



Cancer survivorship information for professionals

# Survivorship care planning

Cancer survivors are increasing in number: in Australia, relative five-year survival rates for all cancers have increased from 41% in 1982–6 to 66% in 2006–2010.

Evidence shows cancer survivors who have completed treatment experience a range of unmet needs. With growing numbers of survivors, and demands on an already stretched cancer workforce increasing with advances in cancer treatment, more efficient and effective ways of managing follow-up care of survivors are needed.

## Survivorship care plans

Survivorship care plans (SCPs) are emerging as one element of an improved and more coordinated approach to survivor care.

SCPs are formal, written documents that provide details of a person's cancer diagnosis and treatment, potential late and long-term effects arising from the cancer and its treatment, recommended follow-up, surveillance, and strategies to remain well.

The Institute of Medicine (IOM), in its report 'From cancer patient to cancer survivor: lost in transition', recommends that each person who completes primary treatment for cancer receive a comprehensive care summary and follow-up plan. This needs to be clearly and effectively explained to the survivor.

## Why are SCPs needed?

The Australian health care system is fragmented and poorly coordinated. An SCP is one way to try to ensure a

consistent, coordinated management plan and flow of information, to help ensure good survivorship outcomes.

## SCP content

The relative novelty of SCPs means there is limited evidence of the ideal content of an SCP. However the IOM suggests the plan should include information about:

- the cancer for which the survivor received treatment, and the type of treatments they received (a treatment summary)
- short-term and long-term effects of treatment: what to be alert for and how frequently to visit the doctor for check-ups and screening (incl. information about psychosocial effects) (See our Late Effects information sheet in this series.)
- how the survivor's follow-up care will be coordinated between the oncology specialist, GP, nurse specialists, etc., and who to contact in between follow-up appointments
- lifestyle changes needed to reduce the risk and severity of treatment side effects, prevent comorbid conditions and promote better health (incl. information about diet, smoking, alcohol, obesity and overweight, exercise and sun protection)
- useful community resources should the survivor encounter employment and insurance issues.

## How SCPs are used

The SCP is discussed with the survivor (and their family if appropriate) and a copy given to the survivor. Copies go

to all other health care professionals involved in the survivor's care.

As an example of how SCPs are used in Australia, in the Peter MacCallum Cancer Centre late effects clinic, each survivor receiving treatment has an individualised SCP. The plan includes details of medical history, treatments received, potential for late effects, requirements for follow-up appointments, tests and reasons for them. The care plan focuses on health promotion and highlights the need for and how to adopt healthy behaviours. It also addresses psychosocial issues, how to identify them and where to get help. A copy is sent to the survivor's primary care physician so they are kept up to date with information essential to monitoring the health of a cancer survivor and to providing the survivor with a knowledgeable source of support

## Key messages

- Survivorship Care Plans are a communication tool between the treating team, the patient and the GP.
- A survivorship Care Plan promotes care coordination and includes a treatment summary, care plan and lifestyle recommendations based on needs, late and long-term effects and follow-up surveillance plan.
- The evidence supporting a Survivorship Care Plan for every patient is limited.



## Survivorship care planning

and advice close to home. (See our Follow-up information sheet in this series.)

### Who should prepare the plan?

The IOM recommends that the plan be written by the principal specialist(s) who provided the cancer treatment. However, a recent systematic review found few measurable benefits of SCPs. Various models are being explored to determine ideal content of the SCP, who might prepare it (e.g. nurse or medical), and how it might be discussed and utilised.

In 2011 the Victorian Cancer Survivorship Program (VCSP) was established to pilot novel models of survivorship care within the Victorian health system. Six projects were funded and have provided examples of diverse models of care. For more information on the lessons learned from these pilots, see 'Implementing Survivorship Care' on our website.

Oncologists have significant time

constraints that complicate preparation of individual SCPs and discussion and explanation with the patient. Resource issues are consistently identified as a significant barrier to implementation and electronic health records are thought to hold promise as an enabler.

### Evidence and support

SCPs are recommended as an important tool to facilitate communication and allocation of responsibility during the transition from active treatment to survivorship. Survivors reported high levels of satisfaction with SCPs.

An Australian report of a study into the use of SCPs among bowel cancer survivors revealed strong support for the development and use of SCPs.

Prof Michael Jefford, Director of the ACSC, cautions that 'While the use of care plans might make intuitive sense (have good face validity), their impact has not been formally evaluated.

There are a number of challenges to their routine use, most obviously who will produce the document, how can it be easily tailored to an individual person, who will discuss the document and how should it be used to enhance outcomes for survivors? ... We await further evaluation and publication.'

Join our online collaborative workspace to access more resources on survivorship care: [www.petermac.org/education/survivorship-education/networking-and-collaborations](http://www.petermac.org/education/survivorship-education/networking-and-collaborations).

This information sheet is part of a series designed for health professionals. Review the rest of the series on our website: [www.petermac.org/education/survivorship-education](http://www.petermac.org/education/survivorship-education)

If you are a cancer survivor please also see our matching series written specifically for you: [www.petermac.org/cancer-information/life-after-treatment](http://www.petermac.org/cancer-information/life-after-treatment)

Last reviewed: November 2014

### Further information

This overview was prepared with reference to:

- Mayer et al. 2014. American Society of Clinical Oncology Clinical Expert Statement on Cancer Survivorship Care Planning. American Society of Clinical Oncology.
- Australian Institute of Health and Welfare (AIHW) 2012. ACIM (Australian Cancer Incidence and Mortality) Books. Canberra: AIHW.
- Brennan et al. 2014. Survivorship care plans in cancer: a systematic review of care plan outcomes. British Journal of Cancer (2014), 111, 1899–1908.
- Brennan M, Jefford M 2009. General practitioner-based models of post-treatment follow up. Cancer Forum 33(3).
- Gates P, Krishnasamy M 2009. Nurse-led survivorship care. Cancer Forum 33(3).

Eva Grunfeld, Earle C 2010. The interface between primary and oncology specialty care: treatment through survivorship. JNCI Monographs 2010(40): 25–30.

Hewitt M, Greenfield S, Stovall E (eds) 2006. From cancer patient to cancer survivor: lost in transition. Committee on Cancer Survivorship: Improving Care and Quality of Life. National Cancer Policy Board. Institute of Medicine (IOM) and National Research Council of the National Academies.

Rosenbaum E et al. 2007. Everyone's Guide to Cancer Survivorship. Missouri: Andrews McMeel Publishing.

See also:

Institute of Medicine (US) fact sheet on survivorship care planning. Available from the IOM website.

Journey Forward Survivorship Care Plan Builder (for oncology professionals). Available from the Journey Forward website.

Livestrong care plan. Available from the Livestrong website.

Peter MacCallum Cancer Centre, Evaluation of implementation of survivorship care plans at the Peter MacCallum Cancer Centre. Available from the Peter Mac website.



Australian Cancer Survivorship Centre

Australian Cancer Survivorship Centre

Locked Bag 1, A'Beckett Street  
Melbourne VIC 8006

Email: [contactacsc@petermac.org](mailto:contactacsc@petermac.org)

[www.petermac.org/cancersurvivorship](http://www.petermac.org/cancersurvivorship)