

Lung Cancer Survivor Experiences With Post-Treatment Care: An Integrative Review

Kelly Filchner, MSN, RN, OCN®, CCRC, Rick Zoucha, PhD, PMHCNS-BC, CTN-A, FAAN, Joan Such Lockhart, PhD, RN, CNE, ANEF, FAAN, and Crystal S. Denlinger, MD, FACP

PROBLEM IDENTIFICATION: Lung cancer survival rates are improving, and survivors may have unmet post-treatment care needs. Oncology nurses' understanding of these needs can guide development of holistic survivorship care.

LITERATURE SEARCH: A comprehensive search of CINAHL®, PubMed®, and Embase® databases was performed to explore lung cancer survivor experiences with post-treatment care.

DATA EVALUATION: The final sample included 25 studies that were critically appraised for methodologic quality.

SYNTHESIS: Eight themes were identified: relationships with healthcare providers, psychosocial issues such as stigma, disparities such as race or gender, guidance about health behaviors, understanding symptoms and physical activity, development of survivorship programs, self-care or self-management, and evaluating survivorship care plans.

IMPLICATIONS FOR RESEARCH: Issues, such as race, gender, and stigma, represent barriers to holistic lung cancer survivorship care. Little mention of care coordination emphasizes the need for research in this area. Understanding the interplay of symptom and healthy lifestyle management is needed.

KEYWORDS lung cancer; cancer survivors; post-treatment; survivorship care
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The population of cancer survivors in the United States is expected to grow to nearly 26 million by 2040 because of improvements in early detection and treatment options (Bluethmann et al., 2016). In addition, the number of individuals aged older than 65 years is expected to comprise most of the growth and will add to the complexity of care because of comorbidities (Bluethmann et al., 2016). Lung cancer survivors represent a small portion of the overall survivor population, even though lung cancer is the second most common cancer in the United States, with nearly 229,000 new cases diagnosed in 2020 (Siegel et al., 2020). Of note, an overall drop in cancer mortality of 29% since 1991 is mainly attributable to improvements in lung cancer mortality and decreases in smoking (Siegel et al., 2020). The National Lung Screening Trial (Aberle et al., 2011) and the Multicentric Italian Lung Detection trial (Pastorino et al., 2019) demonstrated the role of low-dose computed tomography in reducing lung cancer mortality, leading to standardized screening recommendations in specific populations. Uptake of these screening practices—as well as improvements in treatment options, such as targeted therapy and immunotherapy—are contributing to the growth of this survivor group, who may have needs not previously identified or addressed by their care teams (Giuliani et al., 2016; Swisher et al., 2020).

Lung cancer survivors have a high number of potential care disparities because of the disease itself, as well as cancer-related surgeries and treatments. Compared to noncancer controls and other cancer types, lung cancer survivors also have higher rates of comorbid conditions, such as congestive heart failure, chronic obstructive pulmonary disease, and diabetes (Bluethmann et al., 2016). Symptoms such as fatigue, pain, and dyspnea negatively affect quality of life (QOL). Psychosocial issues, such as stigma and guilt that survivors themselves have caused their