

Radiation Therapy Survivorship

Healthcare providers' perspectives on education and care

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BACKGROUND: Survivorship care plans are tools for long-term cancer care management; however, little is known regarding radiation therapy providers' perspectives on survivorship care and education.

OBJECTIVES: This study was designed to identify priorities for improvement in radiation therapy-specific cancer survivorship education.

METHODS: An investigator-developed online survey of healthcare provider communication with patients regarding cancer survivorship was administered within an academic radiation therapy oncology practice. Seventeen survivorship categories were evaluated for each provider, including when and how often survivorship issues were addressed, perceived priority of issues, and provider knowledge of survivorship resources.

FINDINGS: 23 providers responded. Providers reported that the five most important patient concerns were fear of recurrence, radiation therapy side effects, surveillance, preventive measures and nutrition, and stress management. The most time was spent discussing side effects and recurrence risk.

KEYWORDS

radiation therapy; survivorship care plans; patient education; provider perspective

DIGITAL OBJECT IDENTIFIER

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MORE THAN 15 MILLION CANCER SURVIVORS are living in the United States, with an estimated 67% surviving five years or more after initial diagnosis, 40% surviving beyond 10 years, and 17% surviving beyond 20 years (Bluethmann, Mariotto, & Rowland, 2016). The American Cancer Society (2019) estimates that cancer survivors in the United States will exceed 22 million by 2030. With no best practice model for survivorship care delivery, patients with cancer often experience fragmented care, and oncology and primary care providers need to be better prepared to address survivorship issues for this growing population.

The Institute of Medicine (IOM) report *From Cancer Patient to Cancer Survivor: Lost in Transition* addressed the failure of the healthcare system in the United States to manage the ongoing physical and psychological challenges cancer survivors face as survivorship continues beyond five years (Hewitt, Greenfield, & Stovall, 2005). One of the recommendations was the establishment of a survivorship care plan (SCP). This document was to provide evidence-based surveillance guidelines and tools for long-term cancer care management and was to be instituted by 2015 for all patients treated with curative intent (Hewitt et al., 2005).

After publication of the IOM report, research on SCPs has included topics such as timing of SCP delivery, appropriate staff responsible for creating SCPs, use of SCPs in effective communication between oncologists and primary care providers, and barriers to creating the SCP (Cooper, Kou, & Reynolds, 2008; Dulko et al., 2013; Jabson, 2015; Jackson, Scheid, & Rolnick, 2013; Klemanski, Browning, & Kue, 2016; Mayer, 2014; Mayer et al., 2016; Meiklejohn et al., 2016; Miedema, MacDonald, & Tatemichi, 2003; Nelson, 2016; Nissen et al., 2007; Stricker & O'Brien, 2014). Numerous barriers and concerns—such as inconsistencies in uniformity, delivery, and standardization—have led some patients and providers to question the benefits of SCPs (Cooper et al., 2008; Dulko et al., 2013; Jabson, 2015; Jackson et al., 2013; Klemanski et al., 2016; Mayer, 2014; Mayer et al., 2016; Meiklejohn et al., 2016; Miedema et al., 2003; Nelson, 2016; Nissen et al., 2007; Stricker & O'Brien, 2014). More than a decade after the IOM report, it remains unclear whether SCPs are effective in addressing the needs of cancer survivors and facilitating the transition of care from oncology to primary care. Despite a lack of data supporting the efficacy of SCPs, they remain a requirement for accreditation by the Commission on Cancer (Nekhlyudov, Ganz, Arora, & Rowland, 2017).