ECHO Idaho: Cancer Survivorship
CASE RECOMMENDATION FORM

Project ECHO Idaho (ECHO) case presenters are responsible for ensuring that no personally identifiable information (PII) nor protected health information (PHI) is shared during an ECHO session, in compliance with HIPAA privacy laws, to ensure patient privacy and confidentiality. Panelists and participants involved in reviewing the case may provide recommendations, suggestions, or considerations based on the information presented during an ECHO session. The professional practitioner presenting the case is free to accept or reject the advice and remains in control of the patient's care. ECHO case presentations are informal consultations that do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in an ECHO session.

ECHO Session Date: 1/14/26 **Presenter Credential**: NP

Thank you for presenting your patient at ECHO Idaho –Cancer Survivorship.

Summary:
This case involves a 49-year-old female who, four years after initial treatment for Stage 1 breast cancer (lumpectomy and radiation), developed radiation-induced angiosarcoma in the left medial breast, a rare and aggressive secondary malignancy. The diagnosis was complicated and delayed by the lesion initially presenting as a small bruise and being mistaken for a benign finding on imaging, highlighting a diagnostic challenge common with this condition. The patient, who has a positive outlook and no barriers to care, is currently undergoing treatment with weekly paclitaxel chemotherapy followed by a planned mastectomy with the goal of achieving remission.

Question:
What could we have done differently/better for this patient?

We want to acknowledge the thoughtful, patient-centered care you've provided—your strong multidisciplinary approach, proactive psychosocial support, ongoing navigation, and consistent advocacy for the patient clearly stood out, especially given the significant rural and system-level challenges you're navigating.

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Strengthen Care Coordination & Navigation

- Expand the role of care coordinators/nurse navigators, especially given rural barriers.
- Use navigators to:
  - Track referrals and follow-ups
  - Proactively obtain outside records and imaging
  - Serve as a consistent point of contact across fragmented systems
- Where feasible, establish clearer, repeatable processes for communication (fax workflows, checkpoints, accountability).

Improve Communication Across Systems

- Recognize EMR fragmentation as a major barrier and compensate with:
  - More deliberate, explicit documentation
  - Clearly stated rationale in orders (e.g., explicitly justifying biopsy requests so radiology understands clinical concern).
- Work toward automating communication where possible, even within fax-based systems.

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Survivorship Care Planning

- Implement and actively use a survivorship care plan that:
  - Clarifies oncology team responsibilities vs. primary care responsibilities
  - Outlines surveillance, red flags, and follow-up expectations
- Go beyond distributing the plan:
  - Sit down with patients to review it
  - Empower them to use it as a self-advocacy tool
- Identify a consistent "checkpoint" in care when survivorship plans are reviewed.

Mental Health & Psychosocial Support

- Reassess mental health needs over time, particularly in the context of treatment-related injury, evolving distress, anger, or mistrust of the medical system.
- Leverage oncology social workers to help identify appropriate resources and consider outside referrals when needed.
- Useful tools for locating mental health care include Psychology Today, which allows filtering by insurance accepted and therapy type
- A trauma-informed lens is strongly recommended for patients with a cancer diagnosis, and it is important to normalize that distress may evolve even when patients initially appear to be coping well.

Patient Education & Self-Advocacy

- Provide targeted education at transition points (e.g., end of active treatment) about:
  - What symptoms or physical changes should prompt concern
  - When and how to advocate for further evaluation
- Encourage patients to "see something, say something," especially survivors whose concerns may otherwise be minimized.
- Connect patients to survivorship peer support groups and survivor communities for validation and guidance.

Rehabilitation, Physical Therapy & Lymphedema Care

- Monitor for potential increased risks related to re-irradiated tissue (loss of shoulder range of motion, tightness, Lymphedema)
- Refer early to PT/rehab when possible.
  - Use tools like the LANA directory to locate lymphedema-certified providers (including telehealth), especially in rural areas.
- Emphasize pacing strategies, gentle strength and conditioning, and education-focused interventions rather than prolonged therapy when access is limited.

Nutrition & Energy Conservation

- Even patients with nutrition knowledge may benefit from reduced mental and physical load through simplified meal planning
- Consider telehealth nutrition support to address fatigue, maintain adequate intake during treatment and reduce decision fatigue

Shared Responsibility Model

- Balance support by delegating system-navigation tasks to coordinators and empowering motivated patients to participate in tracking and advocating for their care
- Build clear expectations with external partners about what information is shared and how follow-up will occur