COA ADVANCED PRACTICE PROVIDER CALL

Tuesday, October 18th, 12:30 pm ET
CAPP Co-Chairs:

Sarah Alexander, NP-C, Lake Norman Oncology
sarah@lakenormanoncology.com

Diana Youngs, ANCP, North Shore Hematology Oncology
dyouungs@nshoa.com
Reminders:

- The call will be recorded. Access to the recording will be placed on the CAPP website.
- Callers will be muted once the call begins. Toggle between mute and unmute with *6.
- Please do not place our call on “hold” while unmuted.
Welcome to:

Danielle Bellucci, Mather Primary Care at Rocky Point

Colette Eagleman, Los Angeles Cancer Network

Claire Green, Southeast Nebraska Cancer Center

Corin Jaynes, Charleston Hematology and Oncology

Barbara Kepes, Allegheny Health Network Cancer Institute
Welcome to:

Karen Kinahan, Northwestern Medical Group
Laura Makeever, North Shore Oncology and Hematology
Mandy Mansell, Cook Children's Medical Center
Kathleen Tonkin, SE Nebraska Cancer Center
Sheri Wysocki, Desert Hematology/Oncology
Update on CAPP Resources:

- Thank you to all of the discussion and sharing regarding APP orientation and training
- Policies, templates, other resources are welcome for CAPP members. Resources will be posted on the CAPP website [http://www.communityoncology.org/capp/](http://www.communityoncology.org/capp/)
  (Please send to Bo Gamble bgamble@coacancer.org)
- Look for a template for survivorship training following today’s call.
- Continue to use the listserv [capp@lists.coacancer.org](mailto:capp@lists.coacancer.org) for discussions between your peers.
- Look for an invitation to join a webinar on biosimilars.
“The **process of living** with, through, and beyond cancer. By this definition, cancer survivorship **begins at diagnosis**. It includes people who continue to have treatment to either **reduce risk** of recurrence or to **manage** chronic disease.”

-Cancer.net
Statistics on Survival
Estimated Number of Cancer Survivors in the US

Year

1970
1975
1980
1985
1990
1995
2000
2005
2010
2015
2020

Millions

0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

Projections

66% of those diagnosed with cancer will live more than 5 years.

(Vachani, 2009)
15% of cancer survivors were diagnosed over 20 years ago.

(Vachani, 2009)
More than 50% of cancer survivors are over the age of 65. The number of those surviving over the age of 65 is expected to double by 2050 with the aging baby boomer generation.

(Vachani, 2009)
80% of survivors return to work after diagnosis.

(Vachani, 2009)
Why is our number of **survivors** increasing?

- Improved **screening and detection**
- Improved **treatment**
- Improved **management** of side effects
- **YOU**: your dedication, your care, your support, your passion.
Acute **Survivorship**: The time during diagnosis and treatment.

Extended **Survivorship**: The months after completion of treatment.

Permanent **Survivorship**: The years after completion of treatment.

(American Cancer Society of Clinical Oncology, 2014)
Cancer as a Chronic Illness
Fear of Reoccurrence

Reoccurrence implies return of disease; however, for some patients this associates with worsening disease.

- Acute Survivorship/During treatment: survivors anxiously await scans and follow-up visits for signs of disease progression or remission.

- Extended/Permanent Survivorship: monitoring for reoccurrence begins
Long-term Effects of Treatment

- Immunocompromised
- Immobility
- Chronic Pain
- Infertility
- Heart Failure
- Respiratory Failure
- Osteoporosis
- Hearing loss
- Learning, Memory, Attention Deficits
- Irritable Bowel Syndrome

- Dry Mouth
- Irritable Bowel Syndrome
- Depression
- Anxiety
- Chronic Fatigue
- Secondary Malignancy
- Peripheral Neuropathy

(American Cancer Society of Clinical Oncology, 2014)
Implications for Practice

- Provide care to empower the survivor
- Understand the patient's phase of survivorship and alter the assessment and care to meet their needs
- Identify late side effects of treatment; Make appropriate referrals for screening
“More than 10 million Americans are living with cancer, and they demonstrate the ever-increasing possibility of living beyond cancer.” - Sheryl Crow

THANK YOU.
Establishing Survivorship Program

- Create survivorship plan template
  - Get insight and approval from practice providers as well as consult/referral specialists
- Determine protocol for scheduling of survivorship visit
- Identify patient population of focus
Survivorship Visit

- APP Led Visit
- Thirty Minutes in length
- Copy of Survivorship Plan
  - Practice
  - Patient
  - Consulting Providers
  - Referral Providers
Survivorship Plan

- Demographics
- Diagnosis Information
- Surgical Procedures
- Radiation Treatment
- Chemotherapy Treatment
- Treatment Intent/Response
- Medical Team
- Late Effects/Risks
- Screening/Follow-Up
- Follow-Up Schedule
References


Breast Cancer Survivorship Care Plan
Prepared by: Sarah Alexander, NP-C
Date of Preparation:

<table>
<thead>
<tr>
<th>Personal Information</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Date of Diagnosis:</td>
<td>Age at Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Height:</td>
<td>Weight:</td>
<td>BMI (Body Mass Index Ideal 19-25):</td>
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<table>
<thead>
<tr>
<th>Diagnosis Information</th>
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<tbody>
<tr>
<td>Right Breast</td>
<td>Left Breast</td>
<td>Diagnosis: Infiltrating Ductal Carcinoma</td>
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<tr>
<td>Stage at Diagnosis:</td>
<td>IIB</td>
<td>Oncotype DX Score: n/a</td>
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<tr>
<td>Pathologic Stage:</td>
<td>T 2 N 1 M 0</td>
<td>Clinical Stage: T 2 N 1 M 0</td>
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<tr>
<td>Sentinel Node Dissection:</td>
<td>Y □ N # Nodes- 5</td>
<td>Axillary Node Dissection: □ Y □ N # Nodes</td>
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<tr>
<td>Number of Positive Nodes:</td>
<td>1</td>
<td>Number of Negative Nodes: 4</td>
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<tr>
<td>ER: 3+ positive (100%)</td>
<td>PR: 2+ positive (60%)</td>
<td>HER2: not overexpressed</td>
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<tr>
<td>Genetic testing:</td>
<td>□ Y □ N</td>
<td>Results:</td>
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<table>
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<tr>
<th>Surgical Procedures</th>
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<tr>
<td>Date</td>
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<tr>
<td></td>
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<tr>
<td>Reconstruction surgery</td>
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10030 Gilead Road, Suite 350, Huntersville, NC 28078
170 Medical Park Road, Suite 101, Mooresville, NC 28117
(P) 704-799-3946 (F) 704-799-3956
www.lakenormanoncology.com
## Radiation Therapy

<table>
<thead>
<tr>
<th>Date Started:</th>
<th>Radiation Dose (cGy)</th>
<th>Date Completed:</th>
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## Chemotherapy/Biotherapy

<table>
<thead>
<tr>
<th>Date Started:</th>
<th>Date Completed:</th>
<th>Drug Names</th>
<th>Cycles/Dose</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Cytoxan</td>
<td>4/1014 mg</td>
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<tr>
<td></td>
<td></td>
<td>Taxotere</td>
<td>4/127 mg</td>
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</table>

## Endocrine Therapy

<table>
<thead>
<tr>
<th>Date Started:</th>
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## Treatment Intent and Response

<table>
<thead>
<tr>
<th>Intent:</th>
<th>Reason Treatment stopped:</th>
<th>Disease status at end of treatment:</th>
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<tbody>
<tr>
<td>✗ Curative □ Palliative</td>
<td>✗ Completed treatment □ Toxicity □ Other</td>
<td>✗ Complete Remission/NED □ Partial Response</td>
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### Medical Team

<table>
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<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Medical Oncologist/ Hematologist</td>
<td>David Eagle, MD</td>
</tr>
<tr>
<td>Surgeon</td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td></td>
</tr>
<tr>
<td>Radiation Oncologist</td>
<td></td>
</tr>
<tr>
<td>Survivorship Nurse Practitioner</td>
<td>Sarah Alexander, DNP, FNP-C</td>
</tr>
</tbody>
</table>

### Late Effects/Risks

- Premature menopause
- Hot Flashes
- Vaginal pain/dryness
- Sexual Dysfunction
- Body Image Changes
- Arthralgias
- Fatigue (Should improve over the next 3-6 months with mild residual effects)
- Mental Fog/forgetfulness (Should improve over the next 3-6 months with mild residual effects)
- Sleep/Wake Disturbance (Often seen with chemotherapy and at time persists following completion of treatment)
- Unplanned Weight Gain (May occur 20-30% of the time)
- Neuropathy
- Osteoporosis

### Screening/Follow-up Recommendations

- Genetic Testing/ Counseling
- Colonoscopy beginning at age 50
- Exercise 150 minutes per week
- Maintain healthy BMI of 19 to less than 25
- Eat a plant-based diet with 5 or more servings of fruits and vegetables daily
- Get the personal & emotional support you need
- Recommended calcium intake: 1000 - 1200 mg daily
- Foods rich in calcium are better than supplements
- Recommended Vitamin D3 intake: 800 to 1000 IU daily

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www.lakenormanoncology.com
- Osteopenia ❑
- Secondary Cancers □
- Cardiac Dysfunction □
- Lymphedema ❑
- Contracture of limb □

<table>
<thead>
<tr>
<th>Follow Up Schedule</th>
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<tbody>
<tr>
<td>History and physical exam every 4 to 6 months for years 1, 2 and 3</td>
<td>Dr. David Eagle/Sarah Alexander, NP-C</td>
</tr>
<tr>
<td>History and physical exam every 6 to 12 months for years 4 and 5</td>
<td>Dr. David Eagle/Sarah Alexander, NP-C</td>
</tr>
<tr>
<td>History and physical exam annually after 5 yrs</td>
<td>Dr. David Eagle/Sarah Alexander, NP-C</td>
</tr>
<tr>
<td>Follow Up with Surgeon</td>
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<tr>
<td>Breast Self Exam</td>
<td>Monthly</td>
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<tr>
<td>Mammogram</td>
<td>Annually</td>
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<tr>
<td>Pelvic Exam</td>
<td>Annually or per GYN/PCP recommendations.</td>
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<tr>
<td>Bone Densitometry</td>
<td>Every 1-2 years.</td>
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<tr>
<td>Vitamin D level</td>
<td>As recommended by primary care provider</td>
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DISCUSSION/QUESTIONS

Next CAPP Call  – Tuesday 11/15/16 – 12:30 pm ET