

# The importance of comprehensive cancer survivorship care plans in general practice

Christina Green, Carolyn Ee,  
Kylie Vuong

## Background

The number of people living with or beyond cancer are expected to rise. General practice-led cancer survivorship plans have been proposed as a way to address ongoing healthcare needs (including physical and psychosocial care) and care coordination, as well as the prevention and management of other chronic illnesses.

## Objective

The aim of this paper is to discuss the role of general practice in the long-term care of cancer survivors and provide a summary of recommendations for comprehensive cancer survivorship care planning in general practice.

## Discussion

General practice provides cancer survivors with ongoing support within their community from pre-diagnosis onwards. It is recommended that comprehensive cancer survivorship care plans include the cancer treatment summary and follow-up care planning; the management of other comorbid chronic conditions; health promotion and disease prevention with tailoring to shared goals; and the cancer survivor's unique situation.

**CANCER SURVIVAL RATES** are increasing, with Australia having some of the highest survival rates internationally.<sup>1-3</sup> The number of cancer survivors exceeds one million and is projected to increase.<sup>4-6</sup> General practice, which includes general practitioners, practice nurses and, in many instances, allied health practitioners, provides cancer survivors with ongoing support within their community from pre-diagnosis onwards.<sup>7-11</sup> Its focus on whole-person patient-centred care is essential.<sup>7,9,10,12-14</sup>

General practice-led cancer survivorship plans have been proposed as a way to address ongoing healthcare needs (including physical and psychosocial care) and care coordination, as well as the prevention and management of other chronic illnesses.<sup>7-9,14-16</sup> This paper discusses the role of general practice in the long-term care of people living with and beyond cancer, and provides a summary of recommendations for comprehensive cancer survivorship care.

## The role of general practice and models of cancer survivorship care

The phase after primary cancer treatment is crucial to the care trajectory. General practice has important roles in the monitoring and early intervention of treatment-related effects, cancer surveillance, the prevention, screening and management of other chronic

illnesses, and health promotion.<sup>17</sup> Increasing the role of general practice in cancer survivorship care offers multiple advantages. The long-term therapeutic partnership that general practice has with patients places it in a unique position to support ongoing survivorship care in the context of the patient's other care needs.<sup>9,10,16,18</sup> Patients experience a higher level of trust and confidence when their general practitioner (GP) is involved.<sup>13</sup> General practice facilitates a more collaborative team approach to respond to the patients' care needs in a timely and resourceful manner.<sup>8,18</sup>

Various models of cancer survivorship care have been described based on the disease, care setting, healthcare discipline leading the follow-up care and the purpose of the care provided (Table 1).<sup>17,19</sup> Long-term cancer survivorship care from the tertiary cancer services that provided the primary cancer treatment might not be sustainable, nor are they designed to provide comprehensive longitudinal care.<sup>9,20</sup>

## Comprehensive cancer survivorship care planning

Survivorship care plans summarise the cancer history, goals and follow-up care. Patients find care plans helpful, especially when focused on shared areas of concern, such as the management of treatment-related

effects and healthy lifestyles, and provide a clear follow-up treatment summary.<sup>21</sup> Cancer organisations such as the Clinical Oncology Society of Australia (COSA) and the American Society of Clinical Oncology (ASCO) advocate for survivorship care plans to support communication and the transition to survivorship.<sup>22-24</sup> More recently, the Australian Cancer Survivorship Centre (ACSC) launched [mycareplan.org.au](http://mycareplan.org.au), an online resource that empowers survivors to manage their long-term care.<sup>25</sup> Although it is not currently integrated with general practice information systems, it shows promise in improving patient engagement and self-management. However, as these care

plans are disease-focused, they might not encompass the broader survivorship needs.

A comprehensive survivorship care plan in general practice should consider long-term care needs using a patient-centred approach, to encompass the patient’s needs and diversity, as well as their cultural, family and social context.<sup>26</sup> This is especially important for under-served populations such as those living in rural or remote areas, who come from culturally or linguistically diverse or Aboriginal and Torres Strait Islander backgrounds, people with disability, and other priority populations as outlined in the Australian Cancer Plan.<sup>27-31</sup> The plan should consider incorporating the cancer survivor’s

relevant demographics, cancer treatment summary and follow-up care planning, including both physical and psychosocial effects, as well as care of other comorbid chronic conditions, health promotion and disease prevention that is tailored to shared goals, and the cancer survivor’s unique situation (Table 2).<sup>21,26</sup> Additionally, to provide for a supportive patient and caregiver experience, the plan should promote effective care delivery, collaboration, care coordination and communication.<sup>26</sup> Engaging in shared decision making to align with the patient’s goals, priorities and expectations will likely improve patient empowerment and satisfaction.<sup>32</sup> Patient education plays an important role in influencing knowledge, attitudes and behaviour towards more favourable health outcomes.<sup>33</sup>

The GP might consider accessing existing Medicare funding arrangements, such as chronic disease management plans (MBS item number 721), team care arrangements (MBS item number 723) and multidisciplinary care planning (MBS item number 729), to prepare, coordinate and review cancer survivorship plans.<sup>34,35</sup> Eligible cancer survivors could receive funding for up to five consultations with allied health practitioners each year as part of chronic care planning. For example, a cancer survivor with post-cancer fatigue might benefit from a consultation with an exercise physiologist.<sup>36</sup> However, there are limitations with the current Medicare funding arrangements, as the provision of only five allied health visits might not be adequate to meet the complex needs of cancer survivors. In addition, the failure of Medicare rebates to align with rising practice costs leaves cancer survivors vulnerable to increasing out-of-pocket health expenses, especially as there are often other comorbid chronic conditions to be managed.<sup>37-39</sup> Cancer survivorship care would benefit from additional financial support to assist with meeting holistic care needs, and policy change is required to adequately provide for survivorship care in general practice.

### Potential barriers to implementing comprehensive survivorship care plans

Several important factors might impact the successful implementation of care plans for

**Table 1. Cancer survivorship care models**

Model	Focus
Disease-specific	Tumour type (ie breast cancer, lung cancer)
Setting of care	Where the follow-up will be conducted (ie oncology practices, survivorship clinics, primary care settings)
Type of clinician	Who will lead the follow-up care (ie general practitioner-led, nurse-led, specialist-led care and shared care)
Purpose of care	Intention of care (ie transition of care from tertiary care to primary care, development of long-term cancer survivorship care plan)

**Table 2. Summary of recommendations: Survivorship care plan**

Dimensions	Sections
Demographics	Patient details, general practitioner details, medical history, current medication, allergies, immunisations
Cancer treatment summary	Oncologist details, diagnosis, treatment, familial cancer risk assessment
Cancer follow-up care plan	Additional cancer treatment, schedule of clinical visits, cancer surveillance and recommended tests, current treatment side effects, possible late- or long-term effects, referrals
Physical effects	Symptoms assessment, referrals, treatment/risk-reducing strategies
Psychosocial effects	Symptoms assessment (psychological, financial and/or employment, interpersonal), referrals, treatment/risk-reducing strategies
Other chronic conditions	Evaluation and treatment, referrals, treatment/risk-reducing strategies
Health promotion and disease prevention	Prevention-focused visits and testing, age- and gender-appropriate cancer screening, vaccination advice
Care goals	Patient’s goals of care, practitioner’s goals of care (for cancer and other chronic conditions)

cancer survivors in general practice. Patients might not recognise the role that general practice plays in their ongoing care after completing cancer treatment, potentially leading to delayed or inadequate access to follow-up care.<sup>17</sup> Additionally, insufficient information and communication from tertiary services might limit the ability to produce a comprehensive plan with all the required diagnosis and treatment details.<sup>9</sup> This, combined with the current fee-for-service model in general practice, which does not reward longer consultations needed for comprehensive survivorship care, makes it difficult to create and implement effective care plans. Although GPs might perceive that they lack the confidence in, and knowledge of, how to care for cancer survivors and, in general, receive little training on cancer survivorship, it is important to note the importance of holistic whole-person care in survivorship care.<sup>9,15,40</sup> Identifying and addressing these challenges to ensure the successful implementation of survivorship care plans in general practice is critical to improving the quality of care and outcomes for cancer survivors.

## Conclusion

GP-led cancer survivorship care, developed in collaboration with patients with contribution from cancer services, offers a patient-centred and sustainable approach to meet the long-term care needs of cancer survivors. We recommend that comprehensive cancer survivorship care plans include the cancer treatment summary and follow-up care planning, the management of other comorbid chronic conditions, health promotion and disease prevention, tailored to shared goals and the cancer survivor's unique situation. Policymakers should review funding arrangements to provide additional support for cancer survivorship care in general practice.

## Key points

- Cancer survivorship is projected to increase in Australia.
- The increasing role of general practice in cancer survivorship care offers multiple advantages.

- Developing a comprehensive cancer survivorship care plan in collaboration with the patient would help to address long-term care needs.
- A comprehensive cancer survivorship care plan in general practice should consider cancer follow-up care planning as well as care of other comorbid chronic conditions, health promotion and disease prevention.
- The general practitioner might consider accessing existing Medicare funding arrangements to prepare, coordinate and review cancer survivorship plans.

## Authors

Christina Green MD, MGlobPH, Masters Alumni, School of Medicine and Dentistry, Griffith University, Gold Coast, Qld

Carolyn Ee MBBS, BAppSci, Grad Cert Med Acup, MMed (Research), PhD, FRACGP, Associate Professor, Cancer Survivorship and Primary Care, Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, Adelaide, SA; Principal Research Fellow, NICM Health Research Institute, Western Sydney University, Sydney, NSW

Kylie Vuong FRACGP, SFHEA, BSc (Med), MBBS, MPH, PhD, Associate Professor, Primary Care and Academic Lead in General Practice, School of Medicine and Dentistry, Griffith University, Gold Coast, Qld; Adjunct Associate Professor, School of Population Health, University of New South Wales, Sydney, NSW

Competing interests: CE is a Scientific Committee member of the Primary Care Collaborative Cancer Clinical Trials group (unpaid). KV is a Scientific Committee member of the Primary Care Collaborative Cancer Clinical Trials group (unpaid) and a member of The Royal Australian College of General Practitioners' National Research and Evaluation Ethics Committee. CG has no competing interests to declare.

Funding: None.

Provenance and peer review: Not commissioned, externally peer reviewed.

## Correspondence to:

christina.green@alumni.griffithuni.edu.au

## References

- Allemani C, Mtsuda T, Di Carlo V, et al. Global surveillance of trends in cancer survival: Analysis of individual records for 37,513,025 patients diagnosed with one of 18 cancers during 2000–2014 from 322 population-based registries in 71 countries (CONCORD-3). *Lancet* 2018;391(10125):1023–75. doi: 10.1016/S0140-6736(17)33326-3.
- Jefford M. Editorial: Optimal care for people affected by cancer. *Aust J Gen Pract* 2021;50(8):517. doi: 10.31128/AJGP-08-21-1234e.
- Cancer Australia. Cancer in Australia statistics. Australian Government, 2022. Available at [www.canceraustralia.gov.au/impacted-cancer/what-cancer/cancer-australia-statistics](http://www.canceraustralia.gov.au/impacted-cancer/what-cancer/cancer-australia-statistics) [Accessed 29 August 2023].
- Ferlay J, Ervik M, Lam F, et al. Global cancer observatory: Cancer today. International Agency for Research on Cancer, 2024. Available at <https://gco.iarc.who.int/today> [Accessed 8 May 2024]

- Ferlay J, Laversanne M, Ervik M, et al. Global cancer observatory: Cancer tomorrow (version 1.1). International Agency for Research on Cancer, 2024. Available at <https://gco.iarc.fr/tomorrow> [Accessed 8 May 2024].
- Arnold M, Rutherford M, Lam F, Bray F, Ervik M, Soerjomataram I. ICBP SURVMARK-2 online tool: International Cancer Survival Benchmarking. International Agency for Research on Cancer, 2019. Available at <https://gco.iarc.fr/survival/survmark> [Accessed 29 August 2023].
- Hart NH, Smith AB, Hobbs K, et al. Juggling cancer and life in survivorship: The role of general practitioners. *Aust J Gen Pract* 2021;50(8):520–25. doi: 10.31128/AJGP-04-21-5938.
- Fox J, Thamm C, Mitchell G, et al. Cancer survivorship care and general practice: A qualitative study of roles of general practice team members in Australia. *Health Soc Care Community* 2022;30(4):e1415–26. doi: 10.1111/hsc.13549.
- Lawrence RA, McLoone JK, Wakefield CE, Cohn RJ. Primary care physicians' perspectives of their role in cancer care: A systematic review. *J Gen Intern Med* 2016;31(10):1222–36. doi: 10.1007/s11606-016-3746-7.
- Meiklejohn JA, Mimery A, Martin JH, et al. The role of the GP in follow-up cancer care: A systematic literature review. *J Cancer Surviv* 2016;10(6):990–1011. doi: 10.1007/s11764-016-0545-4.
- The Royal Australian College of General Practitioners (RACGP). General practice: Health of the Nation 2020. RACGP, 2020. Available at [www.racgp.org.au/getmedia/c2c12dae-21ed-445f-8e50-530305b0520a/Health-of-the-Nation-2020-WEB.pdf.aspx](http://www.racgp.org.au/getmedia/c2c12dae-21ed-445f-8e50-530305b0520a/Health-of-the-Nation-2020-WEB.pdf.aspx) [Accessed 29 August 2023].
- Emery J. Cancer survivorship – the role of the GP. *Aust J Gen Pract* 2014;43(8):521–25.
- Lisy K, Kent J, Dumbrell J, Kelly H, Piper A, Jefford M. Sharing cancer survivorship care between oncology and primary care providers: A qualitative study of health care professionals' experiences. *J Clin Med* 2020;9(9):2991. doi: 10.3390/jcm9092991.
- Nekhlyudov L, Snow C, Knelson LP, Dibble KE, Alfano CM, Partridge AH. Primary care providers' comfort in caring for cancer survivors: Implications for risk-stratified care. *Pediatr Blood Cancer* 2023;70(4):e30174. doi: 10.1002/pbc.30174.
- Nekhlyudov L, O'malley DM, Hudson SV. Integrating primary care providers in the care of cancer survivors: Gaps in evidence and future opportunities. *Lancet Oncol* 2017;18(1):e30–38. doi: 10.1016/S1470-2045(16)30570-8.
- Lisy K, Kent J, Piper A, Jefford M. Facilitators and barriers to shared primary and specialist cancer care: A systematic review. *Support Care Cancer* 2021;29(1):85–96. doi: 10.1007/s00520-020-05624-5.
- Howell D, Hack TF, Oliver TK, et al. Models of care for post-treatment follow-up of adult cancer survivors: A systematic review and quality appraisal of the evidence. *J Cancer Surviv* 2012;6(4):359–71. doi: 10.1007/s11764-012-0232-z.
- Deckx L, Chow KH, Askew D, van Driel ML, Mitchell GK, van den Akker M. Psychosocial care for cancer survivors: A systematic literature review on the role of general practitioners. *Psychooncology* 2021;30(4):444–54. doi: 10.1002/pon.5612.
- Halpern MT, Viswanathan M, Evans TS, Birken SA, Basch E, Mayer DK. Models of cancer survivorship care: Overview and summary of current evidence. *J Oncol Pract* 2015;11(1):e19–27. doi: 10.1200/JOP.2014.001403.

20. Attai DJ, Katz MS, Streja E, et al Patient preferences and comfort for cancer survivorship models of care: Results of an online survey. *J Cancer Surviv* 2023;17(5):1327–37. doi: 10.1007/s11764-022-01177-0.
21. Klemanski DL, Browning KK, Kue J. Survivorship care plan preferences of cancer survivors and health care providers: A systematic review and quality appraisal of the evidence. *J Cancer Surviv* 2016;10(1):71–86. doi: 10.1007/s11764-015-0452-0.
22. Mayer DK, Nekhlyudov L, Snyder CF, Merrill JK, Wollins DS, Shulman LN. American Society of Clinical Oncology clinical expert statement on cancer survivorship care planning. *J Oncol Pract* 2014;10(6):345–51. doi:10.1200/JOP.2014.001321.
23. Vardy JL, Chan RJ, Koczwara B, et al. Clinical Oncology Society of Australia position statement on cancer survivorship care. *Aust J Gen Pract* 2019;48(12):833–36. doi:10.31128/AJGP-07-19-4999.
24. Phansuwon K, Cindy Tan SY, Kerin-Ayres K, Malalasekera A, L Vardy J. Evaluation of survivorship care plans in patients attending the Sydney Cancer Survivorship Centre. *Support Care Cancer* 2022;30(3):2207–13. doi: 10.1007/s00520-021-06636-5.
25. Victoria State Government. Victorian cancer survivorship program. Department of Health, 2023. Available at [www.health.vic.gov.au/health-strategies/victorian-cancer-survivorship-program](http://www.health.vic.gov.au/health-strategies/victorian-cancer-survivorship-program) [Accessed 29 August 2023].
26. Nekhlyudov L, Mollica MA, Jacobsen PB, Mayer DK, Shulman LN, Geiger AM. Developing a quality of cancer survivorship care framework: Implications for clinical care, research, and policy. *J Natl Cancer Inst* 2019;111(11):1120–30. doi: 10.1093/jnci/djz089.
27. Yeom JW, Yeom IS, Park HY, Lim SH. Cultural factors affecting the self-care of cancer survivors: An integrative review. *Eur J Oncol Nurs* 2022;59:102165. doi: 10.1016/j.ejon.2022.102165.
28. Koczwara B, Thornton-Benko E, Cohn RJ, et al. Personalised cancer care in the era of precision medicine. *Aust J Gen Pract* 2021;50(8):533–37. doi: 10.31128/AJGP-04-21-5953.
29. Bygrave A, Whittaker K, Aranda S. Inequalities in cancer outcomes by Indigenous status and socioeconomic quintile: An integrative review. Cancer Council Australia, 2020. Available at [www.cancer.org.au/assets/pdf/inequalities-in-cancer-outcomes](http://www.cancer.org.au/assets/pdf/inequalities-in-cancer-outcomes) [Accessed 16 April 2024].
30. Kasherman L, Yoon WH, Tan SYC, Malalasekera A, Shaw J, Vardy J. Cancer survivorship programs for patients from culturally and linguistically diverse (CALD) backgrounds: A scoping review. *J Cancer Surviv* 2023. doi: 10.1007/s11764-023-01442-w. Epub ahead of print.
31. Australian Government, Cancer Australia. Australian Cancer Plan Summary. Cancer Australia, 2023. Available at [https://cancer.govcms.gov.au/sites/default/files/publications/pdf/2023\\_ACP%20Summary%20Report%20DIGITAL\\_V9.pdf](https://cancer.govcms.gov.au/sites/default/files/publications/pdf/2023_ACP%20Summary%20Report%20DIGITAL_V9.pdf) [Accessed 20 April 2024].
32. Kapoor A, Nambisan P. Personal decision support for survivor engagement: Formulation and feasibility evaluation of a conceptual framework for implementing online cancer survivorship care plans. *BMC Med Inform Decis Mak* 2020;20(1):59. doi: 10.1186/s12911-020-1073-8.
33. No listed authors. Patient education. American Academy of Family Physicians. *Am Fam Physician* 2000;62(7):1712–14.
34. Australian Government. Chronic disease GP management plans and team care arrangements. Services Australia, 2024. Available at [www.servicesaustralia.gov.au/chronic-disease-gp-management-plans-and-team-care-arrangements](http://www.servicesaustralia.gov.au/chronic-disease-gp-management-plans-and-team-care-arrangements) [Accessed 27 January 2024].
35. Australian Government, Department of Health and Aged Care. Medicare Benefits Schedule – Item 729. Australian Government, Department of Health and Aged Care, 2023. Available at [www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=729](http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=729) [Accessed 27 January 2024].
36. The Royal Australian College of General Practitioners (RACGP). HANDI Interventions: Exercise for cancer fatigue. RACGP, 2019. Available at [www.racgp.org.au/clinical-resources/clinical-guidelines/handi/handi-interventions/exercise/exercise-for-cancer-fatigue](http://www.racgp.org.au/clinical-resources/clinical-guidelines/handi/handi-interventions/exercise/exercise-for-cancer-fatigue) [Accessed 27 January 2024].
37. Coughlin SS, Dean LT. Cancer survivorship care plans, financial toxicity, and financial planning alleviating financial distress among cancer survivors. *Support Care Cancer* 2019;27(6):1969–71. doi: 10.1007/s00520-019-04703-6/
38. Mahumud RA, Alam K, Dunn J, Gow J. The burden of chronic diseases among Australian cancer patients: Evidence from a longitudinal exploration, 2007–2017. *PLoS One* 2020;15(2):e0228744. doi: 10.1371/journal.pone.0228744.
39. Singh A, Gallaway MS, Rascon A. A comparison of chronic conditions and health characteristics between cancer survivors and non-cancer survivors. *Chronic Illn* 2023;17423953231180191. doi: 10.1177/17423953231180191. Epub ahead of print.
40. Vos JAM, Wollersheim BM, Cooke A, Ee C, Chan RJ, Nekhlyudov L. Primary care physicians' knowledge and confidence in providing cancer survivorship care: A systematic review. *J Cancer Surviv* 2023. doi: 10.1007/s11764-023-01397-y. Epub ahead of print.