Cancer Survivorship Management  
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Shortfalls in quality and opportunities for improvement in the coordination and delivery of care for cancer survivors were documented in the 2004 Presidents Cancer Panel report and in the report by the Institute of Medicine (IOM), From Cancer Patient to Cancer Survivor, Lost in Transition, 2005.1 The IOM report included several important recommendations intended to improve care for this vulnerable population. Additional publications by the Centers for Disease Control and Prevention, A National Action Plan for Cancer Survivorship: Advancing Public Health Strategies, 2004 and the IOM Cancer Care for the Whole Patient: Meeting Psychosocial Needs, 2007 helped define the challenges facing survivorship care delivery.2,3

Delivering High-Quality Cancer Care Charting a New Course for a System in Crisis, IOM 20134, more recently highlighted the continued shortcomings of cancer care delivery including those in area of survivorship. While there has been progress, the report points out that, “Cancer care is often not as patient-centered, accessible, coordinated, or evidence based as it could be.” This is still often the case with survivorship care. The report outlined a number of initiatives targeting practice and policy changes to improve care including survivorship care delivery.

In addition to risk of recurrence of their cancer, compared with the general population, cancer survivors are also at elevated risk for second cancers, long term health problems related to their cancer or its treatment, and limitations in psychosocial function. Further they may be at risk due to lifestyle, environment and genetic factors. Particularly in survivors with more advanced age, they may have significant comorbid conditions that adversely impact health and quality of life.

This discussion will review clinical interventions aimed at improving survivorship management leading to improved outcomes and quality of life. It will include strategies to more fully engage patients, assure adequately staffed, trained, and coordinated workforce, use of evidence based care, develop a learning health care systems using IT, translation of evidence into clinical practice, quality measurement and performance improvement leading to more accessible, affordable cancer care.