

INTEREST GROUP UPDATE

General Internists and Cancer Care Across the Continuum

Jenny J. Lin, MD; Mita Sanghavi Goel, MD, MPH; Linda Overholser, MD, MPH; and Larissa Nekhlyudov, MD, MPH

Dr. Lin is faculty at the Icahn School of Medicine, New York, NY; Dr. Goel is faculty at the Feinberg School of Medicine, Northwestern University, Chicago, IL; Dr. Overholser is faculty at the University of Colorado School of Medicine in Aurora, CO; and Dr. Nekhlyudov is faculty at the Brigham & Women's Hospital, Harvard Medical School, in Boston, MA.

General internists play a vital primary or collaborative role in cancer prevention, screening, diagnosis, and care for newly diagnosed patients, longer-term cancer survivors, and those dying with cancer. In the United States, more than 1.6 million new cases of cancer are diagnosed each year. It is projected that between 2010 and 2030, total cancer incidence will rise to more than 2 million, and by 2024, the population of cancer survivors will increase to nearly 19 million. A significant number will experience cancer multiple times in their lives. Among those newly diagnosed with cancer and those who are living with cancer, most are age 65 and older and have comorbid medical conditions. Yet while most patients diagnosed with cancer are older, cancer also affects younger populations, leading to premature death and for many late and long-term effects as well as considerable morbidity.

Demand for cancer care is growing, driven by the rise in its incidence, earlier detection, increased survival, and the aging population. General internists play a critical role in the care of patients across the cancer continuum. Evidence has shown that when primary care providers are involved in the care of individuals living with cancer, their care is more comprehensive; however, many internists lack the skill and confidence to care for this patient population.

Over the last decade, the Cancer Research Interest Group (formed in 2006) has been active within SGIM and currently includes approximately 50 members. (Prior to the conversion to GIM Connect, there were close to 100.) The Inter-

est Group includes SGIM members who are leaders in cancer research and education, as well as junior faculty and trainees with interests in this area. The group has had a featured role at the annual meetings, and from 2010-2015 it hosted an externally funded Distinguished Professor in Cancer Research Program. These activities have provided important networking and collaborative opportunities and engaged national experts in cancer care with the SGIM community (Table 1).

We are at a critical time period in the intersection between primary care and cancer care; there is a vital need to redesign health care delivery systems with a greater focus on team-based care. For example:

- General internists need to work in teams with oncology specialists and non-physician personnel to deliver the highest quality care.
- Cancer screening, treatment, and survivorship options continue to evolve, and general internists must participate in the implementation and dissemination of new guidelines.
- The growth of the oncology workforce is not expected to keep pace with the growing demand for cancer care, particularly for supportive and surveillance care following treatment. Seamless transition from active treatment to surveillance and follow-up and from oncology care to primary care is critical for maintaining high-quality patient care.
- Multimorbidity—the heart of what general internists manage on a daily basis in clinical

practice—is becoming increasingly recognized as a crucial issue in cancer care that may complicate treatment decisions across the cancer trajectory. Helping patients with multiple active comorbidities balance the risks and benefits of various treatments requires expertise in general medicine, care coordination, and team-based care.

- Many late and long-term effects of cancer treatment may predispose individuals to premature morbidity and mortality long after cancer treatment is complete. General internists need to be aware of these risks and should be active participants in studying the long-term consequences of cancer and its treatment, given that they are called upon to manage them.
 - Health care costs are high, and cancer is a principal driver. General internists must ensure that care is patient centered, evidence based, and of high value.
 - For those individuals at risk for new cancers due to hereditary cancer syndromes, familial predisposition, or prior treatments, lifelong surveillance is required. Risk reduction, preventive care, and screening strategies are evolving; general internists need to be prepared to engage their patients in discussions around these issues.
 - End-of-life care for cancer patients must be addressed during the trajectory of cancer care, and general internists who
- continued on page 2

INTEREST GROUP UPDATE

continued from page 1

have long-term relationships with patients can play a pivotal role in initiating these discussions and coordinating care so that decisions are consistent with patients' values.

SGIM, as the leading voice of academic internists, is well posi-

tioned to act to improve care across the cancer continuum by facilitating strong leadership in cancer care among its members and by educating, engaging, and advocating for general internists to play a more central role in the cancer care team. SGIM members have unique and valuable skills to contribute to can-

cer research, education, and clinical care. As we enter our second decade, the Cancer Research Interest Group will continue to offer our members opportunities to learn, collaborate, and contribute to cancer-related education and research in general academic medicine. Please join us!

SGIM

Table 1. Selected Activities Led/Sponsored by the Cancer Research Interest Group (2006-2016)

Workshops	- Cancer Survivorship 101: What Primary Care Clinicians Need to Know to Improve the Care of Cancer Survivors
	- Meeting the Health Care Needs of Breast Cancer Survivors in Primary Care
	- Translating Cancer Control Research into Community Practice
	- Genes and Generalists: Identifying Patients at Risk for Hereditary Cancer Syndromes
	- The Many Faces of Generalism: General Internists' Role in Caring for Patients with Cancer in the Medical Home
	- Invited Clinical Update: 2012 Update in the Care of the Cancer Survivor
	- Invited Clinical Update: 2013 Update in the Care of the Cancer Survivor
	- Institute of Medicine Recommendations for Improving the Quality of Cancer Care: What They Mean for the General Internist
	- Special Symposia: From Screening to End of Life: Caring for Patients across the Cancer Control Continuum
Journals and Books	- <i>JGIM</i> Supplement: <i>Cancer Survivorship Care for the General Internist</i>
	- Chapter on caring for cancer survivors in <i>Care of the Adult with Chronic Childhood Condition</i> (DeLaet et al., editors)
	- Handbook: <i>Caring for Patients across the Cancer Care Continuum: Essentials for Primary Care</i> (pending)
Distinguished Professor of Cancer Research	2010 Dr. Suzanne Fletcher, Harvard Medical School
	2011 Dr. Edward Wagner, Group Health Research Institute
	2012 Dr. Patricia Ganz, UCLA Cancer Center
	2013 Dr. Stephen Taplin, National Cancer Institute
	2014 Dr. Karla Kerlikowske, UCSF
	2015 Dr. Craig Earle, Ontario Institute for Cancer Research
Best Oral Presentation Best Poster Presentation	Recipients annually from 2010-2016

NOTE: Collaborative manuscripts and grant proposals not included.