Cancer survivorship refers to the entire process of living with, through, and beyond cancer, and includes the patient, family and caregivers. A person is considered a cancer survivor from the time of diagnosis until death (National Coalition for Cancer Survivorship (NCCS)). Unfortunately, many patients enter survivorship with insufficient direction as to what to do. Extended survivorship from cancer used to be a rare occurrence. However, new medical advances, early detection, and more targeted treatments, have markedly improved survival in many cancers. (American Society of Clinical Oncology (ACS), 2012). The 2006 Institute of Medicine (IOM) report, From Cancer Patient to Cancer Survivor: Lost in Transition, defined the post-treatment period as a distinct phase of the cancer experience, which requires an individualized plan of care (Hewittt, Greenfield, & Stovall, 2006). Informing patients about the treatment they had, what they will need going forward, and who will provide it has been identified as an effective measure to ensure a successful transition from patient to survivor (Earle, 2006). Nurses’ strength in educating patients can be leveraged to improve survivorship care.

Transitions in Survivorship

In 2014, it was estimated that 1.6 million new cancer cases would be diagnosed in the United States and more than a half-million people would die of cancer. About 14 million Americans are cancer survivors (CDC, 2016). The SEER Cancer Statistics Review (CSR), a report of the most recent cancer incidence, mortality, survival, prevalence, and lifetime risk statistics, is published annually by the Surveillance Research Program of the NCI. As more cancer patients survive their diagnosis, the lingering effects of cancer therapy can give rise to new challenges, such as physical post-treatment effects and other issues including the psychological and financial effects of living with cancer in terms of a “chronic” disease. Formal survivorship care can help patients manage these problems (Leighton, 2014).

Issues cancer survivors may face

The uncertainty of a cure and fear of cancer recurrence or progression are common among survivors and can cause pronounced anxiety. Many patients live from day to day not knowing what their “new normal” is. This makes it hard for them to interpret the physical ailments they may be experiencing. Some may fear a simple headache or joint pain means their cancer has returned or progressed. The anniversary of the cancer diagnosis may be especially distressing, causing the patient to avoid scheduled follow-up exams. Approximately 29% of cancer survivors experience depression, anxiety, and vulnerability for fear of recurrence. Nearly 20% may meet the criteria for posttraumatic stress disorder. Fear of recurrence can have a significant domino effect: patients may become so anxious that they isolate themselves socially, which can lead to work-related, financial, and other difficulties (Miller, 2009).

Cognitive effects

Long-term cognitive effects of cancer therapy can last months or even years after treatment ends. Such impairment, sometimes called “chemo brain” can be life-altering. Radiation and hormonal therapy also may cause cognitive and memory changes. Approximately 20% to 30%
of cancer patients report some degree of thought impairment, described by many as difficulty forming words, memory loss, and poor concentration. The degree of cognitive impairment varies. Some survivors report sporadic impairments; others say the effects are long-lasting, decrease their quality of life, or cause permanent disability (National Cancer Institute (NCI), & SEER Fact Sheets, 2016)

**Fatigue**

Fatigue can be a debilitating effect of both cancer and its treatment. The National Comprehensive Cancer Network (NCCN) describes cancer-related fatigue as “a distressing, persistent, subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning.” Fatigue is by far the most common symptom affecting people with cancer. For some, it is the most distressing symptom. At its worst, cancer-related fatigue is a draining, ongoing exhaustion that limits one's ability to enjoy life and do activities. Fatigue can disrupt the patient’s normal routine and affect quality of life. Activities of daily living may become a challenge. Extreme exhaustion may cause patients to avoid activities they previously performed independently. The effects of fatigue may linger long after treatment has been completed (NCCN, 2016).

**Survivorship Care**

Successful commitment to providing a survivorship plan of care requires multidisciplinary collaboration, identification of barriers and variation in practice settings as well as clinical resources and an effective strategy for implementation.

**The Nurse’s role in survivorship care planning**

Nurses are key participants in the successful integration of survivorship as a distinct phase in the cancer care trajectory proposed by the Institute of Medicine report (Hewitt, Greenfield, & Stovall, 2006). Among the defining elements of oncology nursing are the provision of guidance and support to patients during cancer treatment. Oncology nurses routinely provide patients plans of care to ensure the best possible treatment outcomes with a focus on prevention and management strategies for safety, comfort, and control over the quality of their lives. As patients complete cancer treatment, nurses are able to prepare patients for the transition from their oncology care providers to a focus on a lifetime of good health following treatment. Nurses can participate in the formal provision of care plans in a variety of ways, depending on institutional resources and support. Again, multidisciplinary collaboration on development of surveillance guidelines and screening schedules is essential. Support for the time to prepare and review the plan with patients also is necessary for sustaining such an initiative (Houlihan, 2009). The care plan empowers patients to take control through knowledge and specific resources that help them grow comfortable with their “new normal”.
Key aspects of the follow-up plan include:

- Recommendations for reducing risks of future health problems
- Preventive health behaviors such as smoking cessation, alcohol and dietary modifications, and regular weight-bearing exercise have all been shown to reduce risk in cancer survivors (Gritz & Demark-Wahnefried, 2009)
- Inclusion of these recommendations into the follow-up plan (Ganz, 2005)

**Significance of survivorship education**

Surviving cancer provides a unique incentive for the patient to make positive lifestyle changes and adopt a healthier lifestyle. Behavioral changes, such as adhering to a new diet, starting an exercise routine, or practicing mindfulness to control anxiety, can prove difficult. However, the cancer diagnosis and the feeling of vulnerability it brings can provide a teachable moment that can be a catalyst for the patient to make behavior changes. The transitioning to survivorship visit is an opportune time for the team to provide patient education about long-term treatment effects and the benefits of good nutrition and exercise (Ganz, 2005). Patients should be encouraged to share the care plan with their primary healthcare team to help them understand their post treatment needs and foster participation in their ongoing care.

**On the path to prolonged survival**

Cancer survivors desire a return to normal. To achieve their new normal, they need healthcare education and surveillance measures specific to their health and wellness needs. With cancer survival rates increasing, the need for management of long-term side effects, education, surveillance for disease progression and secondary cancers, and promotion of physical, psychological, and psychosocial well-being become priorities. Survivorship care provides the education and support needed for patients to adopt and adapt to positive lifestyle changes. Oncology nurses have the opportunity to teach and give direction to cancer survivors, guiding them on the path of prolonged survival.

**References:**


Miller KD. *Medical and Psychosocial Care of the Cancer Survivor*. Sudbury, Mass.:Jones and Bartlett; 2009.


