

# Cancer Survivorship: History, Quality-of-Life Issues, and the Evolving Multidisciplinary Approach to Implementation of Cancer Survivorship Care Plans

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**C**ancer survivorship is complex and involves many aspects of care, from prevention, screening, and rehabilitation to end-of-life care (Ferrell, Virani, Smith, & Juarez, 2003; Mellon, 2002; Mullan, 1985). The National Cancer Institute (NCI, 2008c) estimated that 10.8 million cancer survivors are living in the United States, which represents about 3.7% of the population, and 14% were diagnosed more than 20 years ago. Projections indicate that 75% of contemporary American families have a relative who is or will be diagnosed with cancer. Sixty-five percent of adults who are diagnosed with cancer will be alive after five years, and 75% of childhood cancer survivors will be alive after 10 years; however, childhood cancer survivors are at increased risk for secondary cancers (Ganz, 2005; Hewitt, Greenfield, & Stovall, 2006; NCI, 2008a).

Survivors have many unique needs that are not well understood. To acknowledge the considerable number of long-term cancer survivors, NCI established the Office of Cancer Survivorship in 1996. The Office of Cancer Survivorship supports research that will help to clarify and promote understanding of the physical, psychological, and economic outcomes patients with cancer experience. It attempts to prevent or reduce potential adverse effects of cancer and its treatment on quality of life (QOL) and to provide education to healthcare professionals and survivors about the issues that promote optimal well-being (NCI, 2008b; Rowland, Aziz, Tesaro, & Feuer, 2001).

The Oncology Nursing Society (IONS, 2008b) Research Agenda includes caring for long-term survivors as a priority for nursing research. The Institute of Medicine (IOM) published a report, *From Cancer Patient to Cancer Survivor: Lost in Transition* (Hewitt et al., 2006), highlighting medical, functional, and psychosocial consequences of cancer and its treatment. IOM has defined high-quality health

**Purpose/Objectives:** To discuss the history of cancer survivorship, related quality-of-life issues, and cancer survivorship care plans (CSCPs).

**Data Sources:** CINAHL®, PubMed, published articles, and Web sites.

**Data Synthesis:** A cancer survivor is an individual who has been diagnosed with cancer, regardless of when that diagnosis was received, who is still living. Cancer survivorship is complex and involves many aspects of care. Major areas of concern for survivors are recurrence, secondary malignancies, and long-term treatment sequelae that affect quality of life. Four essential components of survivorship care are prevention, surveillance, intervention, and coordination. A CSCP should address the survivor's long-term care, such as type of cancer, treatments received, potential side effects, and recommendations for follow-up. It should include preventive practices, how to maintain health and well-being, information on legal protections regarding employment and health insurance, and psychosocial services in the community.

**Conclusions:** Survivorship care for patients with cancer requires a multidisciplinary effort and team approach. Enhanced knowledge of long-term complications of survivorship is needed for healthcare providers. Further research on evidence-based practice for cancer survivorship care also is necessary.

**Implications for Nursing:** Nurses can review CSCPs with patients, instruct them when to seek treatment, promote recommended surveillance protocols, and encourage behaviors that lead to cancer prevention and promote well-being for cancer survivors.

care for cancer survivors and is developing strategies to improve survivors' lives (Hewitt et al.).

This review will address the history of cancer survivorship, discuss the role of uncertainty as an issue related to QOL, and describe the current status of cancer survivorship care plans (CSCPs). Because cancer survivorship care still is developing as a specialty, further education for healthcare professionals is recommended.