sup>; Jared D. Michonski, MS<sup>1,3</sup>; Kevin D. Stein, PhD<sup>2</sup>; Chiewkwei Kaw, MS<sup>2</sup>; and Charles S. Cleeland, PhD<sup>1</sup>



# Issues experienced by cancer survivors

- ✓ Most people adjust well to life after cancer
- Varied reactions to finishing treatment  
e.g. feeling lost or abandoned
- Persisting side effects from treatment  
e.g. fatigue, pain, concerns with sleep, cognition
- Emotional, psychological issues  
e.g. fear of cancer recurrence



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# Issues experienced by cancer survivors

- Side effects that develop later ('late effects')  
e.g. infertility, organ damage, another cancer
- Impact on relationships, family
- Vocational, financial and other practical impacts  
e.g. difficulties resuming work or study, loss of income
- **Benefit finding, growth**



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# Unmet needs in cancer survivors



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**TABLE 3** Top unmet needs of cancer survivors in Australia

Unmet need	Domain	No. of endorsements	Prevalence range
Fear of cancer recurrence and progression	Psychosocial	14	14-42%
Feeling uncertain about the future	Psychosocial	9	12-26%
Help to reduce stress	Psychosocial	8	12-34%
Worry about partners, family, and friends	Psychosocial	8	12-26%
Information about support services	Supportive care	7	11-33%
Changes in sexual relationships and sexual feelings	Psychosocial	7	11-29%
Affordable hospital car parking	Supportive care	7	12-26%
Help with feeling tired/lack of energy	Physical	7	10-27%
Access to complementary and alternative therapy	Supportive care	6	17-31%
Knowing that HCPs communicate to coordinate care	Supportive care	6	15-31%
Not being able to do usual things	Physical	6	13-27%
Needing to talk to other people who have experienced cancer	Supportive care	6	13-26%

Lisy K et al. Asia Pac J  
Clin Oncol 2019 Jun 18  
[Epub ahead of print]



# Current issues / problems relating to the care of survivors

## Survivors

- are often unprepared for the post-treatment phase
- may be unaware of health risks
- don't understand next steps
- often have symptoms and other issues that are under-recognised / under-treated
- often have too many, poorly-coordinated review appointments
  - *limits the capacity for new patient appointments / waiting lists*
- may travel long distances for reviews



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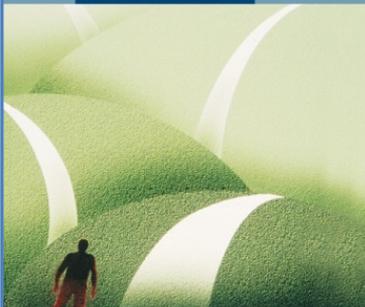
# Current issues / problems relating to the care of survivors

- Insufficient health promotion / attention to risk factors, unhealthy behaviours (secondary prevention)
- Primary care providers are not adequately engaged in the care of survivors
- Primary care providers don't have the information and support they need
- Underuse of existing services, including rehabilitation and services provided by non-government organisations / not for profits
- Specialist-led review appointments may not represent the best use of their time
- Under-use of nurse and allied-health reviews
- Limited metrics / KPIs to describe and report on optimal survivorship care



## From Cancer Patient to Cancer Survivor

LOST IN TRANSITION



INSTITUTE OF MEDICINE AND  
NATIONAL RESEARCH COUNCIL  
OF THE NATIONAL ACADEMIES

### From Cancer Patient to Cancer Survivor: Lost in Transition

Maria Hewitt, Sheldon Greenfield, and Ellen Stovall,  
Editors, Committee on Cancer Survivorship: Improving  
Care and Quality of Life, Institute of Medicine and  
National Research Council

ISBN: 0-309-54883-7, 536 pages, 6 x 9, (2006)

This PDF is available from the National Academies Press at:  
<http://www.nap.edu/catalog/11468.html>

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

FACT SHEET • NOVEMBER 2005

### From Cancer Patient to Cancer Survivor: Lost in Transition Report Recommendations

The following recommendations, taken from the Institute of Medicine's report, *From Cancer Patient to Cancer Survivor: Lost in Transition*, are directed to cancer patients and their advocates, health care providers and their leadership, health insurers and plans, employers, research sponsors, and the public and their elected representatives.

**Recommendation 1:** Health care providers, patient advocates, and other stakeholders should work to raise awareness of the needs of cancer survivors, establish cancer survivorship as a distinct phase of cancer care, and act to ensure the delivery of appropriate survivorship care.

**Recommendation 2:** Patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan that is clearly and effectively explained. This "Survivorship Care Plan" should be written by the principal provider(s) who coordinated oncology treatment. This service should be reimbursed by third-party payers of health care.

**Recommendation 3:** Health care providers should use systematically developed evidence-based clinical practice guidelines, assessment tools, and screening instruments to help identify and manage late effects of cancer and its treatment. Existing guidelines should be refined and new evidence-based guidelines should be developed through public- and private-sector efforts.

**Recommendation 4:** Quality of survivorship care measures should be developed through public/private partnerships and quality assurance programs implemented by health systems to monitor and improve the care that all survivors receive.

**Recommendation 5:** The Centers for Medicare and Medicaid Services, National Cancer Institute, Agency for Healthcare Research and Quality, the Department of Veterans Affairs, and other qualified organizations should support demonstration programs to test models of coordinated, interdisciplinary survivorship care in diverse communities and across systems of care.

**Recommendation 6:** Congress should support Centers for Disease Control and Prevention, other collaborating institutions, and the states in developing comprehensive cancer control plans that include consideration of survivorship care, and promoting the implementation, evaluation, and refinement of existing state cancer control plans.

**Recommendation 7:** The National Cancer Institute, professional associations, and voluntary organizations should expand and coordinate their efforts to provide educational opportunities to health care providers to equip them to address the health care and quality of life issues facing cancer survivors.

**Recommendation 8:** Employers, legal advocates, health care providers, sponsors of support services, and government agencies should act to eliminate discrimination and minimize adverse effects of cancer on employment, while supporting cancer survivors with short-term and long-term limitations in ability to work.

**Recommendation 9:** Federal and state policy makers should act to ensure that all cancer survivors have access to adequate and affordable health insurance. Insurers and payers of health care should recognize survivorship care as an essential part of cancer care and design benefits, payment policies, and reimbursement mechanisms to facilitate coverage for evidence-based aspects of care.

**Recommendation 10:** The National Cancer Institute, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services, Department of Veterans Affairs, private voluntary organizations such as the American Cancer Society, and private health insurers and plans should increase their support of survivorship research and expand mechanisms for its conduct. New research initiatives focused on cancer patient follow-up are urgently needed to guide effective survivorship care.

Drawn from *From Cancer Patient to Cancer Survivor: Lost in Transition*, 2006 • Institute of Medicine • [www.iom.edu](http://www.iom.edu)

YouTube ML from cancer patient to cancer survivor lost in transition

Patricia Ganz, MD  
Professor of Health Services and Medicine  
UCLA School of Public Health & Medicine

Lost in Transition

4:00 / 17:15

Free PDF book

<http://www.nap.edu/catalog/11468.html>

Excellent 17 minute video on YouTube



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## From Cancer Patient to Cancer Survivor

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Maria Hewitt, Sheldon Greenfield, and Ellen Stovall,  
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ISBN: 0-309-54883-7, 536 pages, 6 x 9, (2006)

This PDF is available from the National Academies Press at:  
<http://www.nap.edu/catalog/11468.html>

## BOX ES-1 Essential Components of Survivorship Care

1. **Prevention** of recurrent and new cancers, and of other late effects;
2. **Surveillance** for cancer spread, recurrence, or second cancers; assessment of medical and psychosocial late effects;
3. **Intervention** for consequences of cancer and its treatment, for example: medical problems such as lymphedema and sexual dysfunction; symptoms, including pain and fatigue; psychological distress experienced by cancer survivors and their caregivers; and concerns related to employment, insurance, and disability; and
4. **Coordination** between specialists and primary care providers to ensure that all of the survivor's health needs are met.

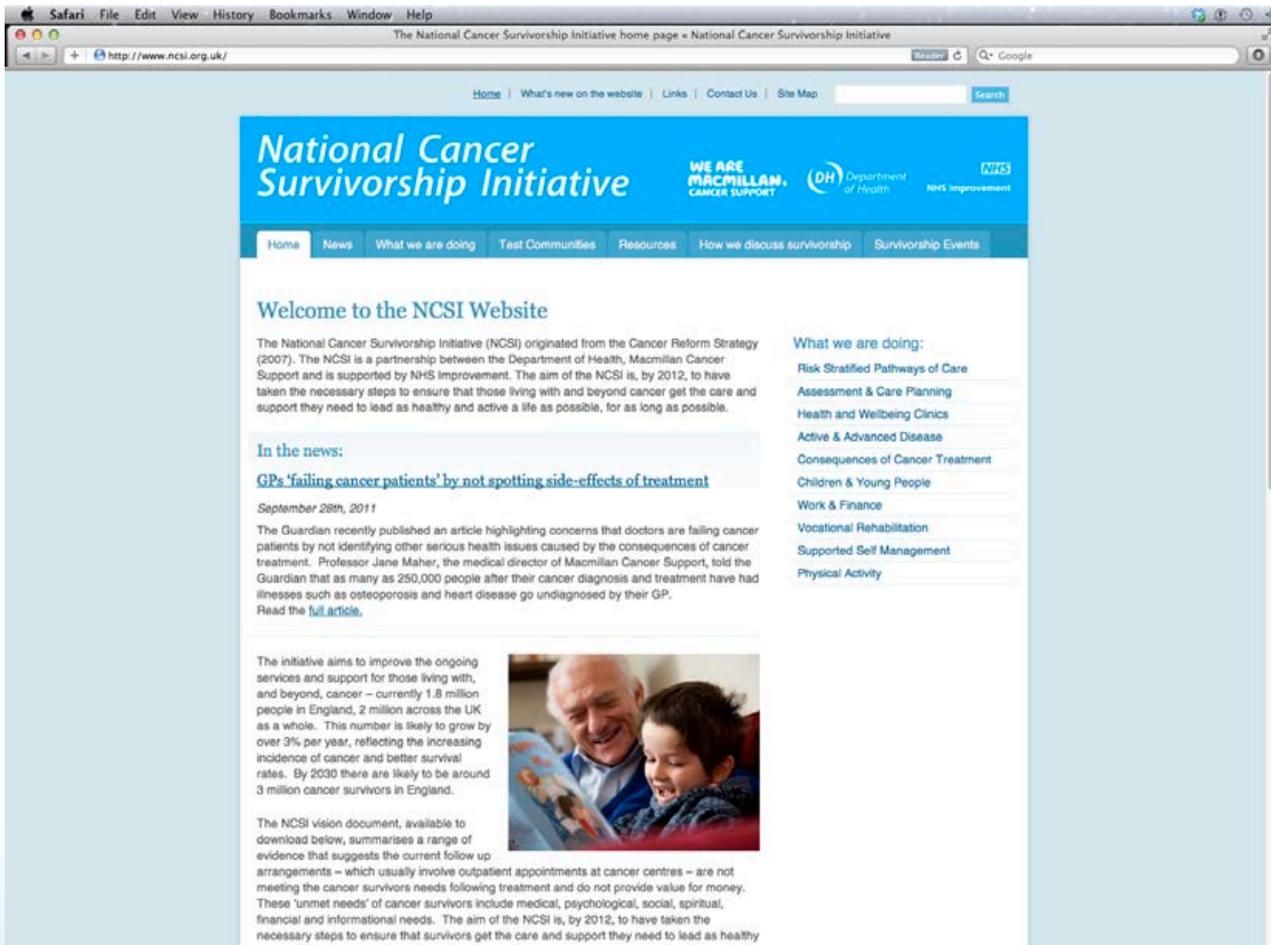


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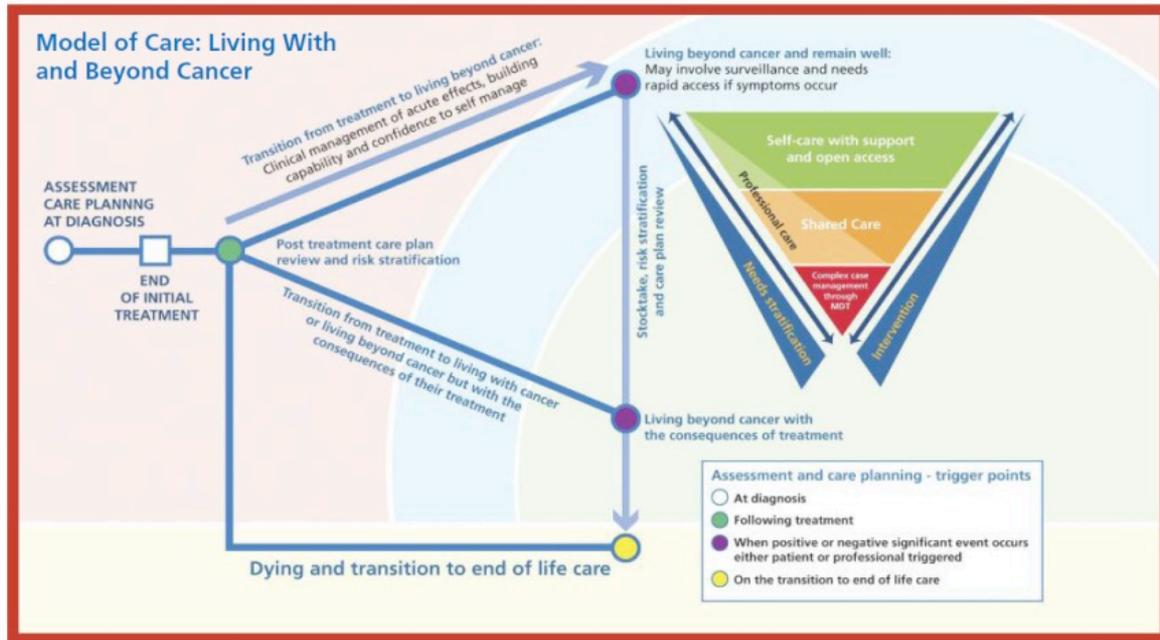
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NCSI ran from 2008 to 2013



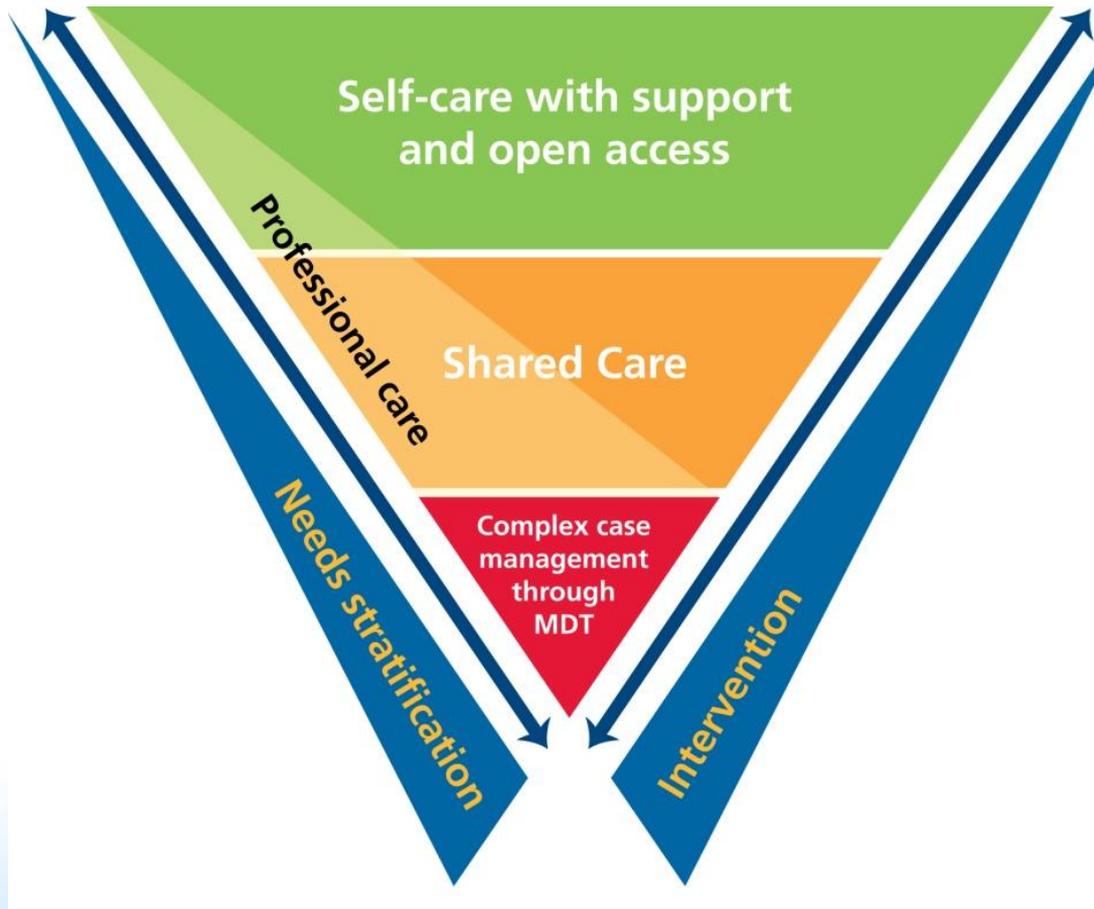


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# NHS Operational Planning and Contracting Guidance

2017-2019

Published by  
NHS England and NHS Improvement

## Priorities and performance assessment

### Nine 'must dos' for 2017-19

11. In 2016/17 we described nine 'must do' priorities. These remain the priorities for 2017/18 and 2018/19. These national priorities and other local priorities will need to be delivered within the financial resources available in each year.

### 2017/18 and 2018/19 'must dos'

#### 6. Cancer

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.
  - Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.
  - Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.
  - Ensure all elements of the Recovery Package are commissioned, including ensuring that:
    - o all patients have a holistic needs assessment and care plan at the point of diagnosis;
    - o a treatment summary is sent to the patient's GP at the end of treatment; and
    - o a cancer care review is completed by the GP within six months of a cancer diagnosis.



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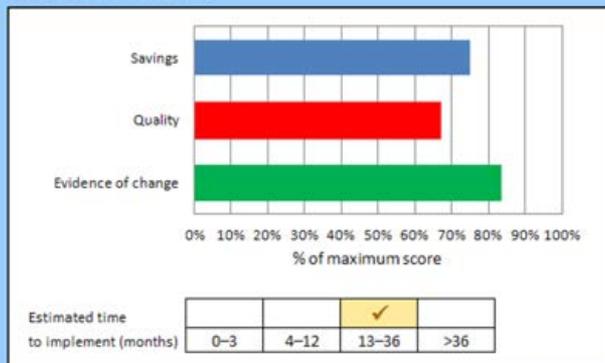


### Stratified cancer pathways: redesigning services for those living with or beyond cancer

Provided by: NHS Improving Quality

Publication type: Quality and productivity example

#### Evidence summary



#### Savings delivered

Amount of savings delivered

The estimated net saving in England is £90 million over 5 years, equivalent to an annual saving of £44,592 per 100,000 population.

This document can be found online at:  
<http://www.evidence.nhs.uk/qipp>





## Model of Survivorship Care

Critical Components of Cancer Survivorship Care in Australia

Position Statement  
Version 1.0  
November 2016

## Model of Survivorship Care: Appendix 1

Cancer Survivorship: Living well with and beyond a cancer diagnosis

### PRINCIPLES OF CARE

- Survivor centred (enabling, engaging, empowering)
- Integrated care across all service levels at every time point
- Coordinated care
- Promote, prevent, manage
- Accessible and equitable

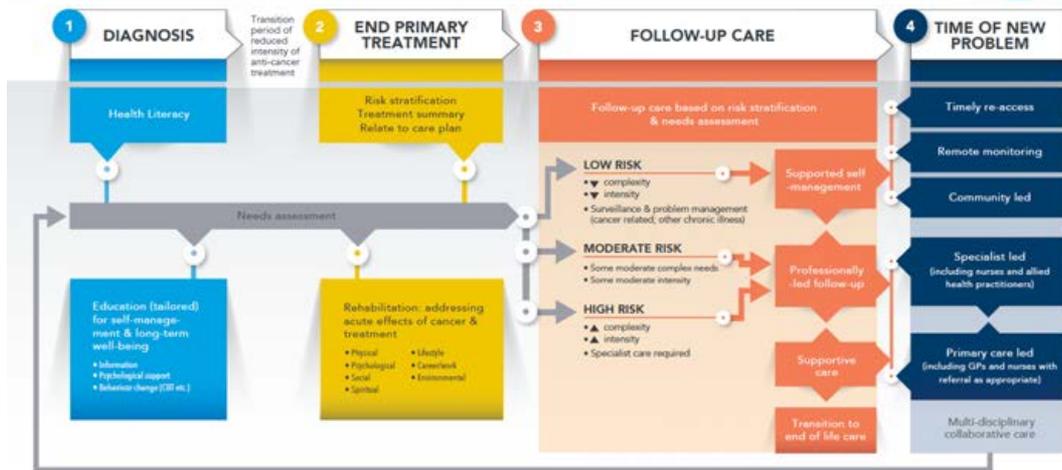


Figure 1. Model for wellness in cancer survivorship

### RISK STRATIFICATION

- Level of risk associated with cancer type
- Needs assessment
- Short & long term effects of treatment
- Comorbidities
- Patient ability & motivation to self-manage
- Level of professional involvement required

### CARE PLAN

- Aims to document main concerns of survivor & health professional & agreed actions for:
  - Surveillance
  - Management
  - Discussion
  - Patient action
  - Rehabilitation
  - Clinical team follow-up, sign posting or referral

### CARE COORDINATION

- Places survivor & their needs at centre of healthcare & wellness interactions
- Facilitates communication between all health professionals
- Gets survivors to the right services at the right time
- Ensures regular review of survivorship care plan and survivor needs
- Ensures appropriate follow-up for cancer recurrence and late effects of treatment

### TIME FACTORS

- Survivors engage with services they need when they need them
- Survivor priorities & needs are addressed from most to least urgent
- Survivor time in healthcare environments is minimised to that required to maintain health & well-being
- Survivors have rapid access to healthcare support when required for cancer & treatment related events
- Resource use is minimised to the level that is effective and meaningful

### TOOLS

- Needs assessment tools
- Care plan (structured)
- Directory of services
- Referral pathways
- Motivational interviewing
- Telehealth tools
- Information & support services

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## Implementing Personalized Pathways for Cancer Follow-Up Care in the United States: Proceedings from an American Cancer Society–American Society of Clinical Oncology Summit

Catherine M. Alfano, PhD<sup>1</sup>; Deborah K. Mayer, PhD, RN, AOCN, FAAN<sup>2</sup>; Smita Bhatia, MD, MPH<sup>3</sup>; Jane Maher, FRCP, FRCR<sup>4</sup>; Jessica M. Scott, PhD<sup>5</sup>; Larissa Nekhlyudov, MD, MPH<sup>6</sup>; Janette K. Merrill, MS<sup>7</sup>; Tara O. Henderson, MD, MPH<sup>8</sup>

CA Cancer J Clin. 2019 Mar 8.



### SYMPTOMS AND SURVIVORSHIP

## Building Personalized Cancer Follow-up Care Pathways in the United States: Lessons Learned From Implementation in England, Northern Ireland, and Australia

Catherine M. Alfano, PhD<sup>1</sup>; Michael Jefford, MBBS, MPH, MHIthServMt, PhD, GCertUniTeach, GAICD, FRACP<sup>2</sup>; Jane Maher, FRCP, FRCR<sup>3</sup>; Sarah A. Birken, PhD<sup>4</sup>; and Deborah K. Mayer, PhD, RN, AOCN, FAAN<sup>5</sup>

Am Soc Clin Oncol Educ Book 2019; (39): 625-639.



# Models of care

- Recommended / most appropriate models of care will depend on factors such as
  - Type of cancer and types of treatment
  - Current symptom issues
  - Survivor-indicated concerns and needs
  - Risk of developing recurrence / other cancers / late effects
  - Comorbid illnesses
  - Personal circumstance / practical issues (e.g. availability of, distance to, and relationship with care providers)
  - Time since completing treatments



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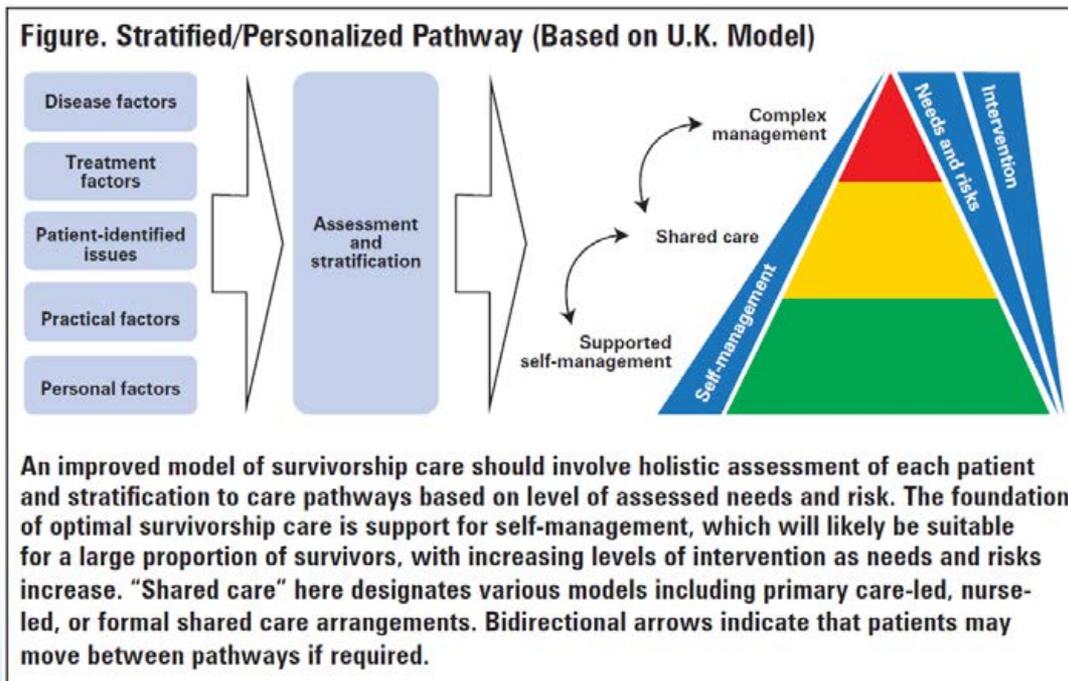
# Models of care



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ASCO DAILY NEWS • MONDAY, JUNE 3, 2019



# Models of care

- Systematic reviews examining primary care-led follow up, shared care, nurse-led follow up
- Similar clinical outcomes, quality of life, satisfaction
- May be cheaper

RA Lewis, RD Neal, NH Williams, et al

## Follow-up of cancer in primary care versus secondary care: systematic review

Ruth A Lewis, Richard D Neal, Nefyn H Williams, Barbara France, Maggie Hendry, Daphne Russell, Dyfrig A Hughes, Ian Russell, Nicholas SA Stuart, David Weller and Clare Wilkinson

 International Journal of Integrated Care

Zhao, Y. et al. The Effectiveness of Shared Care in Cancer Survivors—A Systematic Review. *International Journal of Integrated Care*. 2018; 18(4): 2. 1–17. DOI: <https://doi.org/10.5334/ijic.3954>

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RESEARCH AND THEORY

### The Effectiveness of Shared Care in Cancer Survivors—A Systematic Review

Yan Zhao\*, Alison Brettlet† and Ling Qiu†

JAN JOURNAL OF ADVANCED NURSING

REVIEW PAPER

### Nurse-led vs. conventional physician-led follow-up for patients with cancer: systematic review

Ruth Lewis, Richard D. Neal, Nefyn H. Williams, Barbara France, Clare Wilkinson, Maggie Hendry, Daphne Russell, Ian Russell, Dyfrig A. Hughes, Nicholas S.A. Stuart & David Weller



# Models of care

- These studies point to flexibility in follow up / models of care
- Studies have generally considered
  - Survivors of breast, prostate, colorectal cancers and melanoma
  - People at 'low to medium risk' (of recurrence / complications)
- These models may or may not transfer, internationally
- Studies have not necessarily considered outcomes such as
  - Symptom management, unmet needs
  - Management of comorbid illnesses
  - Return to optimal wellbeing (e.g. return to work)



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# Improving care delivery

- We have evidence, and we have considerable experience delivering new models of care



- Focus on implementation
- There are immediate steps we can all take to improve the care of cancer survivors



# Next steps

- Prepare survivors early for the post-treatment phase
- Provide survivors with information
- Link survivors to other services and resources
- Empower patients / survivors to self manage
- Consider asking survivors about common issues and concerns



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# Next steps

- Health professional education



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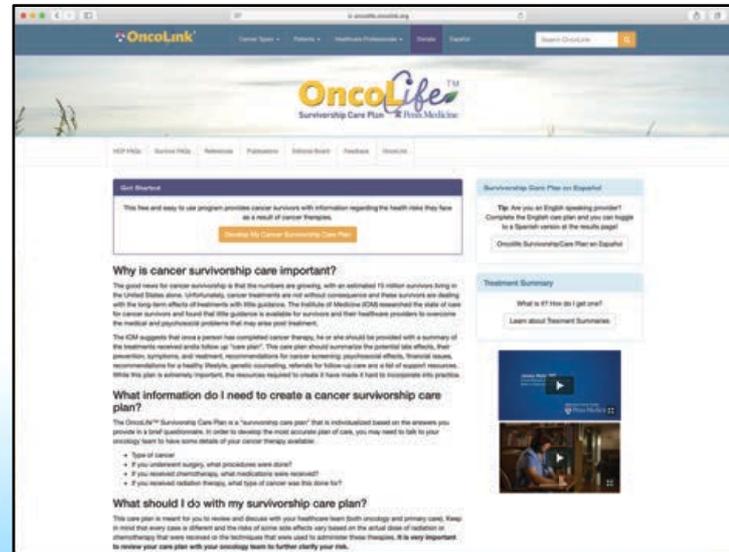
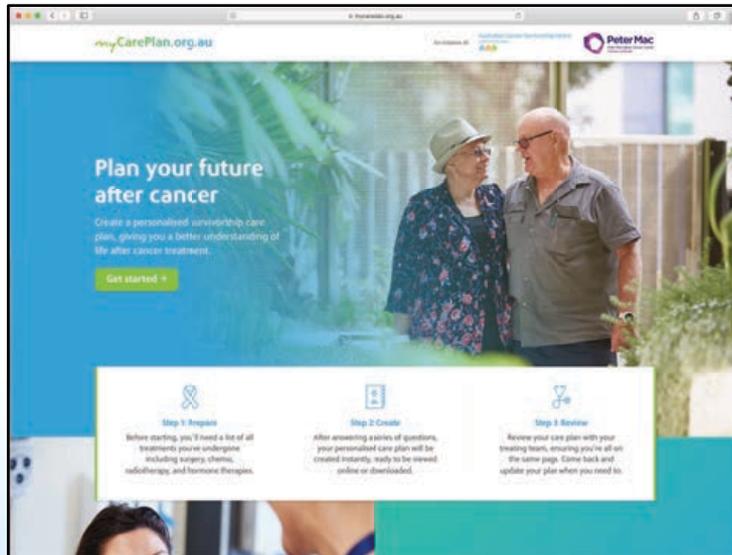
The screenshot shows the 'Cancer survivorship – Introductory course' page on the Cancer Institute NSW website. The page includes a search bar, navigation tabs for 'Course library', 'Rapid learning', 'Videos & Podcasts', 'Resources & Tools', 'Facilitators', and 'Get involved'. The course title is prominently displayed, along with a circular profile picture of a man. Below the title, there is an 'About' section and a 'Modules' list with six items, each with a '0.75hr' duration. A 'What you will achieve' section lists several learning objectives with checkboxes. An 'Additional Information' section is also visible at the bottom.

The screenshot shows the 'Cancer Survivorship for Primary Care Practitioners' course page on the FutureLearn website. The page features a navigation bar with 'Categories', 'Courses', and 'Using FutureLearn'. A search bar and a 'Sign up' button are present. The course title is displayed, followed by a brief description: 'Many people are now living with and beyond cancer. This course will show you how to provide effective survivorship care.' A 'Join course for free' button is visible. Below the text is a large image of a woman and a child. At the bottom, there are course details: 'Duration: 4 weeks', 'Weekly study: 3 hours', 'Learn: Free', 'Early benefits: From \$109', and 'Accreditation: Available'. A 'More info' link is also present.



# Next steps

- Assist survivors to obtain a treatment summary / survivorship care plan



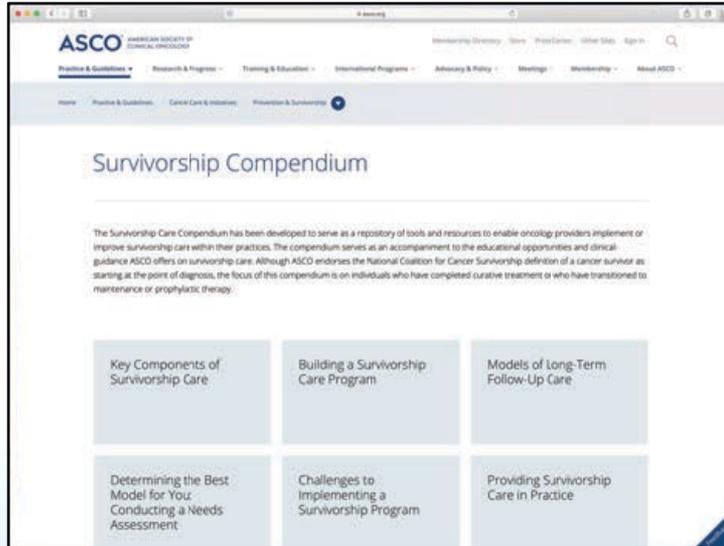
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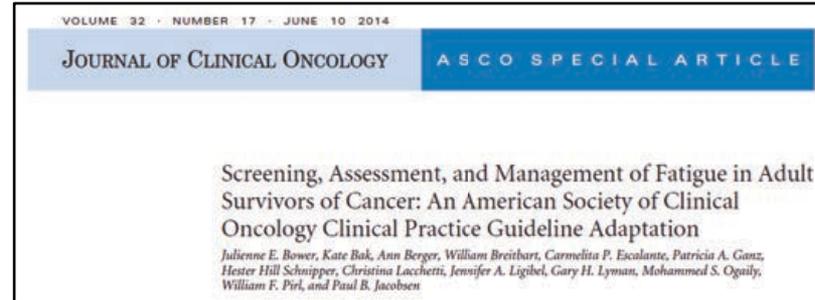
# Next steps

- Be aware of guidelines around follow up care



The screenshot shows the ASCO website's "Survivorship Compendium" page. The header includes the ASCO logo and navigation links. The main heading is "Survivorship Compendium". Below it, a paragraph explains the purpose of the compendium: "The Survivorship Care Compendium has been developed to serve as a repository of tools and resources to enable oncology providers implement or improve survivorship care within their practices. The compendium serves as an accompaniment to the educational opportunities and clinical guidance ASCO offers on survivorship care. Although ASCO endorses the National Coalition for Cancer Survivorship definition of a cancer survivor as starting at the point of diagnosis, the focus of this compendium is on individuals who have completed curative treatment or who have transitioned to maintenance or prophylactic therapy." Below the text is a grid of six key components:

- Key Components of Survivorship Care
- Building a Survivorship Care Program
- Models of Long-Term Follow-Up Care
- Determining the Best Model for You: Conducting a Needs Assessment
- Challenges to Implementing a Survivorship Program
- Providing Survivorship Care in Practice

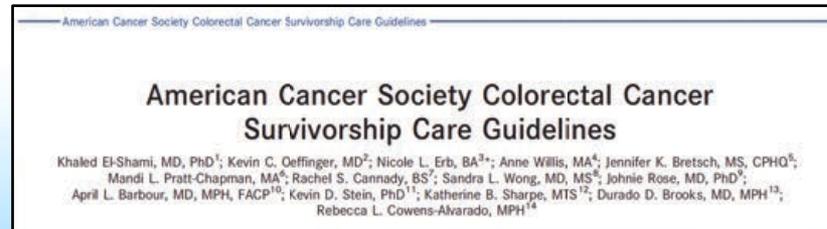


VOLUME 32 · NUMBER 17 · JUNE 10 2014

JOURNAL OF CLINICAL ONCOLOGY ASCO SPECIAL ARTICLE

Screening, Assessment, and Management of Fatigue in Adult Survivors of Cancer: An American Society of Clinical Oncology Clinical Practice Guideline Adaptation

*Julienne E. Bower, Kate Bak, Ann Berger, William Breitbart, Carmelita P. Escalante, Patricia A. Ganz, Hester Hill Schnipper, Christina Lacchetti, Jennifer A. Ligibel, Gary H. Lyman, Mohammed S. Oquili, William F. Pirl, and Paul B. Jacobsen*



American Cancer Society Colorectal Cancer Survivorship Care Guidelines

**American Cancer Society Colorectal Cancer Survivorship Care Guidelines**

Khaled El-Shami, MD, PhD<sup>1</sup>; Kevin C. Oeffinger, MD<sup>2</sup>; Nicole L. Erb, BA<sup>3\*</sup>; Anne Willis, MA<sup>4</sup>; Jennifer K. Bretsch, MS, CPHO<sup>5</sup>; Mandi L. Pratt-Chapman, MA<sup>6</sup>; Rachel S. Cannady, BS<sup>7</sup>; Sandra L. Wong, MD, MS<sup>8</sup>; Johnie Rose, MD, PhD<sup>9</sup>; April L. Barbour, MD, MPH, FACP<sup>10</sup>; Kevin D. Stein, PhD<sup>11</sup>; Katherine B. Sharpe, MTS<sup>12</sup>; Durado D. Brooks, MD, MPH<sup>13</sup>; Rebecca L. Cowens-Alvarado, MPH<sup>14</sup>



# Next steps

- Liaise with primary care providers, provide PCPs with guidance

## ACSC follow-up guidelines

- Follow-up of breast cancer survivors
- Follow-up of colorectal cancer survivors
- Follow-up of survivors of diffuse large B cell lymphoma (DLBCL), a non-Hodgkin lymphoma subtype
- Follow-up of survivors of Hodgkin lymphoma
- Follow-up of prostate cancer survivors
- Survivorship care in general practice: supporting patients to live well factsheet

Australian Cancer Survivorship Centre  
A Cancer Research Centre

Cancer survivorship information for professionals

### Follow-up of colorectal cancer survivors

**Colorectal Cancer Survivorship Guidelines**  
This document provides information for professionals on the follow-up of colorectal cancer survivors.

**Background**  
The Australian Cancer Survivorship Centre (ACSC) was established in 2014 to provide a national, evidence-based, multidisciplinary, collaborative, and patient-centred approach to survivorship care for cancer survivors.

**Guidelines**  
The ACSC has developed a set of evidence-based guidelines for the follow-up of colorectal cancer survivors. These guidelines are intended to provide a framework for the development of local survivorship care plans (SCPs) for colorectal cancer survivors.

**Key messages**  
• The ACSC has developed a set of evidence-based guidelines for the follow-up of colorectal cancer survivors.  
• These guidelines are intended to provide a framework for the development of local survivorship care plans (SCPs) for colorectal cancer survivors.  
• The ACSC has developed a set of evidence-based guidelines for the follow-up of colorectal cancer survivors.

Australian Cancer Survivorship Centre  
A Cancer Research Centre

Cancer survivorship information for professionals

### Survivorship care in general practice: supporting patients to live well

**Survivorship care in general practice: supporting patients to live well**  
This document provides information for professionals on the follow-up of cancer survivors in general practice.

**Background**  
The Australian Cancer Survivorship Centre (ACSC) was established in 2014 to provide a national, evidence-based, multidisciplinary, collaborative, and patient-centred approach to survivorship care for cancer survivors.

**Guidelines**  
The ACSC has developed a set of evidence-based guidelines for the follow-up of cancer survivors in general practice. These guidelines are intended to provide a framework for the development of local survivorship care plans (SCPs) for cancer survivors.

**Key messages**  
• The ACSC has developed a set of evidence-based guidelines for the follow-up of cancer survivors in general practice.  
• These guidelines are intended to provide a framework for the development of local survivorship care plans (SCPs) for cancer survivors.  
• The ACSC has developed a set of evidence-based guidelines for the follow-up of cancer survivors in general practice.



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# Next steps

- Remind patients of the important role of PCPs throughout cancer care
- Consider current patterns of follow up
  - Consider opportunities to reduce review appointments / discharge patients from ongoing follow up
  - Consider most appropriate health care provider



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# Next steps

- Consider metrics of quality cancer survivorship care

**Developing a Quality of Cancer Survivorship Care Framework:**

**Implications for Clinical Care, Research and Policy**

Larissa Nekhlyudov,<sup>1</sup> Michelle A. Mollica,<sup>2</sup> Paul B. Jacobsen,<sup>2</sup> Deborah K. Mayer,<sup>3</sup>

Lawrence N. Shulman,<sup>4</sup> Ann M. Geiger<sup>2</sup>

J Natl Cancer Inst. 2019 May 16. [Epub ahead of print]



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# Conclusions

- Large and growing number of cancer survivors
- Survivors have significant issues, concerns and unmet needs
- We need to develop better models of care
- There is considerable experience to draw upon
- Many opportunities to improve the care of cancer survivors



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# Any comments or questions?



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SAVE THE DATE



3rd Victorian Cancer  
Survivorship Conference

Walter and Eliza Hall Institute

12 – 13 MARCH, 2020  
MELBOURNE



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[www.petermac.org/cancersurvivorship](http://www.petermac.org/cancersurvivorship)

