

CANCER SURVIVORSHIP – MORE THAN JUST SURVIVING CANCER

Dr Fok Wai Yee Rose, Dr Kiley Loh Wei-Jen

ABSTRACT

Survivorship care is an essential component of high-quality cancer care due to rising cancer incidence, survival and the recognition of unique health challenges cancer survivors face. Primary care practitioners (PCP) have played pivotal roles in cancer survivorship in the community in first world settings, and current evidence suggest that PCPs can provide more cost-effective and equally safe surveillance care to cancer survivors with no difference in recurrence rates, time to detection of recurrence, mortality and health-related quality of life, compared to specialists. High quality survivorship care is best delivered using a collaborative approach between tertiary based specialists and community-based PCPs.

Keywords: Survivorship care, primary care practitioners, collaborative approach, holistic care, sustainable healthcare

SFP2020; 46(2): 42-45

CASE VIGNETTE

Claire is a 52-year old executive whose youngest daughter has just completed her pre-university studies and is applying for university.

As she looked forward to the next stage of her life, she was horrified to feel a breast lump while in the shower. She saw her GP and was promptly referred to a breast surgeon. After a series of tests and a biopsy, she was unfortunately diagnosed with breast cancer but fortunately in its early stage. Claire, being the positive and proactive person, bravely underwent surgery, and subsequently adjuvant chemotherapy, radiotherapy and endocrine therapy to improve her chances of cure.

Although currently free of cancer, she was plagued by persistent numbness of her feet and noticed difficulties in her memory and ability to concentrate. She was gripped with the fear of recurrence, slept poorly and often felt emotionally down. For the first time, she was also physically disconnected from her husband as she felt uncomfortable with her post-cancer body

image and disturbed by hot flushes. Claire tried her best to remain positive and wanted to adopt any lifestyle measures that could aid her recovery and further reduce her risk of recurrences or any new cancers, but was disappointed and confused with the lack of reliable information on this. She initially wanted to confide in her oncologists regarding her problems and concerns, but the consultation time was often too short and almost entirely focused on screening for cancer recurrence. Claire turned to her usual GP but she felt cancer is a highly specialised field and was not confident to advise her. Adding to this, there was also little to no communication with her GP regarding her cancer diagnosis and treatment.

It was strange and unexpected that she was experiencing such immense suffering despite being cancer-free. She was supposed to be transitioning towards a better health state, but instead, she feels the worse she has ever been, confused and abandoned.

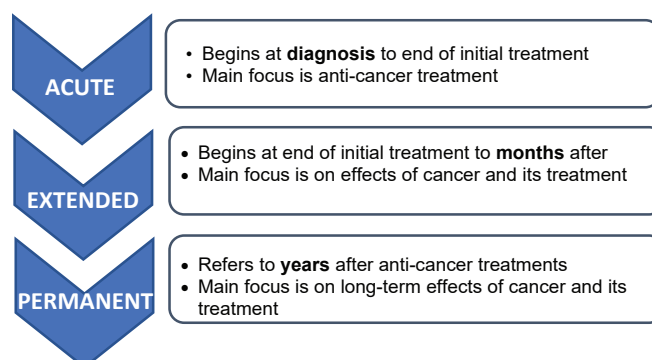
CANCER SURVIVORSHIP & ITS IMPORTANCE

Claire's story represents the journey of many cancer survivors in Singapore, being cancer-free but still plagued with a multitude of physical and psychosocial issues from the cancer or as a result of its treatments. This results in not only poor quality of life for survivors and their families, but also a detriment to society and the nation due to the loss of human capital and productivity. As such, care for cancer patients does not stop with anti-cancer treatments and early diagnosis, but it must also encompass care to aid and promote holistic post-treatment recovery and wellness.

What is survivorship?

Cancer survivorship commonly relates to “Living with, through and beyond cancer”. This means that cancer survivorship begins at diagnosis and encompasses patients across the entire survivorship continuum, from early curable to long term survivorship or advance incurable stages. The American Society of Clinical Oncology (ASCO) describes three distinct phases of survivorship²:

Figure 1: Three Distinct Phases of Survivorship



FOK WAI YEE ROSE
Family Physician
Division Of Medical Oncology
National Cancer Centre Singapore

KILEY LOH WEI-JEN
Consultant
Division of Medical Oncology
National Cancer Centre Singapore

The United States Institute of Medicine (IOM) highlighted the importance of dedicated cancer survivorship programs to effectively address the supportive and survivorship care needs of all cancer survivors. The IOM, in its landmark publication, “From Cancer Patient to Cancer Survivor: Lost in Transition” highlighted four essential components of a cancer survivorship program.³

- (1) Prevention and detection of new cancers and recurrent cancer;
- (2) Surveillance for cancer spread, recurrence, or second cancers;
- (3) Intervention for consequences of cancer and its treatment and
- (4) Coordination between specialists and primary care providers (PCPs) to ensure that all of the survivor’s health needs are met.

Why is survivorship care important?

1. Increasing cancer survival rates

Based on Singapore’s Cancer Registry, the estimated lifetime risk for developing cancer is about one in every four to five people. Worryingly, the incidence of cancer has increased and is likely to continue to rise with an ageing population. The crude incidence rates of all cancers in males and females between the year 2011-2015 were 330.7 and 338.5 per 100,000 person-years respectively. Although the age-standardised incidence rate (ASIR) for cancer in males has largely been stable between the year 1973 and 2012, the rate for females displays a consistent rising trend. On the whole, the ASIR in females’ cancers for the year 2008-2012 was 31.7 percent higher than in the year 1973-1977 which amounted to an average annual change of 0.8 percent.⁵

Moreover, with earlier diagnoses through screening measures and constantly improving anti-cancer treatments, the number of people surviving cancer will also increase. This is evident by improving survival rates of many cancer types in Singapore over the years.⁵

2. Multiple and complex needs of cancer survivors

Cancer survivors can experience a multitude of unique physical and psychosocial issues associated with cancer and its treatments. In addition to the direct physical and psychosocial toxicities of cancer and its treatments, indirect consequences of increased chronic comorbidities and second primary cancers can also occur. Adding to this complexity is the likely lack of awareness of the general medical community of the unique care needs of cancer survivors, despite cancer now being the primary source of mortality in Singapore.⁵ This can be illustrated in the case example below:

A 35-year-old woman presents to her primary care physician with an ischaemic-like chest pain. She was previously treated with chest irradiation for Hodgkin’s Lymphoma when she was 15. Many doctors would not be aware of chest irradiation being a risk factor for an earlier diagnosis of ischaemic heart disease and may have inadvertently treated her chest pain as musculoskeletal or anxiety in source. Her risk of myocardial infarction would actually be similar to a 55-year-old man. This

emphasises the need for greater awareness amongst the general medical community of the potential issues faced by cancer survivors.⁶

What defines High-Quality Survivorship Care?

ASCO describes the key components as follow⁴:

Figure 2. Key Components of High-Quality Survivorship Care

Surveillance & screening	Monitoring & managing	Coordination & assessment	Resources	Education	Empower
<ul style="list-style-type: none"> •recurrence •second cancers 	<ul style="list-style-type: none"> •psychosocial •late effects 	<ul style="list-style-type: none"> •specialists, multi-disciplinary team referral •familial genetic risk 	<ul style="list-style-type: none"> •financial •employment •insurance •community 	<ul style="list-style-type: none"> •understand diagnosis, treatment effects •diet, exercise 	<ul style="list-style-type: none"> •advocate own healthcare needs •health promotion

Many of these components can be provided across both tertiary and primary care settings but have to be tailored according to the unique care needs of each cancer survivor. A risk-stratified approach is commonly adopted where cancer survivors with more complex survivorship needs remain within the tertiary system for specialty survivorship care, and those who are more stable can receive ongoing survivorship and wellness care in the community. Such an approach would not only be more cost-effective but also allow greater personalisation of survivorship care.

CURRENT AND FUTURE LANDSCAPE OF CANCER SURVIVORSHIP IN SINGAPORE

Despite Singapore’s excellence in oncological care evident by comparable cancer survival rates to first world countries, significant gaps in cancer survivorship care exist. These mainly pertain to care fragmentation and the lack of skill sets and resources for optimal survivorship care within the tertiary and primary healthcare care system.⁸

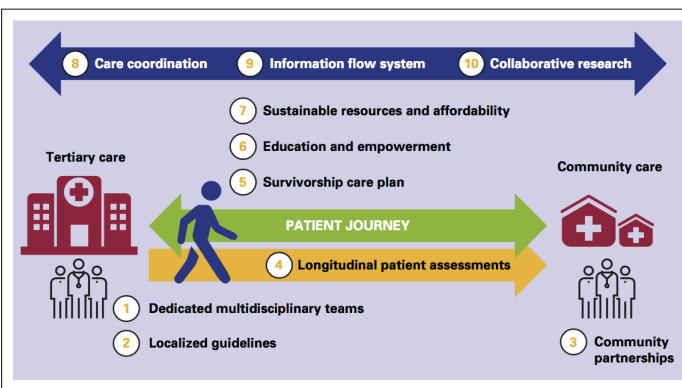
The challenges of implementing a shared care model in Singapore include both patient and practitioner related barriers. Cancer survivors may lack confidence in their primary care practitioners as they view cancer as a serious condition to be handled by oncologists. At the same time, there is often a lack of consultation time to manage survivorship issues due to a high daily patient load amongst family physicians. Furthermore, there are no standardised management protocols and care pathways for cancer survivorship locally. There are also challenges at the level of healthcare systems, including a lack of reimbursement for complex care which demands more time and resources. In addition, the lack of empanelment could complicate the shared care model as multiple primary care practitioners may be involved which calls for greater coordination of care.⁹ Considering these challenges, it would thus be critical to achieving the relevant changes in mindset from both the patients and primary care practitioners in which the value of shared care is clearly appreciated by all parties. In addition, it will be crucial to design the appropriate pricing and reimbursement structure to see through the successful uptake of such a shared care model.

In December 2016, National Cancer Centre Singapore (NCCS) launched Singapore’s first Cancer Survivorship

Forum, bringing together 70 oncology practitioners and researchers across Singapore, to raise awareness and discuss the future landscape of cancer survivorship care in Singapore. This culminated in a proposed cancer survivorship care model that is integrated, survivor-centric, coordinated, accessible and affordable. It also embraces the importance of collaboration between the survivor, as an active and empowered partner, and tertiary and community care providers.

The proposed model highlights the key components needed for excellent survivorship care in Singapore (Figure 1).⁸ NCCS in response, has reorganised its services and resources to allow a new focus on optimal survivorship care, starting with a pilot study to test the feasibility and effectiveness of this new model of care, expected to commence in 2019.

Figure 3. Key components for optimal survivorship care in Singapore



CURRENT AND FUTURE LANDSCAPE OF MODELS OF CANCER SURVIVORSHIP CARE IN NCCS

There are three main models of care in NCCS with the oncologist-led model predominantly. Next is a multi-disciplinary team model comprising of oncologists, nursing and allied health. More recently, there is a Family Physician (FP)-led survivorship clinic alongside other oncologist clinics, where the FP can consult the oncologists whenever needed. In addition, the FP can utilise her skill set to promote a healthy lifestyle and address psychosocial, chronic disease and other areas of needs. This last model has resulted in enhanced patient satisfaction and positive patient outcome. Claire's story illustrates the benefit of such a model.

Claire was referred to the FP-led survivorship clinic at NCCS and soon established a therapeutic alliance with her FP. She shared her fears of cancer recurrence and worry about possible marital discord. As her depression has negatively impacted her functioning, she was started on anti-depressants and referred for counselling. Her FP also recommended lifestyle modification for her menopausal symptoms. In addition, Claire was invited to participate in the breast cancer support group, where she found many friends who shared their fears and tears, having walked the same journey. Her mood, concentration and sleep improved and her relationship with her husband became stronger. Her FP also ensured that she is up to date with her

vaccinations and surveillance for other cancers. Claire now spends most of her time supporting and advocating for breast cancer survivors and lives an active lifestyle with regular exercise, weight management and healthy diet.

COMMUNITY CANCER SURVIVORSHIP AND THE ROLE OF PRIMARY CARE

Primary care practitioners have played pivotal roles in cancer survivorship in the community in first world settings in North America, Europe, and Australia. Current evidence suggests that PCPs can provide more cost-effective and equally safe surveillance care to cancer survivors with no difference in recurrence rates, time to detection of recurrence, mortality and health-related quality of life, compared to specialists.¹⁰⁻¹³ Nonetheless, a collaborative approach is still recommended for cancer survivors to tap on the preventive and wellness care skills of PCPs and cancer-specific and survivorship skills of specialists.

Many PCPs hold strong relationships with their patients and families and thus can positively impact them through education and motivation on lifestyle measures such as exercise and healthy diets that have been shown to promote recovery and even lower the risk of cancer. PCPs can also use their therapeutic alliance with patients and their families to promote compliance to treatments, follow up, and evidence-based screening for cancers and common comorbidities. Besides preventive and wellness care, the PCP can also play a vital role in cancer surveillance as well as the monitoring and co-management of toxicities from cancer and its treatments. Indeed, if well supported through good communication, clear guidance and escalation protocols back to the specialist, the general practice may be a preferable place for cancer follow-up for many cancer survivors who would benefit from a broader generalist perspective.⁷

From a survivor's perspective, returning to the community allows for better recovery due to more familiar and supported surroundings and promotes wellness rather than sickness mindset as they move further on from institution-based acute care. The push for community survivorship care is also very much in line with Singapore's mission to empower and engage PCPs in the delivery of holistic, quality and continuing care for patients with chronic health issues and vision of building a sustainable healthcare for the future with the three frameworks of "Beyond Healthcare to Health, Hospital to Community and Quality to value".¹⁵

NCCS' model for optimal survivorship care (Figure 3) places great importance in community partnerships.⁸ For years, NCCS has been supporting this initiative through PCP education programs and more recently have taken steps towards understanding the barriers for PCP involvement in community survivorship care through focus group sessions with PCPs.¹⁶ Whilst discussions with key stakeholders are ongoing to address key logistical, administrative and financial issues, the next logical step would be the creation of a formal cancer survivorship training program for interested PCPs, of which is currently being planned.

CONCLUSION

Survivorship care is an essential component of high-quality cancer care due to rising cancer incidence, survival and the recognition of unique health challenges cancer survivors face. Although significant gaps still exist in survivorship care, there is an emerging focus and movement towards the development of high-quality survivorship care in Singapore. High quality survivorship care is best delivered using a collaborative approach between tertiary based specialists and community-based PCPs.

REFERENCES

1. White MC, Hayes NS, Richardson LC. Public health's future role in cancer survivorship. *American journal of preventive medicine*. 2015 Dec 1;49(6):S550-3.
2. Cancer.Net. Doctor-approved patient information from American Society of Clinical Oncology. Available from: <https://www.cancer.net/survivorship/whatsurvivorship.%20%20accessed%2028%20August%202018> [accessed 30 Sep 2018].
3. National Research Council. From cancer patient to cancer survivor: lost in transition. National Academies Press; 2005 Dec 1.
4. The American Society of Clinical Oncology: Guidelines on survivorship care. Available from: <https://www.asco.org/practice-guidelines/cancer-care-initiatives/prevent-on-survivorship/survivorship-compendium-0> [accessed 30 Sep 2018].
5. Singapore Cancer Registry: Annual Registry Report 2015. National Registry of Diseases Office. Available from: https://www.nrdo.gov.sg/docs/librariesprovider3/Publications-Cancer/cancer-registry-annual-report-2015_web.pdf?sfvrsn=10. [accessed 30 Sep 2018].
6. Ullman K. Cancer survivorship gains importance. *JNCI: Journal of the National Cancer Institute*. 2014 Jan 1;106(1).
7. Emery J. Cancer survivorship-the role of the GP. *Australian family physician*. 2014 Aug;43(8):521.
8. Loh KW, Ng T, Choo SP, et al. Cancer supportive and survivorship care in Singapore: Current challenges and future outlook. *Journal of global oncology*. 2018 Feb;4(1):1-8.
9. Chan A, Ngai GH, Chung WL, et al. Practitioners' perspectives on community-based breast cancer survivorship care in Singapore: A focus group study. *Health & social care in the community*. 2018 May;26(3):404-11.
10. Grunfeld E, Mant D, Yudkin P, et al. Routine follow up of breast cancer in primary care: randomised trial. *Bmj*. 1996 Sep 14;313(7058):665-9.
11. Grunfeld E, Levine MN, Julian JA, et al. Randomized trial of long-term follow-up for early-stage breast cancer: a comparison of family physician versus specialist care. *Journal of Clinical Oncology*. 2006 Feb 20;24(6):848-55.
12. Grunfeld E, Gray A, Mant D, et al. Follow-up of breast cancer in primary care vs specialist care: results of an economic evaluation. *British journal of cancer*. 1999 Mar;79(7):1227-33.
13. Wattchow DA, Weller DP, Esterman A, et al. General practice vs surgical-based follow-up for patients with colon cancer: randomised controlled trial. *British journal of cancer*. 2006 Apr;94(8):1116-21.
14. Blaauwbroek R, Tuinier W, Meyboom-de Jong B, et al. Shared care by paediatric oncologists and family doctors for long-term follow-up of adult childhood cancer survivors: a pilot study. *The lancet oncology*. 2008 Mar 1;9(3):232-8.
15. Ministry of Health Singapore: Speech by Mr Gan Kim Yong, Minister for Health, at the Ministry of Health Committee of Supply Debate 2018: Building a sustainable healthcare system for the future. Available from: <https://www.gov.sg/microsites/budget2018/press-room/news/content/speech-by-mr-gan-kim-yong-minister-for-health-committee-of-supply-2018> [accessed 2018 Sep 30]
16. PROSPECT: Pcps' Roles, Outlook, Stance, Perspectives in treating breast Cancer survivors: a Qualitative study: ongoing research in NCCS tube. *Respiratory Care*. 2010 Aug 1;55(8):1069-75.