News from the NCCN 18th Annual Conference "Advancing the Standard of Cancer Care"

2013 FCDS Annual Meeting
July 26, 2013
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NCCN Highlights

- Roundtable
  - The Cost of Hope
  - Evolution vs. Revolution
- Update Thyroid Carcinoma
- New NCCN Guidelines for Penile CA
- Update Prostate CA
- Update Lung CA
- Recent Advances in RX of NHL
- Survivorship
The Cost of Hope

- Rising cost of cancer care in the US
- Amanda Bennett, Pulitzer Prize winning journalist, Executive Editor, Bloomberg News and author of the Cost of Hops: A Memoir, spoke candidly about her late husband, Terence Foley and his battle with Kidney Cancer.
- Bennett explained time spent researching the cancer, immersed in the internet gathering info

Cost of Care

Hope vs. Realism

- How to communicate uncertainty there must be a balance out hope and trying
Evolution vs. Revolution changing Oncology landscape

Watson IBM

Outcome data, defined quality, and personalized medicine cancer big data

Photo courtesy of IBM, through the Associated Press
NCCN Guidelines Thyroid CA

- Thyroid Carcinoma, new section devoted to systemic therapy for anaplastic thyroid carcinoma
NCCN Guidelines Lung CA

- Improve/develop/implement an effective lung screening test
- Future epidemic: age shift older/advanced stage/co-morbidities at initial diagnosis
- LDCT – low dose (spiral) computed tomography of the chest can screen selected patients who are at high risk for lung cancer
- 3DCT VS 4DCT/IMRT
- PET CT
NCCN Guidelines Prostate

- Most prostate CA grow very slowly
- Men may die of comorbidities before their prostate CA causes any symptoms
- Not all men with prostate cancer will require treatment
- Need to identify high risk groups/individuals
- Detection nonaggressive (slow-growing) and aggressive (faster growing)
- Adverse implication on quality of life
  - Urinary, bowel, erectile dysfunction
New NCCN Survivorship Guidelines

Version 1.2013 released by NCCN in March 2013

Primary cancer followup items are part of the NCCN disease-specific guidelines

Survivorship guidelines focus on general issues among cancer
An individual is considered a cancer survivor from the time of DX through the balance of his or her life.

- 13.7 million cancer survivors in 2012
- 22% breast cancer; 20% prostate
- Estimated 22 million by 2020
Survivorship Care

- Four essential components
  - Prevention
  - Surveillance
  - Intervention/support
  - Coordination
Goal for Survivorship

- One time mindset was to treat the disease and the survivor was “lucky to be alive”
- Now goal shifted to complete treatment and render patient disease-free to include good quality of life
- ACoS patient-centered standards include survivorship standards
Survivorship Careplan

ASCO -- American Society of Clinical Oncology
Treatment summaries started in 2008

Templates available at
http://www.asco.org/practice-research/cancer-survivorship
The June 12, 2013 issue of the CoC Brief included a report about LIVESTRONG’s Survivorship Careplans

LIVESTRONG survivorship care plan accessible to survivors and care providers online – launched in 2009

- Now looking to automate the online careplan
Late Effects

- 70% of all survivors are ≥60 years old
- At least 50% of cancer survivors experience some late effects of cancer treatment
- The most commonly reported problems are depression, pain, and fatigue
Areas of Focus

- Anxiety and Depression
- Cognitive Decline
- Pain
- Sexual Dysfunction
- Immunization, and Infection Prevention
- Fatigue
- Sleep Disorders
- Exercise
Who Provides Follow-up?

- Medical Oncologist
- Surgeon
- Other cancer treatment provider
- Primary Care Provider

- 48% increase in cancer services needed by 2020
- Only 14% increase in oncology physicians expected

- The Survivorship Guidelines stress the importance of shared communication
- Primary Care Physicians need information from both sets of guidelines
Care Transition

- One model does not fit all patients
- Some can readily transition to PCP following completion of treatment
- Others need years, maybe lifetime continued followup with cancer physician
- Some facilities have “survivor” clinics
SCREENING: ANXIETY AND DEPRESSION

Screening questions to be asked at regular intervals, especially when there is a change in clinical status or treatment, or patient presents with multiple somatic complaints:
- Do you feel nervous, or do you worry?
- Do you worry that your cancer will recur?
- Do you have trouble controlling your worry?
- Do you have trouble sleeping? (eg, staying asleep, falling asleep, too much sleep)
- Do you have difficulty concentrating?
- Do you have less interest or enjoyment in activities?
- Do you feel sad or depressed?
- Are you having difficulty performing daily activities because of these (above mentioned) feelings or problems?

Also see NCCN Distress Thermometer Screening Tool (DIS-A).

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Survivors of cancer treatment are at especially high risk for anxiety and depression due to the multiple stressors, vulnerabilities, and challenges they face. Most commonly, fear of recurrence leads to anxiety related to surveillance and physical symptoms that may or may not be related to the cancer diagnosis. Because such distress in the setting of unpredictable outcomes can lead to debilitating, but treatable, anxiety and depression, survivors should be closely monitored, especially at times of transition, surveillance, significant loss, major life events, and social isolation.

A positive response to any of the questions should result in further assessment. However, if a patient has an isolated problem with sleep in the absence of other symptoms, refer to the Sleep Disorders Guidelines (SSD-1).

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.
References

- American College of Surgeons Commission on Cancer. Cancer Program Standards 2012: Ensuring Patient-Centered Care. V1.1, Standard 3.3 Survivorship Care Plan
- Institute of Medicine (IOM) Report: From Cancer Patient to Cancer Survivor: Lost in Transition. Committee on Cancer Survivorship: Improving Care and Quality of Life. 2005