Prostate Cancer Survivorship: *Value to Patients & Providers*

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Disclosure of Financial Relationships

Ryan P Terlecki, MD, FACS

Has disclosed relationships with an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Consultant

AMS/Boston Scientific

Honoraria/Advisory Boards

Auxilium
AMS

Research Grants/Contracts

AMS/Boston Scientific
Allergan
Department of Defense

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Objectives

- Present the rationale and requirements related to prostate cancer survivorship
- Outline the key players and key components in the coordination of care
- Discuss the process of delivering survivorship care plans and the elements to include

Audience Response Question 1

Audience Response Question 2

By the numbers

- 12 million Americans living with CA
- 1 in 10 US households have a member diagnosed with CA in the past 5 years
- **20% of these are CaP** and another 7% are other GU cancers

A Patient's Perspective

- "The challenge in overcoming cancer is not only to find therapies that will prevent or arrest the disease quickly, but also to map the middle ground of survivorship and minimize its medical and social hazards"

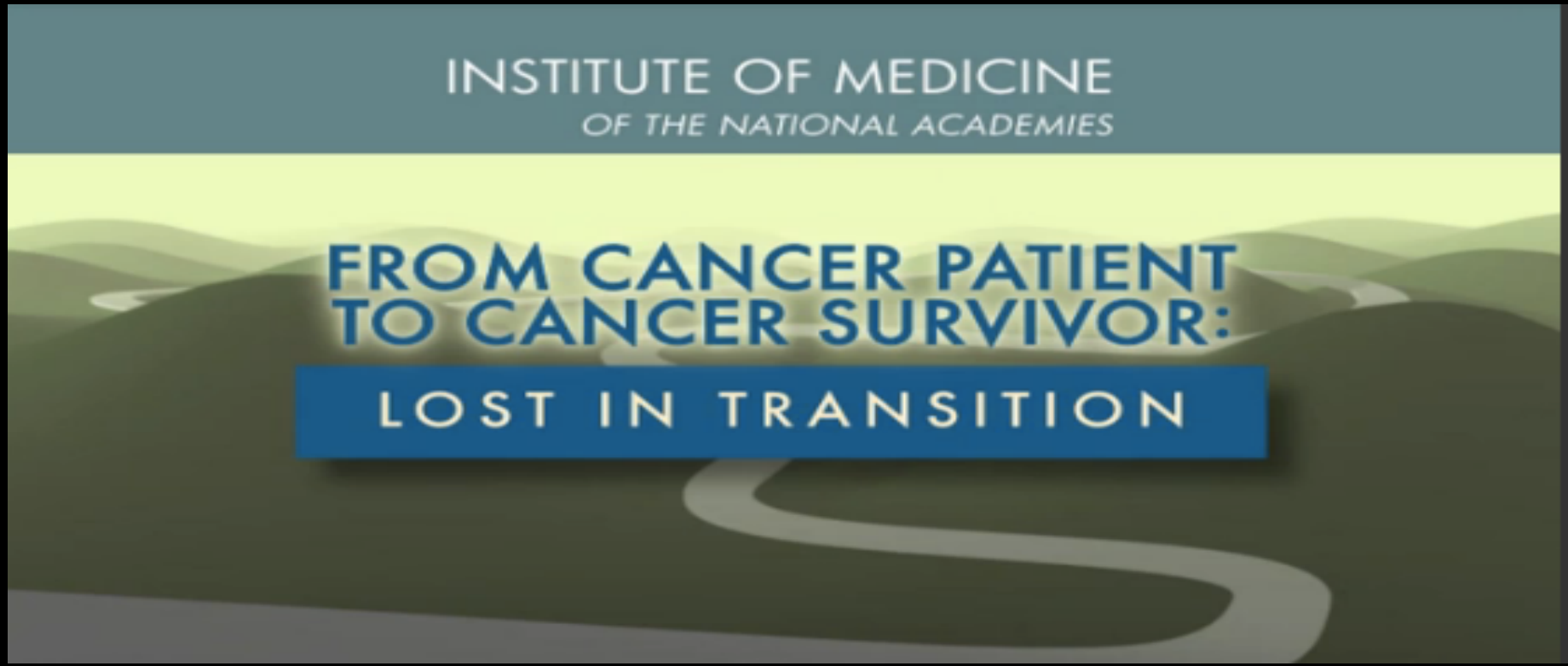
Fitzhugh Mullan, MD
Cancer Survivor

Mullan F. *"Reflections of a cancer survivor"*, *New England Journal of Medicine*, 1985;313:270-273

A Patient's Perspective

- Right to have a record and understand treatment received
- Right to know what happens after treatment
  - Follow-up recommendations
  - Potential late effects of treatment
- Right to know what life will be like after treatment
  - How to stay healthy, symptom recognition
  - Medical, psychosocial and financial issues
  - Available resources

November 2005



2005 IOM report

- Identified specific needs for patients completing treatment
- Survivors ‘lost in transition’ due to lack of awareness of survivor needs
- Fragmented and poorly coordinated care between providers

2005 IOM report

- Called for written summaries of care that should include:
  - Expected course of recovery from treatment
  - Schedule of recommended follow-up screenings
  - Information on possible signs of recurrence
  - List of recommendations for psychosocial support and behavioral interventions for health promotion and disease prevention

Key Players

- Primary Care Provider (PCP)
- Cancer Care Provider(s) (CCP)
- +/- Survivorship Navigator (SuN)
- +/- Advanced Practice Professional (APP; PA or NP)

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Survivorship Support Resources

- Psychologist (including sexual health)
- PT/OT
- Financial Planners
- Spiritual Advisors
- Transportation Resources
- Nutritionist
- Genetics/Fertility
- Study Coordinators/CTO
- Support Group Info
- FMLA assistance
- Education Assessment and Tailored Resources
- Anatomic Restoration
- Pain management
- GI services

Financial challenges for patients

- Prescriptions, OTC drugs, medical supplies, travel, lodging, loss of income
- **Only 35%** of physicians discuss drug costs with patients
- Oncology social workers and financial counselors find resources to be inadequate for these patients

Matthews and Park. Clin J Onc Nursing 2009; 13 (5): 501-505
Smith et al. Journal of Oncology Practice 2014; 10 (5): e368-372

Physical Changes in Survivors

- One study estimated 1.6% of all men over age 45 to be a CaP survivor with a current adverse physical symptom related to CA
- 90% of survivors had adverse physical symptoms (**75% currently with symptoms**)
- 76% RP patients with impotence, 64% XRT/ADT
- 70% RP with UI at any time, 28% current
- Hot flashes, breast changes, fatigue with ADT

Gavin et al. BJU Int 2015; Jan 18 (epub)

Cognitive Changes in Survivors

- Can be from disease itself, treatment and/or associated complications, comorbidities, drug effects, aging, and the psychological response to cancer diagnosis
- Chemotherapy and androgen deprivation have been associated with decreases in cognition and visuospatial skills
- These changes can lead to problems with activities such as driving and reading; Assessments can be valuable

Nail, L. AJN 2006; 106 (3): 48-54

ACS Commission on Cancer 2012

- Patient centered standards were defined with hopes of implementation by 2015
  - Patient navigation
  - Psychosocial Distress Screening
  - Survivorship Care Plans

Patient Navigation

- Every three years, evaluate community needs (barriers to care, gaps in resources)
- Navigation process (**not** navigator) required
- Barriers:
  - Transportation
  - Language
  - Cultural differences
  - Financial resources
  - Lack of child care

Psychosocial Distress Screening

- Response to 2007 IOM Report: Cancer Care for the Whole Patient
- Screening at a “pivotal medical visit”
- Tools:
  - NCCN Distress Thermometer
  - PHQ-9, PHQ-2
  - Hospital Anxiety and Depression Scale
  - Brief Symptom Inventory-18
  - Beck Depression Inventory

Psychosocial Distress Screening

- Patients with distress need follow-up
- NCI-funded training programs available for oncology staff
- www.apos-society.org (American Psychosocial Oncology Society) can give local resources

Survivorship Care Plans (SCPs)

- A comprehensive treatment summary and an individualized follow-up plan
- Recommended for **all cancer patients** by the Institute of Medicine (IOM)
- Purpose is to promote care coordination, physician-physician **communication**, PCP knowledge of survivorship care, and survivor education about future healthcare needs

Linked to Accreditation

- ACS COC provides accreditation for cancer centers
- Standard 3.3 **requires** SCPs as outlined in the IOM report (From Cancer Patient to Cancer Survivor)
- To be provided to patients with Stage I, II, or III cancers that are treated with curative intent for initial cancer occurrence or who have completed active therapy

Cancer Program Standards: Ensuring Patient-Centered Care. 2016 Edition.
American College of Surgeons Commission on Cancer

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Providers Appropriate to Deliver SCP

- Physicians
- RNs
- APNs
- NPs
- PAs
- Credentialed clinical navigators (NOT lay navigator)

Cancer Program Standards: Ensuring Patient-Centered Care. 2016 Edition.
American College of Surgeons Commission on Cancer

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Specifics on SCPs

- Printed or electronic SCP MUST contain input from principal CCP/team, as well as input from other care providers
- If across institutions, those facilities are to "collaborate to complete and provide the SCP"
- "In all cases [these groups] should work together to provide the information necessary for completion of a SCP that contains ALL required elements."

Cancer Program Standards: Ensuring Patient-Centered Care. 2016 Edition.
American College of Surgeons Commission on Cancer

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Specifics on SCPs

- SCPs to be given **within a year** of diagnosis (within 18 mos if long-term ADT) and no later than 6 months after completion of adjuvant therapy

- "Providing the SCP by mail, electronically, or through a patient portal without discussion with the patient does **NOT** meet the standard."

Cancer Program Standards: Ensuring Patient-Centered Care. 2016 Edition.
American College of Surgeons Commission on Cancer

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Deadlines

- End of 2016: Provide SCPs to ≥ 25% of eligible patients who have completed treatment
- End of 2017: "…≥ 50%..."
- End of 2018: "…≥ 75%..."
- Programs are required to track and report the number of SCPs provided

Cancer Program Standards: Ensuring Patient-Centered Care. 2016 Edition.
American College of Surgeons Commission on Cancer

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ASCO

- Workgroup in 2012 to develop strategy for improving survivorship care planning
- SCPs not done **if too much work** for providers
- Key items determined from 301 questionnaire responses among “stakeholders” (med/surg/rad oncologists, PCPs, oncology nurses, patient navigators, social workers, cancer survivors, oncology practice administrators, and insurers)

Mayer et al. J Oncol Pract 2014. 10(6):345-51

ASCO Outlines 2 key documents

- **Treatment plan** to be given when patient initiates treatment: includes demographics, diagnosis, stage, intent (curative vs palliative), components (chemo, surg, rads), and duration

- **SCP** (i.e., treatment summary + follow up plan): Key components of both elements were listed

Mayer et al. J Oncol Pract 2014. 10(6):345-51

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ASCO SCP:TS Key Components

- Contact info of institution/providers
- Specific diagnosis
- Stage
- Surgery (y/n): location, date
- Chemo (y/n): types/dates
- Rads (y/n): location/dates
- Ongoing toxicity or adverse events of all treatment received; info on likelihood of recovery
- Genetic or hereditary risk factors

Mayer et al. J Oncol Pract 2014. 10(6):345-51

ASCO SCP:FU Key Components

- Contact info of CCP
- Info on adjuvant therapy
- Schedule of follow-up visits/tests (Table format)
- General statements regarding f/u with PCP and reporting of symptoms
- List of issues and **local/national resources** (eg, emotional or mental health, parenting, work/employment, financial issues, and insurance)
- General statement on healthy diet, exercise, smoking cessation, etoh reduction

Mayer et al. J Oncol Pract 2014. 10(6):345-51

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Barriers to SCP Implementation

- **Time** to complete SCP (10 min)
- Inadequate **reimbursement** for time/resources required to complete SCP
- Challenges in **coordinating care** among providers and between providers and survivors
- Incomplete penetration of **EHR** systems

Mayer et al. J Oncol Pract 2014. 10(6):345-51

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ASCO Prostate CA Survivorship Care Guidelines

- Endorsed ACS guidelines from 2014 (with minor modifications and qualifying statements)
- 39 Key recommendations
- Four statements on sexual dysfunction/body image (#23-26)
- Three statements on sexual intimacy (#27-29)

Resnick et al. J Clin Oncol 2015. 33(9):1078-85

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Implementation Challenges

- Only 20% of oncologists report consistently providing SCPs and only 13% of PCPs report consistently receiving them
- However, if PCPs received SCPs from oncologists, they were **9x more likely** to discuss survivorship with survivors
- The **more often** a PCP receives SCPs, the **more confident** they are in managing late health effects and transition effects

Blanch-Hartigan et al. J Clin Oncol 32(15), 2014
Forsythe et al. J Clin Oncol 30:2997-2905, 2012

Timing

- Oncology providers, in one study, felt 3-6 months post-treatment was optimal time to deliver SCP

- The existence of your cancer survivorship program, however, should be discussed **at the time of diagnosis** (letting the patient know they are in good hands)

Dulko et al. Oncology Nursing Forum 2013 40(6): 575-80

Make it EASY

- The most widely reported barrier to SCPs are lack of personnel and time to create them
- The most widely endorsed strategy among users is a template with pre-specified fields
- Resources exist to make this easier

Salz et al. Cancer March 1, 2014; 722-730

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Prostate Cancer Survivorship Care Plan

Radical Prostatectomy (Surgery) and Radiation

CARE Team Member Name

Clinic Name
Clinic Address
City, State 12345
(XXX) XXX-XXXX

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Prostate Cancer
Survivorship Care Plan

Radical Prostatectomy (Surgery) and Radiation

Care Team

Your Name:

Healthcare Providers	Point of Contact
Primary Care Provider	
Surgeon	
Radiation Oncologist	
Medical Oncologist	
Nurse/Nurse Practitioner/PA-C	
Other Providers	

Diagnostic Information

Diagnosis Date:
Cancer Type: Adenocarcinoma
PSA:
DRE: + / -
Bone Scan: + / -
Imaging Results (CT, MRI, etc., If Applicable):
Pathology Results/Gleason Score:
Clinical Stage:

Treatment Information

Radical Prostatectomy (Surgery) and Radiation
Hospital: Date:
Hospital or Radiation Center: Date Range:

1. Follow-up Appointment
   Date:
   PSA:
2. Follow-up Appointment
   Date:
   PSA:
3. Follow-up Appointment
   Date:
   PSA:
4. Follow-up Appointment
   Date:
   PSA:
5. Follow-up Appointment
   Date:
   PSA:
6. Follow-up Appointment
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7. Follow-up Appointment
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8. Follow-up Appointment
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9. Follow-up Appointment
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   PSA:
10. Follow-up Appointment
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11. Follow-up Appointment
    Date:
    PSA:
12. Follow-up Appointment
    Date:
    PSA:

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Anatomic Restoration

- Sexual and urinary health needs are important components of prostate cancer survivorship

- Opportunity for CCPs to form an effective team with prosthetic urologists
  - Prosthetic urology outcomes linked to volume
  - The CCP remains **quarterback** of care

Utilization of existing resources

- Issues facing prostate cancer survivors can often be well-managed with **shared medical appointments** (overseen by MD, NP, or PA)

- As most men facing CaP treatment are at an age where ED is common, **SHIM-5 score preop** should be assessed

Audience Response Question 1

Audience Response Question 2

Conclusions

- Survivorship requires a multifaceted approach
- Survivorship care plans are an essential, and now required, element of appropriate cancer care
- Efficient communication should translate into improved cancer care, compliance, QOL, and satisfaction scores
- Resources exist to make this process easier