Cancer Survivorship: Creating a Legacy

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Medical Director, Cancer Survivorship, AHWFB Comprehensive Cancer Center

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Manager, Oncology Support Services, AHWFB Comprehensive Cancer Center
Provider, Lung Cancer Survivorship
Survivorship: Legend vs Legacy
Why Survivorship?

- Yay!
- Oncologist shortage
- Space for New Patients
- Increases survival
- Important transition
Oncologists cannot keep up

Demand - 40% growth
Oncology MD FTE - 25%
Create space for new patients
What did not impact survival?
- NCI designated cancer center
- EHR
- Dedicated beds to HCT
- FACT accreditation
- Dedicated clinical effort of physicians

What Impacted Survival:

<table>
<thead>
<tr>
<th>What Impacted Survival</th>
<th>N=centers</th>
<th>% 1 yr survival</th>
<th>Significant P-value</th>
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</thead>
<tbody>
<tr>
<td>Long term follow-up or survivorship program</td>
<td>No 55</td>
<td>58%</td>
<td>0.005</td>
</tr>
<tr>
<td></td>
<td>Yes 28</td>
<td>64.1%</td>
<td></td>
</tr>
<tr>
<td>GVHD clinic</td>
<td>No 68</td>
<td>59.4%</td>
<td>0.013</td>
</tr>
<tr>
<td></td>
<td>Yes 15</td>
<td>64%</td>
<td></td>
</tr>
<tr>
<td>FTE transplant coordinators</td>
<td>2-3</td>
<td>56.3%</td>
<td>0.034</td>
</tr>
<tr>
<td></td>
<td>4-6</td>
<td>62.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;7</td>
<td>61.5%</td>
<td></td>
</tr>
<tr>
<td>FTE pharmacists</td>
<td>&lt;1</td>
<td>57.2%</td>
<td>0.048</td>
</tr>
<tr>
<td></td>
<td>2-3</td>
<td>61.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;4</td>
<td>63.4%</td>
<td></td>
</tr>
<tr>
<td>FTE psychosocial clinicians</td>
<td>&lt;1</td>
<td>56.3%</td>
<td>0.011</td>
</tr>
<tr>
<td></td>
<td>2-3</td>
<td>60.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;4</td>
<td>64.4%</td>
<td></td>
</tr>
</tbody>
</table>

Survivorship increases survival

Survivorship is an important transition

Illness  Wellness
What is Survivorship?
Medical Surveillance

Education and Engagement
Physical Symptoms

- Hair Loss
- Fatigue
- Easy Breathing
- Anemia
- Nausea
- Weakness
- Weight Changes
- Chemo Brain
- Mood Changes
- Impotence

Emotional Processing

- Flashbacks
- Hopelessness
- Nightmares
- Difficult relaxing
- Trauma
- Intense fear
- Avoidance

Self management

Care Coordination
When to introduce survivorship

Physician Consultations
Educates and counsels patients on information related to treatment plan

Nurse Navigator
Provides education and information resource

Treatment
Surgery
Radiation
Chemotherapy

Continuing Therapy
Tamoxifen, etc
ADT
Immunotherapy

Survivorship
Follow-up care
Models of Survivorship Care

Center follows patients long term and survivorship care is incorporated into routine follow-up

Survivorship clinic or liaison helps coordinate share care between various medical stakeholders

- Integrated Care Model
- Consultative Care Model
- Shared Care of Survivor
- Transitional Care Model

Patients receive 1 or more dedicated visits from survivorship experts in addition to receiving ongoing oncologic and primary care

Patients are discharged from cancer center at a set time and long-term care is transitioned to their local provider (PCP or oncologist)
Support Groups, Physical Therapy, Tobacco Cessation
Future State: One Size Does Not Fit All

- Survivorship Orientation Visit
- Personalized treatment summary
  - Side effects with resources
  - Wellness recommendations
- Ongoing PRO assessment
- Coordination with PCP
- Access to clinical trials
<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
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<td></td>
<td>Ashlyn Hedgecock</td>
<td>OPEN</td>
<td>Amy Hensley</td>
<td>Olivia Ogburn</td>
<td>OPEN</td>
<td>OPEN</td>
<td>Amy Hensley</td>
<td>GU (Rad Onc)</td>
<td>Jill Hyson</td>
<td>Alternating APP's</td>
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<td></td>
<td>Breast (HemeOnc)</td>
<td>Lung (Rad Onc)</td>
<td>GI (HemeOnc)</td>
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<td>Lung (Surg)</td>
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<td></td>
<td>Casey Powell 1pm</td>
<td>OPEN</td>
<td>Amy Hensley</td>
<td>Kat Mercer</td>
<td>C Fernandes &amp; Ann Scheppe</td>
<td>Kimberly Stout</td>
<td>Amy Hensley</td>
<td>OPEN</td>
<td>Jill Hyson</td>
<td>Alternating APP's</td>
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<tr>
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<td>GI (Surg)</td>
<td>Lung (Rad Onc)</td>
<td>Lymphoma</td>
<td>Peds 1 by 6 +</td>
<td>Gyn Onc</td>
<td>GU (Rad Onc)</td>
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<td>Lung (Surg)</td>
<td>BMT</td>
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</table>
Case Study: Lung Cancer Survivorship

Jill Hyson, NP-C
Survivorship Clinic Manager
Lung Cancer Survivorship Provider
Pathway to Survivorship

Each lung cancer patient treated with curative intent will receive a survivorship focused visit. This visit will:

- Summarize the treatment course and follow up recommendations as specified by the disease group
- Address symptoms or concerns identified on a needs assessment survey
- Connect patient to appropriate local and national resources
- Evaluate the effectiveness of the visit with a post visit measurement tool
Cancer Survivorship Clinic

Support from Diagnosis to Wellness

Our Mission
Our mission is to guide our cancer survivors toward wellness. We will help you get back to life with the health care you need and your connection to a range of resources and support.

Contact Us
Cancer Survivorship Clinic
336-788-7722
WakeHealth/Wake Forest Baptist Comprehensive Cancer Center, 2nd Floor
Open Mondays, 8 a.m. to 5 p.m.

Cancer Survivorship Clinic

Survivorship Support:
A Growing Need

Thanks to medical advancements, more people today survive cancer than ever before.

From Day One
Survivorship begins when cancer is found. It continues through treatment and beyond. Our clinic helps you move toward being well with support and high-quality care. It includes:

- A team to give regular health exams that know your current health history.
- Checking for early signs of new or returning cancer.
- Caring for side effects from cancer and treatment.
- Tips for how to live your healthiest life and lower your cancer risk.
- A support team who can connect you to emotional, spiritual, and social resources, plus helpful resources in your area.
- Access to the latest research on quality of life and survivorship.

Plus, we offer help for you in a range of issues and concerns that can impact your quality of life, such as anxiety, depression, body image, weight management, and going back to work.

What You Can Expect
Once you finish treatment, you have your first visit in the clinic. You will meet with a member of your care team to go over your concerns about your cancer. They will talk about your Survivorship Care Plan, which includes:

- An outline of next treatment
- Follow-up care needs
- What you can do with your ongoing health concerns about your cancer
- Information about survivor-related health issues

We also share the plan with your primary doctor and other members of your health care team. We want this to be included in your complete health care plan.

During your survivorship journey, you will meet new ongoing team members to help you on your path from cancer to wellness.

Most Common Questions

Why did I need survivorship care?
A. After treatment, you will still have cancer-related health care needs. The clinic can help with those needs and show you ways to manage your health after cancer treatment.

Is there a charge for visiting the Survivorship Clinic?
A. Yes. Your doctor will set up a fee with your insurance company. We will let you know the amount, and we may also ask you to make a payment at check-in.

Do I need a referral to be seen at the Survivorship Clinic?
A. Yes. All new patients are referred to the clinic by their doctor or oncologist. You should talk to your doctor to decide if the Cancer Survivorship Clinic is right for you.
Prior to First Appointment

**PROMIS-29 Profile v2.0**

Please respond to each question or statement by marking one box per row.

<table>
<thead>
<tr>
<th>Physical Function</th>
<th>Without any difficulty</th>
<th>With a little difficulty</th>
<th>With some difficulty</th>
<th>With much difficulty</th>
<th>Unable to do</th>
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</thead>
<tbody>
<tr>
<td>Are you able to do chores such as vacuuming or yard work?</td>
<td>5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Are you able to go up and down stairs at a normal pace?</td>
<td>5 4 3 2 1</td>
<td></td>
<td></td>
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<tr>
<td>Are you able to go for a walk of at least 15 minutes?</td>
<td>5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to run errands and shop?</td>
<td>5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
Disease flowsheet

<table>
<thead>
<tr>
<th>Interval History</th>
<th>Review of Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent (since last visit) PCP Visit?</td>
<td>General ROS</td>
</tr>
<tr>
<td>Yes Yes No Yes No</td>
<td>Within Normal Limits</td>
</tr>
<tr>
<td>Recent hospital admission?</td>
<td>Within normal limits, except</td>
</tr>
<tr>
<td>Yes Yes No Yes No</td>
<td>Pulmonary ROS</td>
</tr>
<tr>
<td>Recent imaging (x-rays or scans)?</td>
<td>Within Normal Limits</td>
</tr>
<tr>
<td>Yes Yes No Yes No</td>
<td>Within normal limits, except</td>
</tr>
<tr>
<td>Any change in family cancer history?</td>
<td>Musculoskeletal ROS</td>
</tr>
<tr>
<td>Yes Yes No Yes No</td>
<td>Within Normal Limits</td>
</tr>
<tr>
<td>Yes Yes No Yes No</td>
<td>Within normal limits, except</td>
</tr>
<tr>
<td>Survivorship Health Maintenance</td>
<td>Neurological ROS</td>
</tr>
<tr>
<td>Following immunizations reviewed with patient?</td>
<td>Within Normal Limits</td>
</tr>
<tr>
<td>☐ Flu (within 1 year)</td>
<td>Within normal limits, except</td>
</tr>
<tr>
<td>☐ TDAP (within 10 years)</td>
<td></td>
</tr>
<tr>
<td>☐ Zoster (once in lifetime)</td>
<td></td>
</tr>
<tr>
<td>☐ Pneumococcal</td>
<td></td>
</tr>
<tr>
<td>☐ Covid-19 (single dose)</td>
<td></td>
</tr>
<tr>
<td>Immunization Activity updated?</td>
<td></td>
</tr>
<tr>
<td>Yes Yes No Yes No</td>
<td></td>
</tr>
<tr>
<td>Are you a VA patient?</td>
<td></td>
</tr>
<tr>
<td>Yes Yes No Yes No</td>
<td></td>
</tr>
</tbody>
</table>

5/12/2023
Survivorship Care Plan

Follow up Visit Schedule

<table>
<thead>
<tr>
<th>Coordinating Provider</th>
<th>When/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Oncologist</td>
<td>History and physical every 3-4 months for the first 2 years, then every 6 months for years 3-5 and then every year after that</td>
</tr>
<tr>
<td>Radiation Oncologist</td>
<td>Rotate visits with medical oncologist</td>
</tr>
<tr>
<td>Cardiothoracic Surgeon</td>
<td>Rotate visits with medical oncologist</td>
</tr>
</tbody>
</table>

Cancer Surveillance or Other Recommended Related Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>What/When/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic mammogram</td>
<td>At the discretion of your provider and at least every 6-12 months for the first 2 years, then once a year</td>
</tr>
</tbody>
</table>

What will my Primary Care Physician help me manage?

Your Primary Care Provider is an integral part of maintaining your health. All preventive care (like helping arrange your colonoscopy, pap smear, prostate exam, and annual physical exam) will be critical. David Michael Haines, MD should also manage any other chronic condition they have helped you with in the past. This may include things like blood pressure control, diabetes management, cholesterol control, weight management, etc.

Resources

Congratulations on completing your treatment! Your Cancer Care Team would like you to be aware of the many resources available to you to help you transition back to a healthy or even healthier lifestyle, both physically and emotionally. Below you will find some online resources that may be helpful to you:

- MyWakeHealth
  - http://www.mywakehealth.org/
  - Your secure online chart where you can access your medical information including this care plan and contact your providers.

Common Needs/Concerns | Suggested intervention(s) |
-----------------------|---------------------------|
Fatigue                | - This is the most common symptom experienced by breast cancer survivors. You are not alone!
                        | - Results of trials in breast cancer survivors overwhelmingly show that regular physical activity as the best intervention for fatigue. |
                        | - Start slowly and build your stamina. |
                        | - Discuss an evaluation for hypothyroidism, anemia, sleep disturbance, or depression with your doctor. |
                        | - Meet with our Cancer Rehabilitation specialists. Ask your doctor for a referral or call 336-716-1585. |
                        | - Join our Seasons of Survival program which helps patients transition from illness to wellness. Free lunch. Call 336-716-1963 to sign up. |
                        | - Consider Cancer Transitions, a 4 week wellness program hosted at night with dinner included. Phone 336.760.9963 to sign up. |
                        | - Join LiveStrong, a free 12 weeks exercise program designed specifically for cancer patients. FREE for you and a friend. To find a Y near you and to sign up go to www.ymcaanc.org/programs/livestrong-at-the-ymcas/ |
                        | - Consider CancerFITT a 12 week supervised group exercise program for cancer patients at The Fitness Center in High Point. Call 336-878-0221 for more information. |
                        | - Join a Breast Cancer support group. Call Cancer Services at 336.760.9893 for more information. |
                        | - Try hiking with the Celebrate the Trail to Recovery program with UNGC. More information at http://ctfo.uncg.edu/celebrate or by calling 336-334-5327. |
                        | - For more information, visit the National Cancer Institute’s (NCI) website: http://www.cancer.gov/about-cancer/treatment/control-effects/fatigue

5/12/2023
Clinic Note

Atrium Health
Wake Forest Baptist

CLINIC:
Cancer Survivorship

REASON FOR VISIT:
Treatments summary visit & to address acute survivorship needs

INTERVAL HISTORY / REVIEW OF SYSTEMS:
Review of Systems
General ROS: Within Normal Limits (He has been supportive of friend who's wife recently passed away. He has gone out to eat a couple of times and is more hopeful since he has received his 2nd COVID vaccine.)
Pulmonary ROS: (!) Within normal limits, except (Some shortness of breath with exertion; stable. No cough/hemoptysis/oxygen use or inhaler use.)
Musculoskeletal ROS: Within normal limits, except (Chronic back and hip pain - unchanged. Mobility primarily affected by balance and neuropathy.)
Neurological ROS: Within normal limits, except (Chronic bilateral neuropathy - especially in feet. Chronic balance issues. Uses rolling walker wherever he goes. Denies falls in the last 6 months.)
Interval History
Recent (since last visit) POP Visit?: (P) No (3-12-21)
Do you have a PCP visit scheduled?: (P) Yes
Recent hospital admission?: (P) No
Recent imaging (x-rays or scans)?: (P) Yes
Any change in family cancer history?: (P) No
Survivorship Health Maintenance
Following immunizations reviewed with patient?: (P) TDAP (within 10 years); Flu (within 1 year); Zoster (once in lifetime); Pneumococcal (within 5 years); Covid-19 (#2)
Immunization Activity updated?: (P) Yes
Are you a VA patient?: (P) Yes
Do you have a follow-up scheduled with the VA?: (P) No
Preventative procedures have been performed as per recommended?: (P) CT Scan

5/12/2023
Results
Lung Cancer Survivorship

### Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of Patients</th>
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<tbody>
<tr>
<td>40-55</td>
<td>7</td>
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<tr>
<td>50-59</td>
<td>23</td>
</tr>
<tr>
<td>60-70</td>
<td>105</td>
</tr>
<tr>
<td>&gt;70</td>
<td>134</td>
</tr>
</tbody>
</table>

### Service Area

[Map of service area with counties labeled]
Patient Feedback

answered assistant awesome better care clinic comfortable concern deborah dr easy enjoy everybody everything explained explanation feel fine found friendly health helpful informative jill kat knowledgable medical needed nice nurse past people personable pleasant professional provider questions results review sherri staff talk thank things thorough treatment understand visit waiting wonderful
Innovations
PROMIS-29 Referral

Cancer Patient Support Program Workflow

Your patient has a Moderate severity T-Score in 1 or more categories from their PROMIS survey. Please sign the referral below and inform your patient that a CPS team member will follow up with them in 1-3 business days to address their concerns.

[Diagram showing a referral process with options like 'Open Order Set', 'Do Not Open', 'Cancer Survivorship CPSP Referral Preview', and fields for Acknowledge Reason, Referral Placed, Patient Declines Referral, Provider Addressed.]

[Diagram showing a referral process with options like 'Ambulatory Referral To Psychosocial Clinician', 'Class: Internal Ref', 'Referral: To dept: Hematology and', 'Reason: Specialty Services', 'Priority: Routine', 'Status: Normal', 'Expected Date: Today', 'Expected Time: Approx.', and options for Urgent, Elective.]
Flowsheet generates referrals

- 8 change in Family History → 6 Genetic Counseling referrals
- 9 No PCP visit scheduled → 4 PCP referrals
Where do I start?
People

- Identify clinical champion
- Determine best-fit model
- Include supportive care
- Enlist community resources
Technology

- Create referral guidelines
- Automate documentation
- Think about PROs
  - (PROMIS- 29 >>>DT)
- Pilot something!
Resources

Cancer Survivorship Provider Network – thecspn.org
CCS Research Forum - ccsrf.umn.edu
Fred Hutch Symposium on Cancer Survivorship – fredhutch.org
Jump in!

A legend is what you do.
A legacy is who you are.