

**Standard-Driven Survivorship Care Following Adult-Onset Cancer in the United States: Results of a National Survey**

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**Disclosures**

- Nothing to disclose

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**Survivorship care following treatment of adult-onset cancer**

- More than 18 million cancer survivors in the United States (5% of the population and growing)
- Cancer survivors require long-term care post-therapy comprising a spectrum of medical and psychosocial services
- Limited research has examined the *availability and types of such services* for survivors of adult-onset cancer in the US

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### Survivorship Services Study (ACS CoC + USC)

- ACS CoC Survivorship Standard 4.8 requires the development and documentation of services to meet the needs of cancer survivors
  - Large network of institutions offers a *unique opportunity* for examining survivorship services nationally in a representative sample
- Survivorship Services Study
  - Determine *prevalence and types* of survivorship services offered by ACS CoC programs
  - Establish a benchmark to identify *gaps and opportunities* for improvement and intervention

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### Study methods

- Online, cross-sectional, survey-based cohort study of ACS CoC-accredited institutions
  - Email sent to ACS Cancer Program Administrator (CPA) at 1,400 institutions across 8 membership categories
- Brief questionnaire covering institutional characteristics, survivorship program team composition, survivorship program services available, clinical model (e.g., specialized clinic vs embedded care), survivorship program components, and program perceptions

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### Key findings

- 384 institutions responded representing 27% response rate
- Survivorship program personnel were mostly nurses and social workers
  - Physical and occupational therapists less common
- Survivorship services usually delivered by cancer treatment teams rather than within specialized survivorship clinics
- Of the fifteen services queried, 11 were individually endorsed by more than 90% of institutions as being available
  - Most common were screening for new cancers (88%), nutritional counseling (85%), and referrals to specialists (85%)
  - Sexual health (57%) and fertility services (57%) less common

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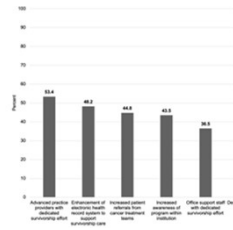
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### Key findings

- 1. Advanced practice providers with dedicated survivorship effort
- 2. Survivorship enhancements for the EHR
- 3. Increased patient referrals from treatment teams
- 4. Increased internal awareness of program
- 5. Office staff with dedicated survivorship effort




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### Key findings

- 59% of institutions reported having a survivorship program prior to Standard 4.8
- The majority *definitely* (43%) or *somewhat agreed* (46%) that Standard 4.8 facilitated initiation/advancement of their program
- >80% endorsed *some, few, or none* received survivorship services
  - Lack of referral and/or awareness biggest barriers
- Services perceived as *very beneficial* (47%) or *beneficial* (39%) for those receiving them

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### Discussion

- Most ACS CoC-accredited programs offer multiple services aligned with the known unmet needs of cancer survivors
  - With some notable gaps
- Survivorship program teams are interdisciplinary
  - Opportunities exist for greater engagement of relevant professions
- Advancing survivorship programs will require institutional investment in specific resources
  - Personnel, informatics, and initiatives to increase awareness and utilization
- Survivorship care standards tied to performance metrics appear to contribute to program development

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**Key Takeaways**

- These findings establish a benchmark for survivorship care delivery in the United States
- They identify clear gaps and opportunities for intervention and improvement
- They suggest the value of survivorship care standards for facilitating delivery of services

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**Thank you**

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