CANCER CARE SURVEILLANCE

How frequently should cancer survivors be monitored for disease recurrence? Is more always better?

Featured PCORI-funded Study: Intensity of Post-Treatment surveillance and survival in Colorectal Cancer patients

National Alliance
of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

Agenda

JUNE 23, 2019 • PCORI ENGAGEMENT AWARD

- Welcome
- Featured Guest
- Reactor Panel Questions and Discussion
- Audience Questions and Discussion
- Employer Insights
- Wrap up
- Survey

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Welcome

Susan Frank

PCORI Engagement Award

Project Lead

National Alliance of Healthcare Purchaser Coalitions

Lia Hotchkiss, MPH

Director, Engagement Award Program

PCORI

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Featured Guest

George J. Chang, MD, MS, FACS, FASCRS

Deputy Chair, Department of Surgical Oncology

Chief, Colon and Rectal Surgery

Professor of Surgical Oncology | Professor of Health Services Research

Director of Clinical Operations, Minimally Invasive and New Technologies in Oncologic Surgery Program

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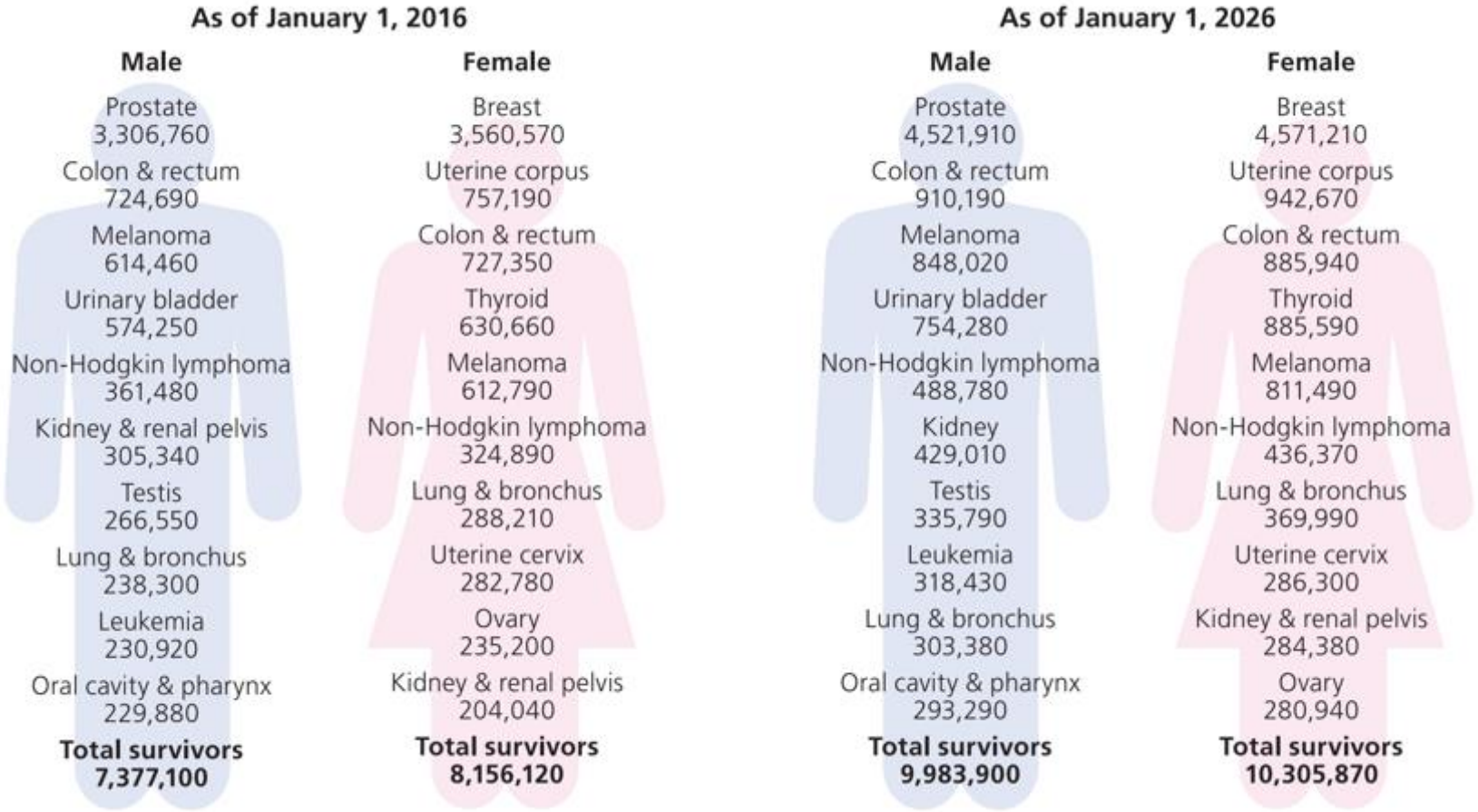
1.8 million Colorectal Cancer Survivors in US



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Goals of Surveillance

Detection of Recurrence

Management of long-term sequelae of treatment

Post-treatment Continuity of Care

Psychosocial well-being

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Surveillance Testing Guidelines Vary Widely

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JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPORT

N=735

Impact of Recurrence and Salvage Surgery on Survival After Multidisciplinary Treatment of Rectal Cancer

Naruhiko Ikoma, Y. Nancy You, Brian K. Bednarski, Miguel A. Rodriguez-Bigas, Cathy Eng, Prajnan Das, Scott Kopetz, Craig Messick, John M. Skibber, and George J. Chang

Published at jco.org on June 28, 2017.

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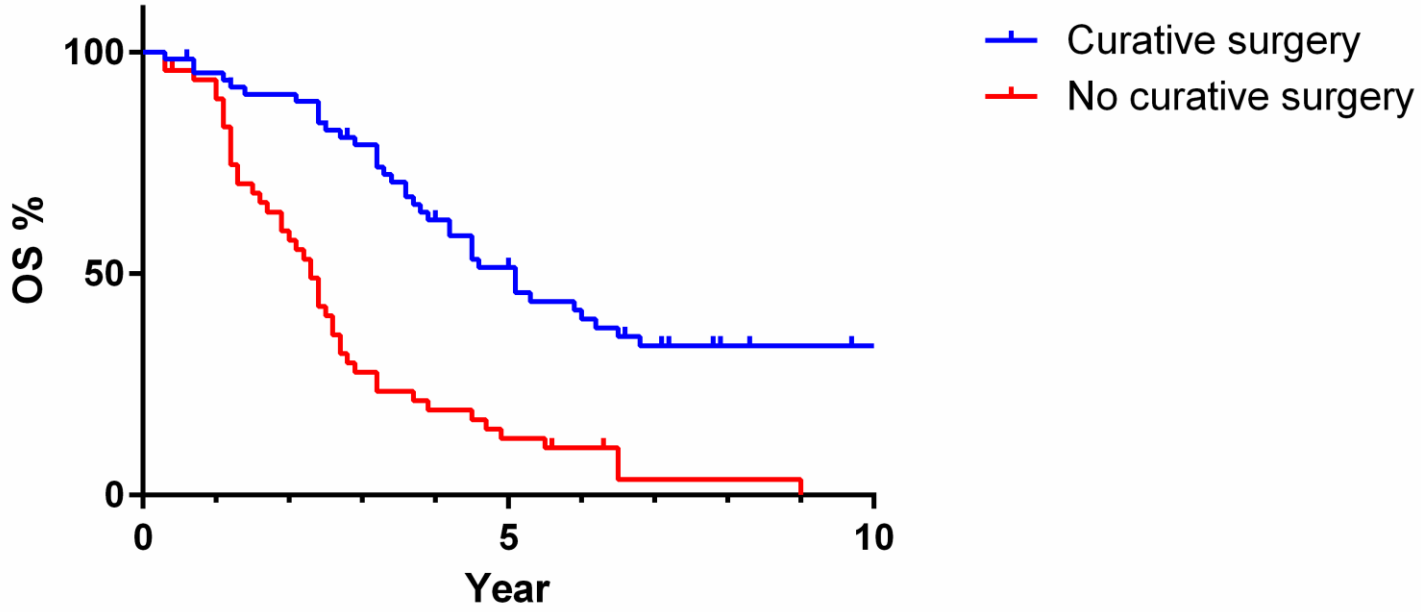
Overall Survival after Recurrence



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Scanxiety (n) "scan zi et ee": Anxiety and worry that accompanies the period of time before undergoing or receiving the results of a medical examination (such as MRI or CT scan).

Does Higher Surveillance Intensity Improve Detection of Recurrence or Survival?

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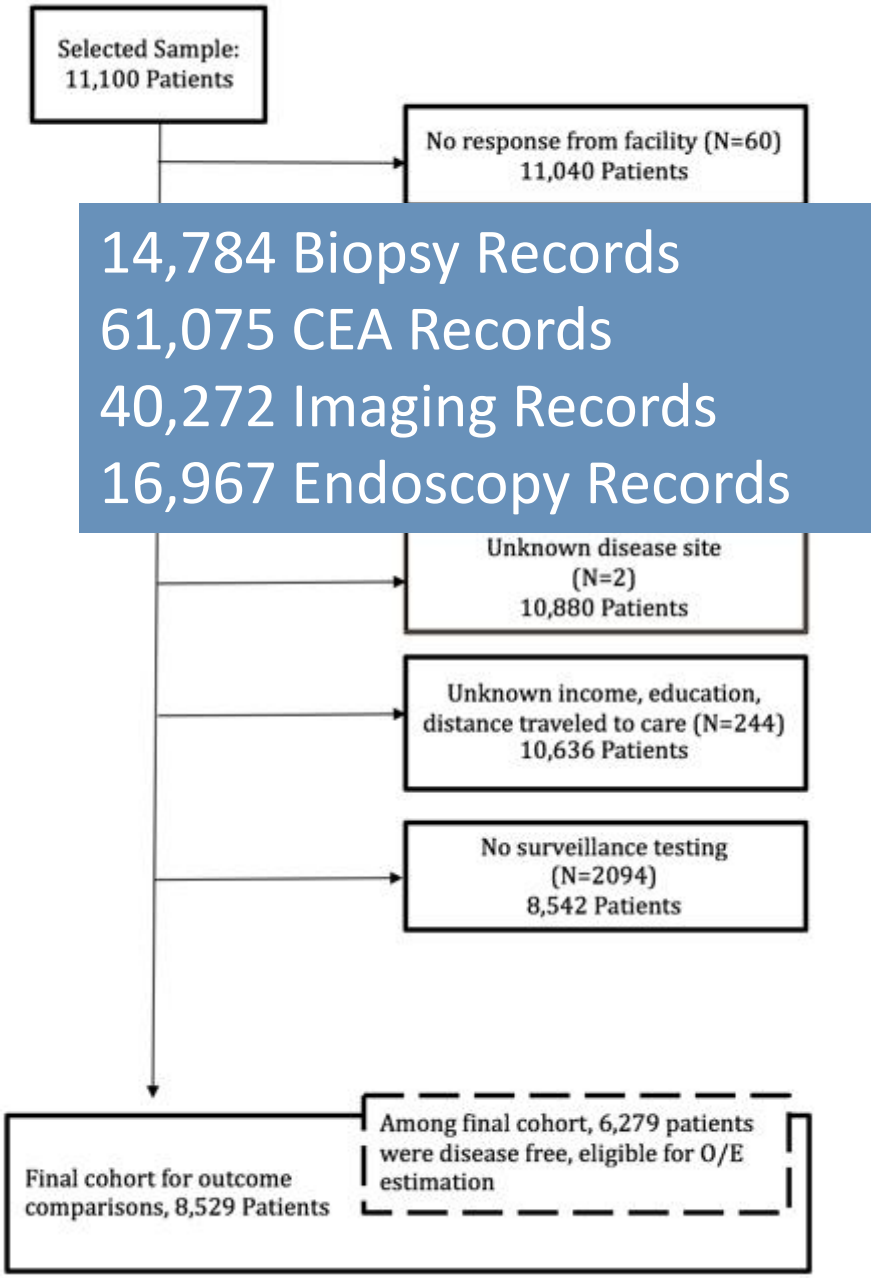
Cohort Selection

- Collaboration to improve process for recurrence ascertainment within the NCDB
- Random sampling of 10 colorectal cancer patients within each facility for primary data abstraction



pcori | Patient-Centered Outcomes Research Insti

CLINICAL RESEARCH PROGRAM
A Collaboration between American College of Surgeons and the Alliance

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY

Commissi on Cancer

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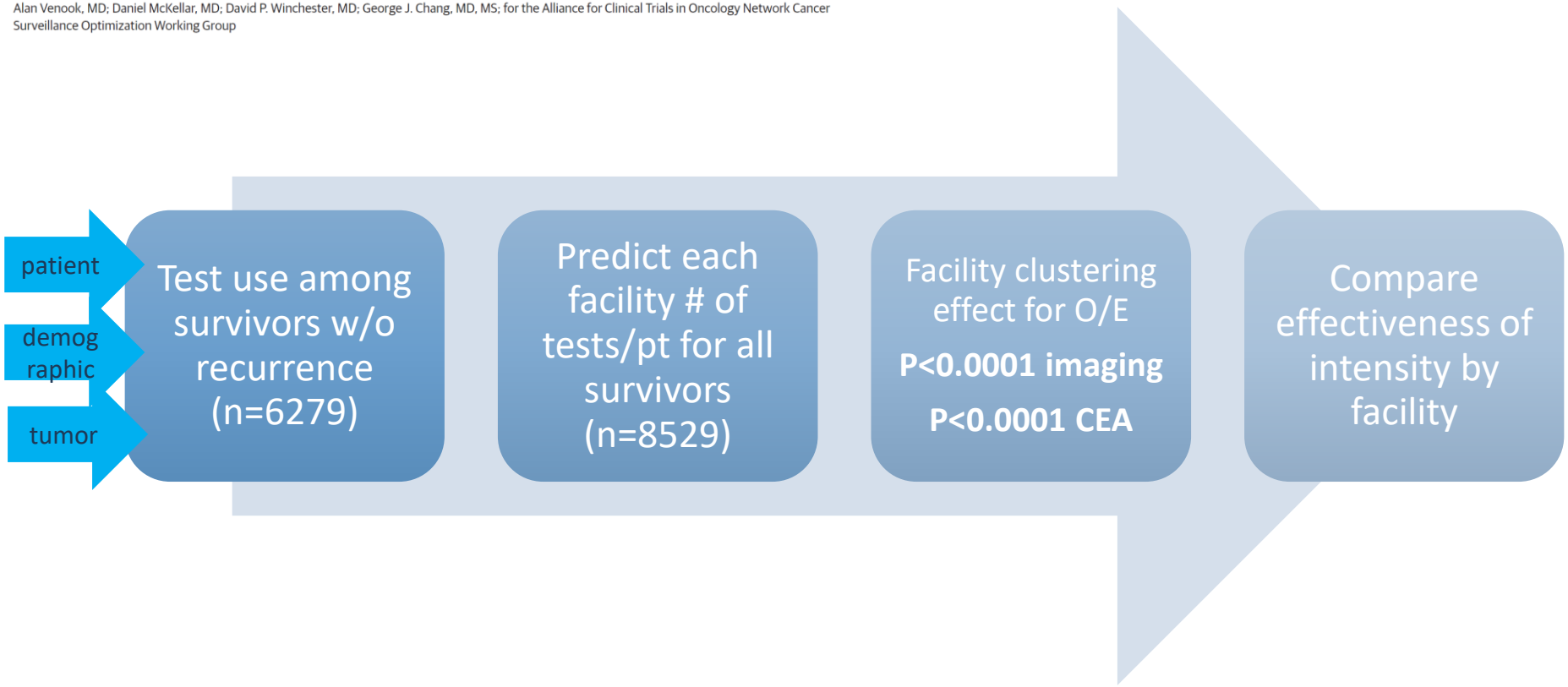
JAMA | Original Investigation

Association Between Intensity of Posttreatment Surveillance Testing and Detection of Recurrence in Patients With Colorectal Cancer

Rebecca A. Snyder, MD, MPH; Chung-Yuan Hu, MPH, PhD; Amanda Cuddy, MPH; Amanda B. Francescatti, MS; Jessica R. Schumacher, PhD; Katherine Van Loon, MD, MPH; Y. Nancy You, MD, MHSc; Benjamin D. Kozower, MD, MPH; Caprice C. Greenberg, MD, MPH; Deborah Schrag, MD, MPH; Alan Venook, MD; Daniel McKellar, MD; David P. Winchester, MD; George J. Chang, MD, MS; for the Alliance for Clinical Trials in Oncology Network Cancer Surveillance Optimization Working Group



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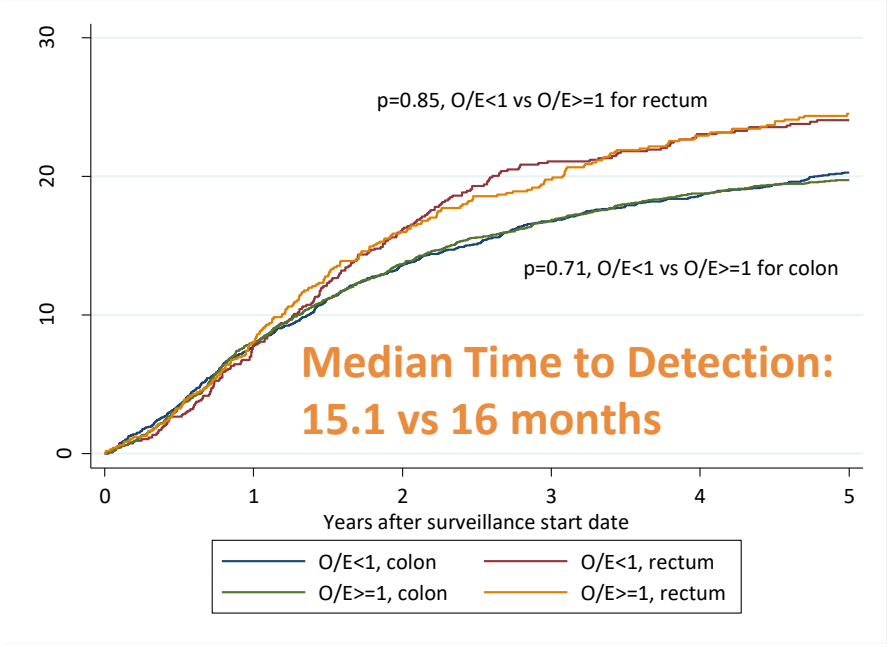
JAMA. 2018;319(20):2104-2115. doi:10.1001/jama.2018.5816

Intensity and Recurrence Detection

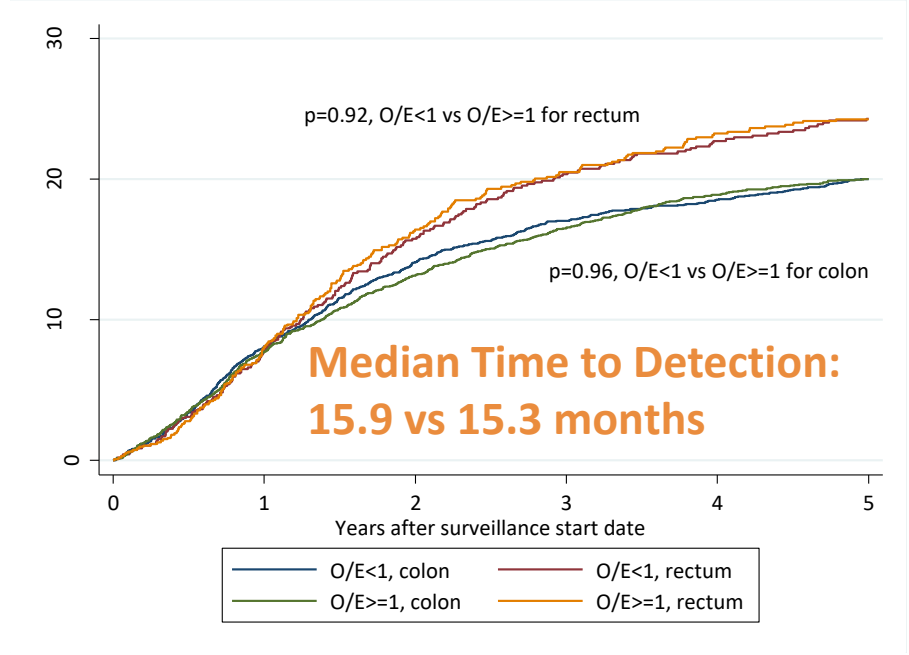
Mean **LI:1.6** (95%CI 1.6-1.7) **HI: 2.9** (95%CI 2.8-2.9)

IMAGING INTENSITY



Mean **LI:1.6** (95%CI 1.6-1.7) **HI: 4.3** (95%CI 4.2-4.4)

CEA INTENSITY



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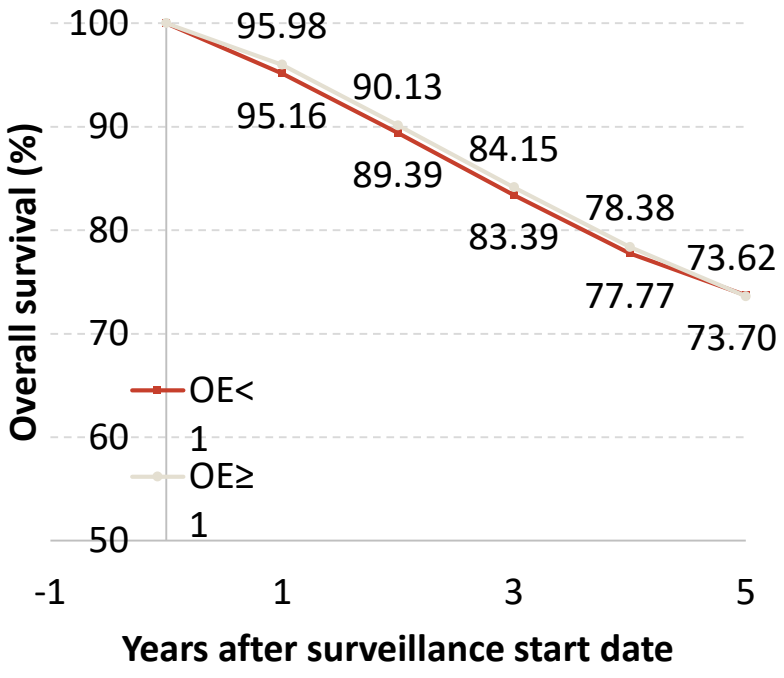
JAMA. 2018;319(20):2104-2115. doi:10.1001/jama.2018.5816

Intensity and Overall Survival

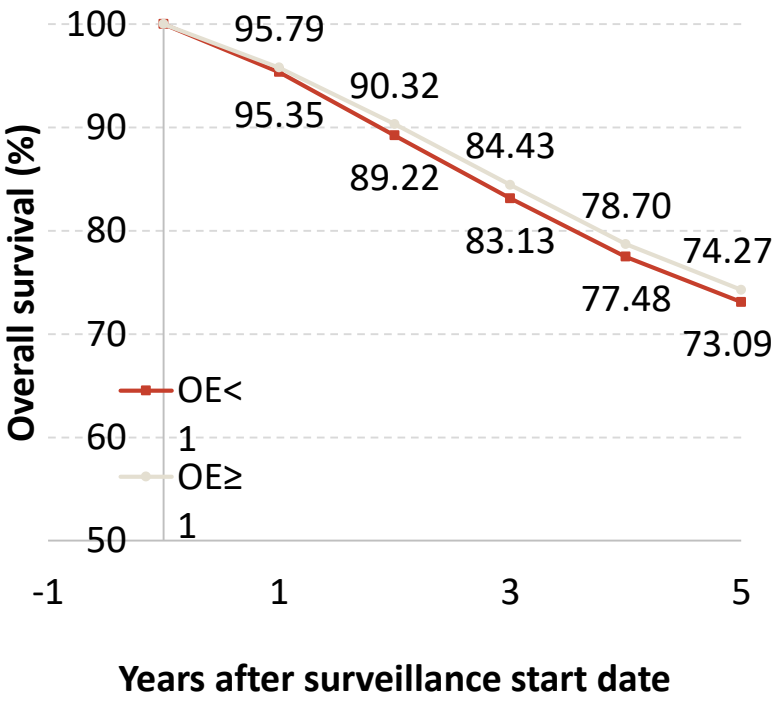
Mean **LI:1.6** (95%CI 1.6-1.7) **HI: 2.9** (95%CI 2.8-2.9)

Overall survival by imaging test intensity
(log rank test for OE<1 vs OE≥1p=0.9118)



Mean **LI:1.6** (95%CI 1.6-1.7) **HI: 4.3** (95%CI 4.2-4.4)

Overall survival by CEA test intensity
(log rank test for OE<1 vs OE≥1 p=0.1849)



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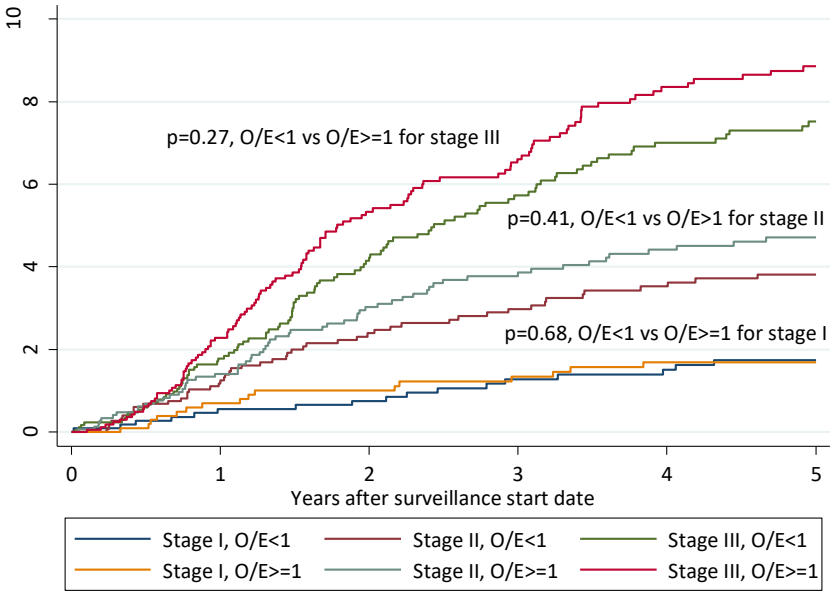
JAMA. 2018;319(20):2104-2115. doi:10.1001/jama.2018.5816

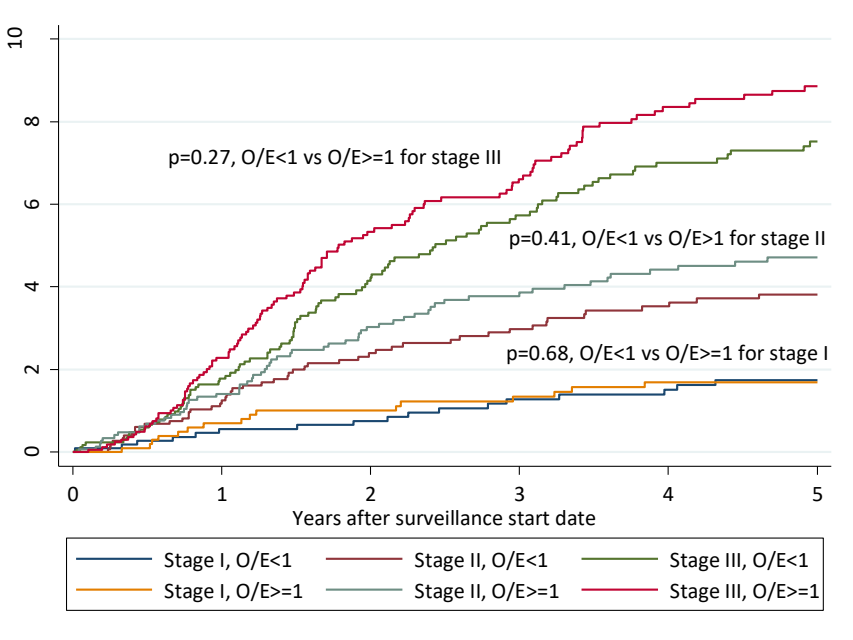
Intensity & Salvage Surgical Treatment

Mean **LI:1.6** (95%CI 1.6-1.7) **HI: 2.9** (95%CI 2.8-2.9) Mean **LI:1.6** (95%CI 1.6-1.7) **HI: 4.3** (95%CI 4.2-4.4)

IMAGING INTENSITY



CEA INTENSITY



JAMA. 2018;319(20):2104-2115. doi:10.1001/jama.2018.5816

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Limitations

- Retrospective observational cohort study, not randomized
  - Cannot account for individual provider/patient decisions
- Surveillance intensity assigned by treatment facility
  - Additional in-facility variation may exist
- Data were collected on up to 10 patients per facility
  - Lower volume facilities could be over-represented
- Cohort was assembled in 2006-2007
  - Could result in variation in patterns of surveillance and surgery for recurrence
- Data is representative of broad, community-based practice
  - Higher rates of salvage surgery are observed at specialty centers

Summary

- Intensification of surveillance has a negligible impact on the detection of recurrence or survival
  - May slightly increase rate surgery for distant recurrence
  - No need to image more frequently than once/year
  - Earlier stage patients may require less follow-up
- Follow-up care should emphasize
  - Management of treatment associated toxicity
  - Health promotion and secondary prevention
  - Psychosocial well-being

REACTOR PANEL

Bruce Sherman, MD, FCCP, FACOEM

Chief medical officer for the National Alliance of Healthcare Purchaser Coalitions. Particular research interests in the areas of healthcare consumerism engagement, employer health benefits strategies and the business value of workforce health. Previously, he was the consulting corporate medical director for Wal-Mart Stores, Inc., Whirlpool Corporation, and the Goodyear Tire & Rubber Company.

Marianne Fazen, PhD

Executive Director for DFW Business Group on Health, an employer-led coalition of 130 Dallas-Fort Worth area employers and healthcare services organizations committed to improving healthcare quality, efficiency and accountability in North Texas. Ms. Fazen also serves as President and CEO of the Texas Business Group on Health, a statewide coalition representing the interests of Texas employers in healthcare purchasing and health policy issues.

Mark Weinstein, JD, CPA

Inaugural CEO of the Independent Colleges and Universities Benefits Association (www.icuba.org), a 16 year old self-funded, nonprofit Multiple Employer Welfare Arrangement (MEWA) serving 27 private Florida education employers, covering more than 16,000 members.

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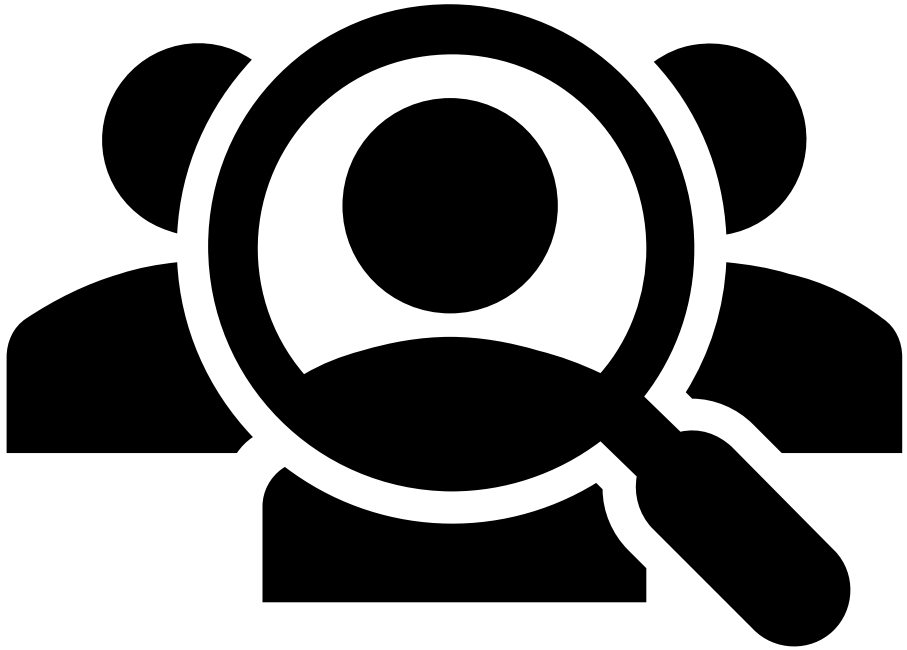
AUDIENCE QUESTIONS AND OPEN DISCUSSION



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Employer Insights – Medical Advisory Council Overview

- The principles discussed here may apply to treatment of other cancer types
- Post-treatment surveillance can be highly emotional; education and support can help patients to understand the role of post-treatment monitoring
- The appropriate frequency of surveillance depends on the severity and likelihood of cancer recurrence, and should be addressed between patient and their physicians
- The accuracy of the radiographic surveillance testing can be as important as the frequency of the tests for the patient. Consider an imaging center of excellence strategy.
- Support and encourage efforts by professional societies to continuously evaluate and update practice guidelines

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Wrap up, Reminders, Thank you

Susan Frank

Project Lead

National Alliance of Healthcare Purchaser Coalitions

- Please complete 3 question survey
- A Certified Employee Benefits Specialist (CEBS) credit is offered for this webinar.
- Link here for PCORI Portal on National Alliance Website
- Thank you to our Advisory Committee

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Thank you to our Advisory Committee Members

- Neil Goldfarb, Greater Philadelphia Business Coalition on Health (Chair)
- Karen Van Caulil, Florida Health Care Coalition
- Jack Mahoney, Florida Health Care Coalition
- Bruce Sherman, Employers Health Coalition & Buck Consultants at Xerox
- Emma Hoo, Pacific Business Group on Health
- Mark Weinstein, the CEO of the Independent Colleges and Universities Benefits Association
- Peggy Schubert, a Senior Consultant at Gallagher

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