



## Cancer Guidelines for Providers

### OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based practice recommendations for the treatment of cancer including behavioral health implications. The CPG outlines the organizations that WellCare aligns with regarding cancer and Measureable Health Outcomes.

### OVERVIEW

According to the National Program of Cancer Registries, as of 2011 the top 10 cancer sites for all races were:<sup>1</sup>

	Males	Females	Males and Females
1	Prostate	Breast	Breast (Female)
2	Lung and Bronchus	Lung and Bronchus	Prostate
3	Colon and Rectum	Colon and Rectum	Lung and Bronchus
4	Urinary Bladder	Corpus and Uterus, NOS	Colon and Rectum
5	Melanomas of the Skin	Thyroid	Corpus and Uterus, NOS
6	Non-Hodgkin Lymphoma	Melanomas of the Skin	Melanomas of the Skin
7	Kidney and Renal Pelvis	Non-Hodgkin Lymphoma	Urinary Bladder
8	Oral Cavity and Pharynx	Kidney and Renal Pelvis	Non-Hodgkin Lymphoma
9	Leukemias	Ovary	Kidney and Renal Pelvis
10	Pancreas	Pancreas	Thyroid

The Centers for Disease Control and Prevention 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. Highlights for the following for all cancers include:<sup>2</sup>

- 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 encourages partnerships between public health agencies, health care providers, and minority communities to carry out the following:<sup>3</sup>

- 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 & 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 minority members to participate in new and emerging technologies that are available in major care centers.<sup>3</sup>

## Hierarchy of Support

### GUIDELINE HIERARCHY

CPGs are updated annually or as necessary due to updates made to guidelines or recommendations by the American Society of Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN). When there are differing opinions noted by national organizations, WellCare will default to the member's benefit structure as deemed by state contracts and Medicaid / Medicare regulations. If there is no specific language pertaining to cancer, WellCare will default (in order) to the following:

- National Committee for Quality Assurance (NCQA);
- United States Preventive Services Task Force (USPSTF), National Quality Strategy (NQS), Agency for Healthcare Research and Quality (AHRQ);
- Specialty associations, colleges, societies, etc. (e.g., American Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, American Cancer Society, etc.).

Links to websites within the CPGs are provided for the convenience of Providers. Listings do not imply endorsement by WellCare of the information contained on these websites. NOTE: All links are current and accessible at the time of MPC approval.

WellCare aligns with the ASCO and NCCN on the topic of cancer. Highlights from their respective publications are noted below.

### AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO)

In addition, WellCare adheres to the practice guidelines set forth by the American Society of Clinical Oncology. The guidelines can be accessed [here](#). Topics include types of cancer and the following:<sup>4</sup>

- Assays and Predictive Markers
- Supportive Care and Quality of Life
- Survivorship
- Treatment-Related Issues

### NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN)

WellCare adheres to the practice guideline set forth by the National Comprehensive Cancer Network (NCCN) Guidelines that can be accessed [here](#). Guidelines are categorized by site as well as by:<sup>5</sup>

- Detection, prevention and risk reduction;
- Supportive care;
- Age related recommendations; and
- Patient education.

NOTE: Readers will be prompted to register for a free membership in order to access the guidelines.

## Evidence Based Practice

### MEASUREMENT OF COMPLIANCE

WellCare is committed to adhering to the measures and standards published by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Please reference WellCare's Clinical Policy Guiding Document titled *Quality Improvement*.

NOTE: To access Clinical Policy Guiding Documents visit [www.wellcare.com](http://www.wellcare.com) – select the Provider tab, then “Tools” and “Clinical Guidelines”.

## Care Management

The goals for Care Management is to support the member in establishing initial and attending follow up care visits with the Cancer treatment team, minimize symptoms and complications, and remove barriers preventing the member from achieving goals. Primary symptoms of Cancer Treatment side effects/complications to educate member on include:<sup>6</sup>

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|--|--|
| <ul style="list-style-type: none"> <li>• Anemia</li> <li>• Appetite Loss</li> <li>• Bleeding and Bruising (Thrombocytopenia)</li> <li>• Constipation</li> <li>• Delirium</li> <li>• Diarrhea</li> <li>• Edema</li> <li>• Fatigue</li> <li>• Hair Loss (Alopecia)</li> <li>• Infection and Neutropenia</li> </ul> | <ul style="list-style-type: none"> <li>• Lymphedema</li> <li>• Memory or Concentration Problems</li> <li>• Mouth and Throat Problems</li> <li>• Nausea and Vomiting</li> <li>• Nerve Problems (Peripheral Neuropathy)</li> <li>• Pain</li> <li>• Sexual and Fertility Problems</li> <li>• Skin and Nail Changes</li> <li>• Sleep Problems</li> <li>• Urinary and Bladder Problems</li> </ul> |
|--|--|

Members should seek emergency care for:

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|---|--|
| <ul style="list-style-type: none"> <li>• A single temperature above 101°F or a temperature above 100.4°F for more than 1 hour, especially if you are undergoing chemotherapy</li> <li>• Confusion or a change in mental status, including hallucinations</li> <li>• Difficulty breathing</li> <li>• A new rash</li> <li>• Trouble swallowing, drooling, or facial, neck, or tongue swelling (concerns regarding anaphylaxis)</li> </ul> | <ul style="list-style-type: none"> <li>• Increased pain</li> <li>• Headache</li> <li>• Abdominal pain</li> <li>• Constipation or uncontrollable diarrhea</li> <li>• Uncontrollable nausea and/or vomiting</li> <li>• Bleeding</li> <li>• Swelling in legs or arms</li> </ul> |
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### MEASURABLE HEALTH OUTCOMES

Targeted Health Outcomes (Extended Program Goals) result from successful member self-management (see Case Management Objectives).

1. The Member experiences no symptoms requiring acute medical care and intervention. The case manager compares the recent utilization frequency for cancer, complications/side effects of cancer treatment to the frequency prior to CM engagement. CM monitors for ED and inpatient authorization/utilization related to the primary diagnosis of Cancer. In absence of ED and inpatient utilization, authorizations and claims data, or to otherwise demonstrate less frequent need for acute medical intervention, CM may use Provider and/or Member narrative.
2. The Member reports satisfaction with cancer treatment team and plan.

### CASE MANAGEMENT GOALS

Case Goals should target specific care gaps and/or adherence issues, and measure the member's progress towards self-management and adherence which will lead to the targeted health outcomes above. Examples:

1. The Member attends initial and follow up appointments with Cancer Treatment team per treatment team recommendations over last 90 days. (verified by claims or member/provider narrative)
2. The Member's prescription refills demonstrate at least an 80% adherence rate (verified by claims or member/provider narrative) over last 30 days.
3. The Member is adherent to labs and diagnostics prescribed by the physician/cancer treatment team (verified by claims or member/provider narrative) over last 30 days.
4. Specific for Members requiring hospitalization: The Member participates in provider follow-up visit within 7 days of hospital discharge.

Other measurable health outcomes may apply based on complications and comorbidities in the individual. Refer to those other CPGs for additional options for health outcomes.

## CASE MANAGEMENT OBJECTIVES

Case Management Objectives should focus on improving the member's self-management skills including:

- Following physician-recommended treatment plan
- Managing side effects of cancer treatment per treatment team recommendations
- Taking medications as prescribed. Always check with the physician before taking any drugs not prescribed by the physical
- Adhering to provider visit(s) as scheduled
- Early identification of oncoming symptoms (listed above) to report timely to physician
- Seeking immediate care for emergent symptoms (listed above)

The care team should also conduct risk screening and treat anxiety and depression, if applicable.

## MEDICAL BEHAVIORAL INTEGRATION

*Behavioral Health.* At times, people think depression is “normal” when faced with a cancer diagnosis, but in actuality, treating the depression could be considered an enhancement to the quality of life. It is important to evaluate and treat depression. Adding an anti-depressant or starting a person in counseling should be strongly considered if mood begins to dip.

*Preventing Infections.*<sup>7,8</sup> 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.*<sup>9</sup> 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.

## MEMBER EDUCATIONAL RESOURCES

WellCare contracts with Krames/StayWell for Member educational materials utilized by Case Managers. Items are available to review with Members to address knowledge gaps. Case Managers verbally educate Members on the topics below related to cancer. (Titles may also be sent to the member).

NOTE: Links are internal for WellCare Care Management staff. Please see below for public links.

- Resources for People with Cancer
- Preventing Cancer
- Anemia During Cancer
- Blood and Blood Product Transfusions for Cancer
- Managing Lymphedema After Cancer
- Prostate Cancer Screening: Making a Decision
- Targeted Therapy for Cancer
- Prostate Cancer Screening
- Colorectal Cancer Screening
- Immunotherapy for Cancer: Nonspecific
- Oncology: Preventing Infections
- Oncology: Communicating with Others

Providers may wish to research the titles above related to asthma that Case Managers utilize with Members.

## Health Equity, Health Literacy, and Cultural Considerations

WellCare is committed to increasing knowledge regarding health equity, health literacy, and cultural considerations. Please reference the CPG titled *Health Equity, Literacy, and Cultural Competency: HS-1052*.

## Related WellCare Guidelines

In addition to the information contained in this document, please reference the following age-specific Preventive Health CPGs: *Adolescent (HS-1051)*, *Adult (HS-1018)*, *Older Adult (HS-1063)*, and *Pediatric (HS-1019)*.

NOTE: Clinical Policies can be accessed by going to [www.wellcare.com](http://www.wellcare.com) – select the Provider tab, then “Tools” and “Clinical Guidelines”.

## References

1. National Program of Cancer Registries (NPCR). Cancer data and statistics tool. Centers for Disease Control and Prevention Web site. <https://nccd.cdc.gov/uscs/>. Accessed April 18, 2018.
2. United States Cancer Statistics Working Group. United States Cancer Statistics: 1999–2011 Incidence and Mortality Web-based Report. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2014.
3. Basic information about health disparities in cancer. Centers for Disease Control and Prevention Web site. [http://www.cdc.gov/cancer/healthdisparities/basic\\_info/index.htm](http://www.cdc.gov/cancer/healthdisparities/basic_info/index.htm). Published July 13, 2016. Accessed April 18, 2018.
4. American Society of Clinical Oncology Web site. Clinical practice guidelines. <http://www.asco.org/ASCOv2/Practice+%26+Guidelines/Guidelines/Clinical+Practice+Guidelines>. Accessed April 18, 2018.
5. NCCN guidelines. National Comprehensive Cancer Network Web site. [http://www.nccn.org/professionals/physician\\_gls/f\\_guidelines.asp](http://www.nccn.org/professionals/physician_gls/f_guidelines.asp). Accessed April 18, 2018.
6. Cancer. National Comprehensive Cancer Network Web site. <http://www.nccn.org>. Accessed April 18, 2018.
7. Preventing infections in cancer patients: information for patients and caregivers. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/cancer/preventinfections/patients.htm>. Updated October 25, 2017. Accessed April 18, 2018.
8. Preventing infections in cancer patients: information for health care providers. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/cancer/preventinfections/providers.htm>. Updated October 25, 2017. Accessed April 18, 2018.
9. Basic information about cancer survivorship. Centers for Disease Control and Prevention Web site. [http://www.cdc.gov/cancer/survivorship/basic\\_info/index.htm](http://www.cdc.gov/cancer/survivorship/basic_info/index.htm). Updated May 30, 2017. Accessed April 18, 2018.

## Disclaimer

Clinical Practice Guidelines (CPGs) made available by WellCare are informational in nature and are not a substitute for the professional medical judgment of treating physicians or other health care practitioners. CPGs are based on information available at the time and may not be updated with the most current information available at subsequent times. Individuals should consult with their physician(s) regarding the appropriateness of care or treatment options to meet their specific needs or medical condition. Disclosure of a CPG is not a guarantee of coverage and is not intended to be used for Utilization Management Decisions or for claims. Members of WellCare Health Plans should consult their individual coverage documents for information regarding covered benefits. WellCare does not offer medical advice or provide medical care, and therefore cannot guarantee any results or outcomes. WellCare does not warrant or guarantee, and shall not be liable for any deficiencies in the information contained herein or for any inaccuracies or recommendations made by independent third parties from whom any of the information contained herein was obtained. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on [www.wellcare.com](http://www.wellcare.com). Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

Easy Choice Health Plan ~ Harmony Health Plan of Illinois ~ Missouri Care ~ Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona  
OneCare (Care1st Health Plan Arizona, Inc.) ~ Staywell of Florida ~ WellCare Prescription Insurance ~ WellCare Texan Plus (Medicare – Dallas and Houston markets)  
WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

## Medical Policy Committee Approval History

Date	History and Revisions by the Medical Policy Committee
5/3/2018	<ul style="list-style-type: none"> <li>• Approved by MPC. No changes.</li> </ul>
6/28/2017	<ul style="list-style-type: none"> <li>• Approved by MPC. Included Care Management and Health Equity/Literacy/Culture section.</li> </ul>
7/7/2016	<ul style="list-style-type: none"> <li>• Approved by MPC. Inclusion of items for Illinois market.</li> </ul>
12/16/2015	<ul style="list-style-type: none"> <li>• Approved by MPC. Inclusion of items from the USPSTF and the American Cancer Society.</li> </ul>
3/19/2015	<ul style="list-style-type: none"> <li>• Approved by MPC. Updated USPSTF guidelines.</li> </ul>
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