



ORIGINAL RESEARCH PAPER

Nursing

CANCER SURVIVORSHIP-SCOPE AND COMPONENTS

KEY WORDS: cancer survivorship, components, breast cancer

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“There is no uniform cancer prevention strategy for the entire country. Awareness programmes have been undertaken in a few places, but there is no uniform standardized information, education and communication (IEC) strategy for cancer prevention. There is no education on risk factors, early warning signals and their management. Cancer screening is not practised in an organized fashion in any part of India. There are sporadic attempts at opportunistic interventions and small-scale research studies for field interventions.”

M. KRISHNAN NAIR*, CHERIAN VARGHESE†, R. SWAMINATHAN‡ *Cancer: Current scenario, intervention strategies and projections for 2015.* NCMH Background Papers·Burden of Disease in India

The above paragraph sums the state of affairs regarding Cancer and Cancer therapy In India.Though there are many regional cancer centers to deal with the disease, a cancer survivorship needs much focus and research in India. There was one technical paper on this subject from AIIMS

A 'Cancer Survivor' is defined by the National Coalition for Cancer Survivorship as anyone with a history of cancer, from the time of diagnosis and for the remainder of life, whether that is days or decades.”

An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life¹.

Cancer survivorship care (CSC) is broadly defined and should be the patient-centred offering of varied combinations of healthcare services that match the individual needs of cancer survivors. Examples of these services include annual physical assessments, blood tests, diagnostic imaging, nutrition counselling, mental health and counselling services, health teaching and exercise coaching² The burden of cancer survivorship is significant. Coinciding with improved survival rates and rapidly rising demands for care, is growing recognition of the chronic nature of cancer survivorship.³ Healthcare and resource planning for this growing population of complex patients with long-term healthcare needs is crucial. In order to facilitate sustainable CSC and decrease wait times for newly diagnosed patients; new models of survivorship care delivery need to be explored and evaluated³⁻⁴.

Primary cancer centers have identified the need to develop safe and effective models of care that promote 1) early transition of cancer survivors back to their primary care (PC) providers post-treatment and 2) greater involvement of primary care providers throughout the cancer care continuum. This shift away from long-term follow-up of survivors by cancer specialists has the potential to increase access for new patients entering the cancer care system and better address the long-term health needs of cancer survivors⁵.

Primary care is defined as the “level of a health service system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and co-ordinates or integrates care provided elsewhere by others.”⁶⁻⁷ Medical professionals, Government and citizens are united in their commitment to building a strong PC system that is patient centred, accessible, effective, efficient, safe, coordinated, and

population-health oriented⁷ Nurses working in PC settings are the first and most consistent points of contact for patients . All three core categories of nurses, nurse practitioners, registered nurses (RNs), and registered practical nurses need to work in PC settings.⁸

With recent improvements in early detection, diagnosis, and treatment; patients diagnosed with cancer are living longer (IOM, 2013). The number of cancer survivors and the demand for CSC is rapidly increasing. Over the past five years there has been increasing recognition of cancer as a chronic versus an acute episodic condition.⁹⁻¹⁰ Chronic conditions are complex and encompass a broader range of health circumstances than the traditional definition of chronic disease. ¹¹ Chronic conditions are defined as conditions that require ongoing, adaptive care and management over an extended period of time by patients, health care providers, and family members.¹¹ A defining characteristic of chronic conditions is that they “persist over time regardless of treatment”.¹² Given these parameters, cancer clearly fits the definition of a chronic condition. Specifically, the diagnosis of cancer is accompanied by disease specific co-morbidities, long-term and late effects, changes in physical and cognitive function, and changes in overall well-being and quality of life. ¹²

Researchers and clinicians have called attention to the need for improved CSC and better understanding about how to organize and deliver cost-effective CSC services. Substantial knowledge gaps related to evaluation of current CSC services and models of care serve as barriers to quality patient care. However, before effective change can occur, the following core needs must be addressed: 1) survivorship education for cancer and primary healthcare providers to raise awareness of CSC issues, appropriate follow-up care, and self-management support for patients and their family members; 2) increased multidisciplinary leadership for CSC research on post-treatment follow-up care and recovery 3) nationally coordinated evaluations of current and newly implemented CSC services and models of care.¹²

A coordinated effort targeting priority gaps in the current body of evidence would be advantageous in the pursuit of improving CSC . At present, more research is needed on effective and feasible models of CSC outside of the breast cancer patient population ¹³. Research and evaluation of models of care developed specifically for marginalized populations, men, and disease sites outside of the breast, prostate, and colon cancer patient population would aid healthcare planners and policy maker in determining the optimal use of CSC resources and would build on existing CSC knowledge . Lastly, a neglected but promising area of research that should be targeted for future is nurse-led community-based models of CSC . If proven effective, nurse-led models of CSC could tap into underutilized PC nursing resources and decrease the burden of CSC currently placed on cancer specialist and PC physicians. This strategy for improving CSC is evidence based as multiple international studies have shown that nurse-led models of CSC are cost-effective, safe, and lead to similar outcomes when compared to traditional physician-led follow-up care ¹⁴

The cancer care system is challenged to provide efficient and effective healthcare services to a rapidly increasing number of patients at a time when there is a shortage of human and financial resources.

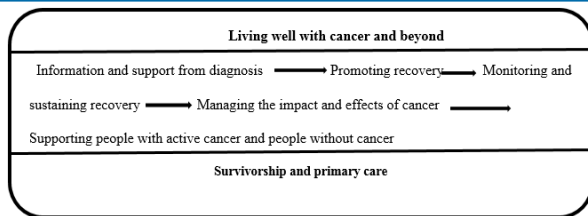


Fig.1.Cancer care- Stages and the need to include Survivorship care in cancer therapy

Cancer care will motivate and initiate research that examines the plethora of cancer survivor issues which will lead to translational research which will drive the clinical care of cancer survivors. This will enable in cancer care the survivorship phase of to be recognized as an essential and distinct phase in the continuum of cancer care.

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