CANCER SURVIVORSHIP CARE PROGRAM GUIDE

Republic of the Marshall Islands
Ministry of Health and Human Services
National Comprehensive Cancer Control Program
Drafted on June 2020

Table of Contents

Introduction to the Program Guide

Survivorship Care Coordination

Fragmented and uncoordinated care especially after cancer treatment is a major issue both for patients and providers. Cancer survivors expressed lack of information and guidance on continuity of care after receiving cancer treatment off-island. Physicians, on the other hand expressed the need for case managers that can help them manage patients in terms of referrals and follow-up schedules.

The following guide on general flow of care, patient navigation and case management will help define the roles of providers and other partners in delivering cancer care and support to survivors.

General Flow of Cancer Care (Mapping the Survivor's Journey)
See Cancer Care Flow Diagram below.

Stage of Journey	Guidelines

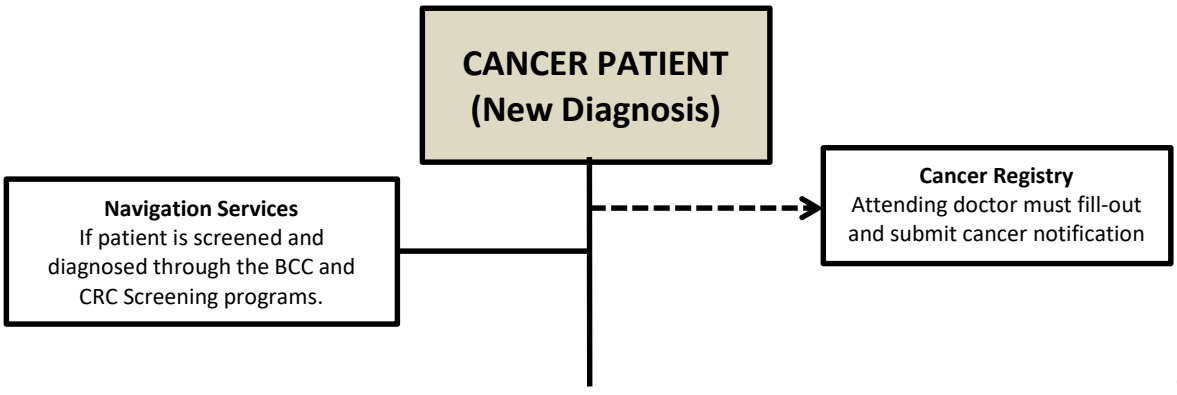
Cancer Diagnosis	✓ If patient was screened and diagnosed directly by a doctor, then attending doctor can readily initiate referral to treatment or palliative care based on the RMI Medical Referral policies. ✓ If patient was screened and diagnosed through a screening and early detection program (particularly, the RMI BCCEDP or CRC Screening programs), then the program will navigate patient to an appropriate clinician for initiation of treatment or referral to treatment (see BCCEDP Patient Navigation Manual) ✓ Attending doctor must fill out the cancer notification for every patient diagnosed with cancer and submit to the cancer registrar in accordance with existing protocols of the Ministry of Health
Pathways to Care	When a patient is diagnosed with cancer, there are three possible pathways to care: i. Pathway 1: patient is eligible for cancer treatment and consented to receive treatment (e.g. 5-year survival rate is above 50%) ii. Pathway 2: patient is eligible for cancer treatment but patient opted out to receive treatment iii. Pathway 3: patient is not eligible for cancer treatment (e.g. 5-year survival rate is below 50%) ✓ For Pathway 1 patients, follow the succeeding guidelines below on prior to treatment, during treatment and after treatment (see below). ✓ For Pathway 2 patients, the Case Manager should at least attempt to re-educate patient about cancer treatment upon the recommendation of the attending doctor. If patient opts to receive treatment, then re-initiate referral to treatment with Medical Referral Office. If patient still opts not to receive treatment, then patient will either be for survivorship care or palliative care (end-of-life care) ✓ For Pathway 3 patients, the attending doctor may refer this patient to the Palliative Care Team. Please note that palliative care is not included in this program guide.
Prior to Treatment	✓ Guide for Attending Physician: Refer all patients to Case Manager for additional pre-departure cancer education (see **Appendix A** for Cancer Survivorship Referral Form) ✓ Step by Step Guide for Case Manager: Step 1: Set an appointment for a one-on-one meeting

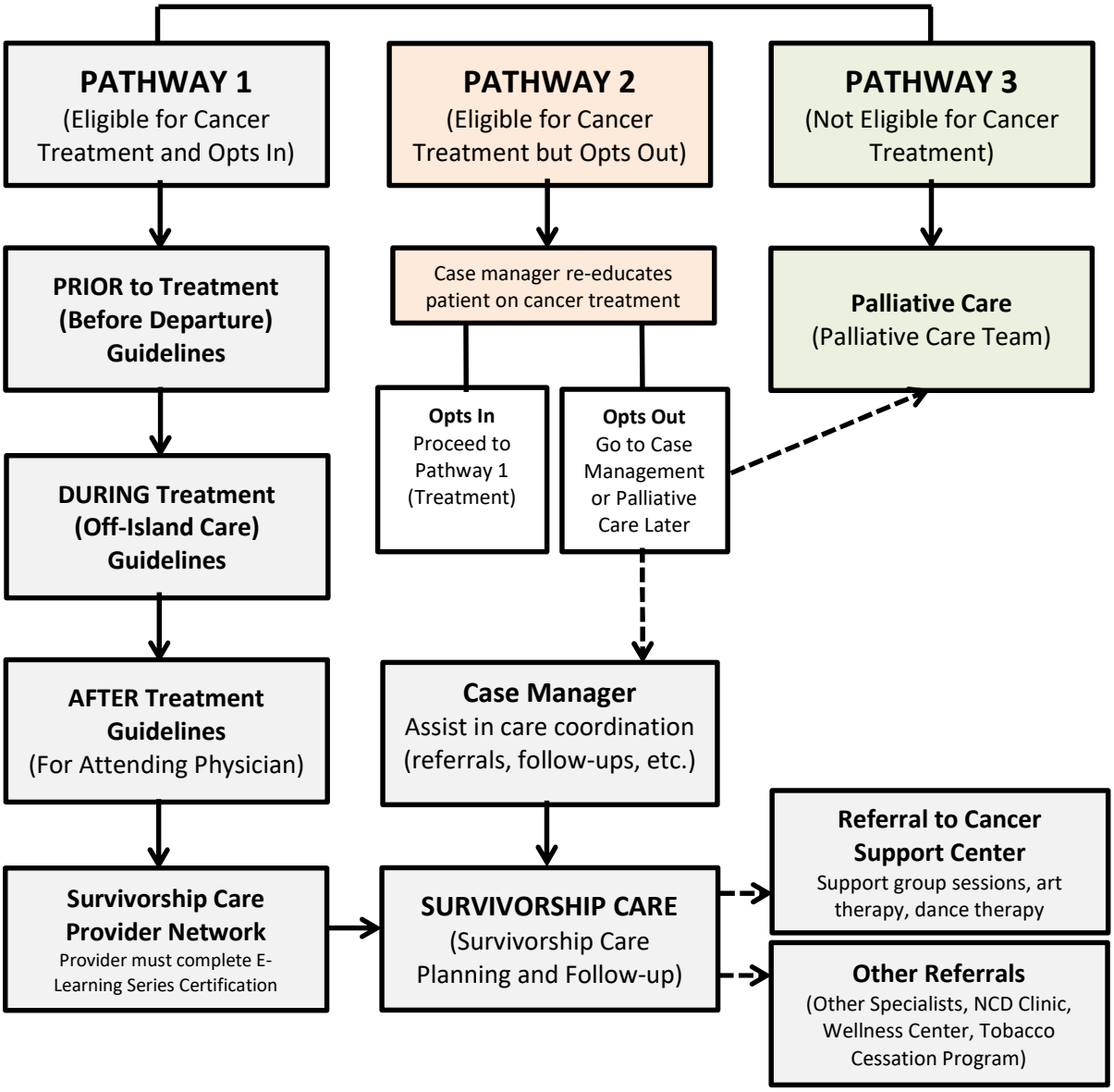
	with the patient and record in the case logbook Step 2: Using an informational brochure, provide cancer education that includes: cancer in general, the importance of treatment, off-island referral process and expectations and share support services available when patient returns. Step 3: Suggest patient to meet with a cancer survivor for sharing of experience and to receive a cancer treatment travel packet from the Cancer Support Group ✓ Step by Step Guide for Cancer Support Group: Step 1: Designate 1-2 persons to meet with patient as scheduled by the Case Manager Step 2: Meet patient and provide psychosocial support (example, share experience while undergoing treatment and coping strategies) Step 3: Provide Cancer Packet to patient and explain contents (see **Appendix B** for contents of cancer packet) Step 4. Pray for patient and encourage to visit Cancer Support Center when they return (see **Appendix C** for Cancer Support Center brochure) ✓ Guide for Medical Referral Office Coordinator: Include the pre-departure travel instructions to patient and escort: a) to return with a copy of the patient's treatment summary; and b) provide the patient and escort a copy of blank survivorship care plan for the oncologist to complete before returning to RMI
During Treatment	Almost all cancer treatments are provided off-island through the National Medical Referral process. The Medical Referral Office (MRO) has liaison officers stationed in Honolulu and Manila. ✓ MRO should advise liaison officers to make sure cancer patients return with their treatment summaries and preferably a completed survivorship care plan (that includes prognosis, late effects of cancer and treatment, screening for recurrence and other recommendations)
After Treatment	✓ All cancer patients must see their Attending Doctor as soon as possible upon return in the Marshall Islands. The Medical Referral Office is responsible to set up this appointment. ✓ Attending doctors who have completed the Cancer Survivorship E-Learning Series certification may immediately develop the survivorship care plan for their

	patients using the treatment summaries and other documents (see next section on Survivorship Care Planning and Follow-up) ✓ Attending doctors who have not yet completed the Cancer Survivorship E-Learning Series certification may refer their patients to the Provider Network (roster of certified doctors/NPs for survivorship care) through the Case Manager. However, the CCC program encourages all medical providers in RMI to complete the certification and be a part of the Provider Network (see program guide on Training and Education on Cancer Survivorship) ✓ Guide for Medical Referral Office Coordinator: when patient returns to RMI after cancer treatment, the MRO Coordinator must: a) check and file treatment summary and other medical records of patient; b) arrange follow-up with Attending Doctor within 2 weeks of arrival, and c) inform Case Manager of Returning Cancer patients and provide copies of their treatment summaries ✓ Guide for Case Manager: Coordinate with MRO and check case logs if patient/s have returned from treatment. Case Manager will arrange appointments for survivorship care planning of cancer patients with the Network Providers
Survivorship Care Planning and Follow-up	✓ A survivorship care plan will be developed for all cancer patients who have received cancer treatment within the past year by a provider in the Provider Network which is a roster of doctors/NPs who have completed the survivorship care e-learning series training certification (see details in the section Survivorship Care Plans). ✓ As member of the Provider Network, the doctor or Nurse Practitioner who developed the Survivorship Care Plan is responsible to provide survivorship care to the patient including follow-up, screening for recurrence, symptoms management and referrals to support services. In addition, the provider must communicate the follow-up care plan to the patient. The case manager will assist the medical provider in coordinating care for the survivor including communicating the follow-up care plan. ✓ Step by Step Guide for Case Manager in Survivorship Care Planning: Step 1: Coordinate with MRO Coordinator to identify patients who have returned from treatment and their appointment dates with Attending Doctors.

	Step 2: Get copy of treatment summary from MRO Coordinator and arrange appointment of cancer patient with a member of Provider Network for care planning (note that Attending Doctor may be a member of the Provider Network and can develop the care plan in the same follow-up appointment) Step 3: After the doctor completes the Survivorship Care Plan (SCP), Case Manager makes three copies of the SCP and keep one copy in her file (for case management), one copy for the patient (for patient empowerment in taking care of their health) and one in the medical chart for follow-up consultations. Step 4: Assist patients and providers in complying with the care plans.
Referral to Other Health and Support Services	▪ Using the standard referral form, the Network provider may refer patients to the following support services (see Appendix A for Cancer Survivorship Referral Form): ❖ Cancer Support Center: offers group support sessions, art therapy classes and other support services ❖ Wellness Center: holds weight management classes for cancer survivors (nutrition and physical activity) o Nutrition Class – anytime post-treatment o Physical Activity Class – at least 1 year post-treatment and must have medical clearance for exercise (see **Appendix D** Medical Clearance Form) ❖ NCD Clinic: for patients with other chronic illnesses such as diabetes and tobacco cessation program ▪ For referral to others specialty doctors, diagnostics and physical therapy services – please use standard MOHHS referral forms.

Cancer Care Flow Diagram





Outline of Roles and Responsibilities of Providers and Partners

	Roles and Responsibilities
Case Manager / Survivorship Care Coordinator	▪ Provide cancer information (and education) to patients prior to treatment (before travel) ▪ Provide cancer information (and education) to patients eligible for treatment but refused treatment in order to make a better informed decision ▪ Link patients to Cancer Support Center, support groups and other support services (choose and enroll candidates in therapy classes and weight management programs) ▪ Coordinate survivorship care planning for every patient that has returned for treatment through collaboration with

	the Medical Referral Office and clinicians (Attending Doctors and Network Providers) within 3 months ▪ Ensure that three copies of care plans are made: one for patient, one in the medical chart and one for file ▪ Assist patients and providers to successfully implement care plans (case management) ▪ Supervise Cancer Support Group activities
Provider Network (Primary Care Providers and Specialists)	▪ Complete E-Learning Series Training Certification ▪ Adhere to evidence-based clinical guidelines in providing survivorship care to patients ▪ Develop Survivorship Care Plans (SCPs) for cancer patients preferably within 3 months post-treatment ▪ Develop Survivorship Care Plans for cancer survivors who have received cancer treatment in the past year but have no care plans yet (back logs) ▪ Inform Case Manager of all completed care plans ▪ Refer patients to other health and support services ▪ Conduct regular follow-up of his/her patients
Medical Referral Office Coordinator	▪ Ensure that all patients have treatment summary or complete medical records upon return to RMI ▪ Prior to travel, instruct all patients (and escort) to return with medical records and provide a blank survivorship care plan template to patient for oncologists to complete ▪ Arrange follow-up with Attending Doctor post-treatment ▪ Coordinate with Case Manager and provide copies of treatment summaries for care planning
Cancer Registrar	▪ Collect Cancer Notification Form from Attending Doctors ▪ Submit list of cancer patients to Physician Champions for cancer surveillance
Palliative Care	▪ Palliative Care Protocols still to be developed*
Cancer Support Center	▪ Conduct Group Support Sessions and Special Events ▪ Provide Therapy for Cancer Survivors (e.g. Art Therapy
Wellness Center	▪ Conduct Nutrition and Physical Activity Classes

Evidence-Based Survivorship Care Clinical Guidelines

The RMI Cancer Survivorship Care Program will utilize the National Cancer Survivorship Resource Center (NCSRC) Toolkit "*Implementing Clinical Practice Guidelines for Cancer Survivorship Care*" which includes clinical care guidelines from American Cancer Society (ACS) and American Society of Clinical Oncology (ASCO). In addition, Survivorship Care guidelines from the Society of Gynaecologic Oncology (SGO) will also be used for cervical cancer as this was not included in the NCSRC / ASCO Toolkit.

National Cancer Survivorship Resource Center Toolkit and Survivorship Care Guidelines for Breast, Colorectal, Head and Neck and Prostate Cancer

https://smhs.gwu.edu/gwci/sites/gwci/files/NCSRC%20Toolkit%20FINAL.pdf?src=GWCIwebsite

General Survivorship Care Guidelines

- Surveillance and Screening
- Assessment and Management of Physical and Psychosocial Impacts
- Care Coordination
- Health Promotion (ACS Guidelines of Nutrition and Physical Activity)

Long-Term and Late Effects, Cancer Survivorship Care Guidelines and Checklist for Providers on the following: Breast Cancer, Colorectal Cancer, Head and Neck Cancer and Prostate Cancer

ASCO Survivorship Care Guidelines for Lung Cancer and Lymphoma
https://www.cancer.net/survivorship/follow-care-after-cancer-treatment/asco-cancer-treatment-and-survivorship-care-plans

SOG Survivorship Care Guidelines for Cervical Cancer
https://www.sgo.org/wp-content/uploads/2018/06/2018-Cervical-Cancer-Survivorship-Plan-FWC-SGO.pdf

Other Sources: ACS After-Treatment Information and Follow-up Care
https://www.cancer.org/cancer/cervical-cancer/after-treatment/follow-up.html
https://www.cancer.org/cancer/breast-cancer/living-as-a-breast-cancer-survivor/follow-up-care-after-breast-cancer-treatment.html
https://www.cancer.org/cancer/colon-rectal-cancer/after-treatment/living.html
https://www.cancer.org/cancer/lung-cancer/after-treatment/follow-up.html
https://www.cancer.org/cancer/thyroid-cancer/after-treatment/follow-up.html
https://www.cancer.org/cancer/liver-cancer/after-treatment/follow-up.html
https://www.cancer.org/cancer/prostate-cancer/after-treatment/follow-up.html
https://www.cancer.org/cancer/non-hodgkin-lymphoma/after-treatment/follow-up.html
https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer/after-treatment/follow-up.html

Main Reference: https://pearlpoint.org/wp-content/uploads/2018/02/Survivorship-Handbook.pdf

Training and Education on Cancer Survivorship Care

The following are program guides on training and education on survivorship care for clinicians, nurse practitioners and other primary care providers (PCPs).

The Cancer Survivorship E-Learning Series for Primary Care Providers

The E-Learning Series is a continuing education program offered at no cost to PCPs (e.g. general practitioners, physicians, gynaecologists, nurses and nurse practitioners) who may have patients who are cancer survivors about how to better understand and care for their patients in the primary care setting. This is a

program of the National Cancer Survivorship Resource Center that is now under the George Washington University Cancer Center.

Link: http://gwcehp.learnercommunity.com/elearning-series

The goals of the E-Learning Series are:

- To increase awareness of PCPs of the ongoing needs of survivors
- To increase knowledge of PCPs of how to care for survivors
- To increase ability of PCPs to provide follow-up care for cancer survivors

The E-Learning Series contains the following modules:

- Module 1: Survivorship Care and the Role of Primary Care Providers
- Module 2: Late Effects of Cancer and Its Treatments
- Module 3: Psychosocial Health Care Needs of Cancer Survivors
- Module 4: The Importance of Prevention in Cancer Survivorship
- Module 5: Survivorship Care Coordination
- Module 6: Cancer Recovery and Rehabilitation
- Module 7: Follow-up Care Guidelines on Prostate Cancer
- Module 8: Follow-up Care Guidelines on Colorectal Cancer
- Module 9: Follow-up Care Guidelines on Breast Cancer
- Module 10: Follow-up Care Guidelines on Head and Neck Cancer
- Extra Module: Follow-up Care Guidelines on Cervical Cancer (face-to-face lecture to be delivered by Gynaecologist)

Training Guide:

- ✓ Every year, promote the E-Learning Series to Primary Care Providers especially physicians, practitioners and nurses who may have patients who are cancer survivors.
    - Promote using the E-Learning Series Flyer (see **Appendix E**)
    - Promote the E-Learning Series during the annual cancer summit using power point presentation
- ✓ Only a maximum of 10 trainees will be accepted each year. The CCC Physician Champions will help prioritize acceptance of applicants to the training if the number of interested applicants exceeds the total number of slots available.

- Cycle 1: 2019-2020 Pilot (Pre-selected physicians)
- Cycle 2: 2020-2021 Open for physicians and nurse practitioners
- Cycle 3: 2021-2022 Open for nurses and other PCPs

✓ All enrolees must meet the following requirements to be certified as having completed the training:

- Must complete at least 7 of the10 online modules (Modules 1- 6 plus at least one from Modules 7 to 10) in a period of 2 months or at least 1 online module per week
- Must attend an additional face-to-face lecture on Cervical Cancer Survivorship Care (Extra Module)
- Must submit a copy of certificate of completion for each module that was successfully completed to the following:
    - Majuro Trainees: submit certificates to CCC Director
    - Ebeye Trainees: submit certificates to Medical Director

✓ Step by step guide on how to enrol and particpate in the E-Learning Series:

Step 1: Primary care providers (PCPs) who are interested to particpate in the E-Learning series must express interest and commitment to complete the whole course requirement by sending a "sign-up' email to the CCC Director.

Step 2: PCPs who are selected to participate in a class cycle will receive an email from Program Director to confirm selection

Step 3: PCPs who are selected to participate will receive an instruction on how to enrol in the E-Learning Series. If available, the participant will also receive a mi-fi gadget (broadband gadget) to support access to internet and completion of training on time.

Step 4: PCPs will enrol individually on line using the following steps (note: e-learning series management is now under GW Cancer Center):

i. Go to http://gwcehp.learnercommunity.com/elearning-series
ii. Look for "To enroll in any of the modules of the E-Learning Series please go here." (Click here) in the webpage. It will take you to GW School of Medicine and Health Sciences
iii. Click **create an account**
iv. Fill out the information required
    - Username

- Email address
- Password (create a password for your e-learning series)
- Confirm password (retype your password)
- Prefix, First Name, Middle Name and Last Name
- Are you a healthcare professional? No / Yes
- Enrollment Type
- Specialty
- Medical Degrees
- Please enter degrees as you would like them to appear
- Boards (leave blank if not applicable)
- Date of Birth
- Check "I am not a robot"
- Click CREATE NEW ACCOUNT
- If you do it correctly a page will say "REGISTRATION SUCCESSFUL. You are now logged in."

v. Click Learning Groups and in dropdown menu, click **GW Cancer Center**
vi. Click **Cancer Survivorship E-Learning Series for Primary Care Providers** and you will be taken to the Overview Page
vii. Click **Take Course**
viii. You will be taken to the Course Home. Click **Start Course**
ix. Fill out Learner Survey (to unlock the courses)
x. After submitting survey, participant is now ready to begin taking modules.

✓ Any provider who has successfully completed the E-Learning Series will automatically be included to the survivorship care Provider Network

Survivorship Care Plans

A survivorship care plan is a document that contains information about the given treatment, the need for future check-ups and cancer tests, the potential long-term late effects of the treatment the patient received and ideas for improving health. A complete survivorship care plan contains (at a minimum) a *treatment summary* that contains pertinent information about the treatment the patient received, and a *follow-care plan* which addresses check-ups, symptoms management and referrals to other support services.

One of the objectives of the National Comprehensive Cancer Control Program is to develop survivorship care plans to all patients diagnosed with cancer (and have received cancer treatment) within the past year.

All cancer treatments in the Marshall Islands are done through off-island referral to other places like Hawaii, USA and Manila, Philippines. Ideally, the survivorship

care plan is developed by the institution where the patient received cancer treatment and provided to the patient to share with his/her primary care provider when they return to the Marshall Islands. But since many patients return without survivorship care plans, the protocol of the NCCCP program is for local primary care providers to develop care plans using whatever information is available to them from the treatment institution.

Step by step guidelines in survivorship care planning:

Step 1

Cancer patient returns to Marshall Islands with medical records from treatment institution (at a minimum, the Medical Referral Office (MRO) will make sure that patient returns with a treatment summary).

Step 2

MRO staff schedules follow-up visit of patient with the Attending Physician. If attending physician is not (yet) a member of the Provider Network (i.e. has not completed the e-Learning Series) then, patient will be referred by Case Manager to a Provider Network provider for Survivorship Care Planning Visit. If Attending Physician is already a member of the Provider Network, then Survivorship Care Planning will be done in the same follow-up visit. Provider assigned to do survivorship care planning to a particular patient must receive from MRO staff patient medical records from treatment institution (i.e. treatment summary) so that provider can review survivorship care guidelines for the cancer type of the patient and the treatment the patient received (refer to section on Evidence-Based Survivorship Care Clinical Guidelines)

Step 3

Survivorship Care Planning Visit Guideline for Provider (Day of Visit)

i. Retrieve medical records including treatment summary and prepare the appropriate Survivorship Care Plan (SCP) Template for the patient's cancer type (i.e. ASCO Template for All Types of Cancer or Template for Specific Cancer Type – see **Appendix F**)

ii. Medical History / Review Treatment and Fill out Treatment Summary portion of the SCP Template

iii. Routine Physical Examination

iv. Develop follow-up care plan (i.e. need for follow-up treatment and schedule of follow-up with providers)

v. Develop a plan for cancer surveillance or other recommended cancer screening or related tests (i.e. surveillance for possible recurrence or screening for other cancers)

vi. Educate patient to see primary care provider anytime if:
   a. Anything that represents a brand new symptom appear
   b. Anything that represents a persistent symptom is present
   c. Anything patient is worried about that might be related to the cancer coming back

vii. Identify all possible late and long-term effects of cancer and treatment received, and educate patients about these late and long-term effects

viii. Symptoms Management Plan: Go over checklist of cancer survivorship issues with patient and address them. Instruct patient that if any of these symptoms arises, then seek consult with the provider through the Case Manager

ix. Lifestyle Behaviour Plan: Go over checklist of lifestyle behaviours that increases risk of cancer recurrence with patient and address them. Instruct patient that if there are challenges in achieving these lifestyle recommendations, then, they may seek consult with the provider through the Case Manager.

x. Provide informational materials to patient, if available.

xi. Complete the rest of the SCP Plan document and give to Case Manager

xii. After the provider completes the Survivorship Care Plan (SCP), Case Manager makes three copies of the SCP and keep one copy in her file (for case management), one copy for the patient (for patient empowerment in taking care of their health) and one in the medical chart for follow-up consultations.

As member of the Provider Network, the doctor or Nurse Practitioner who developed the Survivorship Care Plan is responsible to provide survivorship care to the patient including follow-up, screening for recurrence, symptoms

management and referrals to support services. In addition, the provider must communicate the follow-up care plan to the patient. The case manager will assist the medical provider in coordinating care for the survivor including communicating the follow-up care plan.

Case Manager is responsible in assisting patients to implement their care plans.

Support Services for Cancer Survivors

A. Cancer Support Group

Introduction

Having cancer is often one of the most stressful experiences in a person's life. But support groups help many people cope with the emotional aspects of cancer by providing a safe place to share and work through feelings and challenges. They also allow people to learn from others facing similar situations.

Receiving a cancer diagnosis often triggers a strong emotional response. Some people experience shock, anger, and disbelief. Others may feel intense sadness, fear, and a sense of loss. Sometimes even the most supportive family members and friends cannot understand exactly how it feels to have cancer. This can lead to feelings of loneliness and isolation.

Support groups allow people to talk about their experiences with others living with cancer. This can help reduce stress. Group members can share feelings and experiences that may seem too strange or too difficult to share with family and

friends. Being a part of a group often create a sense of belonging that helps each person feel more understood and less alone.

Support group members may also talk about practical information. This may include what to expect during treatment, how to manage pain and other side effects of treatment, and how to communicate with the health care team and family members. Exchanging information and advice may provide a sense of control and reduce feelings of helplessness.

Source:
https://www.cancer.net/coping-with-cancer/finding-social-support-and-information/support-groups

Operational Guidelines

- ✓ The Cancer Support Group (CSG) will provide psychosocial and emotional support to newly diagnosed cancer patients prior to cancer treatment by providing ***Cancer Packets***.

  Step 1: Case Manager will refer patients to CSG prior to off-island travel for cancer treatment.
  Step 2: CSG will designate 1-2 persons to meet with patient as scheduled by the Case Manager.

  Step 3: Designated persons will prepare the Cancer Packet that contains items to help patient cope a little better with his/her cancer treatment journey (see Appendix B).

  Step 4: Meet with patient and provide psychosocial support by sharing their experiences while undergoing treatment and coping strategies.

  Step 5: Provide Cancer Packet to patient and explain use of contents.

  Step 6: Pray for patient and encourage patient to visit Cancer Support Center when they return using the brochure (see Appendix C).

- ✓ The Cancer Support Group (CSG) will continue to provide psychosocial and emotional support to newly diagnosed cancer patients (post-treatment) by holding ***Regular Group Support Sessions*** every month.

  Step 1: CSG officers meet every first Thursday of the month to plan and for the group support session.

Step 2: Identify 5 CSG members that will facilitate the group support session together with the CCC Case Manager.

Step 3: Send reminder invitations to newly diagnosed cancer patients to the group support sessions.

Step 4: Hold Group Support Sessions every 2nd Thursday of the month with the following agenda:

Average Duration	Agenda
30 minutes	Welcome and Introduction ▪ Let every participant say their name and what cancer they had and when they had treatment.
1 hour	Sharing Time ▪ One facilitator shares her cancer journey briefly to motivate others to speak. ▪ Open the table for everyone to freely share their experience and the challenges they are facing w/ cancer.
15 minutes	Encouragement and Closing Prayer
15 minutes	Snack and socialization

✓ The Cancer Support Group (CSG) will continue to provide psychosocial and emotional support to newly diagnosed cancer patients (post-treatment) by holding ***Bimonthly Special Events*** with all CSG members in attendance.

Month	Special Event
February	Movie Night (Focus: Faith and Family) ▪ In this event, cancer survivors will watch a special movie screening about cancer or any other related movie about a sick person that will inspire faith in God and show important role of family. Attendees are allowed to invite a family member to join. This is in conjunction with the Cancer Awareness Month.
April	Stress Management Forum (Focus: Peace) ▪ In this event, the CSG will invite a clinician or a resource speaker that can teach survivors how to control stress, implement strategies to reduce anxiety and experience peace.
June	Music, Dance and Traditional Healing (Focus: Love) ▪ In this event, the cancer survivors will be given opportunity to express their love for music, dance and cultural traditions. This will help provide an outlet of expression. This is in conjunction with the Annual Cancer Summit (as CSG may perform during the summit).
August	Lay Forum (Focus: Faith and Family)

	▪ In this event, the CSG will invite a pastor to speak about the role Christian faith in their cancer journey. Attendees are allowed to invite a family member to join.
October	Bingo Event (Focus: Joy) ▪ In this event, the focus is have fun and joy in journeying with others. CSG will also use the Bingo Event to educate survivors.
December	Christmas Candle Making Event (Focus: Hope in God) ▪ In this event, cancer survivors will participate in a candle making event and establish a Christmas tradition for cancer survivors that will help inspire hope in God (Jesus).

- ✓ The Cancer Support Group (CSG) is also expected to conduct one community-wide cancer awareness activity such as parade or fundraising special event.

B. Art Therapy

Introduction

Cancer and cancer treatment's short and long-term effects is not only limited to the physical such as pain, fatigue and sleep issues. The psychological well-being is also significantly affected. In fact, in a Quality of Life (QOL) survey of cancer survivors in the Marshall Islands – psychological issues are as significant as physical effects. Poor self-concept, distress with treatment and fear of recurrence or spread are primary concerns. Most patients express anxiety and sadness.[1]

According to the National Cancer Institute (NCI), emotional and social support can help patients learn to cope with psychological stress and reduce levels of depression, anxiety and disease and treatment-related symptoms.[2] Many approaches such as meditation, stress management, talk therapy, exercise (dance), art therapy and support groups have been recommended in many cancer support programs.

The RMI National Comprehensive Control Program (NCCCP) in partnership with the RMI Cancer Support Group (CSG) will utilize art therapy to provide additional psychological and emotional support to cancer survivors in the Marshall Islands. Art therapy is known to provide opportunity for self-expression,

[1] Quality of Life of Cancer Survivors, RMI Cancer Summit 2019

[2] Source: https://www.cancer.gov/about-cancer/coping/feelings/stress-fact-sheet

decrease anxiety and promote relaxation to cancer survivors. There are also findings that art therapies decreases pain and help patients cope with physical issues after treatment.[3] Art therapy is also a relatively inexpensive intervention, entailing the therapist's time and cost of art supplies, that may have long lasting effects by teaching individuals long-term techniques and self-efficacy.[4]

Operational Guidelines

- ✓ Schedule: The Art Therapy sessions will be held twice a week (every Monday and Friday) from 4 pm to 6 pm except on official holidays.

- ✓ Location: The Cancer Support Center will designate a quiet and adequately-spaced room for the Art Therapy sessions. As much as possible, the Cancer Support Center will not hold any simultaneous activity during art therapy classes that may disturb the conduct of the sessions. The room will be set up to create an environment suitable and comfortable for the therapy sessions.

- ✓ Person/s Responsible: The Art Therapy Director (Lori De Brum) and the CCC Cancer Survivorship Coordinator (Tolina Tomeing) are mainly responsible with the implementation of the art therapy program and its guidelines.

- ✓ Participants: The primary targets of the Art Therapy program are cancer survivors who were diagnosed and have received treatment within the past year. No more than five (5) participants for each class can be accommodated. Hence, participation is first-come first-served basis and the total number of participants will depend on the number of classes being offered based on the number of instructors or therapists. Cancer survivors may enroll on their own initiative or through referral from clinicians. If there are no enough classes available to accommodate a participant, the person will be waitlisted and will be enrolled in the next available class. Every participant will be required to sign a commitment form to minimize drop outs (see **Appendix G**).

- ✓ Number of sessions: Each class will run for 2 months with 16 total sessions with the following topics *(note: description of each session to follow)*:

  Phase 1 (First Month)
  - Session 1: Introduction to Art Therapy – Pre-requisite
  - Session 2: Introduction to Materials and Basic Strokes – Pre-requisite

[3] Source: https://health.clevelandclinic.org/how-art-therapy-eases-stress-if-you-have-cancer/
[4] Source: https://www.jpsmjournal.com/article/S0885-3924(06)00006-6/fulltext

- Session 3: Dealing with Emotions (How do you feel?)
- Session 4: Happiness (What makes you Happy?)
- Session 5: Gratitude (What are you grateful for?)
- Session 6: Unhappiness (What makes you sad?)
- Session 7: Portraits (How do you see yourself?)
- Session 8: Dealing with Sadness or Depression

Phase 2 (Second Month)

- Session 9: Anxiety
- Session 10: Self
- Session 11: Comfort and Safety
- Session 12: Forgiveness
- Session 13: Battling Fear
- Session 14: Memory (Holding on to Life's Moments)
- Session 15: Relaxation
- Session 16: Hope

✓ Art Media: The primary media that will be used for the art therapy is painting using pastel, watercolor and acrylic paint. Other options will be oil paint, collage and floral arrangements.

✓ Journaling: Each participant will also be given their own notebooks and will be encouraged to journal their thoughts and emotions each day after the art is created. This will facilitate reflection and further expression of thoughts and feelings.

✓ End of Class: At the end of the 16 sessions, participants have officially completed the therapy program. They may volunteer to exhibit their work in the center to help educate the community about cancer survivorship. They will also be provided art materials to continue art therapy on their own or may have access in the therapy room on designated days (TBD).

✓ Drop Outs: In case a participant drops out of the class for whatever reason, a participant in the waiting list may replace the drop out but needs to undergo the two pre-requisite sessions (Sessions 1 and 2) before joining the group.

✓ Funding: The Art Therapy program will be funded by the Comprehensive Cancer Control Program. However, fundraising activities by the Cancer Center including art exhibits or auctions will also be used for sustainability of the program.

C. Weight Management (Nutrition and Physical Activity)

Introduction

Engaging in healthy behaviors including physical activity, proper nutrition, tobacco cessation, and routine vaccinations is important for everyone. However, it may be particularly important for cancer survivors because they can decrease the risk of cancer recurrence or of developing a secondary cancer, increase overall survival, and improve mental and physical health (ACS 2016; CDC 2018).

There is a growing amount of evidence that cancer survivors benefit from physical activity. For example, physical activity among breast cancer survivors improved physical functioning (Speck et al. 2010; McNeely et al. 2006) and reduced the risk of cancer recurrence, cancer-related mortality, and overall mortality (Ballard-Barbash et al. 2012; Ibrahim and Al-Homaidh 2011; Kim et al. 2013). Exercise also supports mental health by reducing fatigue, anxiety, and depression, as well as increasing self-esteem and happiness (ACS 2016). Another study showed patients who participated in exercise interventions reported a higher quality of life (defined as physical, emotional, and social well-being), and the effects of the intervention were sustained on follow-up assessments (Ferrer et al. 2011). And most survivors handled exercise well both during and after treatment without adverse events (Speck et al. 2010; Schmitz et al. 2005).

Proper nutrition is also important for survivors. Research shows that a healthy diet may slow the progression of cancer, decrease the risk of recurrence, and increase overall survival (Dieli-Conwright et al. 2016; Rock et al. 2012). A healthy

diet can also help avoid obesity and weight gain, both of which may increase the risk of some treatment-related side effects and lead to greater risk of recurrence and death (Demark-Wahnfried et al. 2012; ACS 2016).

Source:
https://www.michigan.gov/documents/mdhhs/SurvivorWellness-11.19.18_639994_7.pdf

The objectives of the RMI Weight Management Program for Cancer Survivors are: 1) to improve physical function; 2) to improve the quality of life (reduce fatigue, stress and anxiety); 3) reduce recurrence or of developing a secondary cancer; and 4) reduce long term effects of cancer treatment by improving Body Mass Index (BMI).

The indicators that will be used to measure outcomes are: 1) International Classification of Function and 2) Percentage of Weight Loss.

Operational Guidelines for Nutrition Program

- ✓ The criteria for enrolment to the PA program are cancer survivors who have received treatment, who are living disease-free or with stable disease
- ✓ The nutrition classes will be held two times a week on Mondays and Wednesdays at the Wellness Center Gym
- ✓ Participants will be educated about cancer fighting foods
- ✓ Participants will also be taught how to cook healthy local foods and will be taught importance of balanced diet

Operational Guidelines for Physical Activity Program

- ✓ The criteria for enrolment to the PA program are cancer survivors who have received treatment at least one year prior, who are living disease-free or with stable disease and gives consent/waiver to join the program (See **Appendix H**)
- ✓ Participants to the program are also strongly encouraged to secure a medical clearance from a medical provider (i.e. Attending Physician) prior to joining exercise classes including recommendation to level of intensity of exercise (mild, moderate or strenuous exercise)

- ✓ The exercises classes will be held three times a week on Mondays, Wednesdays and Fridays at the Wellness Center Gym between 6 to 7 pm

- ✓ The PA Program will adopt exercise prescriptions from the Physical Activity Guidelines for Americans (PAGA) section on Cancer Survivors and the American College of Sports Medicine (ACSM) Exercise Guidelines for Cancer Survivors

- ✓ Exercise Guidelines:

  <u>Flexibility Exercises:</u>
  Objective Tool: Goniometer
  0-10 Scale of Pain Severity or Visual Pain Scale
  Intensity: 15-30 seconds hold
  - Phase 1: Warm up Exercises: Limit movement up to 90 degrees AROM Exercises: 10 repetitions on both sides; 1-2x a day
  - Phase 2: Stretches: 90 degrees and above AROM Exercises: 2-4 repetitions; 2-4 times a day.
  - Phase 3: Warm up + Stretches 10 repetitions 1-2x a day.

  <u>Aerobic Exercises: Light to Moderate Intensity.</u>
  Objective tool: Scales and Songs and Fit Bit or Pedometer
  Recommended: 30 minutes per day; 6x Week Walk 30
  Goal: 10,000 steps per day
  - Phase 1: 30 minutes-40 minutes: X number of Steps
  - Phase 2: 40 minutes- 50 minutes: X number of Steps
  - Phase 3: 50 minutes – 60 minutes: X number of Steps

  <u>Resistance training: Light strengthening</u>
  Objective tool: Borg Dyspnea Scale and 0-10 Scale of Pain Severity or Visual Pain Scale
  - Phase 1: Body weight. 10 repetitions, 1 set
  - Phase 2: 1-2 pounds/Use 500 ml water bottles: 10 repetitions; 1 set
  - Phase 3: 2-3 pounds: 10 repetitions; 2 sets
  - Phase 4: Moderate strengthening

  Rest 2 days between Strength Training Sessions
  Time: 30 minutes per session

  <u>Lumpectomy without breast reconstruction:</u>
  Intensity will increase in between Phases
  Chest Expansion Exercises:
  - Deep Breathing Exercises 2-3 Sets

- Active Range of Motion Exercises of the Shoulder Joint: 2-4 repetitions; 1-2x a Day

Yoga: 15-30 second holds

Posture Education + Postural Stability Exercises; 2-4 repetitions; 1-2x a Day

- Tai-Chi + Active Range of Motion Exercises for the Upper Limb

Balance Exercises: 2-4 repetitions; 1-2x a Day

- Open and Closed Chain Dynamic Strengthening Exercises
- Quadruped Dynamic Strengthening Exercises

Resistance Training for the Shoulder Girdle: 10 repetitions; 2-3x a Day

- Open Chain Stabilize Strengthening Exercise

Resistance Training Scapular Exercises

- Open Chain Stabilize Strengthening Exercise
- Closed Chain Stabilize Strengthening Exercise

<u>Mastectomy without breast reconstruction, Simple Mastectomy, Modified Radical Mastectomy, Radical Mastectomy</u>:

Intensity will increase in between Phases

Chest Expansion Exercises:

- Deep Breathing Exercises 2-3 Sets
- Active Range of Motion Exercises of the Shoulder Joint: 2-4 repetitions; 1-2x a Day

Yoga: 15-30 second holds

Posture Education + Postural Stability Exercises; 2-4 repetitions; 1-2x a Day

- Tai-Chi + Active Range of Motion Exercises for the Upper Limb

Balance Exercises: 2-4 repetitions; 1-2x a Day

- Open and Closed Chain Dynamic Strengthening Exercises
- Quadruped Dynamic Strengthening Exercises

Resistance Training for the Shoulder Girdle: 10 repetitions 2-3x a Day

- Open chain stabilization Rotator Cuff Exercises

Open and Closed Chain Stabilize Strengthening Scapular Exercises

- Open and Close Chain Strengthening Exercises for the Pectoralis Major and Minor Muscles

<u>Breast Implants:</u>

Intensity will increase in between Phases

Chest Expansion Exercises:

- Deep Breathing Exercises 2-3 Sets
- Static Stretches for the Shoulder Girdle: 15-30 second hold; 2-4 repetitions 1-2x a Day
- Active Range of Motion Exercises of the Shoulder Joint; Limit movements above 90 Degrees

Posture Education + Postural Stability Exercises; 2-4 repetitions; 1-2x a Day

- Tai-Chi and Yoga

Balance Exercises: 2-4 repetitions; 1-2x a Day

- Open and Closed Chain Dynamic Strengthening Exercises
- Quadruped Dynamic Strengthening Exercises

Stabilized Resistance Training for the Scapular Muscles: 10 repetitions 2-3x a Day

- Open and Closed Chain Dynamic Strengthening Exercises
- Closed Chain Isometric Exercises

Stabilized Resistance Training for the Shoulder Girdle: 10 repetitions 2-3x a Day

- Open Chain Strengthening Exercises

<u>TRAM, Pedicle TRAM Flap Surgery, Free TRAM Flap Surgery:</u>

Intensity will increase in between Phases

- Deep breathing Exercises: 2-3 sets; 1-2x a Day
- Static Stretches for the Shoulder Girdle: 2-4 repetitions; 1-2x a Day
- Trunk Stabilization Lower Limb Dynamic Stretches: 2-4 repetitions 1-2x a Day
- Closed Chain Dynamic Hip Flexor Stretch
- Active Range of Motion Exercises 2-4 repetitions; 1-2x a Day

Posture Education + Postural Stability Exercises; 2-4 repetitions; 1-2x a Day

- Tai-Chi and Yoga

Balance Exercises: 2-4 repetitions; 1-2x a Day

- Seated Open and Closed Chain Dynamic Strengthening Exercises for the Gluts
- Standing Open and Closed Chain Dynamic Strengthening Exercises for the Quadriceps
- Quadruped Dynamic Strengthening Exercises

Resistance Training for Core Muscles: 10 repetitions 2-3x a Day

- Quadruped Closed Chain Dynamic Strengthening Exercises

Resistance Training for Shoulder Girdle: 10 repetitions; 2-3x a Day

- Open Chain Dynamic Strengthening Exercises

Resistance Training for Scapular Muscles: 10 repetitions; 2-3x a Day

- Open and Closed Chain Dynamic Strengthening Exercises

<u>LATISSIMUS DORSI FLAP SURGERY:</u>

Intensity will increase in between Phases

- Deep breathing Exercises: 2-3 sets; 1-2x a Day
- Static Stretches for the Shoulder Girdle: 2-4 repetitions; 1-2x a Day
- Trunk Stabilization Lower Limb Dynamic Stretches: 2-4 repetitions 1-2x a Day
- Closed Chain Dynamic Hip Flexor Stretch

- Active Range of Motion Exercises 2-4 repetitions; 1-2x a Day

Posture Education + Postural Stability Exercises; 2-4 repetitions; 1-2x a Day

- Tai-Chi and Yoga
- Scapular Isometric Exercises: 15-30 second hold; 2-3x a Day

Balance Exercises: 2-4 repetitions; 1-2x a Day

- Seated Open and Closed Chain Dynamic Strengthening Exercises for the Gluts
- Standing Open and Closed Chain Dynamic Strengthening Exercises for the Quadriceps
- Standing Coordination Exercises
- Quadruped Dynamic Strengthening Exercises

Resistance Training for Core Muscles: 10 repetitions 2-3x a Day

- Quadruped Closed Chain Dynamic Strengthening Exercises
- Trunk Stabilized Oblique Isometric Exercises

Resistance Training Stabilization Exercises for Shoulder Girdle: 10 repetitions; 2-3x a Day

- Open Chain Stabilization Strengthening Exercises

Resistance Training for Stabilized Scapular Muscles: 10 repetitions; 2-3x a Day

- Open and Closed Chain Stabilization Strengthening Exercises

Cancer Support Center

Introduction

The Cancer Support Center (official name) was established by the Comprehensive Cancer Control Program of the RMI Ministry of Health and Human Services to support cancer support activities and interventions to the growing population of cancer survivors in the Marshall Islands.

The center will be utilized for the following specific activities:

- Cancer Support Group Administrative Activities
- Resource Center for Cancer Education and Information
- Distribution of Cancer Packets for Patients that will undergo Treatment
- Regular Group Support Sessions for Newly Diagnosed Cancer Patients
- Bimonthly Cancer Support Special Events for all Cancer Survivors
- Art Therapy Classes
- Other Cancer-Related Meetings

Operational Guidelines

- ✓ The center will be open Monday to Friday from 10 am to 6 pm except on official holidays

- ✓ The CCC Coordinator for Cancer Survivorship (also Case Manager) and the Chairman of the Cancer Support Group (CSG) will have primary accountability to the overall operations and maintenance of the center.

- ✓ Only five people will have keys to the main door of the center:
  - CCC Program Director

- CCC Coordinator for Cancer Survivorship
- CSG Chairman
- CSG Secretary
- CCC Art Therapy Instructor

✓ Only two people will have keys to the art therapy room:
- CCC Coordinator for Cancer Survivorship
- CCC Art Therapy Instructor

✓ The center should be able to disseminate cancer information resources and materials to anyone who wishes to get information

✓ The group support area can be used for one-on-one or group support sessions and should always be kept clean

✓ Regular Group Support Sessions will be held every 2nd Thursday of every month

✓ Cancer Support Special Events will be held every other month

✓ Art therapy classes will be held twice a week (every Monday and Friday) from 4 pm to 6 pm except on holidays

✓ Facility Cost: The center will receive support from the Comprehensive Cancer Control Program / RMI Ministry of Health to implement activities. However, maintenance cost will be supported by the Cancer Support Group and through fundraising activities.