



ECHO Idaho: Cancer Survivorship CASE RECOMMENDATION FORM

ECHO Session Date: 6/25/26

Summary: This case describes a 57-year-old female with Medicaid who was initially diagnosed with stage IV ovarian cancer in 2017 after presenting to the emergency room with suspected pregnancy, which imaging instead revealed as cancer; she later developed stage II breast cancer in 2025. Her treatments have included full hysterectomy and chemotherapy for ovarian cancer, as well as a bilateral mastectomy without reconstruction for breast cancer. She has significant comorbidities, including longstanding psychiatric disorders (hallucinations, dissociation with multiple personalities, and chronic PTSD), a history of dental abscesses, and severe chronic weight loss. She takes Seroquel among other medications and remains active in cancer treatment. Although she has been referred to multiple supportive services—including survivorship care, nutrition, mental health support, support groups, and financial navigation—she has not yet completed genetic counseling or survivorship care planning and does not have an advance directive. Socially, she lives with her mother and siblings who serve as caregivers, and she is unable to work due to her psychiatric and physical condition. Her stated goals are to continue her medical regimen, work with caregivers, and participate in an oncology recovery program for physical and emotional support.

Mental Health & Psychiatric Care

- Ensure ongoing psychiatric care
- Connect to trauma-informed therapy
- Clarify and coordinate treatment for PTSD and complex psychiatric symptoms
- Improve care coordination across mental health providers
- Ensure care approach accounts for possible dissociative symptoms/multiple identities

Nutrition & Physical Health

- Conduct a nutritional assessment to investigate significant weight loss and screen for deficiencies
- Refer to registered dietitian
- Assess food access, ability to prepare meals, and household support for nutrition
- Continue participation in oncology recovery program (exercise, social engagement, and physical rehabilitation)



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Core Clinical & Care Recommendations

- Develop a comprehensive survivorship care plan
- Given weight loss and mental health concerns, ensure close oncology and primary care integration
- Consider referral for genetic/hereditary cancer risk counseling; this may inform care for both patient and family members

Social Support & Care Coordination

- Engage an oncology patient navigator to help coordinate medical, psychosocial, and community resources
- Involve social work services for social determinants of health (housing, food, support access) and support navigating community-based resources
- Ensure caregiver involvement in medical visits
- Provide caregiver support services, including:
 - Respite care
 - Support programs
- Assess eligibility for caregiver compensation programs

Functional & Supportive Care

- Consider occupational therapy to address fatigue and improve daily functioning
- Coordinate supportive services for cancer-related fatigue and physical limitations

Caregiver & Family Integration

- Ensure at least one caregiver attends appointments and understands treatment plan and disease course
- Strengthen family involvement in care coordination
- Evaluate household capacity to support patient needs
- Given mental health status, coordinate with psychiatric and caregiver support to gradually encourage establishing advance directive and future focused care planning discussions