

Delivery of Survivorship Care: What Have We Learned from Research?

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Cancer de mama y sobrevivencia: Retos y Respuestas

October 8, 2013

Mexico City, Mexico



Overview

- Specialist vs. primary-care based models of survivorship care
- Physician's views about providing survivorship care
- Engaging health promoters and community health workers in Mexico

Breast Cancer Survivorship Care

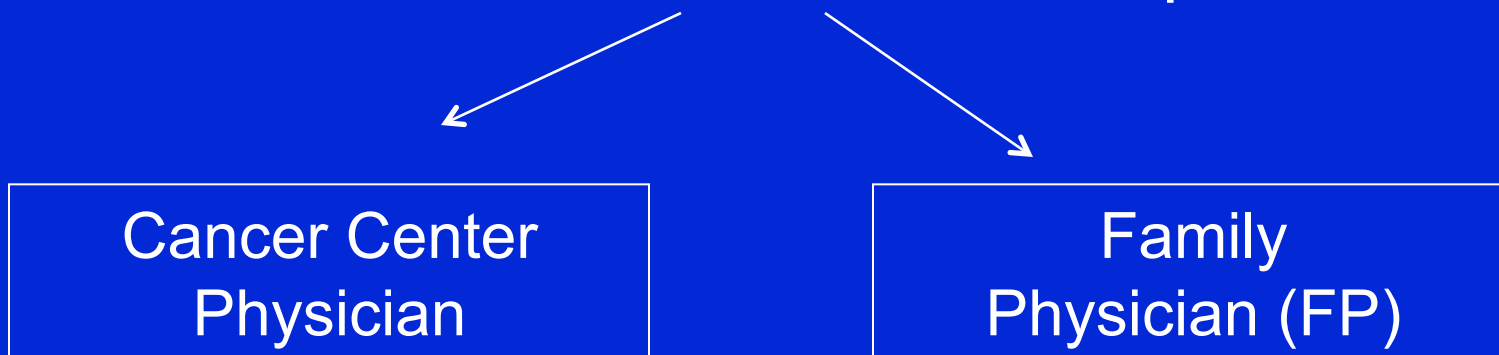
- Goals
 - Detect recurrent and new primary breast cancers
 - Identify late effects of treatments
 - Provide psychosocial support
- US & Canadian guidelines recommend
 - Routine visits with history/physical exam
 - Annual surveillance mammograms
 - Additional testing only if symptoms

Who Should Care for Cancer Survivors?

- Cancer specialists?
- Generalist physicians?
- Others?

Generalists vs. Specialists in Care of Cancer Survivors

- Multi-center randomized controlled trial in Canada
 - 968 women with early-stage breast cancer who completed adjuvant treatment randomized to receive follow up care from



Follow-up Recommendations

Principal objectives of follow-up:

1. To provide support and counseling to the patient and her family
2. To detect local or regional recurrences and initiate treatment promptly
3. To detect metastatic disease and initiate appropriate treatment promptly
4. To detect new primaries in the contralateral breast

Recommended follow-up plan:

Physical examination and medical history	<ul style="list-style-type: none">• Years 1, 2 and 3 - every 3-6 months• Years 4 and 5 - every 6 months• Years 6+ (indefinitely) - annually
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- The physical examination and medical history should be targeted towards identification of signs or symptoms suggestive of recurrence or contralateral breast cancer.
 - locoregional recurrence - examination of ipsilateral breast, axilla and supraclavicular lymph nodes, and chest wall (for women with mastectomy)
 - systemic recurrence
 - pulmonary abnormalities (cough or shortness of breath)
 - hepatomegaly, nausea or vomiting, unexplained weight loss
 - bone pain or bone tenderness
 - neurological abnormalities
 - contralateral
 - examination of contralateral breast and regional lymph nodes
- All patients should be encouraged to make an earlier appointment if they develop any signs or symptoms suggestive of recurrence between routine follow-up visits.
- The frequency of visits can be tailored to the needs of individual patients. Some patients will require more frequent visits for reassurance and psychosocial support, or if they cannot be relied upon to return early if they develop signs or symptoms of recurrence.

Mammograms	<ul style="list-style-type: none">• Annually (indefinitely)
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- Annual mammography is complementary to physical examination. If a breast abnormality is detected on physical examination it should be investigated further, even in the context of a normal mammogram.

Routine laboratory and radiological tests	<ul style="list-style-type: none">• As clinically indicated by signs or symptoms
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- Routine diagnostic tests (such as LFTs, chest x-rays, liver ultrasound) are not recommended. However, these should be performed as indicated to fully investigate signs or symptoms suspicious of recurrent or new primary disease.

Pelvic examination	<ul style="list-style-type: none">• Annually
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- Women on adjuvant tamoxifen should have an annual pelvic examination and should be asked about vaginal discharge or bleeding because of increased risk of endometrial cancer.

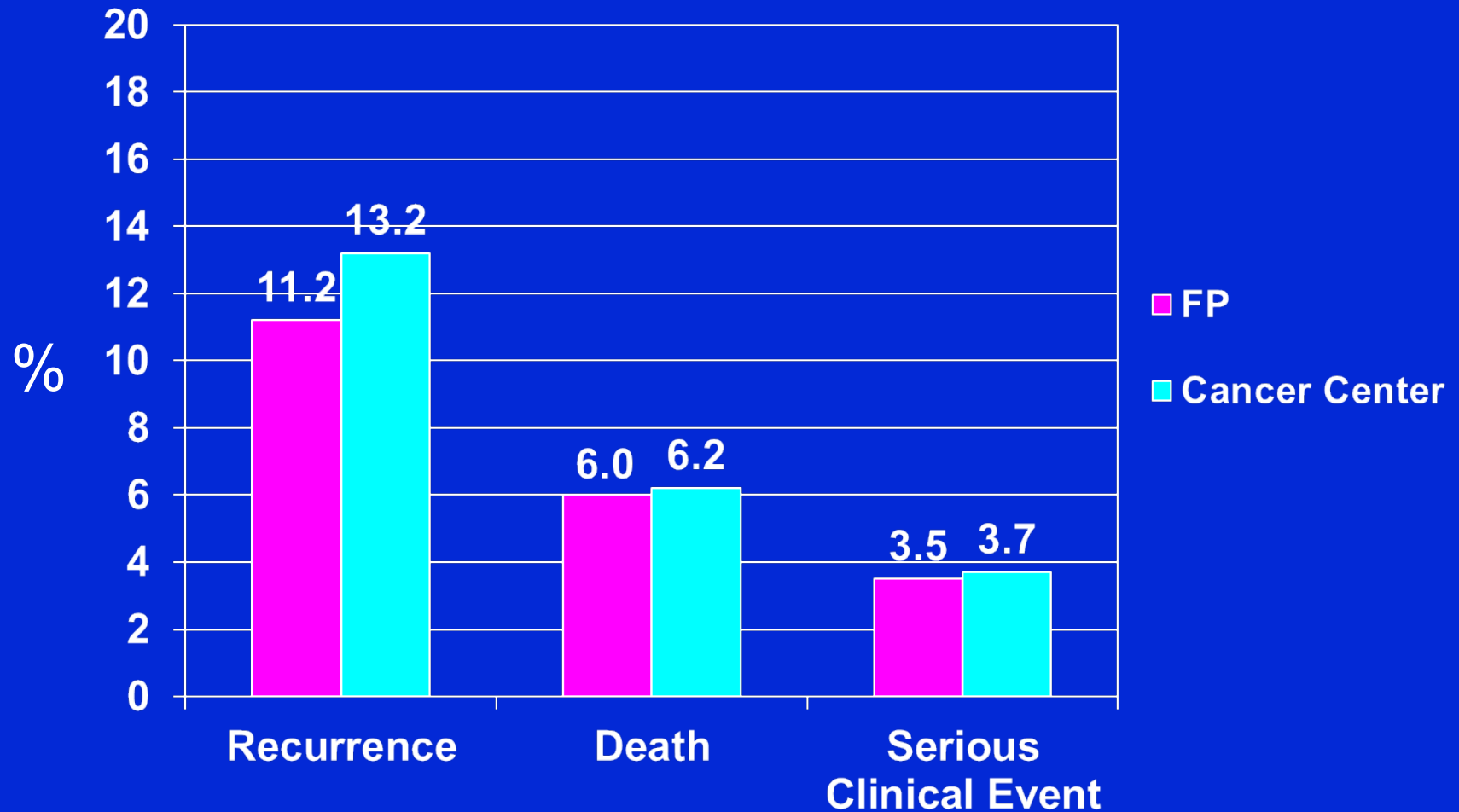
FP
received
1-page
summary

Grunfeld et al,
JCO 2006

Study Outcomes

- Serious clinical event
 - Cord compression, pathologic fracture, hypercalcemia, uncontrolled local recurrence, brachial plexopathy, poor functional status
- Recurrence
- Death
- Health-related quality of life, anxiety, depression

Recurrence, Death, & Serious Clinical Event by Group

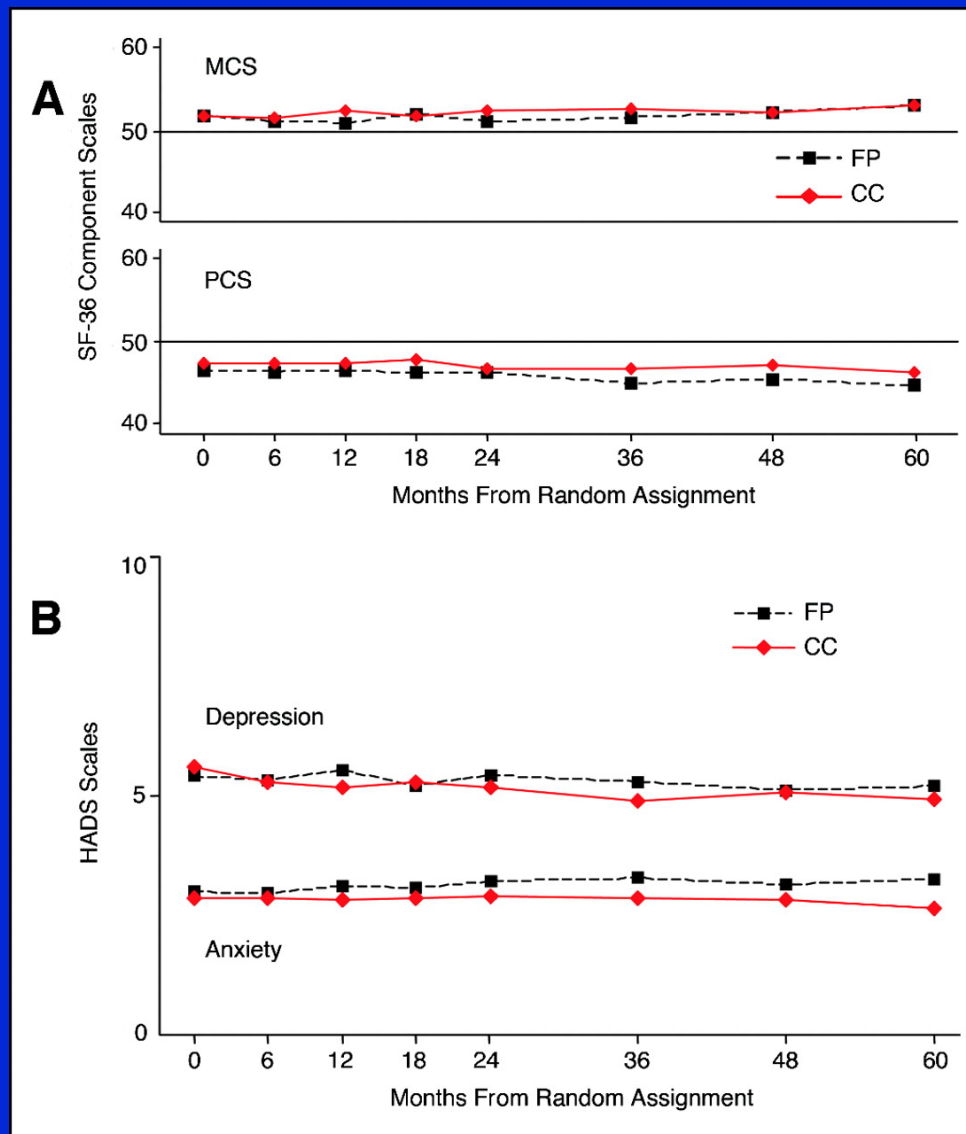


*All P>.2

Median follow up 3.5 years

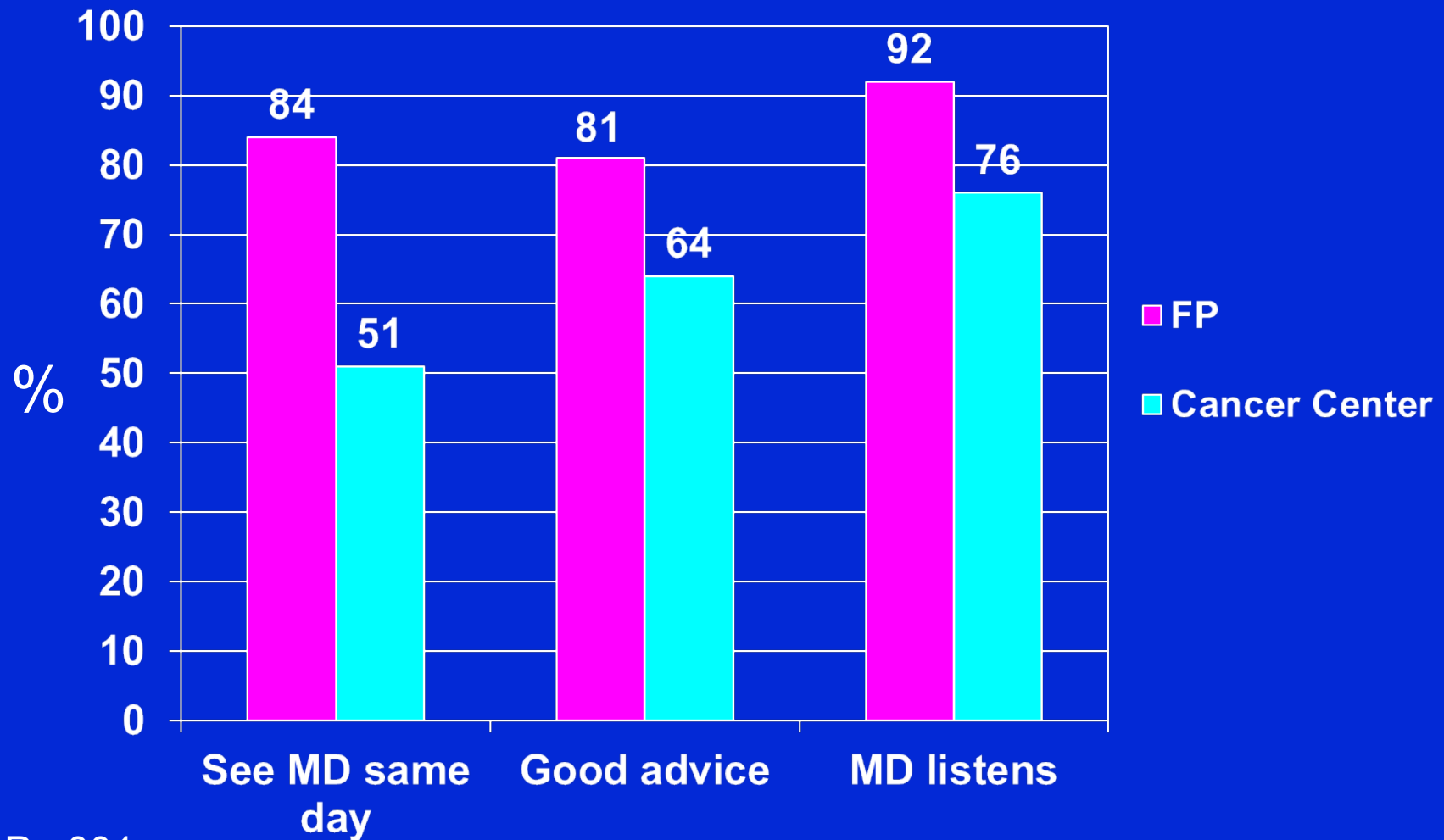
Grunfeld et al, JCO 2006

Quality of Life, Depression, & Anxiety



No significant difference at any time point

Patient Satisfaction with FP vs. Cancer Center Follow Up

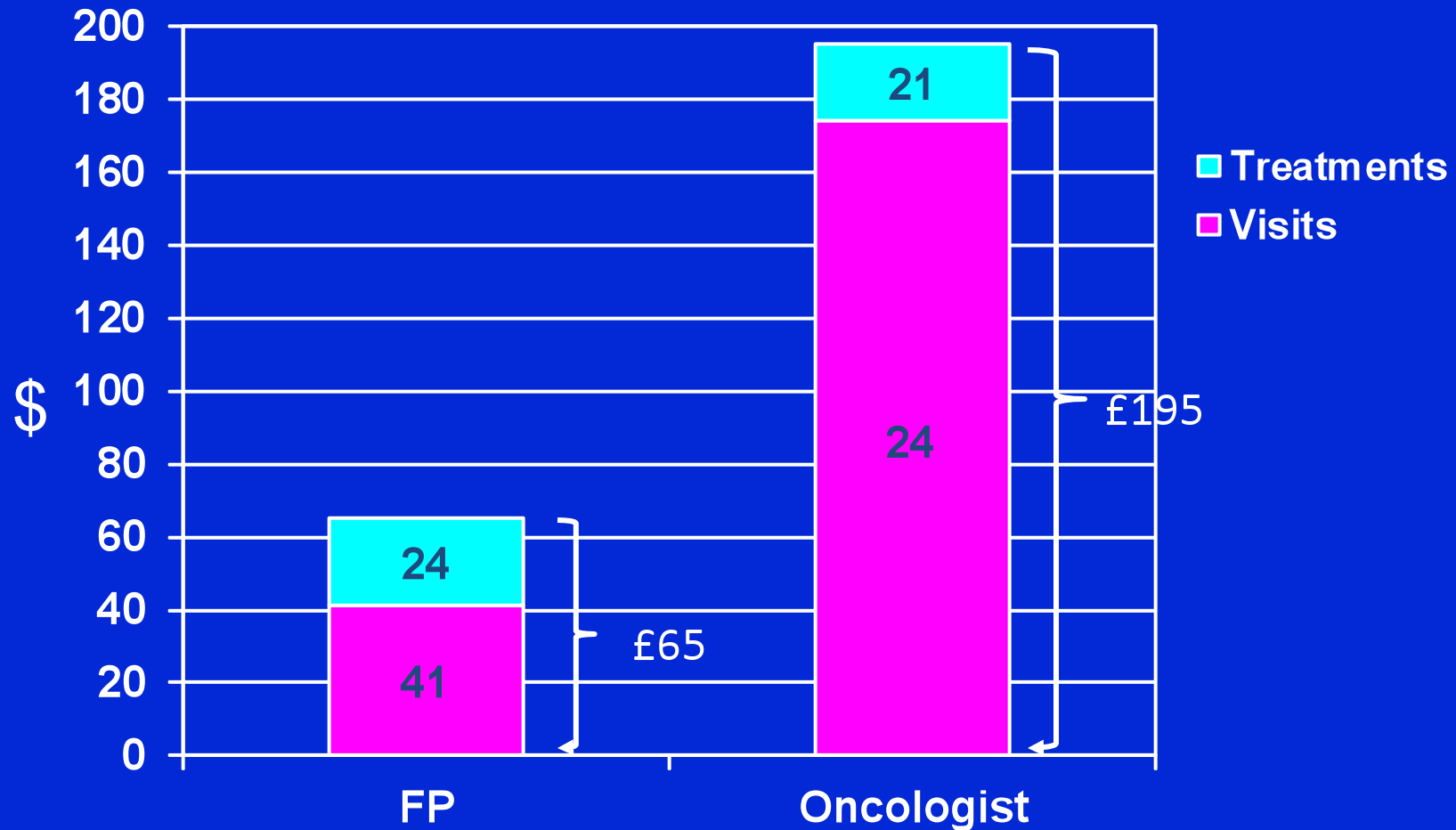


*All P<.001

Median follow up 3.5 years

Grunfeld et al, Br J Gen Pract 1999

Costs of Care with FP vs. Cancer Center Follow Up



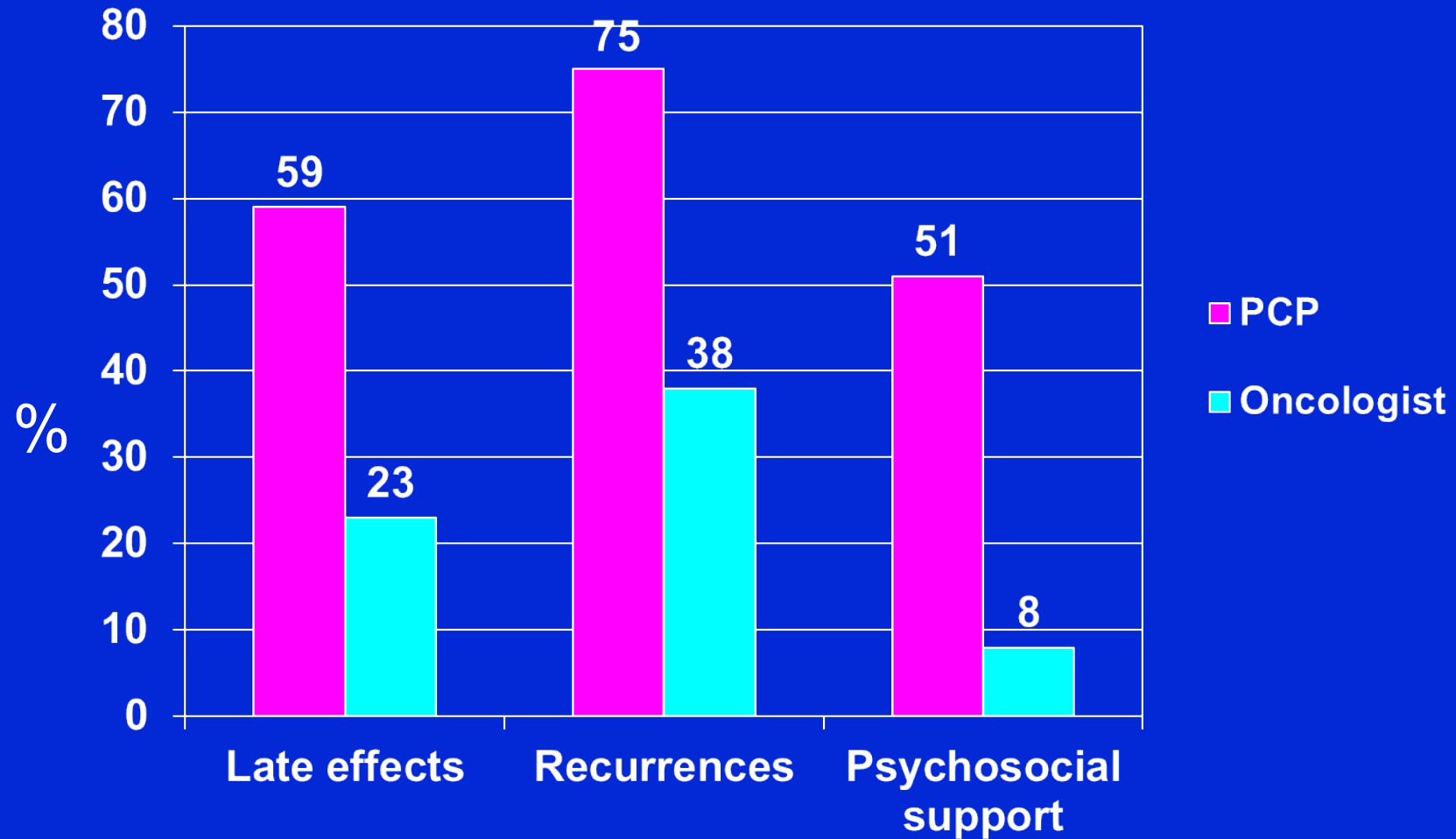
*All P<.001

Median follow up 3.5 years

Grunfeld et al, Br J Cancer 1999

How do Physicians Feel
about Providing
Survivorship Care?

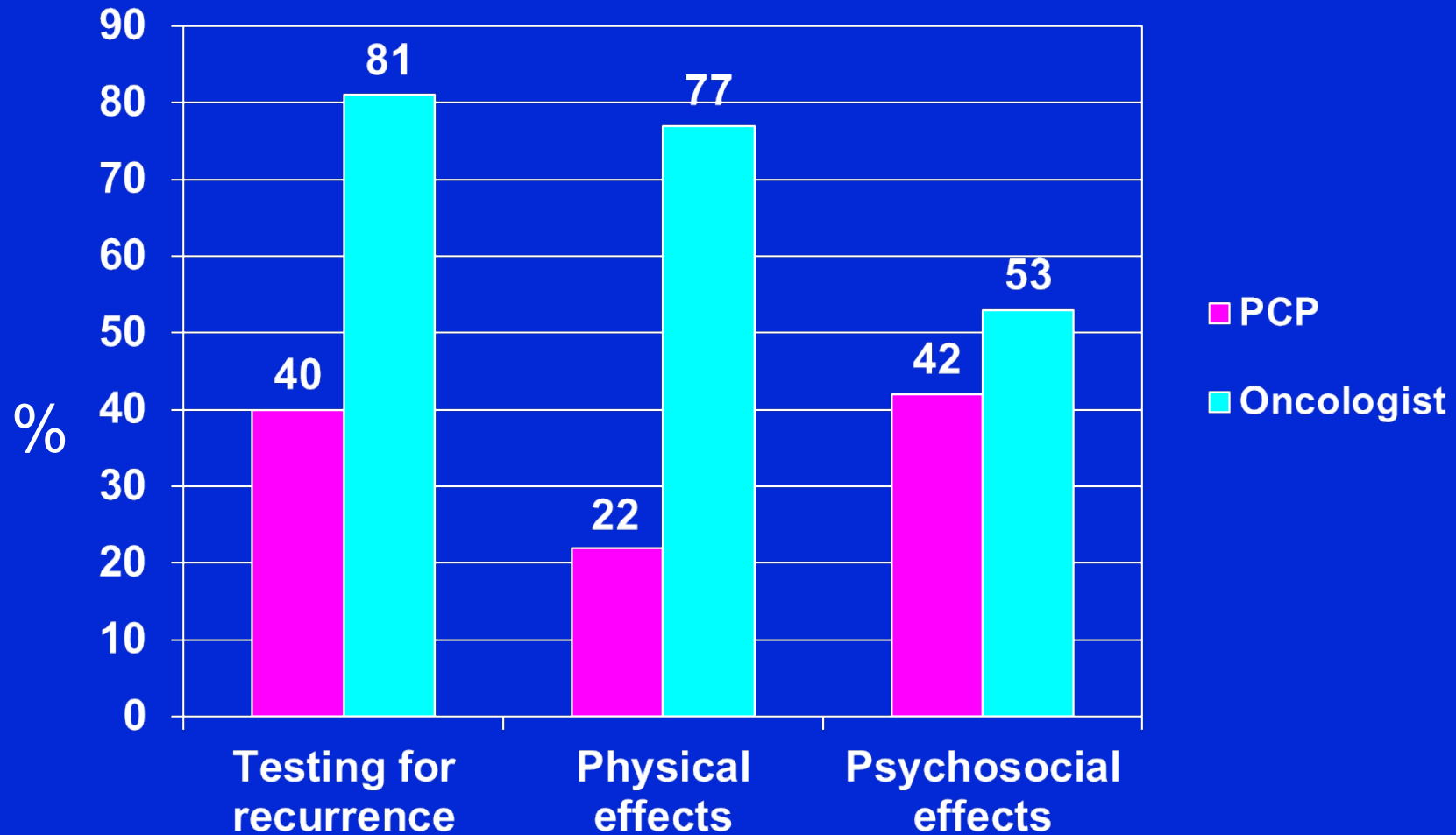
Do PCPs Have Skills to Care for...



Survey of 1072 PCPs and 1130 medical oncologists

Potosky et al, JGIM 2011

Confidence in Knowledge About...



Survey of 1072 PCPs and 1130 medical oncologists

Potosky et al, JGIM 2011

Can Others Support Physicians in Caring for Breast Cancer Survivors?

Is training of health promoters & community health workers an option?

Breast Cancer Knowledge among Health Promoters & Community Health Workers in Mexico Before and After Focused Training

Felicia Knaul, Laura Magana, Hector Arreola Ornelas,
Oscar Mendez, Elena Kouri, Nancy Keating

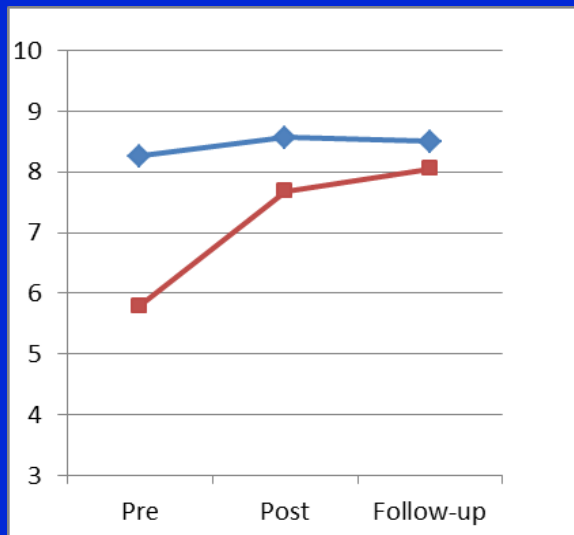
With support from *Comisión Nacional para la Protección Social en Salud de México* and the Ministries of Health of Nuevo Leon and Jalisco, the Mexican Health Foundation through its *Consejo Promotor Competitividad y Salud*, and Harvard University.

Study Design

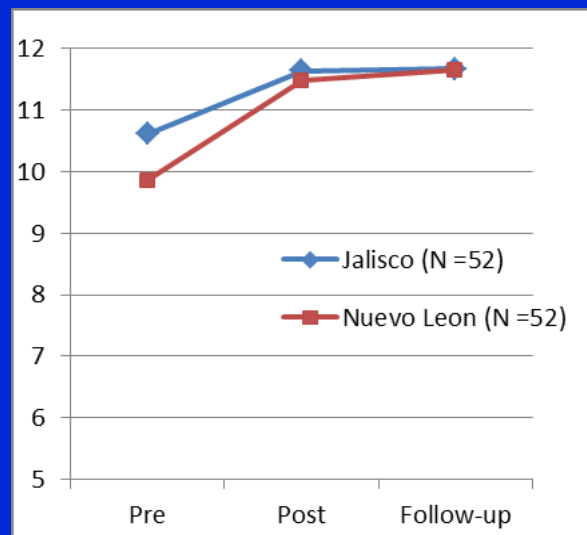
- Training of health promoters and community health workers to improve breast cancer knowledge
 - Trained 169 health promoters from Jalisco & Nuevo Leon
 - 8 hours in-person; 32 hours virtual; practical training experience
 - Health promoters trained 2651 community health workers
 - 10 hour course
 - 2132 completed the training

Health Promoters

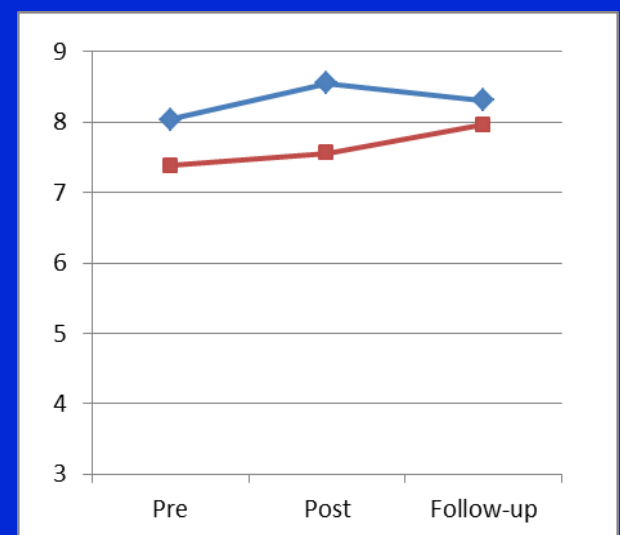
Risk Score (0-10)



Symptom Score (0-12)



Family History Score (0-9)

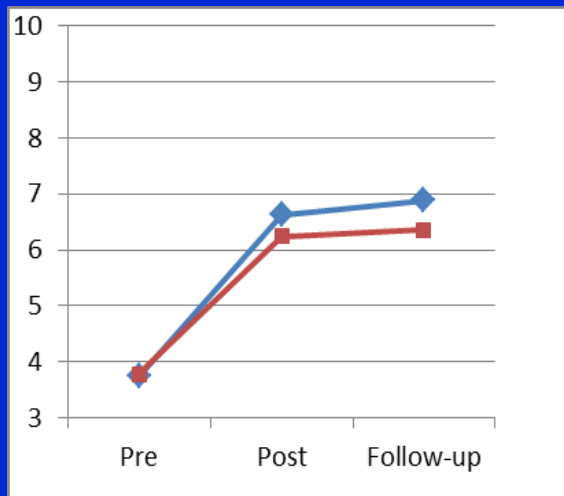


All $P < .01$ for difference from pre to post and pre to follow up.

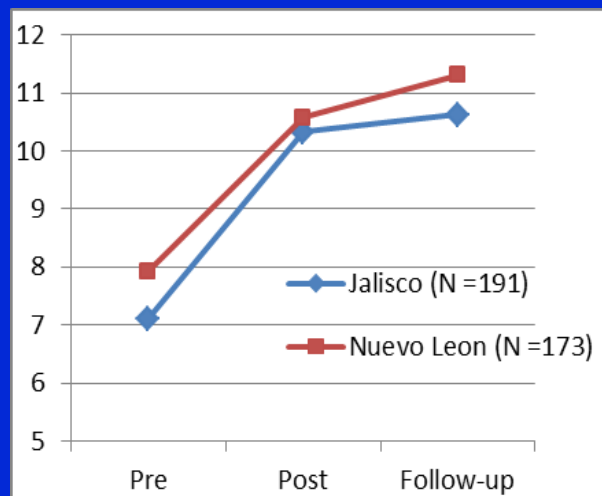
Keating, Knaul et al, in preparation

Community Health Workers

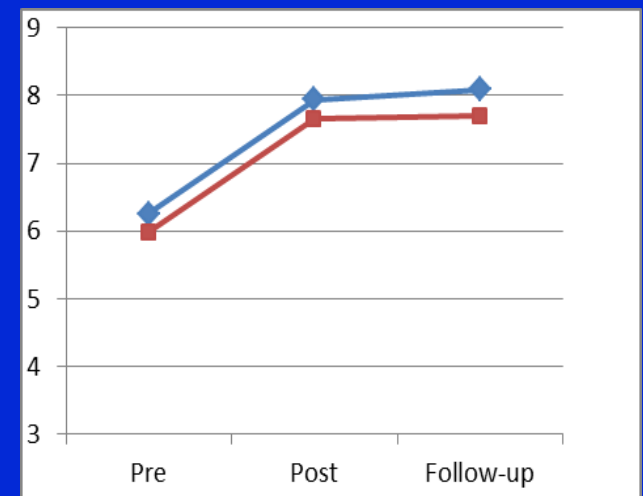
Risk Score (0-10)



Symptom Score (0-12)



Family History Score (0-9)



All $P < .01$ for difference from pre to post and pre to follow up.

Keating, Knaul et al, in preparation

Conclusions

- Primary care-based models of survivorship care are as effective as specialist models
- Primary care providers may need additional training/support and systems for improved communication/coordination with specialists
- Health promoters/auxiliary workers may be a cost-effective supplement to primary and specialty care

Who Should Care for Cancer Survivors?

- Cancer specialists?
- Generalist physicians?
- Others?

→ All of the above
and even survivors themselves!