



Colleagues Connect

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Partnering with Primary Care on Cancer Survivorship Care Plans

by Sherry Hu, MD, PhD; Oncology

The increased incidence of cancer cases in the last 40 years, along with earlier detection, and advances in treatment have led to more cancer survivors. As an oncologist, it's gratifying to see patients live longer and fuller lives after cancer treatment. Recent estimates from the Centers for Disease Control and Prevention, the National Cancer Institute, and the American Cancer Society indicate that the number of cancer survivors has grown from 3 million in the early 1970's to more than 15 million in 2016.

Many survivors describe themselves as being in good to excellent health with a good to excellent quality of life after treatment, according to a 2017 National Comprehensive Cancer Network (NCCN) report. However, others report long-term side effects such as depression, pain, and fatigue, and some have permanent side effects such as neuropathy or lymphedema. Many cancer patients continue to struggle with stress after treatment, sometimes caused by a fear of ongoing care, surveillance, cancer recurrence, and financial burdens from high health care costs. To assist the growing number of survivors in the next critical phase of their lives, the American Society of Clinical Oncology (ASCO) and the NCCN recommend creating a survivorship care plan to serve as a roadmap for recovery after treatment.

While oncologists often take the lead on survivorship plan development, we work in partnership with primary care providers to develop a plan. Compiling this detailed document makes it easier for the care team to prevent recurring and secondary cancers, treat physical or mental issues post treatment, and address any psychosocial or financial concerns. Well-coordinated care between oncologists and primary care providers is one of the main goals of the survivorship care plan, so it's important that roles are clearly outlined in the plan.

Survivorship care plans should include:

- A personalized treatment summary
- Information on possible late and long-term effects
- Information on signs of recurrence
- Guidelines for follow-up care
- Identification of providers involved in treatment and care
- Recommendations on healthy living
- Identification of supportive care resources

Patients should be seen at least annually to assess for recurring cancer and second primary cancers. Screening for secondary cancers is often shared by primary care physicians and oncologists.

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The Polyclinic Northgate Plaza Expansion Project

In late summer, The Polyclinic will move all providers and staff out of our Northgate Meridian location at 11011 Meridian Ave. N. and into our newest clinic location just south of Northgate Mall:

The Polyclinic Northgate Plaza
9709 3rd Ave. NE | Seattle, WA 98115

The completely redesigned and renovated office space on several floors features:

- Upgraded exam and treatment space designed for efficient patient care and flow.
- A Northend hub for comprehensive health care services with primary care and 14 specialties, onsite imaging and lab services, and Polyclinic Now walk-in clinic 7 days a week.
- Central and convenient location near the Transit Center (and future light rail stop).
- Free patient parking.





In my practice, I perform two to four follow-up visits annually for the first two years, followed by one to two visits annually up to five years after treatment. At these visits, I routinely perform imaging and lab work in accordance with NCCN guidelines for the patient's type of cancer. A big part of these visits is to offer reassurance to help relieve patient anxiety and stress, and identify recurrence early. For most patients who remain cancer free for five years, I refer them back to their primary care physician for ongoing surveillance. I do follow up patients who have indolent malignancy long term, such as small lymphocytic lymphoma, follicular lymphoma, etc.

Because survivorship plans are still relatively new, there is limited research definitively showing care plans improve outcomes or patient survival. However, I believe survivorship care plans are a good start in delivering well-coordinated, holistic care to cancer patients after treatment. I welcome calls by primary care providers if you have questions about your patients during or after cancer treatment.



Dr. Hu is located at The Polyclinic Madison Center and can be reached at **206.860.5577**.

Lens Implants for Cataract Surgery: New and Traditional Options

by Karen Bhaskar, MD; Ophthalmology

Patients considering cataract surgery have a variety of lens implant options to choose from, including the latest extended depth of focus lenses that are among the 'premium' or 'advanced technology' lenses to reduce presbyopia, or the need for reading glasses after surgery. It's important to tell patients that cataract surgery won't completely eliminate their need for glasses, but can certainly reduce their dependence on them, depending on the lens implant selected.

Types of Intraocular Lenses or Lens Implants

Standard monofocal lenses work well to correct farsightedness or nearsightedness for most people. Monofocal lenses offer improved up-close, intermediate, or distance vision but patients must choose the one distance they want to enhance. Most people choose to improve distance vision, but they will still need bifocals or reading glasses for up-close activities like reading and intermediate activities like computer work. One variation with monofocal lenses that patients may consider is to correct distance vision in one eye and close-up vision in the other eye. This is called monovision. People who enjoyed monovision with contact lenses before their cataract surgery often request this type of correction for their surgery.

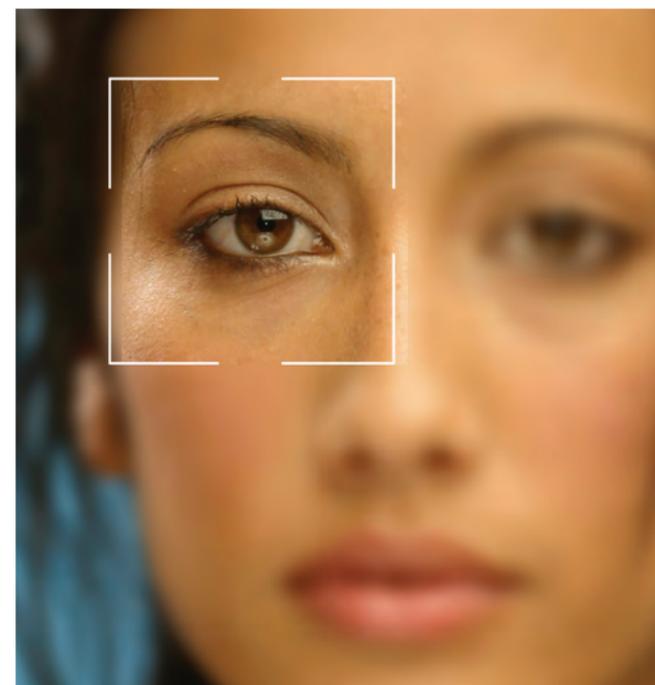
Premium or Advanced Technology Lenses

Toric intraocular lenses are a type of monofocal lens designed for those with astigmatism. In addition to correcting the refractive error caused by the irregular shape of the cornea (astigmatism), toric lenses also correct the patient's farsightedness or nearsightedness. Just like with monofocal implants, a patient's eyes are focused at one point and most people choose for both eyes to be focused for distance vision and wear glasses for intermediate and near tasks, but monovision (one eye focused for distance and one eye for up close) can be achieved with toric lenses as well.

Accommodating lenses move or change shape within the eye and allow patients to focus at different distances. These lenses provide a single focusing power, but because they move within the eye, they can provide good intermediate vision as well as good distance vision. Patients may still need glasses for up-close vision. Accommodating lenses are available in a toric option for those with astigmatism.

Multifocal lenses have been around for about 15 years and were designed to provide patients with the best of both worlds: improved close-up and distance vision for patients without astigmatism. This type of lens uses diffractive technology where the light is split between the two distances, providing two zones with two different focusing powers. Over time, typically two to three months, the brain learns to choose the correct focus automatically.

One common patient complaint has been that distance vision is not as crisp or sharp as up-close vision. There are other limitations to multifocal implants such as needing low powered reading glasses in low light situations and the observance of 'rings' around lights at night.



Extended Depth of Focus lenses are a new type of multifocal lens designed to improve vision at all distances: up close, intermediate, and distance and improve upon some of the drawbacks of the earlier multifocal lenses. In the last six months, the Food and Drug Administration (FDA) approved this new type of multifocal lens that offers an extended depth of focus.

This lens uses diffractive optics technology found in high quality camera lenses and brings light into a continuous range of vision rather than a single point of vision. This advanced technology provides clearer distance and intermediate vision with fewer noticeable 'rings' or 'halos'. It represents a significant enhancement for those who choose a premium or advanced technology type of lens.

Patients with this type of lens can be glasses-free except for occasionally needing reading glasses for extensive reading or in some limited light situations. Extended depth of focus lenses are also available in a toric option.

Cost Considerations

Not surprisingly, cost is one of the main considerations for patients choosing a lens implant. Most patients choose the standard monofocal lenses that are covered by Medicare and most insurance plans. Any of the advanced technology lenses require patients to pay an additional out-of-pocket cost that often ranges from \$1,500 to \$4,000 per eye. While advanced technology lenses aren't for everyone or everyone's budget, I provide patients with all their choices so they can select the best option for them.

Advanced Technology Lenses Not Right for All

It's important to keep in mind that not all cataract patients are good candidates for advanced technology lenses, including those with:

- Diabetic retinopathy
- Macular degeneration
- Epiretinal membrane
- Double vision requiring prisms

Questions?

If you have patients who are considering cataract surgery or if you have questions about their lens implant options, please contact my office.



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