

# 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

# Agenda

JUNE 23, 2019 • PCORI ENGAGEMENT AWARD

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

# Welcome

Susan Frank

PCORI Engagement Award

Project Lead

National Alliance of Healthcare Purchaser  
Coalitions



Lia Hotchkiss, MPH

Director, Engagement Award Program

PCORI



## 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

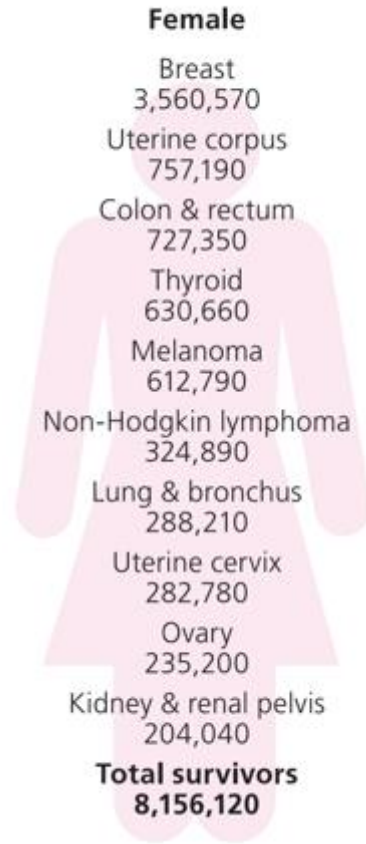
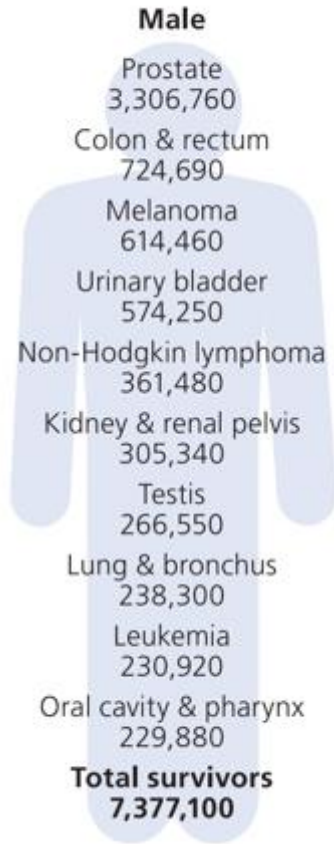
THE UNIVERSITY OF TEXAS

MD Anderson  
~~Cancer Center~~<sup>®</sup>

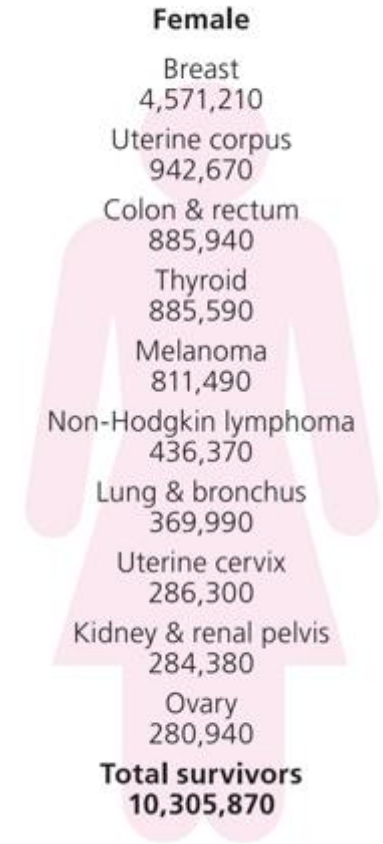
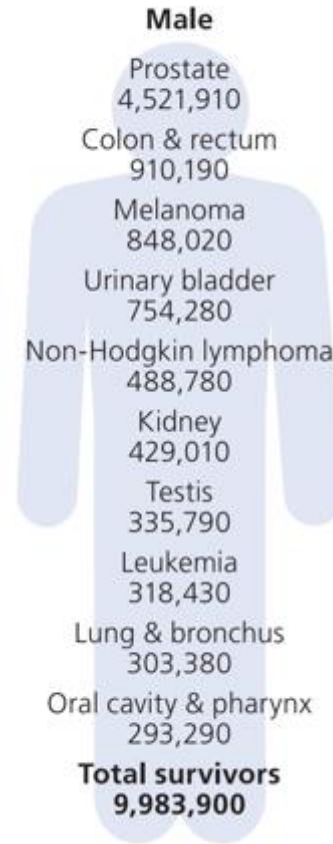


# 1.8 million Colorectal Cancer Survivors in US

As of January 1, 2016



As of January 1, 2026



# Goals of Surveillance

Detection of  
Recurrence

Management of  
long-term sequelae  
of treatment

Post-treatment  
Continuity of Care  
Psychosocial well-being

# Surveillance Testing Guidelines Vary Widely



American Society of Clinical Oncology

**CT scan every 6-12 months**

**CEA every 3 months**

**5 years**

**NICE** National Institute for Health and Care Excellence

**CT scan twice in 3 years**

**CEA every 6 months**

**3 years**



CLINICAL PRACTICE GUIDELINES

**No further testing**



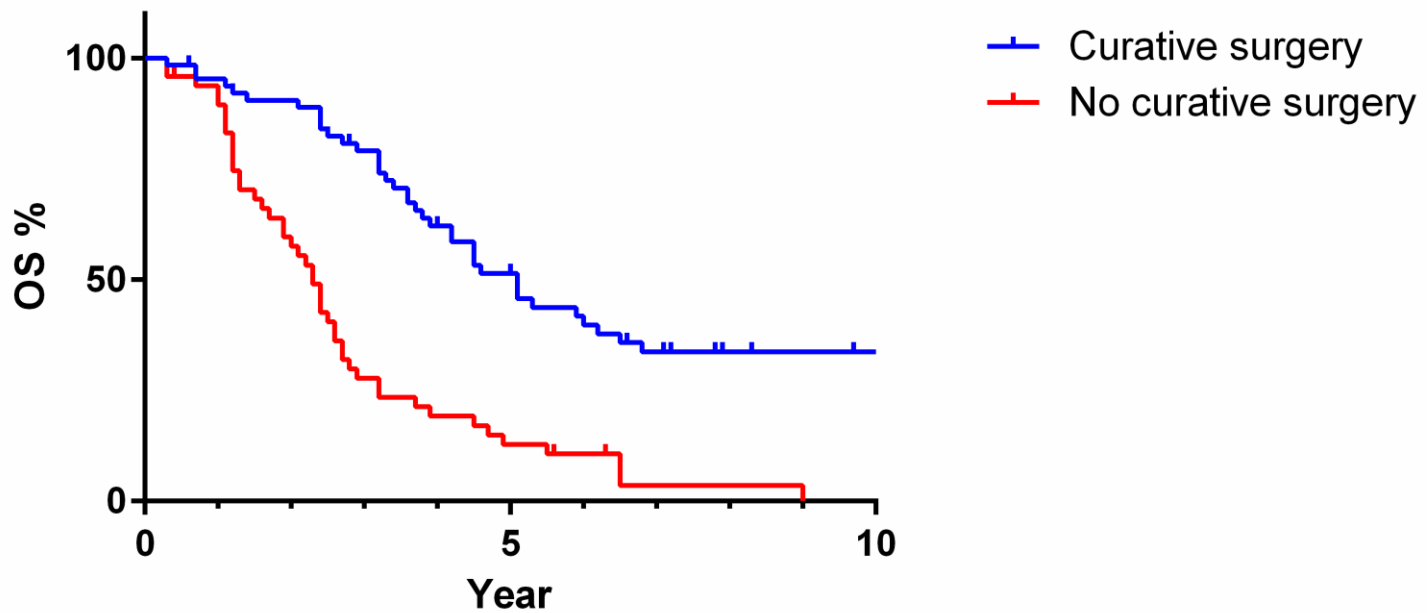
Impact of Recurrence and Salvage Surgery on Survival After Multidisciplinary Treatment of Rectal Cancer

Namshikho Ikoma, Y. Nancy Yiu, Brian K. Bafnanski, Miguel A. Rodriguez-Bigas, Cathy Eng, Prajnan Das, Scott Kopetz, Craig Mesnick, John M. Skibber, and George J. Chang

Published at [jco.org](http://jco.org) on June 28, 2017.

Published at [jco.org](http://jco.org) on June 28, 2017.

**A** Overall Survival after Recurrence





**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).

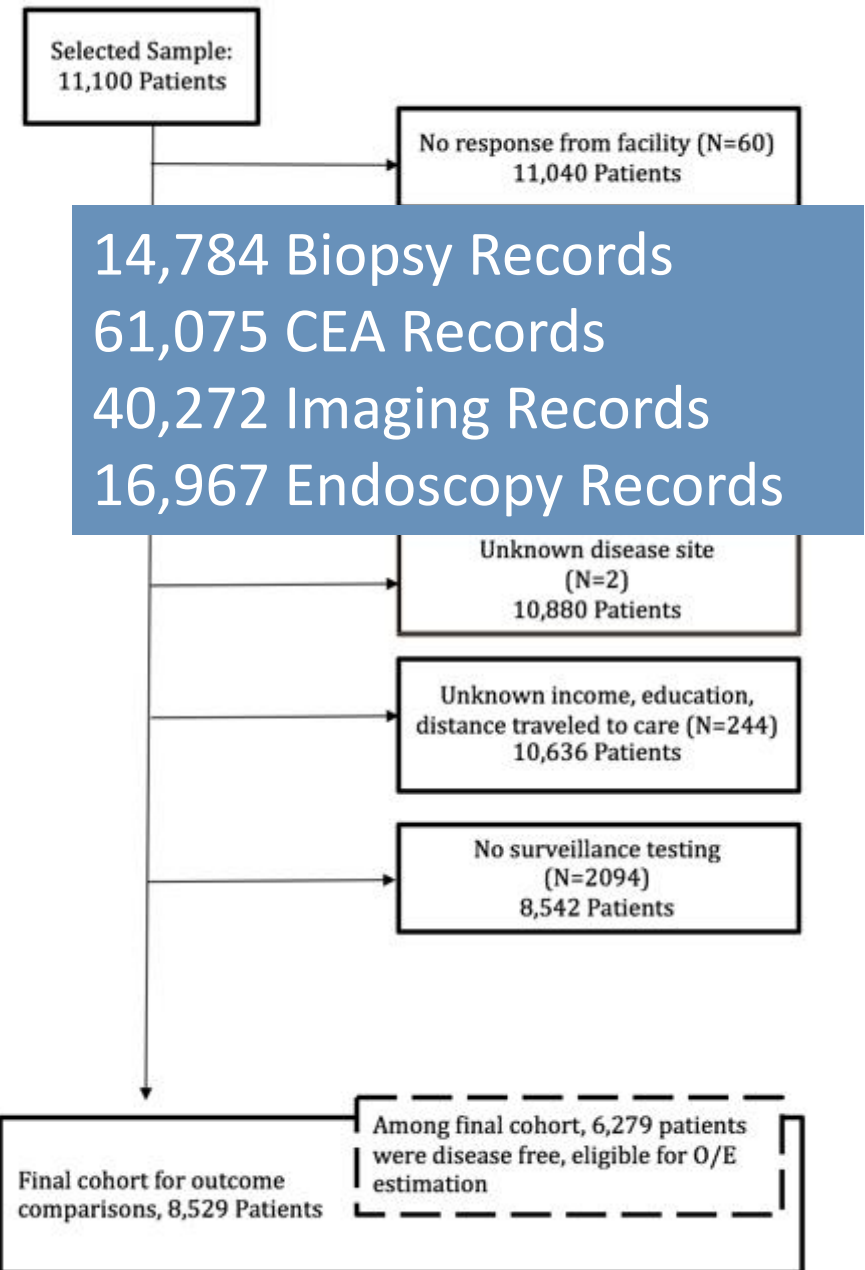
**X-RAY  
IN USE**



# **Does Higher Surveillance Intensity Improve Detection of Recurrence or Survival?**

# Cohort Selection

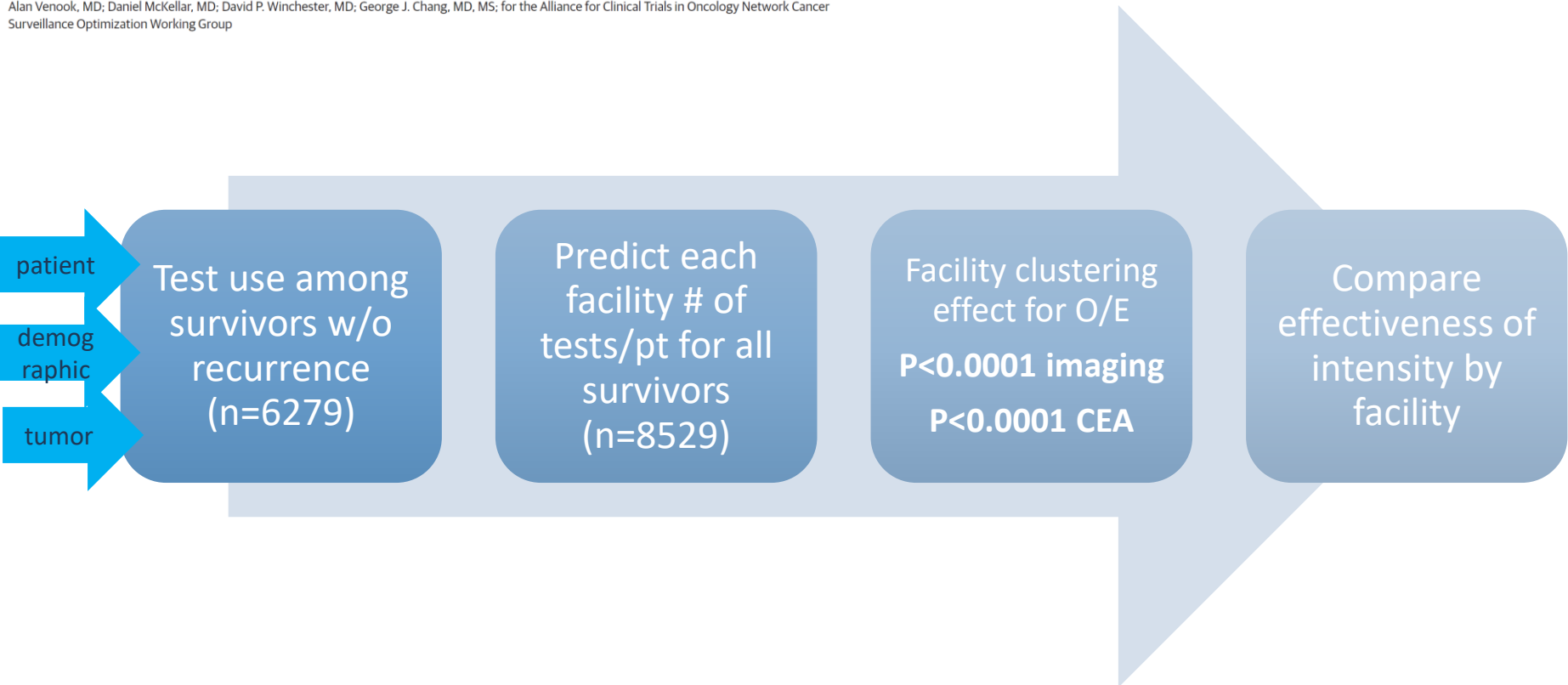
- Collaboration to improve process for recurrence ascertainment within the NCDB
- Random sampling of 10 colorectal cancer patients within each facility for primary data abstraction



JAMA | Original Investigation

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

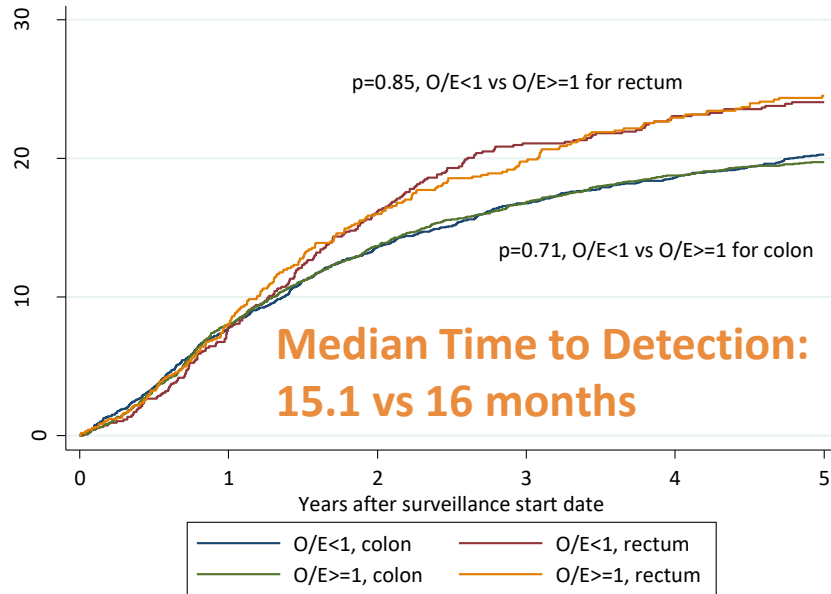
Rebecca A. Snyder, MD, MPH; Chung-Yuan Hu, MPH, PhD; Amanda Cuddy, MPH; Amanda B. Francescatti, MS; Jessica R. Schumacher, PhD; Katherine Van Loon, MD, MPH; Y. Nancy You, MD, MHSc; Benjamin D. Kozower, MD, MPH; Caprice C. Greenberg, MD, MPH; Deborah Schrag, MD, MPH; Alan Venook, MD; Daniel McKellar,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



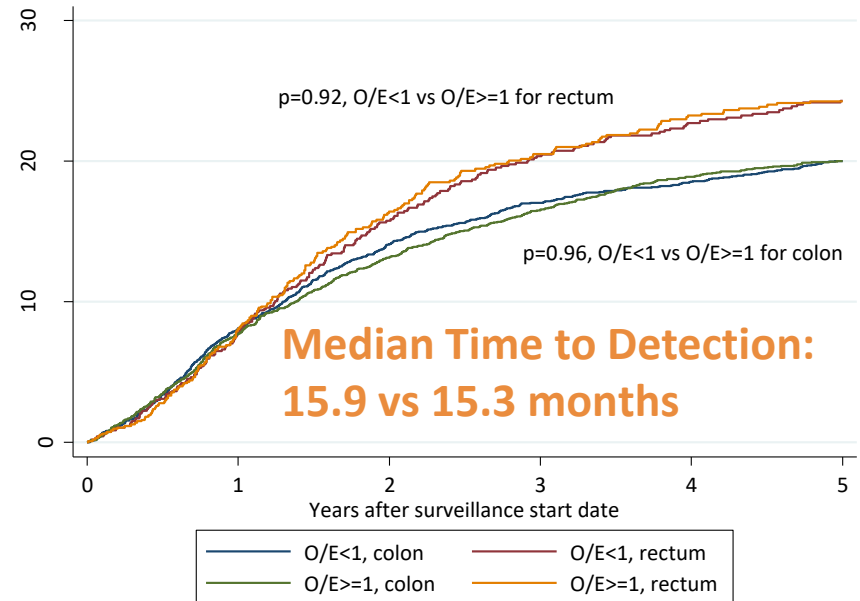
# Intensity and Recurrence Detection

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



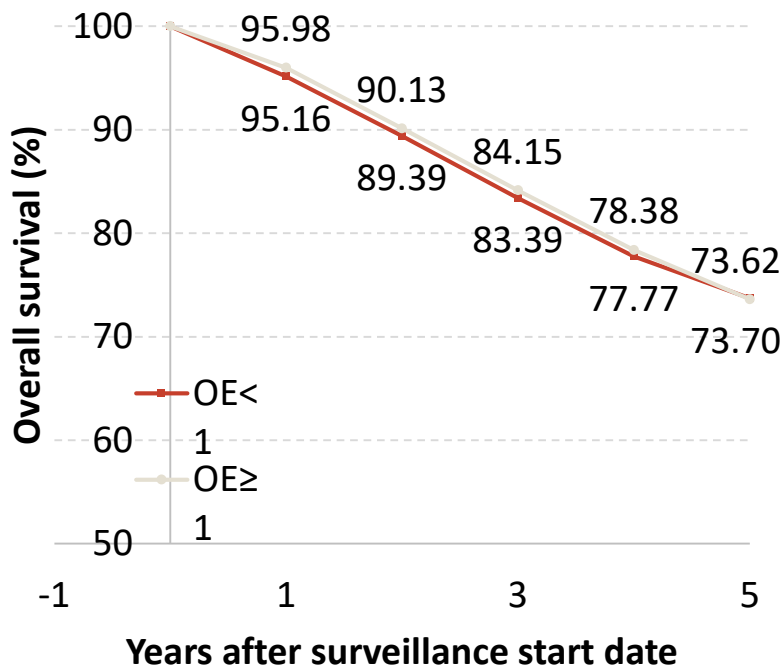
## CEA INTENSITY



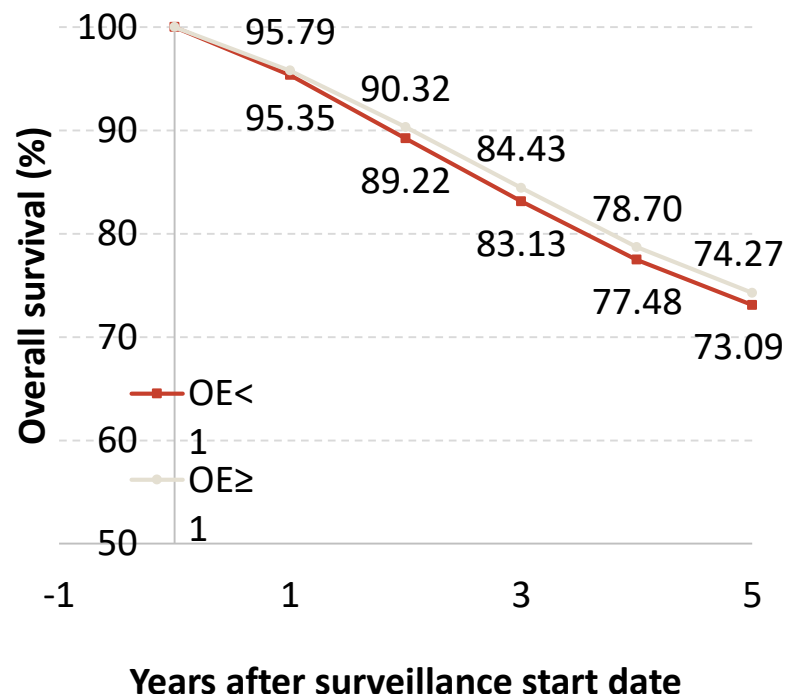
# Intensity and Overall Survival

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)

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



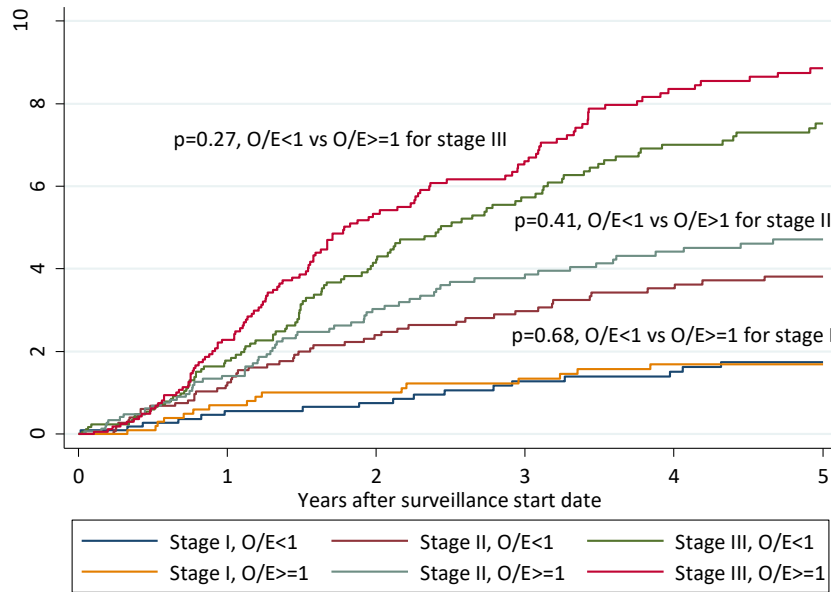
Overall survival by **CEA test** intensity  
(log rank test for OE<1 vs OE≥1 p=0.1849)



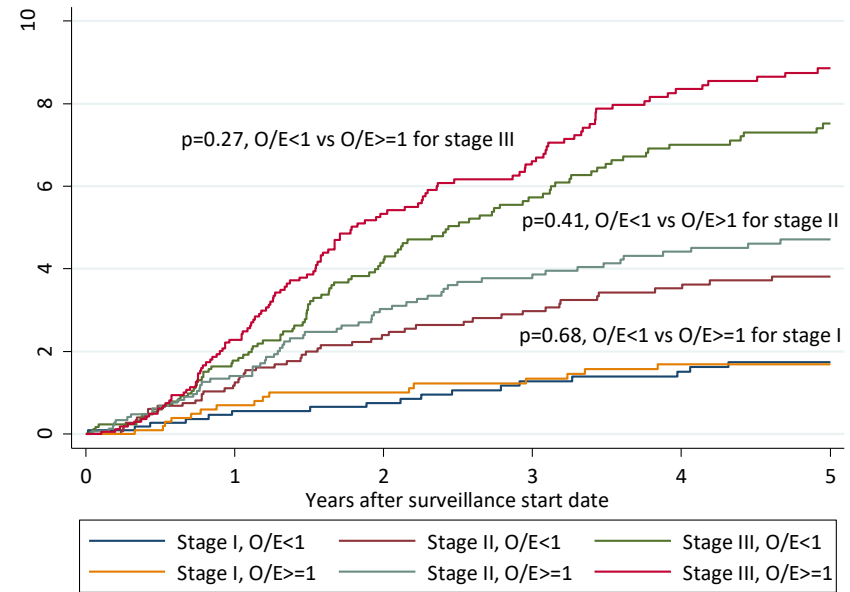
# Intensity & Salvage Surgical Treatment

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

# 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.

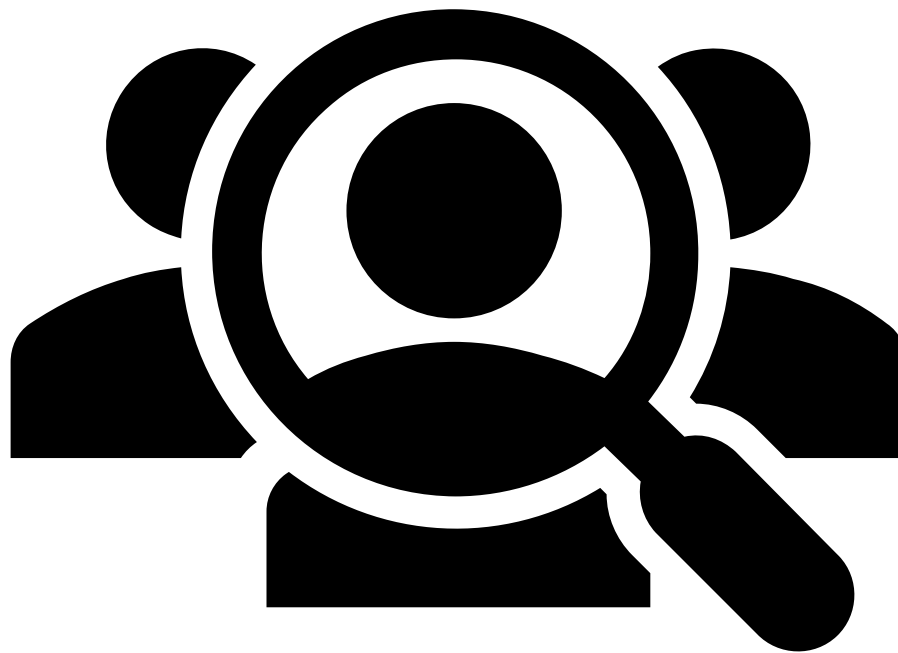


## **Mark Weinstein, JD, CPA**

Inaugural CEO of the Independent Colleges and Universities Benefits Association ([www.icuba.org](http://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.



# AUDIENCE QUESTIONS AND OPEN DISCUSSION



## 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

# 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



## 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