

# The journal of cancer survivorship: informing health care providers and cancer survivors

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Following receipt of the journal's latest impact score, it seemed that it would be a useful exercise to take a look at publications that made it through the peer review process since the inception of the journal. Such a review of content could help inform future efforts at dissemination of information to improve the lives of cancer survivors over the long run. The Journal of Cancer Survivorship: Research and Practice (JCSU) differs from most journals related to cancer in that it exclusively focuses on the problems/challenges faced by those following their primary treatment for a cancer-related illness. It is also targeted at health care providers and their efforts to optimize primary, secondary, and tertiary prevention of long-term and late effects in these patients. The other major difference between most well-established journals related to oncology, public health, health services, and JCSU is that these other journals tend to be primarily discipline specific, while JCSU was designed from the onset to be multidisciplinary (Table 1).

The primary target groups for JCSU include oncologists, primary care physicians, nurses, epidemiologists, those in health services, psychosocial oncologists, clinical health psychologists, those in behavioral medicine, social workers, physicians and nurses in rehabilitation medicine, physical therapists, occupational therapists, vocational counselors, those using complimentary approaches to health care, those who can impact health systems policy, as well as cancer survivors

and their families. This editorial provides a brief review of content published in the initial years of JCSU. The summary is intended to provide a check on how well the journal is responding to its original mission and to help identify problem areas to consider in the future.

## The need to expand knowledge related to many cancer types

Since the inception of JCSU in 2007, investigations have focused on cancer types ranging from breast cancer to brain tumors and varied in severity of pathology. Figure 1 provides a general breakdown of cancer types published in JCSU to date. The majority of studies have focused on breast cancer. Recognizing the importance of addressing health care needs of many types of cancer survivors, JCSU aims to publish studies representing a broader spectrum of cancer types in the future. We also observed that the journal has covered papers related to the adult cancer survivor, including both the young adult survivor of childhood cancer and the young adult cancer survivor. While JCSU will continue to publish studies in these age groups, given the growth in the aging population and the link between age and cancer etiology, papers that address the challenges of older cancer survivors (65 or older) will also represent a priority.

## The need to increase global reach

The number of manuscripts submitted has increased over fivefold since the first issue of the journal, concurrent with a decline in the acceptance rate from 49 to 21 % (see Fig. 2). While the majority (78 %) of these papers originated from

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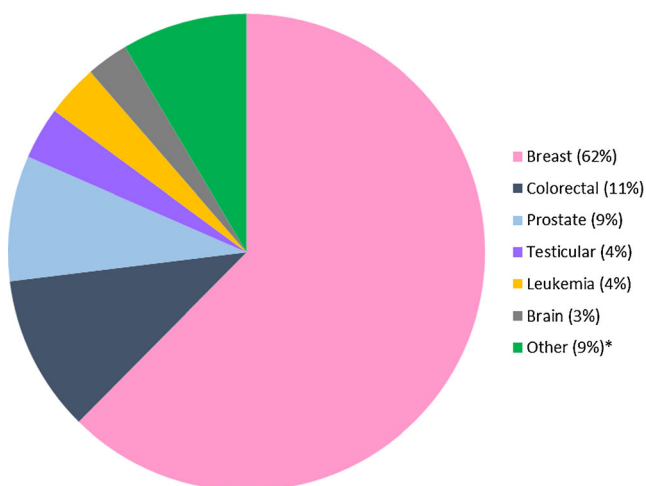
**Table 1** General topic areas published in JCSU

Topic Area	Number (%)
Health services	75 (25)
Health behavior	54 (18)
Health	40 (13)
Function	40 (13)
Well-being	16 (5)
Measurement tools	7 (2)
Recruitment/research policy	6 (2)
Diversity	3 (1)
Multiple ( $n=2$ )	59 (20)

Due to rounding, percentages do not add up to 100 %

North America, many other countries contributed to the journal: Norway (5 %), Australia (4 %), the Netherlands (3 %), the UK (3 %), Finland (1 %), Germany (1 %), Ireland (1 %), and a combined total of 4 % from Belgium, Denmark, Israel, Italy, Japan, Malaysia, Saudi Arabia, Singapore, Slovenia, Sweden, Switzerland, and Taiwan.

Due to the international nature of cancer survivorship concerns, JCSU will continue its interest in publishing research from many countries. To facilitate this goal, authors whose native language is not English may want to consider an English language copy editor to help with the final preparation of a manuscript (e.g., <http://www.springer.com/authors/journal+authors/helpdesk?SGWID=0-1723213-12-817308-0>). This has become a practical option for non-English-speaking authors who think they can use some help to prepare their manuscript for publication in a peer-reviewed English-language journal.



**Fig. 1** Distribution of cancer types published in JCSU. \* $n=2$  for lung, non-Hodgkin's lymphoma, cervical;  $n=1$  for Hodgkin's lymphoma, sarcoma, bone, acute lymphoblastic leukemia, kidney, hematological

## The need to continue to represent several types of methodologies

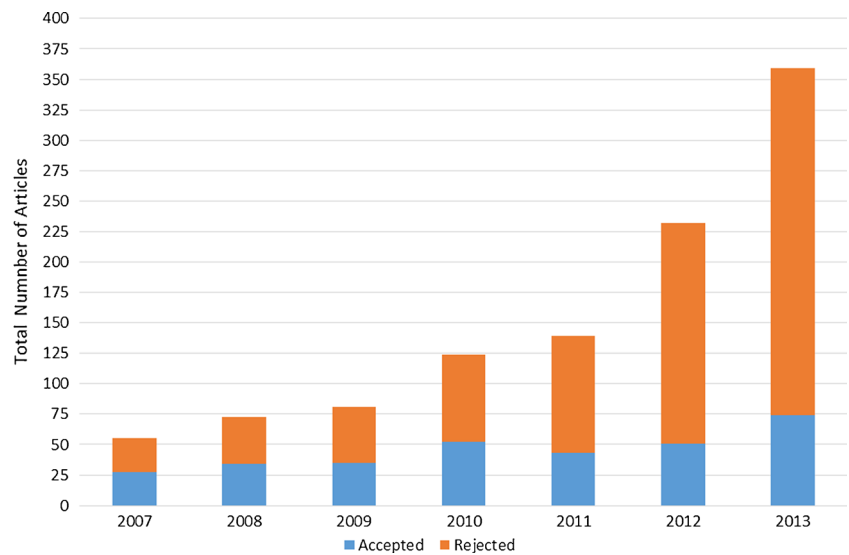
Over the past 7 years, accepted publications have largely featured original research and meta-analyses. Over half of all studies have been cross-sectional in design; however, longitudinal studies did account for a third of all designs (see Table 2). Most papers have used quantitative methods, but qualitative or mixed methods have been used as well. Ten percent of publications have been literature reviews. Within this group, systematic reviews and meta-analyses have greatly outnumbered non-systematic (general) reviews. Intervention studies accounted for 10 % of all articles, with the majority of these being randomized controlled trials (RCTs). Seventy-one percent of published papers ( $n=212$ ) used research methodology that would dictate inclusion of a control or comparison group; however, 24 % of these articles ( $n=50$ ) did not include one of these groups.

JCSU aims to publish scientifically rigorous studies, including those with appropriate control and/or comparison groups, where dictated. The journal will continue to publish studies across a wide range of methodologies. However, the following types of studies are preferred: (1) quantitative studies; (2) systematic reviews that facilitate “outside the box” thinking and can inform health, health care, function, and well-being in the short run and long into the future; (3) qualitative studies that provide information on new approaches to health care or self-management; (4) prospective studies to identify risk and protective factors of problems experienced by various types of cancer survivors; and (5) long-term evaluation of the effects of several types of innovative interventions to improve health, healthcare, function, and well-being. JCSU is also interested in publications that can inform us regarding the feasibility and effectiveness of these innovative approaches. That is, this journal will accept intervention studies other than RCTs, as long as an appropriate control group is included. While evidence-based information is our goal, we also cannot wait until the perfect RCT on a new approach is reported. We are well aware of the process that determines evidence, but let us not forget that the acceptance of new approaches for practice is often developed through an iterative process.

## The need for a more precise definition of cancer survivor

As was the case when choosing the title for this journal, the term “cancer survivor” continues to be a source of controversy. Because of this continued concern, we reviewed how authors defined cancer survivor (i.e., case definition) in

**Fig. 2** JCSU article disposition by year



their paper. Reflecting the diversity of opinions in the field of cancer survivorship, the case definition of survivor has varied across publications. Definitions in the majority of publications met the criteria of post primary treatment. However, the case definition that had been used in many publications was based on number of

months post diagnosis, rather than a statement providing explicit times post primary cancer treatment. Given the existence of multiple definitions of “cancer survivor,” future JCSU publications must provide a detailed case definition of cancer survivor in the methods section of the submission that includes time post primary cancer treatment. It is expected that papers will target those post primary treatment. This is particularly important given the potential variation in the temporal course of problems experienced by cancer survivors following primary treatment for cancer. The exact time from primary treatment of first, recurrent, or new cancers can also provide more specific knowledge of what can be expected over the long term and what we can target for improved primary, secondary, and tertiary prevention over time. Identification of variables that contribute to these temporal changes will hopefully lead to improved health and self-care efforts.

**Table 2** Distribution of study methodologies published in JCSU

	Number (%)
<b>Design</b>	
Cross-sectional	163 (54)
Longitudinal	102 (34)
Review	31 (10)
Other <sup>a</sup>	4 (1)
<b>Method</b>	
Quantitative	208 (69)
Mixed	34 (11)
Qualitative	27 (9)
Systematic review	21 (7)
General review	7 (2)
Meta-analysis	3 (1)
<b>Intervention studies</b>	
RCT	18 (6)
Development	7 (2)
Intervention (non-randomized, with control group)	3 (1)
Intervention (non-randomized, no control group)	3 (1)
Total	31 (10)

<sup>a</sup> Recruitment methods (n=3); community-based participatory research (n=1)

Due to rounding, all percentages do not add up to 100 %

**The need to continue to focus on health, health care, function, and well-being**

Topic categories covered in JCSU can be broken down into the following general categories: health, health behavior, health services, function, well-being, diversity, research recruitment/research-related policy, measurement tools, and those that include two topics (articles where the primary focus is on two of these categories). The majority of publications to date have addressed areas related to the following: health services, health behavior, health, or function, with a minority covering well-being (see Table 1).

Papers related to “health” include topics ranging from comorbid conditions, long-term health, health-related quality

of life, risk factors for specific health outcomes, and/or fertility. Publications in the “health behavior” category include studies on lifestyle, self-examination, and observed or self-reported health behavior (e.g., physical activity, smoking, nutrition). Papers in the “health services” category focus on health care providers, survivorship clinics, and survivor care plans. Publications in the “function” category are those that investigate observable or self-reported function (e.g., social, occupational, physical, cognitive, sexual, breast-feeding), whereas publications in the “well-being” category focus on psychological health, quality of life, and spirituality. Other topics include the following: “diversity” (papers focusing on ethnic minorities and/or cultural differences), “research recruitment/research-related policy” (papers on recruitment methods or involvement of cancer survivors in the research review process), and “measurement tools” (papers covering the development or validation of a measurement tool).

Health behavior research has been a major focus of JCSU since its onset. It will continue to represent a priority because of the central role it can play in improving the cancer survivor’s health, function, and well-being following cancer treatment. There is a strong need for research on effective approaches to improve everyday healthcare practice and self-care efforts that seek to initiate, reinstate (if needed), and/or maintain these health behaviors. More prospective studies are needed in this area, as well. Appendix Table 3 provides a summary of several of the observations above and their implications for future submissions.

### Moving forward

The steady growth of JCSU is clear. However, along with this growth, there must be a strong commitment to continuous improvement as reflected by periodic review of topics, innovativeness, scientific and conceptual rigor, and practical need. This review also allowed us to reflect on questions that remain unanswered (Appendix Table 4). The lives of many continue to be impacted by cancer and its treatment. This journal remains committed to provide an evidence base that can help improve these lives.

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**Conflict of interest** Michael Feuerstein, PhD, MPH is the Founding Editor of the Journal of Cancer Survivorship: Research and Practice. All other authors have no conflict of interest to disclose.

The opinions and assertions contained herein are the private views of the authors and are not to be construed as being official or as reflecting the views of the Uniformed Services University of the Health Sciences or the Department of Defense.

### Appendix

**Table 3** Implications for future submissions

Content area	Implications
Country of origin	Greater global representation is needed. Authors whose primary language is not English are encouraged to use scientifically oriented English-language copy editors prior to submission.
Topic areas	JCSU will continue to publish papers on a range of topics related to the prevention and management of problems reported by cancer survivors and providers. Priority will be given to studies that have some implication (direct or indirect) for improvement in the health care and/or self-management. Papers identifying new challenges that do not fall into existing categories are welcome. Papers on innovative training of providers with appropriate controls are of interest.
Case definition	JCSU now requires submissions to include a clear case definition of cancer survivor in the methods section. Ideally, participants should be post-primary treatment for cancer. When possible, the time from diagnosis and primary treatment should be specified.
Methodology	The following methodologies are preferred: Quantitative studies. Systematic reviews that facilitate “outside the box” thinking. Qualitative studies that provide information on new approaches to health care or self-management. Prospective studies to identify risk and protective factors of problems experienced by various types of cancer survivors. Use of control or comparison groups that inform the specificity of the results regarding the target population of interest is encouraged. Longer-term evaluations of innovative interventions on a diverse set of outcomes Systematic and meta-analytic reviews of research that can inform health, health care, function, and well-being in the short-run term and long into the future.

**Table 4** Example of topics of interest to JCSU

General topic area	Suggestion
Health	<p>Multidimensional predictors of recurrent or new cancers.</p> <p>Epidemiological identification of risk factors for long-term and late effects.</p> <p>Relative contributions of cancer diagnosis, treatment, comorbidities, and age to long-term and late effects.</p> <p>Long-term patterns of the challenges (e.g., symptom-related, functional, economic) experienced by some cancer survivors, especially those associated with different cancer types, health status, and age.</p>
Health care	<p>Evidence-based, practical, and cost-effective approaches for the evaluation of medical, behavioral, nutritional, and complementary medicine approaches.</p> <p>Approaches that enhance adherence to proposed guidelines.</p> <p>Interventions that target the functional and emotional impacts of fear of cancer recurrence and development of new cancers.</p> <p>Applications of modern technology and how best to leverage this technology to improve outcomes.</p> <p>Strategies to improve the challenges of survivors living with a history of recurrent or multiple cancers.</p> <p>Strategies to mitigate the challenges faced by the full age range of adult cancer survivors (i.e., not pediatrics).</p> <p>Organization of future health care for cancer survivors over the long term, given projected provider supply and demand discrepancies and funding constraints.</p> <p>Training of health care professionals in the delivery of quality clinical care of cancer survivors, including triage.</p>
Economics	<p>Effective approaches to mitigate economic burden of cancer and survivorship care on the cancer survivor, the health care system, and society in general.</p>
Policy	<p>Evidence-based policy for innovation in practice.</p>