

Transitioning Patients to Survivorship Care: A Systematic Review

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Cancer survivorship is increasingly prevalent in the United States with more than 12.5 million individuals living with a history of cancer (National Cancer Institute, 2010). The overall cancer mortality rates have decreased since 2001–2002, and the increasing survival rates may be because of earlier diagnoses and treatment advances (Siegel, Naishadham, & Jemal, 2012). By combining the growth in the United States' aging population with an increased risk of cancer as individuals age, the number of cancer survivors is projected to increase to 18 million by 2022 (de Moor et al., 2013). Cancer survivors are often left with residual physical and psychological effects of the disease as well as needs for continued preventive care (Hewitt, Greenfield, & Stovall, 2005). The increase in the number of cancer survivors expected within the next decades will place a great burden on the healthcare system. However, the research to inform evidence-based follow-up care for cancer survivors is in its infancy (McCabe et al., 2013).

In response to the growing numbers and needs of cancer survivors, efforts have been made by public and private organizations to address the structure of survivorship care. A seminal report on cancer survivorship care was published in 2005 by Institute of Medicine (IOM). With the release of *From Cancer Patient to Cancer Survivor: Lost in Transition*, the IOM proposed the core components of survivorship care, including prevention, surveillance, and detection of new cancers or recurrent cancer and late effects; intervention for late effects; and coordination of care between specialists and primary care providers (Hewitt et al., 2005). Other organizations have issued publications and guidelines addressing the issue of survivorship care, including the Centers for Disease Control and Prevention (CDC), the Lance Armstrong Foundation (Livestrong), the Commission on Cancer (CoC), and the National Comprehensive Cancer Network (NCCN). Common themes among these publications include prevention, survivors' well-being, resource access, care

Problem Identification: In 2005, the Institute of Medicine (IOM) released a seminal report on cancer survivorship that discussed the goals and structure of cancer survivorship care with the recommendation to use a survivorship care plan (SCP). However, the manner in which these recommendations are operationalized and their relationship to patient outcomes are unknown.

Literature Search: A systematic literature search was conducted using PubMed, CINAHL®, and the Cochrane Database. Articles were selected if they included a provider-mediated intervention and were published after 2005, for a total of nine articles.

Data Evaluation: The studies were evaluated according to the purposes of survivorship care, the use of an SCP, and models of care recommended by the IOM.

Conclusions: The outcomes of the studies were not conclusive in supporting a specific model of survivorship care or the use of a SCP. Two of the nine studies adhered to the IOM goals of survivorship care and SCP recommendations in their interventions.

Implications for Practice: The design and testing of nurse-led survivorship programs is imperative, as nurses may be effective in ensuring consistent, patient-centered education for cancer survivors.

Key Words: healthcare delivery; survivorship; healthcare providers; review; Institute of Medicine; nurse-led intervention

ONF, 41(6), 615–625. doi: 10.1188/14.ONF.615-625

coordination through post-treatment summaries or survivorship care plans, psychosocial needs of survivors, education, and management of the side effects and late effects of cancer and its treatment (American College of Surgeons, 2012; CDC, 2004; Livestrong, 2010; NCCN, 2013). Nevertheless, the IOM report remains the defining influence for survivorship care and will be used as the theoretical basis for evaluating articles in the current review.

The IOM report discussed several models of care, including a shared care model between primary care and