MAPPING MODELS OF CARE FOR ADOLESCENTS AND YOUNG ADULT CANCER SURVIVORS: A SCOPING REVIEW

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January 2024.

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INTRODUCTION

- Adolescents and Young Adults Cancer Survivors (AYACS, 15-39 years) experience high rates (80%) of survival in developed countries. 1,2
- AYACS experience a survivorship phase spanning decades but face a significant risk for treatment related late-effects.²
- Quality survivorship care requires a multidimensional holistic approach to optimise outcomes.

AIM

To map literature describing models of cancer survivorship care for AYACS against the Framework for Quality Cancer Survivorship.³

- Of the 5298 records screened 10 articles were included.
- The majority were cohort and cross-sectional studies from the United States of America, Canada, Switzerland, and the United Kingdom.
- 5283 AYACS (or their parent/carer) were represented across all studies
- A diverse range of models of care were reported including oncologist-led long-term follow-up, multi-disciplinary survivorship clinics and programs, online survivorship care plans, shared care, and primary care-led follow-up.
- · Most (80%) included studies examined at least one prevention/surveillance/management domain of individual healthcare and at least one contextual domain of healthcare. At the service level, satisfaction with care was commonly reported.
- · Healthcare outcomes such as quality of life and healthcare utilization were reported in less than half of the included studies, however no studies reported economic, or mortality outcomes related to survivorship models of care. See Figure 1 for a summary of findings.

Figure 1. Main Study Findings Across Domains of the Framework for Quality Cancer Survivorship DOMAINS OF HEALTHCARE Interper sonal Community Policy ns (e.g, with clinicians, family, peers) may Main unmet needs of AYACS are surveillance and manage of physical effects and addressing recurrence concerns Competition for funding and ongoing Screening for late effects, monitoring for r bility of models of care iers to susta learning about familial t for AYACS y are groups likely to influen ment in s compared to Family Pra AYACS show preference for oncologist-led care related to physical functioning were: fatig 80% of AYACS attending a survivorship clinic r hip plans are a suitable too and coordination of care for documentation No evidence on rates of admis AYACS value survivorship care that tai DELI Evidence focus on rates of utilization of different types of p clinics perceived by AYACS as imary diagnosis and treatment of the clinicenvironment. Also, these rates decrease with time OUTCOMES Health Economic/ Resource Mortality related QoL utilization cost TAKE HOME MESSAGES There remains a lack of literature describing survivorship models of care for AYACS. Addressing the identified gaps will contribute to a more holistic approach to survivorship care for this patient population. REFERENCES 1. Miller KD, Fidler-Benaoudia M, Keegan TH, Hipp HS, Jemal A, Siegel RL. Cancer statistics for adolescents and young adults, 2020. CA: A Cancer Journal for Clinicians. 2020;70(6):443-59. 2. Tonorezos ES, Cohn RJ, Glaser AW, Lewin J, Poon E, Wakefield CE, et al. Long-term care for people treated for cancer during childhood and adolescence. Lancet. 2022;399(10334):1561-72. 3. 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

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METHODS

• Data bases searched: MEDLINE, CINAHL and Embase from January 2006 to

• Articles that described domains at the patient, service and socio-ecological

· Articles were screened, selected and extracted by two independent authors

• Data were analysed deductively against the Framework for Cancer Survivorship using Content Analysis and then narratively synthesised.

levels for AYA cancer survivorship models of care.

• Findings were reported according to the PRISMA extension for scoping reviews.

RESULTS



