

Cancer Survivorship Update National Trends



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Gibbs Cancer Center



Gibbs Regional
Cancer Center
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Spartanburg, SC
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NCI Community Cancer Centers Pilot Program (NCCCP)

- Program started in 2007 by the NCI President: Dr E. Niederhuber.
- ***The NCCCP is the NCI's vision for cancer care delivery in the community setting for the future.***
- SRHS-GCC was awarded funding as a ***designated*** NCI - NCCCP site for 3 years and has just been awarded a fourth year 2009-2012.
- The NCCCP goals are to:
 - 1) reduce cancer healthcare disparities
 - 2) recruit more patients into clinical trials
 - 3) standardize the collection of tissue and other bio-specimen for research purposes
 - 4) improve information technology, including instituting electronic health records
 - 5) improve quality of care
 - 6) enhance cancer survivorship and palliative care

Probability of Developing Invasive Cancers (%) Over Selected Age Intervals by Sex, US, 2003-2005*

		Birth to 39	40 to 59	60 to 69	70 and Older	Birth to Death
All sites [†]	Male	1.42 (1 in 70)	8.44 (1 in 12)	15.71 (1 in 6)	37.74 (1 in 3)	43.89 (1 in 2)
	Female	2.07 (1 in 48)	8.97 (1 in 11)	10.23 (1 in 10)	26.17 (1 in 4)	37.35 (1 in 3)
Urinary bladder [‡]	Male	0.02 (1 in 4,448)	0.41 (1 in 246)	0.96 (1 in 104)	3.57 (1 in 28)	3.74 (1 in 27)
	Female	0.01 (1 in 10,185)	0.12 (1 in 810)	0.26 (1 in 378)	1.01 (1 in 99)	1.18 (1 in 84)
Breast	Female	0.48 (1 in 208)	3.79 (1 in 26)	3.41 (1 in 29)	6.44 (1 in 16)	12.03 (1 in 8)
Colon & rectum	Male	0.08 (1 in 1,296)	0.92 (1 in 109)	1.55 (1 in 65)	4.63 (1 in 22)	5.51 (1 in 18)
	Female	0.07 (1 in 1,343)	0.72 (1 in 138)	1.10 (1 in 91)	4.16 (1 in 24)	5.10 (1 in 20)
Leukemia	Male	0.16 (1 in 611)	0.22 (1 in 463)	0.35 (1 in 289)	1.17 (1 in 85)	1.50 (1 in 67)
	Female	0.12 (1 in 835)	0.14 (1 in 693)	0.20 (1 in 496)	0.77 (1 in 130)	1.07 (1 in 94)
Lung & bronchus	Male	0.03 (1 in 3,398)	0.99 (1 in 101)	2.43 (1 in 41)	6.70 (1 in 18)	7.78 (1 in 13)
	Female	0.03 (1 in 2,997)	0.81 (1 in 124)	1.78 (1 in 56)	4.70 (1 in 21)	6.22 (1 in 16)
Melanoma of the skin [§]	Male	0.16 (1 in 645)	0.64 (1 in 157)	0.70 (1 in 143)	1.67 (1 in 60)	2.56 (1 in 39)
	Female	0.27 (1 in 370)	0.53 (1 in 189)	0.35 (1 in 282)	0.76 (1 in 131)	1.73 (1 in 58)
Non-Hodgkin lymphoma	Male	0.13 (1 in 763)	0.45 (1 in 225)	0.58 (1 in 171)	1.66 (1 in 60)	2.23 (1 in 45)
	Female	0.08 (1 in 1,191)	0.32 (1 in 316)	0.45 (1 in 223)	1.36 (1 in 73)	1.90 (1 in 53)
Prostate	Male	0.01 (1 in 10,002)	2.43 (1 in 41)	6.42 (1 in 16)	12.49 (1 in 8)	15.78 (1 in 6)
Uterine cervix	Female	0.15 (1 in 651)	0.27 (1 in 368)	0.13 (1 in 761)	0.19 (1 in 530)	0.69 (1 in 145)
Uterine corpus	Female	0.07 (1 in 1,499)	0.72 (1 in 140)	0.81 (1 in 123)	1.22 (1 in 82)	2.48 (1 in 40)

*For people free of cancer at beginning of age interval.

†All sites excludes basal and squamous cell skin cancers and in situ cancers except urinary bladder.

‡Includes invasive and in situ cancer cases.

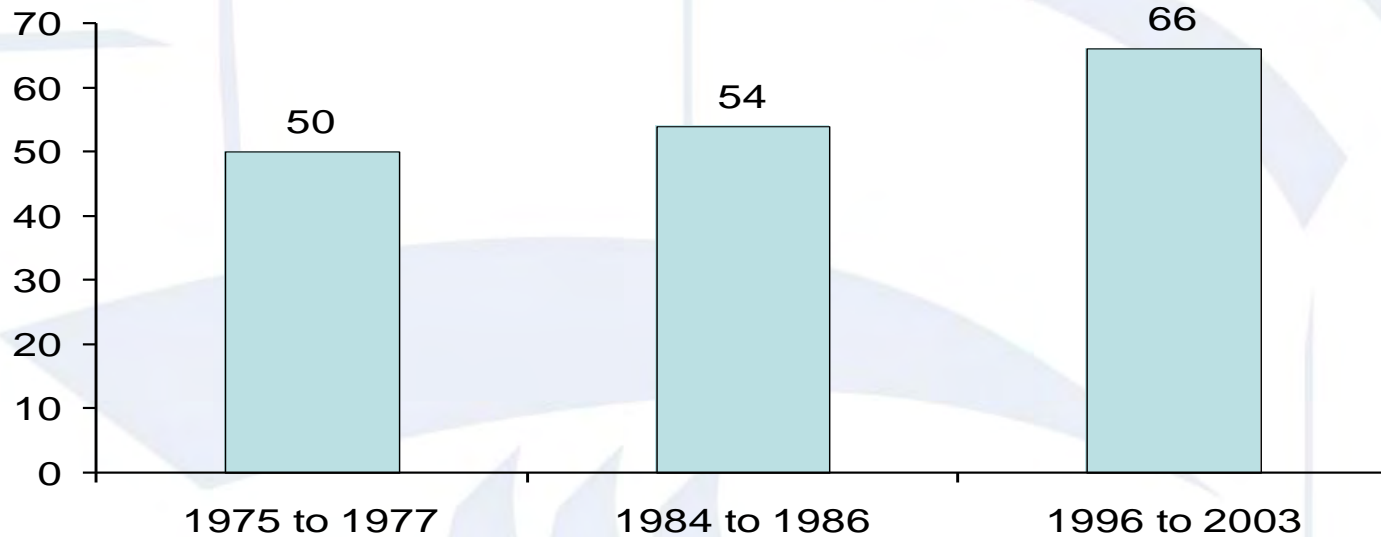
§Statistic is for whites only.

Source: DevCan: Probability of Developing or Dying of Cancer Software, Version 6.3.0. Statistical Research and Applications Branch, National Cancer Institute, 2008. srab.cancer.gov/devcan.

American Cancer Society, Surveillance and Health Policy Research, 2009

Trends in 5-Year Relative Survival Rates by Year of Diagnosis, All Cancers, United States

Patients Surviving More Than 5 Years After a Cancer Diagnosis (%)



Millions of Americans are cancer survivors, living with, through, and beyond cancer.



- **Nearly 12 million Americans are alive after being told they have cancer.**
- **About two-thirds of people with cancer are expected to live at least 5 years after diagnosis.**



“A ‘Cancer Survivor’ is defined by the National Coalition for Cancer Survivorship as anyone with a history of cancer, from the time of diagnosis and for the remainder of life, whether that is days or decades.”²

Rowland JH et al. *J Clin Oncol*. 2006;24:5101-5104. 2.
Clark EJ. You have the right to be hopeful. 2004.
<http://www.canceradvocacy.org/resources/publications/hopeful.pdf>.



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Survivorship Organizations



Survivorship Organizations – Relatively New Area

Who are Stakeholders?

CDC - Division of Cancer Prevention and Control (DCPC)

- CDC relatively new partner
- Looking at public health agenda for cancer survivorship
- Main CDC Programs: surveillance, prevention, early detection and healthcare policy

CDC ASSETS AND PRIORITIES:

Surveillance: SEER Registries & State Cancer Registries

Dissemination: State Cancer Coalitions in every state

Prevention: Comprehensive Cancer Coalitions

- For more information about CDC's cancer survivorship initiatives, visit www.cdc.gov/cancer/survivorship.

Recent CDC Report:

Addressing cancer survivorship through public health: an update from the Centers for Disease Control and Prevention.

[Fairley TL](#), [Pollack LA](#), [Moore AR](#), [Smith JL](#).

J Womens Health (Larchmt). 2009 Oct;18(10):1525-31.

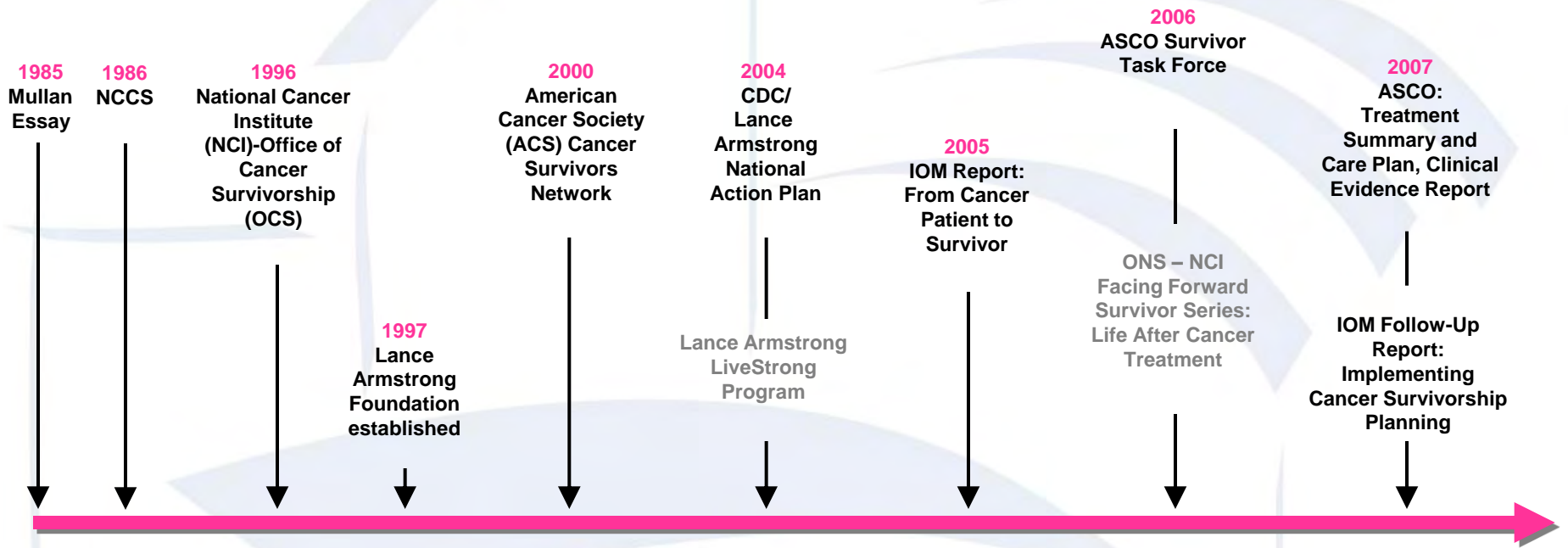


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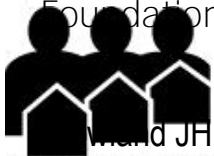
Other Survivorship Stakeholders:

- Lance Armstrong Foundation (LAF): Livestrong Survivors Care – collaborative efforts with the CDC, YMCA, Patient Advocate Foundation, ACS & others
- American Cancer Society
- NCI –Office of Cancer Survivorship -
<http://cancercontrol.cancer.gov/ocs/>
- NCCS – National Coalition for Cancer Survivorship –
oldest survivor-led cancer advocacy organization in the country

An Upward Momentum



Plus many others: Lance Armstrong Centers of Excellence, CancerCare, Fertile Hope, Inc., Gilda's Club, The Leukemia & Lymphoma Society, Men Against Breast Cancer, Ovarian Cancer National Alliance, Patient Advocate Foundation, Sisters Network Inc., Susan G. Komen Breast Cancer Foundation, US TOO International, *and many other hospital, regional, and tumor-specific groups.*



World JH et al. *J Clin Oncol.* 2006;24:5101-5104. American Society of Clinical Oncology.
 NCI COMMUNITY CANCER CENTERS PROGRAM
 Cancer Advances Information From the Experts: Cancer Survivorship – Increasing Survival, Improving Lives. December 2004.



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2005 Institutes of Medicine Guidelines on Survivorship

Key Recommendations:

1. All cancer stakeholders should work to raise awareness of cancer survivorship and to establish this as a distinct phase of cancer treatment
2. Each patient should be given a Survivorship Care Plan reimbursed by insurers
3. Plan components should be developed and refined using evidence-based clinical practice guidelines and assessment tools



Hewitt M et al. *From Cancer Patient to Cancer Survivor: Lost in Transition*.
Washington DC: The National Academies Press; 2005.



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What's New in Survivorship?

.....*We need to be more physically active*

Irwin et al – Yale

“Randomized Controlled Trial of Aerobic Exercise on Insulin and Insulin-like Growth Factors in Breast Cancer Survivors: The Yale Exercise and Survivorship Study”

Conclusions: Moderate-intensity aerobic exercise, such as brisk walking, decreases IGF-I and IGFBP-3. The exercise-induced decreases in IGF may mediate the observed association between higher levels of physical activity and improved survival in women diagnosed with breast cancer.

(Cancer Epidemiol Biomarkers Prev 2009;18(1):306–13)

Growing evidence that obesity after has an impact on survival and cancer occurrence:

- Calle et al – connecting obesity & cancer
- Goodwin et al - BMI >25 – increase in breast cancer recurrence

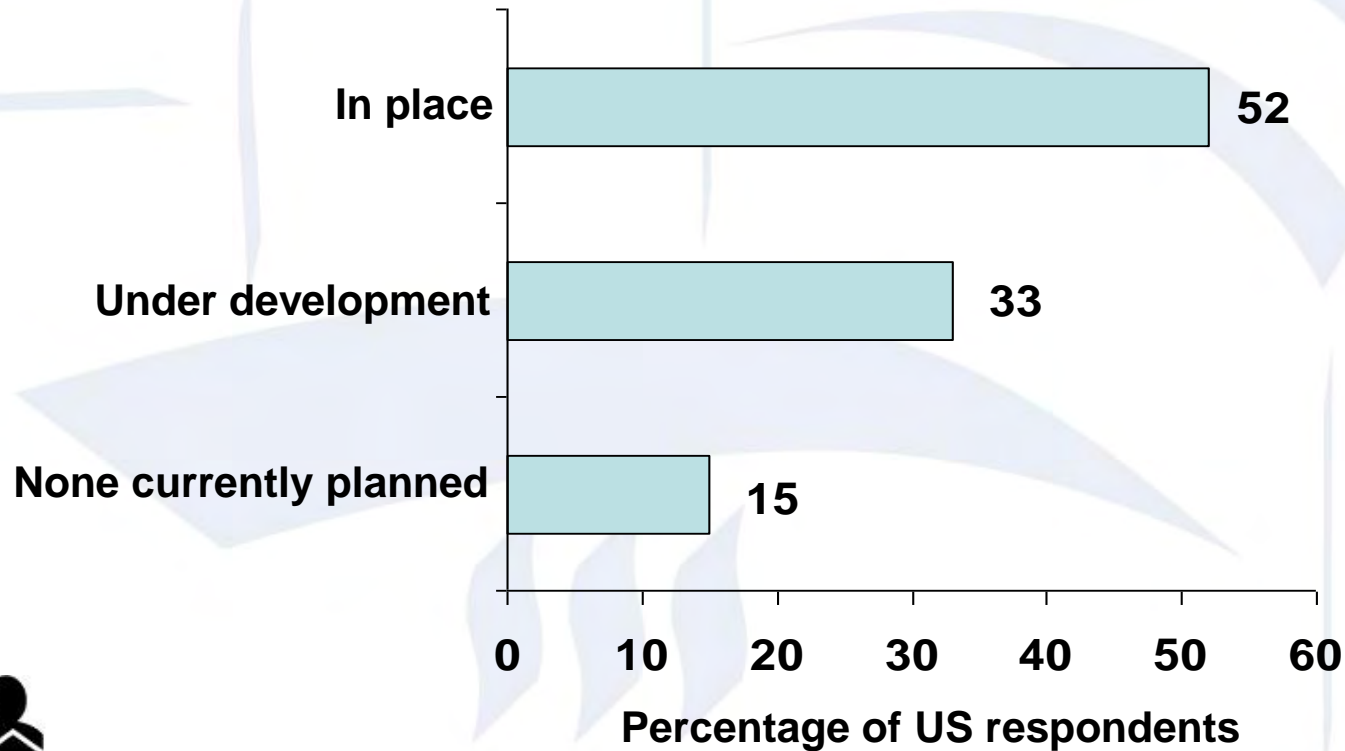
Biomarkers or surrogate markers:

- Insulin resistance – Goodwin JCO 2001 : 20:42-51
- High CRP levels increase in Breast Ca recurrence – Pierce et al, JCO, 2009
- CRP elevations secondary to post therapy fatigue – Bower et al, Cancer Clinical Research, 2009

Majority of cancer survivors are >65 – need more research with this group

Most Surveyed HCPs Have a Survivorship Program or Are Developing One

Does the institution with which you are affiliated have a survivorship program in place? (n=113)



Three Seasons of Survivorship

Acute

Extended

Permanent

Diagnosis

Selection of
treatment

Fear and anxiety

Confrontation with
mortality

Disease
stabilization

Surveillance

Consolidation of
therapies

Recurrence anxiety

Thoughts of
returning to normal

Remission

Late side effects of
therapy

Long-term risks

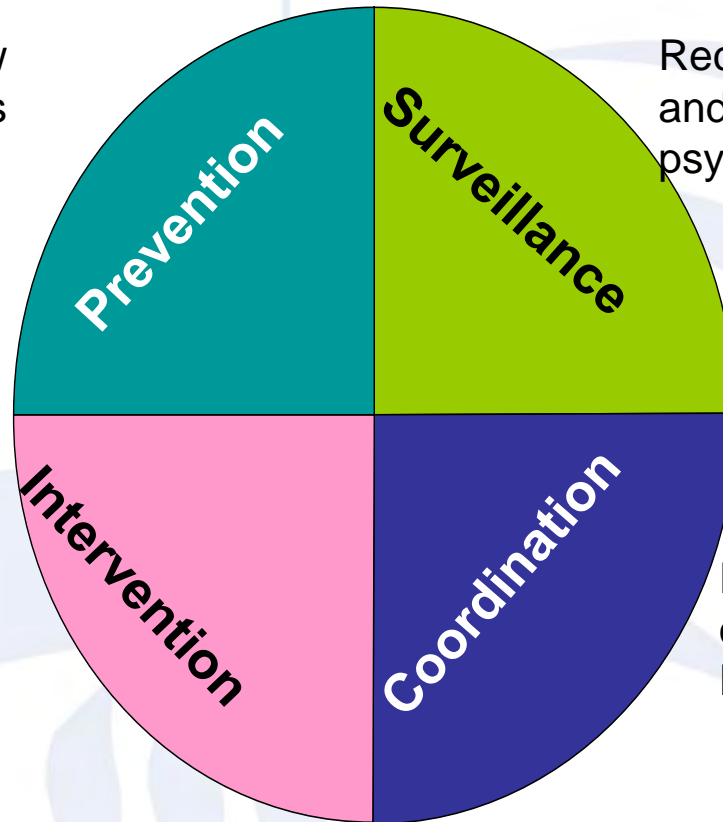




The journey of a thousand miles
begins with a single step...Confucius

Essential Components of Survivorship Care

Recurrence, new cancers, late effects



Recurrence, second cancers, and assessing medical and psychosocial late effects

Treating the consequences of cancer and its treatments

Interdisciplinary coordination between PCPs and specialists

What Are the Most Essential Aspects Required to Optimize Survivorship Care?

- a) Monitoring for recurrence
- b) Managing treatment-related side effects
- c) Adherence to therapy
- d) Overall wellness promotion
- e) Emotional health
- f) Coordination of care
- g) Monitoring late effects of treatment
- h) Patient/caregiver counseling/education about recurrence risk
- i) Referrals
- j) Other



Breast Cancer Survivorship Alliance. *Health Care Professional Survey: Assessment of Survivorship Awareness and Educational Needs*. Conducted at: 30th Annual San Antonio Breast Cancer Symposium; December 13-17, 2007; San Antonio, TX.



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Components of a Survivorship Visit:

- **A personalized treatment summary – you will receive a paper and electronic copy of your treatment summary and pathology report. A treatment summary will also be sent on to your PCP.**
- **The treatment summary will also include follow-up recommendations for your cancer and general cancer screening guidelines**
- **A list of Community resources that may be of benefit to you now that you are a survivor.**
- **A list of National Resources and Networks for Survivorship and recommended survivorship internet site.**
- **Overview of survivorship and how this relates to you**
- **Individual assessment of physical, social, psychosocial and spiritual needs**
- **Education regarding latent physical and psychosocial effects to be aware of after treatment**
- **Explanation of follow-up care with your PCP and specialists**
- **Wellness Promotion – recommendations for you with special attention to areas that are personalized to fit your needs. Referrals to programs that may be useful to you.**

Risk Factors & Risk Reduction

- Nearly all cancers of the lung, bladder, mouth and skin could be prevented
- 50-75% of cancer deaths are related to personal behaviors or habits
- 30% or more of all cancer deaths related to cigarette smoking
- 30% of all cancer deaths in the U.S. are related to poor nutrition & inactivity leading to obesity
- Risk may be reduced by increasing consumption of fruits & vegetables and limiting high-fat foods
- Source: *Cancer Trends Progress Report - 2005 Update*, National Cancer Institute, NIH, DHHS, Bethesda, MD, December 2005, <http://progressreport.cancer.gov>.

Risk

- The statistical probability that personal injury will result from some action
 - smoking, speeding, extreme sports, ect.
 - ionizing radiation exposure

