

## Survivorship Care Plans

Although many organizations define “survivorship” in different ways, the Institute of Medicine (IOM) reports that a person is considered a cancer survivor from the time of diagnosis throughout the balance of his or her life.

Despite the fact that all individuals with a cancer diagnosis are considered “survivors,” the CoC is focusing Standard 3.3 on survivors who are treated with curative intent and who have completed active therapy (other than long-term hormonal therapy).

### **Implementation of a survivorship care plan:**

- Shares information between the patient, oncologist, and primary care physician (PCP) to coordinate aftercare and provide structure to the follow-up period.
- Helps cancer survivors decrease the chance of getting lost in transition through the phases of their life or stages of their disease.
- Provides comprehensive information to the patient and provider about the diagnosis, treatment, anticipated long-term/late-term side effects, and follow up plan.

### **List the components of the Survivorship Care Plan:**

#### **Treatment Summary**

- Contact information of the treating institutions and providers
- Specific diagnosis information
- Stage of disease at diagnosis
- Surgery (yes/no). If yes:
  - Surgical procedure and location on body
  - Date of surgery
- Chemotherapy (yes/no). If yes:
  - Names of systemic therapy agents administered
- End dates of chemotherapy Radiation (yes/no). If yes,
  - Anatomical area treated by radiation
  - End date of radiation treatment
- Ongoing toxicity or side effects of all treatments received. Any information concerning the likely course of recovery should be reviewed with the patient.
- If appropriate, genetic/hereditary risk factors or predisposing conditions and genetic test results should be provided.

#### **Follow up Summary**

- Oncology provider’s contact information
- Need for ongoing adjuvant therapy
  - Treatment name
  - Planned duration
  - Expected side effects
- Schedule of follow up visits (in table format and include who will provide the follow-up visit and how often it will occur)
- Cancer surveillance tests for recurrence (in a table format and includes who is responsible for ordering/carrying out the test, frequency of testing, and where it will take place)
- Cancer screening for early detection of new primaries (only if different from the general population)

- Other periodic testing and examinations that may be needed
- Possible symptoms of recurrence
- Late-term/long-term side effects that may be experienced
- A list of additional items that other survivors have reported concerns about and resources (national and local) available to the patient
  - This may include emotional/mental health, parenting issues, work/employment concerns, financial issues, insurance issues, etc.

**List the practical applications of the Survivorship Care Plan for the patient:**

1. Comprehensive document for the patient's personal record
2. Easy reference to have when traveling extensively
3. Creates autonomy for the patient
4. Provides all cancer treatment information in one easy to read format
5. Assist them to understand what is to come in future

**For the Provider:**

1. Provides contact information for all providers involved in care
2. Summarizes the cancer treatment provided
3. Outlines the follow-up and screening recommendations for the years to come

Sample Survivorship Care Plans and more information available at [www.journeyforward.org](http://www.journeyforward.org)