

2 November 2016

Ms Marie Malica
Clinical Oncology Society of Australia (COSA) Executive Officer
Dr Haryana Dhillon
Chair, COSA Survivorship Group

Email: hayley.griffin@cancer.org.au

Dear Ms Malica and Dr Dhillon,

The Royal Australian College of General Practitioners (RACGP) thanks the Clinical Oncology Society of Australia (COSA) for opportunity to provide feedback on the COSA Model of Survivorship Care – Critical Components of cancer Survivorship Care in Australia.

The RACGP welcome the inclusion of general practice as the central point of contact between individuals and the healthcare system. The RACGP believes there is considerable scope to strengthen the document, by explicitly describing the role of general practitioners (GPs) in follow-up care, namely in shared care, management of comorbidities and care coordination.¹

The RACGP supports the development of new models of integrated cancer care, and in particular, the importance of well-coordinated systems of care that address the broader physical and psychological needs of cancer survivors^{1,2}. There are number of advantages of GP involvement in cancer care follow-up. These include increased accessibility to care, reduced costs, reduced burden on specialists and enhanced continuity of care³. In addition, patients follow-up in general practice are more likely to receive timely treatment of co-morbid conditions that often pose a risk to survival³.

Cancer survivors are a vulnerable group, in that a previous diagnosis of cancer may overshadow other medical problems. As a result, GPs are best placed to ensure cancer survivors receive general medical care, an important aspect of treatment given that comorbid conditions often pose a greater risk to survival. General practice also provides coordination between specialists, community services and other primary care providers, ensuring all of the survivor's health needs are met.

Yours sincerely,



Dr Bastian Seidel
President

References

1. Rubin, G. 2015. The expanding role of primary care in cancer control. *Lancet Oncology*: 16, 1231-1272
2. Hewitt M, Greenfield S, Stovall E. From cancer patient to cancer survivor: lost in transition. Washington DC: The National Academies Press, 2006
3. Hall SJ, Samuel LM, Murchie P, Hall SJ, Samuel LM, Murchie P. 2011. Toward shared care for people with cancer: developing the model with patients and GPs. *Family Practice*, 28(5):554-64.