About 4 of 10 adults in the United States use some type of complementary or alternative medicine (CAM) therapy, with the rate being higher among patients with serious illnesses, such as cancer. The purpose of this article is to provide oncology nurses with an understanding of the use of CAMs in cancer survivorship. By understanding the characteristics of typical users, the reasons for their use, and ethnic- and gender-related considerations, nurses can identify patients in this population and safely guide their use of CAM throughout survivorship. The literature provides a foundation to identify survivor needs and issues as they relate to CAM use. Nurses can play a critical role in the assessment and education of CAM use within survivor programs, with the ultimate goal being increased overall well-being and survival.

Understanding the characteristics of complementary and alternative medicine (CAM) use in cancer survivors is essential to providing education and counseling. Care of the survivor should include identification and assessment of CAM for each individual. Cancer survivors are interested in information and self-care strategies. Nurses should understand assessment and counseling in these therapies.

The National Institutes of Health ([NIH], 2007) reported that 38% of adults in the United States used some type of complementary or alternative medicine (CAM) therapy, with a significant increase noted from 2002–2007, particularly for head or chest colds. Americans use CAM for a variety of reasons, including treatment for diseases and medical conditions such as musculoskeletal pain. Studies have reported higher rates of use among patients with serious illnesses, including cancer (Miller et al., 2008; Saxe et al., 2008). Several specific therapies had marked increases as well, including deep breathing exercises, meditation, massage therapy, and yoga (NIH, 2007).

The National Coalition for Cancer Survivorship ([NCCS], 2006) defined a cancer survivor as an individual from the time of a cancer diagnosis through the remaining years of his or her life. About one in three Americans will be diagnosed with cancer, with almost 12 million cancer survivors currently living in the United States (National Cancer Institute, 2009).

Cancer survivorship has more than tripled to 10 million since the 1970s, thanks in part to advances in detection and treatment (Institute of Medicine [IOM], 2005a). With increased survivorship, significant changes emerge in the healthcare needs of patients and their families as they learn to develop a “new normal” in living with a cancer diagnosis.

Survivorship is becoming an increasingly important oncology issue, particularly to those who have completed their cancer treatment. Survivors who complete their treatment often move “from an orderly system into a non system” (IOM, 2005b, p. 1) that provides the survivor with little understanding, direction, or planning to assist them along their survivorship continuum. This transition can leave the cancer survivor with multiple issues and many unmet needs. Needs identification within the various survival stages and recognition of these stages is vital to the development of future education and treatment of the survivor population (McCaughan & Thompson, 2000). Survivorship care begins with the identification of these issues, starting with the first stage after treatment, and is the cornerstone in building personalized care plans. The goals of these care plans include successful self-management and promotion of healthy behaviors.

This article is intended to provide the oncology nurse with an understanding of the use of CAMs in cancer survivorship. By