Abstract
Survivorship care in oncology has been a growing area; however, there is a lack of information regarding its effectiveness. We conducted a pilot study with specific aims to: 1) assess the impact of continuity cancer survivorship visits and survivorship care plans (SCPs) at our department on patient (pt) perception of provider support, 2) personal knowledge on post-treatment concerns, confidence in providers, 3) coordination of care between PCP and oncology providers, and 4) pt comfort level in finding additional information and answers regarding future post-cancer health concerns.

Methods and Materials
Patients who were definitively treated for a malignancy in our department and were seen by a dedicated survivorship nurse practitioner for a survivorship visit were asked to complete pretest (5 items) and post-test (6 items) web-based questionnaires, which used Likert scale and were administered on a handheld tablet computing device immediately before the visit (pre-test) and at the conclusion of the visit (post-test). Scores of 1-5 were assigned to five levels of agreement (disagree, somewhat disagree, neutral, somewhat agree, and completely agree) respectively, and the responses from pre-test and post-test questionnaires were compared using Wilcoxon signed rank test.

Results
Information of 63 pts was collected. Posttest scoring showed significant improvement from pretest scoring for all five questions (p-value < .01). Overall, pts found the survivorship visit beneficial, confirmed by mean difference values greater than 0 (range 0.43 to 0.84). While <50% of all pts noted an improvement for all five questions, 38 (60.3%) found it useful in at least one question, and 10 (15.8%) found it helpful for all questions.

Discussion
The current literature on the effectiveness of survivorship visits is scarce: one previous study has aimed to discover whether oncology providers feel that the distribution of survivorship care plans is important for good patient care. 3 There is a lack of literature documenting patient comprehension and utility of survivorship visits and SCPs. More research is needed in the area of survivorship care delivery. This can be achieved through ideal timing of visits, content of visits, and in the selection of the most important visit elements that will provide the most benefit to patients.

Conclusions
The preliminary results of our study suggest that overall, post-cancer treatment survivors feel that the survivorship visit and SCP are helpful. It improves their perception of provider support, personal knowledge on post-cancer treatment concerns, confidence level in the oncology provider team, trust in the coordination of care between PCP and oncology providers, and comfort level in finding additional information and answers regarding future post-cancer treatment concerns. More comprehensive, prospective studies will be needed in the future to confirm these observations. This approach may affirmatively impact survivorship care in clinical radiotherapy.

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References
1. ACS Facts and Figures, 2012-13
2. Grant et al. (2010)

Figure 1. A Survivor!
Figure 2. iPad with pre-test tool displayed

Introduction
It is estimated that by the year 2022, we will have a cancer survivor population of 18 million people in the United States: approximately 8.8 million males and 9.2 million females. 1 This number is related to both improved early detection of primary malignancies and enhanced treatment options for cancer patients. The enormity of the need for continued care for this growing population is a sizable public health issue. In 2006, the Institute of Medicine (IOM) outlined the unmet needs of this population, terming them “components” of survivorship care. 2
These components include:
1) Coordination of care between patients, oncologists, and primary care providers – including standard preparation of a treatment summary and survivorship care plan.
2) Prevention and detection of secondary cancers, and secondary health conditions through screenings, with promotion of healthy behaviors through education.
3) Continued surveillance for recurrence of cancer and late side effects;
4) Intervention for the consequences of cancer and its treatment.

We have established a process in our setting to provide survivorship care to our cancer survivors, and are interested in the patient’s perspective on the helpfulness of the survivorship visit (SV) and care plan SCP distribution.