

Cancer Survivorship Care in Australia
Position Statement
Critical Components of Cancer Survivorship Care



Where we are



What needs to be done

Post-cancer care needs to better meet the needs of cancer survivors in the most efficient way without negatively impacting cancer recurrence and survival outcomes



- Failing to meet psychological & supportive care needs
- Not evidence-based
- Empty episodes
- Rehabilitation rarely addressed



Objectives

- Develop a position statement for COSA and its members and stakeholder groups defining the critical components of cancer survivorship care. The guiding questions for the project are:
 - What are the critical components of survivorship care in Australia?
 - What defines quality survivorship and how can it be survivor-centred?
 - How can we deliver a minimum standard of survivorship care in Australia?
- Develop an action plan to would support staged implementation of Cancer Survivorship Care across a range of Australian healthcare settings.

What should we be talking about?

- Cancer survivorship

“An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life. Family members, friends, and caregivers are also impacted by the survivorship experience”.

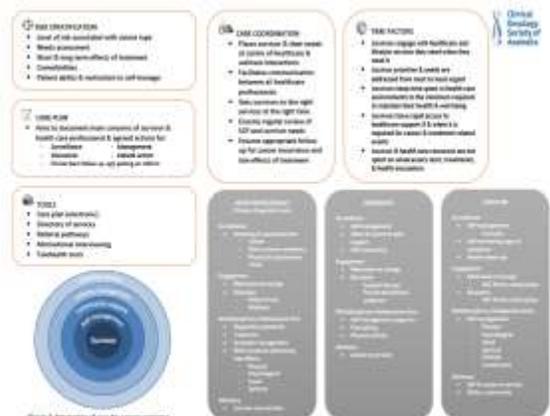
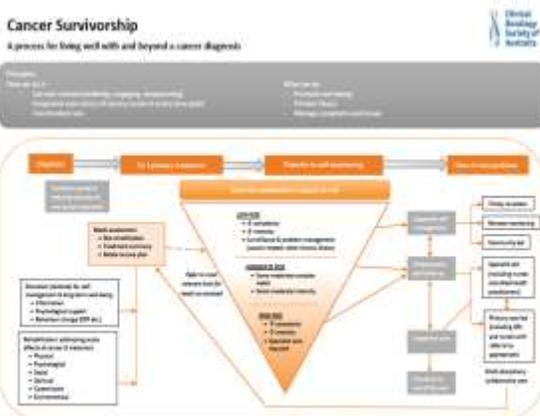
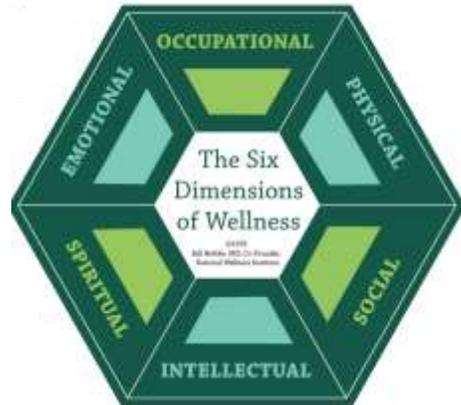
<http://cancercontrol.cancer.gov/ocs/definitions.html> Adapted from the National Coalition for Cancer Survivorship
- Focus on individual diagnosed with cancer who has completed primary treatment

What should we be talking about?

- Recognise:
 - Supportive care, psychosocial, and rehabilitation needs of all cancer patients are important
 - A growing number of people are living with stage IV disease for longer time
 - Cancer impacts caregiver, family, and friends
- Risk of trying to address all needs and failing to meet any.

What should we be talking about?

- Health
- Quality of life
- Optimal function
- Rehabilitation
- Ability to perform daily activities?





CARE PLAN

- Aims to document main concerns of survivor & health care professional & agreed actions for:
 - Surveillance
 - Management
 - Discussion
 - Patient action
 - Clinical team follow-up, sign posting on referral



TOOLS

- Care plan (electronic)
- Directory of services
- Referral pathways
- Motivational interviewing
- Telehealth tools



TIME FACTORS

- Survivors engage with healthcare and lifestyle services they need when they need it
- Survivor priorities & needs are addressed from most to least urgent
- Survivors keep time spent in health care environments to the minimum required to maintain their health & well being
- Survivors have rapid access to healthcare support if & when it is required for cancer & treatment related events
- Survivor & health care resources are not spent on unnecessary tests, treatments, & health encounters

Self-management ability

- Advocating self-management
- Some survivors may prefer not to engage in self-management activities
- Some will not have sufficient health literacy and life skills to do so.
- Patient preference must be taken into account in planning survivorship support.
- Survivors will be supported inline with their values, preferences and best available evidence.



Community services

- Least integrated
- Information about self-management and self-monitoring;
- Advising where to seek the most appropriate;
- Providing access to educational opportunities through:
 - Support groups
 - Psycho-educational programs
 - Online support tools;
- Contributing to multidisciplinary collaborative care for self-management programs; counselling and physical activity.
- Advocacy for services



Does the model capture care?

- 58% responded, 48% indicated that they think the Model captures the critical components of survivorship care in Australia.
- Model is comprehensive
- not without challenges to implement in practice.

Next steps

- Limited stakeholder feedback
 - Implement a process of direct consultation
 - Risk: lack of buy-in for implementation if not done
- Refining model:
 - What is not clear, what requires emphasis?
 - How to manage the balance between wellness and illness models?
- Implementation
 - what can be done now
 - what must wait
 - what is MOST important

Proposed working groups

- Survivorship Care Plans
- Implications for implementation
- Workforce issues
- Education and training
- Integrating services
- Learnings from other implementation projects
- Advocacy
- Tools

Name	Representation	People to thank
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Jan Emery	General Practice	
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Nel Krishnasamy	Palliative and supportive care	
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