



Surviving Cancer and Cancer Treatment

I often think of a conversation I once had with a patient of mine. After receiving her last chemotherapy treatment, she grabbed me by the hand as I stood up to leave the room. “When will I see you again?” she asked. I responded with a joke: “Aren’t you glad

to be rid of me?” She laughed, as did I, and then asked, “Seriously, you won’t be taking care of me anymore? Just like that?”

As oncology nurses, we often consider our primary focus to be getting our patients through their treatments. We educate them and their families, assess for side effects and complications, manage their symptoms, offer psychosocial support, and provide palliative and hospice care. But as patients live longer, moving through multiple treatment cycles and long remissions, or are cured, what is our responsibility to them? Do we pull out of their lives, “just like that?”

This past summer, I had the very great pleasure of participating in a consensus symposium titled “State of the Science: Nursing Approaches to Managing Long-Term Sequelae of Cancer and Cancer Treatment.” Cosponsored by the *American Journal of Nursing* (AJN), University of Pennsylvania School of Nursing, American Cancer Society (ACS), and National Coalition for Cancer Survivorship (NCCS), the meeting brought together leading experts in late effects of cancer treatment, cancer survivors, policymakers, and many varieties of oncology nurses to brainstorm strategies for the future. Planned by AJN Editor-in-Chief Diana Mason, RN, PhD, FAAN, and AJN News Director Maureen (Shawn) Kennedy; Carol Curtiss, RN, MSN, and Pamela J. (P.J.) Haylock, RN, MA, leaders in oncology nursing for many years and past Oncology Nursing Society (ONS) presidents; Susan Leigh,

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RN, BSN, an ONS member and NCCS cofounder; and other notable individuals, topics included cognitive changes, hormonal effects, pain and neuropathy, psychosocial distress, and family issues, all resulting from cancer treatment. The executive summary of the conference will be published in early spring 2006 in AJN as well as in a future issue of the *Clinical Journal of Oncology Nursing* (CJON). Please read it. For the majority of oncology nurses whose practices are largely focused on treatment, there is so much to learn.

Consider these facts from the National Cancer Institute’s Office of Cancer Survivorship (<http://survivorship.cancer.gov>): Ten million cancer survivors—or 3.5% of the population—are living in the United States. Three out of four American families will have at least one family member with cancer, and 64% of adults diagnosed with cancer will be alive in five years. A person is a cancer survivor from the time of diagnosis through the rest of his or her life. Although the media may focus on spectacular cancer survival stories such as Lance Armstrong, many survivors are left with debilitating symptoms such as fatigue, pain, osteoporosis, lymphedema, and neuropathy. Additionally, little is known about the full spectrum of treatment sequelae or what type of screening will be needed for the rest of patients’ lives. For instance, survivors may have difficulties with employment, access to care, and insurance, which highlights



the importance of policy change.

Perhaps we are now at a pivotal time when a sufficient number of people have survived cancer and are beginning to demand health care specific to their needs. Many resources are available to help us broaden our

knowledge base on survivorship, including the following.

- ACS (www.cancer.org/docroot/home)
- American Society of Clinical Oncology (www.asco.org)
- Centers for Disease Control and Prevention’s National Action Plan for Cancer Survivorship (www.cdc.gov/cancer/survivorship/overview.htm)
- Lance Armstrong Foundation (www.livestrong.org)
- NCCS’s Cancer Survival Toolbox® (www.cancersurvivaltoolbox.org)
- ONS (www.ons.org/clinical/Survivorship.shtml)—includes links to Internet resources, positions, and articles on survivorship from CJON and the *Oncology Nursing Forum*

Much research is needed to develop evidence-based guidelines for the care of cancer survivors. I am particularly interested in receiving manuscripts on survivorship issues. For now, maybe we all can take a few minutes to discuss with each and every patient the salient points of cancer survivorship—that many patients do survive long term, that we are learning more and more about the aftercare that survivors need, and that we will be there for them after their treatment is completed, “just like that.”

Digital Object Identifier: 10.1188/05.CJON.509