

The Commission on Cancer and Cancer Survivorship

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Learning Objectives

- Better understand the current state of cancer survivorship in the US
- Appreciate what is needed to better meet the needs of cancer survivors
- Understand what does survivorship care really mean
- Better understand the role that the Commission on Cancer is playing in cancer survivorship
 - Review the current CoC standard
 - Review the new CoC standard and reason for change

What is a Cancer Survivor?

An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life. Family members, friends, and caregivers are also impacted by the survivorship experience and are therefore included in this definition.

Adapted from the National Coalition for Cancer Survivorship

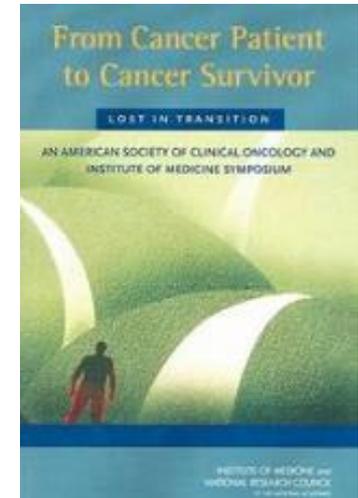
By the numbers....

- As of January 2019, it is estimated that there are 16.9 million cancer survivors in the United States. This represents 5.0% of the population
- The number of cancer survivors is projected to increase by 29.1%, to 21.7 million, by 2029
- In 2019, 67% of survivors (10.3 million) have survived 5 or more years after diagnosis; 45% have survived 10 or more years; and 18% have survived 20 or more years
- Sixty-four (64%) percent of survivors are currently 65 years of age or older
- Among today's survivors, the most common cancer sites represented include female breast (23%, 3.6 million), prostate (21%, 3.3 million), colorectal (9%, 1.5 million), gynecologic (8%, 1.3 million) and melanoma (8%, 1.2 million)

Cancer Survivorship

Since the IOM Report from 2006: “*From Cancer Patient to Cancer Survivor: Lost in Transition*”**what was the message?**

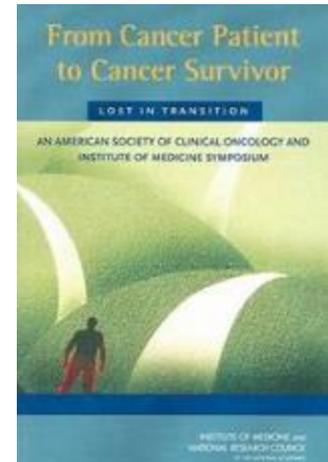
- Survivors were not getting what they needed
- Oncologists concentrated on patients receiving treatment
- Primary care providers not engaged
- Gaps in care
- Gaps in research to better identify short and long-term effects



Cancer Survivorship

Since the IOM Report from 2006: “*From Cancer Patient to Cancer Survivor: Lost in Transition*”**what have we done?**

- More meetings
- More research and more publications
 - But how much smarter are we really?
- Has care of the cancer survivor improved?
 - Modest uptake of treatment summaries and survivorship care plans
 - Little success in better meeting the needs of cancer survivors
 - Are there any objective data to suggest that outcomes are better than they were previously?



What might the Patient and Healthcare System want from Cancer Survivorship Care?

- Better medical outcomes
 - Related to cancer
 - Related to general health
- Surrogate factors – process measures
 - Better coordination of care among providers and between providers and patients
 - Better informed and proactive patient
- Patient factors
 - Decreased stress and anxiety
 - Improved quality of life
- Cost issues
 - Reduced utilization
 - Provider visits, testing
 - Reduced complications of care



Obstacles....

- Oncologists are very busy, and many patients have acute problems needing immediate attention....survivors may get less attention
- PCPs are very busy, and many of their patients have acute problems needing immediate attention....survivors may look like the healthiest patient in their waiting room – and there is a knowledge gap
- Survivorship guidelines for care not always helpful – short and long-term complications very different by disease and treatment – and continually evolving

The oncologist and SCPs.....

“Don’t ask me to do another thing unless there is good evidence that it will affect survival.”

When asked about management of complications of disease and treatment oncologist says: “I already do that..” is this true?

Is good survivorship care really just good follow-up care?

The Commission on Cancer (CoC) is 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.

CoC Standard 3.3 (Current)

The cancer committee develops and implements a process to disseminate a ***treatment summary and follow-up plan*** to patients who have completed cancer treatment. The process is monitored and evaluated annually by the cancer committee.

Eligible:

Analytic cases with Stage I, II, or III cancers treated with curative intent for initial cancer occurrence and who have completed active therapy

2015 – $\geq 10\%$ of eligible pts receive SCP

2016 – $\geq 25\%$ of eligible pts receive SCP

2017 and on – $\geq 50\%$ of eligible pts receive SCP

CoC Standard 3.3

Treatment Summary and Survivorship Care Plan

Treatment Summary

Op notes, discharge summaries, radiation oncology completion notes

Should there not be a treatment summary for every cancer patient?



Survivorship Care Plan

What is the plan going forward?

What issues need to be dealt with?

What are the plans to mitigate side effects – physical and emotional?

What screening is necessary? – for cancer recurrence and second cancers



CoC Standard 3.3 – Accreditation Results



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	Eligible Patients	Patients receiving a SCP	Compliance % Requirement	Result
Programs Surveyed in 2016 for compliance in 2015 (N=418)	399,859	79,120	10%	20%
Programs Surveyed in 2017 for compliance in 2015 (N=387)	194,323	32,937	10%	17.3%
Programs Surveyed in 2017 for compliance in 2016 (N=426)	204,744	58,055	25%	29%

CoC Standard 3.3 – Re-Evaluation

- Requirement to deliver SCPs presented significant challenges to CoC-accredited cancer programs
- Round table discussions at CoC meeting with broad stakeholder involvement
- ASCO Survivorship Committee meeting with CoC – April 2017
- National Cancer Policy Forum – July 2017
- American Cancer Society – 2 meetings in 2018 on risk-stratification of survivorship needs
- NCI Meeting – December 2018 on the research agenda for survivorship



Issues Raised.....

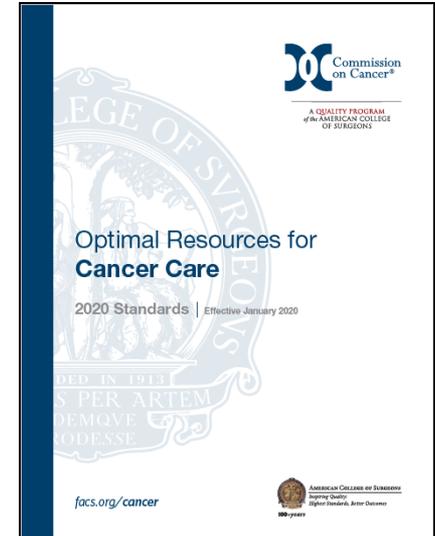
- “Don’t abandon the Standard – it is the only action that has gotten survivorship on the radar for cancer programs”
 - Support from IOM, ASCO, ACS without penalties for non-compliance
 - CoC – required for accreditation (1500 hospital cancer programs)
- Link the delivery of SCPs to an infrastructure to deliver survivorship care
- Figure out how to help programs develop effective and sustainable programs

Establish consistency with structure of quality programs across the American College of Surgeons

- Sunset commendation
- Rework eligibility requirements

Revise standards to ensure each results in the improvement of patient care

- Meets defined principles
- Gather evidence base for standards
- Identify new ways to confirm compliance
- Incorporate *Operative Standards for Cancer Surgery*



Results in the improvement of patient care

Evidence based

Current

Clearly interpretable

For the benefit of cancer patients

Objectively verifiable by experienced site visit reviewers

Posted draft standards on CoC website in May 2019

For each standard, respondents asked:

- Is this standard clearly interpretable?
- Will your program be able to meet this standard by the end of 2020?
- Other comments on this standard?

2,488 responses over 3 surveys*

750+ pages of responses.

*# of unique respondents unknown

Value of Public Feedback Period

Improved standards

- Language clarified where meaning not clear
- Identified requirements that needed tweaking
- Identified standards where phase-in needed

Facilitated open process

- Allowed for stakeholder input
- Gave programs preview of upcoming revisions as early as possible

Outlined Education

- Provided outline of questions to address in educational materials/webinars

Publication & Implementation



Survivorship Care – Where Now?

- Patients should expect good follow-up care, coordinated, with attention to their physical and psychological needs
- We need to structure care to accomplish this
- We need to continue research into short and long-term complications of disease and therapy – especially as new therapies evolve (immunotherapy for instance)
- What will drive care in this direction?



STANDARD 4.8 Survivorship Program

PHASE IN STANDARD

DEFINITION AND REQUIREMENTS

The cancer committee oversees the development and implementation of a survivorship program directed at meeting the needs of cancer patients treated with curative intent.

Survivorship Program Team

The cancer committee appoints a coordinator of the survivorship program per the requirements in Standard 2.1: Cancer Committee.

The Survivorship Program Coordinator develops a survivorship program team. Suggested specialties include physicians, advanced practice providers, nurses, social workers, nutritionists, physical therapists, and other allied health professionals.

The survivorship program team determines a list of services and programs, offered on-site or by referral, that address the needs of cancer survivors. The team formally documents a minimum of three services offered each year. Services may be continued year-to-year, but it is expected that cancer programs will strive to enhance existing services over time and develop new services.

Each year, the survivorship program coordinator gives a report and the cancer committee reviews the activities of the survivorship program. The report includes:

- an estimate of the number of cancer patients who participated in three identified services to assist with identification of which programs were effective, and
- identification of the resources needed to improve the programs if barriers were encountered.

Shift in Focus

% of Survivorship Care Plans → Survivorship Program

Revised standard requirements:

- Designate leader of survivorship program
- Define scope of program
 - Identify team & services/programs offered to address needs of cancer survivors
- Annually evaluate 3 services impacting cancer survivors
 - Estimated number of patients participating in service
 - Identify opportunities for improvement

Demonstrate compliance beginning January 1, 2021

Services may include

- Treatment summaries
- Survivorship care plans
- Screening programs for cancer recurrence
- Screening for new cancers
- Seminars for survivors
- Rehabilitation services
- Nutritional services
- Psychological support & psychiatric services
- Support groups and services
- Formalized referrals to experts in cardiology, pulmonary services, sexual dysfunction fertility counseling
- Financial support services
- Physical activity programs

Survivorship Care Plans

- Valued and encouraged by the revised standard, but not required
- SCPs can partially meet expectations of standard
- Programs set parameters around its usage of SCPs
(no required delivery percentage)

Programs with a deficiency in Standard 3.3 or receive a deficiency at 2020 survey can either.....

- Develop an action plan toward compliance with the 2016 survivorship standard
- Develop an action plan toward compliance with the 2020 survivorship standard

Next Steps

- Release new standards – accessible from CoC Website at <https://www.facs.org/quality-programs/cancer/coc>
- Communications plan to CoC-accredited programs with requirements for:
 - 2020 surveys – evaluated on 2016 standards for 2017, 2018, and 2019 program activity
 - 2021 surveys – programs will be evaluated on 1-year of activity with new standards
- Modified requirements for programs to resolve deficiencies in 2016 standards for standards that have changed in 2020 version
- Education and Training
 - November workshop (sold out) to introduce standards (taping and posting session content)
 - Webinar series first quarter of 2020
 - April workshop
 - Presentations at national meetings

Follow ***The Brief*** for news and information related to the release of the new standards

September 26, 2019   

THE BRIEF

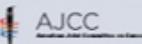
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Questions?



Thank you