

■ CNE Article

Patient Satisfaction With Breast and Colorectal Cancer Survivorship Care Plans

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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.

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About 12.5 million people in the United States were living with a personal history of cancer in 2009, including more than 2.5 million women with breast cancer and more than 1 million men and women with colorectal cancer (Howlander et al., 2012). An extensive body of research provides evidence that cancer survivors frequently experience late effects from their cancer and its treatment, including psychological distress, pain, impaired organ function, sexual dysfunction, cosmetic changes, and limitations in mobility, communication, and cognition (Ganz, 2000; Harrington, Hansen, Moskowitz, Todd, & Feuerstein, 2010; Hewitt, Greenfield, & Stovall, 2005; Stein, Syrjala, & Andrykowski, 2008; Stricker & Jacobs, 2008). A landmark report by the Institute of Medicine (Hewitt et al., 2005) recognized

that the system of delivering care to the growing number of cancer survivors was inadequate. Specifically, it suggested that the transition of medical care following cancer treatment often is not well coordinated, and many cancer survivors and providers are unaware of late effects and heightened health risks related to the cancer and its treatment. A key recommendation of the report was that patients with cancer completing primary treatment should be provided with a survivorship care plan that includes a comprehensive treatment and care summary and follow-up plan.

Although the Commission on Cancer (2012) added the provision of a survivorship care plan to its cancer program standards, sparse evidence exists regarding the effectiveness and optimal content of care plans (Salz, Oeffinger, McCabe, Layne,