The Institute of Medicine’s 2005 report, *From Cancer Patient to Cancer Survivor: Lost in Transition* identified the “essential components of survivorship care” including: (1) prevention of recurrence, new primary cancers, or late effects of treatment; (2) surveillance for recurrence, metastases, new primary cancers, and physical or psychosocial late effects of treatment; (3) interventions for physical, psychosocial, and practical consequences of cancer and its treatment; and (4) coordination of care to execute prevention, surveillance, and interventions, specifically between survivors’ primary care providers and oncologists. *Lost in Transition* highlighted the important role of care coordination for the cancer survivor, which should include the interdisciplinary oncology team (surgery, medical oncology, radiation, nursing and other supportive services) and the patient’s primary care provider (PCP). Care coordination is especially important as active cancer treatment ends, and is the means by which prevention, surveillance, and other interventions are implemented yet it has been fraught with communication problems and lack of role clarity. Furthermore, there is a lack of role clarity between oncologists and primary care providers in survivorship care. To address the gaps in cancer care coordination and communication between PCPs, oncologists, and survivors, survivorship care plans (SCP) have been recommended; in fact, the American College of Surgeons will require them by 2015.

This study will consist of two coordinated projects to develop and evaluate a comprehensive approach to integrating primary and specialty oncology survivorship care for patients with breast, colorectal, lung, and prostate cancer. The linked projects will provide critical pilot data for a subsequent randomized trial to test the effectiveness of coordinated and shared survivorship care to improve patient-centered outcomes. Further, through this project, creation of individualized SCPs and systems for their delivery to patients and PCPs fulfills a pressing clinical need at UNC and beyond.

**Project 1: Personalized Survivorship Care Plan Development and Implementation**

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Stephanie B. Wheeler, PhD, MPH, School of Public Health  
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**Project 2: Enhancing Communication and Coordination between Primary Care Providers and Oncologists**

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The grant was approved for $207,154 for FY 12-13.

**About Health-E-NC**

Health-E-NC is a statewide effort to improve cancer outcomes for the diseases that hit North Carolina’s citizens the hardest. Sponsored by UNC Lineberger Comprehensive Cancer Center and the University Cancer Research fund, Health-E-NC is aimed at finding out what really works in the areas of cancer prevention, detection, diagnosis, treatment and survivorship and helping to spread the latest and best evidence-based cancer information to health care providers and advocacy groups as well as cancer patients, their families and survivors.

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