ASSOCIATION OF COMMUNITY CANCER CENTERS

## I M M U N O -ONCOLOGY INSTITUTE

## Managing Survivorship Care After Immunotherapy

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S ince its inception, survivorship care has always been a compendium of communication, care coordination, and education. Many of the anxieties and struggles that arise in survivorship care can usually be traced back to a breech in the standard of one of these three dimensions.

Do you have a survivorship communication plan in place for your patients who received immunotherapy? How could you improve coordination in this area?

Primary care providers express discomfort about managing the care of a cancer survivor usually because they are unaware of the treatments that patients have received. Similarly, patients feel nervous about leaving their oncologists because they are worried their primary care providers would be unaware of how to manage their complex care. These anxieties already exist for treatments that have been studied for several years, of which the long-term side effects are well known, so imagine how much more of a concern this is for treatments that are relatively new.

Immunotherapies are novel, exciting, and effective. But when it comes to the long-term effects, they are still largely unknown. This means that there is a fourth dimension of potential anxiety in the care of a cancer survivor who received immunotherapy: the unknown.

It is often said that the oldest and strongest kind of fear is fear of the unknown, and many times the best way to address fear is to ensure open lines of communication. This could also be said for immunotherapies and their associated adverse events. In order to better improve survivorship care, while also addressing the fear and anxiety involved in the post-treatment phase, providers need to communicate effectively with each other, which will naturally improve education and care coordination simultaneously. Since immune-related adverse events are still being discovered, these discussions are even more imperative.

The Association of Community Cancer Centers (ACCC) is working to compile a list of known immune-related adverse events for existing immunotherapies, which should help educate providers and enable cancer survivors to feel more empowered in their own care. In addition to these efforts, ACCC is open to hearing about other strategies to improve the communication, care coordination, or the education standard necessary for successful cancer survivorship care.

## Building a Multispecialty Immuno-Oncology Toxicity Team with Checkpoint Inhibitors

Early recognition and management of immune-related adverse events (irAEs) is critical for quality care of patients receiving checkpoint inhibitor immunotherapy, and involving clinicians from other specialties is key to that recognition. Learn how one cancer program established a multi-specialty immunotherapy toxicity team with the necessary expertise to evaluate and manage patients with irAEs. Complementing the article is the ACCC IO Toxicity Team Companion Guide, which visually outlines 8 effective practices for developing a toxicity team at your program or practice.

Download the article and companion guide at accc-cancer.org/ toxicityteam.



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The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the multidisciplinary cancer team. ACCC is a powerful network of 24,000 cancer care professionals from 2,100 hospitals and practices nationwide. ACCC is recognized as the premier provider of resources for the entire oncology care team. For more information, visit accc-cancer.org or call 301.984.9496. Follow us on Facebook, Twitter, and LinkedIn, and read our blog, ACCCBuzz.

The ACCC Immuno-Oncology Institute is the leader in optimizing the delivery of cancer immunotherapies for patients by providing clinical education, advocacy, research, and practice management solutions for cancer care teams across all healthcare settings. View the "Immuno-Oncology Insights" series from the ACCC IO Institute Working Groups–and join the conversation online–at accc-cancer.org/IO-Insights.

