

UVM Project ECHO

Cancer Survivorship for Primary Care

Course Director: Mark Pasanen, MD

ECHO Director: Patti Smith Urie

Series Faculty:

Jane Bensimhon, MSW

Jessica Coleman, NBC-HWC

Jen Franzoni, MSW

Penny Gibson, PA-C

Alison Jones, RD

Jennifer Kelly, DO

Kathy McBeth, Psych-MA

Michele Mosley, MSW

Jess Okrant, DNP, APRN, OCN

Mark Pasanen, MD

Rebecca Reynolds, CPT

Rebecca Hewson-Steller, RN

Didactic presentation is recorded. Registered participants will receive the link.

Session Agenda

- Welcome
- Objectives
- Didactic Presentation (25-30 min)
 - Q&A
- Case presentation(s)
 - Clarifying questions
 - Discussion
- Closing Announcements
 - Topic and cases for next session
 - Feedback and evaluation



ECHO Model: All Teach, All Learn



Cohort-based learning on ZOOM

- Have your camera on as much as possible, especially when joining the meeting and during discussions
- Questions and comments are welcome – use the “raise hand” feature or put them in the chat
- This is not a webinar! Participation is key

Case-based learning

- 1-2 participant cases each session using provided template
- Contact Mark Pasanen to present a case

Series Objectives

Learning objectives for this ECHO series include the ability to:

1. Describe the medical and psychosocial issues cancer survivors may face and strategies to address common challenges
2. Identify the range of resources and support available to cancer survivors, with a focus on rural settings
3. Apply current evidence to improve care provided for cancer survivors
4. Develop care plans, including coordination strategies, to deliver patient-centered care for cancer survivors

CMIE Disclosures

The Robert Larner College of Medicine at The University of Vermont is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing medical education for the healthcare team.

The University of Vermont has approved your application and designates each session a maximum of **1.0 AMA PRA Category 1 credit(s)**[™].

This program has been reviewed and is acceptable for up to **1.0 Nursing Contact Hours**.

The Robert Larner College of Medicine University of Vermont has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for **1.0 AAPA Category 1 CME credits**.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1.0 continuing education credits.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to **1.0 MOC points** in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program; It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM or ABP MOC credit.

This activity was planned by and for the healthcare team, and learners will receive 1.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

Participants should claim only the credit commensurate with the extent of their participation in the activity.

CMIE Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

Cancer Survivorship: Introduction

Jessica Okrant DNP APRN OCN

Penny Gibson PA-C

Kathy McBeth Psych-MA

Jane Bensimhon MSW

March 18, 2025

Session Objectives

Learning objectives for this ECHO session include the ability to:

1. Identify the importance of survivorship care
2. Identify the components within survivorship care
3. Understand the perspective of the patients in survivorship care
4. Provide an update on what UVM Health Network is doing to address survivorship care
5. Engage in a case presentation on J.D. a 20+ year cancer survivor

Who is a cancer survivor?

An individual who is initiating treatment, in ongoing treatment, has completed cancer treatment, or are in clinical remission.

Patient going from Oncology → Primary Care

- Oncology = a setting of high surveillance and close monitoring
 - Patients may continue to be on “high alert,” looking for odd symptoms or feeling “off”
- Losing your cancer “job”
 - May feel relieved to finish treatment but treatment often takes a lot of time and energy, providing a “job” for us to do against the cancer
 - The end of this job can create a void that can feel destabilizing
- Fallout of cancer treatment
 - Treatment may create new additional /ongoing side effects or symptoms
 - Patients may need help coordinating with different specialties and support in navigating the landscape of care for complex health issues
 - Likely looking to PCP to be new “captain” of the team

Patient going from Oncology → Primary Care (cont'd)

Watch for patient who falls through the cracks

- Care may have been managed by different institutions (e.g. UVMHC & MGH)
- Recent moves or life changes affecting what they've been able to access

Cultural humility & minding the lingo

- Mirror the patient's language; some may not like words like "journey," "fight," "warrior"

Risk of suicide and mental health struggles

- Risk of suicide 11xs higher for cancer patients than general population (Grobman, et al, 2023).
- Some risk factors: feelings of burdensomeness and thwarted belonging
- Ongoing stressors such as "scanxiety", mounting financial strain, grieving the loss of life previously planned
- At end of treatment, may feel pressure to be "happy," "grateful," and "ok now"

What is a "new normal"?

Survivorship It's NOT one size fits all

ONE SIZE
DOESN'T FIT ALL



What is survivorship care?

Table 1 Essential Components of Survivorship Care

Prevention	Recurrent, new cancers, late effects
Surveillance	Recurrence, second cancers Medical and psychosocial late effects
Intervention (and Support)	Consequences of disease and treatment, provide updates, foster adherence
Coordination	Between providers to ensure health needs are met

IOM Report: From Cancer Patient to Cancer Survivor: Lost in Transition. Committee on Cancer Survivorship: Improving Care and Quality of Life, 2005. The National Academies Press.

What is survivorship care?



Who is part of the cancer survivor's care team?

Treating Hematologist/Oncologists, APPs, Nurses, Social Workers, Primary care providers, Nutritionists, Physical Therapists, Occupational Therapists, Surgeons, Radiation Oncologists, Psychologists/therapists, Home health aides, Family/friends, other allied health professionals.



Key benefits of survivorship care plans



Improved communication



Enhanced coordination of care



Patient empowerment



Identification of potential issues



Addressing emotional and social needs



Improved quality of life

What does a survivorship care plan look like?

ASCO Treatment Plan

This Treatment Plan is a summary of your planned cancer treatment. You can keep it with your health care records and share it with your primary care provider or other doctors and nurses. When treatment is over you will also receive a survivorship care plan that will tell you what happens after treatment is over.

General Information		
Patient Name:	Patient DOB:	
Patient phone:	Email:	
Health Care Providers (Including Names, Institution, Phone numbers)		
Primary Care Provider:		
Surgeon:		
Radiation Oncologist:		
Medical Oncologist:		
Other Providers (Navigator):		
Diagnosis		
Cancer Type/Location/Histologic type:	Diagnosis Date:	
Tumor size:	Lymph Nodes:	Metastasis:
Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Not available/applicable		
Other information about the cancer:		
Treatment Plan		
Treatment Goal: <input type="checkbox"/> To cure the cancer and relieve symptoms and side effects of treatment <input type="checkbox"/> To slow the growth of the cancer and relieve symptoms and side effects of treatment		
Treatment Plan		
Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery Date(s) (year):	Procedure/location:
Radiation <input type="checkbox"/> Yes <input type="checkbox"/> No	Body area to be treated:	How many treatments over how many weeks:
Systemic Therapy (chemotherapy, hormonal therapy, other) <input type="checkbox"/> Yes <input type="checkbox"/> No		
To be given <i>before</i> surgery or radiation (neoadjuvant) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of regimen and agents used:	Number of cycles planned and frequency:	
To be given <i>after</i> surgery or radiation (adjuvant) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of regimen and agents used:	Number of cycles planned and frequency:	
Additional information:		

[ASCO Cancer Treatment and Survivorship Care Plans | American Cancer Society](#)

What does a survivorship care plan look like?

ASCO Treatment Plan

This Treatment Plan is a summary of your planned cancer treatment. You can keep it with your health care records and share it with your primary care provider or other doctors and nurses. When treatment is over you will also receive a survivorship care plan that will tell you what happens after treatment is over.

Symptoms or Side Effects			
Symptoms or side effects common <i>during</i> your treatments:			
<input type="checkbox"/> Allergic reactions	<input type="checkbox"/> Muscle/bone pain or soreness		
<input type="checkbox"/> Diarrhea/constipation	<input type="checkbox"/> Nausea/vomiting		
<input type="checkbox"/> Fatigue or being tired	<input type="checkbox"/> Numbness and tingling in hands/feet		
<input type="checkbox"/> Hair loss	<input type="checkbox"/> Skin changes		
<input type="checkbox"/> Heart damage	<input type="checkbox"/> Trouble thinking		
<input type="checkbox"/> Infection/fever	<input type="checkbox"/> Trouble breathing		
<input type="checkbox"/> Low blood counts	<input type="checkbox"/> Urinary symptoms		
<input type="checkbox"/> Mouth sores	<input type="checkbox"/> Other:		
Please let us know if you have:			
1. A fever over 100.5F			
2. A brand new symptom;			
3. A symptom that doesn't go away;			
4. Anything you are worried about that might be related to the cancer or treatment.			
Other Concerns			
People with cancer may have issues with the areas listed below. If you have any concerns, please speak with your doctors or nurses to find out how you can get help with them.			
<input type="checkbox"/> Emotional and mental health	<input type="checkbox"/> Insurance	<input type="checkbox"/> School/work	<input type="checkbox"/> Other
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Memory or concentration loss	<input type="checkbox"/> Sexual Functioning	
<input type="checkbox"/> Fertility	<input type="checkbox"/> Parenting	<input type="checkbox"/> Stopping Smoking	
<input type="checkbox"/> Financial advice or assistance	<input type="checkbox"/> Physical functioning	<input type="checkbox"/> Weight changes	
A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or developing another cancer. Discuss these recommendations with your doctor or nurse:			
<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Physical activity	<input type="checkbox"/> Tobacco use/cessation	<input type="checkbox"/> Other
<input type="checkbox"/> Diet	<input type="checkbox"/> Sun screen use	<input type="checkbox"/> Weight management (loss/gain)	
Please note that it is important that you continue to see your primary care provider for your other health care needs throughout your treatment. When your treatment is done, we will give you a survivorship care plan that outlines what happens after treatment is over.			
Resources you may be interested in:			
Other comments:			
Prepared by:		Delivered on:	

What is the current landscape of cancer care?

- The number of cancer survivors in the United States increased from approximately 3 million in 1971 to **more than 18 million in 2022**. This number is predicted to **surpass 22 million by 2030 (National Cancer Institute, 2024)**
- Per the Vermont Department of Health, about 36,000 Vermonters are living with a current or past diagnosis of some form of cancer (Cancer, 2024)
- Most individuals with a history of cancer follow up in primary care settings
- Growing numbers of long-term cancer survivors projected to overwhelm the oncology workforce
- Survivorship care in the U.S. is variable and often suboptimal; guidelines exist but are not systemically implemented
- The National Comprehensive Cancer Network (NCCN) first established cancer survivorship guidelines in 2013 to be used in addition to disease guidelines for comprehensive and systematic care.
- Lack of consistent survivorship care leads to survivors with unmet needs, symptoms and issues accessing quality care.

Finding appropriate guidelines

Anyone can sign up for an NCCN account to gain access to guidelines at www.nccn.org →

NCCN Guidelines

Treatment by Cancer Type

Detection, Prevention, and Risk Reduction

Supportive Care

Specific Populations

Guidelines for Patients

Guidelines With Evidence Blocks

NCCN Framework For Resource Stratification

Harmonized Guidelines

International Adaptations and Translations

NCCN Mobile Apps

Guidelines Process +

Guidelines Panels and Disclosure +

Permission to Cite or Use NCCN Content

Recently Updated Guidelines

Submission Request to the Guidelines Panels +

Survivorship

Guidelines

 NCCN Guidelines Version 2.2024

- General Survivorship Principles: Screening for Subsequent New Primary Cancers
- Late Effects/Long-Term Psychosocial and Physical Problems: Anthracycline-Induced Cardiac Toxicity
- Late Effects/Long-Term Psychosocial and Physical Problems: Anxiety, Depression, Trauma, and Distress
- Late Effects/Long-Term Psychosocial and Physical Problems: Cardiovascular Disease Risk Assessment
- Late Effects/Long-Term Psychosocial and Physical Problems: Cognitive Function
- Late Effects/Long-Term Psychosocial and Physical Problems: Employment and Return to Work
- Late Effects/Long-Term Psychosocial and Physical Problems: Fatigue
- Late Effects/Long-Term Psychosocial and Physical Problems: Fertility
- Late Effects/Long-Term Psychosocial and Physical Problems: Hormone-Related Symptoms
- Late Effects/Long-Term Psychosocial and Physical Problems: Lymphedema
- Late Effects/Long-Term Psychosocial and Physical Problems: Pain
- Late Effects/Long-Term Psychosocial and Physical Problems: Sexual Health
- Late Effects/Long-Term Psychosocial and Physical Problems: Sleep Disorders
- Preventive Health: Healthy Lifestyles
- Preventive Health: Immunizations and Infections
- Preventive Health: Nutrition and Weight Management
- Preventive Health: Physical Activity
- Preventive Health: Supplement Use
- Second Cancers

Guidelines for Patients

UVMHN Goals for this year

Per the COC our program needs to formally document and evaluate a **minimum of three survivorship services offered each year** which can include, but are not limited to:

- Treatment summaries
- Survivorship care plans
- Screening programs for cancer recurrence
- Screening for new cancers
- Seminars for survivors
- Rehabilitation services
- Nutritional services
- Psychological support & psychiatric services
- Support groups and services
- Formalized referrals to experts in cardiology, pulmonary services, sexual dysfunction, fertility counseling
- Financial support services
- Physical activity programs

Case Presentation

Bringing Knowledge to Action through interactive, case-based discussions

Speaker presents the case and poses the question(s) for the group



Clarifying questions about the case from group to case presenter



Ideas, suggestions, recommendations from participants



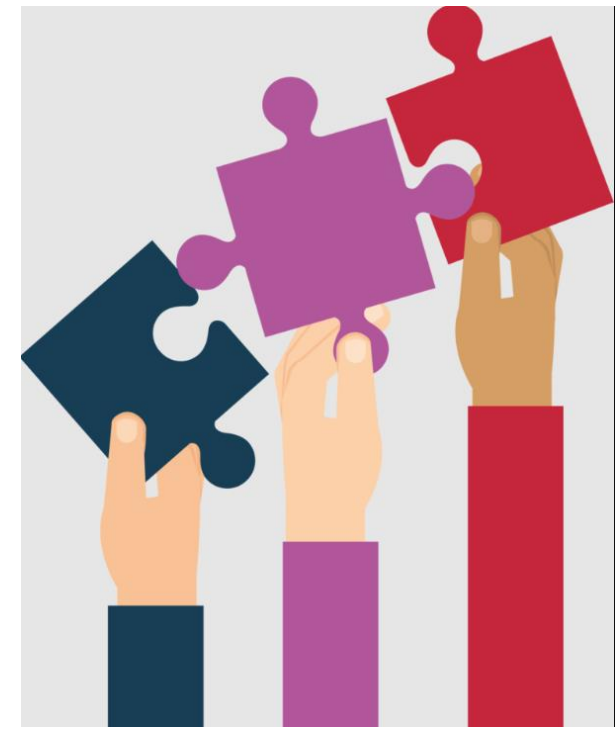
Ideas, suggestions, recommendations from ECHO faculty team



Full group discussion



Summary and wrap-up by facilitator



Case Presentation



DO NOT INCLUDE:

Names, Address, DOB, Phone/Fax #, Email address, Social Security #, Medical Record #

Consider the level of detail necessary. Go with less when possible.

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

Case Presentation

For registered participants

UVM Office of Primary Care and AHEC Program

University of Vermont Project ECHO Cancer Survivorship for Primary Care

2025 SPRING SERIES – Tuesdays from 12:00 to 1:00PM

WHO SHOULD ATTEND?	SCHEDULE
Primary care providers and teams, including nurses, social workers/ case managers and other roles that interface with primary care to care for the physical and psychosocial needs of cancer survivors.	Mar 18 Cancer Survivorship: An Introduction , <i>Kathy McBeth Psych-MA, Penny Gibson PA-C, Jess Okrant NP, Jane Bensimhon MSW</i>
	Apr 1 Support for Cancer Survivors: Psychosocial Needs and Community Resources , <i>Kathy McBeth Psych-MA, Michele Mosley MSW, Jen Franzoni MSW</i>
	Apr 15 Living Well with Cancer and Beyond , <i>Alison Jones RD, Rebecca Reynolds CPT, Jessica Coleman NBC-HWC</i>
	Apr 29 Prevention for Cancer Survivors: Managing Co-morbidities , <i>Jennifer Kelly DO, Mark Pasanen MD</i>
	May 13 Late Effects of Cancer and Cancer Treatment , <i>Mark Pasanen MD, Jess Okrant NP</i>
	May 27 Care Coordination for Cancer Survivors: Models of Care and Best Practices , <i>Rebecca Hewson-Steller RN, Jess Okrant NP</i>

Closing Announcements

- Slides are posted at www.vtahec.org
- Recording of didactic portion will be sent by email to the full cohort
 - **All recordings are for the use of registered participants only**
- Please complete the evaluation survey
- CMIE information and session QR code auto-send after evaluation
- Please contact us with any questions, concerns, or suggestions:
 - Mark.Pasanen@uvm.edu
 - Patti.Smith-Urie@uvm.edu