Cancer 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, Tesauro, & Feuer, 2001).

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.