

Cancer Survivorship: Meeting Psychosocial Needs

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Attention to issues unique to cancer survivorship has increased in recent years as the number of cancer survivors has grown. In 2004, the latest year with complete statistics in the United States, an estimated 10.8 million cancer survivors represented approximately 3.7% of the population (Ries et al., 2007). The cancer

Acute Survival

- Extends from diagnosis to completion of initial treatment
- Dominated by cancer treatment and coping with effects of therapy
- Confronting one's mortality
- Fear and anxiety are constant elements.
- Family and community support are important; needs of family often overlooked.

Extended Survival

- Beginning to return to normal life after treatment completion
- Period of "watchful waiting," regular follow-up examinations, intermittent therapy as needed, dealing with physical limitations secondary to treatment (e.g., fatigue, hair loss, altered body image, cognitive dysfunction)
- Psychosocial support services important
- Dominated by fear of recurrence

Permanent Survival

- Evolves from extended disease-free survival and low likelihood of disease recurrence
- Adjustment to the "new normal"
- Long-term physiologic effects of treatment
- Employment and health insurance concerns
- Health promotion strategies

Figure 1. Phases of Survival

Note. Based on information from Mullan, 1985.

sites with the highest frequency of survivors were breast (22%), prostate (19%), colorectal (10%), and gynecologic (9%) (Ries et al.). An individual is defined as a cancer survivor from initial diagnosis until the end of life. Family members, friends, and caregivers also are considered survivors because they share the impact of the experience (National Cancer Institute [NCI], 2006a). Cancer survivorship has been conceptualized as consisting of three phases of survival, each with its own dimensions. Phase 1, *acute survival*, is devoted to coping with the diagnosis and the initial treatments and side effects. Phase 2, *extended survival*, refers to the period when the individual may be in remission or receiving consolidation therapy but is returning to a normal life while being followed regularly. Phase 3, *permanent survival*, relates to long-term adjustment and adaptation to life beyond cancer (Mullan, 1985) (see Figure 1).

Meeting Psychosocial Needs of Patients With Cancer

Great strides have been made in identifying the biology of malignancy and in advancing the state-of-the-art of cancer therapy; however, a widespread failure to recognize and address the psychosocial needs of cancer survivors because of a variety of barriers has occurred (see Figure 2). A landmark report from the Institute of Medicine ([IOM], 2008), *Cancer Care for*

- Fragmentation of provision of care and lack of coordination between different treatment settings
- Psychosocial services have not followed the shift from inpatient care to outpatient centers and private offices.
- Limited time during patient visits
- Stigma associated with seeking mental health services
- Inadequate health insurance coverage
- Failure of healthcare providers to ask about emotional distress
- Lack of simple, rapid screening tools for emotional distress
- Lack of knowledge of clinical practice guidelines for managing distress
- Lack of awareness of psychosocial resources in the community

Figure 2. Barriers to Meeting Psychosocial Needs of Patients

Note. Based on information from Institute of Medicine, 2004; Pirl et al., 2007.

the Whole Patient: Meeting Psychosocial Health Needs, proposed that identifying and addressing the psychosocial needs of cancer survivors should become a new standard of care. Components of the standard include screening patients for distress and other problems, connecting patients and families to healthcare providers and services that possess the expertise and resources to handle these issues, coordinating care, and monitoring the effectiveness of the services provided. The Oncology Nursing Society (2008) also

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