Implementing Survivorship Care Plans for Colon Cancer Survivors

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Cancer survivorship care represents a distinct phase of the cancer care trajectory and includes four components of care (Hewitt, Bamundo, Day, & Harvey, 2007). The 2007 Institute of Medicine (IOM) report Implementing Cancer Survivorship Care Planning (Hewitt & Ganz, 2007) recommended providing cancer survivors and their primary care provider (PCP) with a treatment summary and a care plan as a component of survivorship care. More recently, the American Society of Clinical Oncology (ASCO) identified survivorship care plans ( SCPs) as part of high-quality cancer survivorship care, enhancing communication and coordination of care between providers and the patient (McCabe & Jacobs, 2008). Since the IOM recommendations were issued, clinicians have struggled to develop and implement SCPs because of time constraints, lack of development reimbursement, and challenges in health information systems (Jacobs et al., 2009; Schrag, 2006). Because knowledge about SCP development, implementation, and outcomes is nascent, evaluation of system- and patient-level processes and outcomes are needed (Earle, 2007).

Individuals diagnosed with colon cancer comprise the third largest group of male and female cancer survivors in the United States, with over one million survivors (National Cancer Institute, 2014); therefore, treatment and ongoing surveillance are critical for this high-risk population (Figueredo et al., 2003). To improve outcomes, survivors need to learn about surveillance, health maintenance, and health-promotion recommendations to decrease the risk of recurrence and to facilitate early detection (Desch et al., 2005; Hewitt et al., 2007; Hewitt, Greenfield, & Stovall, 2005).

Stage I, II, or III colon cancer is treated with surgery. Adjuvant chemotherapy generally is recommended for stage III and some high-risk stage II colon cancers (i.e., those with obstruction or tumor adherence to adjacent structures) to prevent or delay recurrence and improve survival (Benson et al., 2011). Following recommended surveillance after the completion of treatment has been shown to decrease mortality; however, adherence to this evidence-based schedule is low (Desch et al., 2005; Faul et al., 2012; Faul, Shibata, Townsend, & Jacobsen, 2010;