



Innovations in cancer survivorship care: “Lessons from the Clinic” special section

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There are currently close to 17 million cancer survivors in the USA, and this number is expected to increase to 26 million by 2040 [1]. As methods of cancer detection and treatment continue to improve, the number of survivors in the USA and around the world will grow. Comprehensive care for cancer survivors is complex and includes a focus on prevention and surveillance for recurrence and new cancers, surveillance and management of physical effects of cancer and its treatment, surveillance and management of psychosocial effects, surveillance and management of chronic medical conditions, health promotion, and disease prevention. [2] Across all of these domains, effective communication and care coordination play an important role. Over the past decade, there has been much interest in generating optimal models of cancer survivorship care [3]. As new interventions are being investigated, cancer survivorship care is currently being delivered across clinical settings, with existing opportunities to learn about “best practices” worldwide.

In this special section of the *Journal of Cancer Survivorship*, we aimed to provide a forum to highlight innovative approaches being used to provide quality, comprehensive clinical care to cancer survivors in “real-world” settings. Specifically, we sought concise, focused reports that described clinical observations and/or interventions that provide insights into clinical care of cancer survivors (Box 1). We are pleased by the tremendous response to our call for papers and hope that the selected papers will help to advance the field of cancer survivorship care.

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Box 1 Topics of interest in cancer survivorship care

- Models of cancer survivorship care (e.g., within an academic medical practice, community setting, oncology/primary care setting, and/or provided by nursing or other health care professionals)
- Methods being used to promote communication and care coordination between oncology and primary care, including transition of care
- Cancer survivorship care programs being supported by health insurance providers/managed care programs
- Programs or initiatives led by state cancer control organizations that have been successfully translated into clinical settings
- Cancer survivorship care delivered using novel approaches, such as with the use of telehealth or telemonitoring
- Clinical settings with demonstrated successful use of electronic medical records to promote quality cancer survivorship care
- Clinical educational programs in cancer survivorship for students, trainees, and/or clinicians
- Programs set up to monitor and manage clinical symptoms/diagnoses that may be related to newer therapies (e.g., immune checkpoint inhibitors, chimeric antigen receptor therapy (CAR-T))
- Approaches being used to monitor and mitigate clinical symptoms and functional outcomes among survivors
- Efforts that facilitate successful transition of survivors to physician and non-physician providers within the community or within the academic medical center setting
- Programs that successfully integrate self-management in providing cancer survivorship care

Several papers emphasize the role of the primary care provider (PCP) in the routine and consultative care of survivors. Goldenberg et al. describe a program in Manitoba, Canada, that focuses on providing a treatment summary with a follow-up guide and shifting care of colorectal cancer survivors to community providers. A critical element of the program success was a strong primary care base among community providers, leading to its implementation as the standard of care throughout the province [4]. Noteboom et al. pilot test a “time-out consultation” as a method to engage PCPs in the care of patients with advanced cancer, individuals who have received

much less attention in survivorship care research. While this intervention tested in the Netherlands offers opportunities for proactive inclusion of the PCP as a knowledgeable, critical partner in delivering patient-centered care, there may be challenges in broadly implementing this approach across different clinical settings [5]. Piper et al. describe an educational and experiential program that places PCPs into oncology practice settings [6]. The program is aimed at bridging gaps between PCPs and oncologists in Australia and offers a shared professional development for clinicians caring for cancer survivors. Lastly, Choi et al. describe a collaborative approach to providing survivorship care via a referral-based, primary care–led, specialized clinic at a US academic medical center [7]. Early results are encouraging and provide lessons for others launching similar programs and developing methods to measure impact and sustainability.

The physical and psychological implications of cancer and treatment, as well as interventions aimed at addressing them, were highlighted by several papers. Bober et al. describe a group intervention for young breast cancer survivors that included sexual health rehabilitation, body awareness exercises, and cognitive therapy. This intervention conducted in an academic US cancer center resulted in significant improvements in sexual functioning and psychological distress [8]. Sheppard et al. pilot test a program in Australia that offers a strategy to enhance survivors' experience in returning to work through tailored rehabilitation efforts. The pilot offers insights for similar interventions in other settings and countries [9]. Also in Australia, Russell et al. describe their experience with implementing a pilot program to establish better coordinated survivorship care by bringing two health care centers together and leveraging their expertise as well as access to allied health professionals [10]. Reinhart et al. present an exploratory, mixed-methods study to describe gaps in caring for patients with hematological cancers across US National Cancer Institute–designated cancer centers. While a number of unmet needs were reported by the center leaders, the disparity in care provided at these centers compared with their affiliated sites warrants highlighting [11].

Several articles highlight successes and important next steps for a patient-centered, patient-empowered approach to care, especially with respect to health behaviors. In Australia, Ristevski et al. describe an innovative multidisciplinary approach to health coaching designed to increase adoption of exercise and healthy food choices [12]. The authors provide recommendations for implementing the program in a variety of settings without significant resource consumption. Taylor et al. offer an innovative strategy to identify smokers in a US-based cancer center, aimed at improving healthy life choices, specifically by offering a treatment program for tobacco cessation and nicotine addiction [13].

The manuscripts in this section offer examples of practical interventions that address cancer survivors' needs, provide

insights into overcoming barriers to successfully delivering care in diverse clinical settings, and promote the education of practicing clinicians. The importance of multidisciplinary, multispecialty collaboration among health care providers needed for sustainable care delivery is a common theme. Taking into consideration the existing and forthcoming oncology and primary care workforce saturation, future interventions should address workforce preparation and design strategies to develop sustainable survivorship care models. Further, with advances in technology, interventions should explore opportunities to bridge care with digital tools that work with electronic health records, including enhancing communication across providers and decision support tools to augment evidence-based care. As the cancer survivor population grows, ages and cancer treatment become more complex, these areas of need will become even more critical.

In summary, this special section of the *Journal of Cancer Survivorship* demonstrates that “simple” interventions conducted in clinical settings, communities, and municipalities offer opportunities to enhance the care of cancer survivors. We encourage the readers to assess whether and how these interventions may be adapted, implemented, and evaluated in their environments. In order to advance the field, it is imperative that future programs are designed with the goal of evaluation, capture key data elements and outcomes, and are shared through publication. With consistent efforts in this field, we will be able to get closer to delivering quality cancer survivorship care.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no competing interests.

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