How To Start A Cardio-Oncology Program

Monika Leja, MD, FACC, Joerg Herrmann, MD, FACC Anecita Fadol PhD, RN, FNP, FAANP

Audience Poll

- How many audience members are from the community?
- How many already have cardio-oncology practices?
- How many have teamed with an academic center?



History of Onco-cardiology

 First adult cardiology departments in cancer centers in US emerged approximately 15-20 years ago with the advent of HER and TKI cardiotoxicity

Initial Needs were supportive







From Cancer Patient to Cancer Survivor:

LOST IN TRANSITION

Committee on Cancer Survivorship: Improving Care and Quality of Life National Cancer Policy Board Maria Hewitt, Sheldon Greenfield, and Ellen Stovall, Editors

INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES, 2006
THE NATIONAL ACADEMIES PRESS
Washington, D.C. www.nap.edu

Cancer is a disease spectrum, in many ways a chronic illness.

One of fastest and growing patient populations At risk for premature CV disease

More than 15.5 Million Cancer Survivors in US



What is Cardio-Oncology?

-Learn to Live with Cancer with best quality of life

"A Continuum Of Care For The Cancer Patient. "Achieving complentation with oncology" Localized Disease -> Disease Recurrence -> Metastatic Disease

Precancer Therapy Cardiac Assessment

- -Functional Capacity
- -Evaluate cardiac risks and modify
- -Mitigating Factors
- -Assessing safety of treatment

Cancer Patient

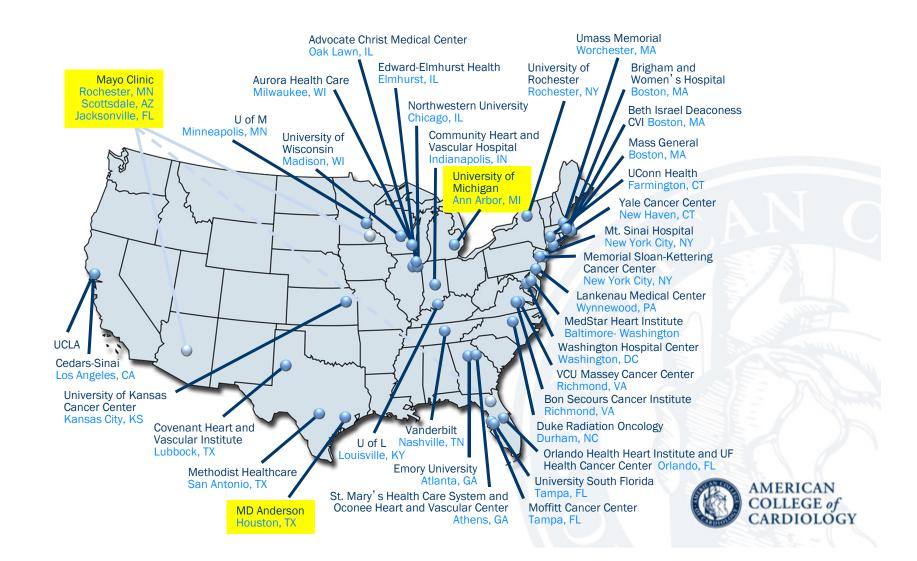
Cancer Therapy

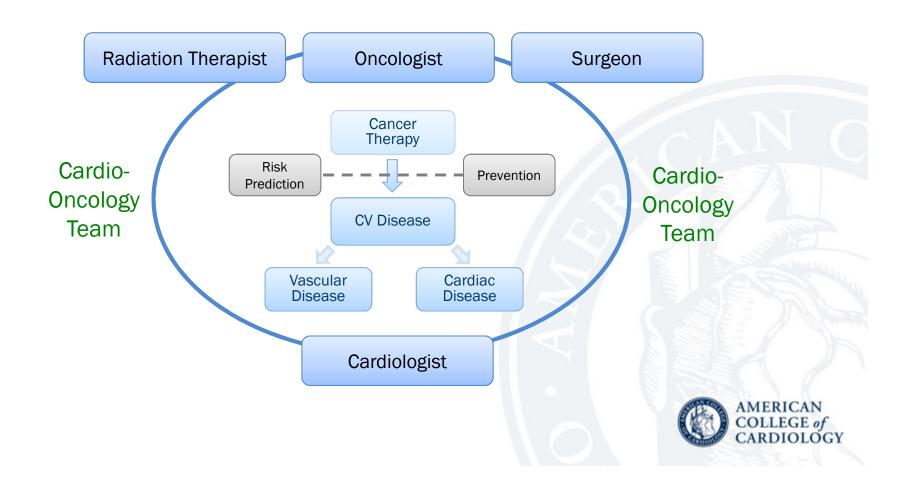
- -Helping with acute cardiotoxicity
- -Getting Patients through their therapy safely

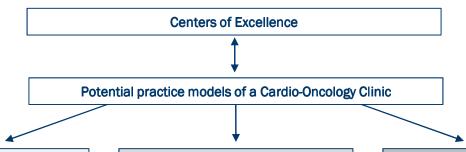
Survivorship

- -Treat Radiation and Chemotherapy related complications
- -Resuming functional capacity
- -Early Recognition of Long Term Side Effects
- -Developing Long Term Health Goals









Cardiologist-staffed with oncologist communication

Cardiologist- and Oncologist- staffed (alternating or simultaneous) Oncologist-staffed with cardiologist communication

Pros:

- defined set-up
- one focus group
- easier
 standardization
- faciliated expert input

Cons:

- usually confined to larger practices
- on-demand practice
- emphasis on CV

Pros:

- truly joint approach
- suitable platform for multiple disciplines in one clinic setting (e.g. inclusion of nephrooncology)
- fostered interactions
- increased patient satisfaction

Cons:

- resource intensive
- inefficient meeting of demand (different individual requirements)
- confined to large centers

Pros:

- defined set-up
- community appeal (tele-medicine with cardiology services)
- Integration of other disciplines (e.g. nephrology) with one main gatekeeper
- Suitable for survivorship clinics

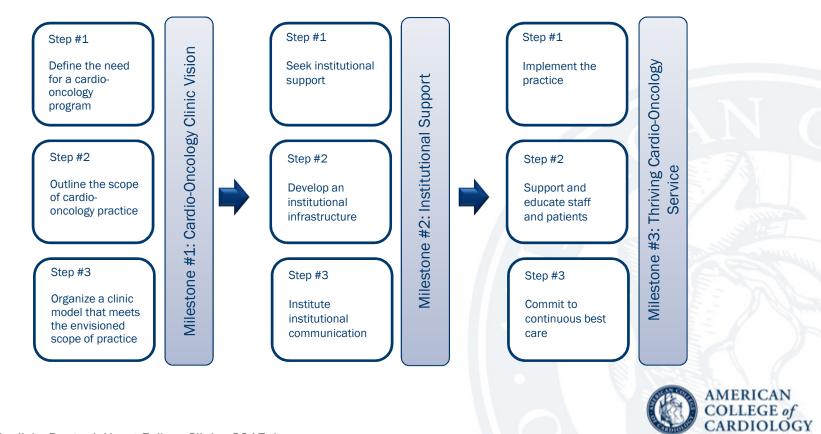
Cons:

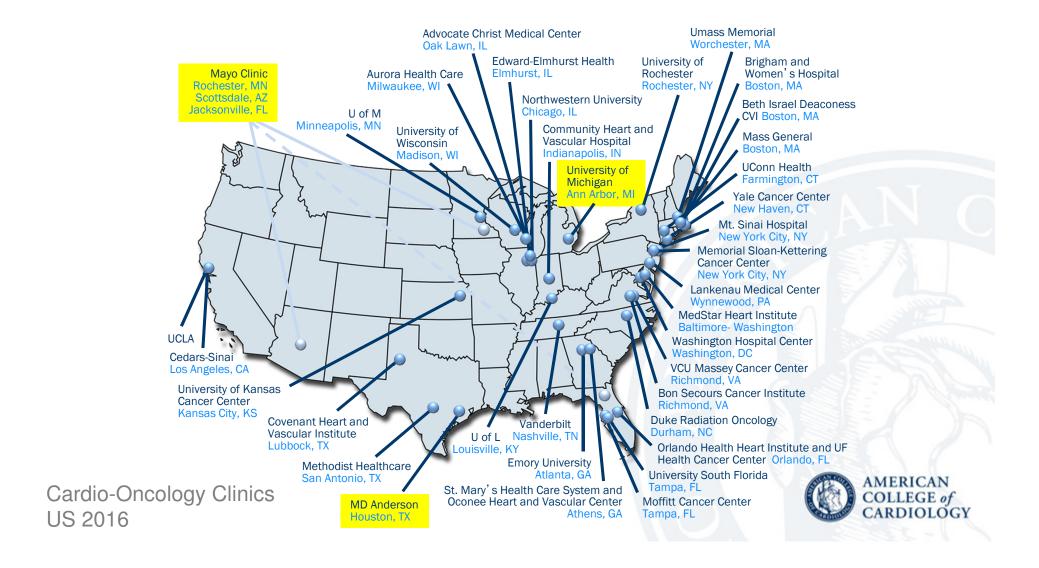
- emphasis on oncology
- vulnerability to lack of CV input



Snipelisky D. et. al. Heart Failure Clinics 2017, in press

Cardio-Oncology Clinic Milestones



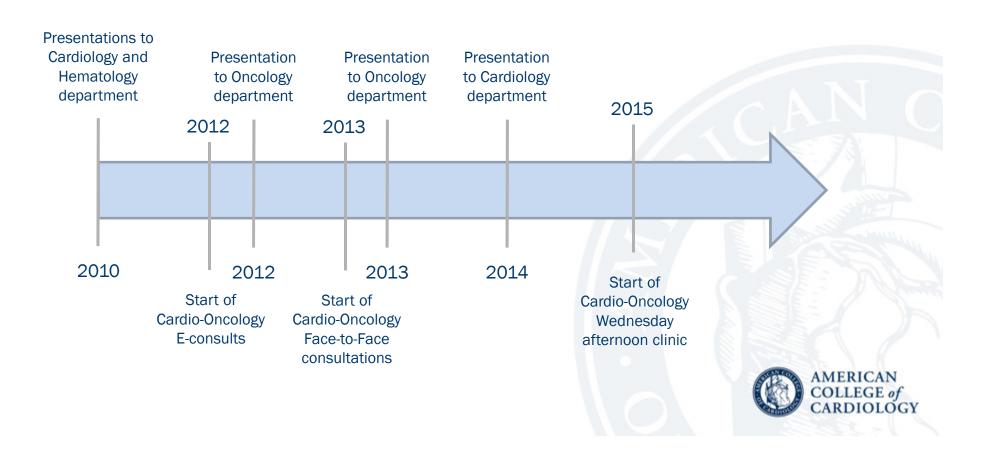


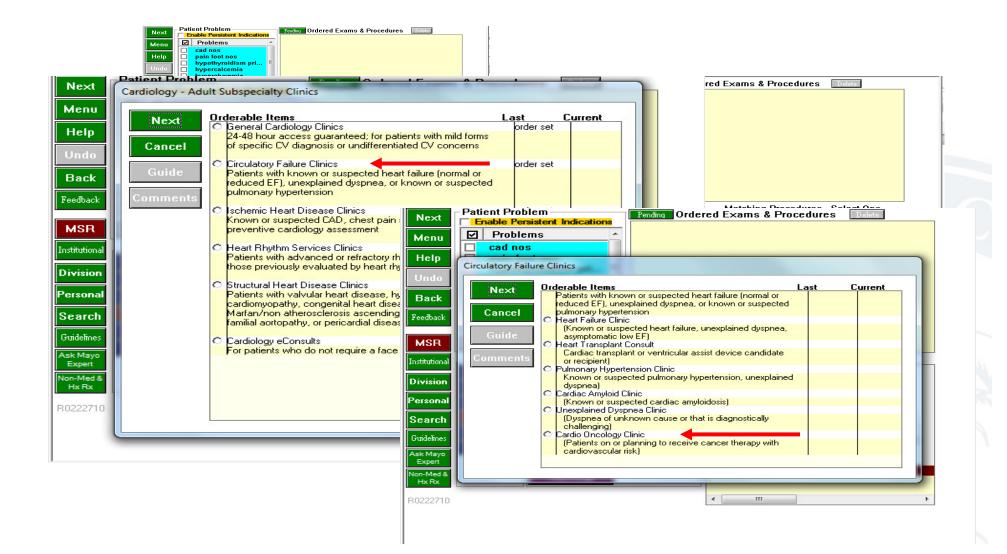


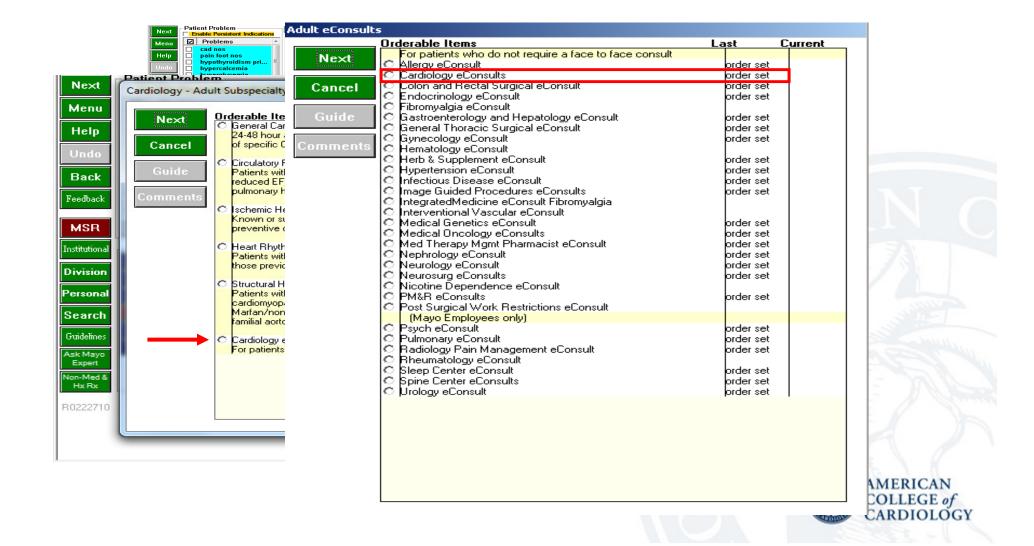
Mayo Clinic, Rochester, MN



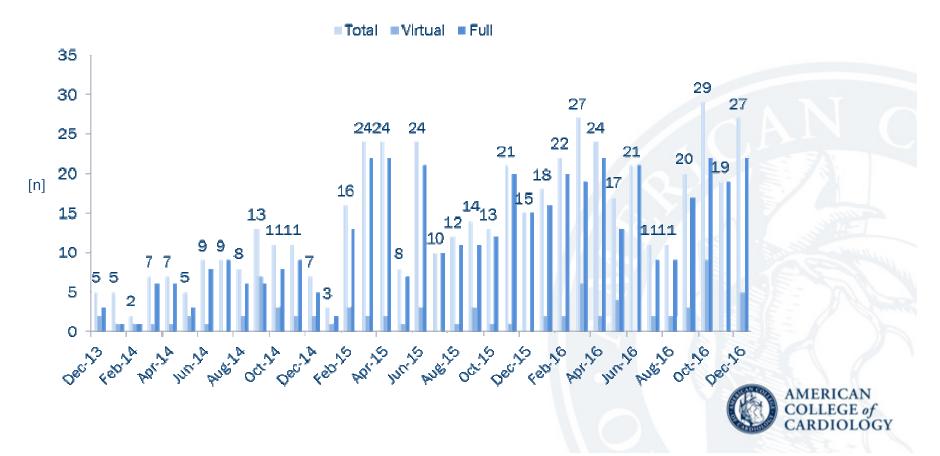
Mayo Cardio-Oncology Timeline



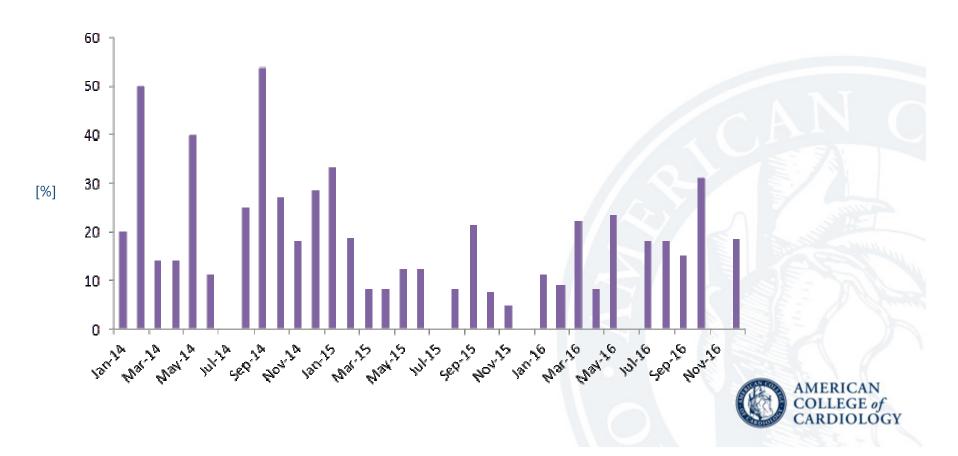




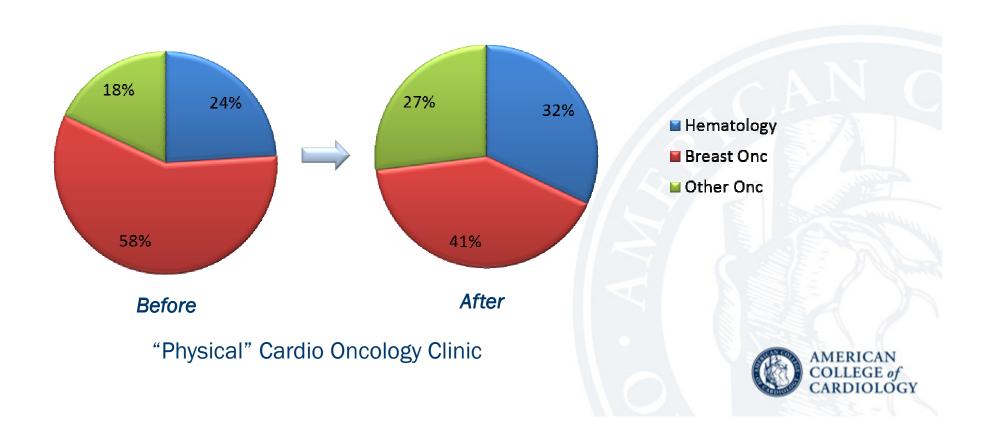
Cardio-Oncology Clinic Visits



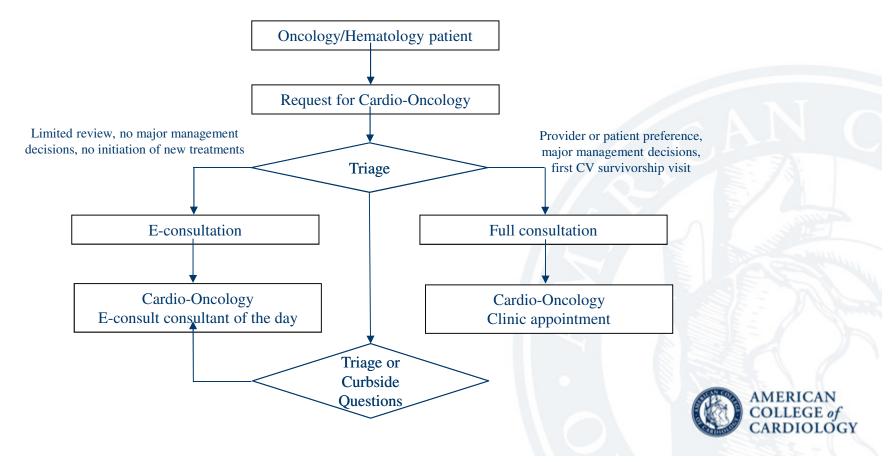
Cardio-Oncology E-Consultations



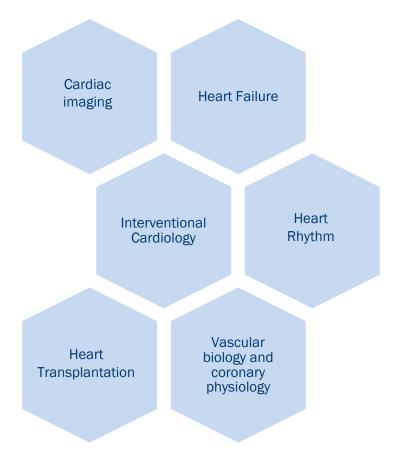
Cardio-Oncology Referral Groups



Mayo Cardio-Oncology Triage Model



Mayo Cardio-Oncology Team Model





University of Michigan Cardio-Oncology Program

- Start Date 2011
- Housed in the Cardiovascular Center



Establishing Relationships – All Cancers Are Not Created Equally and Have More Cardiac Problems than Others and Understand the Needs of the Institution

Top 5 cancers diagnosed and treated at the University of Michigan:

- Melanoma
- Breast cancer
- Prostate Cancer
- Blood Cancers
- Lung Cancers

U-M recognized as Blue Distinction Center for Complex and Rare Cancers:

- Acute Leukemia
- Bladder
- Bone Primary
- Brain Primary
- Esophageal
- Gastric
- Head and Neck
- Liver Primary
- Pancreatic
- Ocular Melanoma
- Rectal
- Soft Tissue Sarcomas
- Thyroid Medullary and/or Anaplastic



Outline New Services You Can Offer

- Dedicated Cardio-oncology clinics Fast Track These Patients
- Imaging Focusing on Cardio-oncology problems
 - -Echocardiography with strain imaging
 - -Cardiac MRI EF and fibrosis, Cardiac Masses, Amyloid
 - -Becoming active members of tumor boards
 - -Educate your community physicians **Primary Care**AMERICAN COLLEGE of CARDIOLOGY

Understand the Cardiac Problems of Each Cancer and Its Therapy and Develop Relationships

- Each cancer is unique
- Team Up With Other Cardiology Specialties
- Understand the oncologists fears and myths:
 - -Patients will die from their cancer first
 - -If they have heart disease, they can't get their cancer treatment
 - -You're going to stop my chemotherapy



UM Cardio-oncology Program

- -2 ½ full day dedicated cardio-oncology clinics
- -Dedicated cardio-oncology nurse
- -Subspecialty Programs:
- Sarcoma Survivorship, Cardiac Tumors
- -Diverse Group of Patients: Cardiotoxicity, Cardiac Tumors, Carcinoid, Cardiac Amyloid, XRT, Pericardial Disease, Arrhythmia

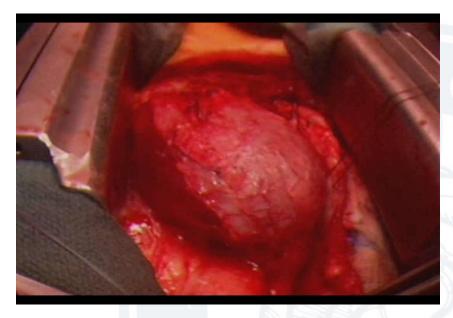
The Community

- Establish dedicated time slots
- Understand what to screen for?
- Establish good relationships with your local oncologists!
- Team up for the weird!



Cardiac Tumor Program

- Collaborative program of oncologists, cardiologists, radiologists, surgeons, targeted therapy
- Monthly tumor board
- Multi-institutional
- Referrals from all states
- Both primary and metastatic tumors to the heart



Right Atrial Sarcoma Resection

AMERICAN COLLEGE of



Heart Success Program

- Interdisciplinary patient-centered program for the management of heart failure in patients with cancer
- Early identification of risk factors for cardiotoxicity, prevention of exacerbation and readmissions
- Ensure provision of appropriate care and education



Barriers

- Lack of guidelines
- Lack of funding NCI is providing new dedicated grants
 - FOA PA-16-035
 - Funding Opportunity title Improving Outcomes in Cancer Treatment-Related Cardiotoxicity (R01)
- Limited Educational Opportunities
- Limited Infrastructure
- Perception of necessity



Why Manage Heart Failure in Cancer Patients?

- Several chemotherapeutic agents are known to cause cardiotoxicity
- Heart failure as a comorbid condition can affect choice of cancer therapy
- Severity of heart failure has direct impact on the care, prognosis, clinical outcomes and patient's quality of life
- Cancer patients typically have cardiovascular disease and vice versa, demanding a team approach



Patients with Cancer and HF at MDACC

FY	Total Hospital Discharges	HF Discharge Dx	30-Day Readmission	90-Day Readmission
2010	23,985	1199 (4.9%)	456 (38%)	1001 (83%)
2011	25, 168	1258 (4.9%)	427 (34%)	887 (71%)

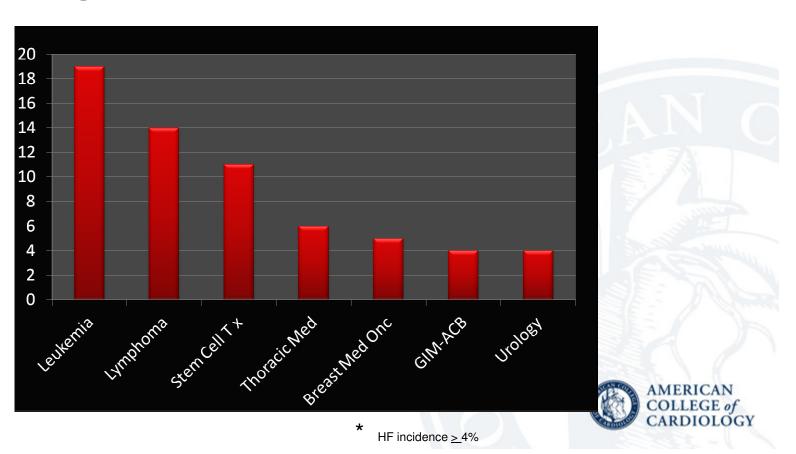
2009 - The US Center for Medicare and Medicaid Services (CMS) began public reporting of all-cause readmissions rates after HF hospitalization

2010 – Patient Protection and Affordable Care Act establish financial penalties for hospitals with the highest readmission rates during the first 30 days after discharge

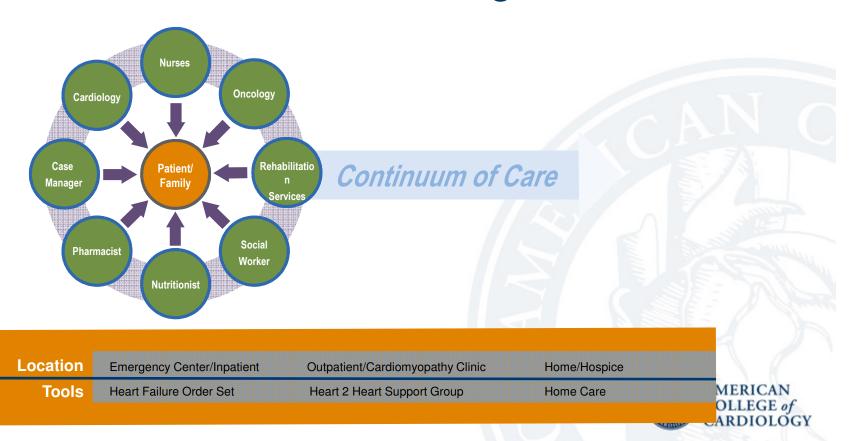
- ➤ National database for Medicare patients showed HF readmission within 30 days is approximately 19.1%
- ➤ Comprehensive discharge planning and planned follow –up may reduce early readmission rates by as much as 25%



Cancer Diagnosis of Patients with Heart Failure*



Heart Success Program

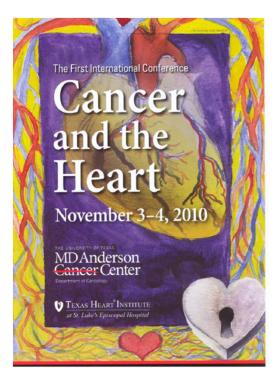


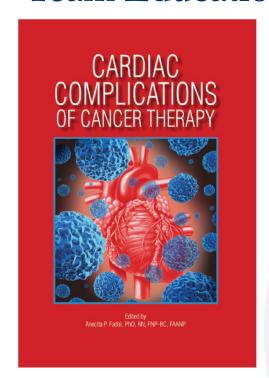
Heart Success Program Tools

- Education component
 - Nursing and interdisciplinary staff
 - Cardiac Complications of Cancer Therapy symposium
 - Patient/Family Education
- Clinical component
 - Identification of patients with LVD
 - Interdisciplinary clinical rounds
 - Clinical In-services (case conferences)
 - Clinical Nurse Leaders (CNL) as clinical champions
- Outcomes measurement
 - Hospital readmission
 - Patient experience



Heart Success Program Team Education

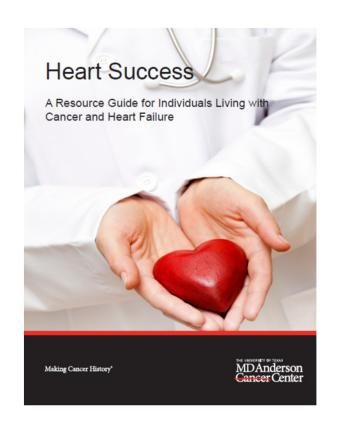


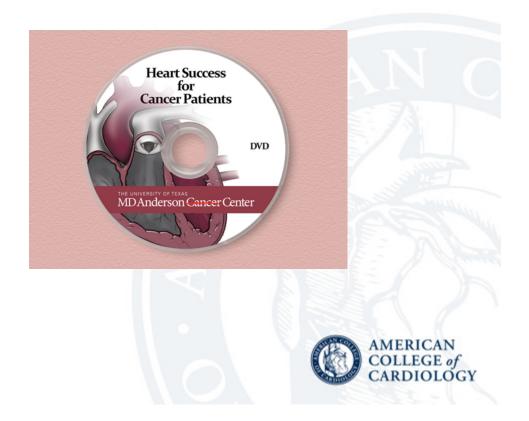




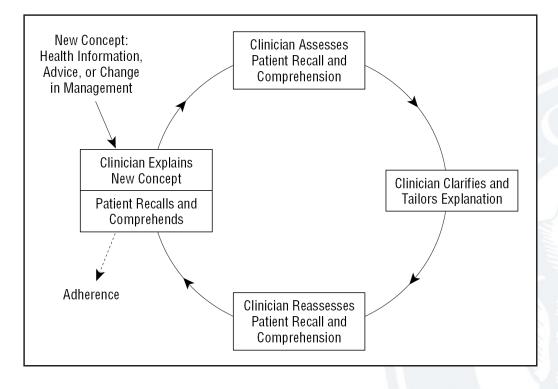


Patient Education





Teach Back: Closing the Loop







Transition from Hospital to Home

- Review discharge instructions (SMART)
 - Symptoms
 - Medications
 - Activity
 - Regular weight monitoring
 - Toss the salt shaker
- Schedule outpatient follow-up with HCP
- Review instructions with clinic visit



Patient Education



Managing Heart Failure: Be Heart SMART

You have been diagnosed with a condition called Heart Failure. Being told that your heart is not working properly while you are battling cancer can be overwhelming. Having heart failure means that you can still live a full and rewarding life. You do however have to take certain steps to maintain your heart function. Be heart <u>SMART</u>!



Call your doctor if you have any of the following symptoms:

- · Trouble breathing or shortness of breath
- · Swelling if your abdomen, legs, or feet
- Racing heartbeat
- Increased weakness or tiredness

Medications

- Take your medications at the same time every day as prescribed.
- Do not skip doses, even if you aren't feeling well.

Activity

- Follow your doctor's instructions about physical activity
- Set up an exercise plan that includes activities that you enjoy

Regular Weight Monitoring

- Weigh yourself every morning at the same time, on the same scale, and with the same amount of clothing.
- · Call your doctor or nurse if you gain
- Stop and rest if you feel tired or short of breath.
 Be active every day. Try taking the stairs or walking for short periods of time.

Do not stop taking your medications

· Bring your medication when you come

without talking to your doctor or nurse.

· Dizziness, lightheadedness or

for your clinic visits.

restlessness

· Chest pain

more than two pounds in one day for two consecutive days or more than five pounds in one week.

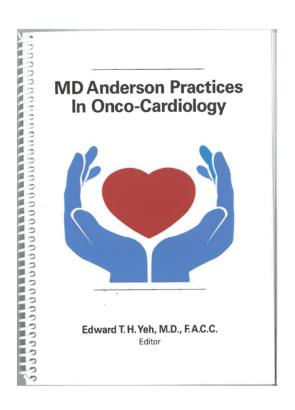
Toss the salt shaker

- Use salt sparingly, no more than 2 grams per day.
- Read food labels so you will know how much salt is in the food you eat.
- Eat plenty of fresh fruits and vegetables
- (unless you have restrictions)

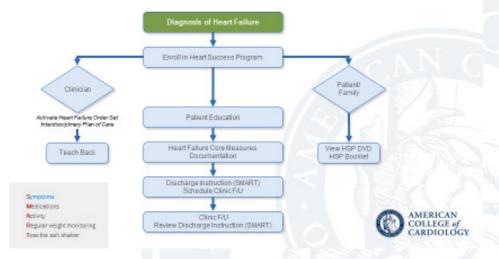
Schedule an appointment with your doctor within one week of discharge.

Managing Heart Failure: Be Heart SMART © 2012 The University of Texas MD Anderson Cancer Center, 7/5/12 Patient Education Office





MD Anderson Practice





Provision of discharge instructions

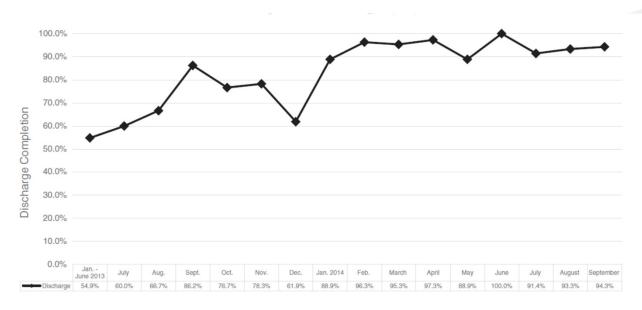


Fig. 6. Heart failure core measure (discharge instruction).



Fadol, A. et al. Heart success program. Progress in Pediatric Cardiology. 2015. 39. 99-105.

Patient Satisfaction (HCAHPS)

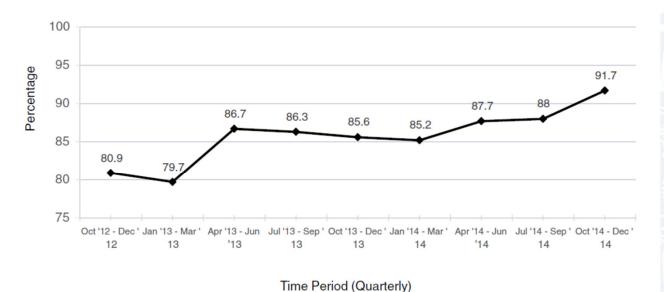


Fig. 7. Consumer assessment of healthcare providers patient satisfaction survey — discharge information.





Management of HF In Cancer Patients

- Integrated interdisciplinary approach necessary to improve outcomes
- Organized program across the continuum of care
- Improve patient experience and satisfaction



Summary of how to start a Cardio-oncology Practice

- Develop Individual Relationships and Understand the Needs
- Work as a Team
- Understand What you Can Offer and Deliver



How to Build a Clinical Cardio-Oncology Practice

- Communication
- Collaboration
- Coffee







Resources

- Herrmann, Joerg et al. How To Develop A Cardio-oncology Clinic. Heart Failure Clinic Dec 26, 2016
- Fadol, A. et al. Heart success program: An interdisciplinary patient-centerd approach to cancer patients with concurrent heart failure. Progress in Pediatric Cardiology. 2015. 39. 99-105.
- ACC.org cardio-oncology section and webpage
- Canadian Cardiac Oncology Network
- International Cardio-Oncology Society