MDHHS Survivorship Grant

CANCER SURVIVORSHIP INTERVENTIONS TO INCREASE QUALITY-OF- LIFE AMONG CANCER SURVIVORS
Purpose

• Implement a broad set of evidence based survivorship strategies in Comprehensive Cancer Control Agencies.

• Short Term outcomes
  • Increasing knowledge of cancer survivor needs
  • Increasing survivor knowledge of treatment and follow-up care
  • Increasing provider knowledge of cancer treatment-related guidelines.

• Intermediate outcome
  • Development of best practices in survivorship among NCCCP grantees
  • Identification of capacity needed to sustain a broad program of survivorship interventions
Surveillance Strategies to drive Survivorship Initiatives

• Ask Cancer Survivorship Questions in the Annual Behavioral Risk Factor Surveillance System

• Prepare a burden report to monitor cancer survivor needs

• Use cancer registry data to generate survivorship care plans
Patient Navigation

• Develop new patient navigation programs

• Patient navigator training

• Support system for patient navigators
National Cancer Survivorship Resource Center

• Increase participation in the E-Learning Series developed by the National Cancer Survivorship Resource Center
  ◦ [http://tinyurl.com/PCTrainMI](http://tinyurl.com/PCTrainMI)
  ◦ Ten Modules including:
    ◦ Late effects of Cancer and its treatments
    ◦ Importance of prevention in cancer survivorship
    ◦ Survivorship Care Coordination
    ◦ Cancer Recovery and Rehabilitation
    ◦ Specific modules including: Prostate, Colorectal, Breast and Head & Neck Cancers
Cancer Survivor Educational Resources

• Develop, test and disseminate

• MCC Prostate Cancer Survivorship Materials

• Educational materials developed to accompany the Survivorship Care plan being developed by the MCC Survivorship Workgroup
Promote Promising Practices

- Publication of 3 white papers or policy briefs, 3 peer-reviewed publications and 2 presentations at national conferences.
  - Tobacco-Cessation Project
  - Promotion of Self-Management program for cancer survivors
  - Promotion of immunizations in cancer survivors
  - Reduce barriers to clinical trials.
Survivorship Care Plan Project

- Survivorship Care Plans are a required element of Commission on Cancer accreditation
- Often difficult to create as the electronic medical record may not be able to automatically generate them
- The idea: Assist health system by populating Survivorship Care Plans using data in the central cancer registry.
“A bend in the road is not the end of the road unless you fail to make the turn”
-Anonymous
# Cancer Information

## Cancer Diagnosis Information

<table>
<thead>
<tr>
<th>Type/ Location of cancer</th>
<th>Transverse colon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Diagnosis</td>
<td>04/13/2011</td>
</tr>
<tr>
<td>Age of Diagnosis</td>
<td>68</td>
</tr>
<tr>
<td>Method of Detection</td>
<td>Incidental</td>
</tr>
<tr>
<td>Method of Confirmation</td>
<td>Positive histology</td>
</tr>
<tr>
<td>Histology</td>
<td>Adenocarcinoma</td>
</tr>
<tr>
<td>Tumor size</td>
<td>17 mm</td>
</tr>
<tr>
<td>Stage</td>
<td>Stage IIb (T4a N0 M0)</td>
</tr>
<tr>
<td>Grade</td>
<td>Grade I: Well differentiated</td>
</tr>
<tr>
<td>Tumor behavior</td>
<td>Malignant</td>
</tr>
<tr>
<td>Number of lymph nodes examined</td>
<td>11</td>
</tr>
<tr>
<td>Number of positive lymph nodes</td>
<td>All nodes examined negative</td>
</tr>
<tr>
<td>History of other primary cancers?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, what kind of cancer(s)?</td>
<td>Kidney (2001)</td>
</tr>
</tbody>
</table>

## Colorectal Cancer Specific Information

Carcinoembryonic Antigen (CEA) lab values:

- CEA before treatment: 80 ng/ml
- CEA after treatment: 27 ng/ml
Treatment Summary

Surgery

Surgery type: Partial colectomy

Notes:
Surgery took place without any complications.

Chemotherapy

05/08/2011—06/17/2011

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
<th>Number of cycles</th>
<th>Dose reduction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-FU (5-fluorouracil)</td>
<td>40 mg/m²</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>Irinotecan (Camptosar)</td>
<td>10 mg/m²</td>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>Oxaliplatin (Eloxatin)</td>
<td>30 mg/m²</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>Lencovorin (Wellcovorin)</td>
<td>10 mg/m²</td>
<td>1</td>
<td>No</td>
</tr>
</tbody>
</table>

Toxicities experienced during treatment:
Neurotoxicity (numbness, tingling)

Treatment Completed? Yes

Notes:
Neurotoxicity can increase your risk of falling. Please use caution in places where falling might be a concern (stairs, icy sidewalks). Physical Therapy may be helpful in decreasing your risk.

Some chemotherapy drugs also increase the risk that heart problems will develop in the future. While tests do not show that there are any concerns at this time, you should be aware that problems could develop in the future and talk to your doctor about tests that can catch these problems before they become serious.

This booklet provides a summary of the treatments that you had for cancer. It is not meant to be a complete medical record.

For details of each type of treatment you received, ask your care team to provide you with the following:
- Operative report(s)
- Pathology report(s)
- Radiation summary (if you had radiation)
- Discharge summaries from any hospitalizations

Ask your doctor or nurse if any other parts of your medical record would be important for you to keep.
Future Care & Follow-up

Possible side effects of treatment

Surgery:
bowel problems including diarrhea, fecal leakage/incontinence, and constipation; bowel obstruction; hemia; pain; colostomy problems; sexual dysfunction; psychological distress.

Chemotherapy/Biotherapy:
fatigue, numbness or tingling or weakness in hands and feet, skin discoloration.

Radiation:
fatigue, scarring, bowel obstruction, sexual dysfunction, rectal or bladder pain and bleeding.

Symptoms to report to your oncology team

Blood in the stool, abdominal pain, loss of appetite, unintended weight loss, bone pain, persistent nausea or vomiting, persistent fatigue, persistent cough, new lumps, shortness of breath/ difficulty breathing, chest pain, heart palpitations

Future Care Recommendations

Control high blood pressure, Get other cancer screening tests as recommended, Improve Diet, Increase physical activity, Maintain a healthy body weight, Manage stress and mental health, Participate in a rehabilitation program, quit using tobacco, stay up to date on vaccinations

Side effects don’t always occur during treatment. Sometimes they can come months or even years after treatment has ended. These are called “late effects.” Some side effects that occur during treatment can also continue after it has ended. While there is no way of knowing how long they will last or whether or not they will appear, it is important to know what to watch for.

You are still in control!

There are things you can
## Future Care & Follow-up

<table>
<thead>
<tr>
<th>Type of appointment</th>
<th>How often?</th>
<th>How long?</th>
<th>Provider</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td>Every 3 months</td>
<td>Year 1, Year 2</td>
<td>Dr. Jones</td>
<td>303-256-9874</td>
</tr>
</tbody>
</table>

Alternate between medical oncologist and PCP for the first two years after completion of treatment

| Physical Exam       | Every 6 months | Year 3, Year 4, Year 5 | Dr. Lee           | 720-159-6324     |

Should you need to change your PCP in the future, please let the oncology team know about this change.

| Colonoscopy         | At year 1     | Year 1            | Dr. Papastathopoulos | (720) 1569874    |

Follow-up appointments allow you and your doctors to know how you are recovering from your cancer diagnosis and treatment. It is important that you be aware of and stick to this follow-up schedule.

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### Cancer Survivorship Care Plans

<table>
<thead>
<tr>
<th>ID</th>
<th>Cancer Type</th>
<th>DX Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Breast</td>
<td>07/08/2002</td>
</tr>
</tbody>
</table>

### Patient Information

**LADY JOHNSON BIRD**

- **DOB:** 5/19/1951
- **Sex:** Female
- **Current Address:**
  - **Address:**
  - **City:**
  - **State:**
  - **Zip:**
- **Record Information:**
  - Date Last Updated: 8/17/2016 2:16:00 PM

### General Information

- **ICD03 Site Code:** Lower inner quadrant of breast
- **Date of Diagnosis:** 07/08/2002
- **Age at Diagnosis:** 51
- **Method of Detection:**
- **Histology Code:** Infiltrating duct carcinoma
- **Diagnosis Confirmation:** Positive histology
- **Other Primary Cancer?** No

### Tumor Information

- **Tumor Behavior:** Malignant
- **Laterality:** Right
- **Grade:** Grade II (moderately differentiated)
- **Tumor Size (mm):**
- **Sentinel Node:**
  - **Yes** No Unknown
  - **Regional Nodes:** Unknown if nodes were examined

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Central Cancer Registry

• The central cancer registry, operated by the state, is the ideal source for cancer information for Cancer Survivorship Care Plans as it receives and compiles reports on patient’s care from all treatment centers.
Michigan Cancer Reporting Law

• Currently, the Michigan cancer reporting law as written restricts use of cancer registry information to research uses only.

• Does not allow for use of the data in a public health intervention effort even if that effort would:
  o improve care and outcomes for patients
  o reduce cancer burdens on patients or their families
Cancer Reporting Law

• Earlier efforts to address this through administrative rules changes did not work because the statutory authority was not sufficient.

• Changes to amend the cancer reporting law are needed to expand the allowable uses of cancer registry information.
Proposed Amendment Changes

• Proposed amendment changes to Michigan Compiled Laws – Section 333.2619 to expand allowable uses of cancer registry information would:

  ◦ assist doctors in providing care to patients who have survived cancer with the tools and information needed to develop a Survivorship Care Plan that would best address the elevated health risks of that patient.
Proposed Changes

• Would continue to protect data and keep it confidential.
# Contact Information

## Michigan Central Cancer Registry

Michigan Department of Health & Human Services  
Vital Records & Health Statistics  
Michigan Cancer Surveillance Section  
South Grand Building, 2nd Floor  
333. South Grand Ave.  
Lansing, MI 48933  
Website:  
[http://www.michigan.gov/mcsp](http://www.michigan.gov/mcsp)

## Contacts

- **Glenn Copeland**, State Registrar  
  Director Vital Records & Health Statistics  
  Phone: (517) 335-8677  
  Email: CopelandG@Michigan.gov

- **Georgetta “Jetty” Alverson**, Manager Birth Defects & Cancer Surveillance Section  
  Phone: (517) 335-8855  
  Email: AlversonG@Michigan.gov

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