Planning for Survivorship?

One of the most important initiatives in supportive care in recent years is the emergence—and growing number—of cancer survivorship programs at cancer centers around the country. Spurred by changing demographics (over 10 million survivors in the United States); advocacy groups such as the National Coalition for Cancer Survivorship (NCCS) and the Lance Armstrong Foundation (LAF); a major report from the Institute of Medicine (From Cancer Patient to Cancer Survivor: Lost in Transition); and an Office of Cancer Survivorship at the National Cancer Institute (NCI), survivorship has gained recognition as a critical aspect of the cancer experience.

As defined by the NCCS and the NCI, survivorship spans the period from diagnosis through eventual death and includes those living with active cancer as well as those who have been cured or are in remission. The definition also includes family and caregivers.

Despite the broad definition, there are transition points in the cancer experience that bring consciousness of survivor issues to the fore. An obvious one is the completion of acute cancer treatment. We have sometimes thought of this as a sort of “graduation.” While it is an important milestone, as every new high school and college grad knows, it may also be an uneasy transition to the uncertain and the unknown. People with cancer have a wide range of responses to diagnosis, treatment, and treatment completion. Most will have at least some anxiety about the potential for recurrence. Some will have residual symptoms from the disease or its treatment. Many will be continuing on a maintenance or prophylactic treatment for months or years. Many will also be facing questions about a return to the “normal” life they had prior to diagnosis.

A contribution of professional caregivers to this transitional period is the development of a treatment summary and “survivorship care plan.” This is a patient-focused process aimed at supporting and empowering the patient. A treatment summary is essential information for all current and future providers, as well as for patient understanding of the disease and its interventions. Complications and toxicities, as well the specific treatments received, should be noted. The treatment plan incorporates essential information on follow-up for residual effects; surveillance for late effects, recurrence, and new cancers; and self care actions for health promotion.

Long-term risks and organ damage associated with treatments should be specifically highlighted. For example, myocardial damage is a toxicity of anthracyclines, with a concomitant risk of future heart failure. In addition, because the focus has been so sharply on the cancer, both patient and provider may need to be reminded that the patient is as much at risk for noncancer age-related diseases as is the general population. Guidance for health promotion may be even more critical than for the general population. Survivors may have fears or misconceptions about developing an exercise routine, either for rehabilitation or health promotion. Similarly, many patients are concerned about how diet affects their recovery and promotes health. The initial survivorship treatment plan and
ongoing assessment and counseling can address both of these common concerns.

Some ongoing concerns may be addressed only in general terms in the survivorship care plan. This would include evolving psychosocial, relationship, sexuality, work, and insurance issues. But all of these should be openly acknowledged as potential issues, where applicable, so that the patient is aware and given permission to bring them up at a time that is reasonable and important to them.

As survivorship programs evolve, it can be anticipated that these issues, many of which overlap the acute treatment period, can be introduced “upstream,” so that the transition is smooth, gradual, and relatively seamless.

Online Resources

- **Sexuality and Fertility Issues in Cancer Patients** (Online PowerPoint presentation for professionals). (OncoLink)
- **Survivorship** (For professionals & patients) (OncoLink)
- **OncoLife Survivorship Care Plan** (disease-specific information for survivors) (OncoLink).
- **Updated methadone resources from Pain-Topics.org**:
  - Oral Methadone Dosing for Chronic Pain: A Practitioner's Guide
  - Methadone Safety Handout for Patients (in English and Spanish)

Continuing Education

**Yale**

- Schwartz Center Rounds: Monthly multidisciplinary forum where professional caregivers discuss difficult emotional and social issues that arise in caring for patients. 12:00 Noon, YNHH East pavilion, 9th Floor Conference Room. CME.
  - May 19 – When a patient fires the caregiver
  - June 16 – Caring for a health care professional
- May 20 – 21, 9:00am – 5:00pm. 2nd Annual Cancer Survivorship Conference, featuring Jimmie Holland, MD. Anlyan Center. Contact Hilarie.Carrieri@yale.edu.

**Connecticut**

- May 16, 8:00am – 3:30pm. Florence Wald Annual Educational Conference & Exposition, Choosing H.O.P.E. in Diverse Populations: Hospice Opportunities to Pursue Excellence. Saint Clements Castle in Portland, CT

**Elsewhere**

- Jun 5 – 6. The Art & Science of Palliative Care Nursing. Newton, MA.

**Online**

- Webcast—Late Effects of Cancer Survivorship (CNE-ONS).

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**News**

- **New Therapies Fight Phantom Noises of Tinnitus** (NY Times)
- Less than 3 months until the Connecticut Challenge, July 26. Plenty of time to train, sign up as a volunteer, join or form a team, raise money to support Survivorship Clinic at Yale Cancer Center and (pediatric) HEROES Clinic.
- New Position Statement from Oncology Nursing Society on Psychosocial Services for Patients With Cancer.
- FDA Approves Relistor (subcutaneous methylaltrexone) for opioid-induced constipation. Will be available in June, 2008. Full prescribing information.

**Journal Watch**


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Sponsored by the Connecticut Challenge Survivorship Program and the Yale Cancer Center Supportive Oncology Program
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References


American Society for Clinical Oncology Survivorship Plans

ASCO Breast Cancer Survivorship Plan: a modifiable document that provides a customized plan for breast cancer survivorship care based on ASCO’s guideline. The Plan can be added to a breast cancer treatment plan and summary template.

- **Breast Cancer Survivorship Plan (New 0907)- Modifiable Microsoft Word document**: this version is best printed and filled in by hand.
- **Breast Cancer Survivorship Plan (New 0907)- Microsoft Word form**: this form is best completed by typing in content electronically. The completed template can be saved and/or printed.

Related ASCO Resources

*American Society of Clinical Oncology 2006 Update of the Breast Cancer Follow-up and Management Guideline in the Adjuvant Setting*

This page includes the guideline abstract and links to the full text of the guideline and Breast Cancer Surveillance Flow Sheet.

*ASCO Patient Guide: Follow-Up Care for Breast Cancer*

A patient guide based on ASCO's breast cancer follow-up care guideline.
ASCO Colon Cancer Survivorship Plan: a modifiable document that provides a customized plan for colon cancer survivorship care based on ASCO's guideline. The Plan can be added to a colon cancer treatment plan and summary template.

- Colon Cancer Survivorship Plan (New 0907)- Modifiable Microsoft Word document: this version is best printed and filled in by hand.
- Colon Cancer Survivorship Plan (New 0907)- Microsoft Word form: this form is best completed by typing in content electronically. The completed template can be saved and/or printed.

Related ASCO Resources
Colorectal Cancer Surveillance: 2005 Update of an American Society of Clinical Oncology Practice Guideline
This page includes the guideline abstract and links to the full text of the guideline and Colon Cancer and Rectal Cancer Surveillance Flow Sheets.
ASCO Patient Guide: Follow-Up Care for Colorectal Cancer
A patient guide based on ASCO's colorectal cancer surveillance guideline.