

## First Cancer Survivorship Guidelines Underscore Importance of Care Coordination (Expert Insight)

Sarah Brandt, Sg2 - Posted May 5, 2009 8:40 AM



For the first time, the National Comprehensive Cancer Network (NCCN) has included recommendations on the care of cancer survivors in its clinical practice guidelines. Survivorship principles were featured in the latest guidelines for colon and rectal cancer and for non-small cell lung cancer (NSCLC). These recommendations emphasize the increasing importance of survivorship care in cancer and the expansion of quality indicators to span the entire continuum of services.

There are an estimated 12 million cancer survivors in the United States. For many, the transition from active treatment to surveillance and follow-up is a difficult one. Particularly tricky is the shift from their oncologist back to their primary care physician. But with the projected oncologist shortage, this may become a more common step in the care continuum for cancer patients.

This transition can also be difficult for physicians. A lack of clear evidence on best practices in caring for cancer survivors has contributed to wide variations in care. The communication between medical oncologists and primary care physicians has also not traditionally emphasized the management of short and long term side-effects of treatment. This is where the new guidelines can help.

The NCCN survivorship guidelines on [NSCLC](#) cover:

- Cancer surveillance: recommendations on the timing of follow-up exams, tests and imaging
- Cancer screening recommendations: guidelines on screening for breast, cervical, prostate and colorectal cancer
- Immunizations and additional health monitoring
- Counseling regarding health promotion, wellness and smoking cessation (if needed)

The guidelines for [colon](#) and [rectal](#) cancer address long-term follow-up care by outlining survivorship care standards and the role of the primary care physician. The principles of care include:

- Colorectal cancer surveillance: recommendations on the timing of follow-up exams, tests and imaging
- Cancer screening recommendations: guidelines on screening for breast, cervical and prostate cancer
- Management of late consequences of disease or treatment (eg, chronic diarrhea or incontinence, oxaliplatin-induced neuropathy, sexual dysfunction after pelvic radiation)
- Immunizations: influenza and pneumococcal vaccinations
- Routine health monitoring and screening
- Counseling regarding healthy lifestyle and wellness
- Prescription for survivorship and transfer of care to primary care physician

This last principle spells out specific information that the oncologist should provide to the primary care physician:

- A summary of all treatment received
- The possible clinical course including timing of expected long-term treatment consequences
- Surveillance recommendations
- Appropriate timing of transfer of care
- Specific responsibilities of the oncologist and the primary care physician

According to the NCCN, the survivorship guidelines were added to help oncologists support their patients with the complex issues they face after treatment. The recommendations should go a long way toward clarifying that confusing post-treatment transition.

Sg2 has been alerting our members that future success, especially given the new climate emphasizing value for patients and payers, will require focus on care coordination and long-term results. Organizations must offer true Systems of CARE (clinical alignment and resource effectiveness) that deliver high-performing, integrated services across the entire continuum of clinical settings and patient needs.

Those with an Sg2 Cancer Membership can join Sg2 experts along with Sharon Tibbits, PT, Cancer Survivorship Program Coordinator, Saint Thomas Health Services, to discuss cancer survivorship programs in a Web conversation May 12 at noon central time. To register, [click here](#).