Evidence Table 5. Intervention characteristics—physician-led survivorship care models

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| **Author, Year**  **Trial Name**  **Type of Survivorship Model, if Defined**  **Recipient of Intervention Component** | **Inclusion/Exclusion Criteria** | **Goal of Intervention**  **Intervention Duration** | **Components of Survivorship Care** | **Intensity of Intervention** | **Delivery Agent (and Mode of Delivery)** |
| Cannon et al. 20101  NR  NR  Patients | Inclusion criteria:   * Patients who were at least 19 years of age (age of consent in Nebraska) and who had completed cancer treatment at the University of Nebraska Medical Center were included. Because Nebraska has a low number of ethnic minorities and is a predominantly rural state, all racial/ethnic minorities and patients coming from rural areas were first included. | To study the association between number of followup providers among survivors of hematologic malignancies and serious medical utilization  Average duration of interaction: 6 months | G1: Usual care with single provider (university-based oncologist or community physician [i.e., internist, family medicine physician, community oncologist])  G2: Usual care with multiple providers (university-based oncologist and community physician or community-based oncologist and either an internist or a family medicine physician) | NA | G1: Intervention component 1: University-based oncologist or community physician (i.e., internist, family medicine physician, community oncologist (face-to-face, telephone)  G2: Intervention component 1: University-based oncologisit and community physician or community-based oncologist and either an internist or a family medicine physician (face-to-face, telephone) |

Evidence Table 5. Intervention characteristics—physician-led survivorship care models (continued)

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| **Author, Year**  **Trial Name**  **Type of Survivorship Model, if Defined**  **Recipient of Intervention Component** | **Inclusion/Exclusion Criteria** | **Goal of Intervention**  **Intervention Duration** | **Components of Survivorship Care** | **Intensity of Intervention** | **Delivery Agent (and Mode of Delivery)** |
| Kokko et al. 20052  NR  NR  Patients | Inclusion criteria:   * Female patients with localized breast cancer diagnosed in the area of Tampere University Hospital between May 1991 and December 1995 were enrolled after primary treatment.   Exclusion criteria:   * Patients with metastatic disease and patients participating in other adjuvant clinical trials. | Incorporate information on both costs and health outcomes to compare more intensive with less intensive interventions  Average duration of interaction: 4.2 years | Routine followup visits (every third or sixth month); diagnostic examinations (routine or on clinical grounds) | Intervention component 1: Routine followup visits every 3 months for G1 and G2; every 6 months for G3 and G4  Intervention component 2:  Blood tests every 3 months for G1, 6 months for G3, as clinically indicated for G2 and G4. Chest x-ray every 6 months for G1 and G3, as clinically indicated for G2 and G4. Liver ultrasound and | Intervention component 1: Department of oncology (face-to-face)  Intervention component 2: Department of oncology (face-to-face) |

Evidence Table 5. Intervention characteristics—physician-led survivorship care models (continued)

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| **Author, Year**  **Trial Name**  **Type of Survivorship Model, if Defined**  **Recipient of Intervention Component** | **Inclusion/Exclusion Criteria** | **Goal of Intervention**  **Intervention Duration** | **Components of Survivorship Care** | **Intensity of Intervention** | **Delivery Agent (and Mode of Delivery)** |
| Kokko et al., 20052  (continued) |  |  |  | bone scan every second year for G1 and G3, as clinically indicated for G2 and G4 |  |

Evidence Table 5. Intervention characteristics—physician-led survivorship care models (continued)

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| **Author, Year**  **Trial Name**  **Type of Survivorship Model, if Defined**  **Recipient of Intervention Component** | **Inclusion/Exclusion Criteria** | **Goal of Intervention**  **Intervention Duration** | **Components of Survivorship Care** | **Intensity of Intervention** | **Delivery Agent (and Mode of Delivery)** |
| Wattchow et al., 20063  Provider-led  Patients | Inclusion:   * Surgery for colon cancer (including rectosigmoid) with histological grade Dukes stage A, B, or C (cases of disseminated cancer were excluded). * Completion of postsurgical chemotherapy (principally Dukes Stage C patients). * Followup by GPs and surgeons available. * Able to provide informed consent.   Exclusion:   * Rectal tumors (current practice for rectal cancer followup requires regular sigmoidoscopy that would not be undertaken by many GPs). * Significant polyps discovered at initial colonoscopy (or at subsequent completion colonoscopy) that indicated increased frequency of colonoscopic monitoring. * Any other condition that warranted increased intensity of surveillance with respect of colon cancer followup. | To determine whether, among these patients, the setting of followup impacts on our primary outcomes: quality of life, psychological well-being, and satisfaction with care  Average duration of interaction: NR; patients were followed for up to 24 months | Surveillance for recurrence/new cancers; symptoms | Patients expected to visit their treating provider for followup on a quarterly basis | Intervention component 1: General practioner (mode NR)  Intervention component 2: Surgeon (mode NR) |

Abbreviations: G = group; GPs = general practitioners; NA = not applicable; NR = not reported; SD = standard deviation.