

Implementing a Survivorship Care Plan for Patients With Breast Cancer

Rita Miller, RN, MSN, OCN®

The growing number of cancer survivors challenges healthcare organizations to develop programs that support survivors' transition from active treatments to survivorship care. Many individuals and families continue to face complicated care issues resulting from cancer diagnosis and side effects long after completion of their treatments. This article describes a model of a survivorship care plan, *Cancer Treatment Summary and Follow-Up Care Plan*, piloted in an outpatient clinical setting in a community hospital for patients with breast cancer. The plan can be expanded to include other cancer types. The intent of the survivorship care plan is to strengthen the care connections and coordination of services for survivors of breast cancer to ensure that continuing care needs are met during the survivorship phase of the cancer trajectory. The survivorship care plan is a unique opportunity for oncology nurses to be catalysts for the interdisciplinary interactions that are required to develop survivorship care plans and to implement a change in oncology nursing practice. The intervention shifts the paradigm of cancer survivorship care from an acute care medical model to a wellness model for cancer survivors in the clinical setting.

Advances in cancer treatments, early detection, and supportive care are increasing the number of cancer survivors living beyond initial diagnosis and treatment (Rowland & Yancik, 2006). In 2006, more than 66% of adults diagnosed with cancer were expected to be living five or more years after diagnosis (National Cancer Institute [NCI], 2007). The American Cancer Society (ACS) (2006) reported that more than 10 million cancer survivors live in the United States, representing a tripling of the number of survivors since 1971 (see Figure 1). The number of survivors is expected to double by 2030 as survival rates improve and the U.S. population ages (ACS; Centers for Disease Control and Prevention [CDC], 2004; National Institutes of Health, 2006).

The increasing number of cancer survivors underscores the need to address their unique needs related to surviving with chronic conditions and manage their care. Treatment completion does not signal the end of the cancer experience; many individuals and families continue to face complicated care issues related to cancer diagnosis and side effects related to treatments. Currently, few cancer therapies are benign, and many carry substantial risk of adverse long-term or latent effects (Aziz, 2006).

Cancer survivors express concerns about continuity of health care as cancer treatments are completed and oncologist visits become less frequent (Lewis, 2006). Because most cancer survivors are referred back to their primary care providers (PCPs), continuity of care is not always a guarantee. After primary oncology treatment ends, the transition of care from an oncology specialty back to a PCP is a critical process that can be improved

At a Glance

- ◆ The increasing number of cancer survivors living beyond treatment underscores the need to address survivorship care.
- ◆ This article presents a model for a cancer survivorship care plan to help breast cancer survivors make critical transitions in care from the oncology specialty to their primary care providers.
- ◆ Oncology nurses play a key role as catalysts for driving interdisciplinary strategic planning necessary for the implementation of survivorship care plans and improving the quality of care for cancer survivors.

with a plan for continuing survivorship care. A survivorship care plan provides a cancer survivor with guidance on maximizing personal health outcomes, clarifies the oncologist's and PCP's roles and responsibilities, and helps protect against gaps in services (Institute of Medicine [IOM] & National Research Council [NRC], 2006).

Rita Miller, RN, MSN, OCN®, is an oncology nurse coordinator at Memorial Healthcare Cancer Center in Owosso, MI. No financial relationships to disclose. (Submitted February 2007. Accepted for publication October 28, 2007.)

Digital Object Identifier:10.1188/08.CJON.479-487