Survivorship Education for Quality Cancer Care: Update

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Cancer survivorship has become an established part of the continuum of cancer care (see Figure 1). In 2006 the City of Hope, with funding from the National Cancer Institute, developed and initiated the *Survivorship Education for Quality Cancer Care* program with a goal of improving quality of care for cancer survivors and initiating durable changes in survivorship care. The purpose of this multiyear study is to conduct and evaluate four annual professional conferences. A key component is analysis of the participants' goals and telephone follow-up interviews at 6, 12, and 18 months post participation. Evaluation data collected during these follow-up sessions provide an opportunity to observe survivorship activities in the participating program settings. (For a more complete description see *Oncology Issues* July/August 2007 and May/June 2008, also available online at: *www.accc-cancer.org/education/education-cancersurvivorship.asp*.) The fourth and final *Survivorship Education for Quality Cancer Care* course was completed in summer 2009. For these participants, the first 6-month evaluation has been completed and goal analysis and institutional evaluations are being compared across all four courses (2006, 2007, 2008, and 2009).

Results to Date

From 2006 to 2009, 43 States participated in the *Survivorship Education for Quality Cancer Care* education program, and a total of 204 multidisciplinary teams (408 individuals) are being followed. Course participants from years 2006, 2007, and 2008 have completed all data points. The 2009 participants will be followed until their 18-month data point, January 2011.

Goal analysis for all four courses has been completed based on the components of survivorship care defined in the 2006 IOM report (see Figure 2). Goals are grouped under five categories:

1. Program planning
2. Prevention and detection
3. Surveillance
4. Interventions for symptoms associated with cancer or its treatment
5. Coordination of care, which includes treatment summaries and survivorship care plans.

Program planning goals involve activities aimed at program development or those activities that are "necessary" to initiate a program, for example, putting together the survivorship team or finding a champion to help develop the program.

Prevention- and detection-focused goals involve cancer screening activities plus education to prevent new or recurrent cancers or other late effects. Healthy lifestyle activities, exercise, nutrition, sun protection, and tobacco cessation are included under this section.

Surveillance goals include assessment for recurrence and for psychosocial late effects or medical late effects associated with the cancer or treatment.

Interventions for consequences of cancer and its treatment may include lymphedema clinics, sexual dysfunction help, and issues related to pain and fatigue or employment.

Finally, coordination and communication goals relate

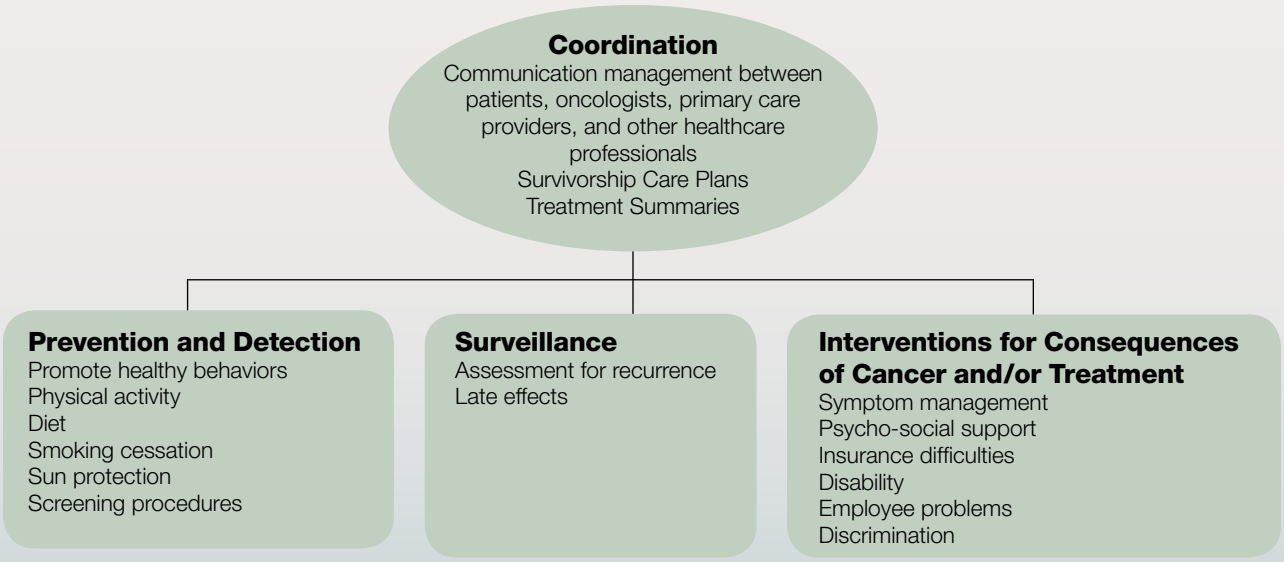
Figure 1. The Cancer Control Continuum

The Cancer Control Continuum

Prevention	Early Detection	Diagnosis	Treatment	Survivorship	End-of-Life Care
Tobacco control Diet Physical activity Sun exposure Virus exposure Alcohol use Chemoprevention	Cancer screening Awareness of cancer signs and symptoms	Oncology consultations Tumor staging Patient counseling and decision making	Chemotherapy Surgery Radiation therapy Adjuvant therapy Symptom management Psychosocial care	Long-term follow-up and surveillance Late-effects management Rehabilitation Coping Health promotion	Palliation Spiritual issues Hospice

Source: Hewitt M, Greenfield S, Stovall E. (Eds.) From Cancer Patient to Cancer Survivor: Lost in Transition. National Cancer Policy Board. Institute of Medicine and National Research Council of the National Academies. Washington, DC: The National Academies Press; 2005:24. Available at: www.iom.edu/Reports/2005/From-Cancer-Patient-to-Cancer-Survivor-Lost-in-Transition.aspx. Last accessed Mar. 31, 2010.

Figure 2. IOM Components of Survivorship Care



Source: Adapted from Hewitt M, Greenfield S, Stovall E. (Eds.) From Cancer Patient to Cancer Survivor: Lost in Transition. Institute of Medicine. Washington, DC: The National Academies Press; 2005, and Aziz NM, Rowland JH. Trends and advances in cancer survivorship research: challenge and opportunity. *Semin Radiat Oncol*. 2003. Jul;13(3):248-66. *CJON* 2010 [in press].

Table 1. Goal Aggregation Based on IOM Components of Survivorship Care

Goal Type %	2006	2007	2008	2009
Program Development	65%	71%	75%	78%
Prevention/Detection	1%	0%	0%	0%
Surveillance	0.5%	1%	1.5%	3.5%
Interventions	26%	21%	20%	17%
Coordination/Communication	7.5%	7%	3.5%	1.5%

Yellow highlight = Highest percentage Blue highlight = Lowest percentage

to ensuring that survivors' healthcare needs are met and information is coordinated between specialists, patients, and primary care providers.

Over all four years, the majority of goals continue to focus on program development. The fewest number of goals pertain to prevention or detection (see Table 1). Study results show that—at 18 months follow-up—participants of the 2006, 2007, and 2008 courses had achieved 50 percent or more of their goals. When asked (yes or no) if attending this course motivated teams to develop and follow through with survivorship care in their institutions, nearly all participants responded "yes," as follows: 2006 (94.1 percent); 2007 (97.5 percent); 2008 (100 percent); and 2009 (95 percent).

Looking to the Future

The first four years of data show productivity in terms of "goal achievement" survivorship activities. From baseline to 18 months, the primary barrier to provision of survivorship care identified by participants continues to be financial constraints. This finding also emerged as the primary barrier at the six-month evaluation of the 2009 course participants. In light of anticipated future economic restraints in healthcare, survivorship activities will need to be incorporated into oncology care more consistently. Programs continue to develop treatment summaries and care plan templates to provide survivors with needed information to improve follow-up care. The use of electronic medical records (EMRs) that link different documentation programs and populate treatment summaries and care plan templates would allow survivorship programs to save staff time and focus their efforts on providing the interventions and coordination of care needed.

Survivorship Education for Quality Cancer Care participant activities continue to be tailored to the setting and staff expertise. Survivorship interventions are a part of the continuum of care from diagnosis until end of life. Efforts within our participants' settings have improved outcomes for their survivors and their families.

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