NCCN Cancer Survivorship Guidelines: Development and Clinical Use A Primary Care Perspective

Linda Overholser, MD, MPH
University of Colorado School of Medicine
Division of General Internal Medicine
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Disclosures

- NCCN Survivorship Guidelines Panel
- Springer Publishing

Objectives

- Introduce the NCCN Cancer Survivorship Guidelines for those who may not be familiar
- Discuss the role of the NCCN Cancer Survivorship Guidelines in the clinical care of individuals with a history of cancer, with special focus on the primary care setting

The call for survivorship care clinical guidance

By 2013:

- A growing evidence base around the unmet needs of individuals living beyond a cancer diagnosis
- Most individuals with a history of cancer follow up in primary care settings over time
 - includes rural areas/community health centers
- Growing numbers of long-term cancer survivors projected to overwhelm the oncology workforce
- But how to develop and implement guidelines in a way that supports truly coordinated care?



¹Institute of Medicine and National Research Council. 2006. From Cancer Patient to Cancer Survivor: Lost in Transition. Washington, DC: The National Academies Press. https://doi.org/10.17226/11468.

²Available at: https://www.livestrong.org/sites/default/files/what-we-do/reports/essentialelementsbrief.pdf



New NCCN Guidelines® for Survivorship Care

Presented by Jennifer A. Ligibel, MD, and Crystal S. Denlinger, MD

- In 2013, new cancer survivorship guidelines from the National Comprehensive Cancer Network (NCCN) were presented
 - Intended to serve as guidance for clinicians to address post treatment sequelae more **comprehensively** and **systematically**
 - Cross-cuts any one specific cancer type
 - Serve as "...a companion to the disease guidelines"*,+
- Treatment summaries/Survivorship Care Plans may not always be available to clinicians; these guidelines can still be helpful
- Available at <u>www.nccn.org</u>

^{*}Ligibel JA, Denlinger CS. New NCCN guidelines for survivorship care. J Natl Compr Canc Netw. 2013 May;11(5 Suppl):640-4. PMID: 23704233.

⁺Denlinger CS, Ligibel J. A work in progress: developing the new NCCN guidelines for survivorship. J Natl Compr Canc Netw. 2014 Jan;12(1):1-4. PMID: 24453287.



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- Survivorship Assessment tool
 -with Provider Key to refer to specific sections within the guidelines
 - Not validated but includes validated questions when possible
 - Periodic reassessment is recommended
- Designed for providers/care teams from oncology, other subspecialty care settings and primary care who care for individuals once active treatment is completed
- Intended for those diagnosed and treated as adults
- Intended for those in clinical remission or living with chronic form of cancer

^{*}Ligibel JA, Denlinger CS. New NCCN guidelines for survivorship care. J Natl Compr Canc Netw. 2013 May;11(5 Suppl):640-4. PMID: 23704233.

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- Anxiety and Depression
- Cognitive function
- Exercise
- Immunizations/Infection prevention
- Fatigue
- Pain
- Sexual Function
- Sleep Disorders

⁺Denlinger CS, Ligibel J. A work in progress: developing the new NCCN guidelines for survivorship. J Natl Compr Canc Netw. 2014 Jan;12(1):1-4. PMID: 24453287.

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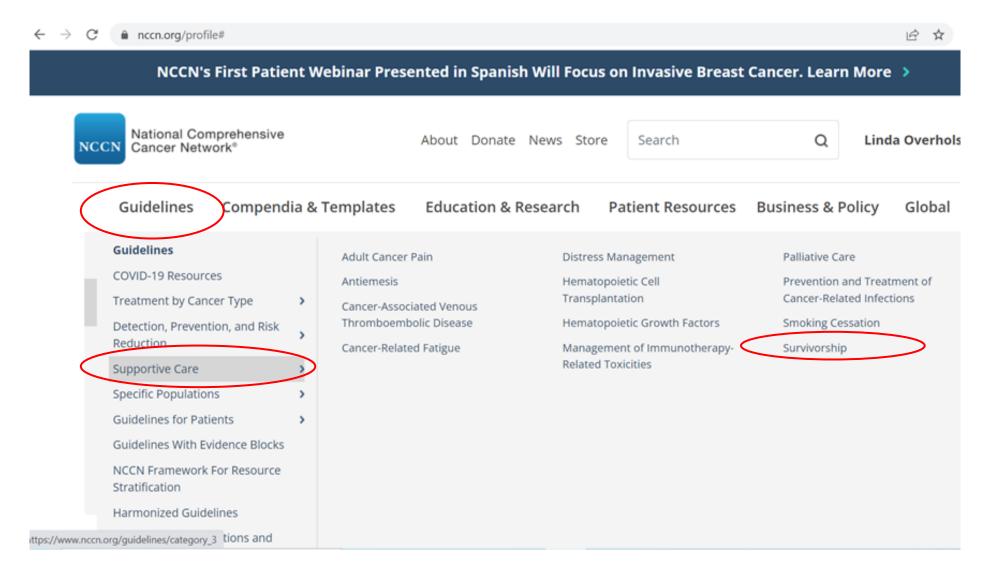
Evolution of topics over time

- Member institutions invited to review and provide feedback annually
- Subcommittees formed and meet regularly as needed in between annual meetings
 - Healthy Lifestyles (physical activity, nutrition, supplement use, weight management)
 - Cardiovascular disease
 - Fatigue
 - Lymphedema
 - Second primary neoplasms
 - Employment/Return to work
 - Hormone related symptoms

Evolution of the panel over time

Multidisciplinary expertise:

Medical Oncology, Gynecology, Cardiology, Clinical Psychology/Psychiatry, Nursing, Cancer Survivor/Advocates, Gynecology, Primary Care (Internal Medicine), Radiation Oncology, Epidemiology, Nutrition and Exercise Science, Surgical Oncology, Bone Marrow Transplantation, Supportive Care, Hematologic Oncology, Pediatric Oncology



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NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Survivorship

Version 1.2022 — March 30, 2022

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Healthy living

Cancer survivors can improve their health and quality of life with healthy living. For some cancers, healthy living lowers their risk of recurrence and death. NCCN encourages all survivors to adopt a healthy lifestyle.

There are many parts to healthy living. In the next chapters, there is detailed information on physical activity, food, supplements, weight, and metabolism. A list of basic goals for healthy living is in Guide 2. Healthy living can be hard to do. Your care providers can be supportive. They may work with you so you can make changes on your own. At times, they may refer you to a counselor. Through counseling, you can learn about barriers to achieving goals and how to overcome them.

Guide 2 Goals of healthy living	
Be physically active and avoid inactivity	
Eat healthful foods	
Limit or avoid drinking alcohol	
Achieve and maintain a normal body weight	
Don't smoke, chew, or sniff tobacco	
Practice sun safety by using sunscreen and do not use tanning beds	
Get enough sleep	
See your primary care provider on a regular basis	
Follow health guidelines as appropriate	

NCCN Guidelines for Platients*: Survivorship Care for Healthy Living, 2020

How are the guidelines being used?

- Observational study of individuals referred to a survivorship clinic within a cancer center*:
 - <u>Less than 8 percent</u> of survivors met all NCCN Healthy Behavior Guidelines prior to attending the clinic
 - Assessed: smoking, weight management, alcohol, physical activity, sun safety, PCP visits
 - Non-adherence to guidelines was <u>significantly associated</u> with higher levels of distress

^{*}Hyland, K. A. et al. (2018). Are cancer survivors following the national comprehensive cancer network health behavior guidelines? An assessment of patients attending a cancer survivorship clinic. Journal of psychosocial oncology, 36(1), 64-81.

How are the guidelines being used?

- 2017 systematic review of patient-provider communication around sexual concerns of survivors*
 - NCCN Guidelines pertaining to sexual health and function helped provide context for categorizing types of communication
 - advising on potential effects of treatment (sexual function, fertility)
 - assessing/screening for concerns
 - managing concerns (offer treatments, provide referrals)
 - Most common type of communication was advising on potential effects
 - Confirms that few studies assess communication around assessing for or managing concerns, and average prevalence of each was low

^{*}Reese JB, Sorice K, Beach MC, et al. Patient-provider communication about sexual concerns in cancer: a systematic review. J Cancer Surviv. 2017;11(2):175-188. doi:10.1007/s11764-016-0577-9



recombobulate. Verb. (third-person singular simple present recombobulates, present participle recombobulating, simple past and past participle recombobulated) (uncommon) To cause to think clearly again; to reorient; to put back into working order.

www.yourdictionary.com/recombobulate

- Health promotion, healthy lifestyle assessment and counseling are daily conversations
- Cardiovascular disease, psychosocial morbidity, functional concerns are common
 - Quality metrics/targets identified and help drive population-based care
- Cancer screening, infection prevention are expected activities
 - Guidelines that address how we may need to adapt screenings/counseling are particularly helpful
 - Resources may be lacking that are *survivorship specific*
 - This is meaningful to patients
- Survivorship guidelines can help with symptom triage (pre-test probability)

 Guideline development has/continues to be in context of a need to promote shared care

- Communication between PCPs and specialists has been (2011) and continues to be (2017) problematic (Potosky et al, JGIM, 2011; Dossett et al, CA Cancer J Clin, 2017, 67:156-169)
 - PCPs seek to address knowledge gaps; could benefit from resources endorsed by specialists "in a format that meets their needs"
 - ?Disconcordant preferences and expectations

- Not just surveillance for recurrence of disease
 - Messages can be consistent, reinforced from multiple care teams

 Lack of "discrete, actionable" guidance/guidelines cited as a barrier to provision of survivorship care in primary care practices/shared care*

^{*}Rubenstein et al, JAMA Internal Medicine 2017; Lisy K, Kent J, Piper A, Jefford M. Facilitators and barriers to shared primary and specialist cancer care: a systematic review. Support Care Cancer. 2021 Jan;29(1):85-96.

Are guidelines enough?

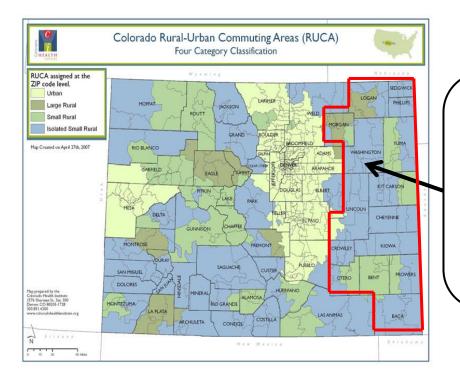
- Clinical practice guidelines are **necessary**, but maybe **not sufficient** to implement comprehensive survivorship care
- Just like TS/SCP, they are a tool
- Need to better understand how clinical guidelines can be incorporated into *clinical care delivery*
 - "...strategies and approaches that engage implementation science are vital."*

*Gallicchio L, Tonorezos E, de Moor JS, et al. Evidence Gaps in Cancer Survivorship Care: A Report From the 2019 National Cancer Institute Cancer Survivorship Workshop. J Natl Cancer Inst. 2021;113(9):1136-1142.

Lessons learned in CO: iSurvive



- A multi-component practicebased cancer survivorship curriculum
- iSURVIVE, was created and implemented over four visits in rural primary care practices
- Geared towards primary care practices (not just providers)



- 16 counties (8 are MUA/HPSA)
- 30,000 square miles
- 150,000 Coloradoans
- 56 primary care practices
- 16 hospitals

Risendal et al, Impact of Cancer Survivorship Care Training on Rural Primary Care Practice Teams: a Mixed Methods Approach, Journal of Cancer Education, 2020









isurvive knowledge · relationships · action

Four main themes:

- 1. Immediate/positive impact of training
- 2. Created intention to change cancer/survivorship care delivery
- 3. Ways participants put knowledge into practice
- 4. There are contextual factors that contribute to lack of execution of survivorship care

Knowledge Positive Perspective of Training Training Created Intention Putting it into Action Practice Lack of Execution Change Cancer Survivorship should be treated like a chronic condition in practice.

Risendal et al, Impact of Cancer Survivorship Care Training on Rural Primary Care Practice Teams: a Mixed Methods Approach, Journal of Cancer Education, 2020









Practice Change	Execution
Facilitators	Barriers
Actionable next steps	Limited established workflow
Personal attributes of staff	Lack of actionable items
Patient initiation	Practice/organization readiness
Reminders (similar to chronic disease	Internal capacity
practices)	External policy factors
Continuity of care in rural practices to	Competing priorities
observe long-term effects	

Risendal et al, Impact of Cancer Survivorship Care Training on Rural Primary Care Practice Teams: a Mixed Methods Approach, Journal of Cancer Education, 2020







Potential gaps

- Financial toxicity---survivorship care/visits can be expensive!
- Ever expanding array of treatments available---what are the long-term consequences of treatment?
- The role of telehealth
- Care for underrepresented populations
- Delivering care in under-resourced communities
- How to address multi-morbidity/interactions
 - Nutrition counseling, physical activity, prescriptions



Thank you!