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Commentary: Optimizing resources in lung cancer survivorship

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Survivorship programs in lung cancer serve as an essential component in improving outcomes through several mechanisms, including providing active surveillance for recurrence, for second primary lung cancers, as well as for extrathoracic malignancies. Keshava and colleagues¹ have reported their long-term outcomes with a nurse practitioner (NP)-run survivorship clinic, showing both high levels of compliance as well as similar long-term outcomes to those achieved by patients receiving survivorship care from their surgeons. The consequent implication is that survivorship care in lung cancer can be provided by highly trained NPs, freeing up surgeons to dedicate their time to seeing new or otherwise complex patients.

In this study, the referral of patients to the NP-run clinic occurred at the discretion of the operating surgeon, and, ultimately, only 29% of patients were referred to the NP-run clinic. The patients who were referred to this survivorship clinic were generally more likely to have been diagnosed with lower staged disease, more likely to have undergone minimally invasive procedures, and less likely to have received adjuvant therapy. Although adjustment for these variables occurred in the multivariable analysis, there may have been other factors that contributed to the surgeons' decisions regarding candidacy for the NP-run clinic, such as a close surgical margins, more aggressive histology, and the presence of additional suspicious ground glass lesions on imaging for which the model did not account. These nuances do not diminish the

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CENTRAL MESSAGE

Developing rigorous criteria for identifying patients to be followed in a nurse practitioner-run survivorship clinic will allow this model to be implemented more widely.

validity of the results presented, but they are important to consider in terms of generalizability of the findings. It would be helpful to have a more rigorous approach to defining the criteria of eligibility for referral to an NP-run clinic that incorporates more data than stage and time from surgery.

This report also emphasizes the importance of close collaboration between NPs and surgeons. As health care becomes increasingly complex and costly, the most efficient utilization of human resources occurs when all providers are able to perform at the top of their license. This enables the surgeons, a scarcer resource, to delegate more routine tasks to other members of the team. We have employed this model using problem-focused postdischarge telephone calls to identify patients who are at higher risk for emergency department visits and readmissions.²⁻⁴ In our experience, many issues during the early postoperative period can be managed by nurses over the telephone, whereas more complex issues have been referred either to the clinic or emergency department. The survivorship model described by Keshava and colleagues¹ shows how health care resource utilization can be optimized beyond the immediate postoperative setting. With highly trained NPs and close collaboration across teams, patients can receive appropriate survivorship care while enabling surgeons to use their time for the patients who need them most.

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