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# CLINICAL UPDATE: SURVIVORSHIP CARE - MODELS AND PROGRAMS

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**OBJECTIVES:** *To provide a clinical update of models of care for adult cancer survivors and the challenges in program development.*

**DATA SOURCES:** *Review of the literature.*

**CONCLUSION:** *In the 4 years since the publication of the original article, survivorship is becoming a distinct phase of cancer care that includes surveillance for recurrence, evaluation of and treatment for medical and psychosocial consequences of treatment, recommendations for screening for new primary cancers, health promotion recommendations, and provision of a written treatment summary and care plan to the patient and other health professionals.*

**IMPLICATIONS FOR NURSING PRACTICE:** *Implementing comprehensive services and evaluating care models continue to pose significant challenges for cancer care providers across the country; however, oncology nurses are uniquely positioned to take the lead in the care of cancer survivors of all ages and their role in the care of survivors is gaining recognition nationally and internationally.*

**KEY WORDS:** *Survivorship, care model, nurse practitioner, care plan*

**I**N RECENT years, survivorship has gradually become a formal part of the oncology care continuum internationally. This advancement is the result of many drivers, including the impressive growth in the number of cancer

survivors, with over 12 million individuals in the United States (US) and 22.4 million worldwide.<sup>1,2</sup> However, along with this important progress are a variety of ongoing health risks that are dependent upon a number of factors: the type of cancer,

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treatment exposures, genetic predisposition, comorbid health conditions, and lifestyle behaviors.<sup>3-7</sup> This knowledge about the needs of survivors has led to important questions for which the answers continue to be sought: Who will care for this large number of individuals? What services do they need? What systems are most efficient and effective for the delivery of these services?

A significant body of knowledge exists about the long-term and late effects of pediatric cancer treatment. Based on treatment exposures, these individuals are at significantly increased risk for premature mortality and serious morbidity as adults.<sup>4,5,8,9</sup> For this reason, the pediatric oncology community has established follow-up clinics, developed consensus-based guidelines that are periodically revised, implemented systematic plans of care to assure a formal approach to modifying, identifying, and treating late effects, and made survivorship research an integral part of clinical care programs. Although the adult oncology community has been slower to focus on survivorship care, adult survivorship programs have been growing in number across the country over the last decade. Despite this progress, there are, however, limited data-driven surveillance guidelines to guide the care of survivors of most adult cancers. Consequently, practitioners caring for these patients refer to the pediatric surveillance guidelines, adopt the limited surveillance guidelines available from the National Comprehensive Cancer Network (NCCN) and, in some cases, develop their own guidelines based on consensus among colleagues to care for cancer survivors. The negative effects of cancer treatment

have been recognized for many years; however, detailed knowledge about the consequences of treatment caused by certain drugs, radiation doses, and surgical interventions is evolving with groups reaching consensus on their management and with a growing body of research focused on interventions that may reduce their impact.<sup>10,11</sup> Problems span the medical, psychosocial, and economic domains and impact both quality of life and survival (Table 1). As we continue to identify the negative effects of treatment and better understand who is at risk for these problems, there is a need to examine the models of care for long-term follow-up of adult survivors that have developed to date, understand that these models and other models that are still evolving, and evaluate these models using a programmed approach using the evidence as it evolves and incorporating health promotion strategies that are already known and can be tailored to the unique needs of particular survivor populations into that care.<sup>1</sup>

### ONGOING CARE AFTER TREATMENT

Along the cancer care continuum, the greatest attention is paid to the diagnostic and treatment periods and follow-up care is often focused only on assessment of cancer recurrence and management of acute symptoms.<sup>12</sup> Given the increasing number of cancer survivors and our growing understanding of the many issues that present themselves in the post-treatment period, there are groups across the country, including the LIVE-STRONG Survivorship Centers of Excellence,

**TABLE 1.**  
**The Cancer Control Continuum**

| Prevention        | Early Detection                        | Diagnosis                              | Treatment          | Survivorship                     | End-of-Life Care |
|-------------------|--|--|--------------------|----------------------------------|------------------|
| Tobacco control   | Cancer screening                       | Oncology consultations                 | Chemotherapy       | Long-term follow-up/surveillance | Palliation       |
| Diet              | Awareness of cancer signs and symptoms | Tumor staging                          | Surgery            | Late-effects management          | Spiritual issues |
| Physical activity |  | Patient counseling and decision-making | Radiation therapy  |                                  | Hospice          |
| Sun exposure      |  |  | Adjuvant therapy   |                                  |                  |
| Virus exposure    |  |  | Symptom management | Rehabilitation                   |                  |
| Alcohol use       |  |  | Psychosocial care  | Coping                           |                  |
| Chemoprevention   |  |  |                    | Health promotion                 |                  |

Source: *From Cancer Patient to Cancer Survivor: Lost in Transition*; page 24, Box 2-2.1

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