

# Cancer survivorship plans

## Sharing clinical responsibility in personalized management of colorectal cancer

by Winson Cheung, MD, MPH, FRCPC

### ABSTRACT

The term cancer survivor refers to patients who have completed their primary active treatment. Provision of cancer survivorship care varies and may be assumed by the patient's oncologist, general practitioner, or both.

The overlap in roles risks duplication and neglect of follow-up care. Personalized survivorship care plans are proposed as a means of enhancing the efficacy of follow-up. — Presented at the Personalized Medicine in the Management of CRC conference.

The goal of “survivors” on the popular television reality series is to “outwit, outplay and outlast” the competition. Similarly, the goal of cancer patients, including those with colorectal cancer (CRC), is to “beat” their disease in order to live long and healthy lives.

The definition of cancer survivors has changed over recent years and now includes any patients who have completed their primary active anticancer therapy, and ends with death or the diagnosis and treatment of another cancer (see **Figure 1**).

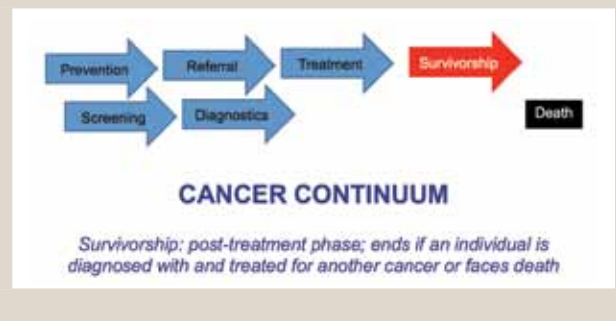
Cancer followup and survivorship are emerging areas that need to be further developed and addressed. At present, there is little survivorship information specific to CRC, even though CRC survivorship is becoming increasingly important due to several factors, including: today's aging population leading to more people being diagnosed with the disease; better treatments resulting in improved outcomes and longer survival for patients; and a new spectrum of toxicities associated with novel therapies requiring more specialized followup care.

### CARE GAPS AND DISPARITIES

Currently, provision of cancer survivorship care (CSC) varies widely in different centres. One study looking at oncologists' followup strategies for CRC showed that a significant proportion of patients underwent surveillance imaging and investigations that were above and beyond what was recommended in guidelines. In addition, the approach to surveillance adopted by tertiary centres was generally more intensive than that at community hospitals.<sup>1</sup> A subsequent study surveyed primary care physicians (PCPs) and oncologists to learn their views on who should be responsible for various tasks and aspects of followup of CRC patients. Responses were paired between physicians to determine the level of overlap, if any, between expectations regarding responsibility for survivor care. The results showed that

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**FIGURE 1. Who are cancer survivors?**



both PCPs and oncologists felt that they should be chiefly responsible for detecting cancer recurrences (see **Figure 2**). There was also significant overlap in expectations involving other domains of survivorship care, which raises concerns about potential duplication of services, tests and medications.<sup>2</sup> Deficiencies in the management of comorbidities such as hypertension, heart disease and diabetes is another very important area, since these conditions pose a major threat to the lives and wellbeing of cancer survivors. Importantly, many of these conditions are modifiable and can respond to interventions that alter the patients' risk profile.

A recent study looked at the appropriateness of cardiovascular care among cancer survivors compared to non-cancer controls. While the rates of coronary angioplasty and stenting were similar between survivors and controls, that of coronary artery bypass grafting (CABG) was lower in those with a history of cancer.<sup>3</sup> This discrepancy is worrisome since many of these patients were long-term survivors who were alive 5 or 10 years after their initial cancer diagnosis, at which time non-cancer-related care should be expected to be similar between the 2 groups.

These findings all highlight gaps in current provision of CSC and underscore the need for further research that will engage survivors in their own care, improve coordination among healthcare providers, and help develop processes and models that optimize the followup of these patients.

## ADDRESSING THE NEEDS

Much preliminary work has been done in Canada and the US in terms of proposing different programs of CSC, including those involving oncologists, PCPs, non-physician providers, specialist survivor clinics and shared-care models. The most traditional of these is the model in which oncologists conduct almost all of the surveillance. Some advantages are that oncologists are specifically trained to deal with toxicities. In addition, they may have better access to specialists such as radiation oncologists and surgeons. However, there are growing concerns about the cost-effectiveness and sustainability of this model given the scarcity of resources, particularly since most routine followup can be easily handled by the PCP.

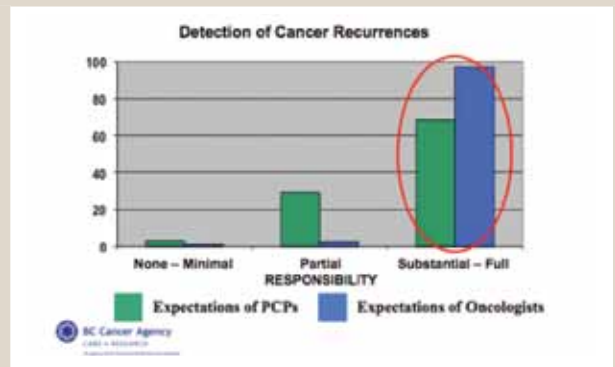
Interest is growing in shifting at least part of routine followup from specialists to PCPs. Proven benefits of this approach include better preventive care (e.g. patients are more likely to receive flu vaccinations, cholesterol and bone density tests) and improved chronic disease management (e.g. heart failure followup, diabetic care). Questions about whether the PCP model results in comparable outcomes were put to rest by a randomized controlled trial comparing followup of nearly 1,000 breast cancer patients by either specialists or family physicians over 9 to 15 months. Rates of serious recurrence-related events (e.g. death) as well as health-related quality of life were similar between the 2 groups, suggesting patients can be safely followed by their family physicians without the risk of any more serious adverse events.<sup>4</sup> Economic evaluation in the same study found no difference in the cost of diagnostic testing between the groups. On the other hand, the cost to patients and the health system was lower, and the frequency and length of visits were superior, in the primary care group.

Early research has also looked at a shared-care model, offering the “best of both worlds” that would harness the strengths of both the oncologist and PCP models and allow different physicians to do what they do best. A SEER-Medicare study has validated this approach, showing that preventive, screening and surveillance care programs involving both oncologists and PCPs were more appropriate for breast cancer and CRC patients.<sup>5</sup> Another systematic review reported better prescribing patterns (fewer duplicate medications) but no improvements in physical, psychosocial and mental outcomes with shared care.<sup>6</sup> A possible disadvantage of this approach is that it requires substantial coordination and communication between providers. Moreover, many of these models lack prospective validation.

## OPTIMIZING SURVIVORSHIP CARE PLANS

While survivorship care plans (SCPs) have been endorsed by the US Institute of Medicine, they currently encompass a very heterogeneous set of documents, for example: discharge letters vs pamphlets/brochures; paper vs electronic versions; documents targeting PCPs, patients or both. Essentially, though, the plan is meant to summarize the patient’s diagnosis, history and treatment, and inform patients and physicians of the requirements for followup. The American Society for Clinical Oncology (ASCO) has also endorsed this concept with a breast cancer SCP document (2009) outlining elements of followup, as well as which provider is responsible for which tasks

**FIGURE 2. Differences in care expectations between primary care practitioners (PCPs) and oncologists**




Cheung WY, et al. *J Clin Oncol* 2009;27:2489-95

(<http://www.asco.org/quality-guidelines/breast-cancer-treatment-plan-and-summary-resources>).

A recent study by Grunfeld et al<sup>7</sup> that randomized breast cancer patients to receive either a comprehensive SCP or usual care failed to demonstrate any tangible benefits from the care plan in terms of patients’ comfort level or knowledge about their followup. This study has been criticized because many of the plans used were generic (“one size fits all”), which may have explained their shortcomings in improving outcomes. Rather than indicating that plans are not helpful, the study may actually be underscoring the need for more tailored plans. In fact, many online tools are now being developed that individualize plans to specific patients.

## MOVING FORWARD

It remains to be seen through prospective studies whether more personalized SCPs can enhance efficacy. Much of the survivorship research to date has focused on breast cancer. However, CRC represents one of the most prevalent survivorship populations, and efforts need to be devoted to this patient group. Research will also demonstrate whether certain models of care being implemented or tested are better than others. These steps are key to ensuring that the benefits from recent advances in cancer treatments are not lost due to poor followup of our patients. 

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