Survivorship & Distress Screening in the Oncology Patient

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St. Dominic Hospital
Objectives

• Discuss current cancer programs accreditation standards and related nurse impacted standards
  • Survivorship
  • Distress Screening
  • National certification
Cancer Program Accreditation

• American Society of Clinical Oncology (ASCO)

• American College of Surgeons (ACS)
  • Commission on Cancer (CoC)
  • National Accreditation Program for Breast Center (NAPBC)
American College of Surgeons: Commission on Cancer (CoC)

• A consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard setting, prevention, research, education, and the monitoring of comprehensive quality care

• Consists of 110 individuals from multidisciplinary professionals that comprise the care team
CoC

• Offer accreditation for cancer programs
• Accreditation is voluntary
• Obtaining/maintaining demonstrates
  • a cancer program’s commitment to providing high-quality, multidisciplinary, patient-centered cancer care
• Commitment to quality
COC Benefits

• Provider
  • Recruitment/retention
• Patient/community
  • Access to quality care
  • Assurance of care meeting national guidelines
• Payers
  • Provide necessary information for internal assessment of care
CoC Process

• Program must meet eligibility requirements
• Identified standards
  • Program management
  • Clinical Services
    » 2.2 Oncology Nursing Care
  • Continuum of care services
    » 3.1 Patient Navigation process
    » 3.2 Psychosocial distress screening
    » 3.3 Survivorship care plan
• Patient outcomes
• Data quality
National Accreditation Program for Breast Centers (NAPBC)

• A consortium of national, professional organizations dedicated to the improvement of the quality of care and monitoring of outcomes of patients with diseases of the breast.
• Specific accreditation for “Breast Centers” only
• Pursued through
  • Standard-setting
  • Scientific validation
  • Patient and professional education
NAPBC Process

• Pre-Application (1\textsuperscript{st} time submission)
• Survey application record (SAR)
• Site Visit
• Awards
NAPBC Standards

• Center leadership
• Clinical management
  • Nurse impacted/driven areas
• Research
• Community Outreach
• Professional education
• Quality improvement
Nurse Impacted Standards

CoC
2. Clinical Services
• 2.2 – Oncology nursing care
3. Continuum of care services
• 3.1 - Patient navigation process
• 3.2 – Psychosocial distress screening
• 3.3 Survivorship Care plan

NAPBC
2. Clinical management
• 2.2 – Patient navigation
• 2.14 – Nursing
• 2.15 – Support & rehabilitation
• 2.20 – Breast cancer survivorship care
Nursing

• NAPBC - specialized knowledge and skills in diseases of the breast.
  – Assessment and interventions are guided by evidence-based standards of practice and symptom management.

• CoC – nurses with specialized knowledge/skills
  • Baseline educations
  • Annual competencies
  • Accommodations measure
    » 25% of nurses employed (full/PT) hold current applicable oncology certification
Distress Screening

- NAPBC – 2.15 - Supportive care provided which includes “Distress Screening”
- CoC - 3.2 – Integrate/monitor on-site psychosocial distress screening and referral for provision of psychosocial care
  - Timing – all cancer patients a minimum of once at a “pivotal” medical visit
  - Method – patient or clinician questionnaire
  - Tools – selected by cancer committee
  - Assessment/referral
  - Documentation – with programs P/P
    » # screened, # referred & where referred
Concerns

• “Pivotal” medical visit
• Policy/Procedure in place for process
• Who is responsible the screening
  • Clerical staff
  • Nurses
  • Social workers
• What tool is utilized
  • Electronic
  • Formatted document
  • Facility specific document
2016 CoC
(Commission on Cancer)

- **Standard 3.3 – Survivorship Care Plan (SCP)**
  - “develops and implements a process to disseminate a comprehensive care summary and follow-up plan to patients with cancer who are completing cancer treatment.”

- **Compliance Standards**
  - Patients with metastatic disease are not targeted for SCP
    - 2015 – 10% of eligible patients
    - 2016 ≥ 25% of eligible patients
    - 2017 ≥ 50% of eligible patients
    - 2018 ≥ 75% of eligible patients

—American College of Surgeons – Commission on Cancer (CoC), 2015
CoC Standard 3.3 Clarification

• Inclusion
  • curative intent for initial cancer occurrence, and have completed active therapy (other than long-term hormonal therapy)
  • Stage I - III

• Exclusion
  • Stage IV/metastatic disease
  • Recurrence
  • Stage 0 (DCIS)

• Timeframe
  • Within one year of cancer diagnosis and no longer than 6 months after completion of therapy
  • Extended to 18-months for patients receiving long-term hormonal therapy
2016 NAPBC
(National Accreditation Program for Breast Centers)

• Standard 2.20 - Survivorship Care Plan (SCP)
  – Develops and implements a process to disseminate a treatment summary and follow-up plan to patients who have completed cancer treatment
  – Focus on patient with “Curative Intent” at time of diagnosis

• Compliance Standard
  • 2015 ≥ 50% of eligible patients
  • 2016 ≥ 100% of eligible patients
NAPBC - Standard 2.20
Clarification

• Inclusion
  • Curative intent for initial cancer occurrence who have completed active therapy
    » (Stage I – III)
  • DCIS (Ductal Carcinoma In-situ)
    » (Stage 0)

• Exclusion
  • Stage IV/metastatic disease
  • Recurrence
  • LCIS

• Timeframe
  • Within one year of diagnosis and no later that 6 months after completion of therapy
  • Extended to 18-months for patients receiving long-term hormonal therapy
# ACS Cancer Survivor Facts & Figures

## Figure 1. Estimated Numbers of US Cancer Survivors by Site

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014</strong></td>
<td><strong>2024</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>2,975,970 (43%)</td>
<td>3,131,440 (41%)</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>621,430 (9%)</td>
<td>Uterine corpus 624,890 (8%)</td>
</tr>
<tr>
<td>Melanoma</td>
<td>516,570 (8%)</td>
<td>Melanoma 528,860 (7%)</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>455,520 (7%)</td>
<td>Thyroid 470,020 (6%)</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>297,820 (4%)</td>
<td>Non-Hodgkin lymphoma 272,000 (4%)</td>
</tr>
<tr>
<td>Testis</td>
<td>244,110 (4%)</td>
<td>Uterine cervix 244,180 (3%)</td>
</tr>
<tr>
<td>Kidney</td>
<td>229,790 (3%)</td>
<td>Lung &amp; bronchus 233,510 (3%)</td>
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<tr>
<td>Lung &amp; bronchus</td>
<td>196,580 (3%)</td>
<td>Oral cavity &amp; pharynx 241,920 (3%)</td>
</tr>
<tr>
<td>Oral cavity &amp; pharynx</td>
<td>194,140 (3%)</td>
<td>Lung &amp; bronchus 240,530 (3%)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>177,940 (3%)</td>
<td>Leukemia 230,590 (2%)</td>
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<tr>
<td><strong>All sites</strong></td>
<td><strong>6,876,600</strong></td>
<td><strong>All sites</strong></td>
</tr>
<tr>
<td></td>
<td><strong>2024</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>4,194,190 (45%)</td>
<td>Breast 698,040 (7%)</td>
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<tr>
<td>Colon &amp; rectum</td>
<td>789,950 (8%)</td>
<td>Urinary bladder 577,780 (6%)</td>
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<tr>
<td>Melanoma</td>
<td>696,280 (7%)</td>
<td>Non-Hodgkin lymphoma 390,170 (4%)</td>
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<tr>
<td>Thyroid</td>
<td>645,330 (7%)</td>
<td>Kidney 318,990 (3%)</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>360,220 (4%)</td>
<td>Testis 308,000 (3%)</td>
</tr>
<tr>
<td>Testis</td>
<td>289,400 (3%)</td>
<td>Lung &amp; bronchus 244,840 (3%)</td>
</tr>
<tr>
<td>Kidney</td>
<td>236,320 (2%)</td>
<td>Cervix 244,480 (3%)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>221,260 (2%)</td>
<td>Ovary 236,320 (2%)</td>
</tr>
<tr>
<td><strong>All sites</strong></td>
<td><strong>9,312,080</strong></td>
<td><strong>All sites</strong></td>
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</tbody>
</table>

**Source:** Data Modeling Branch, Division of Cancer Control and Population Sciences, National Cancer Institute. American Cancer Society, Surveillance and Health Services Research, 2014
The earlier a diagnosis, the better the chances of survival.

**Breast (Female)**
- Localized: 61%
- Regional: 32%
- Distant: 5%

**Colon & Rectum**
- Localized: 40%
- Regional: 36%
- Distant: 20%

**Lung & Bronchus**
- Localized: 15%
- Regional: 22%
- Distant: 57%

**Melanoma**
- Localized: 84%
- Regional: 9%
- Distant: 4%

**Prostate**
- Localized: 81%
- Regional: 12%
- Distant: 4%

Percentage of patients diagnosed at each stage

**5-year relative survival rate for each stage at diagnosis**

- Breast: 99% Localized, 84% Regional, 24% Distant
- Colon & Rectum: 90% Localized, 70% Regional, 13% Distant
- Lung & Bronchus: 54% Localized, 26% Regional, 4% Distant
- Melanoma: 98% Localized, 62% Regional, 16% Distant
- Prostate: 100% Localized, 100% Regional, 28% Distant
Improvements in Survivorship

- Smoke free environments
- Diagnosis at earlier stage
- Advanced therapies
  - Radiation therapy (IGRT – Image guided RT)
  - Chemotherapy (new combinations)
  - Targeted drug therapy (works with the genetic make-up of the cancer)
  - Immune checkpoint inhibitors – (Help the immune system recognize lung cancer)
  - Lab testing on tumor sample to check effectiveness chemotherapy before it is given
Improvement in Post-Treatment Care

• Monitor
  • Disease recurrence
  • Late effects of treatment

• Teach healthy lifestyles choices

• Educate on minimizing late effects

• Continue appropriate screening
  • Age dependent
  • Family history
Initiatives for Survivors

• American Society of Clinical Oncology
• American Cancer Society
• American Lung Association
• National Cancer Institute
• Oncology Nursing Society
Positive Outcomes

• Early detection!!!
  • Minimal disease at diagnosis
• Strict standards
  • Education/training
  • Accreditation
• Advanced technology
  • Chemotherapy
  • Biotherapy
  • Radiotherapy
• Supportive therapy
National Initiatives for Support

• Incorporating survivorship into all aspects of care
• Identifying resources
  – Acute
  – Long term
• Lifetime surveillance
• Lifestyle choices
• Survivorship Care Plan
Survivorship Care Plan (SCP)

• Includes
  – Comprehensive care summary
  – Follow-up plan

• Comprehensive care summary
Survivorship Care

• Starts at diagnosis
• Optimize patient outcomes
• Reduce cost of care
• Support the overall physical and psychosocial well-being of survivor
  • Psychological
  • Physical
  • Social
  • Spiritual
  • Economic
Survivorship

• Not just treatment summaries (Care Plans)
• Broad scope of services
  – Symptom management
  – Support groups
  – Nutritional counseling
  – Rehabilitation
  – Education on late, long-term effects
  – Surveillance
SCP Development

• Delivery when “completed active therapy”
  – When to start??
  – Where patients identified?

• Develop a SCP Process/work flow for your facility
  – Unique to your facility
  – Follow national guidelines
  – Start small
Delivery Time Frame

• Completion of “active therapy”
  • Timing important
  • Separate appointment vs along with existing appointment

• When
  • Patient preference
  • Patient readiness to engage
  • Schedule of follow-up appointments
Template

- Amount and type of information
  - Health literacy
  - Oncologist/PCP desired information
  - Prioritize ease of use

- Document format
  - Paper/electronic
  - Follow-up plan availability

- Creation
  - Who
  - Data retrieval/entry method
Templates Options

• Homegrown
  • Requires up-front staff time investment
  • Manual and/or electronic

• ASCO
  • Free
  • Manual

• LiveStrong
  • Free
  • Manual

• Journey Froward
  • Free
  • Manual

• Commercial providers
  • Software acquisition cost
  • IT compatibility
The Treatment Plan and Summary provide a brief record of major aspects of breast cancer adjuvant treatment. This is not a complete patient history or comprehensive record of intended therapies.

**Medical oncology provider name:**

**Patient name:**

**Patient DOB:** (____/____/____) **Age at diagnosis:**

**Patient ID:** **Patient phone:**

**Support contact name:**

**Support contact relationship:**

**Support contact phone:**

**BACKGROUND INFORMATION**

**Family history:** [ ] None [ ] 2nd degree relative [ ] 1st degree relative [ ] Multiple relatives

**Definitive breast surgery:** Date: (____/____/____) **Type:** [ ] Lumpectomy [ ] Mastectomy [ ] Mastectomy/immediate recon

**# lymph nodes removed:**

**Axillary dissection:** [ ] Yes (____/____/____) [ ] No

**Sentinel node biopsy:** [ ] Yes (____/____/____) [ ] No

**Notable surgical findings/comments:**

**Tumor type:** [ ] Infiltrating ductal [ ] Infiltrating lobular [ ] Other:

**T stage:** [ ] T1 [ ] T2 [ ] T3 [ ] T4a [ ] T4b [ ] T4c [ ] T4d

**N stage:** [ ] N0 [ ] N1 [ ] N2 [ ] N3

**Pathologic stage:** [ ] 0 [ ] I [ ] II [ ] III

**Oncotype DX recurrence score (if applicable):**

**ER status:** [ ] Positive [ ] Negative

**PR status:** [ ] Positive [ ] Negative

**HER2 status:** [ ] Positive [ ] Negative

**Major comorbid conditions:**

**Echocardiogram or MUGA result prior to chemotherapy (if obtained):** EF=%

**ADJUVANT TREATMENT PLAN**

- Height: in/cm
- Pre-treatment weight: lb/kg
- Post-treatment weight: lb/kg
- Pre-Treatment BSA:
- Date last menstrual period: (____/____/____)
- Date last menstrual period: (____/____/____)

**Name of regimen:**

**Start Date:** (____/____/____)

**End Date:** (____/____/____)

**Treatment on clinical trial:** [ ] Yes [ ] No

**Chemotherapy Drug Name** | **Route** | **Dose** | **Schedule** | **Dose reduction needed** | **Number of cycles administered**
---|---|---|---|---|---

[ ] Yes ___% [ ] No

[ ] Yes ___% [ ] No
This Survivorship Care Plan will facilitate cancer care following active treatment. It may include important contact information, a treatment summary, recommendations for follow-up care testing, a directory of support services and resources, and other information. [1]

Survivorship Care Plan for Breast Cancer

Prepared by: Jimmie Wells on 3/26/2014 at St. Dominic Hospital

## General Information

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Jane Doe</th>
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<tbody>
<tr>
<td>Medical record number</td>
<td>11111111</td>
</tr>
<tr>
<td>Phone (home)</td>
<td>xxx-xxx-xxxx</td>
</tr>
<tr>
<td>Phone (cell)</td>
<td>xxx-xxx-xxxx</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:trailrun@letssee.com">trailrun@letssee.com</a></td>
</tr>
<tr>
<td>Date of birth</td>
<td>3/16/1961</td>
</tr>
<tr>
<td>Age at diagnosis</td>
<td>53</td>
</tr>
<tr>
<td>Support contact</td>
<td>John Doe, xxx-xxx-xxxx</td>
</tr>
</tbody>
</table>
Phases of Cancer Transitions

• Diagnosis
• Treatment
  • Curative
  • Palliative
• Recovery

• Non-cancer care providers are impacted at each of these phases!!
Survivorship Challenges

- Physical
- Emotional
- Economic
  - Temporary
  - Chronic
Lifetime Surveillance

• Follow recommended screening
• May be enhanced after a cancer diagnosis (dependent on diagnosis)
• Often will be transitioned to local health care providers
• May be defined by periods of “remission vs relapse”
  • Chronic process
Health Care Providers Impacted

- Oncologist
- Radiologist
- RN
- Navigators
- Primary care Practitioners (NP, MD, DO, etc.)
- Community health care providers
  - GI
  - Pulmonologist
  - Cardiologist
  - Urologist
  - GYN
Impact

- Management of long term symptoms often deferred to local healthcare providers
  - Heart
  - Pulmonary
  - Renal
  - Altered immune response
- Emergent symptoms can/will show up in local
  - Emergency rooms
  - Urgent Care Clinics
  - Ambulatory clinics
- Rehabilitation needs
- Prosthesis/appliance
Educate on Survivorship Choices

• Practice healthy lifestyle choices
  – Stop Smoking!!!!
  – Eat healthy balanced diet
  – Drink plenty of fluids
  – Alcohol in moderation or not at all
  – Stay as active as possible
• Learn to “Thrive” and not just survive
• Share their “story” with others
Referral Back to Oncologist

• Yearly for standard follow-up
• Symptoms related to possible cancer reoccurrence
  • Regrowth in old disease site
  • New findings on clinical exam
  • Unexplained hematological instability
  • New findings on wellness examinations
  • “Secondary malignancy”
Secondary Malignancy

• New cancer that is distinct from original malignancy
• Treatment-related AML/MDS
  – “Classic” alkylating agent-induced AML
• Solid tumors, such as sarcoma, breast, lung, skin and thyroid
  – 10-20 years after radiation and alkylating agents
Hope does not lie in a way out, but a way through.

Robert Frost
References

• Oncology Roundtable, Delivering Sustainable Survivorship Care, 
  www.advisory.com

• “The Survivorship Challenge”, The Advisory Board Company, 2014 
  www.Advisory.com/or/survivorship.com

• American College of Surgeons: Commission on Cancer 
  www.coc@facs.org

• National Accreditation Program for Breast Center 
  www.napbc@facs.org
Resources

- National Coalition for Cancer Survivorship
  - www.canceradvocacy.org
  - 1-877-622-7937
- Survivorship A to Z
  - www.survivorshipatoz.org/cancer
- Cancer Support Community
  - www.cancersupportcommunity.org
- American Cancer Society
  - www.cancer.org
- LiveStrong
  - www.livestrong.org
- Journey Forward
  - www.journeyforward.org