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Reply to The Long and Winding Road in Cancer Survivorship Care

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We thank Zanet et al for their commentary on our article,¹ which documented a lack of readiness among primary care providers (PCPs) to care for survivors of breast cancer in the safety net. We agree that the transition from a model run by oncologists to one incorporating primary care has become a current reality rather than a future promise. We also share their belief that the success of this transition, as measured by quality of care and patient satisfaction, will be determined by the proficiency and confidence with which PCPs adopt their new roles.

In theory, this transition could push quality in either direction. Although more limited oncologic experience and a lack of familiarity with societal guidelines could impede the clinical effectiveness of PCPs, their more general training may benefit survivors, who often struggle with medical comorbidities in addition to cancer-related conditions. Moreover, PCPs, who are accustomed to comanagement and are often more familiar with local referral patterns, are ideally positioned to guide patients through an increasingly fragmented health care system.

With regard to the proposed solutions, we agree that training and experience are key, but view our results more as a needs assessment than a normative evaluation of current practices. Multiple surveys,² including our own, have suggested that PCPs almost universally desire more training, especially in “pure oncologic problems,” which fall furthest from their previous education. However, given resource constraints, we are less keen to advocate for more centralization of care, particularly for safety-net patients, among whom economic and social barriers already limit access to many needed health services.

It may indeed be a “long and winding road” ahead for both survivors and providers transitioning into new roles, but oncologists can aid efforts by improving 2-way communication with PCPs and providing survivorship care plans as they send their patients on their way.³

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CONFLICT OF INTEREST DISCLOSURES

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