E
ter cancer detection and improved treatments have resulted in survivorship trends whereby individuals are living years beyond the acute treatment phase of cancer (Patterson, 2010). These survivors face many physical, psychosocial, financial, social, and spiritual challenges as a result of their cancer treatment and diagnosis. In addition, cancer survivors suffer from a variety of symptoms such as fatigue, aches and pains, depression, cognitive difficulties, insomnia, and decline in social functioning (Bennett et al., 2010). In the past, cancer support groups served as the conventional modality to provide emotional support and help patients cope with the fear of dying and recurrence (Samarel, Fawcett, & Tulman, 1993). Following the 1990s, issues related to postchemotherapy care became a topic of increasing contemporary relevance, and the paradigm of studying and providing ongoing cancer survivorship care emerged as an important area of public awareness and scholarly endeavors (McCollum, 2012).

Modern survivorship programs are greatly needed and are mandated by patient and community need, but unfortunately often are hindered by institutional, societal, and personal perceived impediments to their creation and viable success (Shulman et al., 2009). The Institute of Medicine’s report From Cancer Patient to Cancer Survivor: Lost in Transition (Hewitt, Greenfield, & Stovall, 2005) and a National Cancer Institute (NCI) Office of Cancer Survivorship (2012) report made recommendations that tasked researchers to further define and improve quality-of-life (QOL) issues among long-term survivors of cancer. The purpose of this article is to describe the implementation and evaluation of a cancer survivorship program that identified and addressed various QOL changes that occurred as a result of receiving chemotherapy.

Cancer Survivorship and Uncertainty in Illness

The uncertainty of an individual’s health status after cancer treatment presents many survivors with significant psychological