Cancer Survivorship Care Plans: Tools for Treatment Transition

Institute for Public Health and Medicine

Seminar Series
September 26, 2013

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NORTHWESTERN UNIVERSITY
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SCHOOL OF MEDICINE

Acknowledgements

- Sponsored by the National Institute on Disability & Rehabilitation Research (NIDRR) Rehabilitation Research & Training Center (RRTC) on Improving Measurement of Medical Rehabilitation Outcomes (RRTC H133B090024)

- **Research Funding:**

Cancer Outcomes and Management: Planning Assists Survivorship Study ("**COMPASS**")	**Lynn Sage Cancer Research Foundation (LSCRF)**
Breast Cancer Survivorship Care Planning in a Safety Net Hospital ("**SurvivorNet**")	**American Cancer Society, Illinois Division (ACS – IL)** #254698
PROMIS Diversity Supplement: Patient Reported Outcomes in Clinical Applications for Oncology Outpatients	**NIAMS & NCCAM, NIH** U54AR057951-S1

Objectives

- summarize concerns / needs of **post-tx cancer survivors**
- describe cancer **SCPs**
  - tools for transition from tx → “re-entry”
  - recommendations & barriers
- discuss ways SCPs can be implemented to meet needs on a **local level**
  - patient populations
  - health care systems

Overview

Rationale for SCPs

Recommendations by professional societies & accrediting agencies have evolved

Capturing stakeholder perspectives

Assessing feasibility / acceptability

Preliminary evaluations of efficacy

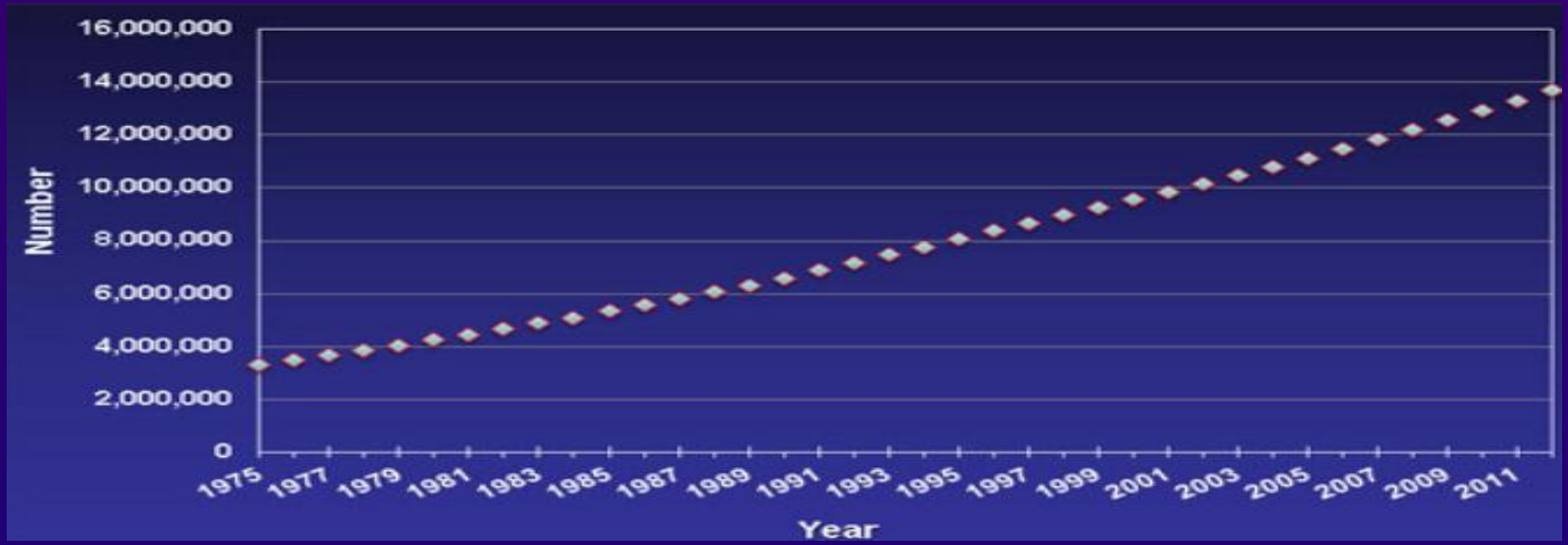
COMPASS

Survivor Net

Demonstrate need for customization @ a local level

Current Scope

- **Currently <u>13.7 million cancer survivors</u> in the US**
  - ≈ 4% of the population
  - 64% have survived ≥ 5 yrs

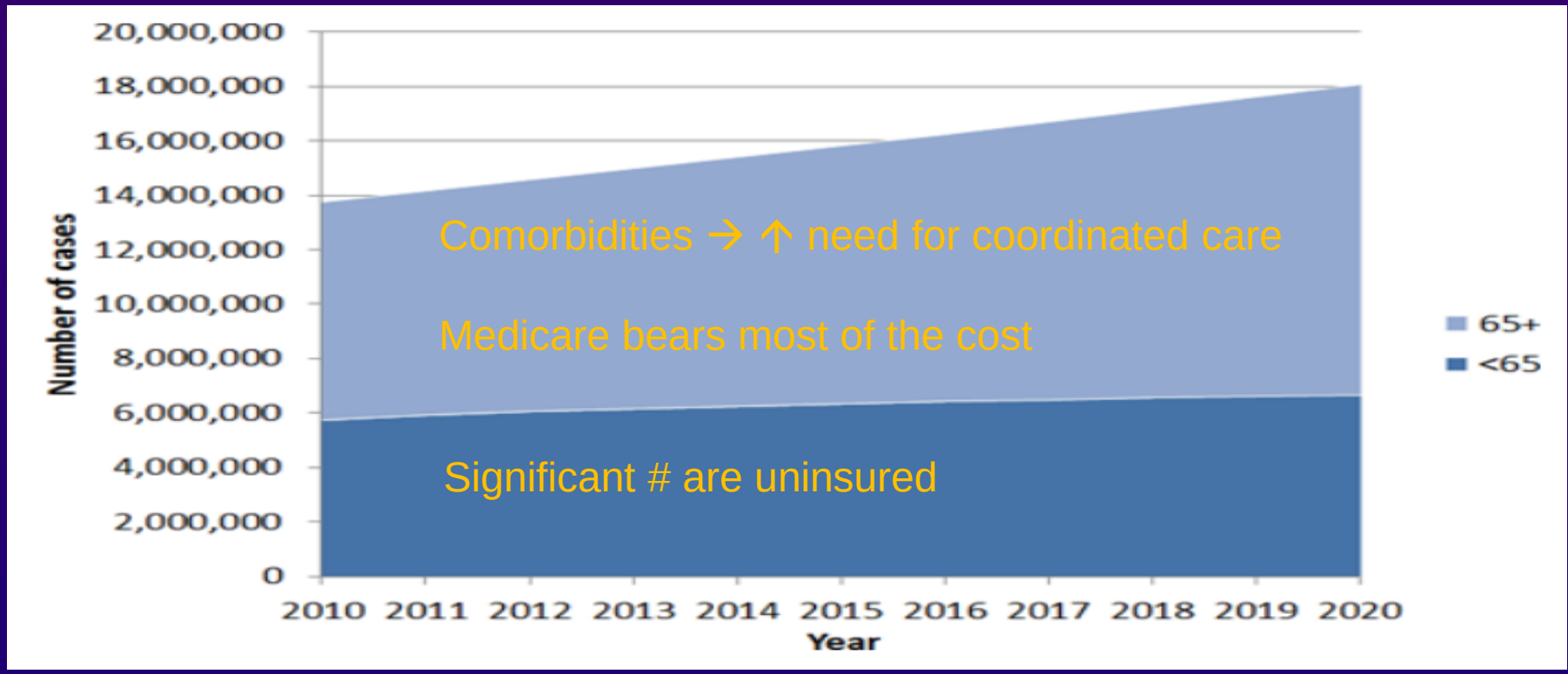


Mariotto et al., J Natl Cancer Inst. 2011

- **Shift from acute → chronic condition**
- **→ changes in how their health care is coordinated**

Future Scope

- **Improved detection & tx → # expected to climb**
  - ≈ 18 million by 2020 (up >30%)



Parry et al. Cancer Epidemiology Biomarkers & Prevention. 2011

- **Significant public health issue**

Oncology Shortfalls

- 2006 ASCO study:
  - 2,550 – 4,000 by 2020 (1/4 - 1/3 of supply)

    Erikson et al. J Oncol Pract. 2007.

- newer indicators less bleak
  - recession → postponed retirement
  - oral medications & nonphysician practitioners → ↓ demands

- but future is uncertain
  - impact of ACA
  - impact of moves toward team-based approaches
  - new ASCO survey → results in a few months

Primary Care Shortfalls

- Shortage of PCPs expected to ↑
  - Association of American Medical Colleges
    - 90,000 by 2020
    - 130,000 by 2025
  - Even prior to health care reform

- PCPs w/ high pt loads & less time / visit

- PCPs have indicated they are often under-equipped to provide f/u care to cancer survivors & would welcome the assistance of SCPs & other tools

Common Concerns

- Uncertainty about surveillance for recurrence & new cancers
- Fear of recurrence
- Late and long-term effects of tx
- Uncertainty about what to expect ("what is normal?")
- Managing comorbidities & general health
  - can be neglected while under oncology care
  - fare no better than general population in executing health behavior change
  - lack of guidance from health providers (e.g., weight management)
- Uncertainty about what providers to see
- Emotional distress
- Drop in social support
- Practical concerns (e.g., return to work; job lock; insurance)

Breast Cancer Snapshot

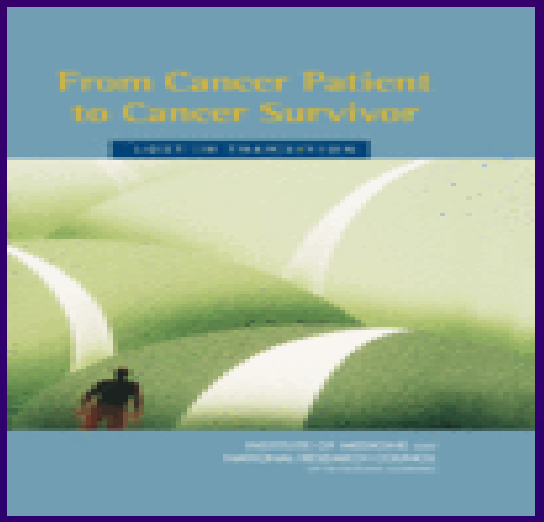
- **Long-term & late side effects**

fatigue	bone loss & osteoporosis
deconditioning	cardiac dysfunction
peripheral neuropathy	blood clots
arthralgias	menopausal sxs
decreased range of motion	infertility
lymphedema	cognition problems (“chemo brain”)
sexual dysfunction	distress / depression
weight gain	insomnia

- **majority of pts experience ≥ 1 (even after > 5 yrs)**
- **care across specialties → coordination**

Brief Hx

2005: IOM Landmark Report



- survivorship = neglected phase
- reporting distress & unmet needs
- care was often not coordinated
- recommendations:
  - developing guidelines for f/u care
  - building bridges between oncology & primary care
  - SCPs delivered @ end of tx

2006 – 2009:

- SyMon-B Study: pts in active tx used computerized telephone system & wanted to continue
- Breast cancer support group

Toward Present Date

2006: IOM SCP Workshop

2011: NCI Office of Survivorship SCP Workshop

2011: LIVESTRONG Essential Elements Mtg.

- **Consensus:**

SCPs as cornerstone of survivorship care

Key elements of SCPs

SCP research (feasibility & efficacy)

2012: ACoS CoC Program Standards

- **SCP use** = metric of quality care for accredited institutions
- **2015** – *all pts* must receive an SCP
- **2014** – *all programs* must have plan in place (dissemination & monitoring)
- 70% of pts w/ cancer

Minimum Standards

1) Treatment Summary – Record of Care

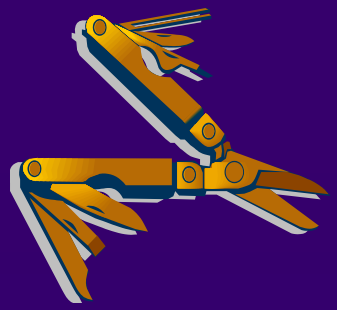
Dx tests & results	**Tx dates** (start / end)	Surgery; CTX; RT; hormonal tx; gene, bio- or other tx; transplant
Tumor characteristics (site, stage & grade, hormonal status, marker info)	**Tx details:** agents, regimens, dosage, response indicators, toxicities	
Contact information for key providers	**Supportive services**	**Clinical trials**

IOM Cancer Survivorship Care Planning Fact Sheet. 2005

2) Follow-up Care Plan – E-B Standards of Care

Likely recovery from toxicities	Genetic counseling → further intervention (e.g., surgery, chemoprevention) & inform 1st degree relatives
Information on effectiveness of chemoprevention strategies for secondary prevention	
Need for adjuvant tx	Potential psychosocial effects & referrals
Possible sxs of recurrence / 2nd tumors	Potential practical effects & referrals
Possible late & long-term effects	Link back to PCP
Recommended cancer screening & other tests (schedule & contact)	Referrals to specific other providers or groups
Recommended health behaviors (e.g., exercise, nutrition, sunscreen, smoking)	List of cancer-related resources

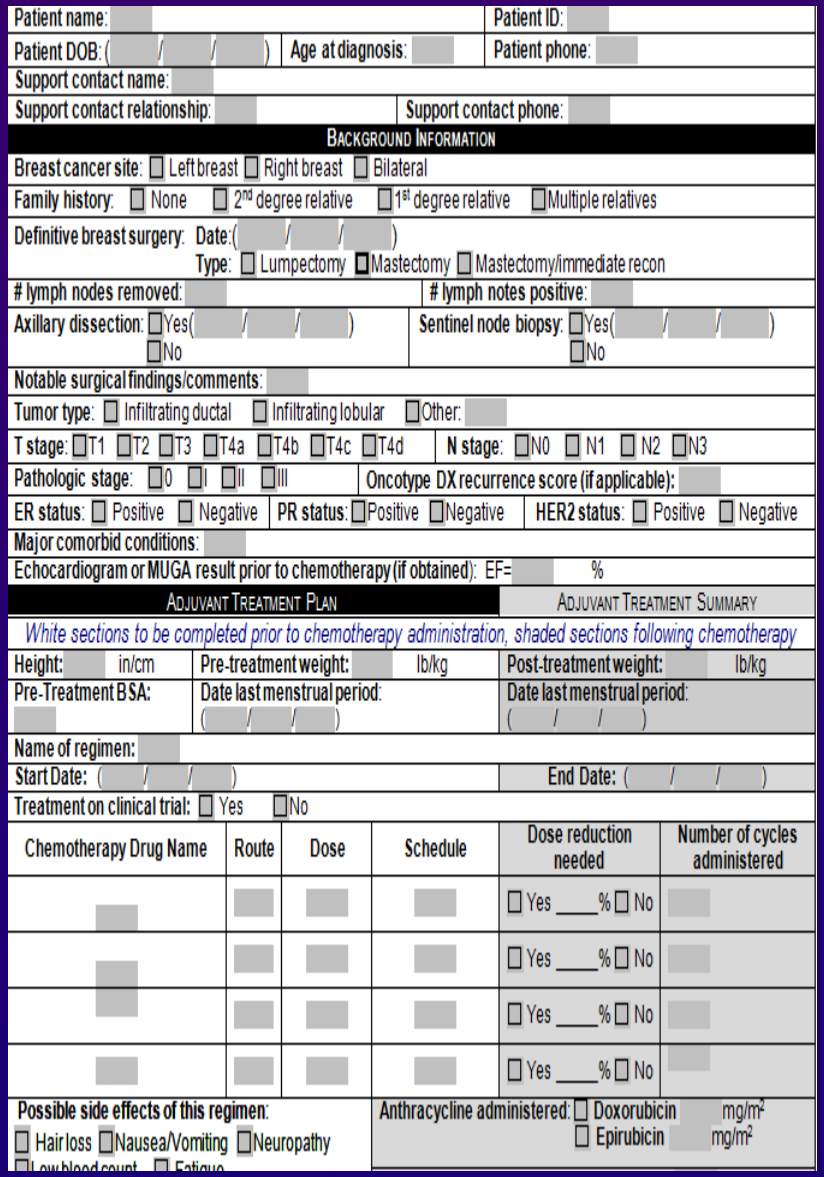
Functions Served



- **Summarize key aspects of cancer care**
- **Make appropriate f/u care recommendations**
- **Do so in personalized & portable documents**
  - Different versions for pts & PCPs / medical records
  - Delivered in a consultation == teachable moment
- **Promote pt knowledge, engagement, health behaviors & wellbeing**
- **Guide pts to appropriate f/u care**
- **Facilitate provider communication & coordinated services → improved continuity of care**

American Society of Clinical Oncology
Making a world of difference in cancer care

- TPs (before / during tx)
- TS (after tx)
- SCPs (f/u care)
- Word (print & complete or complete & print)
- Excel (complete w/ some drop downs)
- Breast, Colon, & Lung Cancer; Lymphoma & Generic



Patient name: | Patient ID:
Patient DOB: (/ /) | Age at diagnosis: | Patient phone:
Support contact name:
Support contact relationship: | Support contact phone:

BACKGROUND INFORMATION

Breast cancer site: ☐ Left breast ☐ Right breast ☐ Bilateral
Family history: ☐ None ☐ 2nd degree relative ☐ 1st degree relative ☐ Multiple relatives
Definitive breast surgery: Date: (/ /)
Type: ☐ Lumpectomy ☐ Mastectomy ☐ Mastectomy/immediate recon
lymph nodes removed: | # lymph notes positive:
Axillary dissection: ☐ Yes (/ /) ☐ No | Sentinel node biopsy: ☐ Yes (/ /) ☐ No
Notable surgical findings/comments:
Tumor type: ☐ Infiltrating ductal ☐ Infiltrating lobular ☐ Other:
T stage: ☐ T1 ☐ T2 ☐ T3 ☐ T4a ☐ T4b ☐ T4c ☐ T4d | N stage: ☐ N0 ☐ N1 ☐ N2 ☐ N3
Pathologic stage: ☐ 0 ☐ I ☐ II ☐ III | Oncotype DX recurrence score (if applicable):
ER status: ☐ Positive ☐ Negative | PR status: ☐ Positive ☐ Negative | HER2 status: ☐ Positive ☐ Negative
Major comorbid conditions:
Echocardiogram or MUGA result prior to chemotherapy (if obtained): EF= %

ADJUVANT TREATMENT PLAN | **ADJUVANT TREATMENT SUMMARY**

White sections to be completed prior to chemotherapy administration, shaded sections following chemotherapy

Height: in/cm | Pre-treatment weight: lb/kg | Post-treatment weight: lb/kg
Pre-Treatment BSA: | Date last menstrual period: (/ /) | Date last menstrual period: (/ /)
Name of regimen:
Start Date: (/ /) | End Date: (/ /)
Treatment on clinical trial: ☐ Yes ☐ No

Chemotherapy Drug Name	Route	Dose	Schedule	Dose reduction needed	Number of cycles administered
				☐ Yes ____% ☐ No	
				☐ Yes ____% ☐ No	
				☐ Yes ____% ☐ No	
				☐ Yes ____% ☐ No	

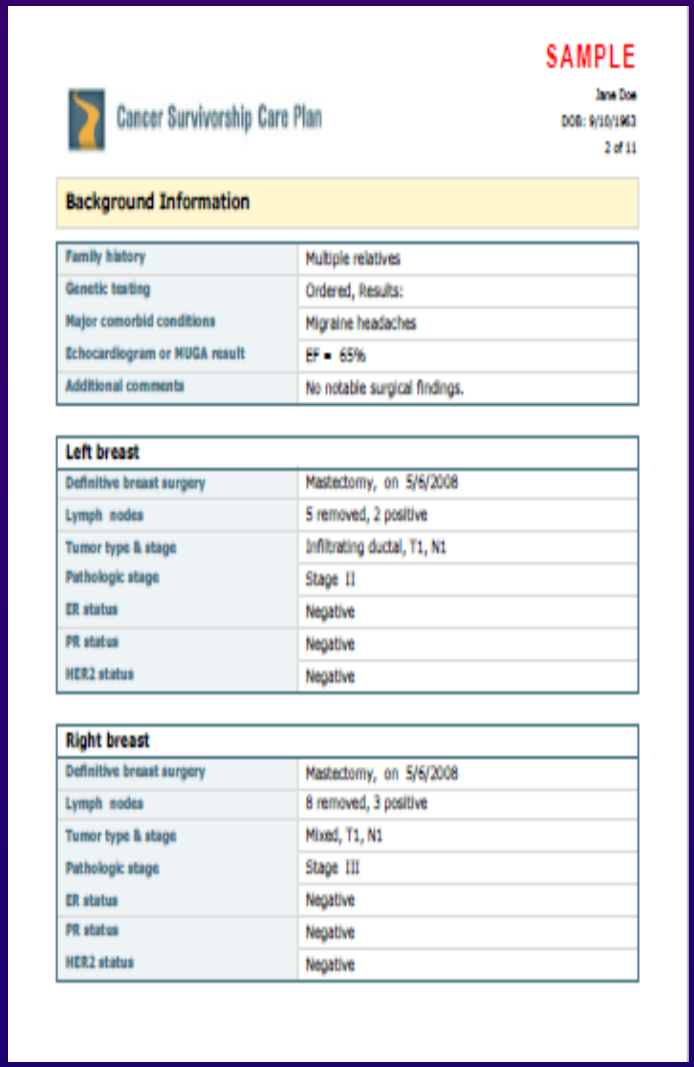
Possible side effects of this regimen:
☐ Hair loss ☐ Nausea/Vomiting ☐ Neuropathy
☐ Low blood count ☐ Fatigue

Anthracycline administered: ☐ Doxorubicin mg/m² ☐ Epirubicin mg/m²

Journey Forward

2006 – UCLA Ca Survivorship Center, NCCS, industry, ONS

- Based on ASCO
- SCP Builder (providers)
  - software downloaded locally NOT web-based
  - can be branded
  - drop-down menus (CTX regimens)
- My Care Plan (pts)
  - medical hx builder
  - sx assessment (0-10, Pn, A, D, FoR)
- Survivorship Library (HCP & pts)



SAMPLE

Jane Doe
DOB: 9/10/1963
2 of 11

Cancer Survivorship Care Plan

Background Information

Family history	Multiple relatives
Genetic testing	Ordered, Results:
Major comorbid conditions	Migraine headaches
Echocardiogram or MUGA result	EF = 65%
Additional comments	No notable surgical findings.

Left breast	
Definitive breast surgery	Mastectomy, on 5/6/2008
Lymph nodes	5 removed, 2 positive
Tumor type & stage	Infiltrating ductal, T1, N1
Pathologic stage	Stage II
ER status	Negative
PR status	Negative
HER2 status	Negative

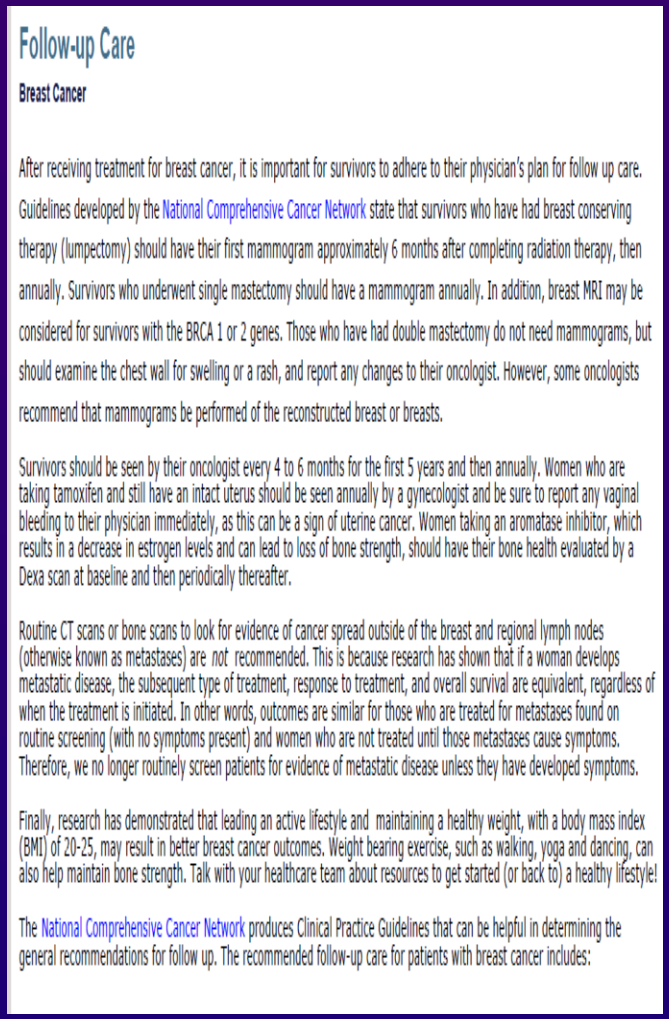
Right breast	
Definitive breast surgery	Mastectomy, on 5/6/2008
Lymph nodes	8 removed, 3 positive
Tumor type & stage	Mixed, T1, N1
Pathologic stage	Stage III
ER status	Negative
PR status	Negative
HER2 status	Negative

LIVESTRONG CARE PLAN

POWERED BY Penn Medicine's OncoLink

2007 – partnering w/ U of Penn. Abramson Cancer Cntr

- **SCP *NOT* a TP/TS**
- **Provides customized guidelines**
  - **Demographics, dx, tx**
- **Dedicated HCP Version**
- **Web based**
- **> 32,000 worldwide users (>5,000 HCP)**
- **Time to complete (M=7 min, Md=4)**
- **Cannot be saved before completion**



Follow-up Care

Breast Cancer

After receiving treatment for breast cancer, it is important for survivors to adhere to their physician's plan for follow up care. Guidelines developed by the National Comprehensive Cancer Network state that survivors who have had breast conserving therapy (lumpectomy) should have their first mammogram approximately 6 months after completing radiation therapy, then annually. Survivors who underwent single mastectomy should have a mammogram annually. In addition, breast MRI may be considered for survivors with the BRCA 1 or 2 genes. Those who have had double mastectomy do not need mammograms, but should examine the chest wall for swelling or a rash, and report any changes to their oncologist. However, some oncologists recommend that mammograms be performed of the reconstructed breast or breasts.

Survivors should be seen by their oncologist every 4 to 6 months for the first 5 years and then annually. Women who are taking tamoxifen and still have an intact uterus should be seen annually by a gynecologist and be sure to report any vaginal bleeding to their physician immediately, as this can be a sign of uterine cancer. Women taking an aromatase inhibitor, which results in a decrease in estrogen levels and can lead to loss of bone strength, should have their bone health evaluated by a Dexa scan at baseline and then periodically thereafter.

Routine CT scans or bone scans to look for evidence of cancer spread outside of the breast and regional lymph nodes (otherwise known as metastases) are *not* recommended. This is because research has shown that if a woman develops metastatic disease, the subsequent type of treatment, response to treatment, and overall survival are equivalent, regardless of when the treatment is initiated. In other words, outcomes are similar for those who are treated for metastases found on routine screening (with no symptoms present) and women who are not treated until those metastases cause symptoms. Therefore, we no longer routinely screen patients for evidence of metastatic disease unless they have developed symptoms.

Finally, research has demonstrated that leading an active lifestyle and maintaining a healthy weight, with a body mass index (BMI) of 20-25, may result in better breast cancer outcomes. Weight bearing exercise, such as walking, yoga and dancing, can also help maintain bone strength. Talk with your healthcare team about resources to get started (or back to) a healthy lifestyle!

The National Comprehensive Cancer Network produces Clinical Practice Guidelines that can be helpful in determining the general recommendations for follow up. The recommended follow-up care for patients with breast cancer includes:

EHR Integration Initiatives

- **Beta test to prepopulate SCP builder w/ registry data**
  - **60% of fields**
  - **Breast cancer**
  - **Institutions using C/NET (C/NEXT) software**

- **Feasibility test**
  - **Partnering with ACS, CoC, Roswell Park Cancer Institute & UofPenn.'s Abramson Cancer Center**
  - **New SCP template version**
  - **Integrated w/ EHR & registries**

SCP Research

- **Qualitative studies have gathered stakeholder input**
  - **Survivors & PCPs** have generally responded positively
  - **Onc. providers** supportive but concerned about feasibility
  - **Time burden** = #1 cited barrier

- **Implementation studies**
  - **Survey of NCI-designated cancer centers – concordance w/ IOM rec.** ***(Salz et al. Cancer . 2012)***
    - **43% delivered SCPs to breast & colorectal cancer survivors**
  - **Survey of Massachusetts providers** ***(Merport et al. Sup Care Ca. 2012)***
    - **56% prepared SCPs BUT only 14% of PCPs received them**
  - **LAF Survey of >5,000 post-tx survivors**
    - **17% had SCP** (21% 1 yr ; 17%1-5; 15% >5)
    - **19% had a TS**
    - **those w/ SCPs reported more confidence they could discuss problems w/ their doctors**

1st RCT

- **Grunfeld et al., JCO, 2011**
  - 408 long-term, post-tx BrCa survivors
  - *All* pts receive oncology discharge visit & were transferred to PCPs for f/u (PCP receives discharge letter)
  - *Intervention* pts received SCP (reviewed by nurse & sent to PCP)
- **Results**
  - No significant group differences on Ca-related distress (IES), HRQL, pt satisfaction
  - Intervention pts were more aware of who was responsible for follow-up care
- **Critiques**
  - Timing of delivery
  - Hard comparison group
  - Canadian study: affordable universal health care & emphasis on care by PCPs & health promotion
  - NOT the most sensitive / useful measures (vs health behaviors & use of services)

More Trials

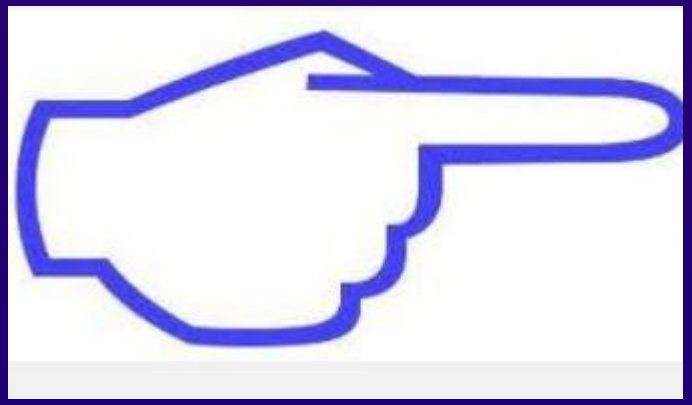
- Hershman et al., Breast Cancer Res Treat, 2013
  - 126 women w/in 6 wk of tx completion
    - Control Group: NCI Facing Forward
    - Intervention: NCI Facing Forward + SCP & nurse / nutritionist consultation
  - No significant group differences on pt satisfaction, IOC or depression
  - Intervention pts reported less health worry (ASC; @ 3 mo)
  - **Limitations:** measures used; single institution

- van de Poll-Franse et al., ASCO, 2013
  - 201 women w/ endometrial cancer; 12 hospitals randomized (pragmatic cluster RT) in the Netherlands
    - Control Group: standard care
    - Intervention: physicians had access to web-based SCP application
  - 69 % of Intervention pts received SCPs
  - Intervention pts who received SCPs reported ↑ satisfaction (info & care)
  - F/u measures will assess impact on HRQL & health care use

SCPs based on common sense

& not harmful.

→ continue to implement while collecting further empirical evidence



Still Unknown

- **How is SCP being implemented ?**
  - who preparing / providing, when in care, concordance of content
- **What delivery & coordination models / strategies are most feasible & sustainable?**
- **What system & provider factors influence implementation?**
- **What are the correct metrics (even outcomes / constructs) to assess the impact of SCPs?**
  - **morbidity; self-management; adherence; health care use**
- **What is the impact pt-provider & inter-provider comm.?**
- **What is the differential cost of SCP & what value is added → do they promote cost-effectiveness long term?**

	COMPASS	Survivor Net
Site	RHLCCC	Mount Sinai
Pts	Women completing primary breast cancer tx.	
Aim 1	Create a semi-automated, computerized SCP template that integrates EHR information and patient self-report data.	Gather stakeholder perspectives to inform development of a SCP template appropriate for a safety net hospital.
Aim 2	Implement the SCP intervention, evaluate feasibility / acceptability & explore its impact on breast cancer survivor (*N*=80, per study) outcomes over time (3-6 mo post tx).	

Why Breast Cancer?

- **Almost ¼ of all cancer survivors**
- **Survival rates improving**
  - 89% @ 5 yrs post-dx
  - 77% @ 15 yrs post dx
- **But recurrences occur yrs after tx → long f/u care**
- **2/3 have HR+ disease → 5-10 yrs endocrine tx**
  - Significantly ↓ recurrence rates
  - But ↑ tx sxs → nonadherence

  target for SCPs
- **Disease-specific guidelines are well-established**
- **Indications that needs are not being addressed adequately**

Why Customize Templates?

- **Provider buy-in & system fit is essential**
- **Pre-implementation evaluation:** current procedures
  goals & barriers
  template preferences

COMPASS

- **Autopopulating from EHR was key**
- **Integrating PROMs could further aid in individualizing SCPs**

Survivor Net

- **Fast completion due to limited resources was vital**
- **Electronic template not an option (limited computers & wireless)**

A Cautionary Tale

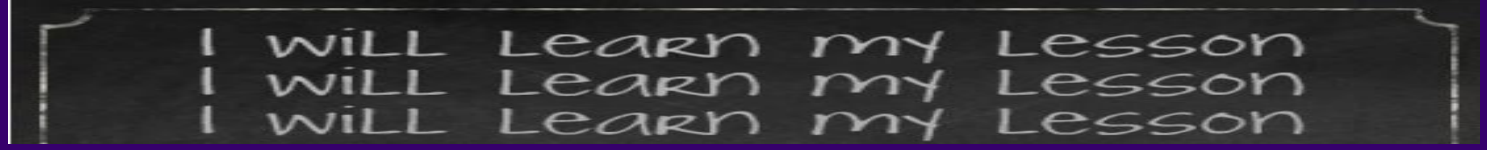
- **Cancer Care Communication (C3) Study** (AHRQ; PI: Hahn)
  - **RCT: LL-friendly multimedia IT pt-assmnt. & edu. system**
  - **Piloted a paper-based SCP template (Intervention n= 65)**
    - **RA to assist in creation → MDs to deliver**
    - **Preliminary analysis → D/C**

Patients who received SCPs (≈50%)

- Traditional hospital: 5 of 7 patients (71%)
- Large safety net: 4 of 8 patients (50%)
- Small safety net: 1 of 3 patients (33%)

Patient comments

- "It wasn't reviewed with me." "Just handed it to me."
- "Just received it."
- "Gave a copy to my primary doctor." "It will help me when I see other doctors."
- "I like it." "It's good because I have a summary of everything."



- Do not impose SCP template on a clinic
  - Clinician review is not enough
  - Include clinicians in development or selection of template
  - Understand clinic flow, resources & limitations
    - Available staff
    - Medical visit structure
    - EHR
- Do not leave SCP delivery to clinician discretion
  - Good intentions can buckle under clinic realities
  - Institute real-time reminders
  - Develop a manual to standardize
    - SCP completion
    - SCP review
    - SCP delivery
- Allign research aims / design & clinical initiatives

Breast Cancer Survivorship

- Breast Cancer (SUCCEED) Survivor Comprehensive Care Empowerment and Education Program
  - 3/2009 - 8/2011: 1 half-day clinic p/ wk
  - 245 pts & 308 visits
- Lynn Sage Breast Cancer Survivorship Program
  - 5/2012-present: 3 half-day clinics p/ wk
  - 150 patients seen & 208 visits
  - http://cancer.northwestern.edu/public/why_northwestern/specialty_programs/programs/womens.cfm#note
- 73 pts received a SCP

LSBCSP Visit Roadmap

Recruitment

- Physician Referral
- Staff Referral
- Self-referral
- Outreach

Pre-Visit

- Chart Abstraction
- Intake Questionnaire

M = 1 hr & 47 min
SD=40 min
Range: 40-240 min

Clinical Visit

- Hx & Physical Exam
- Lab Work / Screening Tests
- Referrals made
- Visit summary & education

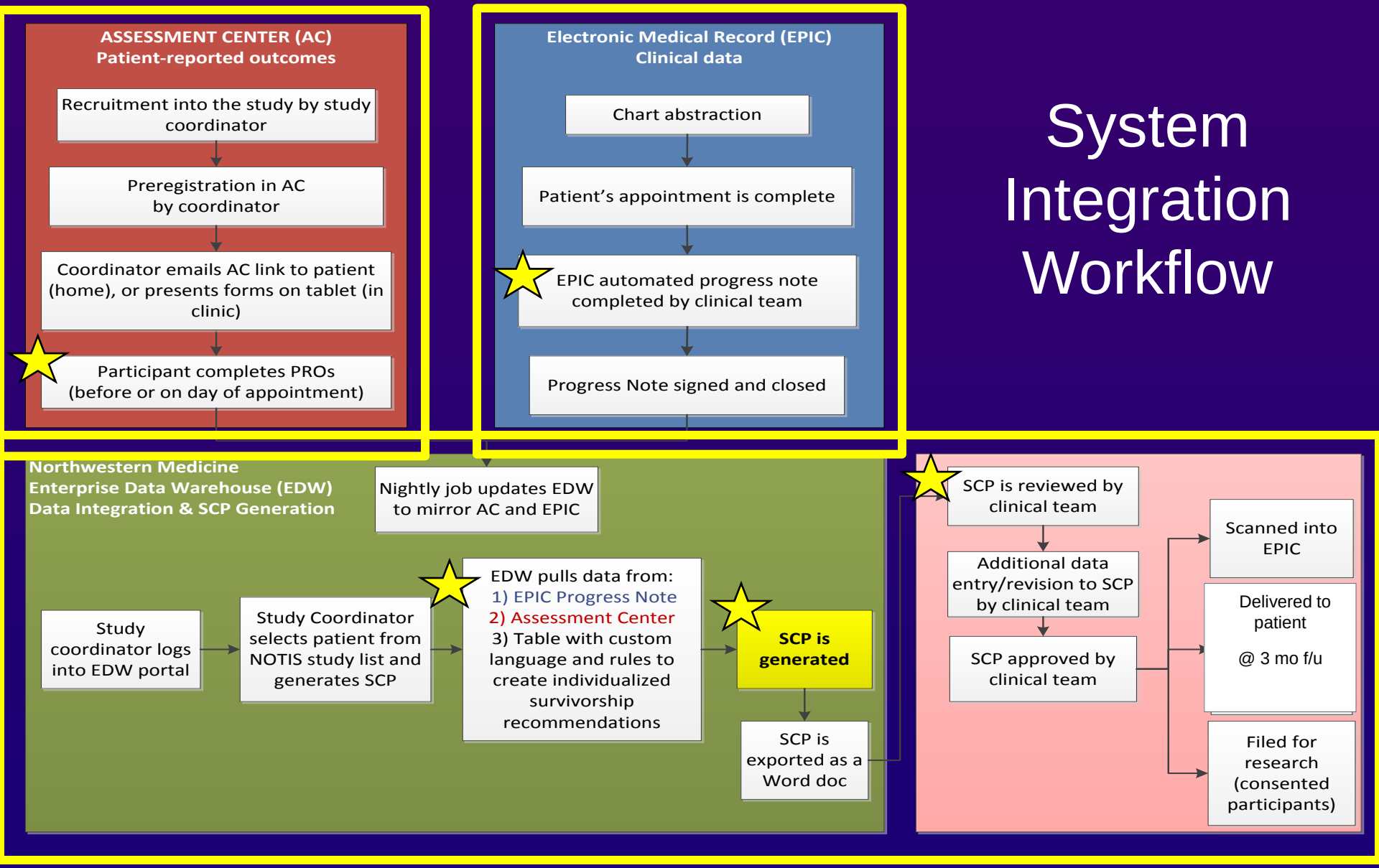
Preparation:
M = 2 hr & 2 min
SD=43 min
Range: 60-200 min

Follow-up

- TS & SCP delivered @ f/u visit
- Additional f/u visits p.r.n.

SCP Informatics

System Integration Workflow



Developing the SCP Content

review of literature → >10 existing SCP templates / sources (>200 variables)
→ **selection** of those that best meet clinic needs & existing guidelines

ASCO
American Society of Clinical Oncology

Journey Forward
guiding Survivors as they move ahead

Memorial Sloan-Kettering Cancer Center

Lippincott's Nursing CENTER.COM
Better Resources for Better Care
The Prescription for Living Plan

LIVESTRONG CARE PLAN
POWERED BY Penn Medicine's OncoLink

C3 Cancer Care Communication

ASCCP
The American Society for Colposcopy and Cervical Pathology

ASCP American Society for Clinical Pathology

American Cancer Society®

Vetting the SCP Template

1) Created **sample reports** w/ hypothetical pts
   - feasible for clinical use w/ real pts
2) Gathered **input from providers**
   - medical, surgical & radiation onc; IM; rehab.; psych.
   - congruent w/ clinical practice
3) Reviewed by **informatics** team
   - can be programmed as a report tailored for ind. pts

Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Lynn Sage Breast Cancer Survivorship Program
Survivorship Care Plan

It was a pleasure meeting you recently in the Lynn Sage Breast Cancer Survivorship Program! Our goal is to provide you with the best health care and to coordinate your health care among your team of physicians.

Now that you have completed your cancer treatment, we have created this personalized "survivorship care plan" for you. This care plan has a summary of your breast cancer diagnosis and treatment. It also has a plan to assist your survivorship care. Your survivorship care plan will become part of your electronic medical records at Northwestern Medical Faculty Foundation. We will also provide your care plan to other physicians outside our system with your written consent.

There are many medical terms listed in this survivorship care plan. Please feel free to ask any of your physicians or nurses what these medical terms mean.

We would be happy to discuss any questions or concerns you may have now or in the future. You can reach us at (312) 695-2487. Please also remember to visit our website (www.cancer.northwestern.edu) from time-to-time for a listing of workshops, events and educational updates focusing on the latest information about cancer survivorship.

We look forward to participating in your continued survivorship care.

Aubri Veneruso

Aubri S. Veneruso, MMS, PA-C
Physician Assistant, Cancer Survivorship

07/24/2013
Date Prepared

Patient Information

Patient Information

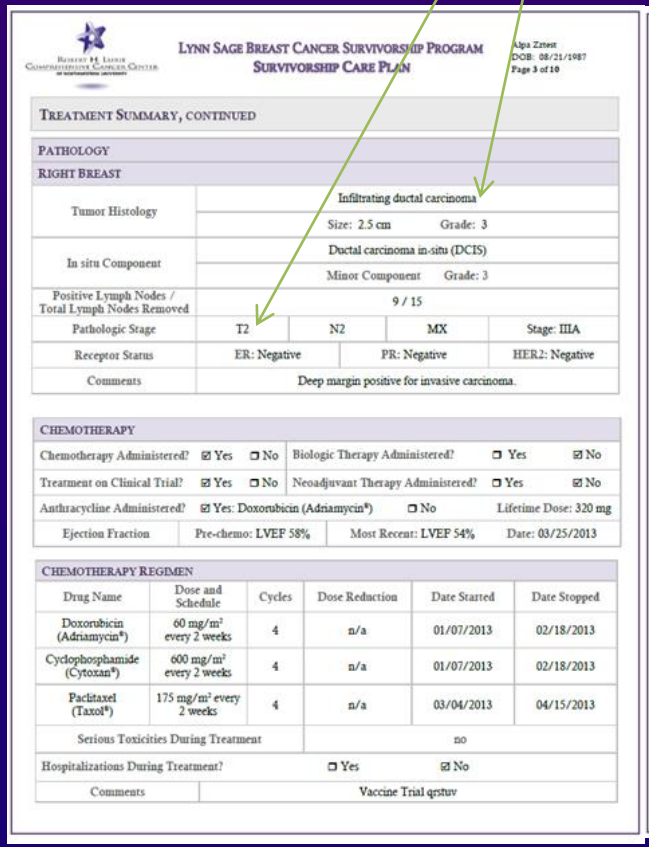
Name	Alpa Zztest
Date of Birth	08/21/1987
Address	680 N Lakeshore Drive Chicago, IL 60611
Phone	(608) 271-9000

The survivorship care plan is a summary document. The purpose of this document is to summarize your cancer treatment and provide you with a personalized survivorship care plan. This document does not replace information in your medical record or communicated by your physician, and it is current only as of the date of preparation. This survivorship care plan does not prescribe any particular medical treatment or care for breast cancer or any other disease. This care plan is not a substitute for the medical judgment of your treating physicians. Use of the survivorship care plan is voluntary.

Autopopulation Overview

Epic → **EDW** ← **PROs (Assessment Center℠)**

'business rules' applied → create customized recommendations based upon clinical guidelines



LYNN SAGE BREAST CANCER SURVIVORSHIP PROGRAM
SURVIVORSHIP CARE PLAN

Alpa Zztest
DOB: 08/21/1987
Page 3 of 10

TREATMENT SUMMARY, CONTINUED

PATHOLOGY

RIGHT BREAST

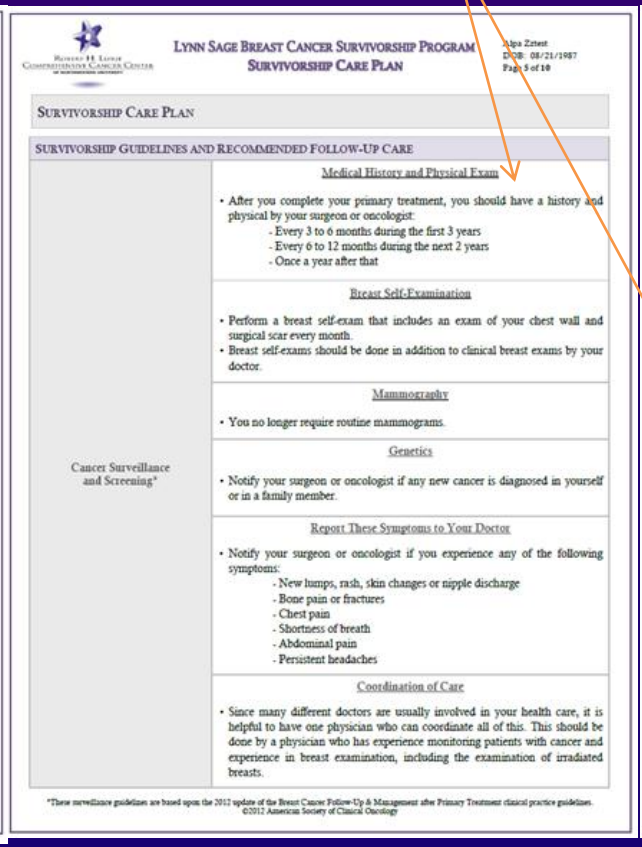
Tumor Histology	Infiltrating ductal carcinoma			
	Size: 2.5 cm	Grade: 3		
In situ Component	Ductal carcinoma in-situ (DCIS)			
	Minor Component	Grade: 3		
Positive Lymph Nodes / Total Lymph Nodes Removed	9 / 15			
Pathologic Stage	T2	N2	MX	Stage: IIIA
Receptor Status	ER: Negative	PR: Negative	HER2: Negative	
Comments	Deep margin positive for invasive carcinoma.			

CHEMOTHERAPY

Chemotherapy Administered?	☑ Yes ☐ No	Biologic Therapy Administered?	☐ Yes ☑ No
Treatment on Clinical Trial?	☑ Yes ☐ No	Neoadjuvant Therapy Administered?	☐ Yes ☑ No
Anthracycline Administered?	☑ Yes: Doxorubicin (Adriamycin®)	☐ No	Lifetime Dose: 320 mg
Ejection Fraction	Pre-chemo: LVEF 58%	Most Recent: LVEF 54%	Date: 03/25/2013

CHEMOTHERAPY REGIMEN

Drug Name	Dose and Schedule	Cycles	Dose Reduction	Date Started	Date Stopped
Doxorubicin (Adriamycin®)	60 mg/m² every 2 weeks	4	n/a	01/07/2013	02/18/2013
Cyclophosphamide (Cytoxan®)	600 mg/m² every 2 weeks	4	n/a	01/07/2013	02/18/2013
Paclitaxel (Taxol®)	175 mg/m² every 2 weeks	4	n/a	03/04/2013	04/15/2013
Serious Toxicities During Treatment			no		
Hospitalizations During Treatment?			☐ Yes ☑ No		
Comments	Vaccine Trial qrstuv				



LYNN SAGE BREAST CANCER SURVIVORSHIP PROGRAM
SURVIVORSHIP CARE PLAN

Alpa Zztest
DOB: 08/21/1987
Page 5 of 10

SURVIVORSHIP CARE PLAN

SURVIVORSHIP GUIDELINES AND RECOMMENDED FOLLOW-UP CARE

Cancer Surveillance and Screening*

Medical History and Physical Exam

- After you complete your primary treatment, you should have a history and physical by your surgeon or oncologist:
  - Every 3 to 6 months during the first 3 years
  - Every 6 to 12 months during the next 2 years
  - Once a year after that

Breast Self-Examination

- Perform a breast self-exam that includes an exam of your chest wall and surgical scar every month.
- Breast self-exams should be done in addition to clinical breast exams by your doctor.

Mammography

- You no longer require routine mammograms.

Genetics

- Notify your surgeon or oncologist if any new cancer is diagnosed in yourself or in a family member.

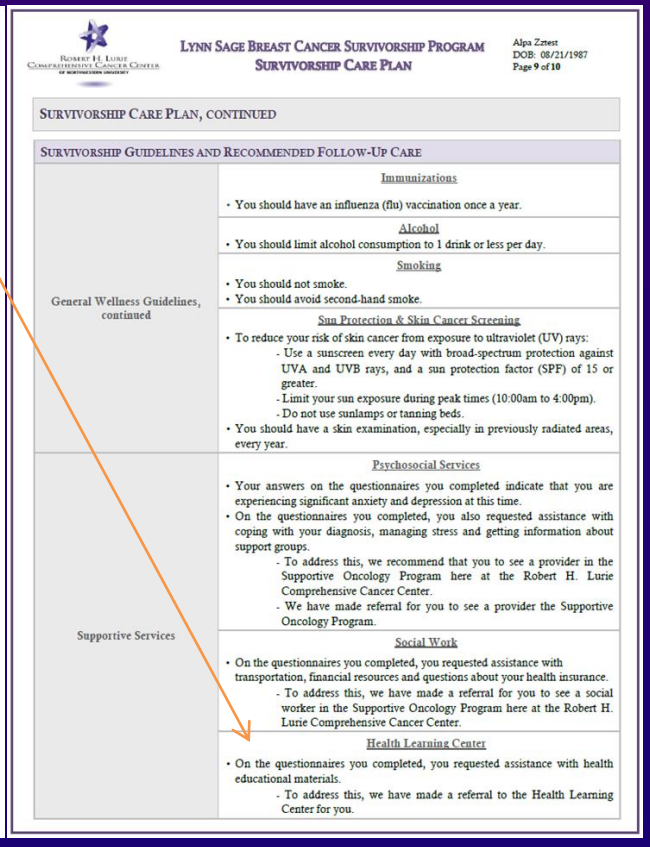
Report These Symptoms to Your Doctor

- Notify your surgeon or oncologist if you experience any of the following symptoms:
  - New lumps, rash, skin changes or nipple discharge
  - Bone pain or fractures
  - Chest pain
  - Shortness of breath
  - Abdominal pain
  - Persistent headaches

Coordination of Care

- Since many different doctors are usually involved in your health care, it is helpful to have one physician who can coordinate all of this. This should be done by a physician who has experience monitoring patients with cancer and experience in breast examination, including the examination of irradiated breasts.

*These surveillance guidelines are based upon the 2012 update of the Breast Cancer Follow-Up & Management after Primary Treatment clinical practice guidelines.
©2012 American Society of Clinical Oncology



LYNN SAGE BREAST CANCER SURVIVORSHIP PROGRAM
SURVIVORSHIP CARE PLAN

Alpa Zztest
DOB: 08/21/1987
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SURVIVORSHIP CARE PLAN, CONTINUED

SURVIVORSHIP GUIDELINES AND RECOMMENDED FOLLOW-UP CARE

General Wellness Guidelines, continued

Immunizations

- You should have an influenza (flu) vaccination once a year.

Alcohol

- You should limit alcohol consumption to 1 drink or less per day.

Smoking

- You should not smoke.
- You should avoid second-hand smoke.

Sun Protection & Skin Cancer Screening

- To reduce your risk of skin cancer from exposure to ultraviolet (UV) rays:
  - Use a sunscreen every day with broad-spectrum protection against UVA and UVB rays, and a sun protection factor (SPF) of 15 or greater.
  - Limit your sun exposure during peak times (10:00am to 4:00pm).
  - Do not use sunlamps or tanning beds.
- You should have a skin examination, especially in previously radiated areas, every year.

Supportive Services

Psychosocial Services

- Your answers on the questionnaires you completed indicate that you are experiencing significant anxiety and depression at this time.
- On the questionnaires you completed, you also requested assistance with coping with your diagnosis, managing stress and getting information about support groups.
  - To address this, we recommend that you to see a provider in the Supportive Oncology Program here at the Robert H. Lurie Comprehensive Cancer Center.
  - We have made referral for you to see a provider the Supportive Oncology Program.

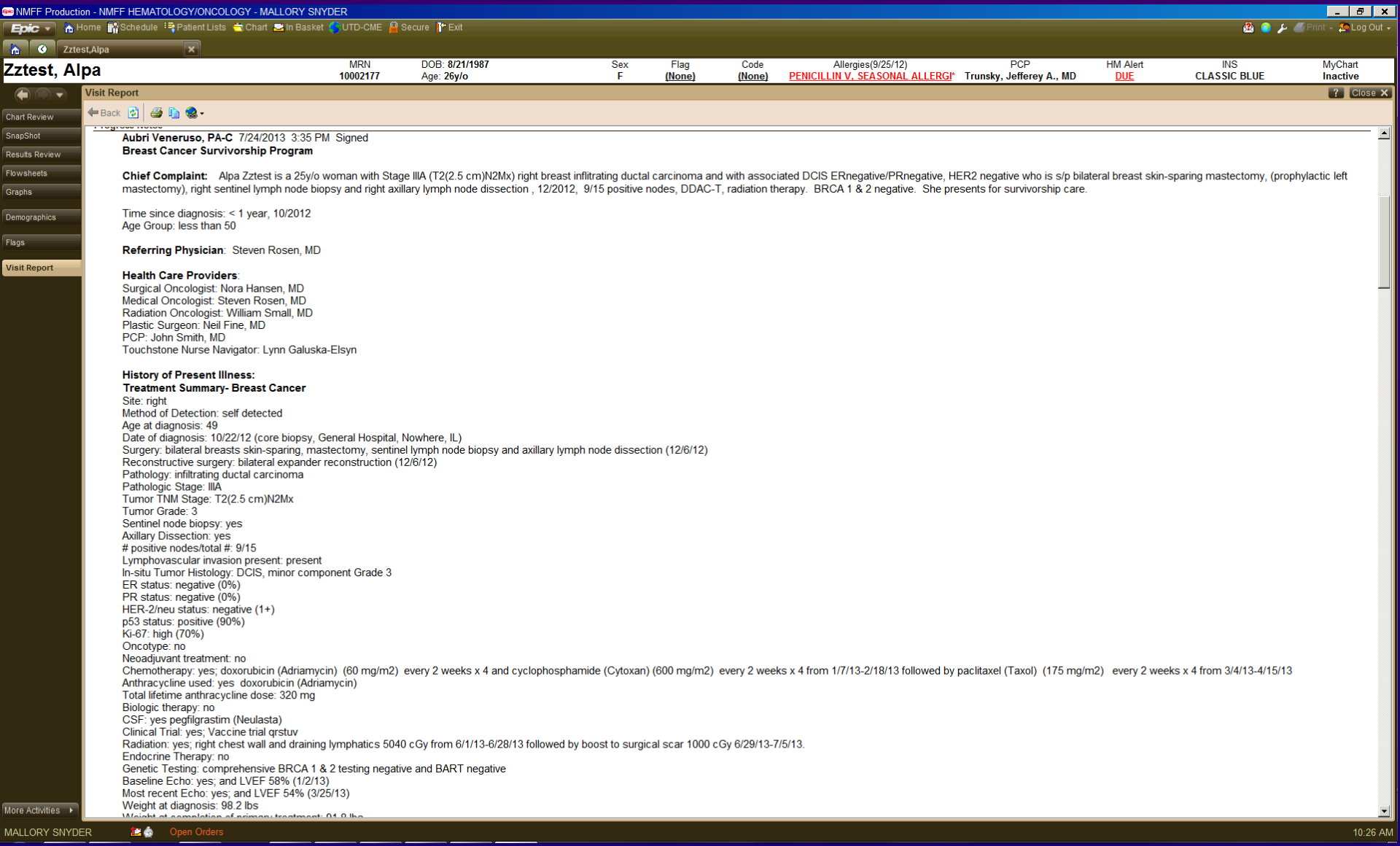
Social Work

- On the questionnaires you completed, you requested assistance with transportation, financial resources and questions about your health insurance.
  - To address this, we have made a referral for you to see a social worker in the Supportive Oncology Program here at the Robert H. Lurie Comprehensive Cancer Center.

Health Learning Center

- On the questionnaires you completed, you requested assistance with health educational materials.
  - To address this, we have made a referral to the Health Learning Center for you.

Data Source #1 = Epic Progress Note



NMFF Production - NMFF HEMATOLOGY/ONCOLOGY - MALLORY SNYDER

Epic | Home | Schedule | Patient Lists | Chart | In Basket | UTD-CME | Secure | Exit | Print | Log Out

Zztest,Alpa

Zztest, Alpa	MRN	DOB: 8/21/1987	Sex	Flag	Code	Allergies(9/25/12)	PCP	HM Alert	INS	MyChart
	10002177	Age: 26y/o	F	(None)	(None)	PENICILLIN V, SEASONAL ALLERGI*	Trunsky, Jefferey A., MD	DUE	CLASSIC BLUE	Inactive

Visit Report

Chart Review | SnapShot | Results Review | Flowsheets | Graphs | Demographics | Flags | Visit Report | More Activities

Back

Aubri Veneruso, PA-C 7/24/2013 3:35 PM Signed
Breast Cancer Survivorship Program

Chief Complaint: Alpa Zztest is a 25y/o woman with Stage IIIA (T2(2.5 cm)N2Mx) right breast infiltrating ductal carcinoma and with associated DCIS ERnegative/PRnegative, HER2 negative who is s/p bilateral breast skin-sparing mastectomy, (prophylactic left mastectomy), right sentinel lymph node biopsy and right axillary lymph node dissection , 12/2012, 9/15 positive nodes, DDAC-T, radiation therapy. BRCA 1 & 2 negative. She presents for survivorship care.

Time since diagnosis: < 1 year, 10/2012
Age Group: less than 50

Referring Physician: Steven Rosen, MD

Health Care Providers:
Surgical Oncologist: Nora Hansen, MD
Medical Oncologist: Steven Rosen, MD
Radiation Oncologist: William Small, MD
Plastic Surgeon: Neil Fine, MD
PCP: John Smith, MD
Touchstone Nurse Navigator: Lynn Galuska-Elsyn

History of Present Illness:
Treatment Summary- Breast Cancer
Site: right
Method of Detection: self detected
Age at diagnosis: 49
Date of diagnosis: 10/22/12 (core biopsy, General Hospital, Nowhere, IL)
Surgery: bilateral breasts skin-sparing, mastectomy, sentinel lymph node biopsy and axillary lymph node dissection (12/6/12)
Reconstructive surgery: bilateral expander reconstruction (12/6/12)
Pathology: infiltrating ductal carcinoma
Pathologic Stage: IIIA
Tumor TNM Stage: T2(2.5 cm)N2Mx
Tumor Grade: 3
Sentinel node biopsy: yes
Axillary Dissection: yes
positive nodes/total #: 9/15
Lymphovascular invasion present: present
In-situ Tumor Histology: DCIS, minor component Grade 3
ER status: negative (0%)
PR status: negative (0%)
HER-2/neu status: negative (1+)
p53 status: positive (90%)
Ki-67: high (70%)
Oncotype: no
Neoadjuvant treatment: no
Chemotherapy: yes; doxorubicin (Adriamycin) (60 mg/m2) every 2 weeks x 4 and cyclophosphamide (Cytoxan) (600 mg/m2) every 2 weeks x 4 from 1/7/13-2/18/13 followed by paclitaxel (Taxol) (175 mg/m2) every 2 weeks x 4 from 3/4/13-4/15/13
Anthracycline used: yes doxorubicin (Adriamycin)
Total lifetime anthracycline dose: 320 mg
Biologic therapy: no
CSF: yes pegfilgrastim (Neulasta)
Clinical Trial: yes; Vaccine trial qrstuv
Radiation: yes; right chest wall and draining lymphatics 5040 cGy from 6/1/13-6/28/13 followed by boost to surgical scar 1000 cGy 6/29/13-7/5/13.
Endocrine Therapy: no
Genetic Testing: comprehensive BRCA 1 & 2 testing negative and BART negative
Baseline Echo: yes; and LVEF 58% (1/2/13)
Most recent Echo: yes; and LVEF 54% (3/25/13)
Weight at diagnosis: 98.2 lbs

MALLORY SNYDER | Open Orders | 10:26 AM

Epic Progress Note Template

Breast Cancer Survivorship Program

Chief Complaint: @NAME@ is a @AGE@ woman with Stage {JA STAGE:16922} ({JA T STAGING:16923}(***cm){JA N STAGING:16925}{JA M STAGING:16926}) {RIGHTLEFTBILAT:11652} breast {JA CF CAR:16927} ER{JA ER +/-:17441}/PR{JA PR +/-:17442}, HER2 {JA HER2 +/-:17443} who is s/p {RIGHTLEFTBILAT:11652} breast {JA BREAST PROCEDURES:16928}, *** {JA # + NODES:17525}/{JA # TOTAL NODES 0-30:17526} positive nodes, {JA CHEMO:16930}, radiation therapy. She {BEEN ON/COMPLETED:17094} {JA HORMONE THERAPY:16932} {FOR/SINCE:17093}. She presents for survivorship care.

Time since diagnosis: {JA TIME DX:17458}
Age Group: {AGE <50 >50:17518}

Referring Physician: ***

Health Care Providers:
Surgical Oncologist: {JA SURG ONC:17095}
Medical Oncologist: {JA MED ONC:17096}
Radiation Oncologist: {JA RAD ONC:17097}
PCP: ***
Gynecologist: ***

History of Present Illness:
Treatment Summary- Breast Cancer
Site: {JA BREAST TX SITE:17520}
Method of Detection: {JA METHOD OF DETECTION:16933}
Age at diagnosis: ***
Date of diagnosis: *** ({JA BIOPSY:17444})
Surgery: {JA TX SURG SITE:17521} {JA BREAST PROCEDURES:16928}***
Reconstructive surgery: {JA TX RECON SURG SITE:17522} {JA RECONSTR SURG:17459}
Pathology: {JA PATHOLOGY:17098}
Pathologic Stage: {JA STAGE:16922}
Tumor TNM Stage: {JA T STAGING:16923}(***cm){JA N STAGING:16925}{JA STAGING:16926}
Tumor Grade: {JA GRADE:16936}
Sentinel node biopsy: {JA SENTINEL NODE:17523}
Axillary Dissection: {JA AXILLARY DISSECTION:17524}
positive nodes/total #: {JA # + NODES:17525}/{JA # TOTAL NODES 0-30:17526}
Lymphovascular invasion present: {PRESENT/ABSENT/UNKNOWN:16934}
In-situ Tumor Histology: {JA IN SITU HISTOLOGY:17445}
ER status: {POSITIVE/NEGATIVE :10347}
PR status: {POSITIVE/NEGATIVE :10347}
HER-2/neu status: {JA HER2 +/-:17443}
p53 status: {POSITIVE/NEGATIVE :10347}
Ki-67: {JA KI-67:17450}
Oncotype: {JA ONCOTYPE:17100}
Neoadjuvant treatment: {JA NEOADJUVANT TX:17527}
Chemotherapy: {JA CHEMO TX:17508}
Anthracycline used: {JA ANTHRACYCLINE:17453}

Needed to program discrete fields the EDW could query in order to populate the SCP

Total lifetime anthracycline dose: *** mg
Biologic therapy: {JA BIOLOGIC THERAPY:17451}
CSF: {JA CFS:17455}
Clinical Trial: {JA CLINICAL TRIAL:17530}
Radiation: {YES_NO:15396}***
Endocrine Therapy: {JA ENDO THERAPY:17531}; {JA HORMONE THERAPY:16932}
Genetic Testing: {JA GEN TESTING:16940}
Baseline Echo: {JA ECHO:17101}
Most recent Echo: {JA ECHO:17532}
Weight at diagnosis: *** lbs
Weight at completion of primary treatment: *** lbs

Medical History:
@PMH@

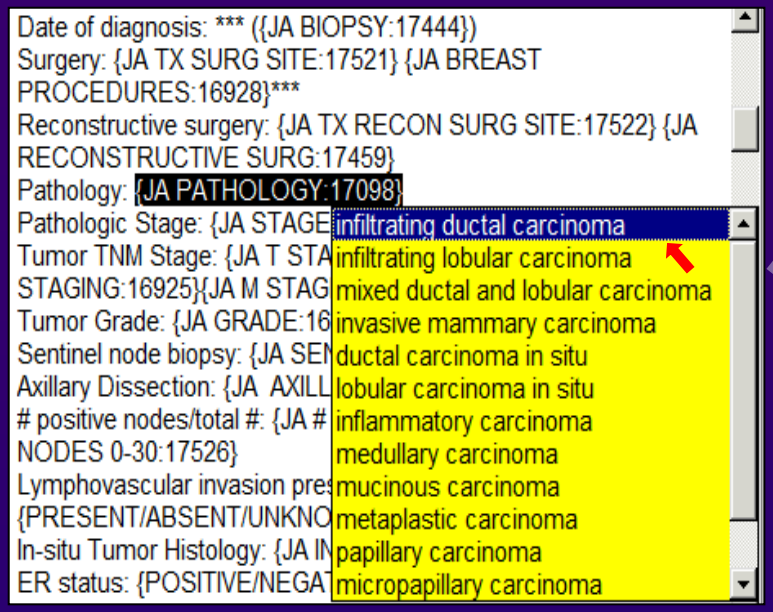
Surgical History:
@PSH@

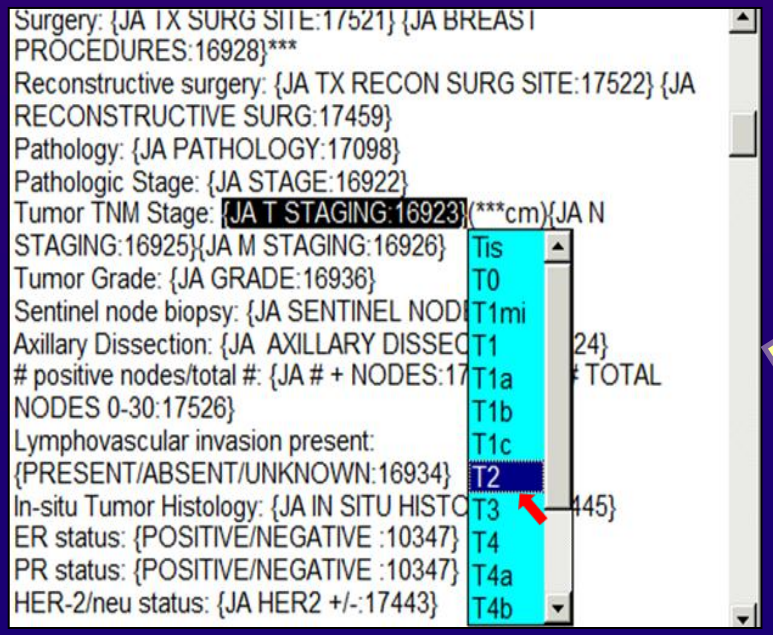
Family History:
Maternal ancestry: ***
Paternal ancestry: ***
Ashkenazi Jewish: {YES_NO:16941}
Breast Cancer: {YES_NO:15396}
Ovarian Cancer: {YES_NO:15396}
Colon Cancer: {YES_NO:15396}
Other Cancer: {YES_NO:15396}
Diabetes: {YES_NO:15396}
Heart Disease: {YES_NO:15396}

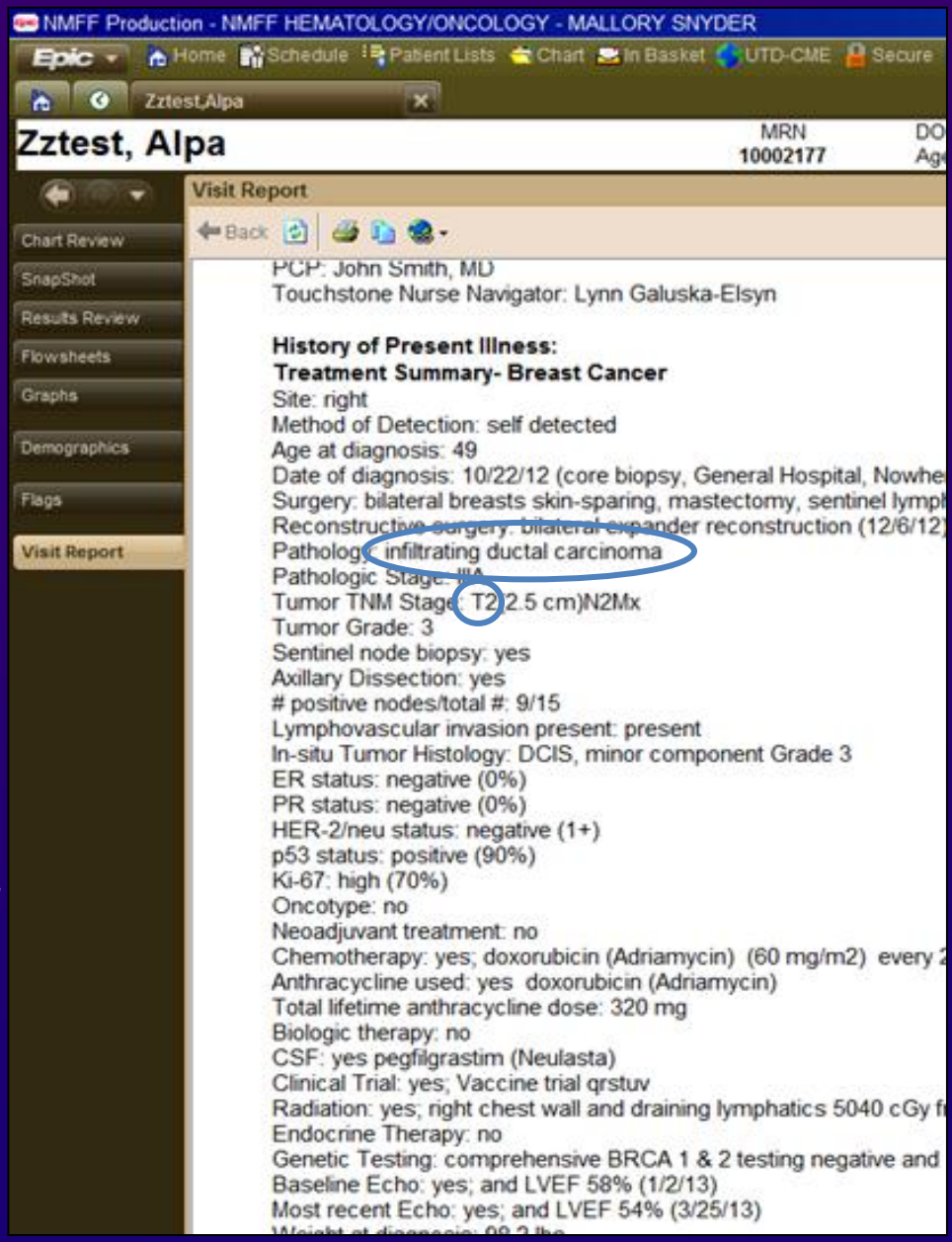
Gynecologic History:
Age at menarche: ***
Last Menstrual Period: ***
Gynecologic Surgery: {JA GYNECOLOGIC SURGERY:17514}
G***P***
Age at first full-term pregnancy: ***
Breastfeeding: {BREASTFEED:13667}
Hot flashes: {Yes/Deny:16945}
Vaginal dryness: {Yes/Deny:16945}
Vaginal discharge: {Yes/Deny:16945}
Vaginal bleeding: {Yes/Deny:16945}
Libido: {JA LIBIDO:17588}
Dyspareunia: {Yes/Deny:16945}
Postcoital bleeding: {Yes/Deny:16945}
OCP: {YES, YEARS, NO:16999}
HRT: {YES, YEARS, NO:16999}
History of infertility treatments: {YES_NO:15396}

Cancer Screening:
Last pelvic exam/PAP smear: ***
Last Mammogram: ***
Colonoscopy: ***

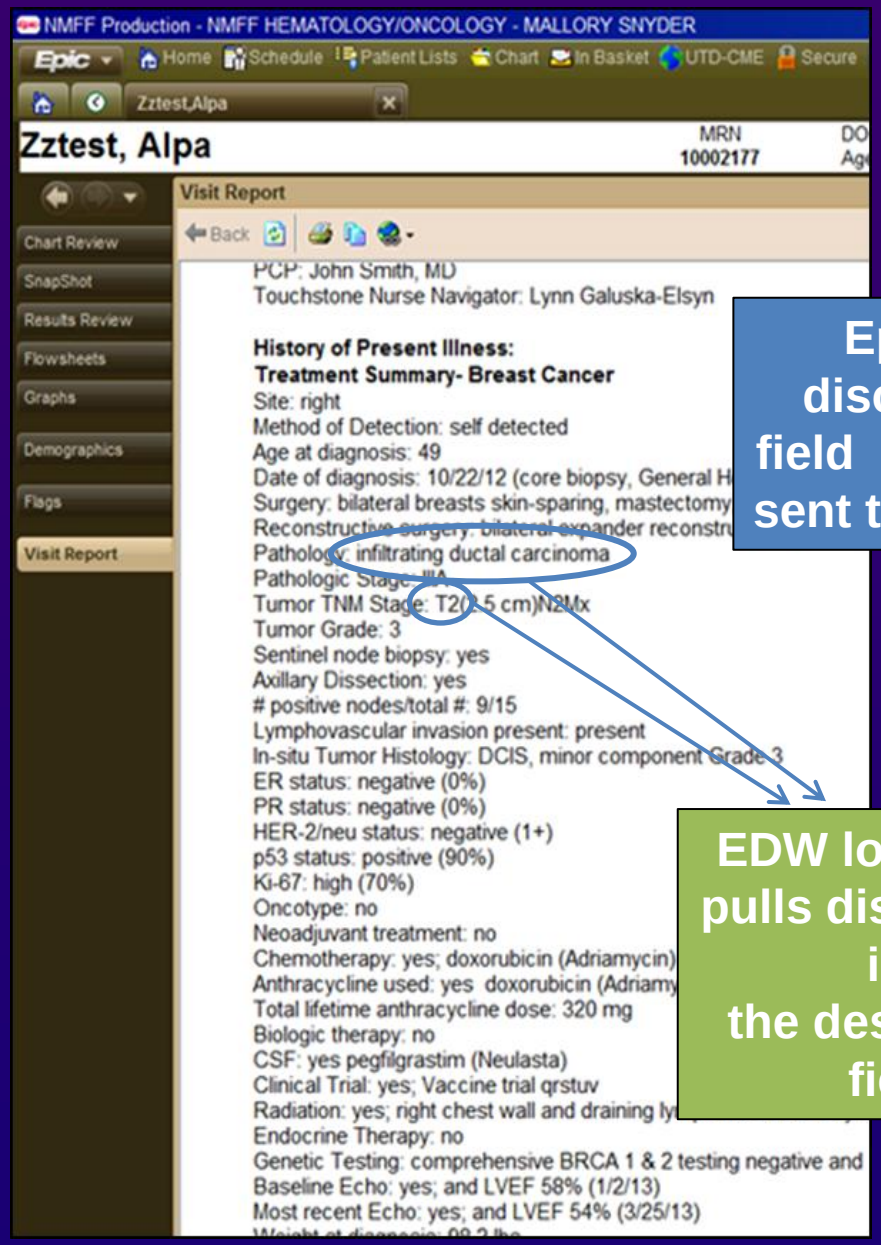
Epic Discrete Fields







Epic Discrete Fields Populate TS



Epic discrete field data is sent to EDW

EDW locates and pulls discrete data into the desired SCP fields

Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Lynn Sage Breast Cancer Survivorship Program
Survivorship Care Plan

Alpa Zztest
DOB: 08/21/1987
Page 3 of 10

Treatment Summary, continued

Pathology

Right Breast

Tumor Histology	Infiltrating ductal carcinoma			
	Size: 2.5 cm	Grade: 3		
In situ Component	Ductal carcinoma in-situ (DCIS)			
	Minor Component	Grade: 3		
ositive Lymph Nodes / l Lymph Nodes Removed	9 / 15			
Pathologic Stage	T2	N2	MX	Stage: IIIA
Receptor Status	ER: Negative	PR: Negative	HER2: Negative	
Comments	Deep margin positive for invasive carcinoma.			

Chemotherapy

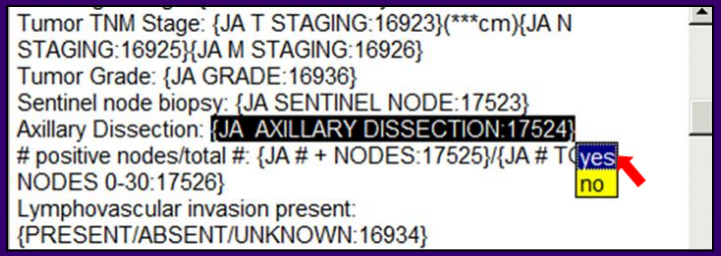
Chemotherapy Administered?	☑ Yes ☐ No	Biologic Therapy Administered?	☐ Yes ☑ No
Treatment on Clinical Trial?	☑ Yes ☐ No	Neoadjuvant Therapy Administered?	☐ Yes ☑ No
Anthracycline Administered?	☑ Yes: Doxorubicin (Adriamycin®) ☐ No		Lifetime Dose: 320 mg
Ejection Fraction	Pre-chemo: LVEF 58%	Most Recent: LVEF 54%	Date: 03/25/2013

y Regimen

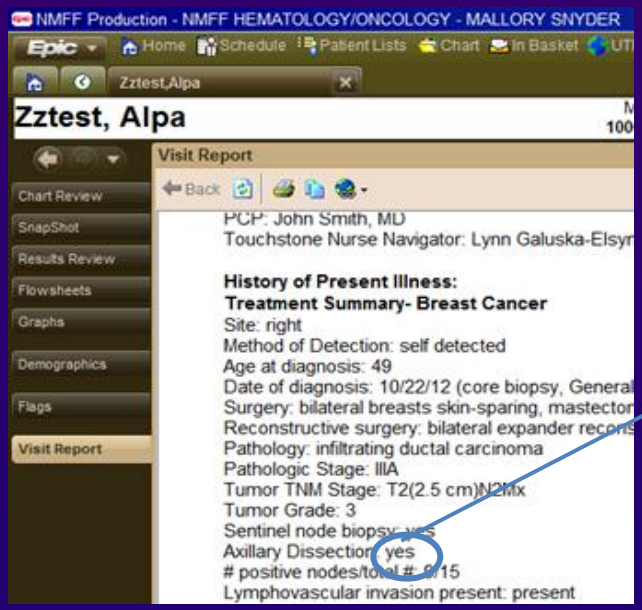
	Dose and Schedule	Cycles	Dose Reduction	Date Started	Date Stopped
	60 mg/m² every 2 weeks	4	n/a	01/07/2013	02/18/2013
de	600 mg/m² every 2 weeks	4	n/a	01/07/2013	02/18/2013
	175 mg/m² every 2 weeks	4	n/a	03/04/2013	04/15/2013

oxicities During Treatment	no
Hospitalizations During Treatment?	☐ Yes ☑ No
Comments	Vaccine Trial qrstuv

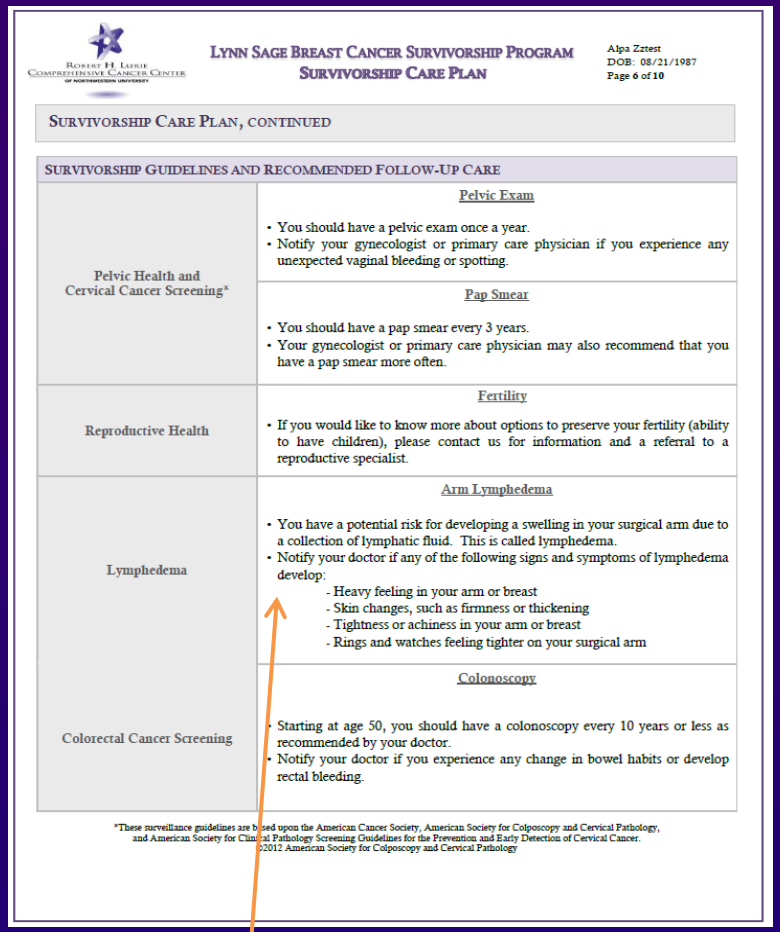
Epic Data Informs Health Recommendations



Epic data is sent to EDW



EDW locates discrete data fields & applies business rules to generate tailored text in the desired SCP field



Lynn Sage Breast Cancer Survivorship Program
Survivorship Care Plan

Alpa Zztest
DOB: 08/21/1987
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Survivorship Care Plan, continued

Survivorship Guidelines and Recommended Follow-Up Care	
Pelvic Health and Cervical Cancer Screening*	**Pelvic Exam** • You should have a pelvic exam once a year. • Notify your gynecologist or primary care physician if you experience any unexpected vaginal bleeding or spotting. **Pap Smear** • You should have a pap smear every 3 years. • Your gynecologist or primary care physician may also recommend that you have a pap smear more often.
Reproductive Health	**Fertility** • If you would like to know more about options to preserve your fertility (ability to have children), please contact us for information and a referral to a reproductive specialist.
Lymphedema	**Arm Lymphedema** • You have a potential risk for developing a swelling in your surgical arm due to a collection of lymphatic fluid. This is called lymphedema. • Notify your doctor if any of the following signs and symptoms of lymphedema develop: - Heavy feeling in your arm or breast - Skin changes, such as firmness or thickening - Tightness or achiness in your arm or breast - Rings and watches feeling tighter on your surgical arm
Colorectal Cancer Screening	**Colonoscopy** • Starting at age 50, you should have a colonoscopy every 10 years or less as recommended by your doctor. • Notify your doctor if you experience any change in bowel habits or develop rectal bleeding.

*These surveillance guidelines are based upon the American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer.
©2012 American Society for Colposcopy and Cervical Pathology

Source	Instrument	Epic Discrete Field	Response Options	Business Rule	Report Output
Epic Progress Note	n/a	{JA AXILLARY DISSECTION:17524}	yes no	If yes Then: • You have a potential risk for developing a swelling in your surgical arm due to a collection of lymphatic fluid. This is called lymphedema. • Notify your doctor if any of the following signs and symptoms of lymphedema develop: - Heavy feeling in your arm or breast - Skin changes, such as firmness or thickening - Tightness or achiness in your arm or breast - Rings and watches feeling tighter on your surgical arm	• You have a potential risk for developing a swelling in your surgical arm due to a collection of lymphatic fluid. This is called lymphedema. • Notify your doctor if any of the following signs and symptoms of lymphedema develop: - Heavy feeling in your arm or breast - Skin changes, such as firmness or thickening - Tightness or achiness in your arm or breast - Rings and watches feeling tighter on your surgical arm

Data Source #2

Assessment Center℠

COMPASS

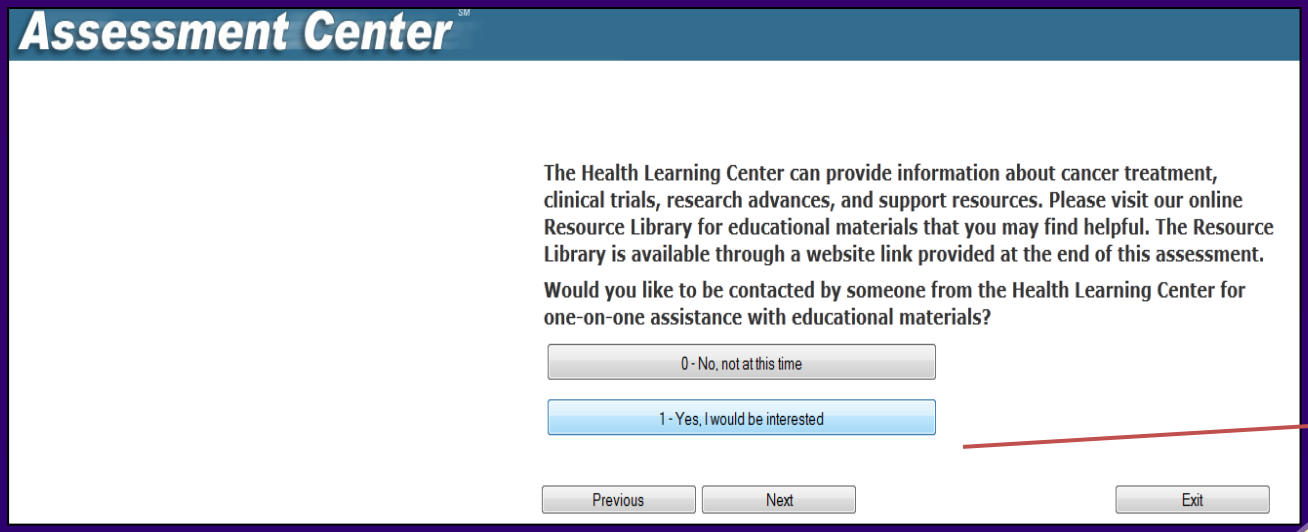
CANCER OUTCOMES MANAGEMENT: PLANNING ASSISTS SURVIVORSHIP STUDY

WELCOME TO THE COMPASS BREAST CANCER SURVIVORSHIP ASSESSMENT!

In collaboration with

the Lynn Sage Breast Cancer Survivorship Program
at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University
and Northwestern University Feinberg School of Medicine

PROs Inform SCPs



AC PRO data sent to EDW

EDW locates and uses PRO scores & applies business rules to generate tailored text in the desired SCP field

Source	Instrument	Epic Discrete Field	Response Options	Business Rule	Report Output
Assessment Center	COMPASS Health Learning Center	N/A	0 = No, not at this time **1 = Yes, I would be interested**	**If** 1=Yes, I would be interested **Then:** • On the questionnaires you completed, you requested assistance with health educational materials. - To address this, we have made a referral to the Health Learning Center for you.	• On the questionnaires you completed, you requested assistance with health educational materials. - To address this, we have made a referral to the Health Learning Center for you.

Supportive Services	**Social Work** • On the questionnaires you completed, you requested assistance with transportation, financial resources and questions about your health insurance. - To address this, we have made a referral for you to see a social worker in the Supportive Oncology Program here at the Robert H. Lurie Comprehensive Cancer Center. **Health Learning Center** • On the questionnaires you completed, you requested assistance with health educational materials. - To address this, we have made a referral to the Health Learning Center for you.

Survivorship Program

- Beginning fall 2013
  - APN to see post-tx survivors
  - Previously, pts followed by medical oncology w/ some referral to PCPs
  - Survivor Net will serve as pilot for SCP provision → other cancers
- Mount Sinai Hospital
  - serving Chicago's Near West and South Sides
  - designated disproportionate share hospital
  - Racial/ethnic composition:
    - 53% African-American / Black
    - 36% Hispanic / Latino(a)
    - 4% White
    - 7% unknown / other

Toward SCP Development

- Meetings with oncology providers & administrators → learn how to synchronize study w/ new survivorship program
- In-depth **interviews w/ providers** (N=8)
  - 1 medical oncologist, 1 radiation oncologist, 1 surgeon, 1 PCP, 4 oncology nurses
  - Largely unfamiliar w/ SCPs but some had created TSs
  - In favor of SCPs (especially TSs) but concerned about staff time, training & reimbursement
  - Believed preparation should take between 15-20 min & 1-2 hrs
  - Most indicated could be prepared & delivered by oncology mid-level providers & / or medical oncologists
  - Preferred more comprehensive templates BUT
    - unsure whether they would overwhelm pts
    - unsure how they could be completed in their setting

Focus Groups

- **Conducted 2 focus groups w/ breast cancer survivors**
  - 8 w/in 4 months of completing tx
  - 4 having completed tx in the last 2 yrs
- **Demographics:**

Age:	M=54.58 yrs (SD=9.01)
Race / Ethnicity:	75% Black / African American 25% Hispanic / Latino(a) 8% White
Household Income:	92% < 20,000

- **SCP template preferences**
  - More comprehensive
  - Less medical formatting

Focus Groups

Bad transition:

"It's like divorce, and then my ex-husband's family don't speak to me anymore. So I get sick, who do I call?"

"I'm not saying we should have priority, but … If no one else will touch me it's up to you because I've been under your care a whole year. So help me get into this so that I can continue…."

SCPs:

"That summary of my treatment from step one to step ten, all that was involved, you know, I need to know that."

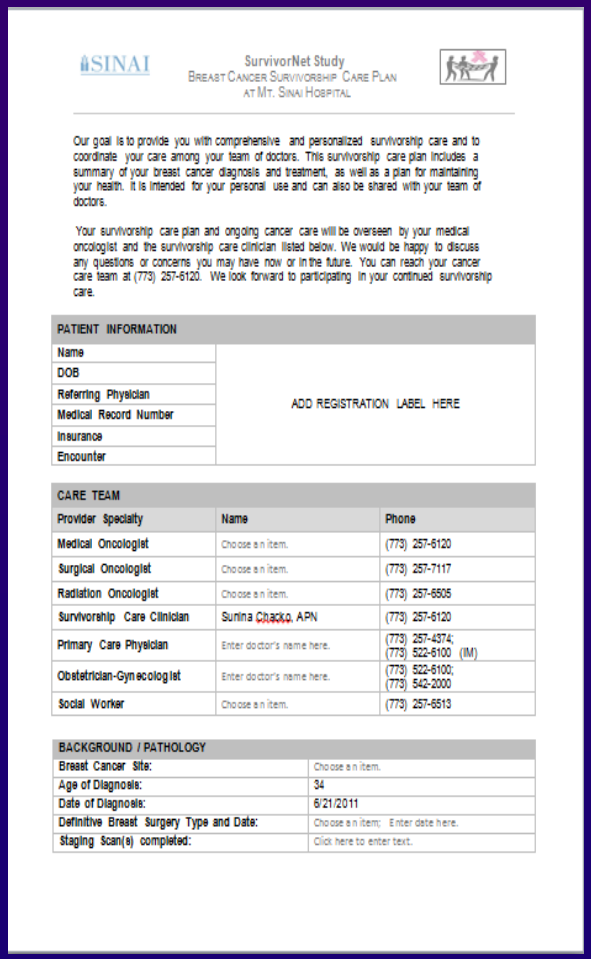
"…a plan…of what we'll go through, services, maybe a guideline on how- what we should do or if this happens or in this situation, your family - how to pick up the pieces. You know, that hurricane that came through and now - bam, FEMA's here!"

Survivor Net SCP Template

Pt-friendly intro

Brief TS

Comprehensive recommendations



SINAI

SurvivorNet Study
BREAST CANCER SURVIVORSHIP CARE PLAN
AT MT. SINAI HOSPITAL

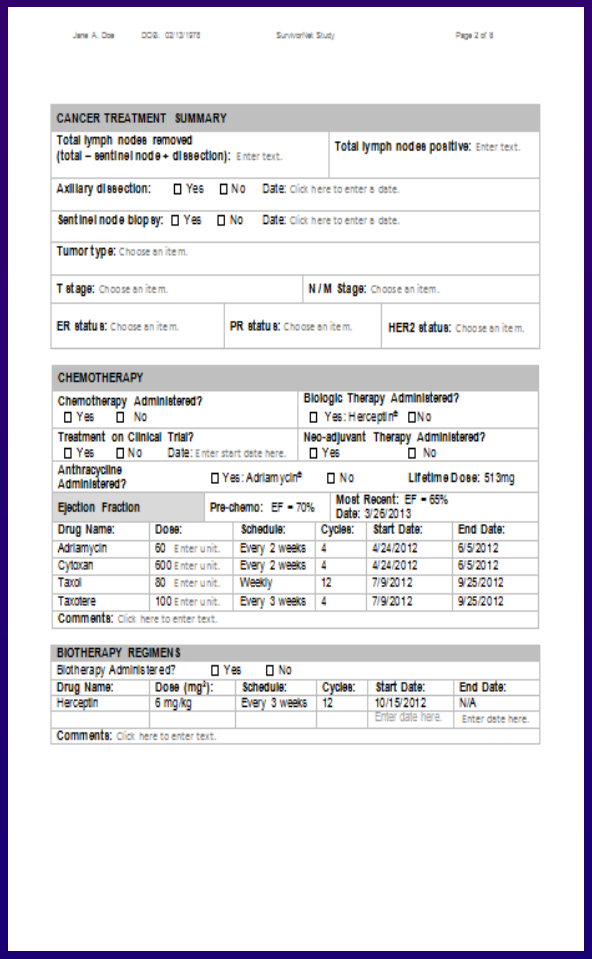
Our goal is to provide you with comprehensive and personalized survivorship care and to coordinate your care among your team of doctors. This survivorship care plan includes a summary of your breast cancer diagnosis and treatment, as well as a plan for maintaining your health. It is intended for your personal use and can also be shared with your team of doctors.

Your survivorship care plan and ongoing cancer care will be overseen by your medical oncologist and the survivorship care clinician listed below. We would be happy to discuss any questions or concerns you may have now or in the future. You can reach your cancer care team at (773) 257-6120. We look forward to participating in your continued survivorship care.

PATIENT INFORMATION	
Name	ADD REGISTRATION LABEL HERE
DOB	
Referring Physician	
Medical Record Number	
Insurance	
Encounter	

CARE TEAM		
Provider Specialty	**Name**	**Phone**
Medical Oncologist	Choose an item.	(773) 257-6120
Surgical Oncologist	Choose an item.	(773) 257-7117
Radiation Oncologist	Choose an item.	(773) 257-6505
Survivorship Care Clinician	Sunina Chacko, APN	(773) 257-6120
Primary Care Physician	Enter doctor's name here.	(773) 257-4374; (773) 522-6100 (IM)
Obstetrician-Gynecologist	Enter doctor's name here.	(773) 522-6100; (773) 542-2000
Social Worker	Choose an item.	(773) 257-6513

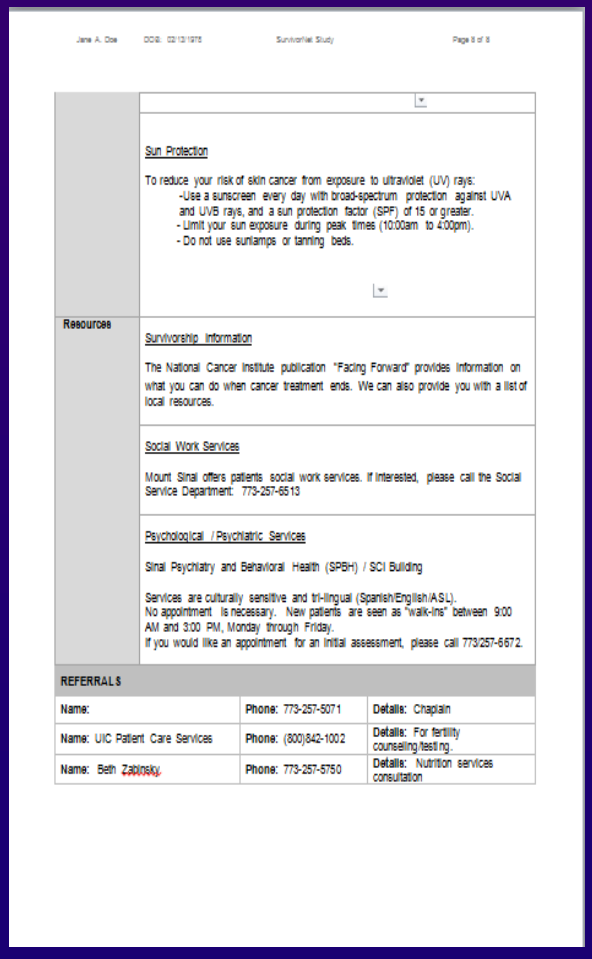
BACKGROUND / PATHOLOGY	
Breast Cancer Site:	Choose an item.
Age of Diagnosis:	34
Date of Diagnosis:	6/21/2011
Definitive Breast Surgery Type and Date:	Choose an item: Enter date here.
Staging Scan(s) completed:	Click here to enter text.



CANCER TREATMENT SUMMARY		
Total lymph nodes removed (total – sentinel node+ dissection): Enter text.	Total lymph nodes positive: Enter text.	
Axillary dissection: ☐ Yes ☐ No Date: Click here to enter a date.		
Sentinel node biopsy: ☐ Yes ☐ No Date: Click here to enter a date.		
Tumor type: Choose an item.		
T stage: Choose an item.	N / M Stage: Choose an item.	
ER status: Choose an item.	PR status: Choose an item.	HER2 status: Choose an item.

CHEMOTHERAPY					
Chemotherapy Administered? ☐ Yes ☐ No			Biologic Therapy Administered? ☐ Yes: Herceptin® ☐ No		
Treatment on Clinical Trial? ☐ Yes ☐ No Date: Enter start date here.			Neo-adjuvant Therapy Administered? ☐ Yes ☐ No		
Anthracycline Administered? ☐ Yes: Adriamycin® ☐ No			Lifetime Dose: 513mg		
Ejection Fraction	Pre-chemo: EF = 70%		Most Recent: EF = 65% Date: 3/26/2013		
Drug Name:	**Dose:**	**Schedule:**	**Cycles:**	**Start Date:**	**End Date:**
Adriamycin	60 Enter unit.	Every 2 weeks	4	4/24/2012	6/5/2012
Cytoxan	600 Enter unit.	Every 2 weeks	4	4/24/2012	6/5/2012
Taxol	80 Enter unit.	Weekly	12	7/9/2012	9/25/2012
Taxotere	100 Enter unit.	Every 3 weeks	4	7/9/2012	9/25/2012
Comments: Click here to enter text.					

BIOTHERAPY REGIMENS					
Biotherapy Administered? ☐ Yes ☐ No					
Drug Name:	**Dose (mg²):**	**Schedule:**	**Cycles:**	**Start Date:**	**End Date:**
Herceptin	6 mg/kg	Every 3 weeks	12	10/15/2012	N/A
				Enter date here.	Enter date here.
Comments: Click here to enter text.					



	Sun Protection To reduce your risk of skin cancer from exposure to ultraviolet (UV) rays: -Use a sunscreen every day with broad-spectrum protection against UVA and UVB rays, and a sun protection factor (SPF) of 15 or greater. - Limit your sun exposure during peak times (10:00am to 4:00pm). - Do not use suntamps or tanning beds.
Resources	Survivorship Information The National Cancer Institute publication "Facing Forward" provides information on what you can do when cancer treatment ends. We can also provide you with a list of local resources. Social Work Services Mount Sinai offers patients social work services. If interested, please call the Social Service Department: 773-257-6513 Psychological / Psychiatric Services Sinai Psychiatry and Behavioral Health (SPBH) / SCI Building Services are culturally sensitive and tri-lingual (Spanish/English/ASL). No appointment is necessary. New patients are seen as "walk-ins" between 9:00 AM and 3:00 PM, Monday through Friday. If you would like an appointment for an initial assessment, please call 773/257-6672.

REFERRALS		
Name:	Phone: 773-257-5071	Details: Chaplain
Name: UIC Patient Care Services	Phone: (800)842-1002	Details: For fertility counseling/testing
Name: Beth Zabinsky	Phone: 773-257-5750	Details: Nutrition services consultation

Drop-down Treatment Summary Fields

CANCER TREATMENT SUMMARY

Total lymph nodes removed (total – sentinel node + dissection): Enter text.	**Total lymph nodes positive:** Enter text.	
Axillary dissection: ☐ Yes ☐ No Date: Click here to enter a date.		
Sentinel node biopsy: ☐ Yes ☐ No Date: Click here to enter a date.		
Tumor type: Choose an item.		
T stage: Choose an item.	**N / M Stage:** Choose an item.	
ER status: Choose an item.	**PR status:** Choose an item.	**HER2 status:** Choose an item.

CHEMOTHERAPY

Chemotherapy Administered? ☐ Yes ☐ No	**Biologic Therapy Administered?** ☐ Yes: Herceptin® ☐No
Treatment on Clinical Trial? ☐ Yes ☐ No Date: Enter start date here.	**Neo-adjuvant Therapy Administered?** ☐ Yes ☐ No
Anthracycline Administered? ☐ Yes: Adriamycin® ☐ No	**Lifetime Dose:** 513mg
Ejection Fraction	**Pre-chemo:** EF = 70% **Most Recent:** EF = 65% **Date:** 3/26/2013

Drug Name:	Dose:	Schedule:	Cycles:	Start Date:	End Date:
Adriamycin	60 Enter unit.	Every 2 weeks	4	4/24/2012	6/5/2012
Cytoxan	600 Enter unit.	Every 2 weeks	4	4/24/2012	6/5/2012
Taxol	80 Enter unit.	Weekly	12	7/9/2012	9/25/2012
Taxotere	100 Enter unit.	Every 3 weeks	4	7/9/2012	9/25/2012

Comments: Click here to enter text.

BIOTHERAPY REGIMENS

Biotherapy Administered? ☐ Yes ☐ No

Drug Name:	Dose (mg^2):	Schedule:	Cycles:	Start Date:	End Date:
Herceptin	6 mg/kg	Every 3 weeks	12	10/15/2012	N/A
				Enter date here.	Enter date here.

Comments: Click here to enter text.

PATHOLOGY

Total lymph nodes removed (total – sentinel node + dissection):	**Total lymph nodes positive:**	
Axillary dissection: ☐ Yes ☒ No Date: Click here to enter a date.		
Sentinel node biopsy: ☐ Yes ☐ No Date: Click here to enter a date.		
Tumor type Choose an item.		
T stage: Cho	**N / M Stage:** Choose an item.	
ER status: C	**PR status:** Choose an item.	**HER2 status:** Choose an item.

- Choose an item.
- Infiltrating ductal
- Infiltrating lobular
- Mixed lobular/ductal
- Other

Drop-down Care Plan Fields

Manual → Pt-specific recommendations

Pelvic Health and Cervical Cancer Screening

Pap Smear

If age 21-29 with uterus/cervix intact:
Then:

- You should have a pap smear every 3 years.
- Your gynecologist or primary care physician may also recommend that you have a pap smear more often.

If age 30-65 with uterus/cervix intact:
Then:

- You should have a pap smear plus a human papilloma virus (HPV) test every 5 years (preferred) or a pap smear alone every 3 years.
- Your gynecologist or primary care physician may also recommend that you have these tests done more often.

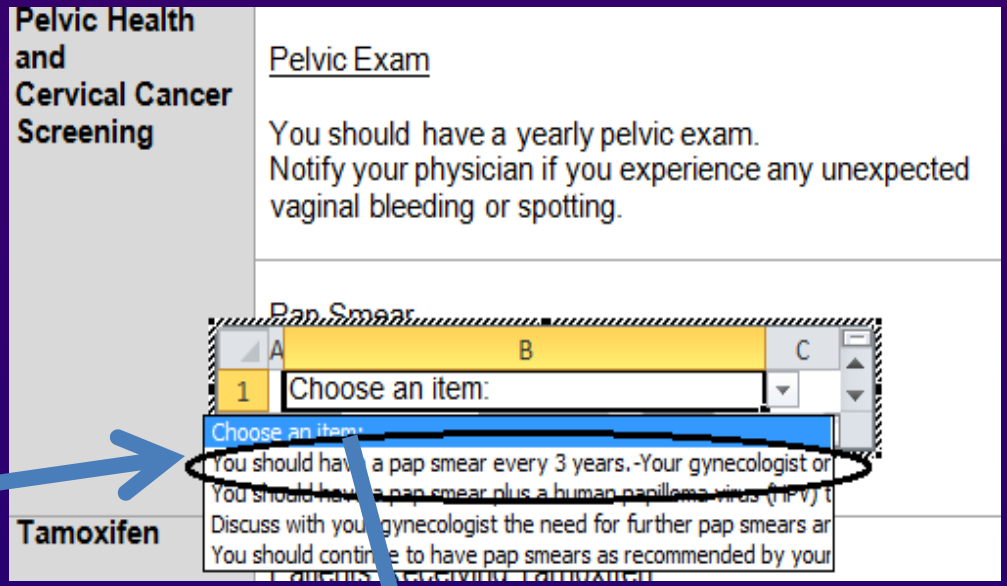
If uterus/cervix removed (TAH):

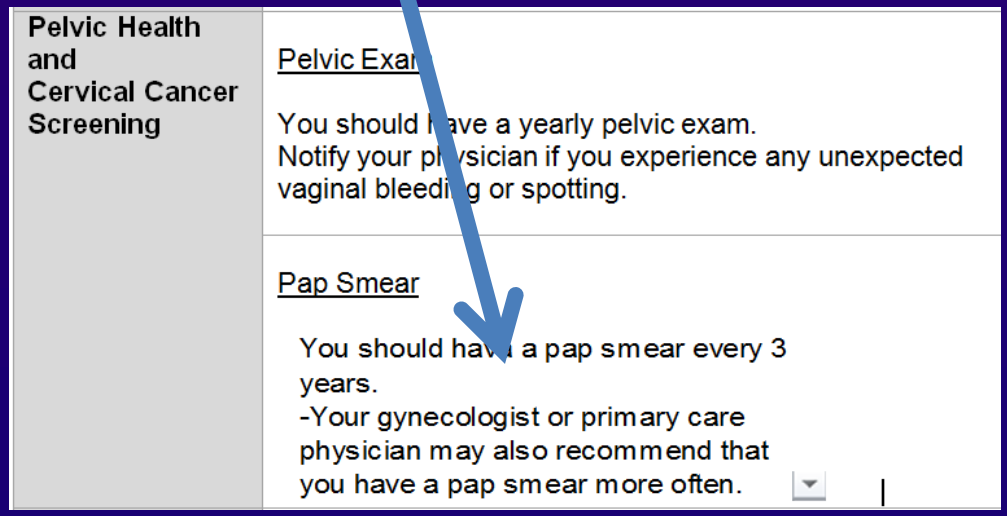
- Discuss with your gynecologist the need for further pap smears and follow-up recommendations based upon your previous screening results.

If age >65
Then:

(clinician can delete either first or second bullets at their discretion)

- You should continue to have pap smears as recommended by your gynecologist or primary care physician.
- Now that you are 65 years old, you should discuss with your gynecologist or primary care physician the need for further pap smears.





Vetting the SCP

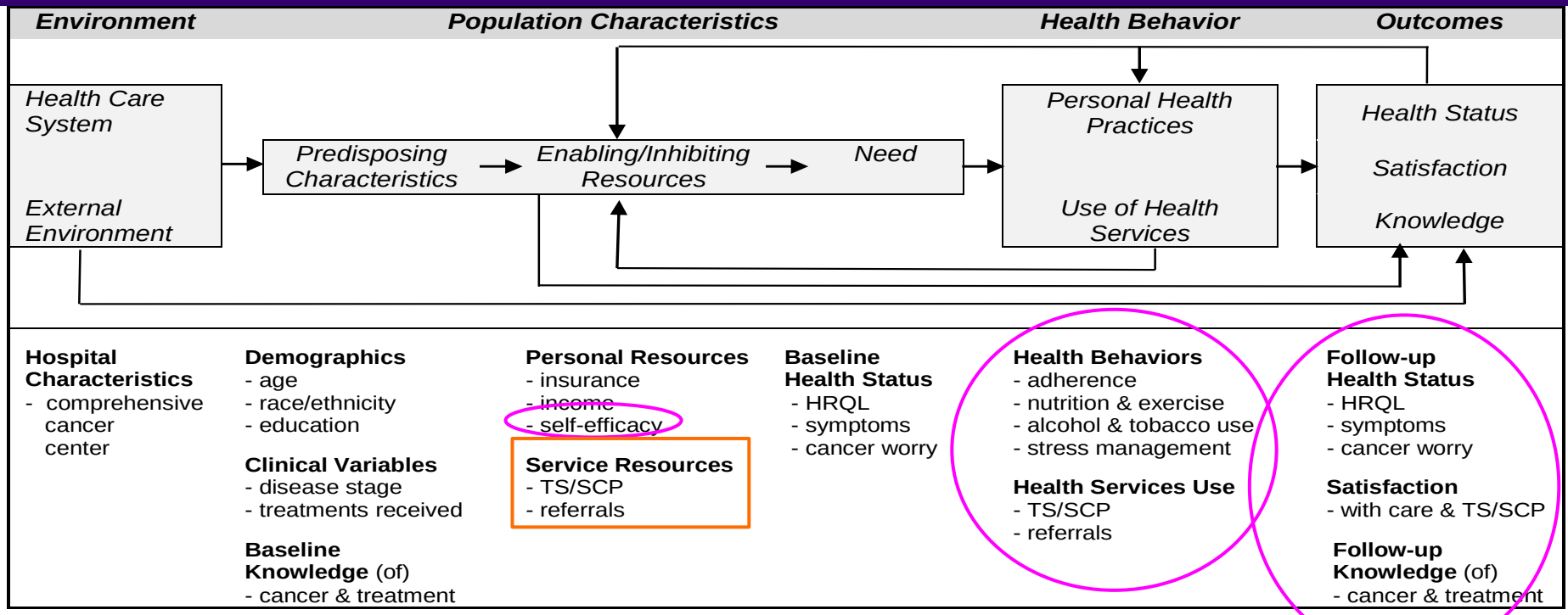
- **Sinai oncology pt records reside in 3 EHRs**

  1. **MEDITECH:** medical oncology visit & infusion center notes, pathology / lab reports.
  2. **NextGen:** used for surgical notes; medical oncology nurses have no access
  3. **Aria Varian:** used by radiology; oncology nurses do not have access

- **Conducted mock runs of SCP completion**
  - Consulted w/ medical informatics
  - 2 non-complex 'pts'
    - M = 28 minutes for TS
    - 1st = 35 min & 2nd = 21 min
  - Informed creation of a manual
    - Where to find information in 3 EHRs
    - Rules on how to apply clinical practice guidelines to drop-down recs.

Aim 2

- Implement the SCP intervention & evaluate its impact
  - single arm longitudinal design; BL, 3 mo & 6 mo



Andersen. *J. Health Soc. Behav.* 1995

- Assess time & effort spent completing SCPs
- Examine how SCPs delivered in consultations

On the Horizon

- **Impact of ACoS CoC guidelines & growing research**
- **Planning Actively for Cancer Treatment (PACT) Act** introduced to Congress
  - Bipartisan sponsorship - California
  - Endorsed: ASCO, NCCN, National Coalition for Cancer Survivorship
  - Proposes establishing a new Medicare CC planning & coordination service
  - Include the development of a written CP delivered @ a visit @ dx built upon across phases of tx / survivorship
  - **service reimbursed @ rate ≈ transitional care management code (high complexity)

Acknowledgements

COMPASS

Judith Abramson, MD, MSCI

Aubri Veneruso, MMS, PA-C

Mallory Snyder, MPH

Rebekah Abel, MSC

Chris Mitchell

Alpa Patel

SURVIVOR NET

Pam Khosla, MD

Imelda Unto, MSN, RN, OCN

Sunina Chako, APN

Crystal Johnson, MA

Elizabeth Hahn, MA

Thank you for your attention!

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