



**“The optimal cancer survivorship program provides an integrated suite of both medical and supportive care services.”**

## Delivering Effective and Meaningful Cancer Survivorship Care

By **Anita Chatigny, PhD**, director of oncology supportive care services at Comprehensive Cancer Center at Desert Regional Medical Center, Palm Springs, CA; and **John S. Macdonald, MD, FACP**, chief medical officer, Aptium Oncology, Inc.

Advances in early detection and more effective treatments dramatically increase survival rates for cancer patients. The rapid growth in the number of cancer survivors has become a catalyst for improving the transition from active treatment to post-treatment care, while also addressing the range of medical and psychosocial issues faced by survivors. This growing emphasis on cancer survivorship underscores the necessity to develop and deliver effective and meaningful survivorship care services.

### Meeting Survivors' Long-Term Needs

Survivorship care has received increased attention in the U.S. since the 2006 release of the Institute of Medicine (IOM) report, “From Cancer Patient to Cancer Survivor: Lost in Transition,” which alerted the oncology community that survivors’ follow-up care needs were not being met. The report articulated four essential components of survivorship care for adults: **prevention** of recurrent and new cancers; **surveillance** for cancer spread, recurrence, or new cancers and assessment of medical and psychosocial late effects; **intervention** for consequences of cancer and its treatment; and **coordination** of care between specialists and primary care providers. Also included in the report were specific recommendations for a comprehensive care summary and follow-up plan written by the principal provider(s) of the oncology treatment. The IOM report also noted that the plan should be clearly explained to the patient, while summarizing essential patient information to inform all future health care providers.<sup>1</sup>

### Toward an Integrated Suite of Medical and Supportive Care Services

Ideally, the essential components of cancer survivorship services span patients’ continuing medical needs and care including the coordination of care across provider systems, along with support for the rehabilitative needs of patients and their family members. Thus, the optimal cancer survivorship program provides an integrated suite of both medical and supportive care services. However, such fully developed programs remain rare.

At the same time, a range of survivorship care delivery models have been developed. These include the **one-time, consultative visit** in which survivors attend a comprehensive program and receive a detailed follow-up plan that’s implemented by their primary care physician. In the **multi-visit** model, the oncologist and primary care provider share patient care. The role of each is clearly defined, with the primary care provider seeing the patient on an ongoing basis, while the oncologist typically sees the patient on an annual basis. The **ongoing** model is one in which the survivor is followed through a specialized, academically based program; often nurse-led or provided by a multidisciplinary team. Finally, there’s the **integrated** model, where the patient’s primary oncology team provides survivorship care until it’s deemed appropriate to transition to the primary care provider.<sup>1,2</sup>

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### ACE Calendar



ACE 17<sup>TH</sup>  
ANNUAL MEETING

JAN. 26–29, 2011  
NEW ORLEANS, LA  
THE ROOSEVELT HOTEL - THE  
WALDORF ASTORIA COLLECTION

### President’s Message



**Joy Soleiman, MPA**  
Kimmel Cancer Center at Jefferson  
Bluemile Life Sciences Building

### Building on Success

For many of us around the country this was a very difficult winter with record breaking snow. Getting off the plane in San Diego for ACE’s 16th Annual Meeting in February and seeing sunny skies, warm air and palm trees was a real rejuvenation. The hotel was a beautiful setting in

the historic heart of San Diego called the Gaslamp Quarter. From the conference opening session on “Technology of the Future” until the final day tour of the UCSD Moores Cancer Center, the meeting was a great success. Everyone on the Education Committee worked very hard and their efforts paid off. If you missed this meeting, you will want to *mark your calendar* for the **2011 ACE Annual Meeting** in New Orleans, **January 26–29**. The new Education Committee has already begun planning for a great meeting!

New Oncology Administrators filled the pre-conference program, *Oncology 101, An Introduction to Oncology Management*. This course continues to help new oncology administrators to learn about the role of the administrator,

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The Oncology Business Institute is a landmark collaboration of the **Oncology Management Consulting Group** of Pennsylvania and **Oncology Metrics** of Texas. TOBI brings together OMC Group's decades of national experience in developing, running and advising successful hospital cancer centers and Oncology Metrics' unparalleled expertise in data collection and benchmark analysis.

### What is The Oncology Business Institute?

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- Network with top performing centers
- Share best practices with peer centers



## Delivering Cancer Survivorship Care

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### Conquering the Challenges

There are numerous challenges to address in the implementation of individualized active treatment summaries and plans for cancer survivors. Often, all pertinent data such as treatment records, pathology reports and information about other relevant events that occurred during treatment are not stored electronically; thus it is likely in many cases a single provider may not have access to all requisite information. Preparing the summaries and plans also require significant preparation time for clinicians and, to date, there remains a lack of third-party reimbursement. (Legislation is pending in Congress that would require Medicare to pay for cancer-survivor plans.) In addition, the absence of research with regard to care plans and patient outcomes may call necessity into question. Still, there is a growing consensus among oncology physicians and nurses that the treatment summaries and follow-up plans are essential to quality survivorship care.<sup>3</sup>

Ultimately, while barriers remain in the development, financing and management of a nationwide standard, it is clear that survivorship care is emerging as a distinct component of the oncology continuum of care. ■

### References

1. Landier W. Survivorship Care: Essential Components and Models of Delivery. *ONCOLOGY Nurse Edition*. 2009. April 9. Vol. 23 No. 4.
2. Grant M. The Evolving Paradigm of Adult Cancer Survivor Care. *ONCOLOGY Nurse Edition*. 2008. April 1. Vol. 22 No. 4.
3. Houlihan N. Transitioning to Cancer Survivorship: Plans of Care. *ONCOLOGY Nurse Edition*. 2009. Aug 9. Vol. 23 No. 8.

### Resources

- [http://books.nap.edu/catalog.php?record\\_id=11739](http://books.nap.edu/catalog.php?record_id=11739)  
[www.cancer.net/patient/Survivorship/ASCO%20Cancer%20Treatment%20Summaries](http://www.cancer.net/patient/Survivorship/ASCO%20Cancer%20Treatment%20Summaries)  
[www.nursingcenter.com/library/static.asp?pageid=721732](http://www.nursingcenter.com/library/static.asp?pageid=721732)  
[www.livestrong.org/site/c.khLXK1PxHmF/b.2662949/k.73BB/Get\\_OneonOne\\_Support.htm](http://www.livestrong.org/site/c.khLXK1PxHmF/b.2662949/k.73BB/Get_OneonOne_Support.htm)  
[www.canceradvocacy.org/toolbox/](http://www.canceradvocacy.org/toolbox/)

Los-Angeles based **Aptium Oncology**, a national leader in oncology consulting and management services, is one of the first in the country to integrate survivorship programs into the paradigm of cancer care. The company lists six essential elements for developing formal cancer survivorship services:

1. Significant organizational senior leadership support including resource allocation to develop and maintain the service.
2. Oncologist physician support from key physician leadership.
3. Nursing service leadership support and the allocation of nurse educator or, ideally, a significant FTE CS Nurse Coordinator position.
4. Significant participation of Supportive Care Services staff resources (e.g., social worker, dietitian, psychologist/psychiatrist, rehabilitation/PT services)
5. Collaboration with/referral patterns to all existing community cancer survivorship services providers.
6. Clear processes for ensuring that each primary care provider who is following the providers' cancer survivors has received an "Active Treatment Summary and Cancer Survivorship Care Plan" for that patient. Each PCP also needs to know how to refer the patient back to the provider, as appropriate, and should have access to phone consultation (with the patient's oncologist and/or the cancer provider's CS nurse coordinator) support related to the cancer survivorship care of the patient.



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**“...so if you haven't signed up for a committee, go online and select one. Your participation helps to keep this organization vibrant and productive.”**

**President's Message**

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what is cancer care and comprehensive programming, basics of business planning, billing and coding and marketing and branding. If you know someone new to cancer center administration, make sure they sign up for the next *Oncology 101* program in New Orleans.

The ACE Board of Directors is looking forward to an exciting year. The Committee Chairs are calling their first meetings so if you haven't signed up for a committee, go online and select one. Your participation helps to keep this organization vibrant and productive. I am happy to announce our committee chairs for 2010. They are **Bill Laffey**, Education Committee; **Teri Guidi** and **David Gosky**, Vendor Relations Committee; **Diane Cassels**, Membership Committee; **Nancy Harris** and **Strode Weaver**, Member Relations Committee; **Linda Ferris**, Newsletter and Publications Committee; and **Jeanne Rogers**, Bylaws and Elections Committee. Let me take this opportunity to thank each of you for accepting the challenge and for working hard to make ACE a great organization for our members.

We are looking forward to increasing our membership, offering more webcasts, enhancing our newsletter and planning a great educational conference. If you have other ideas you would like to challenge us with, please feel free to contact us. ACE is made better by the contributions of its members! ■

**RENEW YOUR 2010-2011 ACE MEMBERSHIP DUES!**

ACE members will receive an email with instructions from HQ in late June. Stay tuned!



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# ACE Welcome New Members Since November 13, 2009

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**17<sup>TH</sup> ANNUAL MEETING**  
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## ACE Member News

## Georgia Cancer Coalition Recognizes Dr. Andrew Pippas



Dr. Andrew W. Pippas

**A**ndrew W. Pippas, M.D., medical director and director of Clinical Oncology Research at the John B. Amos Cancer Center, has been named a **Distinguished Cancer Scholar** by the Georgia Cancer Coalition. The honor comes with a \$500,000 grant to support clinical research efforts at the John B. Amos Cancer Center in Columbus, Georgia.

"Dr. Pippas is a clinician scientist who has been a great supporter of Georgia Cancer Coalition initiatives. He serves on the Board of the Georgia Center for Oncology Research and Education and is a tireless advocate for expanding clinical trials in community settings. He leads the John B. Amos Cancer Center's clinical alliance effort with the pilot National Cancer Institute Community Cancer Center's Program," said Bill Todd, President and Chief Executive Officer. "We are proud to name him a Distinguished Cancer Scholar."



**"Dr. Pippas has done an outstanding job leading our cancer center and this recognition very appropriately now recognizes his contribution to the State of Georgia in the fight against cancer."**

Dr. Pippas' research interest is in gastrointestinal malignancies. He earned his Doctor of Medicine degree from the University of Utah School of Medicine in Salt Lake City, and completed his residency in internal medicine and a fellowship in medical oncology and hematology at the Duke University Medical Center in Durham, NC. A board-certified medical oncologist, Dr. Pippas is a recipient of the National Institutes of Health's Physician Scientist Award. He is an active member of the American Society of Clinical Oncology and the American Society of Hematology.

"This is a tremendous honor for Dr. Pippas and for the John B. Amos Cancer Center," said Lance B. Duke, president and CEO of The Medical Center. "Dr. Pippas has done an outstanding job leading our cancer center and this recognition very appropriately now recognizes his contribution to the State of Georgia in the fight against cancer."

Dr. Pippas appreciates the recognition and credits the leadership, physicians and staff of the John B. Amos Cancer Center. "It is a high honor to be recognized by the Georgia Cancer Coalition in this way," he said. "The Coalition is committed to building the clinical research program at the community center level as well as the academic research level as it recognizes physicians improving cancer care in their organizations," he added. "More important, I appreciate the recognition this brings to our cancer center. It is a great honor for our physicians and staff."

The research dollars will be used to enhance the existing clinical trials program, with an emphasis on gastrointestinal malignancies, Dr. Pippas said. Currently, there are approximately 48 open clinical trials at the John B. Amos Cancer Center, in areas including leukemia, melanoma, lymphoma, and breast, cervical, ovarian, lung, colo-rectal, prostate, head/neck and brain cancers.

Funds also will be used to expand the multidisciplinary programs that enable patients to see all their physicians and clinical teams during one visit in one location, rather than multiple visits to multiple locations.

Begun in 2001, the Georgia Cancer Coalition's Distinguished Cancer Clinicians and Scientists program is an investment in Georgia's future as a national leader in cancer control. The Scholars' history of grants, publications and patents as well as their potential for attracting future funding is considered. In fiscal year 2008, Georgia Cancer Coalition Distinguished Scholars were responsible for securing \$47 million in privately and federally funded research grants to the state of Georgia; over the program's eight-year history, scholars have generated more than \$200 million in funding.

The Georgia Cancer Coalition is an independent, not-for-profit organization that unites government agencies, academic institutions, civic groups, corporations and health care organizations in a concerted effort to strengthen cancer prevention, research and treatment in Georgia, with the ultimate goal of making Georgia one of the nation's premier states for cancer care. The mission is to reduce the number of cancer-related deaths in Georgia. The Coalition is the first of its kind in the nation and is fast becoming a national model. For further information, please visit [www.georgiacancer.org](http://www.georgiacancer.org).

The John B. Amos Cancer Center, a service of the Columbus Regional Medical Center, is the leading cancer care center in the region, offering outpatient medical and radiation oncology, infusion therapy, an oncology pharmacy, and support services for patients and their families. The center is fully accredited by the Commission on Cancer of the American College of Surgeons. The John B. Amos Cancer Center reported nearly 1,100 new patients during Fiscal Year 2009 (July 2008–June 2009). There were more than 161,000 total patient visits – a 12 percent increase over the previous year. The center recorded more than 20,000 patient visits in medical oncology, more than 66,000 in infusion and more than 48,000 in radiation oncology. For more information, visit [www.yourhealthourmission.com](http://www.yourhealthourmission.com).

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