In 2021, the American College of Surgeons Commission on Cancer (CoC) modified its requirement for accreditation of institutions offering cancer care. The prior CoC Standard 3.3 focusing on the development and delivery of a survivorship care plan, while lauded by survivors, was met with challenges from the oncology community and did not result in tangible improvements in care.\(^1\) The new Standard 4.8 places an emphasis on a holistic approach to cancer survivorship care, requiring cancer centers to develop a structured program with a leadership team and dedicated services for survivors who have completed treatment. This study by Stal et al\(^2\) reports findings from a survey of CoC-accredited institutions regarding the types of cancer survivorship services being offered for survivors of adult-onset cancers. Per CoC procedures, the survey was conducted over 3 weeks, gathering complete responses from 384 facilities, a response rate of 27.4% of invited institutions.

Despite noted limitations, the study by Stal et al\(^2\) offers important insights into how the current approach to survivorship care evolved from solely requiring the provision of a static treatment summary or care plan document toward a more dynamic, integrated assessment of needs and provision of supportive and specialty care services. While the survey findings reported by Stal et al\(^2\) highlight that the institutions offered a wide array of survivorship services on site or through referral, they also noted the low utilization of and awareness about these services. A common challenge reported by respondents was a lack of dedicated institutional infrastructure, including staffing, information technology capabilities, and financial resources, that served as a barrier to achieving wider use of their services.

Although both CoC Standards spurred progress in the delivery of cancer survivorship programs, there is more to be done. To truly serve the diverse population of people living with and beyond cancer across the US, survivorship programs must be woven into the fabric of all oncology institutions, with ongoing efforts focusing on integrating data into the electronic health record (EHR) systems, having designated staff roles and responsibilities, and becoming ingrained within the financial structures of the cancer center. We need a system-based approach. Currently, patients typically access survivorship services through a direct referral by their oncologist or primary care clinician or by self-referral (often due to unexplained symptoms or seeking information). When these pathways are unstructured, referrals become ad hoc, may not reach those in need, and lead to disparities in care. A system-based approach creates an infrastructure that optimizes the EHR to identify patients (eg, by diagnosis, time since diagnosis, treatment exposures, or patient-reported outcomes), generates alerts when patients eclipse critical thresholds of reported symptoms or distress, and provides decision support and direction to their health care practitioners. These technology-based capabilities can also alert support service personnel, such as dieticians, exercise professionals, social workers, or spiritual counselors, and others to enable direct contact with the patient, obviating the need for clinicians to make additional telephone calls and appointments for the patient.

The use of interdisciplinary teams and colocated services within the cancer center may further enhance these capabilities by providing onsite consultations to review patient concerns, meet with the individual and their family members at the point of care, and serve as a warm handoff to begin to address unmet needs without the time delays and additional burden (eg, travel time, costs) associated with formal referrals.\(^3\) Likewise, automated care pathways may also be used to trigger a
need for a formal consultation with a medical specialist, such as a cardio-oncologist, as indicated by the patient's plan of care. Some survey respondents in the study by Stal et al. found it feasible to have a service-line approach, with a dedicated survivorship clinic, staffed with professionals who schedule visit types for patients with complex supportive care needs. While this may be pragmatic for some centers, the upfront costs associated with staffing, provision of clinical space, and overall changes to develop a full-service line should be carefully considered. Augmenting cancer care (or primary care) service lines with survivorship-focused services may be attainable, depending on the system context, administrative support, and systems in place.

We are not the first (and certainly not the last) to suggest the aforementioned needs for EHR optimization and clinical workflow changes. We also recognize the existing limitations and challenges of implementing these changes in our disparate health care delivery systems and clinical practices. However, these are not insurmountable challenges, and numerous successful examples can be identified to encourage these changes in clinical practice. Yet, regardless of the preferred approach to developing a survivorship program, the workflows, the EHR automation, having dedicated financial commitment from the institution is foundational to having a sustainable survivorship program. A business model and sustainability plan will look different for each organization; however, standard elements should be considered along with a plan for a return on investment metrics. Exploring measures that balance volume and value of care delivery are needed, as is aligning the survivorship program to the strategic objectives of the cancer institute or health system. Survivorship programs, as others, take time to grow and gain financial viability, and as such, dedicated institutional support for financial resources (beyond soft funding and/or philanthropy) is critical.

This important work by Stal et al. establishes a benchmark for delivery of survivorship care in the US and demonstrates that Standard 4.8 was associated with important improvements in the provision of survivorship services. Going forward, it is incumbent on the oncology community to continue to focus on ensuring that such high-quality cancer survivorship services are attainable for all who need it, specifically individuals who may not be empowered to seek such services, those who may not be aware that their current or future medical conditions and symptoms may be related to their cancer treatment, and those who may feel (often correctly) that survivorship services do not include them. We encourage ongoing collection of these data across CoC-accredited institutions and other settings that care for survivors of cancer. Continued focus and attention to implementing and sustaining survivorship care programs that are suitable to the context of the individual institution, its resources, and capabilities and evaluating in real time how those programs influence cancer care delivery and long-term outcomes remain important goals.

ARTICLE INFORMATION
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