Models of Cancer Survivorship Care

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality

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As of January 2012, the United States had nearly 14 million cancer survivors, with 59 percent ages 65 years or older. The number of survivors is projected to grow to 18 million by 2022. Survivors (that is, patients who have completed active treatment) have unique physical, psychological, social, and spiritual health needs. Even as the oncology workforce is projected to experience substantial shortages, the number and needs of cancer survivors is projected to increase. Relative to pediatric cancer survivors, adult survivors (i.e., survivors of adult-onset cancers) are understudied. Further, their health care needs differ from those of pediatric survivors—adult survivors may have an increased risk for comorbidities, presenting unique care coordination challenges. Consequently, this Technical Brief seeks to increase knowledge regarding survivorship care models for adult cancer survivors (19 years of age or older). Cancer survivors have unique post-treatment needs, as these individuals may have higher risks of recurrence and secondary cancers; chronic or late-occurring effects of cancer or cancer treatment; comorbid conditions that may have been exacerbated by cancer treatment; and increased likelihood of preventable morbidity and mortality that can be reduced by health promotion activities. These unique needs highlight the importance of care programs specifically tailored for cancer survivors. As described in the Institute of Medicine (IOM) report "From Cancer Patient to Cancer Survivor: Lost in Transition," survivorship care (i.e., the delivery of health care services specifically designed for cancer survivors) ideally includes (1) prevention of new (primary) and recurrent cancers and other late effects; (2) surveillance for recurrence or new cancers; (3) interventions for illnesses secondary to cancer and cancer treatment (including physical consequences of symptoms such as pain and fatigue, psychological distress experienced by cancer survivors and their caregivers, and concerns related to employment, insurance, and disability); and (4) coordination between specialists and primary care providers (PCPs) to ensure that all the health needs of survivors are met. Although these IOM recommendations form an important framework for examining cancer survivorship care, they are largely based on expert consensus. Developing appropriate health care programs that provide needed supports and enhance relevant outcomes for individuals with cancer following completion of acute (i.e., potentially curative) cancer treatment can be difficult. An initial challenge for this project was to define a "model" of cancer survivorship care. The term "model" is frequently used in the cancer survivorship literature but is rarely (if ever) defined. Research shows general agreement that a model of survivorship care involves a broad and holistic approach to followup care for cancer survivors, addressing multiple needs. As discussed by Gilbert et al., although approaches vary, all models are directed toward the common goal of improving the quality of care provided to cancer survivors by delivering comprehensive, coordinated, and tailored followup care. Survivorship has various definitions and encompasses varying stages of the cancer survivor's experience; this report focuses only on individuals who have completed active cancer treatment and are transitioning from acute to more long-term medical care objectives.

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