The number of cancer survivors in the United States with chronic conditions has increased by 50%–200% since 2010. These conditions include diabetes, hypertension, kidney disease, liver disease, and morbid obesity. Cancer survivors who are aged 18–44 years, male, and non-Hispanic Black have experienced the most significant increase in multiple chronic comorbid conditions over the past 20 years (Jiang et al., 2022). Regardless of the care setting, oncology nurses will encounter cancer survivors from the time of diagnosis throughout the care continuum who require multifaceted care because of existing chronic conditions. Because of shared risk factors such as smoking, obesity, and physical inactivity, cancer survivors commonly experience chronic diseases (Jiang et al., 2022; Tsai et al., 2023). Despite improved cancer survival rates overall in the United States, patients with cancer who have chronic diseases have worse treatment and survival outcomes compared with those without comorbidities (George et al., 2021; Tsai et al., 2023). The coexistence of chronic diseases and cancer can have a negative impact on diagnosis, prognosis, cancer treatment response, survival, and subsequent health outcomes (George et al., 2021). In addition, chronic conditions may be associated with increased healthcare utilization and medical costs, adverse clinical outcomes, and financial toxicity (Tsai et al., 2023). Multiple comorbid conditions in cancer survivors may contribute to public health burden in the years to come.

Impact on Cancer Care
Interprofessional collaboration for effective care management is critical to providing care to this growing population. Treatment decisions must carefully integrate and prioritize treatment modality choices as well as patient preferences, particularly in older adults (George et al., 2021). When considering treatment based on clinical guidelines, an interprofessional approach and shared decision-making with the patient are required. For example, severe cardiopulmonary disease may affect prognosis and limit surgical and chemotherapy options (Duthie et al., 2017; Zullig et al., 2022). Palliative care is an option for patients when the risks of morbidity and mortality are significant.

Care management can be complicated with multiple providers; therefore, it is essential to have a “quarterback,” such as a medical oncology provider, to lead the healthcare team and provide consistent communication to the patient, caregivers, and other providers on the team. Caring for patients with chronic conditions can be a difficult situation, with multiple demands and little room for error and complications. Oncology nurses throughout