Patients with cancer and multiple chronic conditions (complex cancer survivors) are vulnerable to the negative impacts of COVID-19. However, their experiences and coping strategies during the COVID-19 pandemic have not been extensively studied. A mixed-methods design was used to assess coping strategies and protective responses taken to minimize COVID-19 infection. Participants were drawn from a cohort of complex cancer survivors from a pragmatic clinical trial. Participants reported high adherence to recommended protective behaviors, and risk was assessed based on comorbidities, not cancer status. Most did not experience significant disruptions in cancer-related or primary health care but experienced pandemic-related emotional stressors. Participants managed the impact of the pandemic using spirituality, support from social networks, and coping lessons from their cancer experience.

**AT A GLANCE**
- Spirituality, family, and previous illness coping strategies can help complex cancer survivors navigate the negative impacts of a pandemic.
- Cancer care can be improved by assessing the presence of factors that bolster coping.
- Interventions that draw on survivors' cancer experience, spirituality, and social networks can augment coping during emotional stressors like experiencing a pandemic.

**KEYWORDS**
COVID-19; complex cancer survivors; coping; spirituality; resilience

**DIGITAL OBJECT IDENTIFIER**
10.1188/23.CJON.681-687

**Methods**

**Sample**
The sample consisted of complex cancer survivors, who were defined as survivors who had at least one chronic condition, had low income, were under- or uninsured, and were served by a safety net health system. The sample was derived from Project CONNECT (Lee et al., 2018), a pragmatic clinical trial to improve care coordination for patients with stage I–III breast or colorectal cancer with underlying chronic conditions receiving care at Parkland Health, an integrated safety net health system in Dallas, Texas. Parkland Health cares for a disproportionate share of patients with cancer who are from underrepresented racial or ethnic groups (72%), have low income, are under- or uninsured (70%), and have three or more chronic conditions (more than 60%) requiring coordinated care (Lee et al., 2018).

**Design and Data Collection**
This study’s mixed-methods approach included a cross-sectional survey and qualitative interview via telephone offered in English or Spanish. Survey