



Katie Caviness-Crolley 0:03

Welcome to Medicine Made General, where real doctors break down real health issues. Whether it's a simple question or a complex concern, we're here to help you take charge of your health with confidence.

I'm your co-host, Katie Caviness-Crolley, GIM's Communications Specialist. I'm joined by my co-host, Dr. Bimal Ashar, Interim Director of GIM.

This is part one of a special two-part series featuring Dr. Claire Snyder. Part one focuses on how cancer specialists and primary care providers work together to take care of cancer survivors. Then, in part two, we'll explore the power of the patient voice in cancer care and how Claire is working to ensure the survivor perspective is incorporated into their care.



Bimal Ashar 0:09

Thank you, Katie. As many of you might be aware, October is Breast Cancer Awareness Month. And today we're not going to just be talking about breast cancer. We're going to be talking about cancer survivorship. And we're so happy to have Dr. Claire Snyder, who's a researcher who's really made her career and her really impacted cancer survivors with the work that she's done. And I'm wondering, Claire, if you can explain what cancer survivorship really is and how you got interested in this field?



Claire Snyder 0:49

Yeah. Well, first, thanks so much for the opportunity to join the podcast today. I'm really pleased to be with you all to chat about cancer survivorship and what it really means. And I'm glad you asked about the definition because.

Cancer survivorship actually has many definitions, but the most popular one you see in the research field is that cancer survivorship starts at the time of diagnosis, and there's no distinction in terms of whether you're a cancer survivor or not.



Claire Snyder 1:24

Based on whether you have finished treatment or whether you're expected to survive the disease or whatnot. I remember, you know, having dinner with a friend who doesn't work in this field probably a decade ago and we were talking about cancer

survivors and she was like, well.

What about the non survivors? And I said, Oh no, they're all cancer survivors. And it's so important to us to think about the fact that anyone who has ever had a diagnosis of cancer.

 **Claire Snyder** 2:01

Is impacted by that and has their own survivor experience. And so I think it's while it's a broad definition, it's a really useful definition and other definitions go even broader than that and they'll include the family and.

Loved ones of the person who is diagnosed with cancer because they also go on their own cancer journey along with the patient who they love and care about. And you know, with one in three people expected to experience cancer and one.

And six expected to die of it. I think it's fair to say that we are all in some way a cancer survivor. I've certainly witnessed the cancer journeys of my family and friends, and I would say that my research has really been inspired.

 **Claire Snyder** 3:00

By their experiences, including those who have lived many years after a diagnosis and those whose lives have tragically been cut short.

 **Katie Caviness-Crolley** 3:11

Thank you for those definitions, Claire. For our for our listeners who don't really know you and given that the field of cancer survivorship is so broad, I was wondering if you could give some specific areas that you do research in.

 **Claire Snyder** 3:26

Yeah, cancer survivorship is incredibly broad and and there are many areas of investigation. Some people look at how do you prevent cancer in the 1st place and others look at what is the best approach for screening and early detection.

My own two areas of research focus on people who have had a diagnosis of cancer and how cancer specialists and primary care providers work together to take care of the whole patient in this experience.

And another major area of my research is ensuring that cancer patients quality of life is taken into consideration and used to inform their care. So it's not just about some numbers on some lab tests, but it's about the patient's own experience.



Katie Caviness-Crolley 4:22

Thank you for that.



Bimal Ashar 4:22

You know, it's interesting, Claire, that you bring up the primary care provider's role in care of the cancer patients. And I can tell you from a personal aspect, when I was quite young, I had a family member who was diagnosed with cancer and I can tell you their primary care provider.

Pretty much said, well, it's now up to the cancer team. And so I'm wondering, you know, tell us more about what you think the role of primary care can and should be in taking care of cancer patients.



Claire Snyder 4:57

Yeah. So I think we've seen an evolving role of this. And I think, you know, if you look back decades ago, I think your family members experience where care was handed off.

To cancer specialists was pretty much the expectation because people were routinely dying of their cancer. But through advances in treatment, we now have millions and millions of cancer survivors who are.

Who have gone through their treatment or who are living chronically with the disease and are expected to survive it for years, even though we haven't been able to rid the patient of their cancer. And so when you think about the unique role of the primary care provider and then.

Ideal situation. This is a provider who knows the patient best and that positions them not only to deliver care, but also to serve as a quarterback of the patient's overall care.


And so they have a critical role in counseling on preventing cancer, helping ensure that required screening is done, and advising patients as they navigate follow-up for any concerning results.


Now, it's still true that once someone is diagnosed from cancer, the cancer specialists come in and take the primary role in caring for the patient. But even then, it's important to keep in mind that many patients won't just have one cancer doctor, they'll have two or three cancer.


So there's the surgeon who cuts out the tumor. There are medical oncologists who

treat using chemotherapy and other medicines. There are radiation oncologists who treat using radiation therapy. So even then, the primary care.

 **Katie Caviness-Crolley** 6:55
So.

 **Claire Snyder** 7:03
Provider who has a long standing relationship with the patient can be really helpful as patients are navigating this complex cancer care. And then another critical aspect of cancer survivorship is making sure that we remember that the cancer. Is not the patient. The patient is a whole person, and that person probably had some health issues even before they had cancer. And what we need to make sure of is that those other health issues. Don't get neglected and ignored while we're doing the work to treat and manage a patient's cancer. And again, the primary care provider is the one who is best positioned to see the patient as a whole.

 **Katie Caviness-Crolley** 7:56
Hmm.
So I want to ask more about, you know, caring for cancer survivors. You previously mentioned, you know, one in three people are expected to experience cancer in their lifetime, one in six expected to die of it. Can you talk more about, you know, what are the key aspects of caring?
For cancer survivors.

 **Claire Snyder** 8:17
Read.
That's a great question because cancer survivors each have their own unique journey. So you have cancer survivors who maybe had a surgery and then they went on their merry way. You have other cancer survivors who may have cancer that. Spread with throughout their body and no treatment is going to be able to get rid of all the cancer. But with advances in treatment, they might live for years or even decades with managed chronic disease and so.
For all of these cancer survivors, we need to think about four different things, and the relative importance of those four different things varies depending on that particular

survivor's journey.

And cancer specialists aren't going to be focused on these other conditions. So primary care providers still play a critical role on making sure that we're taking care of the whole patient. The other thing is that cancer treatment.

Is complicated and can be toxic. So in addition to curing cancer or treating cancer or managing cancer, cancer treatments can cause other conditions to occur.

 **Claire Snyder** 9:45

Or worsen existing conditions. So some cancer treatments are toxic to the heart. And so that means that we need to be not just focused on a cancer in the breast, but on the patient's cardiac care.

 **Claire Snyder** 10:04

And then finally, there are what we call surveillance tests, and those are tests to follow up on the prior cancer to make sure that it hasn't come back or to catch it if it has.

So that's a lot to keep track of, right? And so So what my research has focused on is figuring out the appropriate roles for cancer specialists and primary care providers and managing all of the above and figuring out who's going to be in charge.

 **Katie Caviness-Crolley** 10:25

Yeah.

 **Claire Snyder** 10:40

charge of what, and more importantly, regardless of who's going to be in charge of what, making sure that all the groups know who's going to be in charge of what.

 **Katie Caviness-Crolley** 10:51

Yeah.

 **Bimal Ashar** 10:52

You know that that's a really good point. As as a primary care physician, I do find sometimes it's confusing and it's confusing with depending upon the the cancer specialist, the type of cancer they're seeing. And so I I wanted to ask you a little bit more about your.

Research and what has been some of the key findings from from what you've investigated and what kind of implications do you think that it's had on on the care of patients?

CS **Claire Snyder** 11:25

Yeah. So I've been really gratified by the opportunity to study this relationship between primary care providers and cancer specialists. And, you know, this is definitely something that I've seen in family and friends who I've known where they haven't known.

what follow-up they need and who's going to be in charge of it. So what my research has found is that, unsurprisingly, cancer specialists are more involved in the cancer-related aspects of care, and that could include both treating the cancer, but also, you know, the surveillance

Balance test, the mammograms for breast cancer survivors or the colonoscopies for colon cancer survivors, where primary care providers are more involved in the other parts of survivors care. But what we've also found is that this.

These roles and responsibilities are dynamic. So as a patient moves further and further from diagnosis, their cancer specialists in general, especially if they have no evidence of disease anymore, their cancer specialists will become less involved in their care and then their.

Primary care provider will, you know, be taking on more and more responsibility for the patient's overall care. But just because the cancer specialist is becoming less involved doesn't mean that the primary care provider knows that they're supposed to be OK, now I'm the one who's going to be ordering the mammogram.

Now I'm the one who's going to be ordering the colonoscopy, so we need to make sure that primary care providers know what parts they're supposed to be picking up and when they're supposed to be picking up those parts.

Primary care providers are are experts in so many different things, but they can't be expert in every kind of cancer and every kind of cancer drug and their particular side effects. So we need to make sure primary care providers know hey.

This patient got a chemotherapy treatment that puts their heart function at risk, so that's something you need to look at. Or this patient is on a medication that could be thinning their bones, so this is something that you need to keep on top of.

And also, you know, making sure that someone is paying attention to my blood pressure and my diabetes management and that not everyone is only focused on my

mammograms. So one of the things we've studied is survivorship care plans, which are documents that are intended.

to ensure that survivors and all of their providers have a mutual understanding of what follow-up care is needed and who will take the lead in delivering it.



Katie Caviness-Crolley 14:32

So taking. Oh, sorry, go ahead. Yeah.



Bimal Ashar 14:32

So I'm going to, I'm going to interject here, sorry, as a primary care provider. So those primary care plans, you know what you know, what do they consist of?



Claire Snyder 14:46

So we we call them survivorship care plans and what they're supposed to do is summarize what treatments the patient received, what the potential side effects of those treatments are, what follow-up patients need and who should be responsible for delivering.

that follow-up care. Um That is relatively easy to say. That is relatively challenging to do effectively. Uh Because, as I've mentioned several times, cancer treatment is complicated.



Katie Caviness-Crolley 15:17

Oh, I'm sure.



Claire Snyder 15:25

And do we really need every PCP to know every single drug and how many cycles and how many doses? Or do they just need to know, hey, this is a patient who had a chemotherapy where you need to be alert to the possibility of.

Of bone thinning or heart problems or worsened blood glucose control and so and then making sure that those survivorship care plans get delivered to the.

The appropriate people in a usable way because no primary care provider is going to want to look at a five page document, much less a 20 page document. So how do we give them the key information so that they can manage the cancer at the same time that they're managing all the other things?

Things that they're managing for that particular patient.

Katie Caviness-Crolley 16:29

Claire, if we could maybe expand a little bit more on, you know, how care is delivered. I would love if you could give maybe some examples or just talk a little bit more about how your research has led to changes in the patient setting and how that care is given to them.

CS **Claire Snyder** 16:48

Yeah. So as we've talked about, you know, decades ago, cancer patients moved to the cancer specialists and, you know, sadly in many cases were never going to go back to a primary care provider. They were going to die of their cancer.

And as our treatments have become ever more successful and patients are living so much longer, cancer centers and cancer providers have had to change the way that they deliver care because otherwise they would have no room.

And their schedules for new patients, all they would be doing was seeing their cancer survivors and they actually, you know, wouldn't have time to see all of their survivors.

So our own Cancer Center has used the results of our research to design how they deliver survivorship care.

CS **Claire Snyder** 17:47

And how they conduct survivorship care planning on the other side of the coin with the primary care providers, you know with they are having more and more survivors in their practice, but all of these survivors may have very different cancer.

Fights, cancer histories, cancer treatments, they require a certain level of expertise to be able to manage all of those implications effectively. And here at Johns Hopkins, we're incredibly

fortunate to have a primary care for cancer survivors clinic in general internal medicine. And this includes primary care providers who are experts in the impact of survivorship, including the surveillance for cancer coming back or as well as general primary and

Preventive care, chronic conditions and these long-term and late effects of cancer. So that's things like I might have become fatigued and I'm still fatigued and it might be I felt fine, but now I'm having problems with my heart function.

And these primary care for cancer survivors specialists can focus on the whole patient, but bring the lens of their cancer survivorship expertise to the survivor's care.

CS **Claire Snyder** 19:42

Still fatigued and it might be I felt fine, but now I'm having problems with my heart function. And these primary care for cancer survivors specialists can focus on the whole patient, but bring the lens of their cancer survivor. Expertise to the survivor's care.

BA **Bimal Ashar** 20:06

You know that that's wonderful. You know I I mean that that's great and and you put you putting it in context of the change that's occurred over the years in cancer care is so important and I think something that we don't think about especially some of us older primary care.

 **Katie Caviness-Crolley** 41:09

Thank you for tuning in to Medicine Made General. In this first part of our conversation with Dr. Claire Snyder, we talked about how cancer specialists and primary care providers collaborate to care for cancer survivors.

Be sure to join us for part two, where Claire shares how she's helping to amplify the survivor voice and ensure patient perspectives are meaningfully integrated into their care.

Until next time—stay informed, stay healthy.