Personalized Survivorship Care Plans Improve Health Outcomes for Low-Income Breast Cancer Survivors

ASCO Perspective
For immediate release
January 11, 2016
Contact
Alise Fisher
571-483-1354
alise.fisher@asco.org

ASCO Perspective

“Cancer care does not end when treatment stops. Survivorship care plans are an important tool for keeping patients healthy in the long run, in terms of screening for second cancers and long-term side effects. Low-income patients face unique challenges in accessing this care,” said Merry-Jennifer Markham, MD, ASCO Spokesperson and moderator of today’s presscast. “It’s important that we identify ways to address this gap. This study is an important step forward, demonstrating that personalized care plans in conjunction with one-on-one counseling on survivorship care planning can make a real difference for patients.”

ALEXANDRIA, Va. – A new study found that low-income breast cancer survivors who receive tailored survivorship care plans and counseling have 8% higher adherence to recommended survivorship care. The researchers identified three factors that affect survivor health outcomes: survivors’ breast cancer knowledge, confidence in interacting with physicians, and having a usual source of health care (e.g., primary care provider). According to the authors, this is the first randomized clinical trial to show survivorship care plans can significantly improve patient outcomes. The study will be presented at the upcoming 2016 Cancer Survivorship Symposium in San Francisco.

“Low-income women tend to have less access to high-quality health care, along with unique needs and concerns,” said Rose C. Maly, MD, MSPH, an associate professor of family medicine at the
University of California in Los Angeles, California. “This personalized intervention would be of greatest benefit to this vulnerable group, and it could be adapted for use with other types of cancer.”

After treatment for breast cancer, follow-up (survivorship) care is important in helping maintain good health. Survivorship care may include managing short- and long-term side effects from treatment and watching for signs of a cancer recurrence.

The researchers randomly assigned 212 low-income women with stage 0-III breast cancer to a survivorship care intervention or usual care. The women in the intervention group completed a questionnaire assessing their needs and concerns, such as hot flashes, memory problems, weight gain, and sexual dysfunction. Based on their responses, the researchers provided recommendations for further care.

A survivorship care nurse drafted personalized survivorship care plans, which were provided to the patient and their physicians of record (oncologist, surgeon, primary care physician). Besides recommendations for further care, the plans included personalized breast cancer treatment summaries and a list of resources, such as patient support groups.

All survivors in the intervention group also received an hour long counseling session with the survivorship care nurse. Through role-play, the women were coached how to ask their physicians to implement the survivorship care recommendations.

At 12 months, patients in the intervention group reported approximately 9.5% greater adherence to survivorship care recommendations than those in the usual care group. Patient adherence rates were 51.1% and 60.6% in the control and intervention groups, respectively.

Breast cancer knowledge about survivorship issues, as measured by the Preparing for Life as a New Survivor Scale (PLANS Scale), and confidence in the ability to interact with the physician, as measured by the Perceived Efficacy in Patient-Physician Interactions Scale (PEPPI), were associated with greater adherence to recommended care. On the other hand, women who had no usual source of health care (e.g., primary care provider) were less likely to receive the recommended care.

The Institute of Medicine recommends that each patient with cancer receive an individualized treatment summary and survivorship care plan. Nonetheless, such plans are underutilized in routine practice.

This study received funding from the National Cancer Institute.

View the full abstract.
For your readers:

- Guide to Breast Cancer
- *ASCO Answers: Cancer Survivorship*
- ASCO Cancer Treatment and Survivorship Care Plans
- Interactive History of Breast Cancer Advances

**2016 Cancer Survivorship Symposium News Planning Team**

Lewis Foxhall, MD, American Academy of Family Physicians (AAFP); Carol Rosenberg, MD, FACP, American College of Physicians (ACP); and Merry-Jennifer Markham, MD, FACP, American Society of Clinical Oncology (ASCO).

[Click here to view the disclosures for the News Planning Team.](#)

ATTRIBUTION TO THE 2016 CANCER SURVIVORSHIP SYMPOSIUM IS REQUESTED IN ALL NEWS COVERAGE.

**About ASCO:**

Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With more than 35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation, which funds groundbreaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit asco.org. Patient-oriented cancer information is available at Cancer.Net.