



Body System: Patient-Based Care		
Session Topic: Care of Cancer Survivors		
Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> Family physicians are caring for increasing rates of long-term cancer survivors. Physicians have knowledge gaps with regard to understanding and implement cancer survivorship guidelines, surveillance strategies, access to community and web-based resources, and strategies to improve communication and coordinate care with oncology, surgical, and other health care providers. Family physicians may require additional education and training to increase their self-efficacy and confidence in testing for recurrence of cancer using recommended laboratory tests and ancillary procedures. Family physicians may need to increase their 	<ol style="list-style-type: none"> Appraise and identify current guidelines and recommendations for cancer survivors. Provide appropriate and current resources to survivors on the psychosocial effects of cancer. Demonstrate increased self-efficacy and confidence in testing for recurrence of cancer using recommended tests and ancillary procedures. Develop communication strategies to improve communication with sub-specialists treating cancer patients to improve coordination of care. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



<p>knowledge of resources available to help mitigate the psychosocial effects of cancer including issues such as infertility, chemotherapy complications, cultural competency and stigma related to cancer</p> <ul style="list-style-type: none"> Family physicians require additional education to improve communication between specialists treating cancer patients and to coordinate care during follow-up visits. 		
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ACGME Core Competencies Addressed (select all that apply)

X	Medical Knowledge		Patient Care
	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism	X	Systems-Based Practice

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
 - Visit <http://www.aafp.org/journals> for additional resources
 - Visit <http://familydoctor.org> for patient education and resources
- Provide recommendations for implementing guidelines and recommendations for cancer survivors into practice level standards of care.
- Provide appropriate and current resources to survivors on the psychosocial effects of cancer.
- Provide recommendations & best practices for testing for recurrence of cancer using recommended tests and ancillary procedures.
- Provide recommendations toward developing communication strategies to improve communication with sub-specialists treating cancer patients to improve coordination of care.



- Appraise and identify current guidelines and recommendations for cancer survivors.
- Provide appropriate and current resources to survivors on the psychosocial effects of cancer.
- Demonstrate increased self-efficacy and confidence in testing for recurrence of cancer using recommended tests and ancillary procedures.
- Develop communication strategies to improve communication with sub-specialists treating cancer patients to improve coordination of care.

Needs Assessment:

Cancer is now the second leading cause of death, causing over 8 million deaths worldwide in 2013.¹ With improved screening rates, more efficacious treatments, and an aging population, there are now more than 14 million cancer survivors in the United States; including 2.9 million from prostate cancer, 3.1 million from female breast cancer, and over 430,000 from lung cancer.²⁻⁴ With more than 60% of individuals diagnosed with cancer becoming long-term cancer survivors, this number is expected to grow to over 18 million by 2024.^{2,4}

Data from a recent American Academy of Family Physicians (AAFP) CME Needs assessment survey indicate that family physicians have significant knowledge gaps regarding the care of cancer survivors.⁵ More specifically, CME outcomes data from the 2013 AAFP Assembly: *Care of Cancer Survivors* sessions indicate that family physicians require additional continuing medical education to better understand and implement cancer survivorship guidelines, surveillance strategies, access to community and web-based resources, and strategies to improve communication and coordinate care with oncology, surgical, and other health care providers.⁶

Primary care providers are often overburdened by an aging population with multiple chronic conditions and may not be adequately prepared to care for these survivors due to perceived knowledge gaps about the individualized needs, risks, and surveillance plans for cancer survivors.⁷⁻¹⁰ Additionally, there is often a lack of inter-professional communication and clarity about responsibilities in the coordination of care between oncology professionals and primary care providers.^{8,9,11} In fact, patients are often unaware that a transition back to their primary care provider, from their oncology provider, is an option. Physicians can improve patient satisfaction with the referral process by using readily available strategies and tools such as, improving internal office communication, engaging patients in scheduling, facilitating the appointment, tracking referral results, analyzing data for improvement opportunities, and gathering patient feedback.^{12,13}

Physicians may improve their care of patients with cancer by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:^{10,14}

- In breast cancer survivors, surveillance with regular physical examinations and yearly mammography is as effective as more intensive approaches for detecting recurrences, and improving overall survival and quality of life.
- Phosphodiesterase-5 inhibitors are beneficial in the treatment of erectile dysfunction caused by prostate cancer treatment.



- There is an overall survival benefit for intensive surveillance after colorectal cancer treatment, but the optimal combination of methods and frequency of visits is unknown.
- Melanoma survivors should receive annual clinical skin examinations and be counseled about using sun protection and recognizing potentially malignant skin lesions.
- Females treated with chest or axillary radiation for lymphoma should undergo earlier and more intensive breast cancer screening, although the optimal combination of methods and frequency of visits is unknown.
- In addition to providing regular medical care, primary care physicians of childhood cancer survivors need to perform surveillance for secondary cancers, identify late adverse effects of therapy, and attend to psychosocial needs.
- The long-term care plan for a childhood cancer survivor should be individualized based on the patient's risks of various late adverse effects.
- The transition of childhood cancer survivors to adult primary care should be a deliberate, systematic process that includes the creation of a complete Summary of Cancer Treatment.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Continuity of Care is a core component of family medicine.¹⁵ Inclusive of all disease sites, the concept of continuity is often difficult to define and measure. However, it appears a strong link exists between improved care, reduced hospitalization and interpersonal continuity.¹⁵ In 2006, the Institute of Medicine (IOM) and National Research Council (NRC) put forth recommendations for coordinating care, developing guidelines development, quality improvement, strengthening professional education programs, and addressing research gaps, particularly for cancer survivors.¹⁵⁻¹⁷ A cancer survivor is “anyone who has been diagnosed with cancer from the time of diagnosis through the balance of his or her life.”¹⁸ There are approximately 300,000 survivors of childhood cancer in the United States, and most of them receive their medical care from primary care physicians.¹⁰ Although there is still a paucity of literature on care of cancer survivors in the primary care setting, Potosky et al. recently conducted a large, nationally representative survey, exploring the IOM and NRC recommendations through a physician questionnaire completed by 1,072 primary care physicians (PCPs) and 1,130 medical oncologists.¹⁹ Results of this study indicated that less than half of the PCPs were confident in their knowledge of testing for recurrence or providing resources for the psychosocial effects of cancer.¹⁹ Cancer survivors are at increased risk for recurrence of the original cancer and development of second primary malignancies as a result of cancer therapy and other risk factors.²⁰ Family physicians are integral in the care of their patients with cancer, most involvement occurring at the time of diagnosis and with end-of-life care.²¹ One challenge is to integrate family physicians into the continuum of providing care for cancer survivors.²² The



Patient-Centered Medical Home is one approach of supporting patients and their families by providing a patient-centered orientation and coordinated care between medical specialties.^{23,24} In data from a recent survey of a sample group of active AAFP physician members, 76.8% of respondents indicated they were currently treating patients with cancer. Of these respondents, only 32% indicated that they were either moderately comfortable or comfortable in managing the care of patients with cancer. In addition, 51% of these respondents voiced they would be moderately likely or extremely likely to engage in CME on this topic. These data demonstrate a self-identified need by family physicians for CME on the management of patients with cancer.²⁵

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Surveillance of the adult cancer survivor¹⁴
- Primary care of adult survivors of childhood cancer¹⁰
- Leukemia: an overview for primary care²⁶
- Simple tools to increase patient satisfaction with the referral process¹²
- Recent Updates to NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)²⁷
- Advancing survivorship care through the National Cancer Survivorship Resource Center: developing American Cancer Society guidelines for primary care providers²⁸
- American Cancer Society prostate cancer survivorship care guidelines²⁹
- NCCN Patient and Caregiver Resources³⁰
- American Society of Clinical Oncology: Survivorship Guidelines³¹
- Nutrition and physical activity guidelines for cancer survivors³²
- Models of care for cancer survivorship³³
- Cancer | After Cancer Treatment (patient education)³⁴

References

1. Global Burden of Disease Cancer C. The Global Burden of Cancer 2013. *JAMA oncology*. 2015;1(4):505-527.
2. DeSantis CE, Lin CC, Mariotto AB, et al. Cancer treatment and survivorship statistics, 2014. *CA: a cancer journal for clinicians*. Jul 2014;64(4):252-271.
3. Centers for Disease Control and Prevention. Basic Information About Cancer Survivorship. 2014; http://www.cdc.gov/cancer/survivorship/basic_info/. Accessed July, 2014.
4. American Cancer Society. 2014 Cancer Survivorship Statistics – 10 Key Facts. 2014; <http://www.cancer.org/research/acsresearchupdates/more/2014-cancer-survivorship-statistics-10-key-facts>. Accessed July, 2014.
5. AAFP. 2012 CME Needs Assessment: Clinical Topics. American Academy of Family Physicians; 2012.
6. American Academy of Family Physicians (AAFP). 2013 AAFP Scientific Assembly: CME Outcomes Report. Leawood KS: AAFP; 2013.
7. Hudson SV, Miller Sm Fau - Hemler J, Hemler J Fau - Ferrante JM, et al. Adult cancer survivors discuss follow-up in primary care: 'not what i want, but maybe what i need'. *Ann Fam Med*. Vol 102012:418-427. doi: 410.1370/afm.1379.



8. Kantsiper M, McDonald EL, Geller G, Shockney L, Snyder C, Wolff AC. Transitioning to breast cancer survivorship: perspectives of patients, cancer specialists, and primary care providers. *Journal of general internal medicine*. Nov 2009;24 Suppl 2:S459-466.
9. Ganz PA. Survivorship: adult cancer survivors. *Primary care*. Dec 2009;36(4):721-741.
10. Seehusen DA, Baird D, Bode D. Primary care of adult survivors of childhood cancer. *American family physician*. May 15 2010;81(10):1250-1255.
11. Blanch-Hartigan D, Forsythe LP, Alfano CM, et al. Provision and discussion of survivorship care plans among cancer survivors: results of a nationally representative survey of oncologists and primary care physicians. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*. May 20 2014;32(15):1578-1585.
12. Jarve RK, Dool DW. Simple tools to increase patient satisfaction with the referral process. *Family practice management*. Nov-Dec 2011;18(6):9-14.
13. American Academy of Family Physicians (AAFP). FPM Toolbox: Referral Management. 2013; <http://www.aafp.org/fpm/toolBox/viewToolType.htm?toolTypeId=26>. Accessed July, 2014.
14. Wilbur J. Surveillance of the adult cancer survivor. *American family physician*. Jan 1 2015;91(1):29-36.
15. Saultz JW, Lochner J. Interpersonal continuity of care and care outcomes: a critical review. *Annals of family medicine*. Mar-Apr 2005;3(2):159-166.
16. Hewitt M, Ganz P, eds. *From cancer patient to cancer survivor: Lost in transition* Institute of Medicine, National Research Council; 2006. An American Society of Clinical Oncology and Institute of Medicine Symposium.
17. IOM. From Cancer Patient to Cancer Survivor: Lost in Transition. In: Hewitt M, Greenfield S, eds. *Institutes of Medicine*. Washington, DC: The National Academies Press; 2006b.
18. NIH. Living beyond cancer: finding a new balance: President's Cancer Panel 2003-2004 annual report. Bethesda, MD: National Cancer Institute, National Institutes of Health, U.S. Dept. of Health and Human Services; 2004.
19. Potosky AL, Han PK, Rowland J, et al. Differences Between Primary Care Physicians' and Oncologists' Knowledge, Attitudes and Practices Regarding the Care of Cancer Survivors. *Journal of general internal medicine*. Jul 22 2011.
20. Sunga AY, Eberl MM, Oeffinger KC, Hudson MM, Mahoney MC. Care of cancer survivors. *American family physician*. Feb 15 2005;71(4):699-706.
21. Hickner J, Kent S, Naragon P, Hunt L. Physicians' and patients' views of cancer care by family physicians: a report from the American Academy of Family Physicians National Research Network. *Family medicine*. Feb 2007;39(2):126-131.
22. Aubin M, Vezina L, Verreault R, et al. Family physician involvement in cancer care follow-up: the experience of a cohort of patients with lung cancer. *Ann Fam Med*. Nov-Dec 2010;8(6):526-532.
23. Holge-Hazelton B, Blake-Gumbs L, Miedema B, van Rijswijk E. Primary care for young adult cancer survivors: an international perspective. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer*. Oct 2010;18(10):1359-1363.
24. Peikes D, Genevro J, Scholle S, Torda P. The Patient-Centered Medical Home: Strategies to Put Patients at the Center of Primary Care. *AHRQ Vol Publication NO. 11-0029*. Rockville, MD: Agency for Healthcare Research and Quality; 2011.



25. AAFP. AAFP Market Research Report. July 2011.
26. Davis AS, Viera AJ, Mead MD. Leukemia: an overview for primary care. *American family physician*. May 1 2014;89(9):731-738.
27. National Comprehensive Cancer Network. Recent Updates to NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). 2014; http://www.nccn.org/professionals/physician_gls/recently_updated.asp. Accessed July, 2014.
28. Cowens-Alvarado R, Sharpe K, Pratt-Chapman M, et al. Advancing survivorship care through the National Cancer Survivorship Resource Center: developing American Cancer Society guidelines for primary care providers. *CA: a cancer journal for clinicians*. May 2013;63(3):147-150.
29. Skolarus TA, Wolf AM, Erb NL, et al. American Cancer Society prostate cancer survivorship care guidelines. *CA: a cancer journal for clinicians*. Jul 2014;64(4):225-249.
30. National Comprehensive Cancer Network. Patient and Caregiver Resources. 2014; <http://www.nccn.org/patients/resources/default.aspx>. Accessed July, 2014.
31. American Society of Clinical Oncology. Survivorship Guidelines. 2014; <http://www.asco.org/guidelines/survivorship>. Accessed June, 2014.
32. Rock CL, Doyle C, Demark-Wahnefried W, et al. Nutrition and physical activity guidelines for cancer survivors. *CA: a cancer journal for clinicians*. Jul-Aug 2012;62(4):243-274.
33. National Guideline Clearinghouse. Models of care for cancer survivorship. 2012; <http://www.guideline.gov/content.aspx?id=39428&search=cancer+survivorship>. Accessed 7/25/2014.
34. FamilyDoctor.org. Cancer | After Cancer Treatment. 2002; <http://familydoctor.org/familydoctor/en/diseases-conditions/cancer/treatment/after-cancer-treatment.html>. Accessed July, 2014.