

We must build survivorship services....

*“not because government tells us or because there is funding for the topic, but because it is the right thing to do and it is logical if our goal is to help all.”*

ref Michael Feuerstein

*HOW?*

*Recipe for one cancer survivorship program*

*Mix*

- Motive and Drive from Oncology Team  
Dr Blair McLaren and Jo Tuaine
- Serendipitous meeting with Prescription Exercise Academic  
Dr Lynnette Jones

*Add*

1 very keen and experienced NGO-  
The Otago Southland Cancer Society

&

Hand picked health professionals and Health Providers

Dietician, Maori Health Provider, Psychologist, Oncology Social Worker, Physiotherapy, PHO and DHB representatives, GP Liaison, Occupational Therapist

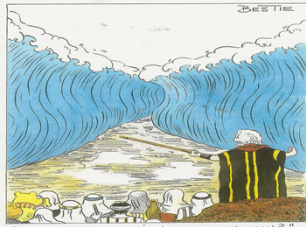
*Add the Patient following cancer treatment*

*“Save a life from cancer, but make them ill, is not the dream of most oncologists, but that is what is happening after cancer treatment. Cancer patients are surviving longer, but not always surviving well.”*

Quote from USA based Oncologist

In Otago/Southland every year, approx. 950 cancer patients can be expected to survive at least 5 years following treatment.

**“Breast cancer 4 yrs. ago. Need for survivorship services ongoing because my cancer treatment was very muddy!”**



Mix together monthly for 1 yr.

Group process always involves:

Forming

Norming

Storming

Performing –roll out Sept 12<sup>th</sup> 2011

### Norming

What do we want to do?

•**Educate**- extend the participants understanding of cancer and treatment, to educate about current EBM concepts in cancer survivorship

•**Empower**- Motivate for change in areas known to increase QOL and survival. Enhance coping responses & problem solving

•**Facilitate** - restore occupation, socio-cultural function, relationships & psychological function

**Be open to Spirituality**

### Aims

Reduce distress

Patient to Person

Patient’s supporters to Person’s family and friends

Research and Teaching

### Storming!

Who do you trust?  
Who does what?

“ I was more scared of presenting the seminar script to the oncologists in the development group, than I was of my own breast cancer experience”

**BUT** we now have the program ready

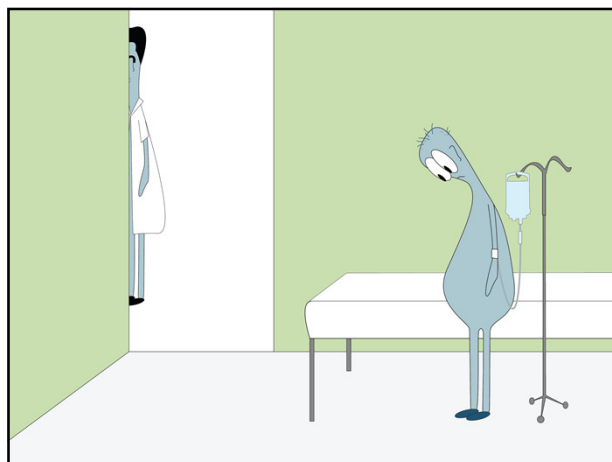
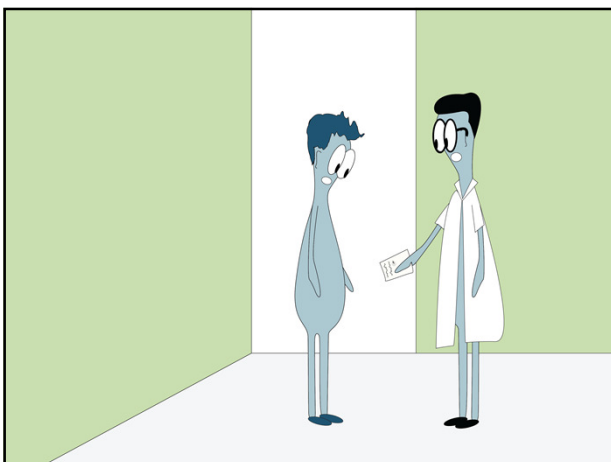
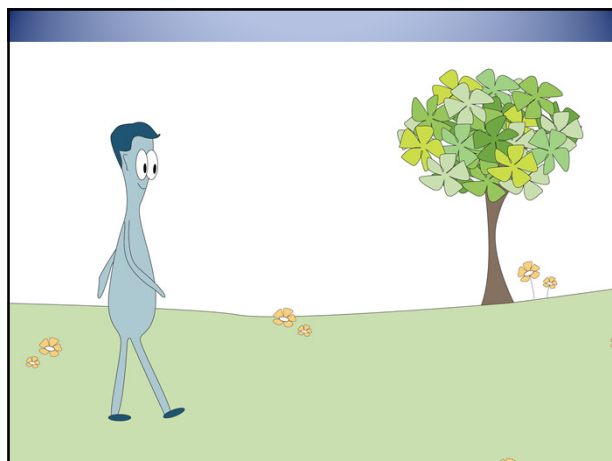
Referral from  
Cancer Specialist  
or GP to

**Bridge to Health**

- Link with Primary care services
- Maximize relationship Patient-GP
- Up skill Primary Care

Initial *Bridge to Health* Seminar  
Cancer Society (2 hours)

- Educate
- Normalize the *awful*
- Offer support
- Motivate to make changes
- Strengthen the link between patient and health team



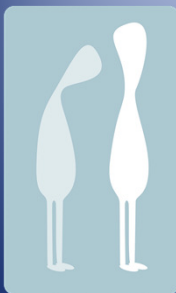

PHYSICAL HEALTH

## TIREDFNESS



PHYSICAL HEALTH

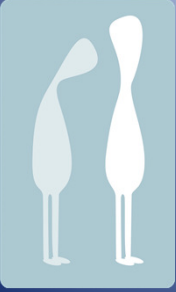
**Ask why and sort it out**  
**Exercise**  
**Sleep better**



PHYSICAL HEALTH

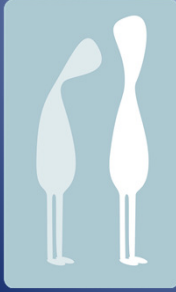

### Risk of other ill health

- Diabetes
- Heart disease
- Osteoporosis
- Joint problems
- Small risk of another cancer
- Difficulty thinking



PHYSICAL HEALTH

### Worrying about your cancer coming back????



PHYSICAL HEALTH

**Link up with your GP**  
**Work with your Cancer Specialist Team & together**

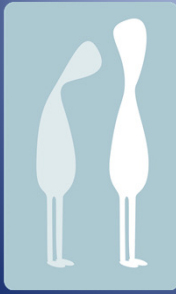

**Make your own health plan**



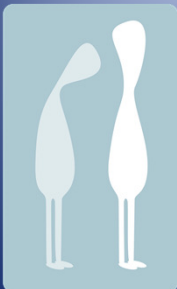
PHYSICAL HEALTH

**Find support**

- Cancer Society Support
- Support groups
- Friends and family



PHYSICAL HEALTH




When the patient asks 'what can I do now' the oncologist says....

" Easy, get fit  
maintain a healthy weight  
& eat a healthy diet"

Yeah right!!!!


PHYSICAL HEALTH

**Eat Well**



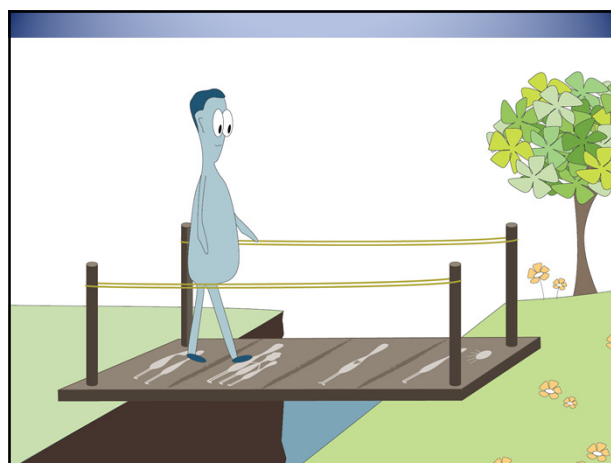
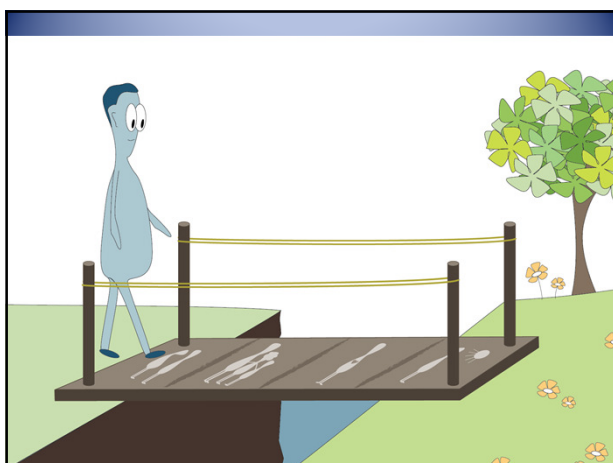

PHYSICAL HEALTH

**EXERCISE**



PHYSICAL HEALTH

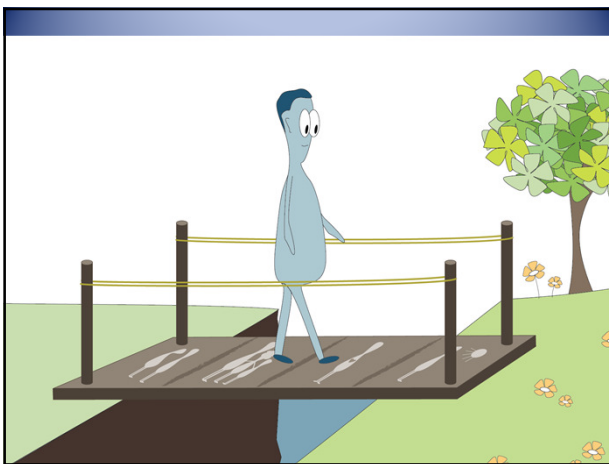
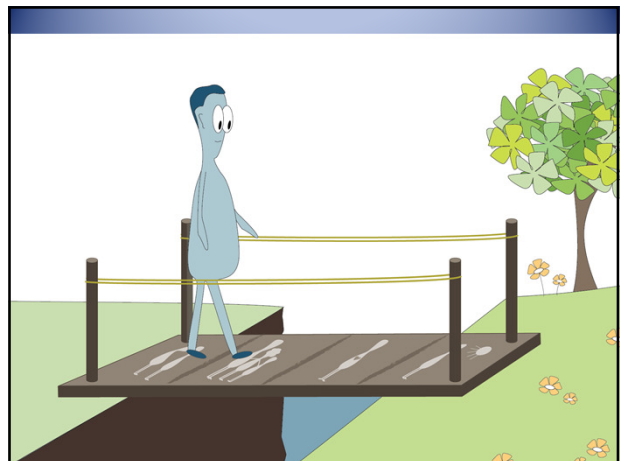
**"Bugger the scales, just get me fit !"**



FAMILY



Relationships  
Sexuality  
Work and Play




EMOTIONAL HEALTH



JOY  
**Sadness**  
ANGRY

EMOTIONAL HEALTH



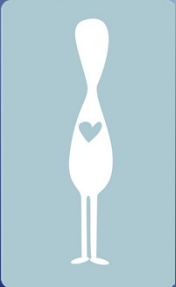
JOY  
**SADNESS**  
ANGER  
Fear

EMOTIONAL HEALTH



Dis**TRUST**  
Anticipation  
Surprise

EMOTIONAL HEALTH




**Disgust**  
**Trust**


Anticipation  
Surprise



SPIRIT



What we believe in matters  
Our Quality of Life Depends on it



One week follow up phone call

**Workshops**

Nutrition 2 Hour with Dietician

Exercise Workshops (2) and Individual fitness assessment

&

Exercise Opportunities

Beyond Pink Exercise for Breast Cancer Survivors

**Workshops**

1x Emotions and Spirituality

1x Relationships and Sexuality

Possibly a CAM & decision making workshop

**Programs**

The Living Well Program

6 Week Cancer Education Program

**Services**

Doing what the Cancer Society has always done, support the individual and their support people in the Community

Link with existing allied health services and professionals

Cancer Support Groups

Meditation

Massage

**RESEARCH**

2011 Pilot Audit

2012 Cancer Survivorship Academic Research Group

Cancer Society Social and Behavioral Research Unit, University of Otago Medical School

**FUNDING**

•Pilot Cancer Society and University of Otago

•Program Otago/Southland 2012

DHB role given Cancer Plan importance of survivorship

PHO keen to consider their role e.g.. fund one GP visit to create a health plan

Participant part charge

What have we not included?

- Clinical Cancer Surveillance Plan
- Clinical Coordination Role
- Audit or the program itself may uncover clinical problems, so who follows these?

