While immuno-oncology (IO) therapies have heralded significant advancements in cancer care, there are still many unknowns when it comes to the long-term side effects of these relatively new agents. Since ambulatory care typically involves long-term chronic disease management, these unknowns can often translate to management uncertainty.

Consequently, communication between a patient’s cancer care team and primary care teams is imperative. It is crucial that both patients and oncology, which then translates to uncertainty in both cancer surveillance and management of potential long-term side effects of those therapies. With IO therapies, these gaps in communication hold much higher stakes. Unlike traditional cancer therapies, in which most side effects typically occur during or immediately after treatment, IO therapies can have long-term side effects that can resurface well beyond 90 days and sometimes even years after treatment.

Nationwide, primary care clinicians report being interested in and willing to manage the long-term care of cancer survivors, although most say they feel ill-equipped to do so. For example, primary care providers who care for patients who have received traditional cancer therapies, including radiation and chemotherapeutic agents, report sometimes unreliable communication between primary care and oncology, which then translates to uncertainty in both cancer surveillance and management of potential long-term side effects of those therapies. With IO therapies, these gaps in communication hold much higher stakes.

How can cancer and primary care teams improve communication?

Regardless of the form it takes, with open communication between patients’ cancer and primary care teams, we can ensure IO patients do not “fall through the cracks” when their active treatment comes to an end. What’s more, patients generally feel more comfortable when all of their care providers are aligned and working together as a cohesive network. When it comes to IO therapies this is absolutely critical, as improved communication can empower patients to feel more confident in their long-term survivorship care.

Reference

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