

Navigating the Transition From Cancer Care to Primary Care: Assistance of a Survivorship Care Plan

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Brant and Blaseg contributed to the conceptualization and design. Aders and Oliver completed the data collection. Oliver, Gray, and Dudley provided statistical support. Brant and Dudley contributed to the analysis and manuscript preparation.

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Purpose/Objectives: To examine symptom and quality-of-life (QOL) trajectories in breast cancer and lymphoma survivors enrolled in a survivorship navigation intervention and to explore patient, caregiver, and primary care provider (PCP) satisfaction with receipt of a survivorship care plan (SCP).

Design: Prospective, cohort, longitudinal.

Setting: The Billings Clinic, an integrated cancer center in Montana.

Sample: 67 patients with breast cancer or lymphoma who recently completed cancer treatment, along with 39 of their caregivers and 23 PCPs.

Methods: Data collection at one, three, and six months by the Functional Assessment of Cancer Therapy–General and satisfaction surveys.

Main Research Variables: Symptoms, QOL, and satisfaction with the survivorship navigator and the SCP.

Findings: Symptoms persisted six months following treatment. Symptoms and QOL indicators with worst intensity were energy, sleep, coping, and satisfaction with sex life. Patients with more comorbidities reported worse QOL, telephoned the survivorship navigator more often, and were more satisfied with the SCP. Patients with lymphoma reported higher QOL, but it was not significantly different from patients with breast cancer. Patients were significantly more satisfied than caregivers with the SCP at time 1. PCPs were highly satisfied with the SCP.

Conclusions: Some symptoms persist, even when cancer treatment has ended. Patients with comorbidities are at higher risk for more severe symptoms and worse QOL and may benefit from ongoing support. SCPs can facilitate patients' transition to primary care following cancer treatment.

Implications for Nursing: Healthcare professionals who care for breast cancer survivors need to routinely assess them for the presence of comorbid conditions. Obese breast cancer survivors may benefit from weight reduction interventions to possibly decrease their risk of developing lymphedema and improve their overall health status.

Cancer survival rates have been steadily improving during the past two decades. The overall risk of dying from cancer has decreased by 20% from 1991–2010 (Siegel, Ma, Zou, & Jemal, 2014), and the number of cancer survivors is expected to reach 18 million by 2020 (Mariotto, Yabroff, Shao, Feuer, & Brown, 2011). Cancer survivorship begins at diagnosis and continues throughout the patient's life. Long-term physical and emotional symptoms and other sequelae often accompany cancer survivorship and require ongoing surveillance and management. Patients may be particularly vulnerable in the immediate post-initial treatment phase as they continue to experience side effects of cancer treatment and are transitioning back into primary care. Significant gaps are known to exist during the transition from cancer care to primary care, including lack of communication between the oncology