

Scott Redding: Welcome to the 3Ps of Cancer Podcast, where we'll discuss prevention, preparedness, and progress in cancer treatments and research. Brought to you by the University of Michigan Rogel Cancer Center. I'm Scott Redding.

We're here with Dr. Lesly Dossett, Michigan Medicine surgical oncologist, to talk about transition from cancer patient to chronic disease patient. While Dr. Dossett's clinical focus is on breast cancer, skin cancer, sarcoma and complex GI malignancies. Her academic focus is on healthcare delivery and decision making, including the interface between primary care providers and cancer specialists.

Welcome, Lesly. When patients complete treatment what's next for them medically?

Dr. Lesly Dosse: Well, I think about when cancer patients finish up their acute active cancer treatment. The first thing I think about is just them overall recovering from their cancer treatment. They may need to regain strength or stamina, or even function. If you think about some of the side effects of our cancer treatments, whether it be chemotherapy or surgery, or radiation, often those cause patients to lose weight or they aren't as active as they were able to. Or even with some surgeries, they need some period of rehabilitation. So I think the first, overall important thing for them medically, is just to recover from their cancer treatments to their baseline health.

I think a second important thing related to their overall medical situation after they finish their cancer treatment is really recovering from an emotional, mental health standpoint. Obviously, active cancer treatment, it can weigh a lot on patients emotionally and from a mental health perspective. And just having an opportunity to step back from active treatment and not have to go to the hospital or their medical oncologist as frequently, and they get some space from the active treatment, I think, is really important to their overall medical care. That's doing some things to look after their overall wellness. I think that's really important.

And then finally, I think optimizing their overall health, paying attention to some other health problems that may have been neglected during their active cancer treatment, things like their blood pressure, their cholesterol, their diabetes management, etc. And these are really important because they have implications on their future cancer recurrence risk, on how they recover from the side effects of the treatment, and also their ability to deal with a cancer recurrence if it does happen in the future.

Scott Redding: So, actually, in the intro, I mentioned a cancer patient move into a chronic-disease type patient. Is cancer a chronic disease?

Dr. Lesly Dosse: I think it really depends on what cancer type that you're considering. Some cancers certainly can be chronic conditions. An example of that might be some blood malignancies like low-grade leukemias and lymphomas, etc. But I think

some are not chronic. We anticipate them being treated and cured in a early-stage fashion, and don't anticipate those being a problem long-term. So I really think that's a question that's very cancer type and stage specific.

Scott Redding: Along those lines, though. If someone has the potential to recurrence, how is it determined from a care standpoint to help manage that hopeful lack of recurrence?

Dr. Lesly Dosse: Well, again, it depends a lot on the cancer type and the stage at presentation. That's something that each patient has to discuss with their treatment team as regards to their long-term risk for recurrence.

Some early-stage cancers we can say with a relatively high degree of certainty won't ever come back. Those would be early stage breast cancers, thyroid cancer, prostate cancer, these cancers that are often detected on screening exams and are caught at a very early stage. The vast majority of those will never recur. There are certainly other cancer types that are higher risk. Particularly if they present at a more advanced stage, things like melanoma, or colorectal cancer, certainly pancreas cancer, esophageal cancer, etc. Many patients presenting with more advanced disease may be at risk for recurrence for the remainder of their lifespan and have to really keep a close eye on things and maintain a active relationship with their treatment teams.

Scott Redding: So, I got to assume I would look at this the same way probably with ones with less risk, but with that higher risk of recurrence, how important is it for their primary care doctors to be involved to know what's happening so that they can help manage that?

Dr. Lesly Dosse: I think that patients should maintain active relationships with their primary care physicians, really irrespective of their recurrence risk, throughout their cancer continuum. And there's several really important reasons for that. First of all, they often have longstanding relationships with their primary care physicians. And their primary care physicians may be better equipped to help counsel them through the psycho-social aspects of cancer care rather than a specialist that they've only met once or twice. The primary care physician can also help manage their other medical problems throughout their active treatment, again, such as high blood pressure, diabetes, etc. And those are really important for optimizing them for cancer treatments like surgery.

And then, in terms of future surveillance, I think this is where there needs to be an active communication between the cancer specialist and the primary care physicians. I think certainly for patients who are at high risk for recurrence, the cancer specialists are typically going to maintain a lot of control over the surveillance. So, ordering images or lab tests that might be important for detecting early recurrence.

What I think is important for the primary care physicians to know is, first of all, just kind of a general idea of the cancer type and the patient's overall risk for recurrence and how that recurrence might present, what types of things should they look out for? The other important thing for the primary care physician to understand is what long-term side effects might patients be at risk for because of their cancer treatment.

And again, those are certainly going to be monitored by the cancer specialist. But many recurrences are detected between visits with the cancer specialist. And having another set of eyes on the patient, I think, is really important.

Scott Redding: You kind of touched on it a little bit but, what is really good for a primary care physician to know when their patient comes back to them? Obviously, the obvious part is their diagnosis and their care, but are there certain things that they should be aware to help manage them?

Dr. Lesly Dosse: I think understanding their general risk of recurrence really can direct how closely the primary care physician needs to be watchful about recurrence versus helping the patient move on and addressing their other medical problems. For patients who have very low risk of recurrence ... as I mentioned before, some of the early-stage, good-prognosis cancers, those patients oftentimes just need reassurance, and again, redirection in thinking about their overall medical health and care. Whereas, patients that are at higher risk, having an understanding of what recurrence might look like in those patients and making sure to ask about symptoms, or look for physical exam findings that might signify a recurrence.

Scott Redding: We've talked a little bit about the clinical side aspect for patients, and referring physicians and primary care physicians, but your academic focus is on the delivery and decision making. Is that geared more towards the patient and what their decision making needs to be, what they should look for in delivery of care, or is that geared towards a referring primary care physician?

Dr. Lesly Dosse: I think when we think about decision making, particularly around cancer care, obviously we want to be patient-centered in our healthcare delivery. But what we understand is that patients are heavily influenced by their physicians. So a lot of the decision making work that we do is focused on both, patients and providers. Again, because we know that sort of a provider's belief will go a long way in influencing a patient's ultimate treatment decision.

Scott Redding: When it comes to that patient decision, and they're looking at it from a survivorship standpoint, "Okay, I'm not done with my treatment", what other items or things should they be considering outside of making sure that they're on the same page with their primary care doctor to make sure certain things are being checked?

Dr. Lesly Dosse: I think getting back to what we think about when a patient has completed active treatment, what's next for them, really optimizing their overall health, those are the things that I think patients need to be focused on after they finish their cancer treatment. Some of the things that we know for sure that have significant impact on their risk of recurrence, and just overall long-term health, things like maintaining a normal body weight, eating a healthy diet, certainly smoking cessation if that hasn't been already addressed in the active cancer treatment phase, those are really some important components that patients should be focused on alone, and can work with their primary care physicians in making sure that those are optimized as they move out of active cancer treatment into the survivorship phase.

Scott Redding: When talk about this aspect of survivorship and phase, and we talk about the relationship between the cancer specialist, the primary care physician and the patient, for that matter, how does that work? What is that interface between a cancer specialist and a primary care provider look like, and what is being done to improve upon that if that needs to happen?

Dr. Lesly Dosse: I think the relationship depends a lot on the physical location of the various physicians. Obviously, cancer specialists and primary care physicians that are working in the same health system, they may see each other, they may have offices in close proximity, may interact on a more frequent basis, and be able to talk about patients direct, face-to-face. But as, particularly at least complex cancer care becomes regionalized, oftentimes patients are traveling long distances to specialty centers, and maintaining a relationship between the primary care physician and the cancer specialist can be quite challenging.

If you think about the patients that a primary care physician may care for, they interact with, literally, thousands of specialists. Not just cancer specialists, but cardiologists, pulmonologists, rheumatologists, etc. And just thinking about the sheer volume of communication that needs to happen for a single primary care provider to various specialists can be quite daunting. And oftentimes, an individual patient may be seeing two or three cancer specialists. Which again, can be quite a lot of communication that needs to go back to the primary care physician.

Some of the things that we know are helpful is, number one, would be if the specialists share a electronic health record with the primary care physician. And certainly, the ability to access other facilities. Electronic health records is vastly improved over the last decade and it makes, through keeping up with patients, accessing specialist notes, etc., much more feasible.

The other thing that I think is really important ... And I think most of the burden here falls on the cancer specialist, is to reach out to the primary care physician after that initial consult, particularly if the primary care physician referred the patient in the first place, to talk about an overview of what the cancer treatment would look like and then, to really encourage the patient to maintain that relationship with their primary care physician throughout their treatment.

And after treatment's done, making sure to send some formal communication in the form of a survivorship care plan, or doing a discharge summary from the active treatment to make sure that the primary care physician, again, understands what the long-term risk is and what things need to be at the forefront of their mind as they see the patient.

Scott Redding: With a lot of the other health related issues that a patient might have, and with the vast amount of patients a primary care physician has and some of the communication we've talked about, why is transition of care important for patients?

Dr. Lesly Dosse: Well, just like I talked about that primary care physicians can be overwhelmed with a lot of patients, the same is true for cancer specialists and cancer centers. As we have more and more patients surviving from cancer, it just becomes not feasible for cancer specialists to follow in every cancer patient indefinitely.

In addition to that, it's not very patient centered. Many of the patients that we treat here at Michigan Medicine travel very long distances to come see us for their active treatment. And it just doesn't make sense for them to take on that same travel burden for routine surveillance, or for, certainly after they've gotten out of the highest risk time period for recurrence. And it becomes really important just for them, for their travel burden, and for access to care, to be able to transition that care closer to home.

And because of that, it becomes important for the primary care physician to feel confident about taking care of that patient, to feel that they're appropriately informed about what to look for, and I think, importantly, also to know how to re-access the cancer specialist in a timely fashion, should they have concerns.

Scott Redding: Well, Lesly, we really appreciate the time and a lot of good information. As we wrap up here, if you were to leave the listener with one key takeaway, what would that be?

Dr. Lesly Dosse: I think the key takeaway is to emphasize the role that the primary care physician has in cancer treatment. Certainly during the active cancer phase, the burden of care and the majority of care is going to fall on the cancer specialist, but for the patient to maintain some contact with their primary care physician, so that they're informed and prepared to assume that transition when the patient is at that point, as well as to help manage the other medical conditions throughout the cancer treatment phase.

Fortunately, a lot of our patients are living longer with cancer, being cured from cancer and paying attention to those other medical conditions. And maintaining that relationship with the primary care physician becomes even more important.

Scott Redding: Well, again, thank you for the time, and appreciate it.

Dr. Lesly Dosse: Thank you.

Scott Redding: Thank you for listening, and tell us what you think of this podcast by rating and reviewing us. If you have suggestions for additional topics, you can send them to cancercenter@med.umich.edu, or, message us on Twitter, [@umrogelcancer](https://twitter.com/umrogelcancer) . You can continue to explore the 3Ps of Cancer by visiting rogelcancercenter.org .