Update on . . . Survivorship Care Plans

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The focus of this column is to present topics of interest from a variety of journals to Oncology Nursing Forum *readers. The topic of this issue is the transition from patient to survivor and the clinical use of survivorship care plans.*

Bridging the Transition From Patient With Cancer to Survivor

The purpose of this pilot study was to test the feasibility of a telephone counseling program for cancer survivors. The Cancer Survivor Telephone Education and Personal Support (C-STEPS) program was developed to address psychosocial and health behavior outcomes among cancer survivors. According to Garrett et al. (2013), this was the first telephone counseling intervention to simultaneously address psychosocial and health behavior in this patient population.

In this study, participants (N = 66) were recruited from two Colorado hospitals. C-STEPS was evaluated using a single-arm, intervention-only research design, and participants served as their own controls. Eligibility criteria included having stage I, II, or III disease; having the last treatment or follow-up within the past year; not receiving active treatment and no recurrence; being aged 21 years or older; being able to speak, read, and write English; and having the ability to comprehend and sign consent. The theoretical model of C-STEPS was based on the Transactional Model of Stress and Coping (TMSC) and motivational interviewing (MI). TMSC supports the premise that responses to potentially stressful events depend on primary and secondary appraisal as well as coping efforts. MI is a style of interviewing that encourages individual adaptation toward healthy behaviors.

C-STEPS ranged from three to six sessions and included two modules presented over three months. The themed modules were Meet the Challenge, which focused on facing uncertainty and stress management after cancer, and Healthy Options, which highlighted balanced nutrition and physical activity post-treatment. During an initial orientation telephone call, participants were asked to choose one or both modules. Support materials were given to participants to guide the telephone counseling, to establish rapport between the psychosocial oncology counselors and the participants, and to facilitate realistic goal setting.

Study participants were aged from 22–80 years, with a mean age of 59.5 years. Gender was equally represented, and the majority of participants were Caucasian, married, educated, either employed or retired, and had health insurance. Most cancer sites were solid stage II tumors. Of the initial 66 participants enrolled, 13 declined to participate before choosing the intervention modules. Of the 46 participants who completed at least one module and the follow-up assessment, 21 selected both modules, 13 selected stress and coping, and 12 selected healthy behaviors.

Overall, participants were highly satisfied with the program, with a mean overall satisfaction rating of 9 on a scale of 1–10. Participant's rated the usefulness of telephone counseling at a mean of 8.8. Cancer-specific distress was assessed using the Impact of Event Scale (IES). On the IES intrusion subscale, 67% of participants reported moderate distress or higher at baseline. Among all participants, a significant decrease in mean cancer-specific intrusive thoughts was observed, going from 10.2 to 6.5 ($p < 0.001$). On the IES avoidance subscale, 59% of participants reported moderate levels of distress at baseline, as indicated by cancer-specific avoidance behavior. Participants who chose the Healthy Options module (n = 33) showed a statistically significant increase in daily consumption of fruits and vegetables, going from 3.8 to 4.6 daily servings ($p = 0.02$). For all participants (n = 46), an increase in physical activity was noted, going from 166.8 to 242 minutes per week ($p = 0.006$).

This study successfully tested the feasibility of focused telephone counseling to facilitate the adaptation from patient with cancer to survivor. The findings indicated that C-STEPS provides a viable telephone counseling program with the capacity to address cancer-related distress and promote healthy lifestyle initiatives for survivors. Cancer programs in the United States seeking accreditation by the American College of Surgeons will soon require mandatory distress screening and services for patients with cancer. With that in mind, psychosocial telephone counseling, such as C-STEPS, may become integral models for cancer survivorship programs.

Garrett, K., Okuyama, S., Jones, W., Barnes, D., Tran, Z., Spencer, L., . . . Marcus, A. (2013). Bridging the transition from cancer patient to survivor: Pilot study results of the Cancer Survivor Telephone Education and Personal Support (C-STEPS) program. *Patient Education and Counseling, 92,* 266–272. doi:10.1016/j.pec.2013.04.002

Survivorship Care Plans and Support From Providers

This study aimed to describe barriers to the clinical implementation of survivorship care plans (SCPs), strategies to support the use of SCPs by healthcare providers, and issues related to the relevance of SCPs. An SCP is a personalized, portable document used to facilitate continuous comprehensive medical care following cancer treatment and is used by patients and primary care providers. Although primary care providers and survivors have embraced the concept of SCPs, Salz et al. (2014) recognized that SCPs have not been widely used because of significant barriers. Therefore, the purpose of this study was to survey National Cancer Institute–designated Community Cancer Centers

ONF, 41(4), 447–448.
doi: 10.1188/14.ONF.447-448