

# Survivorship Care Plans and Treatment Summaries in Adult Patients With Hematologic Cancer: An Integrative Literature Review

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**S**urvivorship, as defined by the National Coalition for Cancer Survivorship (2014), is the experience of living with, through, and beyond a diagnosis of cancer, including the impact on family, friends, and caregivers. Survivorship care is recognized as a priority in the cancer care continuum and has largely been driven by the Institute of Medicine (IOM) report *From Cancer Patient to Cancer Survivor: Lost in Transition* (Hewitt, Greenfield, & Stovall, 2005). A key recommendation of this report was the provision of a survivorship care plan (SCP) and treatment summary (TS) for all survivors (Palmer et al., 2014). Following the release of the report, many countries around the world developed and initiated national cancer initiatives (McCabe, Faithfull, Makin, & Wengstrom, 2013). Survivorship care should include the following components (Grant & Economou, 2008; Landier, 2009; Rechis, Arvey, & Beckjord, 2013).

- Coordination of care among providers to communicate overall health needs
- Monitoring, information about, and promotion of healthy living behaviors and disease prevention (e.g., guidelines for diet and exercise, alcohol consumption, tobacco cessation, sun protection, and healthy weight management)
- Prevention, screening, and intervention for recurrence, as well as long-term and late effects; early detection of new cancers or second malignancies by adherence to recommended surveillance guidelines (e.g., colonoscopies, mammograms, Papanicolaou tests, skin checks); and awareness of comorbidities
- Psychosocial well-being assessment, support, management, and information provision for physical, psychological, social, and spiritual needs

Routine follow-up care focuses largely on surveillance for recurrence and the monitoring of physical side effects, neglecting supportive care, health promotion, late-effects monitoring, and surveillance for new cancers (de Leeuw & Larsson, 2013). Awareness of the sub-optimal communication that occurs between healthcare

**Problem Identification:** Survivorship care plans (SCPs) and treatment summaries (TSs) have been recommended by the Institute of Medicine as ways to facilitate the delivery of holistic survivorship care. An integrative literature review was undertaken to identify current use of SCPs and TSs to meet the needs of survivors of hematologic cancer.

**Literature Search:** Databases searched for eligible articles were CINAHL®, the Cochrane Library, EMBASE, MEDLINE®, PsycARTICLES, PsycINFO, and PubMed.

**Data Evaluation:** Four articles that reported on experience, dissemination, or components of SCPs or TSs were included. Hematology-specific literature was limited, and no randomized, controlled trials or literature reviews were found for the cohort of survivors of hematologic cancer.

**Synthesis:** Content analysis was used to summarize the findings.

**Conclusions:** High-quality evidence evaluating the effectiveness of SCPs and TSs on hematologic cancer survivorship follow-up care is lacking. Nurses have established expertise in health promotion, information, support, and resource provision; they can develop and disseminate SCPs and TSs to facilitate communication among the survivor, specialist, and primary care provider.

**Implications for Research:** Well-designed, randomized, controlled trials on SCPs and TSs are required, particularly for cancers not well represented in the literature.

**Key Words:** survivorship care plan; treatment summary; survivorship; hematologic cancer

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professionals, including primary care providers (PCPs), and patients is increasing; important information is often not provided at treatment completion (Dicicco-Bloom & Cunningham, 2013; McCabe & Jacobs, 2012). In addition, patients with cancer frequently experience multiple health problems earlier than the general population (Panek-Hudson, 2013). As such, a need exists for comprehensive early and ongoing approaches to management; these should take advantage of teachable moments at the end of active treatment to promote and support patient participation in maximizing recovery