Primary Care Physicians' Perspectives of the Survivorship Care for Older Breast Cancer Survivors: A Pilot Study

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Background

- Survivorship care plans (SCPs) may or may not improve existing and potential survivorship issues experienced by breast cancer survivors after cancer treatment.
- SCPs should also be coordinated with multiple healthcare providers including the survivor's primary care physician (PCP).
- Research examining PCPs' experiences and opinions regarding survivorship care and survivor outcomes of older (≥65 years) breast cancer survivors under their care is limited.

Objective: To examine PCPs' role in survivorship care of older breast cancer survivors, their experiences and opinions of SCPs, and suggestions for improving care coordination and facilitation of SCPs among older breast cancer survivors.

Methods

Sample

- Eligible PCPs were recruited from the OSUMC Pragmatic Clinical Trials Network database, a partnership between Internal Medicine, the Clinical Trials Management Office, and the CCTS at OSU.
- A web-based questionnaire was completed individually by PCPs about their training and what areas of survivorship they address under their care.
- A subset of survey participants were interviewed about survivorship care, care coordination, and the appropriateness and effects of SCPs on older breast cancer survivors' outcomes.

Analyses

- Audio recordings were transcribed and coded independently through Nvivo. Kappa coefficients ranged from 0.86-0.97.
- Descriptive statistics and frequency distributions were used to characterize the participants' survey responses. Quantitative analyses were conducted using SPSS.

Results

- Out of the 100 potentially eligible participants within the OSUMC Pragmatic Clinical Trials network, 29 completed the survey and 10 participated in the semi-structured interview.
- Physician participants (n=29) had an average 13.5 years in practice and spent approximately 28 hours of direct patient care per week.
- PCPs surveyed that their main role was providing general health promotion and their least common role was managing late/long-term effects (Table 1).

Table 1. Prevalence of cancer survivorship issues and outcomes, as determined by SCPs, PCPs regularly addressed under their care (N=29).

Variable	% yes
Screening surveillance test (tests for recurrence, new primaries)	44.8%
Follow-up clinical visits with oncologist	51.7%
Adherence to hormone therapy	31.0%
Identification of possible symptoms of cancer recurrence	37.9%
Identification of late- and/or long-term effects	27.6%
Management of late- and/or long-term effects	20.7%
Emotional of mental health issues, psychological distress	62.1%
Importance of healthy diet and exercise	69.0%
Importance of smoking cessation and alcohol use reduction	69.0%

- Several themes were discussed about the PCP role in the care of cancer survivors, communication with oncologists, SCPs knowledge and receipt and care coordination related to survivorship care, and areas of improvement of SCPs and survivorship care.

Figure 1. Word cloud of the most common relevant words used in semi-structured interviews

- Semi-structured interviews indicated that the majority of PCPs did not receive a SCP from their patients' oncologists and that communication regarding survivorship care was poor.
- Participants' suggestions for improvements to SCPs and survivorship care included regular communication with oncologists, delegation from oncologists regarding roles, and mutual understanding of each other's roles.

Conclusion

- PCPs indicated that survivorship care and SCPs should be improved, regarding communication and roles related to their patients' survivorship.
- A potential reason for PCP confusion of their roles may due to the different models of survivorship care delivery. More clarification is needed regarding the roles of PCPs, oncologists, and survivorship specialists in care delivery.
- More attention needs to focus on the importance of PCPs, as they are an integral part of dual management for older breast cancer survivors post-treatment.
- Future research should consider the roles of geriatric assessments as well as technology in tailoring survivorship communication.