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**Literature search results**

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**Search details**


**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; CINAHL; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

*Database search terms:* "breast cancer*", “cancer adj2 breast”, (“risk stratified pathway” OR "risk stratification"), (stratification OR stratified), pathway*, (“self manag*" OR self-manag*), treat*, recover*, aftercare, (“follow up” OR follow-up), “care plan*”, survivor*

*Evidence / Google Scholar search string(s):* “breast cancer” ("risk stratified" OR “stratified follow up” OR survivorship)

**Guidelines and Policy**

**Department of Health**

*Improving outcomes: a strategy for cancer*, 2011
In particular, p.55 - Supported self-management and remote monitoring

**Ipsos MORI Social Research Institute**

*Evaluation of Adult Cancer Aftercare Services*, 2012
With the advancement of early cancer diagnosis and treatment modalities, the number of cancer survivors has grown totaling 38 million worldwide with 13.7 million cancer survivors in the United States (US) as of 2012. More than 2.5 million of these are breast cancer survivors, making up 18% of the survivorship population in the US and 1.5 million worldwide. Breast cancer survivors need ongoing health care during survivorship. In 2006, The Institute of Medicine (IOM) recommended that all cancer survivors, along with their health care providers, be given a survivorship care plan on completion of active treatment that incorporates cancer treatment, potential consequences, specific follow-up and preventative health maintenance information. This plan also provides information regarding employment, health insurance, and psychosocial support in the community. A survivorship care plan (SCP), when individualized and utilized effectively, may maximize health outcomes and positively impact the quality of life of breast cancer survivors.
Eleven qualitative studies were appraised for methodological quality and content. They revealed four key themes: stakeholders agreed that SCPs should be used as a key strategy for cancer survivors; there was a lack of consensus on the format, content and who should develop the SCP; cancer survivors do not consistently receive SCPs; and there was a lack of evidence to support the use of SCPs in practice.

There is great potential for SCPs to assist cancer survivors and this is supported by the range of qualitative literature examined in this study. Further research is required to examine the many practical issues relating to the delivery of SCPs and how they may be used across a variety of care contexts as well as providing further evidence to support their use.

With further research, refinement and contributions made by survivors, health researchers and health care professionals, the survivorship care plan is proposed to be a useful and practical tool aimed at supporting the survivorship continuum of care.

Journal of Oncology Practice
Cost-effectiveness of a survivorship care plan for breast cancer survivors, 2014

Purpose: Survivorship care plans (SCPs) are recommended for patients who have completed primary treatment and are transitioning to routine follow-up care. However, SCPs may be costly, and their effectiveness is unproven. The study objective was to assess the cost effectiveness of an SCP for breast cancer survivors transitioning to routine follow-up care with their own primary care physician (PCP) using data from a recent randomized controlled trial (RCT).

Methods: Resource use and utility data for 408 patients with breast cancer enrolled in the RCT comparing an SCP with standard care (no SCP) were used. The intervention group received a 30-minute educational session with a nurse and their SCP, and their PCPs received the SCP plus a full guideline on follow-up. Analysis assessed the societal costs and quality-adjusted life years (QALYs) for the intervention group and the control group over the 2-year follow-up of the RCT. Uncertainty concerning cost effectiveness was assessed through nonparametric bootstrapping and deterministic sensitivity analysis.

Results: The no-SCP group had better outcomes than the SCP group: total costs per patient were lower for standard care (Canadian $698 vs $765), and total QALYs were almost equivalent (1.42 for standard care v 1.41 for the SCP). The probability that the SCP was cost effective was 0.26 at a threshold value of a QALY of $50,000. A variety of sensitivity analyses did not change the conclusions of the analysis.

Conclusion: This SCP would be costly to introduce and would not be a cost effective use of scarce health care resources.

**Citation:** Journal of oncology practice / American Society of Clinical Oncology, Mar 2015, vol. 11, no. 2, p. e170. (March 2015)

**Publication Date:** March 2015

**Abstract:** This was a feasibility study with the primary purpose to identify women with a diagnosis of breast cancer for survivorship care plan (SCP) delivery at the postoperative visit and deliver an SCP after treatment. The secondary purpose was to determine if patients' knowledge about their diagnosis, treatment, and risk for future adverse events improved with the SCP. Sixty-seven English-speaking women older than age 18 years with stage I-III breast cancer were enrolled at their postoperative appointment. The participants' treatment was tracked through the electronic medical record; SCPs were generated based on information abstracted from the records. After treatment completion, participants received an SCP during a routine follow-up appointment. Knowledge of tumor, treatments, adverse events, and screening recommendations were assessed before receiving the SCP and 2 months later. Accuracy at baseline and follow-up were compared using the McNemar test. One hundred twenty-nine visits were screened to identify 75 eligible participants. Seventy-five eligible participants (100%) agreed to enroll, and 71 (95%) were given an SCP. Participants were more accurate in reporting details about their history, screening recommendations, and potential adverse events at follow-up than they were at baseline for most measures, but the only statistically significant changes were found with stage (P = .0016) and increased risk of leukemia (P = .0348). It is feasible to identify and deliver SCPs to women with breast cancer who are approached during the postoperative visit in a surgical clinic. Additionally, SCPs seem to improve patient knowledge in several areas. Copyright © 2015 by American Society of Clinical Oncology.

**Source:** Medline

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Outcomes and satisfaction after delivery of a breast cancer survivorship care plan: results of a multicenter trial.

**Author(s)**: Palmer, Steven C, Stricker, Carrie Tompkins, Panzer, Sarah Lena L, Arvey, Sarah A, Baker, K Scott, Casillas, Jackie, Ganz, Patricia A, McCabe, Mary S, Neklyudov, Larissa, Overholser, Linda, Partridge, Ann H, Risendal, Betsy, Rosenstein, Donald L, Syrjala, Karen L, Jacobs, Linda A

**Citation:** Journal of oncology practice / American Society of Clinical Oncology, Mar 2015, vol. 11, no. 2, p. e222. (March 2015)

**Publication Date:** March 2015

**Source:** Medline

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Associations among survivorship care plans, experiences of survivorship care, and functioning in older breast cancer survivors: CALGB/Alliance 369901.


**Citation:** Journal of cancer survivorship : research and practice, Dec 2014, vol. 8, no. 4, p. 627-637 (December 2014)

**Publication Date:** December 2014

**Source:** Medline
Survivorship care plans in cancer: a systematic review of care plan outcomes.

**Author(s)** Brennan, M E, Gormally, J F, Butow, P, Boyle, F M, Spillane, A J

**Citation:** British journal of cancer, Nov 2014, vol. 111, no. 10, p. 1899-1908 (November 11, 2014)

**Publication Date:** November 2014

**Abstract:** Eight years after the Institute of Medicine recommended survivorship care plans (SCPs) for all cancer survivors, this study systematically reviewed the evidence for their use. Studies evaluating outcomes after implementation of SCPs for cancer survivors were identified by searching databases (MEDLINE, EMBASE and Cochrane). Data were extracted and summarised. Ten prospective studies (2286 survivors) met inclusion criteria (5 randomised controlled trials (RCTs)). Study populations included survivors of breast, gynaecological, colorectal and childhood cancer. Several models of SCP were evaluated (paper based/on-line, oncologist/nurse/primary-care physician-delivered and different templates). No significant effect of SCPs was found on survivor distress, satisfaction with care, cancer-care coordination or oncological outcomes in RCTs. Breast cancer survivors with SCPs were better able to correctly identify the clinician responsible for their follow-up care. One study suggested a positive impact on reducing unmet needs. Levels of survivor satisfaction with, and self-reported understanding of, their SCP were very high. Feasibility was raised by health professionals as a significant barrier, as SCPs took 1-4 h of their time to develop. Emerging evidence shows very few measurable benefits of SCPs. Survivors reported high levels of satisfaction with SCPs. Resource issues were identified as a significant barrier to implementation.

**Source:** Medline

Metrics to evaluate treatment summaries and survivorship care plans: a scorecard.

**Author(s)** Palmer, Steven C, Jacobs, Linda A, DeMichele, Angela, Risendal, Betsy, Jones, Alison F, Stricker, Carrie Tompkins

**Citation:** Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer, Jun 2014, vol. 22, no. 6, p. 1475-1483 (June 2014)

**Publication Date:** June 2014

**Abstract:** The Institute of Medicine (IOM) and Commission on Cancer have called for provision of treatment summaries (TSs) and survivorship care plans (SCPs) at the end of primary cancer therapy and endorsed guidelines for content. Institutions are providing TS/SCPs but with little guidance concerning concordance with IOM recommended content. This manuscript presents a recently developed tool to allow rating of breast cancer-specific TS/SCPs as a model for assessing concordance with IOM recommendations and facilitating research and clinical fidelity. An interdisciplinary team developed items mapped to the IOM recommendations for TS/SCP content as well as scoring rules. Dual raters used this tool to independently assess 65 completed TS/SCPs from 13 different cancer treatment facilities affiliated with the LIVESTRONG Survivorship Centers of Excellence to assess reliability. The final set of measures contained 92 items covering TSs and SCPs. The TS scale consisted of 13 informational domains across 60 items, while the SCP scale had 10 domains across 32 items. Inter-rater reliability within TSs indicated
substantial agreement (M kappa = 0.76, CI = 0.73-0.79), and interclass correlation (ICC) was high (ICC = 0.85, CI = 0.76-0.91). For the SCP scale, inter-rater reliability was also substantial (M kappa = 0.66, CI = 0.62-0.70), as was interclass correlation (ICC = 0.75, CI = 0.62-0.84). Concordance with IOM recommendations for TS/SCP information can be reliably assessed using this instrument, which should facilitate implementation efforts, allow comparison of different TS/SCPs, and facilitate research into the utility of TS/SCPs including which elements are essential.

Source: Medline

Leveraging electronic health record systems to create and provide electronic cancer survivorship care plans: a pilot study.

Author(s) Tevaarwerk, Amye J, Wisinski, Kari B, Buhr, Kevin A, Njiaju, Ucheanna O, Tun, May, Donohue, Sarah, Sekhon, Navnit, Yen, Thomas, Wiegmann, Douglas A, Sesto, Mary E

Citation: Journal of oncology practice / American Society of Clinical Oncology, May 2014, vol. 10, no. 3, p. e150. (May 2014)

Publication Date: May 2014

Abstract: The Institute of Medicine (IOM) recommends cancer survivors receive survivorship care plans after completing active cancer treatment. However, care plan creation requires significant time and effort, contributing to diminished adoption of this recommendation. Electronic health record (EHR) systems have been proposed as a solution. We assessed the feasibility of creating and delivering care plans within an EHR system. Thirty-eight breast cancer survivors without existing care plans were recruited during a follow-up visit to their primary oncologist. Using an EHR template, an oncologist created an individualized care plan for each participant. Time spent creating each plan was recorded. Participant use and feedback were collected. Participants enrolled a median of 19.7 months after diagnosis (range, 4.3 to 57 months). A minority of IOM-recommended plan elements could be automatically imported without any manual entry. The majority of elements required interpretation and manual import by the clinician. However, with an established infrastructure for importing elements, the time needed to create a care plan electronically was short (median, 3 minutes; range 2 to 12 minutes). Most survivors (n = 36; 95%) successfully accessed their care plans online and spent a median of 12 minutes (range, 0.5 to 61.9 minutes) reviewing them. Survivors perceived the plans as useful and did not generally report difficulty in accessing them online or understanding content. Rapid care plan creation and delivery within an EHR is possible. Plans were available to all (survivors, oncologists, primary care physicians) via the EHR. Further research is required to explore the barriers to automating data importation into plans as well as the impact of EHR-integrated plans.

Source: Medline

Patient satisfaction with breast and colorectal cancer survivorship care plans.

Author(s) Sprague, Brian L, Dittus, Kim L, Pace, Claire M, Dulko, Dorothy, Pollack, Lori A, Hawkins, Nikki A, Geller, Berta M

Citation: Clinical journal of oncology nursing, Jun 2013, vol. 17, no. 3, p. 266-272 (June 2013)

Publication Date: June 2013

Abstract: Cancer survivors face several challenges following the
completion of active treatment, including uncertainty about late effects of treatment and confusion about coordination of follow-up care. The authors evaluated patient satisfaction with personalized survivorship care plans designed to clarify those issues. The authors enrolled 48 patients with breast cancer and 10 patients with colorectal cancer who had completed treatment in the previous two months from an urban academic medical center and a rural community hospital. Patient satisfaction with the care plan was assessed by telephone interview. Overall, about 80% of patients were very or completely satisfied with the care plan, and 90% or more agreed that it was useful, it was easy to understand, and the length was appropriate. Most patients reported that the care plan was very or critically important to understanding an array of survivorship issues. However, only about half felt that it helped them better understand the roles of primary care providers and oncologists in survivorship care. The results provide evidence that patients with cancer find high value in personalized survivorship care plans, but the plans do not eliminate confusion regarding the coordination of follow-up care. Future efforts to improve care plans should focus on better descriptions of how survivorship care will be coordinated.

Source: Medline
Available in fulltext from Clinical Journal of Oncology Nursing at EBSCOhost

Randomized controlled trial of a clinic-based survivorship intervention following adjuvant therapy in breast cancer survivors.

Author(s) Hershman, Dawn L, Greenlee, Heather, Awad, Danielle, Kalinsky, Kevin, Maurer, Matthew, Kranwinkel, Grace, Brafman, Lois, Jayasena, Ramona, Tsai, Wei-Yann, Neugut, Alfred I, Crew, Katherine D

Citation: Breast cancer research and treatment, Apr 2013, vol. 138, no. 3, p. 795-806 (April 2013)

Publication Date: April 2013

Abstract: In 2006, the IOM released a report citing the importance of "survivorship plans" to improve quality of life and care coordination for cancer survivors, but little has been done to evaluate their efficacy. Women with early-stage breast cancer were randomized within 6 weeks of completing adjuvant therapy to a survivorship intervention group (SI) or control group (CG). All subjects were given the NCI publication, "Facing Forward: Life after Cancer Treatment." The SI also met with a nurse/nutritionist to receive a treatment summary, surveillance, and lifestyle recommendations. Both groups completed questionnaires on the impact of cancer (IOC), patient satisfaction (FACIT-TS-PS), and assessment of survivor concerns (ASC) at baseline, 3 and 6 months. Within and between group t tests and linear regression analyses were performed. Among 126 women (60 CG, 66 SI), mean age was 54 years, 48 % were Hispanic, and the groups were well-balanced by baseline characteristics. No significant differences between the CG and SI on the FACIT-TS-PS or IOC at 3 and 6 months were seen. The ASC health worry subscale was lower (less worry) in the SI compared to CG (p = 0.02). At all time-points, Hispanic women had higher (worse) health worry (p = 0.0008), social-life interference (p = 0.009), and meaning of cancer scales (p = 0.0004), and more trust in medical professionals (p = 0.03) compared to non-Hispanic women. While the SI did not lead to significant improvements in most patient-reported outcomes, it was associated with decreased health worry. Future interventions should determine the most efficient and effective method for delivering survivorship
Designing a multifaceted survivorship care plan to meet the information and communication needs of breast cancer patients and their family physicians: results of a qualitative pilot study.

**Author(s)** Haq, Rashida, Heus, Lineke, Baker, Natalie A, Dastur, Daisy, Leung, Fok-Han, Leung, Eman, Li, Benjamin, Vu, Kathy, Parsons, Janet A

**Citation:** BMC medical informatics and decision making, Jan 2013, vol. 13, p. 76. (2013)

**Publication Date:** January 2013

**Abstract:** Following the completion of treatment and as they enter the follow-up phase, breast cancer patients (BCPs) often recount feeling 'lost in transition', and are left with many questions concerning how their ongoing care and monitoring for recurrence will be managed. Family physicians (FPs) also frequently report feeling ill-equipped to provide follow-up care to BCPs. In this three-phase qualitative pilot study we designed, implemented and evaluated a multi-faceted survivorship care plan (SCP) to address the information needs of BCPs at our facility and of their FPs. In Phase 1 focus groups and individual interviews were conducted with 35 participants from three stakeholder groups (BCPs, FPs and oncology specialist health care providers (OHCPs)), to identify specific information needs. An SCP was then designed based on these findings, consisting of both web-based and paper-based tools (Phase 2). For Phase 3, both sets of tools were subsequently evaluated via focus groups and interviews with 26 participants. Interviews and focus groups were audio taped, transcribed and content analysed for emergent themes and patterns. In Phase 1 patients commented that web-based, paper-based and human resources components were desirable in any SCP. Patients did not focus exclusively on the post-treatment period, but instead spoke of evolving needs throughout their cancer journey. FPs indicated that any tools to support them must distill important information in a user-friendly format. In Phase 2, a pilot SCP was subsequently designed, consisting of both web-based and paper-based materials tailored specifically to the needs of BCPs as well as FPs. During Phase 3 (evaluation) BCPs indicated that the SCP was effective at addressing many of their needs, and offered suggestions for future improvements. Both patients and FPs found the pilot SCP to be an improvement from the previous standard of care. Patients perceived the quality of the BCP-FP relationship as integral to their comfort with FPs assuming follow-up responsibilities. This pilot multi-component SCP shows promise in addressing the information needs of BCPs and the FPs who care for them. Next steps include refinement of the different SCP components, further evaluation (including usability testing), and planning for more extensive implementation.

**Source:** Medline

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High level use and satisfaction with internet-based breast cancer survivorship care plans.

**Author(s)** Hill-Kayser, Christine E, Vachani, Carolyn, Hampshire, Margaret K, Metz, James M

**Citation:** The breast journal, Jan 2012, vol. 18, no. 1, p. 97-99 (2012 Jan-
Evaluating survivorship care plans: results of a randomized, clinical trial of patients with breast cancer.


**Citation**: Journal of Clinical Oncology, 20 December 2011, vol./is. 29/36(4755-4762), 0732183X

**Abstract**: PURPOSE An Institute of Medicine report recommends that patients with cancer receive a survivorship care plan (SCP). The trial objective was to determine if an SCP for breast cancer survivors improves patient-reported outcomes. PATIENTS AND METHODS Women with early-stage breast cancer who completed primary treatment at least 3 months previously were eligible. Consenting patients were allocated within two strata: less than 24 months and >= 24 months since diagnosis. All patients were transferred to their own primary care physician (PCP) for follow-up. In addition to a discharge visit, the intervention group received an SCP, which was reviewed during a 30-minute educational session with a nurse, and their PCP received the SCP and guideline on follow-up. The primary outcome was cancer-related distress at 12 months, assessed by the Impact of Event Scale (IES). Secondary outcomes included quality of life, patient satisfaction, continuity/coordination of care, and health service measures. Results Overall, 408 survivors were enrolled through nine tertiary cancer centers. There were no differences between groups on cancer-related distress or on any of the patient-reported secondary outcomes, and there were no differences when the two strata were analyzed separately. More patients in the intervention than control group correctly identify their PCP as primarily responsible for follow-up (98.7% v 89.1%; difference, 9.6%; 95% CI, 3.9 to 15.9; P = .005). CONCLUSION The results do not support the hypothesis that SCPs are beneficial for improving patient-reported outcomes. Transferring follow-up to PCPs is considered an important strategy to meet the demand for scarce oncology resources. SCPs were no better than a standard discharge visit with the oncologist to facilitate transfer.

**Source**: CINAHL

Available in fulltext from Journal of Clinical Oncology at EBSCOhost

Survivors of breast cancer: patient perspectives on survivorship care planning.

**Author(s)**: Smith, Sally L, Singh-Carlson, Savitri, Downie, Lindsay, Payeur, Nancy, Wai, Elaine S

**Citation**: Journal of cancer survivorship : research and practice, Dec 2011, vol. 5, no. 4, p. 337-344 (December 2011)

**Abstract**: Survivors of breast cancer (SBC) constitute the largest population...
of cancer survivors. Needs for survivorship care may vary according to life stage and urban/rural place of residence. This study was conducted to better understand patient preferences for survivorship care plans (SCP). Participants were identified through cancer agency electronic records and invited to participate by mail. Sessions were stratified by age and rural/urban place of residence. Participants were asked about preferences for content and format of SCP. Focus groups were conducted using a semi-structured format with interviews being taped, transcribed, cross-checked for accuracy, and analyzed independently, using constant comparative methods. Preferred SCP key elements included treatment summary, information on nutrition/exercise, expected side effects, signs and symptoms of recurrence, recommended follow-up schedule, information sent to primary care physician, and updates on changes. SBC emphasized preference for individualized content depending upon physical and psychosocial effects. No difference was observed between preferred SCP content among patients residing in urban/rural areas. Rural participants preferred electronic formats for ongoing information bulletins and communication with health care providers. SBC from all age groups identify common preferences for key SCP elements with individualized content reflecting the wide variation observed among physical and psychosocial effects of breast cancer. Patterns of key psychological, social, and physical effects observed at different life stages may help SCP customization. Results provide direction for designing key content and format of SCP and also provide information about elements of care planning that should be customized to individual patient needs.

Source: Medline

Risk stratification as a means of reducing the burden of follow-up after completion of initial treatment for breast cancer.

Author(s) Magee, C E, Hillan, J A, Badger, S A, Kennedy, R J, Kirk, S J

Citation: The surgeon : journal of the Royal Colleges of Surgeons of Edinburgh and Ireland, Apr 2011, vol. 9, no. 2, p. 61-64, 1479-666X (April 2011)

Publication Date: April 2011

Abstract: Little evidence exists regarding the optimum frequency or duration of follow-up for patients with breast cancer. The aim of this study was to assess the effectiveness of a risk-stratified follow-up programme. Patients treated surgically for primary breast cancer from January 2000 to September 2006 were recorded on a BASO database. Follow-up was stratified according to risk of relapse as determined by the Nottingham Prognostic Index (NPI). Patients were assigned to high, moderate or low risk groups. The date of recurrence, time from primary diagnosis and site of relapse were obtained from the database. Review of case notes was used to confirm the method of detection. 1303 women had surgery for primary breast cancer in the study period. Median follow-up was 40 months. Overall survival rate was 96.9% (90.4% high, 97.3% moderate, 99.5% low). Disease free survival was 94.1% (84.1% high, 94.7% moderate, 98.1% low). Seventy-seven recurrences were detected with 39 (51%) in the high risk group, 27 (35%) in the moderate risk group and 11 (14%) in the low risk group. Detection rate at a scheduled appointment was 0.27% overall (low risk 0.14%, moderate risk 0.27%, high risk 0.45%). NPI correlates with risk of recurrent disease. Scheduled follow-up yielded few recurrences, suggesting early discharge with open access to clinics could be a safe
alternative. This type of follow-up may reduce demand on specialist clinics without significantly affecting patient care or overall survival.

Source: Medline

Transitioning to breast cancer survivorship: perspectives of patients, cancer specialists, and primary care providers.

Author(s) Kant siper, Melinda, McDonald, Erin L, Geller, Gail, Shockney, Lillie, Snyder, Claire, Wolff, Antonio C

Citation: Journal of general internal medicine, Nov 2009, vol. 24 Suppl 2, p. S459. (November 2009)

Publication Date: November 2009

Abstract: Limited research exists regarding views of patients, oncology specialists, and primary care providers (PCPs) concerning breast cancer survivorship care. To qualitatively explore the needs and priorities of breast cancer survivors, oncology specialists, and PCPs. Focus groups were conducted of survivors (21 in 5 groups), PCPs (15 in 2 groups), and oncology specialists (16 in 2 groups). One survivor group consisted of four African-Americans. Discussions used a semi-structured guide, were transcribed verbatim, and were analyzed qualitatively. Groups explored transitions to follow-up, communication, patient needs, and provider roles. Survivors form intense relationships with specialists for reassurance and expertise. Many believed PCPs lacked necessary oncology expertise. Survivors reported psychosocial and communication issues. African-Americans cited concerns about access to care and clinical trials, as well as taboos to discussing cancer. Specialists reported that they struggle with discharging survivors due to protective relationships. PCPs were concerned about time and training to provide survivorship care and communication problems with oncologists. Written survivorship care plans were regarded by all groups as possibly helpful, but insufficient to ease the transition. Breast cancer patients may experience difficulties transitioning to survivorship, including ongoing psychosocial issues. African-American patients may face additional and unique barriers to successful survivorship. Oncology specialists may have concerns about discharging cherished patients. These findings suggest a psychological component that may influence the use of written survivorship care plans. PCPs may need additional training and greater access to specialists in order to care for survivors.

Source: Medline

The potential of survivorship care plans in primary care follow-up of minority breast cancer patients.

Author(s) Burg, Mary Ann, Lopez, Ellen D S, Dailey, Amy, Keller, Mary Elspeth, Prendergast, Brendan

Citation: Journal of general internal medicine, Nov 2009, vol. 24 Suppl 2, p. S467. (November 2009)

Publication Date: November 2009

Abstract: When the clinical care of minority breast cancer survivors is transferred from oncology settings to primary care, quality of care may be compromised if their primary care providers do not have adequate cancer treatment records and follow-up care guidelines. Survivorship care plans (SCPs) given to survivors before they transition to primary care settings are designed to improve the transfer of this information. This study examined these issues in a sample of minority breast cancer survivors. During four
focus groups with minority breast cancer survivors, data were collected about the types of information survivors remember receiving from their oncologists about follow-up health care needs. Survivors were also asked their opinions on the value and content of a survivorship care plan. Minority breast cancer survivors received variable amounts of information about their cancer treatments. They were dissatisfied with the amount of information they received on cancer-related side-effects, including race-specific information. The American Society of Clinical Oncology's breast cancer survivorship care plan was viewed as important, but too highly technical and limited in information on side-effects and self-care approaches. Survivorship care plans may help increase information transfer from oncologists to patients and primary care providers, but the content of care plans needs to be adapted to minority patients' concerns. Primary care physicians may be challenged by survivors to explain recommended surveillance guidelines and to respond to untreated physical and psychosocial problems.

Source: Medline

An internet tool for creation of cancer survivorship care plans for survivors and health care providers: design, implementation, use and user satisfaction.

Author(s) Hill-Kayser, Christine E, Vachani, Carolyn, Hampshire, Margaret K, Jacobs, Linda A, Metz, James M

Citation: Journal of medical Internet research, Jan 2009, vol. 11, no. 3, p. e39. (2009)

Publication Date: January 2009

Abstract: Survivorship care plans have been recommended by the Institute of Medicine for all cancer survivors. We implemented an Internet-based tool for creation of individualized survivorship care plans. To our knowledge, this is the first tool of this type to be designed and made publicly accessible. To investigate patterns of use and satisfaction with an Internet-based tool for creation of survivorship care plans. OncoLife, an Internet-based program for creation of survivorship care plans, was designed by a team of dedicated oncology nurses and physicians at the University of Pennsylvania. The program was designed to provide individualized, comprehensive health care recommendations to users responding to queries regarding demographics, diagnosis, and cancer treatments. After being piloted to test populations, OncoLife was made publicly accessible via Oncolink, a cancer information website based at the University of Pennsylvania which averages 3.9 million page views and over 385,000 unique visits per month. Data entered by anonymous public users was maintained and analyzed. From May 2007 to November 2008, 3343 individuals utilized this tool. Most (63%) identified themselves as survivors, but also health care providers (25%) and friends/family of survivors (12%). Median age at diagnosis was 48 years (18-100+), and median current age 51 (19-100+). Most users were Caucasian (87%), female (71%), and college-educated (82%). Breast cancer was the most common diagnosis (46%), followed by hematologic (12%), gastrointestinal (11%), gynecologic (9%), and genitourinary (8%). Of all users, 84% had undergone surgery, 80% chemotherapy, and 60% radiotherapy. Half of users (53%) reported receiving follow-up care from only an oncologist, 13% only a primary care provider (PCP), and 32% both; 12% reported having received survivorship information previously. Over 90% of users, both survivors and health care providers, reported satisfaction levels of "good" to "excellent" using this tool. Based on our
experience with implementation of what is, to our knowledge, the first Web-based program for creation of survivorship care plans, survivors and health care providers appear both willing to use this type of tool and satisfied with the information provided. Most users have never before received survivorship information. Future iterations will focus on expanding accessibility and improving understanding of the needs of cancer survivors in the era of the Internet.

Source: Medline

Implementing a surviving care plan for patients with breast cancer.
Author(s) Miller R
Citation: Clinical Journal of Oncology Nursing, 01 June 2008, vol./is. 12/3(479-487), 10921095
Publication Date: 01 June 2008
Abstract: The growing number of cancer survivors challenges healthcare organizations to develop programs that support survivors' transition from active treatments to survivorship care. Many individuals and families continue to face complicated care issues resulting from cancer diagnosis and side effects long after completion of their treatments. This article describes a model of a survivorship care plan, Cancer Treatment Summary and Follow-Up Care Plan, piloted in an outpatient clinical setting in a community hospital for patients with breast cancer. The plan can be expanded to include other cancer types. The intent of the survivorship care plan is to strengthen the care connections and coordination of services for survivors of breast cancer to ensure that continuing care needs are met during the survivorship phase of the cancer trajectory. The survivorship care plan is a unique opportunity for oncology nurses to be catalysts for the interdisciplinary interactions that are required to develop survivorship care plans and to implement a change in oncology nursing practice. The intervention shifts the paradigm of cancer survivorship care from an acute care medical model to a wellness model for cancer survivors in the clinical setting.

Source: CINAHL
Available in fulltext from Clinical Journal of Oncology Nursing at ProQuest
Available in fulltext from Clinical Journal of Oncology Nursing at EBSCOhost

Implementing a survivorship care plan for patients with breast cancer.
Author(s) Ganz PA, Hahn EE
Citation: Journal of Clinical Oncology, 10 February 2008, vol./is. 26/5(759-767), 0732183X
Publication Date: 10 February 2008
Abstract: Breast cancer survivors account for 23% of the more than 10 million cancer survivors in the United States today. The treatments for breast cancer are complex and extend over a long period of time. The post-treatment period is characterized by gradual recovery from many adverse effects from treatment; however, many symptoms and problems persist as late effects (eg, infertility, menopausal symptoms, fatigue), and there may be less frequent long-term effects (eg, second cancers, lymphedema, osteoporosis). There is increasing recognition of the need to summarize the patient's course of treatment into a formal document, called the cancer treatment summary, that also includes recommendations for subsequent cancer surveillance, management of late effects, and strategies for health
promotion. This article provides guidance on how oncologists can implement a cancer treatment summary and survivorship care plan for breast cancer survivors, with examples and linkage to useful resources. Providing the breast cancer treatment summary and survivorship care plan is being recognized as a key component of coordination of care that will foster the delivery of high-quality cancer care.

**Source:** CINAHL
Available in *fulltext* from Journal of Clinical Oncology at EBSCOhost
Available in *fulltext* from Journal of Clinical Oncology at the ULHT Library and Knowledge Services’ eJournal collection

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**Google Scholar**

*From the 1st fifty results:*

[HTML] Survivorship care plans: a work in progress
HML Daudt, C van Mossel, DL Dennis, L Leitz – Current Oncology, 2014
Health agencies across the world have echoed the recommendation of the U.S. Institute of Medicine (iom) that survivorship care plans (scps) should be provided to patients upon completion of treatment. To date, reviews of scps have been limited to the United States. The present review offers an expanded scope and describes how scps are being designed, delivered, and evaluated in various countries.