

# JBACC Survivorship Program



# JBACC Survivorship Program

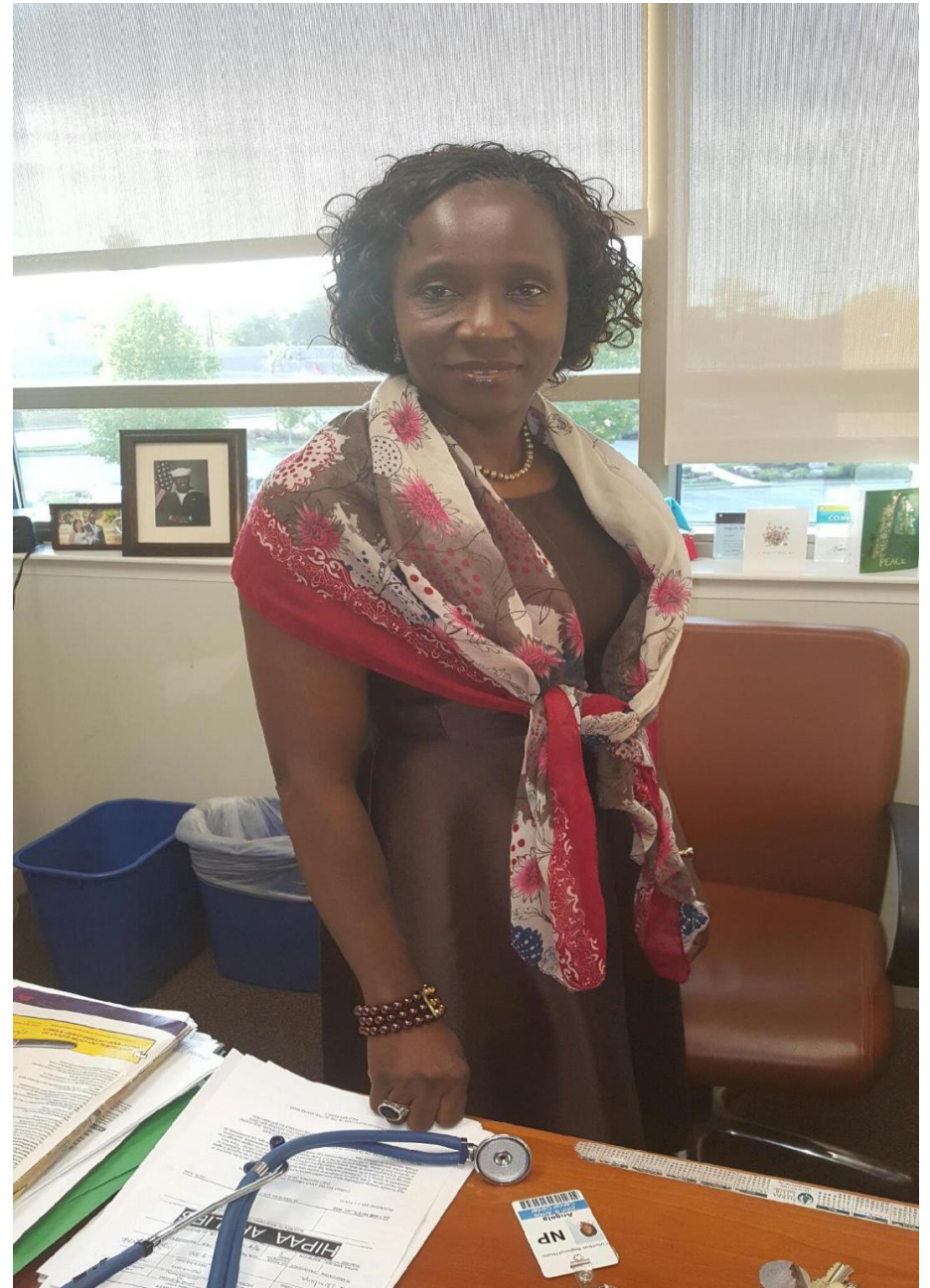
- Dr. Andrew Pippas  
Chief Medical Officer

**IT IS OFTEN  
IN THE  
DARKEST SKIES  
THAT WE SEE  
THE BRIGHTEST  
STARS★**

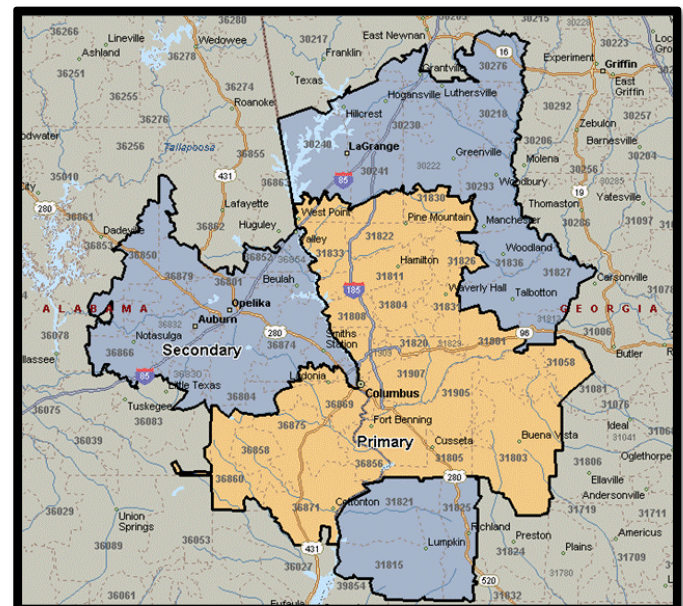
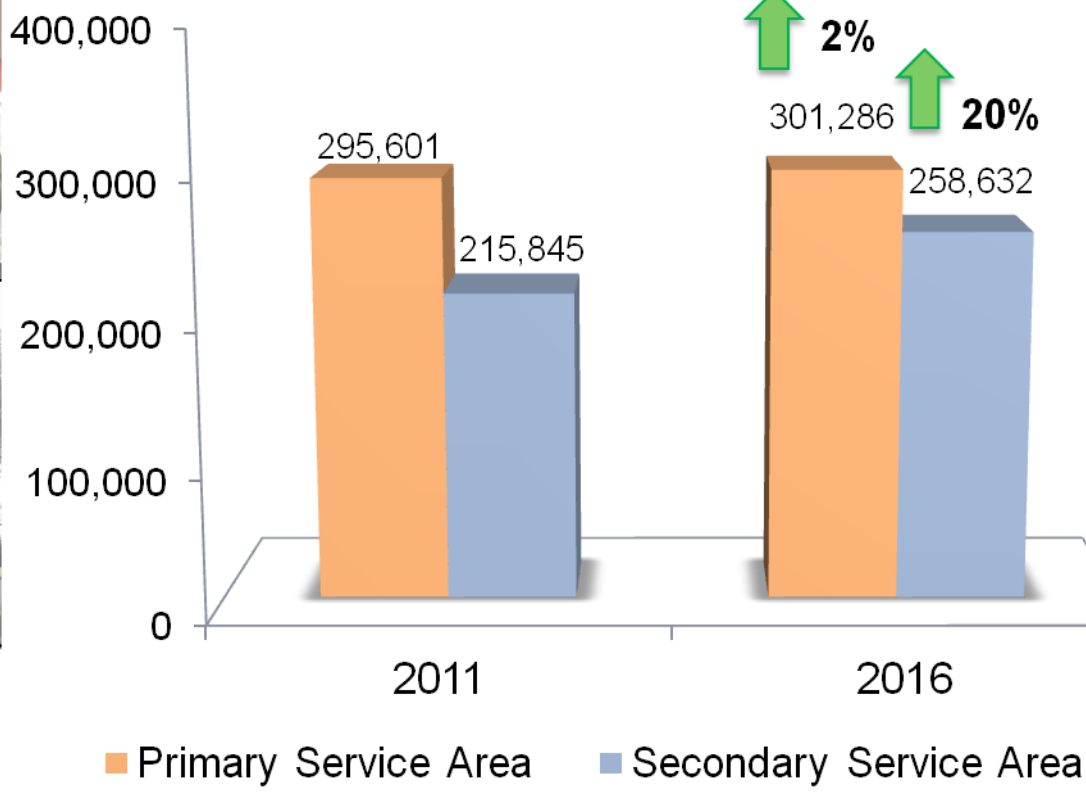
RICHARD EVANS

[www.TheSilverPen.com](http://www.TheSilverPen.com)

- Angela Dumbuya  
– DNP, NP, AOCNP



# Service Area Population Trends

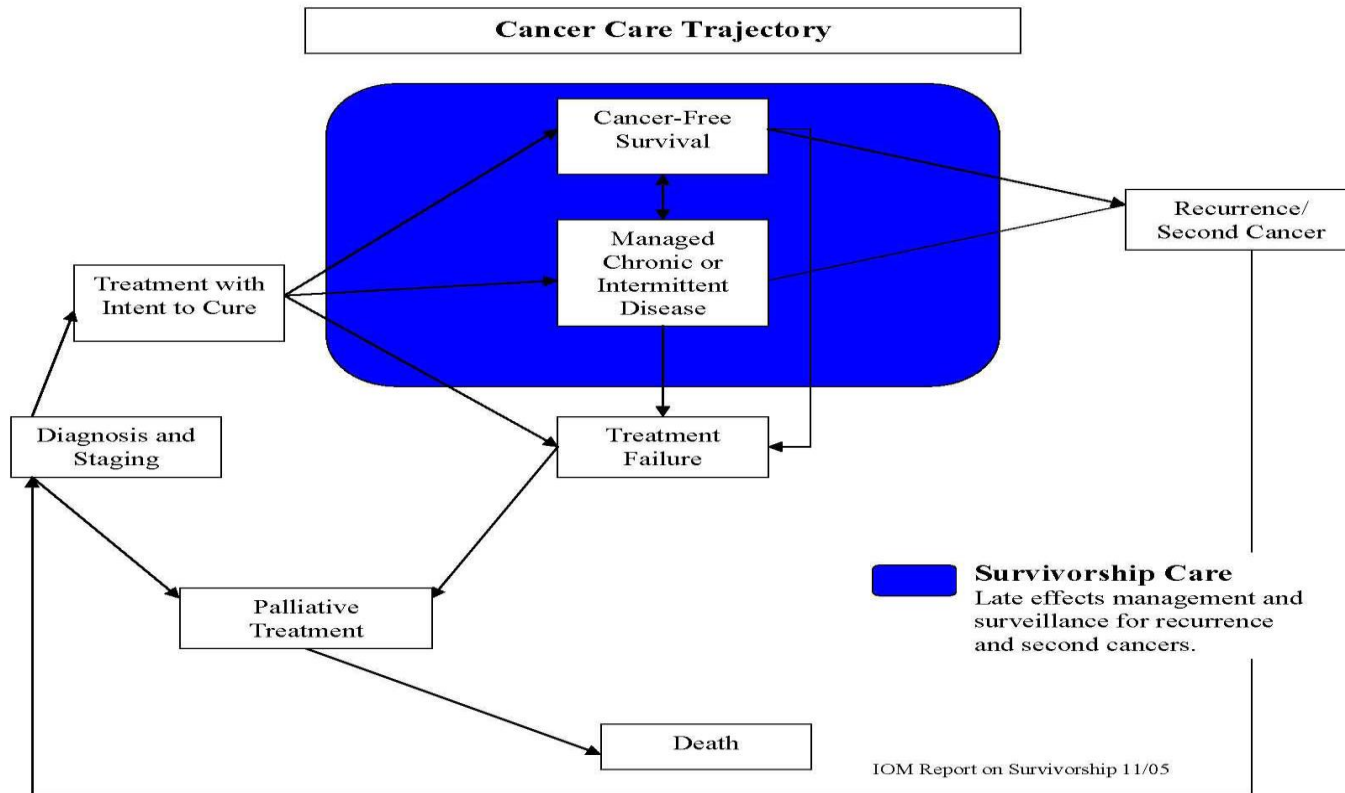


2016: % over age 65*	
Primary Service Area	13.1%
Secondary Service Area	12.0%
<b>Total</b>	<b>12.6%</b>

Source: ESRI On-line Data Services

December 6, 2016

# JBACC Survivorship Program

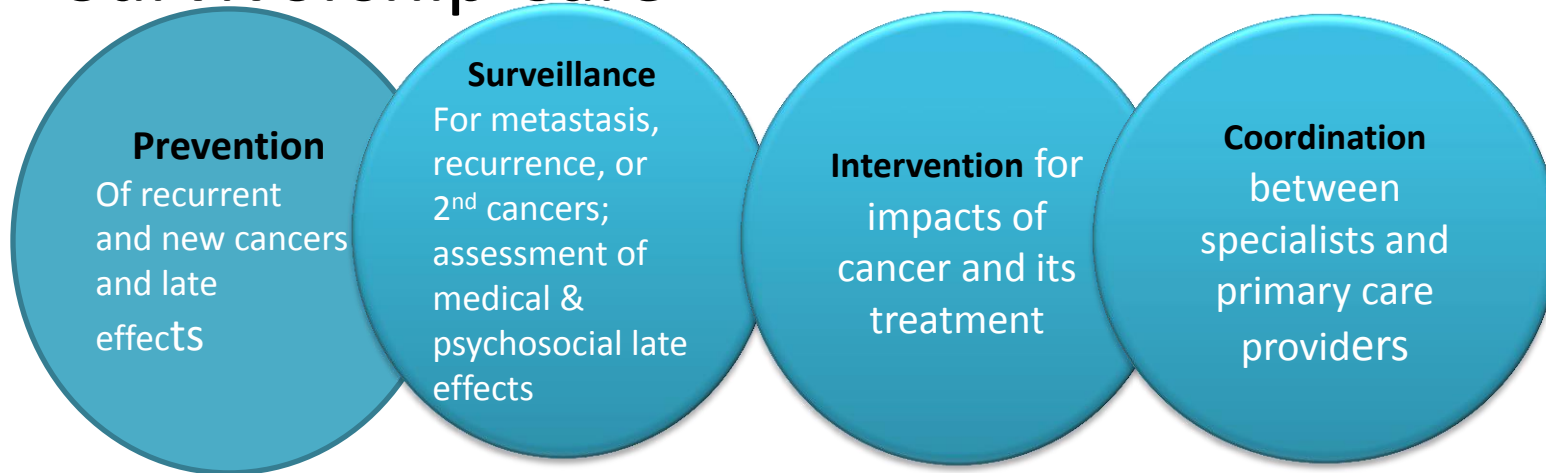


# JBACC Survivorship Program

- **Who is a cancer survivor**
  - **The IOM** in 2006 defines survivorship as the “**phase of care that follows primary treatment**”
  - **Memorial Sloan Kettering** defines survivorship as the **transition** from cancer patient to cancer survivor **this occurs after you have completed active treatment, as determined by your treating physician.**
  - **According to MD Anderson** a survivor is anyone **who’s been diagnosed with cancer.** which starts at the time of diagnosis **and continues throughout the rest of the patient’s life.**
  - **The NCI** defines a survivor as one diagnosed with a malignancy and this individual would be considered a survivor from **the time of diagnosis through the balance of his or her life.**

# JBACC Survivorship Program

- IOM Recommended Components of Survivorship Care



- Hewitt M, Greenfield S, Stovall E. From Cancer Patient to Cancer Survivor: Lost in Transition. 2005. Washington, D.C.: The National Academies Press.

# JBACC Survivorship Program

- The Accreditation Committee made the following changes to the established time frame and scope of implementation for Standard 3.3.
- **January 1, 2015 – Implement a pilot survivorship care plan process involving 10% of eligible patients.**  
**January 1, 2016 – Provide survivorship care plans to 25% of eligible patients.**  
**January 1, 2017 – Provide survivorship care plans to 50% of eligible patients.**  
**January 1, 2018 – Provide survivorship care plans to 75% of eligible patients.**  
**January 1, 2019 – Provide survivorship care plans to all eligible patients.**
- Cancer Programs that have fully implemented the Standard **by the time of their on-site visit during the 2015, 2016, 2017 survey cycle**, will receive special recognition in their Performance Reports at the time of their next survey.



# JBACC Survivorship Program

- Survivorship Program at John B. Amos Cancer Center. (JBACC)
  - Established in September of 2014.
  - It is a consultative/shared-care model
  - Program headed by Chief Medical Director Dr. Pippas.
  - Program run by NP Angela Dumbuya DNP.
  - Patients are referred to the NP after adjuvant/ initial therapy (excluding hormonal therapy) for short term follow up. Patients are also seen in the program after five years of follow up with oncologist.

# JBACC Survivorship Program

- Who is a cancer survivor at JBACC?
  - An adult patient diagnosed with a malignancy and has completed active treatment as determined by the treating physician and has no evidence of disease. Survivorship continues for the rest of the patient's life.
  - All patients, meeting the above criteria are referred to the survivorship program six weeks after completion of primary therapy (Hormone therapy not included).
  - Referrals to the program can also be done after surgery for patients not needing chemotherapy or XTR. Patients can self refer from outside Center who have been treated by other oncologists within our region.

# JBACC Survivorship Program

- Referral/Consultative Model
  - Patients are referred to the survivorship program for a one time visit to meet with the NP
    - Patient undergoes a history and physical exam
    - Evaluate and manage patient's sequelae of treatment (medical, nutritional and psychosocial).
    - Educate patient about survivorship issues.
    - Discuss and refer for other screening tests( colonoscopy, mammogram, PSA, lung cancer screening, skin/dermatology).
    - Make referral to health promotion (smoking cessation, nutrition, sexual, social and psychological health, rehabilitation and exercise).
    - Care plan and treatment summary are reviewed with patient.
    - Send patient back to treating oncologist to continue follow up care at the end of the visit.
    - Permanent transfer to NP run survivor program is at the discretion of the treating oncologist. Most of our PCPs do not want to see patients for cancer follow-up.
    - Follow NCCN guidelines.

# The CARE Plan Report

- **Survivorship Care Plan**

- Since the publication of [From Cancer Patient to Cancer Survivor: Lost in Transition](#) care plans have received lots of attention
- It is a record of a patient's cancer treatment and recommendations for follow-up care.
- IOM strongly recommends that at the completion of cancer treatment, clinicians provide patients and primary care providers with a **summary of the treatment delivered** and a **detailed plan for ongoing care**, including follow-up schedules for visits and testing, and recommendations for the early detection and management of treatment-related effects and other health problems.
- Elements of a Care Plan( Treatment summary, follow up care and education material regarding potential late effects of cancer therapy).
- JBACC: Equicare is the choice of our survivorship care plan. This generates information from our MHR, Aria. Difficult to separate demographics.

# Do Treatment Summaries Work?

- The Oncologist, 2016: UAB/CCN,(Kenzik et al): Treatment Summaries and Follow-Up Care Instruction for Cancer Survivors: Improving Survivor Self-Efficacy and Health Care Utilization.
- 441 survivors, >65 years old, 12 centers
- “Self-Efficacy”: Stanford Chronic Illness scale measuring a person’s confidence in his/her ability to manage health conditions caused by cancer/treatment.
- Contacted at home
  - 40% written summary
  - 35% follow up care plan
  - 79% had a verbal explanation of care plan
- All associated with high ‘self-efficacy’ scores: patients able to manage their chronic illnesses better and had fewer ER visits.

# JBACC Survivorship Program

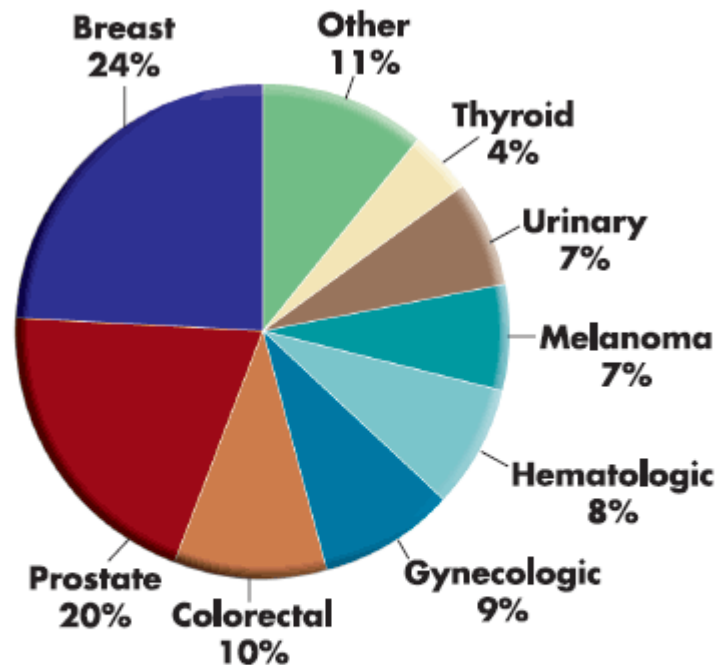
- Survivorship Program at JBACC
  - 401 patient have been seen in the survivorship program since September of 2014.
  - 327 have been breast cancer patients.
  - 44 colorectal cancer
  - 10 head and neck cancer
  - 10 lymphoma
  - 3 Gastric
  - 7 others.

# JBACC Survivorship Program

- Survivorship Program at JBACC
  - 2016 Update:
    - 117 patients have been seen.
    - 92 breast cancer patients.
    - 13 colorectal patients
    - 6 Lymphoma
    - 2 Gastric
    - 1 Lung
    - 1 Liver
    - 1 Multiple Myeloma
    - 2 Head & Neck.
    - One patient had 2 separate diagnoses of breast and colon.

# National Survivorship Spectrum: Similar to JBACC

Statistics on survivors



**Figure 1:** Estimated number of cancer survivors in the United States by disease site as of January 1, 2005 (N = 11.1 million). Data from Reference 3. Retrieved from: <http://dccps.nci.nih.gov/ocs/prevalence/prevalence.html#survivor>



# JBACC Survivorship Program

- Issues facing survivors

- Physical
- Insomnia
- Emotional
- Practical Employment
- Osteoporosis
- Lymphedema
- Menopausal symptoms
- Neuropathy
- Second malignancy
- Fertility/sexuality
- Cognitive
- Hair/skin/nail
- Pain

# JBACC Survivorship Program

- Barriers facing survivors.
  - Fragmented healthcare delivery: may need to see multiple providers.
  - Cost: All of our patients complain of facility fee costs.
  - Barriers to access: getting to our center may be a challenge. Serve 14 counties in our primary market. 40% of patients drive ~30 miles to get to JBACC.
- Barriers facing providers.
  - Fragmented system of care: Should this patient go back to PCP? Is this patient best served by seeing PCP or having serial evaluation by oncology? Difference between a testicular cancer patient and Stage 1 breast cancer patient.
  - System does NOT automatically refer to Survivorship.
  - Evolving survivorship standards of care: what about addressing metabolic/weight issues: who makes referral to bariatric clinic?
  - Difficulties in roles between providers. PCPs vary in their expectations of surveillance. Manage “just the cancer” or general health?

# JBACC Survivorship Program

- Services Provided

- Psychosocial Services; initial intake evaluation for every patient. In survivorship, seen on an individual basis (by D. Johnson)
- Nutritional services (Beth Bussey)
- Rehabilitation (PT/OT/lymphedema)
- Sexual Health (D. Johnson)
- Genetic counseling (Cindy Snyder, RN. St Francis)
- Fertility (before and after chemo/XRT. Dr. Thiruppathi)
- Patient Portal (labs, office visits)
- Support groups
  - Man to Man, Woman to Woman, Next Step, Look Good Feel Better, T'ai Chi
- Skin care (late effects of paronychia, radiation mastitis)
- Chronic pain management ( referral to specialty practice)
- Exercise: group program
- Smoking cessation
  - Group (D Johnson, M Knobo)
  - If a pharmacological intervention is needed then patient sees the NP.

# Smoking Cessation: Onsite facilitator

- Freedom From Smoking Group=learn coping skills to stop smoking. Reported 29% 1 year quit rate in a 1996 overview of success rates.
- Nicotine more addictive than opiates, alcohol
- 1<sup>st</sup> cycle 8/17/16, next cycle 11/2/16
  - 46 referrals
  - 6 participated in the 7 week program
  - 1 ‘graduated’ and stopped smoking—for now...

“The Spirit is willing, the Flesh is trying”

# Recent New Programs

- Art Therapy: meet monthly to work of a collage for JBACC.
- Massage : “Massage is good medicine.”  
Massage therapist; may be useful reducing treatment/surgical pain and cancer pain. May improve immune system.
- Pet Therapy: part of hospital program.

# Thoracic Oncology: LDSCT

- Dr. Peter Seirafi: 11/20/13. Lung cancer navigator/team.
- Screened high risk smokers (30 pk/years, 55yo)
- 252 patients, 12 asymptomatic lung cancer patients.
  - 4.79% similar to the LDSCT/ACRIN trial of 3.97 %

# Nutritional Health

- Evaluate all patients
- LAUNCH program for breast survivors: to be replaced with the LIFT (live inspired, fight together) program through WW.
- Manage long term TPN, enteral nutrition
- Oversee/discuss complementary therapy
  - 80% of patients use alternative treatments
- Focus on Head and Neck/Thoracic/Esophageal and GI surgical patients

# JBACC Survivorship Program

- Additional Services.
  - Long term educational workshop that may be provided for our patients.
    - E Learning
      - Nutrition: Eating well after cancer
      - PTSD in cancer patients
      - Psychosocial distress in cancer patients
      - Physician and patients' perspective in cancer treatment
      - Neuropathy care for cancer survivors
      - Exercise for survivors
      - Long term complication after XRT
      - Lymphedema
      - Improving cognitive functions after treatment
      - Fertility and sexual health after cancer treatment
      - Long-term effects of transplantation



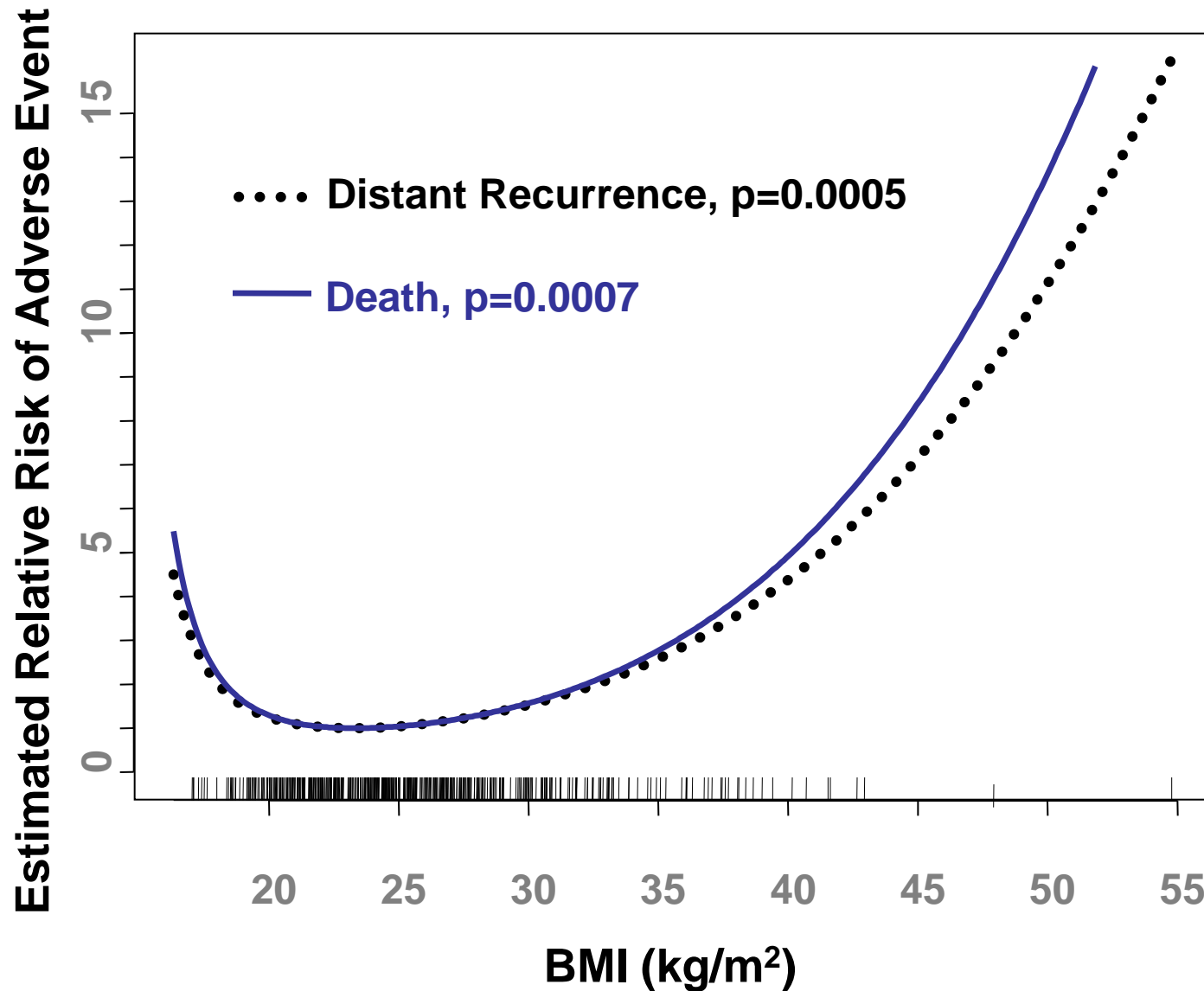
# Survivorship Research Studies

- **EROS: Engendering Reproductive Health within Oncologic Survivorship.**
  - Females 18-55 years, with intact fertility, assessing reproductive and sexual health
- **Alliance 22102: Topical testosterone/placebo in the adjuvant treatment of AI arthralgias.**
- **SWOG 0820: Preventing Adenomas of the Colon with Eflornithine and Sulindac in ST 0-3 colon cancer.**
- **Alliance 11401: Role of weight loss in adjuvant treatment of overweight(BMI  $\leq$ 27)/obese women with breast cancer.**
  - 2 year Health education +/-supervised weight loss(Fitbit, phone instruction BWEL center DFCI)

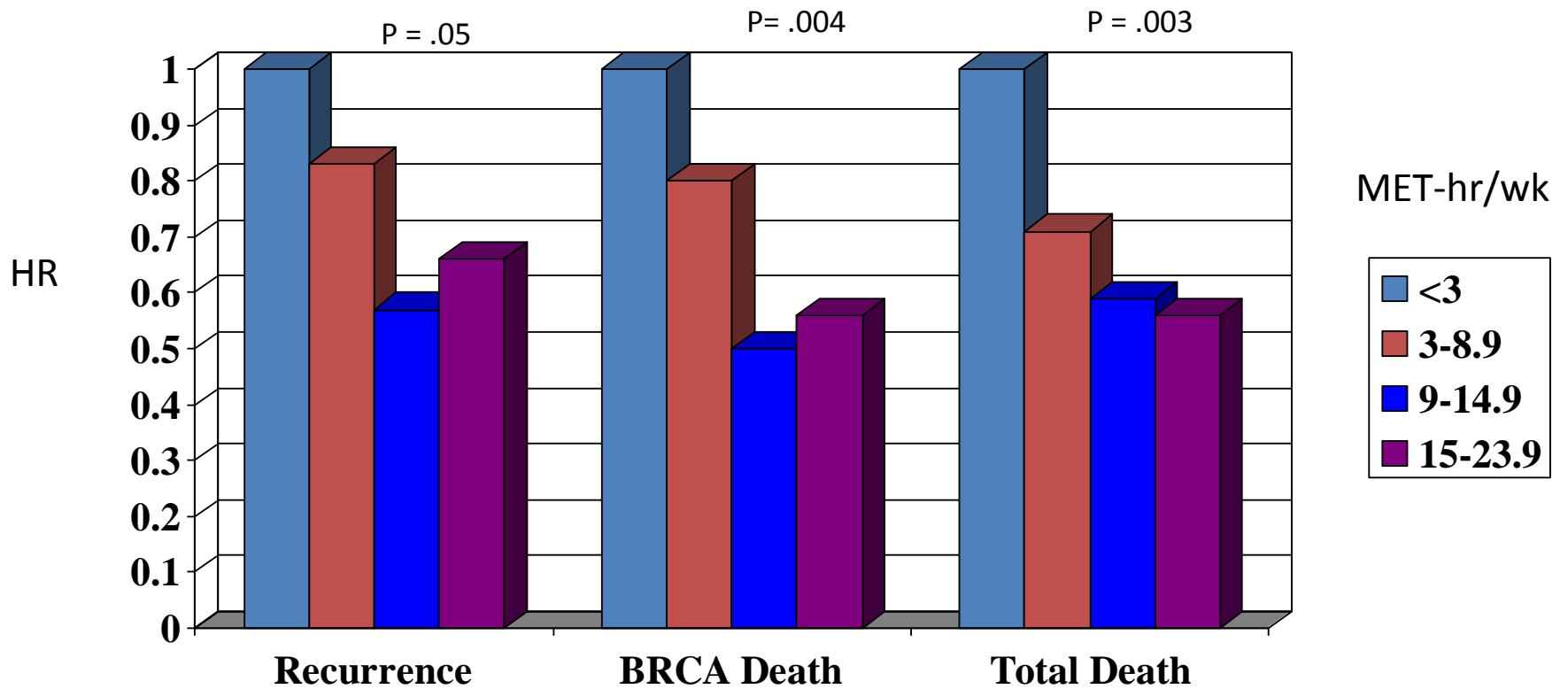
# OBESITY: The GREAT BATTLE

- “We kill the cows, and the cows kill us.”
- Breast cancers survivors are twice as likely to gain weight and non cancer patient(ACS)
  - During treatment, 80% of woman gain weight.

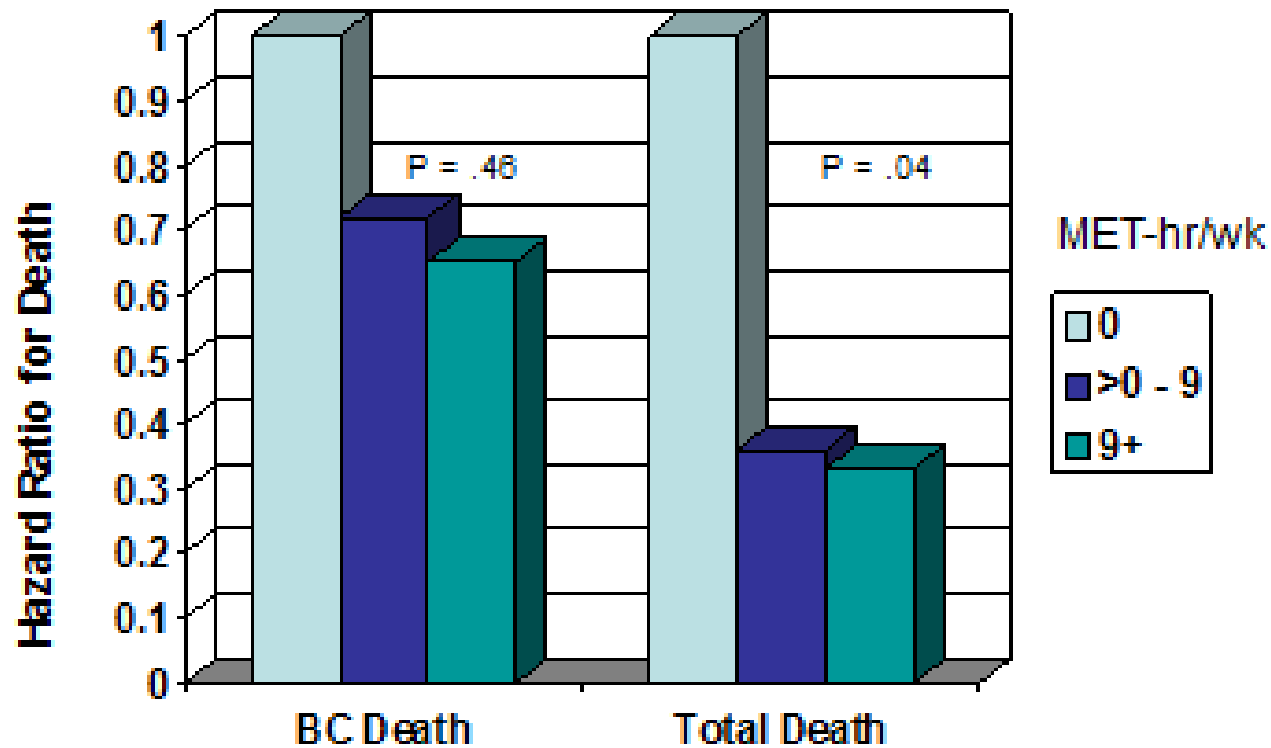
# Weight and Survival in Early-Stage Breast Cancer



# Nurses' Health Study: Physical activity after breast cancer diagnosis

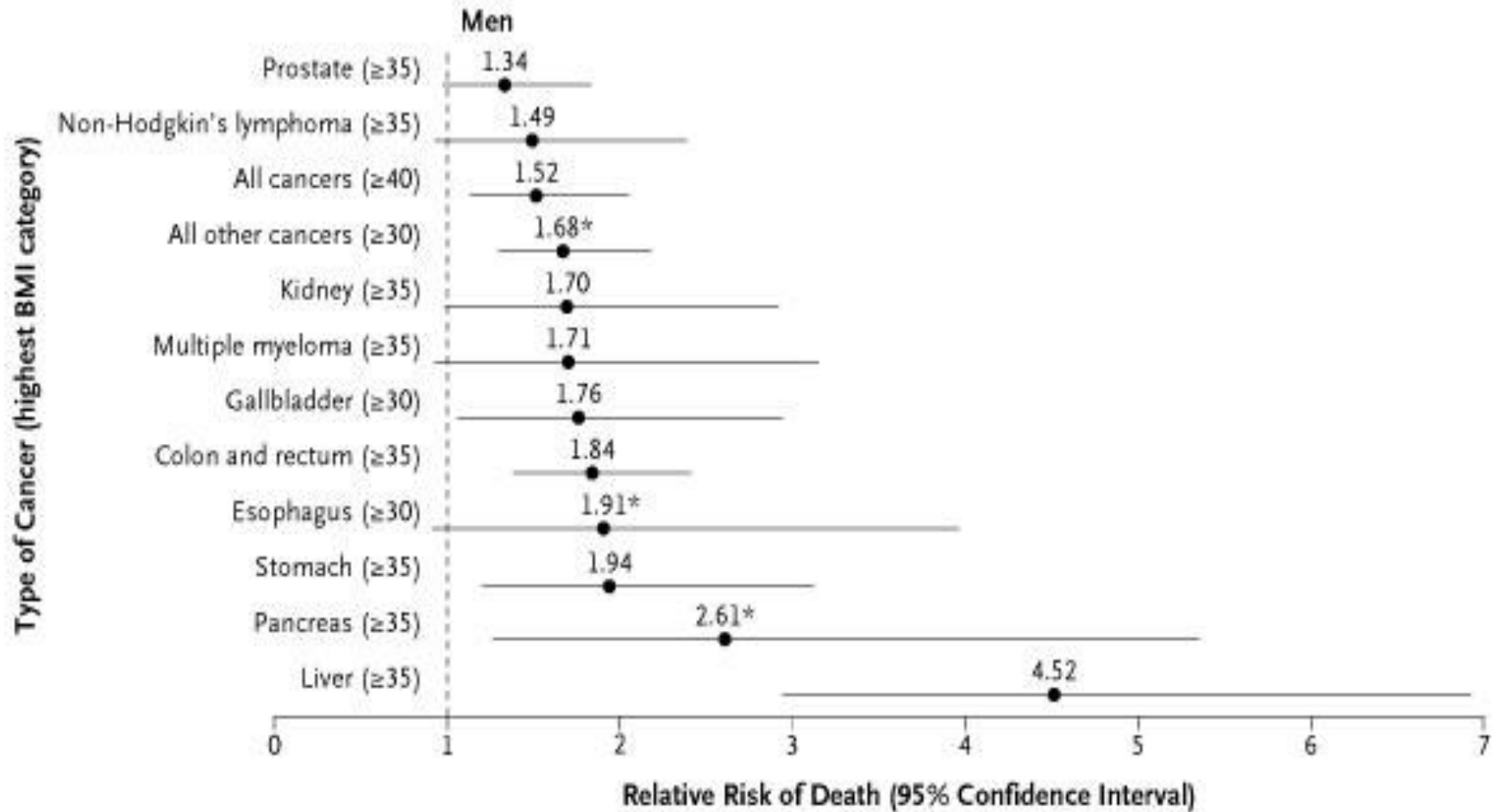


# The HEAL Study: Physical Activity after Diagnosis

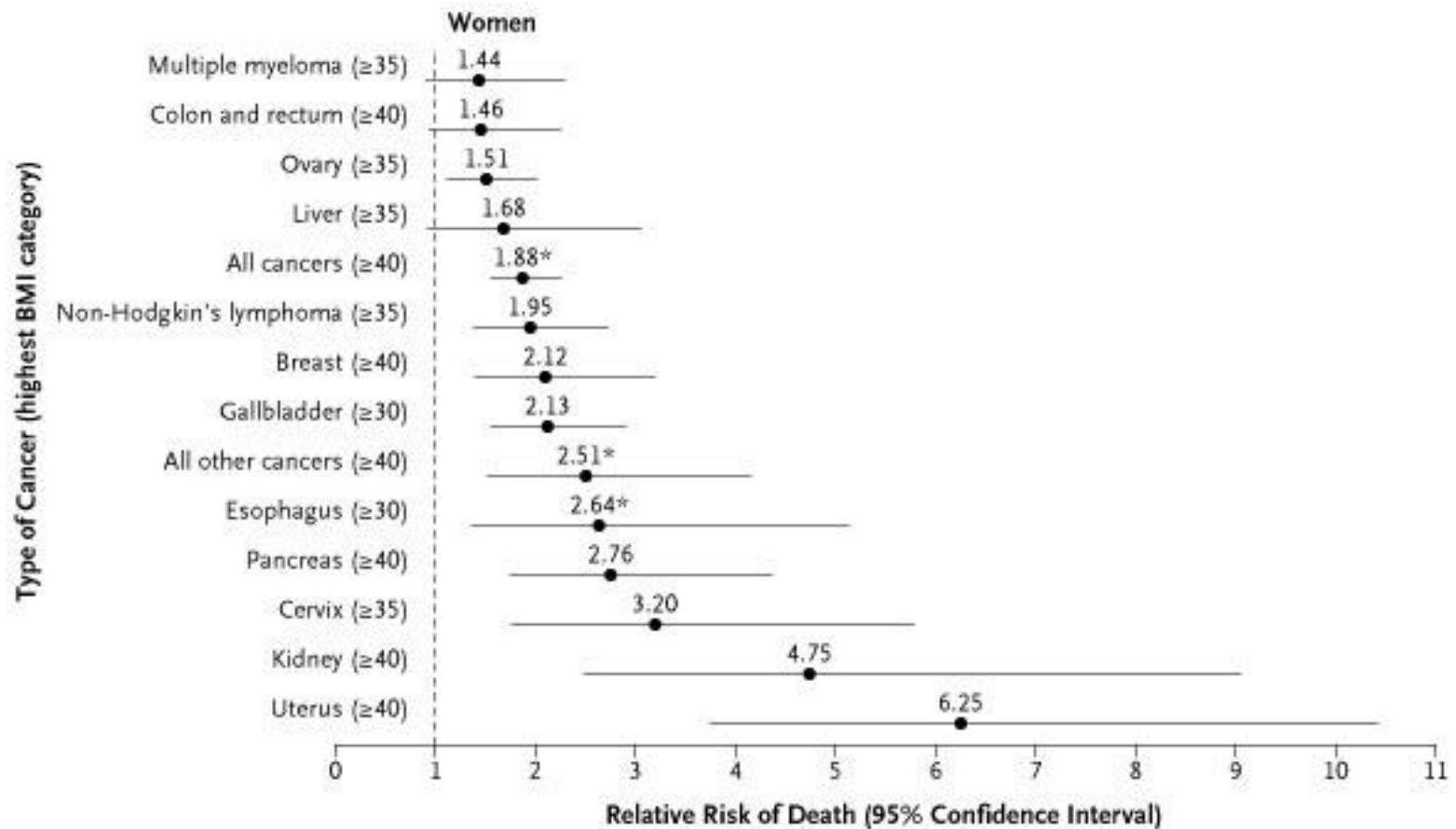


Irwin ML et al JCO, 2008.

# Summary of Mortality from Cancer According to Body-Mass Index for U.S. Men in the Cancer Prevention Study II, 1982 through 1998



## Mortality from Cancer According to BMI for U.S. Women in the Cancer Prevention Study II



**Cancer Site or Type**  
**Strength of the Evidence**  
**in Humans†**  
**Relative Risk of the Highest**  
**BMI Category Evaluated**  
**versus Normal BMI (95% CI)‡**

Esophagus: adenocarcinoma	Sufficient	4.8 (3.0–7.7)
Gastric cardia	Sufficient	1.8 (1.3–2.5)
Colon and rectum	Sufficient	1.3 (1.3–1.4)
Liver	Sufficient	1.8 (1.6–2.1)
Gallbladder	Sufficient	1.3 (1.2–1.4)
Pancreas	Sufficient	1.5 (1.2–1.8)
Breast: postmenopausal	Sufficient	1.1 (1.1–1.2)§
Corpus uteri	Sufficient	7.1 (6.3–8.1)
Ovary	Sufficient	1.1 (1.1–1.2)
Kidney: renal-cell	Sufficient	1.8 (1.7–1.9)
Meningioma	Sufficient	1.5 (1.3–1.8)
Thyroid	Sufficient	1.1 (1.0–1.1)§
Multiple myeloma	Sufficient	1.5 (1.2–2.0)

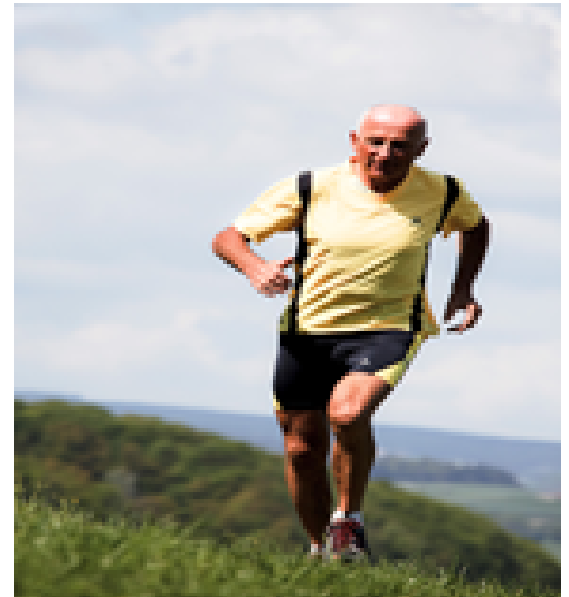


# NYT: August 2016

- Strong evidence was already available to link five cancers to being overweight or obese: adenocarcinoma of the esophagus; colorectal cancer; breast cancer in postmenopausal women; and uterine and kidney cancers.
- This new review, published in The New England Journal of Medicine, links an additional eight cancers to excess fat: gastric cardia, a cancer of the part of the stomach closest to the esophagus; liver cancer; gallbladder cancer; pancreatic cancer; thyroid cancer; ovarian cancer; meningioma, a usually benign type of brain tumor; and multiple myeloma, a blood cancer.
- According to the chairman of the working group, Dr. Graham Colditz, a professor of medicine and surgery at Washington University in St. Louis, these 13 cancers together account for 42 percent of all new cancer diagnoses.
- “Only smoking comes close” as an environmental factor affecting cancer risk, Dr. Colditz said. “And that’s an important message for nonsmokers. Obesity now goes to the top of the list of things to focus on.”

# Benefits of Increasing Post-Diagnosis PA

- Need to encourage cancer survivors to maintain (if active prior to diagnosis) or increase physical activity after diagnosis.
- Physical activity is associated with numerous benefits
  - Decreasing adverse side effects of surgery and treatment
  - Improving quality of life and fatigue
  - Improving fitness, functional capacity, and body composition
  - Decreasing serum hormones and growth factors
  - Improving cancer-specific survival and all cause survival



## Soaring obesity 'will cause cancer time bomb'

By Stephen Adams

Published: 12:01AM BST 21 May 2007



40 per cent of cancers can be prevented through diet and exercise

Urgent action is needed to prevent a "cancer time bomb" exploding as a result of soaring obesity rates, a leading specialist warns today.

Share |   

0 [Tweet](#)

Email |  Print

T Text Size  

UK News 

News 

### Ads by Google

Cancer  
Obesity  
Prostate Cancer Diet  
Center for Obesity  
Cancer and Nutrition

### External Links

World Cancer Research Fund.

