



Innovating and Advocating for Community Cancer Care

COA ADVANCED PRACTICE PROVIDER CALL

Tuesday, October 18th, 12:30 pm ET

CAPP Co-Chairs:

Sarah Alexander, NP-C, Lake Norman Oncology

sarah@lakenormanoncology.com

Diana Youngs, ANCP, North Shore Hematology
Oncology

dyoungs@nshoa.com



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Reminders:

- The call will be recorded. Access to the recording will be placed on the CAPP website.
- Callers will be muted once the call begins. Toggle between mute and unmute with *6.
- Please do not place our call on “hold” while unmuted.



Welcome to :

Danielle Bellucci, Mather Primary Care at Rocky Point

Colette Eagleman, Los Angeles Cancer Network

Claire Green, Southeast Nebraska Cancer Center

Corin Jaynes, Charleston Hematology and Oncology

Barbara Kepes, Allegheny Health Network Cancer
Institute



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Welcome to :

Karen Kinahan, Northwestern Medical Group

Laura Makeever, North Shore Oncology and Hematology

Mandy Mansell, Cook Children's Medical Center

Kathleen Tonkin, SE Nebraska Cancer Center

Sheri Wysocki, Desert Hematology/Oncology



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Update on CAPP Resources:

- Thank you to all of the discussion and sharing regarding APP orientation and training
- Policies, templates, other resources are welcome for CAPP members. Resources will be posted on the CAPP website <http://www.communityoncology.org/capp/>
(Please send to Bo Gamble bgamble@coacancer.org)
- Look for a template for survivorship training following today's call.
- Continue to use the listserv capp@lists.coacancer.org for discussions between your peers.
- Look for an invitation to join a webinar on biosomilars.



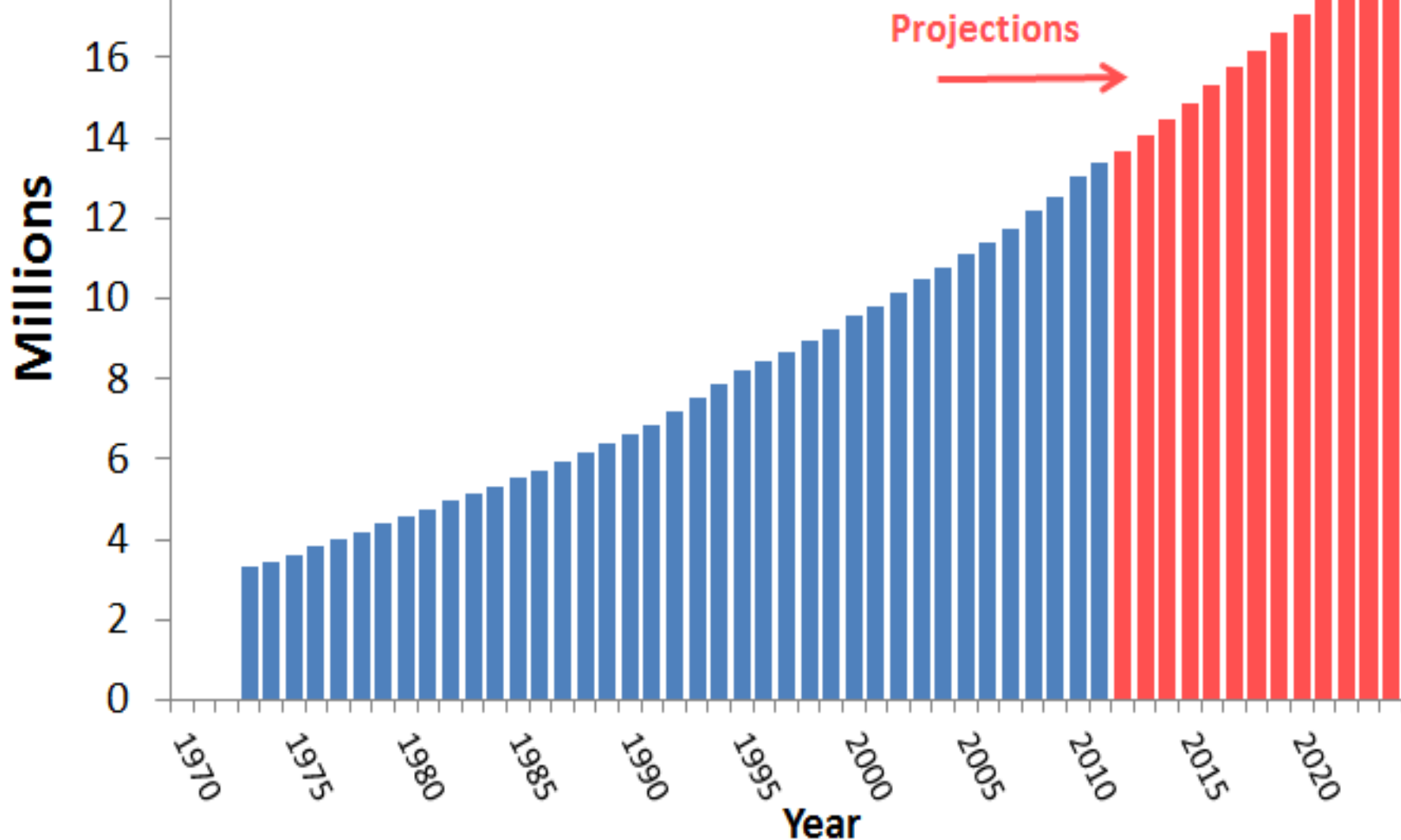
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“The **process of living** with, through, and beyond cancer. By this definition, cancer survivorship **begins at diagnosis**. It includes people who continue to have treatment to either **reduce risk** of recurrence or to **manage** chronic disease.”

-Cancer.net

Statistics on *Survival*

Estimated Number of Cancer Survivors in the US



**More than 50% of
cancer survivors are
over the age of 65.**

**The number of those surviving over
the age of 65 is expected to double by
2050 with the aging baby boomer
generation.**

Why is our number of
survivors increasing?

❖ Improved **screening** and **detection**

❖ Improved **treatment**

❖ Improved **management** of side effects

❖ **YOU**; your **dedication**, your **care**,
your **support**, your **passion**.

Phases of **Survivorship**

Acute **Survivorship**: The time during diagnosis and treatment.

Extended **Survivorship**: The months after completion of treatment.

Permanent **Survivorship**: The years after completion of treatment.

(American Cancer Society of Clinical Oncology, 2014)

Cancer as a Chronic Illness

Fear of Reoccurrence

Reoccurrence implies return of disease; however, for some patients this associates with worsening disease.

- Acute Survivorship/During treatment : survivors anxiously await scans and follow-up visits for signs of disease progression or remission.
- Extended/Permanent Survivorship: monitoring for reoccurrence begins

Long-term Effects of Treatment

- Immunocompromised
- Immobility
- Chronic Pain
- Infertility
- Heart Failure
- Respiratory Failure
- Osteoporosis
- Hearing loss
- Learning, Memory, Attention Deficits
- Irritable Bowel Syndrome
- Dry Mouth
- Irritable Bowel Syndrome
- Depression
- Anxiety
- Chronic Fatigue
- Secondary Malignancy
- Peripheral Neuropathy

Implications for Practice

- ❖ Provide care to empower the survivor
- ❖ Understand the patients phase of survivorship and alter the assessment and care to meet their needs
- ❖ Identify late side effects of treatment; Make appropriate referrals for screening

“More than 10 million Americans are living with cancer, and they demonstrate the ever-increasing possibility of living beyond cancer.”-*Sheryl Crow*

THANK YOU.

Establishing Survivorship Program

- ❖ Create survivorship plan template
 - ❖ Get insight and approval from practice providers as well as consult/referral specialists
- ❖ Determine protocol for scheduling of survivorship visit
- ❖ Identify patient population of focus

Survivorship Visit

- ❖ APP Led Visit
- ❖ Thirty Minutes in length
- ❖ Copy of Survivorship Plan
 - ❖ Practice
 - ❖ Patient
 - ❖ Consulting Providers
 - ❖ Referral Providers

Survivorship Plan

- ❖ Demographics
- ❖ Diagnosis
Information
- ❖ Surgical Procedures
- ❖ Radiation Treatment
- ❖ Chemotherapy
Treatment
- ❖ Treatment
Intent/Response
- ❖ Medical Team
- ❖ Late Effects/Risks
- ❖ Screening/Follow-
Up
- ❖ Follow-Up Schedule

References

American Society of Clinical Oncology (2014). About cancer survivorship.
Retrieved from Cancer.Net website:
<http://www.cancer.net/survivorship/about-cancer-survivorship>

National Cancer Institute (2012, June 15). Post-traumatic stress disorder.
Retrieved from National Cancer Institute at the National Institutes of Health website:
<<http://www.cancer.gov/cancertopics/pdq/supportivecare/post-traumatic-stress/HealthProfessional/page1>>.

Vachani, C. (2009, June). Did you know... the facts about cancer survivorship. Retrieved from OncoLink website:
<http://www.oncolink.org/coping/article.cfm?c=7&id=1032>



Lake Norman Oncology
Huntersville • Mooresville

Richard Krumdieck, MD David Eagle, MD Timothy Kuo, MD

Breast Cancer Survivorship Care Plan

Prepared by: Sarah Alexander, NP-C

Date of Preparation:

Personal Information		
Name:		Date of Birth:
Date of Diagnosis:		Age at Diagnosis:
Height:	Weight:	BMI (Body Mass Index Ideal 19-25):

Diagnosis Information		
Right Breast <input checked="" type="checkbox"/>	Left Breast <input type="checkbox"/>	Diagnosis: Infiltrating Ductal Carcinoma
Stage at Diagnosis: IIB		Oncotype DX Score: n/a
Pathologic Stage: T 2 N 1 M 0		Clinical Stage: T 2 N 1 M 0
Sentinel Node Dissection: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N # Nodes- 5		Axillary Node Dissection: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N # Nodes
Number of Positive Nodes: 1		Number of Negative Nodes: 4
ER: 3+ positive (100%)	PR: 2+ positive (60%)	HER2: not overexpressed
Genetic testing: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Results:

Surgical Procedures	
Date	Procedure
Reconstruction surgery <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

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Radiation Therapy	
Date Started:	Radiation Dose (cGy)
Date Completed:	

Chemotherapy/Biotherapy	
Date Started:	Date Completed:
Drug Names	Cycles/Dose
Cytosan	4/1014 mg
Taxotere	4/127 mg

Endocrine Therapy	Date Started

Treatment Intent and Response	
Intent: <input checked="" type="checkbox"/> Curative <input type="checkbox"/> Palliative	Reason Treatment stopped: <input checked="" type="checkbox"/> Completed treatment <input type="checkbox"/> Toxicity <input type="checkbox"/> Other
Disease status at end of treatment:	<input checked="" type="checkbox"/> Complete Remission/NED <input type="checkbox"/> Partial Response



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Medical Team	
Medical Oncologist/ Hematologist	David Eagle, MD
Surgeon	
Primary Care Physician	
Radiation Oncologist	
Survivorship Nurse Practitioner	Sarah Alexander, DNP, FNP-C

Late Effects/Risks	Screening/Follow-up Recommendations
<ul style="list-style-type: none">Premature menopause <input type="checkbox"/>Hot Flashes <input checked="" type="checkbox"/>Vaginal pain/dryness <input checked="" type="checkbox"/>Sexual Dysfunction <input checked="" type="checkbox"/>Body Image Changes <input checked="" type="checkbox"/>Arthralgias <input checked="" type="checkbox"/>Fatigue <input checked="" type="checkbox"/> (Should improve over the next 3-6 months with mild residual effects)Mental Fog/forgetfulness <input checked="" type="checkbox"/> (Should improve over the next 3-6 months with mild residual effects)Sleep/Wake Disturbance <input checked="" type="checkbox"/> (Often seen with chemotherapy and at time persists following completion of treatment)Unplanned Weight Gain <input checked="" type="checkbox"/> (May occur 20-30% of the time)Neuropathy <input type="checkbox"/>Osteoporosis <input checked="" type="checkbox"/>	<p>Genetic Testing/ Counseling <input type="checkbox"/></p> <p>Colonoscopy beginning at age 50 <input checked="" type="checkbox"/></p> <p>Exercise 150 minutes per week <input checked="" type="checkbox"/></p> <p>Maintain healthy BMI of 19 to less than 25 <input checked="" type="checkbox"/></p> <p>Eat a plant-based diet with 5 or more servings of fruits and vegetables daily <input checked="" type="checkbox"/></p> <p>Get the personal & emotional support you need <input checked="" type="checkbox"/></p> <p>Recommended calcium intake 1000 - 1200 mg daily</p> <p><i>Foods rich in calcium are better than supplements</i></p> <p>Recommended Vitamin D3 intake 800 to 1000 IU daily</p>

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<ul style="list-style-type: none">• Osteopenia <input checked="" type="checkbox"/>• Secondary Cancers <input type="checkbox"/>• Cardiac Dysfunction <input type="checkbox"/>• Lymphedema <input checked="" type="checkbox"/>• Contracture of limb <input type="checkbox"/>	
Follow Up Schedule	
History and physical exam every 4 to 6 month for years 1, 2 and 3	Dr. David Eagle/Sarah Alexander, NP-C
History and physical exam every 6 to 12 months for years 4 and 5	Dr. David Eagle/Sarah Alexander, NP-C
History and physical exam annually after 5 yrs	Dr. David Eagle/Sarah Alexander, NP-C
Follow Up with Surgeon	
Breast Self Exam	Monthly
Mammogram	Annually
Pelvic Exam	Annually or per GYN/PCP recommendations.
Bone Densitometry	Every 1-2 years.
Vitamin D level	As recommended by primary care provider

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DISCUSSION/QUESTIONS

Next CAPP Call – Tuesday 11/15/16 – 12:30 pm ET