Implementing Personalized Pathways for Cancer Follow-Up in the United States

Proceedings from an American Cancer Society–American Society of Clinical Oncology Summit

A new approach to cancer follow-up cancer is needed to meet the needs of the growing population of cancer survivors in the United States while addressing provider shortages and rising costs, according to a new multi-agency report. The report, appearing in *CA: A Cancer Journal for Clinicians*, outlines national strategies to develop and implement care that addresses these issues by treating patients in personalized follow-up care pathways depending on the type(s) and level(s) of resources needed for their long-term care.

> *"Continuing to see most follow-up patients in oncology clinics will both fail to meet survivors' needs and make timely scheduling of new patients worse"*

The number of cancer survivors in the United States is rising, from 15.5 million currently to an estimated 20 million by 2026. Cancer survivors need appropriate follow-up care: managing chronic and late effects of cancer and comorbid conditions; screening and treatment for potential recurrence and subsequent cancers; addressing psychosocial, economic, and family concerns; and encouraging lifestyle behaviors to improve health. Current follow-up care models fail to meet survivors' needs: many survivors report ongoing physical, functional, psychosocial, and emotional problems that limit participation in work and community roles, reduce quality of life and decrease survival.

In an approach in England and Northern Ireland, now being adapted for other countries, patients are triaged to one of three follow-up care pathways based on the severity of ongoing symptoms and other healthcare needs. All patients continue to see their primary care physician for noncancer-related care and are supported in self-managing their health to the fullest extent possible. This approach has been shown to meet survivors' needs while reducing healthcare costs and allowing clinicians to spend more time helping survivors with greater needs. In January, 2018, the American Cancer Society (ACS) and the American Society of Clinical Oncology (ASCO) convened a summit to identify the needed steps to move this work from concept to implementation in the U.S. Experts in oncology, nursing, primary care, academic research, health care delivery, government, research, and others heard from UK Survivorship Initiative leaders, who presented lessons learned and outcomes from the England and Northern Ireland experience.

The summit identified four key strategies going forward for the US: 1) developing a candidate model (or models) of care delivery; 2) building the case for implementation by conducting studies modeling the effects of personalized pathways of follow-up care on patient outcomes, workforce and health care resources, and utilization and costs; 3) creating consensus-based guidelines to guide the delivery of personalized care pathways; and 4) identifying and filling research gaps to develop and implement needed care changes.

"U.S. cancer care delivery systems are already struggling to treat the growing number of oncology patients. Continuing to see most follow-up patients in oncology clinics will both fail to meet survivors' needs and make timely scheduling of new patients worse," said Catherine M. Alfano, Ph.D., and lead author of the report. "U.S. healthcare systems should consider how implementing a personalized care pathway approach like the model used in England and Northern Ireland may help their system to ensure that affordable and high-quality cancer care is available to all in need."

Article: Implementing Personalized Pathways for Cancer Follow-Up Care in the United States; Proceedings from an American Cancer Society–American Society of Clinical Oncology Summit, CA: A Cancer J Clin 2019;0 doi: 10.3322/caac.21558.