



Supporting health professionals to deliver optimal survivorship care

Who is a survivor?

We recognise someone as a cancer survivor from the time of diagnosis and throughout their life. This includes people who are receiving initial or maintenance treatment, in recovery, or in the post-treatment phase.

Our aim is to help and support cancer survivors and the health professionals who care for them in the post-treatment phase. We also recognise that a cancer diagnosis impacts carers, family and friends.

It is important to note that not everyone will relate to the term 'survivor' and some people may prefer to use a different term, for example 'living with and beyond cancer'.

Why focus on cancer survivorship?

There are more survivors living today compared to 30 years ago. Five-year survival rates (averaged across all cancers) have increased by 19% over the last 30 years to 69% (1).

The increase in survival rates is due to a number of factors, such as earlier diagnosis, improved treatment options and an ageing population. It is estimated there will be 1.9 million Australians living with or who have a history of cancer by 2040 (2).

In the past, cancer care has focused on diagnosis and treatment, detection of recurrence and immediate side effects. There is evidence that survivors' issues are not always identified and addressed (3). This highlights the gap in optimal care for survivors following initial treatment. Common issues or symptoms that survivors may experience post treatment include: psychosocial issues (e.g. fear of cancer recurrence, challenges in return to work or study), late effects (e.g. side

effects that appear years after initial treatment) and emergence of chronic illness.

As the population of cancer survivors increases, there is a need to explore improved models of care that address unmet needs, common issues and symptoms post treatment, and gaps in services (3). In some health services, shared care is being implemented to improve communication and care coordination between specialist and primary care. General practitioners can partner with specialists to support survivors in the post-treatment phase (3-5).

Other, emerging models of care focus on the role of nurses, allied health professionals and community health in survivorship care (3).

An informed and proactive health workforce and system is important to meet the current and future needs of survivors.

About us

The work of the ACSC



- The ACSC was established in 2009 and is funded by the Victorian Department of Health and Human Services, Peter MacCallum Cancer Centre (Peter Mac) and the Pratt Foundation. We are based at Peter Mac.
- We support survivors across Victoria and contribute nationally and internationally.
- ACSC provide information and support, education and training and leadership and guidance on cancer survivorship.
- We deliver education to health professionals about survivorship care.
- We collaborate with health professionals, community organisations, health services and DHHS to improve survivorship care across the health system.
- We have developed resources for survivors and health professionals.
- We do not provide direct clinical services, rather we work with a broad range of providers to enable care.

Key messages

- Cancer survivors can experience a range of symptoms and issues after initial treatment. This includes: fatigue, pain, sleep disturbances, psychosocial issues (e.g. fear of cancer recurrence) and practical issues (e.g. financial problems).
- There is emerging evidence for models of care that address the gaps in services after initial treatment.
- The ACSC has developed resources and led initiatives that support care to be provided in the community, for example by general practitioners.
- The ACSC works with a range of different stakeholders to increase awareness of issues that affect survivors in the post-treatment phase.



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How do we support health professionals?

Resources and support

We have developed resources that can be utilised by a range of different health professionals and support services. The resources address general cancer information, follow-up care and common issues post-treatment.

To access our resources go to: www.petermac.org/services/support-services/australian-cancer-survivorship-centre/health-professionals/resources-and

Education and training

We deliver face-to-face workshops for health professionals on implementing survivorship care within health services. To find out more and register go to: www.petermac.org/education/survivorship-education

We have an e-learning module on the principles of survivorship care. Go to: education.eviq.org.au/courses/cancer-survivorship-introductory-course

While not primarily a research group, we contribute to survivorship research.

Leadership and guidance

We work with DHHS to support the Survivorship Community of Practice as part of the Victorian Cancer Survivorship Program (VCSP). The VCSP was established in 2011 to promote new models of care within Victorian health services that better meet the needs of survivors after initial treatment.

We moderate an online survivorship workspace designed for health professionals with an interest in survivorship care. To attend or register contact the ACSC at, contactacsc@petermac.org

Newsletter

Keep up to date with current projects, events and resources. To sign-up to the newsletter contact the ACSC at, contactacsc@petermac.org

mycareplan.org.au

This tool is freely available to health professionals and survivors to create a survivorship care plan* for people with early-stage breast, prostate or colorectal cancer.

How do we support survivors?

You may find these resources useful for your patients. These resources can also be used by health professionals.

ACSC website

Our website has many resources including:

- fact sheets, videos and podcasts
- information in different languages (e.g. fact sheets)
- real-life survivor stories
- survivorship care plan templates*
- links to community organisations and support groups.

Face to face education

We provide education and support opportunities at our Peter Mac, Parkville campus. This includes:

- The Cancer Wellness Program run by ACSC in partnership with Cancer Council Victoria.
- The Peter Mac Wellbeing Centre, a space where patients and carers can relax, attend an activity, event or wellbeing education session

Common survivorship issues directory

The directory (www.petermac.org/survidirect) has resources on common survivorship issues including:

- anxiety and depression
- cancer-related fatigue
- fear of cancer coming back or getting worse

mycareplan.org.au

Use this tool with your doctor or other health worker to create a survivorship care plan*. The tool is for people with early-stage breast, prostate or bowel cancer.

*A survivorship care plan is a record of a person's cancer diagnosis and treatment. It provides what to expect, follow up, and strategies on how to remain well.

Australian Cancer Survivorship Centre

A Richard Pratt Legacy



Australian Cancer Survivorship Centre

Locked Bag 1, A'Beckett Street, Melbourne VIC 8006

Email: contactacsc@petermac.org

www.petermac.org/cancersurvivorship

Further information



Cancer Council 13 11 20
www.cancer.org.au



Please consider the environment before printing me.

This overview was prepared with reference to:

1. Australian Institute of Health and Welfare (AIHW). Cancer series no.119.Cat.no.CAN 123.ACT: Canberra: 2019. 1-174
2. Cancer Council Victoria. Australians living with and beyond cancer [Internet]. Victoria: Melbourne; 2018. [Updated 1 February 2018, cited 21 June 2019]. Available from: <https://www.cancervic.org.au/research/registry-statistics/statistics-data/cancer-prevalence-in-2040.html>
3. Clinical Oncology Society of Australia. Model of Survivorship Care: Critical Components of Cancer Survivorship Care in Australia (Position Statement). Sydney; 2016:1-21.
4. Cancer Australia. Shared follow-up care – Information for health professionals [internet]. Sydney: Surry Hills; 2013. 1-2.
5. Zhao Y, Brettle A, Qiu L. The effectiveness of Shared Care in Cancer Survivors-A Systematic Review. International journal of integrated care. 2018; 18(4):1-17.

Acknowledgement: Thank you to the health professionals who reviewed this resource.

Last reviewed: August 2019

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