Reply to T. Radivoyevitch et al

Radivoyevitch and Saunthararajah\(^1\) propose that female sex is associated with better survival in myelodysplastic syndromes. They also point out that our randomized study of lower-dose decitabine\(^2\) had an imbalance in sex distribution between both arms. It should be noted that this trial followed an adaptive design that resulted in early termination of the study and fewer patients in arm B (this was because of an early determination of increased response rate in arm A). Therefore, it is not unexpected that imbalances in clinical characteristics could result from such a design. Despite this and with longer follow-up (reported in the article), both arms were associated with similar outcomes, and it is therefore obvious that sex imbalance did not have an effect on the results and the conclusion of the article. The data discussed by Radivoyevitch and Sauntharajah are of interest, but at this point, circumstantial and not based on significant prospective analysis, and do not seem to be supported by our study.

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AUTHOR’S DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST
The author(s) indicated no potential conflicts of interest.

REFERENCES

DOI: 10.1200/JCO.2013.53.1038; published online ahead of print at www.jco.org on November 18, 2013

Easy Navigating Through the Forest of Survivorship Care

TO THE EDITOR: The report of the Institute of Medicine Committee on Survivorship Care\(^3\) and, more recently, the American Society of Clinical Oncology Survivorship Care statement\(^4\) strongly recommended providing patients with cancer a treatment summary and follow-up plan to guide their necessary aftercare. In a recent Journal of Clinical Oncology article, Parry et al\(^5\) clearly state that experiences with survivorship care plans (SCPs) up to now have had limited success.\(^4,5\) Survivors of adult-onset cancers often lack a high-quality health care plan. Moreover, SCPs are not well integrated into processes of care coordination. By focusing too much on the care plan as a document summarizing the treatment, we tend to forget the primary goal of a plan in general: guiding follow-up care to ensure that survivors receive appropriate care after cancer treatment.

Parry et al\(^3\) propose an elucidating conceptual framework on the basis of years of survivorship care research and organization (Fig 1 of the Parry et al article). They advocate the embedding of SCPs within the context of models of care, processes of care, and technology platforms. Contemporary technology platforms should be used to generate and share SCPs and support patient-centered care planning and patient-provider communication.

We embrace this idea of integrating electronically available information in the process of compiling SCPs. Many of the theoretical concepts that comprise the framework by Parry et al are put into practice in Survivor Care, a mobile application we recently developed (Appendix Fig A1). This Survivor Care app serves as a carrier for a digital personal SCP. Patients become increasingly accustomed to handling digital data by using Web sites and smartphones. With this personal SCP at their fingertips, survivors not only know what care needs to be provided, but also when, where, and by whom (eg, oncologist, nurse practitioner, or primary care physician).

Currently, the generation of SCPs is the limiting step in the organization of patient-centered survivorship care. Patients receive complex cancer treatments with known late effects, but resources are often simply insufficient to summarize this information in patient-friendly documents. Collecting relevant diagnosis and treatment data and reporting this in a paper document is a time-consuming process. In addition, even if these documents can be provided, they often lack time-specific follow-up plans, which impairs care coordination between patients and multiple care providers.

In the Survivor Care app, a selection of relevant data is derived by the treating oncologist from the patient’s health records. The data are entered into a Web-based plan generator. Algorithms based on existing guidelines are used to personalize care plans depending on the individual diagnosis, comorbidity, and treatment characteristics. The data are subsequently encoded in a QR code that can be scanned with the Survivor Care app by the patient, directly from the computer screen of the oncologist. This technology not only ensures convenient data transfer from physician to patient but also limits security risks. The technology can be made available to oncology centers in the Netherlands and other countries. The SCP can be printed on paper for patients without a smartphone.

During follow-up, Survivor Care allows patients to keep track of different appointments. This enables patients to be optimally in control and co-manage their own follow-up, offering the possibilities of
individualized education and healthy lifestyle support. The information describes the goal of follow-up assessments and redirects to online resources and communities.

Parry et al\(^3\) underscore the importance of evaluation of survivorship care. This app is being evaluated as part of a trial of a shared-care survivorship care program for patients with testicular cancer who are subjected to an intense follow-up schedule after treatment with chemotherapy for metastatic disease (ClinicalTrials.gov identifier: NCT01783145). Both the patient’s primary care physician and oncologist receive a copy of the SCP, extended with additional information on patterns of disease recurrence, late effects, and cardiovascular risk management. As a result of the long-standing curability of testicular cancer, the research on late effects of treatment in these survivors is extensive and well-organized.\(^6,7\) Patients with testicular cancer still function as a model for curative treatment of advanced cancer.

The steadily growing population of cancer survivors should have the best available survivorship care. Simple and smart instruments like the Survivor Care app can help survivors easily navigate their follow-up based on a personal plan, which is executed in conjunction with other caregivers. As such, Survivor Care fits perfectly into the Parry framework. Survivorship care should combine the expertise of several disciplines. This app will accommodate easy navigation through the forest of survivorship care with the patient in control.

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AUTHORS’ DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST
Although all authors completed the disclosure declaration, the following author(s) and/or an author’s immediate family member(s) indicated a financial or other interest that is relevant to the subject matter under consideration in this article. Certain relationships marked with a “U” are those for which no compensation was received; those relationships marked with a “C” were compensated. For a detailed description of the disclosure categories, or for more information about ASCO’s conflict of interest policy, please refer to the Author Disclosure Declaration and the Disclosures of Potential Conflicts of Interest section in Information for Contributors.

Employment or Leadership Position: Arjan W. Duijzer, Nxt Step (C)
Consultant or Advisory Role: None
Stock Ownership: None
Honoraria: None
Research Funding: None
Expert Testimony: None
Patents: None
Other Remuneration: None

REFERENCES

DOI: 10.1200/JCO.2013.52.9933; published online ahead of print at www.jco.org on November 18, 2013
Appendix