

# The survivorship care plan: a valuable tool for primary care providers?

G. Chaput BA MD MA CAC(Pall Med)\*

The era of immunotherapy and improved cancer treatments has led to current trends in health care, including rising numbers of cancer survivors and an increasing prevalence of comorbid conditions in that patient population<sup>1</sup>. The oncology field's soaring effervescence is not without its challenges. By 2025, the demand for oncology services is anticipated to outweigh the supply of cancer specialists<sup>2</sup>, indicating that the oncology workforce cannot assume responsibility for cancer survivorship care<sup>2</sup>. Those trends—together with the unique needs of cancer survivors, which encompass surveillance for cancer recurrence or secondary cancers, management of psychosocial and physical effects, and prevention strategies and promotion of healthy lifestyle behaviours—have reinforced the urgent need to better integrate primary care providers (PCPs) in survivorship follow-up care<sup>3</sup>.

More than a decade ago, the U.S. Institute of Medicine's *From Cancer Patient to Cancer Survivor: Lost in Transition* report outlined specific recommendations to optimize the quality of survivorship care. Included was the idea of oncology specialists providing survivorship care plans (SCPs) to PCPs when the patient has completed treatment<sup>4</sup>. An SCP is formal document summarizing a patient's cancer treatments and providing follow-up care recommendations. It has been described as a pivotal instrument to facilitate transition of care to PCPs<sup>4</sup>. Since the report was issued, several initiatives have set out to meet the expected survivorship care standards by bringing SCPs into practice. So, what is known about SCPs in 2018? Are they valuable tools for PCPs?

A first glance at the literature appears to favour the benefits of SCPs for PCPs. In the Canadian Wellness Beyond Cancer program, which delivered SCPs at the time of discharge from oncology, 70% of PCPs indicated that SCPs were useful in providing follow-up care recommendations<sup>5</sup>. Other studies have also corroborated the usefulness, as reported by PCPs, of SCPs in understanding information about cancer treatments, side effects, and survivorship follow-up guidelines<sup>6</sup>. Similarly, SCPs appear to improve coordination of care with cancer specialists, facilitating communication between providers<sup>5,6</sup>.

However, in addition to the identified barriers of resource limitations and cost-effectiveness concerns, systematic reviews of SCP implementation have reported that SCPs lack benefit for both patient and clinical outcomes<sup>7</sup>. As part of a Canadian study, a randomized controlled trial by Boekhout *et al.* compared PCP adherence to screening for

survivors in SCP and usual-care groups. At the 2-year mark, no significant differences in adherence to guidelines were evident in those groups<sup>8</sup>. Thus, despite the perception of PCPs that SCPs are valuable for the follow-up care of their survivor patients, the contribution of SCPs in yielding effective change in the clinical practices of PCPs remains to be proved.

Since the Institute of Medicine's 2005 report, evidence is still lacking to endorse the widespread delivery of SCPs to PCPs, and yet partial implementation of SCPs has shown benefits in facilitating care coordination between PCPs and the oncology workforce. Perhaps partly because of varying content, format, timing, and mode of delivery, SCPs for PCPs have not successfully revealed their hidden potential. Further studies are warranted to elucidate how the foregoing variables might influence SCP outcomes. There is also merit in shifting the research focus toward an evaluation of SCP behavioural interventions that could engage PCPs and survivors, rather than solely toward delivery of the SCP as a transition-of-care document. Lastly, SCPs cannot be viewed as the miracle solution to the growing role for PCPs in survivorship care: SCP use, together with effective educational interventions and fast re-entry access to the cancer system when necessary, are synergic components that are both needed if the SCP is to translate into measurable clinical and patient-related outcomes.

## CONFLICT OF INTEREST DISCLOSURES

I have read and understood *Current Oncology's* policy on disclosing conflicts of interest, and I declare that I have none.

## AUTHOR AFFILIATIONS

\*Division of Oncology and Family Medicine, McGill University Health Centre, and McGill University, Montreal, QC.

## REFERENCES

1. Leach CR, Weaver KE, Aziz NM, *et al.* The complex health profile of long-term cancer survivors: prevalence and predictors of comorbid conditions. *J Cancer Surviv* 2015;9:239–51.
2. Yang W, Williams JH, Hogan PF, *et al.* Projected supply of and demand for oncologists and radiation oncologists through 2025: an aging, better-insured population will result in shortage. *J Oncol Pract* 2014;10:39–45.
3. Nekhlyudov L, O'Malley DM, Hudson SV. Integrating primary care providers in the care of cancer survivors: gaps in evidence and future opportunities. *Lancet Oncol* 2017;18:e30–8.
4. Hewitt ME, Greenfield S, Stovall E, eds. *From Cancer Patient to Cancer Survivor: Lost in Transition*. Washington, DC: National Academies Press; 2006.

5. Rushton M, Morash R, Larocque G, *et al.* Wellness Beyond Cancer Program: building an effective survivorship program. *Curr Oncol* 2015;22:e419–34.
6. Donohue S, Sesto ME, Hahn DL, *et al.* Evaluating primary care providers' views on survivorship care plans generated by an electronic health record system. *J Oncol Pract* 2015;11:e329–35.
7. Brennan ME, Gormally JF, Butow P, Boyle FM, Spillane AJ. Survivorship care plans in cancer: a systematic review of care plan outcomes. *Br J Cancer* 2014;111:1899–908.
8. Boekhout AH, Maunsell E, Pond GR, *et al.* on behalf of the FUPPI trial investigators. A survivorship care plan for breast cancer survivors: extended results of a randomized clinical trial. *J Cancer Surviv* 2015;9:683–91.