Project ECHO Session Two

Survivorship Teams

February 8, 2024

Recording: Project ECHO Session Two_2.8.24
SURVIVORSHIP PROJECT ECHO
(Extension for Community Healthcare Outcomes)

Collaborators:
NYSDOH/NYSCCCP
SUNY Upstate (The Upstate Foundation, Inc.)
NYS Survivorship Action Team

Subject matter team leads:
Maureen Killackey M.D.
Tessa Flores, M.D.
Christina Crabtree-Ide, PhD, MPH

Funding: Centers for Disease Control and Prevention
Please type your name (first and last), health center or organization, and your email address into the Chat Box.

Please mute your line and remain on camera.

If you have a question, please type it in the Chat Box. Questions will be answered after the speakers’ presentations.

This ECHO session is being recorded and a link will be e-mailed to attendees and posted on the NYS Cancer Consortium Website (nyscancerconsortium.org)

Do NOT share any personal information about any patient.

The Session PowerPoint and materials will be sent to attendees after each ECHO Session along with the CME survey.
INTRODUCTIONS

Gregory Rys, DNP
Director NP Residency Program at Bassett Healthcare Network

Tessa Faye Flores, M.D.
Medical Director of Cancer Screening and Survivorship at Roswell Park Comprehensive Cancer Center and a board-certified Internist and Pediatrician

Maura Abbott, PhD, AOCNP, CPNP, FAAN
Columbia University School of Nursing Assistant Dean, Clinical Affairs and Associate Professor of Nursing

Facilitator: Maureen Killackey, MD, FACS, FACOG
Chair, NYS Cancer Advisory Council and American College of Surgeons Commission on Cancer Site Reviewer

Speakers have no disclosures or conflicts to report.
PARTICIPANT INTRODUCTIONS

Please type your name (first and last), health center or organization, and your email address into the Chat Box.
What is a Project ECHO?

• Collaborative, hub & spoke model of medical education and care management

• Goal is to form long-lasting partnerships between community-based provider teams and specialized providers to create bi-directional learning networks

• Increases workforce capacity to provide best-practice specialty care to patients wherever they may live; reduces health disparities

"Moving knowledge, not people"
Welcome

Survivorship ECHO Series

Session 2
Survivorship Teams

SPEAKERS
Gregory Rys, DNP
Tessa Flores, MD
Maura Abbott, PhD, AOCNP, CPNP, FAAN

Facilitator: Maureen Killacky, MD, FACS, FACOG
Goals & Objectives ECHO Series

After participating in this ECHO Session, participants will be able to:
1. Understand common side effects of all cancer treatment modalities and what to be on the lookout for
2. Describe the roles and responsibilities of the Oncology Team
<table>
<thead>
<tr>
<th>Session 1: Introduction and Survivorship 101</th>
<th>Session 4: Survivorship Lifestyle Behaviors</th>
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</thead>
<tbody>
<tr>
<td><strong>January 11, 2024</strong>&lt;br&gt;12-1:00pm</td>
<td><strong>April 11, 2024</strong>&lt;br&gt;12-1:00pm</td>
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<tr>
<td>Maureen Killackey, MD, FACS, FACOG&lt;br&gt;Tessa Flores, MD&lt;br&gt;Sylvia K. Wood PhD, DNP, ANP-BC, AOCNP</td>
<td>Mara Ginsberg, Esq.&lt;br&gt;Timothy Korytko, MD</td>
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<td>Facilitator: Christina Crabtree-Ide, PhD, MPH</td>
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<thead>
<tr>
<th>Session 2: Survivorship Teams</th>
<th>Session 5: Survivorship and Sexual Health</th>
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<tr>
<td><strong>February 8, 2024</strong>&lt;br&gt;12-1:00pm</td>
<td><strong>May 9, 2024</strong>&lt;br&gt;12-1:00pm</td>
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<tr>
<td>Tessa Flores, MD&lt;br&gt;Gregory P. Rys, NP&lt;br&gt;Maura Abbott, PhD, AOCNP, CPNP-PC, RN</td>
<td>Kristin Sobieraj, PA</td>
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<tr>
<th>Session 3: Medical Issues in Survivorship</th>
<th>Session 6: Supportive Care in Survivorship</th>
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<tr>
<td><strong>March 14, 2024</strong>&lt;br&gt;12-1:00pm</td>
<td><strong>June 13, 2024</strong>&lt;br&gt;12-1:00pm</td>
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<td>Craig D Hametz, MD, FACC, FASE, FASNC&lt;br&gt;Tessa Flores, MD&lt;br&gt;Facilitator: Maureen Killackey, M.D.</td>
<td>Anne Moyer, PhD&lt;br&gt;Robin Eggeling&lt;br&gt;Facilitator: Christina Crabtree-Ide, PhD, MPH</td>
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<tr>
<td>Cardiac Side Effects</td>
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<tr>
<td>Anthracycline Induced Heart Failure – Chemotherapy Related</td>
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<td>Coronary Artery Disease – Chest Wall Radiation Related</td>
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<tr>
<th>Musculoskeletal Side Effects:</th>
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<tr>
<td>Bone Loss – Chemotherapy, Hormone, Steroid and/or Radiation Related</td>
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<tr>
<td>Lymphedema – 3 stages; Surgery, Chemotherapy and/or Radiation Related</td>
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<tr>
<td>Arthritis/Avascular Necrosis – Surgery, Steroid, Chemotherapy and/or Radiation Related</td>
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<tr>
<th>Pulmonary Side Effects:</th>
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<tr>
<td>Pulmonary Fibrosis – Chemotherapy and/or Radiation Therapy Related</td>
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<td>Dyspnea – Chemotherapy, Immune Therapy, Surgery and/or Radiation Related</td>
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<th>HEENT Side Effects:</th>
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<tr>
<td>Cataracts - Chemotherapy, Hormone, Steroid and/or Immune Therapy Related</td>
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<tr>
<td>Dry Eye Syndrome – Chemotherapy Related</td>
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<tr>
<td>Hearing Loss – Chemotherapy</td>
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<tr>
<td>Mouth Changes (dry mouth, bone &amp; teeth loss) – Chemotherapy, Surgery</td>
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<th>Endocrine Side Effects: All Tx</th>
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<td>Sexual Health</td>
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<td>Fertility</td>
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<td>Early Menopause</td>
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<td>Thyroid Dysfunction</td>
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<td>Adrenal Insufficiency</td>
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<th>Secondary Primary Cancers &amp; Pain</th>
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LONG TERM EFFECTS OF CANCER & TREATMENT
Physical Complications
LONG TERM EFFECTS OF CANCER & TREATMENT
Psychosocial & Mental Health Complications

- Anxiety & Depression
- Sleep Disorders
- Decreased Cognitive Function
- Fatigue
- PTSD
- Difficulty Returning to School/Work
REFERENCES FOR LATER

• FOR PROVIDERS:
  • survivorship.pdf (nccn.org)
  • Coping – Late Effects - NCI (cancer.gov)
  • Survivorship Care Guidelines | American Cancer Society

• FOR PATIENTS:
  • survivorship-hl-patient.pdf (nccn.org)
  • survivorship-crl-patient.pdf (nccn.org)
Transitioning from Oncology to Survivorship
Transition of care

• Efforts to improve the transition from oncology to primary care, as survivors move from acute cancer care to ongoing preventative care, have focused on survivorship care plans. (Mayer, et. al. 2012)

• The Institute of Medicine advises that each cancer survivor receive a survivorship care plan summarizing his or her cancer diagnosis, treatment, and recommendations about follow-up care.

• This helps define the roles, who is taking care of what, when and how.
### Components of Survivorship Care Plans

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
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<tr>
<td>Tissue diagnosis, stage, treatment plan and dates of treatment, toxicities experience</td>
<td>include information on tissue diagnosis and stage of cancer, treatment plan, dates of treatment, and toxicities experienced.</td>
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<tr>
<td>Expected short-and long-term side effects of therapy</td>
<td>Describe the expected short-term and long-term side effects of the therapy.</td>
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<tr>
<td>Surveillance plan for recurrence and secondary cancers</td>
<td>Include a plan for surveillance to detect recurrence and secondary cancers.</td>
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<tr>
<td>Recommendations for late term monitoring</td>
<td>Provide recommendations for monitoring in the long term.</td>
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<tr>
<td>Listing of providers responsible for care with contact information</td>
<td>List all providers involved in the care and their contact information.</td>
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<tr>
<td>Evaluation of psychosocial needs</td>
<td>Assess the psychosocial needs of the survivor.</td>
</tr>
<tr>
<td>Preventative, health promotion behaviors</td>
<td>Include recommendations for preventative health and wellness behaviors.</td>
</tr>
<tr>
<td>Follow-up care and referrals</td>
<td>Offer guidelines for follow-up care and referrals.</td>
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Survivorship Provider/PCP Role in Cancer Survivorship Care

- Surveillance for recurrence, metastatic disease, screening for subsequent primary cancers
- Ongoing assessment for long-term effects of cancer & Rx
  - Psychological, physical, immunologic
- Ongoing assessment & management of cancer-related syndromes or issues
- Prevention, healthy lifestyle
- Referrals & Coordination of care
NCCN Guidelines Version 1.2023
Survivorship

NCCN Survivorship Panel Members
NCCN Survivorship Sub-Committee Members
Summary of the Guidelines Updates

General Survivorship Principles
- Definition of Survivorship (SURV-1)
- Standards for Survivorship Care (SURV-2)
- General Principles of the Survivorship Guidelines (SURV-3)
- Screening for Subsequent New Primary Cancers (SURV-4)
- Principles of Cancer Risk Assessment and Counseling (SURV-5)
- Assessment by Health Care Provider at Regular Intervals (SURV-6)
- Survivorship Assessment (SURV-A)
- Survivorship Resources for Health Care Professionals and Survivors (SURV-B)
- Principles of Screening for Treatment-Related Subsequent Primary Cancers (SURV-C)

Preventive Health
- Healthy Lifestyles (HL-1)
  - Physical Activity (SPA-1)
  - Nutrition and Weight Management (SNWM-1)
  - Supplement Use (SSU-P-1)
  - Immunizations and Infections (SIMIN-1)

Late Effects/Long-Term Psychosocial and Physical Problems
- Cardiovascular Disease Risk Assessment (SCVD-1)
- Anthracycline-Induced Cardiac Toxicity (SCARDO-1)
- Anxiety, Depression, Trauma, and Distress (SANXDE-1)
- Cognitive Function (SCF-1)
- Fatigue (SFEAT-1)
- Lymphedema (SLYMPH-1)
- Pain (SPAIN-1)
- Hormone-Related Symptoms (SHRS-1)
- Sexual Health (SSH-1)
- Fertility (SF-1)
- Sleep Disorders (SSD-1)
- Employment and Return to Work (SWORK-1)

https://www.nccn.org/guidelines/guidelines-detail?category=3&id=1466
Children’s Oncology Group Guidelines

- [http://www.survivorshipguidelines.org/](http://www.survivorshipguidelines.org/)
- Long-term follow up
- Health Links
  - General and Psychosocial
  - Cardiac
  - Endocrine
  - GI
  - Immune
  - MSK
  - Neurological
  - Pulmonary
  - Reproductive
  - Subsequent Cancers
Cancer not just an Oncologist’s problem

• The incidence of cancer continues to increase in patients over the age of 50 years.

• These patients often have multiple chronic conditions.

• Cancer patients with co-morbidities experience worse disease free and overall survival. (Park et.al. 2006)
PCP perspective

• Suboptimal communication and coordination of care for cancer survivors remain as public health challenges that need to be addressed as efforts are made to transition survivorship care to primary care settings. (Bober et. al. 2009)

• PCPs have expressed a desire for additional information with sufficient detail and guidance in order to provide sufficient care to cancer survivors.
We need to be clear on who’s got it.