Cancer Guidelines for Providers

**National Comprehensive Cancer Network Guidelines**


Guidelines are categorized by site as well as for:
- Detection, prevention and risk reduction;
- Supportive care;
- Age related recommendations; and
- Patient education.

**American Society of Clinical Oncology Guidelines**

WellCare adheres to the practice guidelines set forth by the American Society of Clinical Oncology. The guidelines can be accessed here: [http://www.asco.org/ASCOv2/Practice+%26+Guidelines/Guidelines/Clinical+Practice+Guidelines](http://www.asco.org/ASCOv2/Practice+%26+Guidelines/Guidelines/Clinical+Practice+Guidelines)

Topics include types of cancer and the following:
- Assays and Predictive Markers
- Supportive Care and Quality of Life
- Survivorship
- Treatment-Related Issues

**Statistics**
(Source: **CDC, 2012**)

According to the National Program of Cancer Registries, as of 2008 the top 10 cancer sites for all races were:

<table>
<thead>
<tr>
<th><strong>Males</strong></th>
<th><strong>Females</strong></th>
<th><strong>Males and Females</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prostate</td>
<td>Breast</td>
</tr>
<tr>
<td>2</td>
<td>Lung and Bronchus</td>
<td>Lung and Bronchus</td>
</tr>
<tr>
<td>3</td>
<td>Colon and Rectum</td>
<td>Colon and Rectum</td>
</tr>
<tr>
<td>4</td>
<td>Urinary Bladder</td>
<td>Corpus and Uterus, NOS</td>
</tr>
<tr>
<td>5</td>
<td>Melanomas of the Skin</td>
<td>Thyroid</td>
</tr>
<tr>
<td>6</td>
<td>Non-Hodgkin Lymphoma</td>
<td>Non-Hodgkin Lymphoma</td>
</tr>
<tr>
<td>7</td>
<td>Kidney and Renal Pelvis</td>
<td>Melanomas of the Skin</td>
</tr>
<tr>
<td>8</td>
<td>Oral Cavity and Pharynx</td>
<td>Ovary</td>
</tr>
<tr>
<td>9</td>
<td>Leukemias</td>
<td>Kidney and Renal Pelvis</td>
</tr>
<tr>
<td>10</td>
<td>Pancreas</td>
<td>Pancreas</td>
</tr>
</tbody>
</table>
Health Disparities
(Source: CDC, 2012; CDC, 2011)

The Centers for Disease Control and Prevention (CDC, 2011) highlight the differences in prevalence, incidence and mortality of cancers with regard to gender, age, ethnicity, education, income, social class, disability, geographic location, or sexual orientation. The United States Cancer Statistics: 2008 Incidence and Mortality report states the following for all cancers:

- Among males, incidence rates are highest among Blacks, followed by Whites, Hispanics (all races), Asian/Pacific Islanders, and American Indian/Alaska Natives. Death rates among males are highest among Blacks, followed by Whites, Hispanics (all races), American Indian/Alaska Natives, and Asian/Pacific Islanders.
- Among females, incidence rates are highest among Whites, followed by Blacks, Hispanics (all races), Asian/Pacific Islanders, and American Indian/Alaska Natives. Death rates among females are highest among Blacks, followed by Whites, American Indian/Alaska Natives, Hispanics (all races), and Asian/Pacific Islanders.

To combat health disparities, the CDC (2012) encourages partnerships between public health agencies, health care providers, and minority communities to carry out the following:

- Increase early detection of cancer (e.g., mammography, Pap tests, colorectal cancer screening).
- Evidence based community interventions aimed at increasing screening and modifying risk behaviors.
- Develop research projects to encourage minority participation in clinical trials to recognize differences between minority groups.
- Participate in research to educate minorities about interventions to reduce cancer disparities and improve health.
- Utilize culturally sensitive marketing to educate minorities in various settings.

Issues to take into considerations with minorities include the fear of a cancer diagnosis and the perceived cost of healthcare, especially for those who are uninsured. A lack of provider referrals is a common issue and highlights the need for providers to encourage members to access preventive services. In addition, providers should encourage participation by minority members in clinical trials to ensure that they are provided the same care and access to state-of-the-art technology that patients in major care centers receive. (CDC, 2012).

Prevention
(Source: CDC, 2012; CDC, 2012)

Screening tests are available for breast, cervical, colorectal, lung, ovarian, prostate and skin cancers. Information on specific screenings can be accessed at http://www.cdc.gov/cancer/dcpc/prevention/screening.htm.

Providers can encourage their patients to reduce their cancer risk by (CDC, 2012):

- Maintaining a healthy weight
- Avoiding tobacco products and secondhand smoke
- Limiting alcohol consumption
- Avoiding excessive sun exposure and using sun screen and protective clothing

Currently two vaccines are available to reduce the risk of certain cancers. The human papillomavirus (HPV) protects against cervical, vaginal, vulvar and anal cancers. For more information, visit http://www.cdc.gov/hpv/vaccine.html. The hepatitis B vaccine protects against hepatitis B virus (HBV) which can lead to liver cancer. More information about the vaccine can be found at http://www.cdc.gov/vaccines/vpd-vac/hepb/default.htm.

Publications are available online from the CDC on a variety of topics. Publications can be downloaded and/or printed by visiting http://www.cdc.gov/cancer/dcpc/publications.
Preventing Infections
(Source: "CDC, 2012; CDC, 2011)

Individuals receiving chemotherapy are more likely to develop viral or bacterial infections due to weakened immune systems. Providers can help members know when they are most susceptible to infection – when white blood cell counts are lowest (typically 7 to 12 days after chemotherapy is completed). Other member education points include:

1. **Be Aware of Fevers.** Fever may be the only sign of infection a member may have; fevers can be life-threatening in those with weakened immune systems.
   - Always have a working thermometer handy and know how to use it.
   - Encourage members to take their temperature any time they feel warm, flushed, chilled, or not well.
   - Temperatures above 100.4°F (38°C) for more than one hour, or 101°F (38.3°C) or higher for any length of time should be reported to the provider immediately.
   - The provider’s daytime and after hours phone numbers should be with the member at all times (e.g., stored in cell phone, written in a prominent place in the home where the member rests).
   - Should a trip to the emergency room be warranted, members and their caregiver(s) should inform the registration staff that they person is a cancer patient undergoing chemotherapy. Explain that an infection is suspected due to fever as this should expedite treatment.

2. **Wash Hands Regularly.** Since many diseases are spread by the hands, clean hands prevent infections.
   - Encourage hand washing with soap and water; an alcohol-based hand sanitizer is a good alternative.
   - Encourage the member to ask caregivers, friends and family to wash their hands, as well as healthcare providers if they do not do so when preparing to provide care.
   - Educate members on washing their hands:
     - Before, during, and after cooking food and before eating.
     - After going to the bathroom, changing diapers or helping a child use the bathroom.
     - After blowing your nose, coughing, or sneezing.
     - After touching or cleaning up after your pet.
     - After touching trash.
     - Before and after treating a cut or wound or caring for your catheter, port, or other access device.

3. **Know the Signs and Symptoms.** Educate members on symptoms warranting a call to the provider:
   - Fever, chills and sweats.
   - Change in cough or a new cough as well as a sore throat or new mouth sore.
   - Shortness of breath.
   - Nasal congestion.
   - Stiff neck.
   - Increased urination, burning or pain with urination; for females, unusual vaginal discharge or irritation.
   - Redness, soreness, or swelling in any area, including surgical wounds and ports.
   - Diarrhea or vomiting.
   - Pain in the abdomen or rectum.
   - Any new onset of pain or change in mental status.

In addition, members undergoing chemotherapy should do the following:
- Avoid crowded places if possible and contact with anyone who is sick.
- Do not share food, drink cups, utensils or other personal items, such as toothbrushes.
- Shower or bathe daily and use an unscented lotion to prevent your skin from becoming dry and cracked.
- Cook meat and eggs all the way through to kill any germs. Wash raw fruits and vegetables.
- Have someone else clean up pet bodily waste. If this is not possible, members should protect skin from direct contact with pet urine and feces by wearing gloves then washing hands immediately afterwards.
- Use gloves for gardening.
• Clean teeth and gums with a soft toothbrush; mouthwash may be suggested by the healthcare provider to prevent mouth sores.
• Keep household surfaces clean.
• Get the seasonal flu shot as soon as it is available.

Survivorship
(Source: CDC, 2012)

People are living longer with cancer. Over 60% of individuals diagnosed with cancer will live at least five years after diagnosis. Cancer survivors face many challenges including physical, emotional, social, spiritual, and financial ones. Unfortunately, survivors have an increased risk of recurrence and developing second cancers. This can be caused by treatment, unhealthy behaviors, genetics, or the risk factors that contributed to the original cancer. To help members increase their survival and quality of life following a cancer diagnosis, encourage:

• Do Not Use Tobacco Products. Smoking is a preventable risk factor.
• Communication. All providers involved with the member’s care should work together in a timely manner to ensure the needs of the member are being met and to ensure quality coordination of care and services.
• Maintain an Active Lifestyle and Healthy Weight. Obesity can increase an individual’s risk of complications after surviving breast, prostate and colorectal cancers. Regular exercise can improve quality of life, as well.
• Other Important Topics to Discuss:
  ➢ A follow-up plan of care. This should include when to schedule follow-up visits, screenings, and tests as well as which providers will be involved.
  ➢ Any potential delayed effects of treatment.
  ➢ Seeking timely care when signs of infection or other concerning symptoms arise.
  ➢ Provide referrals for psychological or mental health care – this includes support and education for the member and caregiver.
  ➢ Recommended lifestyle changes to help the member’s health and quality of life after cancer.

USPSTF Recommendations
(Source: USPSTF, 2012)

The United States Preventative Services Task Force (USPSTF) recommends the following cancer screenings and tests:

- Recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (Grade B).

**Breast Cancer: Screening (2009)**
- Recommends biennial screening mammography for women aged 50 to 74 years. (Grade B).
- The decision to start regular, biennial screening mammography < age 50 years should be an individual one and take patient context into account (patient's values regarding specific benefits and harms. (Grade C).

**Breast Cancer Preventive Medication (2002)**
- Recommends clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention; clinicians should discuss potential benefits and harms. (Grade B).

**Cervical Cancer: Screening (2012)**
- Recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. (Grade A).
Colorectal Cancer: Screening (2008)
- Recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 and continuing until age 75. Risks and benefits vary. (Grade A).
- Recommends against routine screening for colorectal cancer in adults age 76 to 85 years. There may be considerations that support colorectal cancer screening in an individual patient. (Grade C).

Ovarian Cancer, BRCA Testing (Breast Cancer): Screening (2005)*
- Recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (Grade B).

Pap Smear (Cervical Cancer): Screening (2012)**
- Recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. (Grade A). See the Clinical Considerations for discussion of cytology method, HPV testing, and screening interval.

Skin Cancer: Counseling (2012)
- Recommends counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer. (Grade B).

* Update in progress as of December 2012.
** These recommendations apply to women who have a cervix, regardless of sexual history. These recommendations do not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive).

References


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