

Standard 4.8: Survivorship Program Frequently Asked Questions

Does the program need to be hospital based? Or can an affiliated outside oncology office take charge on the standard?

It may be appropriate to include an outside oncology office as part of the survivorship program, but the survivorship program cannot be limited to one modality (for example, medical oncology).

Because it is a phase-in standard, can developing the survivorship program for compliance with Standard 4.8 be a goal for Standard 7.4?

No. Phase-in standards may be not be used as goals for Standard 7.4.

What is the definition of a survivor?

The CoC does not have a standard definition of who is considered a “survivor.” The intent of the standard is to address patients treated with curative intent, but the program may choose to provide survivorship services to all patients. Programs should develop their own definition.

Survivorship Program Coordinator & Survivorship Team

Who can be the survivorship program coordinator?

The survivorship program coordinator may be a physician, physician assistant, advanced practice nurse, nurse, social worker (OSW-C preferred), nurse navigator, or therapist or other licensed health care provider. Please see page 7 of the *Optimal Standards for Cancer Care (2020 Standards)*.

Can a CTR be the survivorship program coordinator?

No, but the CTR may be part of the survivorship team.

Is the Survivorship Program Coordinator position a full-time position?

This should be determined by the cancer committee and/or cancer program as this will depend on the size and scope of the survivorship program. The coordinator is a role for the cancer committee, not necessarily a position within the facility.

Can a system-level professional be the survivorship coordinator for multiple individually accredited facilities?

This is left to the discretion of the accredited program.

Is there a minimum number of times the survivorship program team must meet within a calendar year?

The frequency and format of the survivorship team's meetings are left to the discretion of the program. Due to the scope of the requirements, the team will likely need to meet outside of the cancer committee.

Are minutes required for survivorship team meetings?

If team meetings are held then it is recommended minutes be taken, but it is not required by the standard.

Policy and Procedure

What must be in the policy and procedure?

The policy and procedure should include all required elements of Standard 4.8. For example, but not limited to, the identified coordinator, the survivorship team, and the services offered as part of the survivorship program.

Can the policy and procedure reference established policies and procedures that address all facility patients?

Yes, but the established policy must cover how it addresses survivors' needs. If survivors are not specifically discussed in the established policy, then the survivorship program's policy may need to include additional information for how that service will be different than those offered to all patients at the facility.

Selecting Three Services

Can a service that is required under another standard (e.g. nutrition) be used as one of the three services?

It can be directed towards another standard as long as it is specific to your survivorship population. It is ideal that you focus on areas/services that are not offered often.

Can one of the services/activities be the required Survivorship Care Plans for breast patients (per NAPBC Standard 2.20)?

Yes, but it is preferred that survivorship care plans be provided to more than one cancer site.

Are survivorship care plans required under Standard 4.8?

No. The CoC recommends and encourages that patients receive a survivorship care plan, but delivery of such plans is not a required component of the standard. If utilizing survivorship care plans to partially meet Standard 4.8, then the program defines the population to receive care plans, mode of delivery, the timing of delivery, and any other parameters.

Can the delivery of survivorship care plans to three different cancer sites satisfy the "three services" requirement?

No, this would only count as one of the three required services that must be reviewed each year.

Are treatment summaries and survivorship care plans considered one service or two services?

If both are utilized by the program, they are considered one service. It is left to the discretion of the program to develop policies and procedures related to their use.

Can the same services be evaluated in consecutive years?

Yes, but it is expected that programs will strive to enhance existing services over time and develop new services.

Does providing a service to one cancer site qualify as one of the services?

If the service is applicable to more than one cancer site, the program should strive to offer the service to more than just one cancer site.

If quarterly survivorship seminars are implemented, is this one service or three?

This counts as one service.

What does “screening for new cancers” mean? Is this the same as screening for recurrence?

No. Patients treated for cancer can be at increased risk for new cancers, depending on the original cancer and the treatment received. “Screening for new cancers” is intended to address potential new cancers patients may be at risk for due to their cancer treatments. For example, young women Hodgkin’s Lymphoma patients treated with chest radiation are at an increased risk of breast cancer, so they require special surveillance in this regard.

Screening for recurrence is focused on screening for a recurrence of the patient’s original cancer.

For network programs, do the survivorship services need to be available at all hospitals within the network?

Yes, networks should be offering services to all patients across the network. This may mean they need to offer them on different days in order to provide the services to all the locations.

Annual Report

What should the annual report include?

Both successes and areas for improvement should be discussed for the three chosen services to determine whether additional resources are needed to improve the services. Please see the required elements for the report given to the cancer committee in Standard 4.8 under “Survivorship Program Team” on page 36.