

Implementing Survivorship Care Plans for Colon Cancer Survivors

Deborah K. Mayer, PhD, RN, AOCN[®], FAAN, Adrian Gerstel, BA, AnnMarie Lee Walton, RN, MPH, OCN[®], CHES, Tammy Triglianios, MS, APRN, AOCNP[®], Teresa E. Sadiq, FNP, Nikki A. Hawkins, PhD, and Janine M. Davies, MD, BN, MSc

Cancer survivorship care represents a distinct phase of the cancer care trajectory and includes four components of care (Hewitt, Bamundo, Day, & Harvey, 2007). The 2007 Institute of Medicine (IOM) report *Implementing Cancer Survivorship Care Planning* (Hewitt & Ganz, 2007) recommended providing cancer survivors and their primary care provider (PCP) with a treatment summary and a care plan as a component of survivorship care. More recently, the American Society of Clinical Oncology (ASCO) identified survivorship care plans (SCPs) as part of high-quality cancer survivorship care, enhancing communication and coordination of care between providers and the patient (McCabe & Jacobs, 2008). Since the IOM recommendations were issued, clinicians have struggled to develop and implement SCPs because of time constraints, lack of development reimbursement, and challenges in health information systems (Jacobs et al., 2009; Schrag, 2006). Because knowledge about SCP development, implementation, and outcomes is nascent, evaluation of system- and patient-level processes and outcomes are needed (Earle, 2007).

Individuals diagnosed with colon cancer comprise the third largest group of male and female cancer survivors in the United States, with over one million survivors (National Cancer Institute, 2014); therefore, treatment and ongoing surveillance are critical for this high-risk population (Figueredo et al., 2003). To improve outcomes, survivors need to learn about surveillance, health maintenance, and health-promotion recommendations to decrease the risk of recurrence and to facilitate early detection (Desch et al., 2005; Hewitt et al., 2007; Hewitt, Greenfield, & Stovall, 2005).

Stage I, II, or III colon cancer is treated with surgery. Adjuvant chemotherapy generally is recommended for stage III and some high-risk stage II colon cancers (i.e., those with obstruction or tumor adherence to adjacent structures) to prevent or delay recurrence and improve survival (Benson et al., 2011). Following recommended

Purpose/Objectives: To evaluate the feasibility, usability, and satisfaction of a survivorship care plan (SCP) and identify the optimum time for its delivery during the first 12 months after diagnosis.

Design: Prospective, descriptive, single-arm study.

Setting: A National Cancer Institute–designated cancer center in the southeastern United States.

Sample: 28 nonmetastatic colon cancer survivors within the first year of diagnosis and their primary care physicians (PCPs).

Methods: Regular screening identified potential participants who were followed until treatment ended. An oncology certified nurse developed the JourneyForward™ SCP, which then was delivered to the patient by the oncology nurse practitioner (NP) during a routine follow-up visit and mailed to the PCP.

Main Research Variables: Time to complete, time to deliver, usability, and satisfaction with the SCP.

Findings: During one year, 75 patients were screened for eligibility, 34 SCPs were delivered, and 28 survivors and 15 PCPs participated in the study. It took an average of 49 minutes to complete a surgery SCP and 90 minutes to complete a surgery plus chemotherapy SCP. Most survivors identified that before treatment ended or within the first three months was the preferred time to receive an SCP.

Conclusions: The SCPs were well received by the survivors and their PCPs, but were too time and labor intensive to track and complete.

Implications for Nursing: More work needs to be done to streamline processes that identify eligible patients and to develop and implement SCPs. Measuring outcomes will be needed to demonstrate whether SCPs are useful or not.

Key Words: survivorship care plans; colon cancer; communication; transitions; survivorship

ONF, 41(3), 266–273. doi:10.1188/14.ONF.266-273

surveillance after the completion of treatment has been shown to decrease mortality; however, adherence to this evidence-based schedule is low (Desch et al., 2005; Faul et al., 2012; Faul, Shibata, Townsend, & Jacobsen, 2010;