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Care Coordination and Transitions of Care 1041 
Youngjee Choi

Care coordination and effective transitions of care are essential for high-quality care in cancer survivors. Aspects of care that require coordination include cancer surveillance, managing the effects of cancer and its treatment, and preventive care, including screening for new cancers, with the clinician responsible for each aspect of care clearly defined. There are many barriers to transitioning and coordinating care across cancer specialists and primary care physicians; possible solutions include survivorship care plans and certain care models. Improving these areas, along with survivorship care training and education, may lead to more effective care coordination and transitions in the future.

Long-Term and Latent Side Effects of Specific Cancer Types 1053 
Nana Gegechkori, Lindsay Haines, and Jenny J. Lin

Although many cancer survivors diagnosed with early-stage disease will outlive their cancer, they may continue to experience long-term and/or latent side effects due to cancer treatment. Many of these side effects are common and contribute to worse quality of life, morbidity, and mortality for cancer survivors. This article summarizes the treatment side effects for several of the most prevalent cancers in the United States.

Survivorship Issues in Adolescent and Young Adult Oncology 1075 
Linda Overholser, Kristin Kilbourn, and Arthur Liu

Adolescent and young adult (AYA) individuals with a history of cancer make up a fraction of the total number of cancer survivors in the United States, but they represent a population with needs distinct from either the childhood or the older adult cancer populations. Fertility concerns, psychosocial factors, and health care access are just a few of the distinguishing characteristics. Caring for AYA cancer survivors presents unique opportunities for primary care providers to collaborate with oncology colleagues to minimize the long-term cancer burden.
Cancer-related fatigue (CRF) significantly interferes with usual functioning because of the distressing sense of physical, emotional, and cognitive exhaustion. Assessment of CRF is important and should be performed during the initial cancer diagnosis, throughout cancer treatment, and after treatment using a fatigue scoring scale (mild-severe). The general approach to CRF management applies to cancer survivors at all fatigue levels and includes education, counseling, and other strategies. Nonpharmacologic interventions include psychosocial interventions, exercise, yoga, physically based therapy, dietary management, and sleep therapy. Pharmacologic interventions include psychostimulants. Antidepressants may also benefit when CRF is accompanied by depression.

Anxiety and Depression in Cancer Survivors

Jean C. Yi and Karen L. Syrjala

Most cancer survivors adjust well to life after cancer, but some experience persisting negative mood, such as cancer-related fears, posttraumatic stress, anxiety, or depression. Mood fluctuations may not reach criteria for a clinical diagnosis, but subclinical symptoms can interfere with quality of life. Women, adolescents, and young adults are particularly at risk for mood disturbances. Behavioral interventions, such as cognitive behavioral therapy and pharmacologic treatments, can effectively treat these distressing emotions. Much of the research on managing emotional needs after cancer has been completed with breast cancer survivors, and more work is needed with diverse groups of survivors.

Cognitive Changes Related to Cancer Therapy

Tracy D. Vannorsdall

A growing population of cancer survivors is at risk for acute and long-term consequences resulting from cancer and its treatment. Cancer-related cognitive impairment (CRCI) typically manifests as modest deficits in attention, processing speed, executive functioning, and memory, which may persist for decades after treatment. Although some risk factors for CRCI are largely immutable (eg, genetics and demographic factors), there are many other contributors to CRCI that when appropriately addressed can result in improved cognitive functioning and quality of life. Neuropsychological assessment can help identify patient cognitive strengths and weaknesses, target psychological and behavioral contributors to CRCI, and guide treatment interventions.

Hormonal Changes and Sexual Dysfunction

Eric S. Zhou, Natasha N. Frederick, and Sharon L. Bober

Sexual dysfunction is a common concern for many patients with cancer after treatment. Hormonal changes as a result of cancer-directed therapy can affect both male and female sexual health. This has the potential to significantly affect patients' quality of life but is underreported and under-treated in the oncology setting. This article discusses commonly reported sexual issues and the role that hormonal changes play in this dysfunction.
Although medical and psychosocial intervention strategies exist, there is a clear need for further research to formally develop programming that can assist people whose sexual health has been affected by cancer treatment.

**Diet, Physical Activity, and Body Weight in Cancer Survivorship**

Karishma Mehra, Alyssa Berkowitz, and Tara Sanft

Diet, physical activity, and body weight have been shown to play an important role in cancer survivorship. The impact of each of these lifestyle factors differs slightly among cancer types, and adherence to recommended diet and physical activity guidelines has been associated with positive outcomes, including decrease in the risk of cancer recurrence and improvement of quality of life. Although there are compelling data that appropriate diet, physical activity, and body weight have beneficial effects in cancer survivorship, additional trials are needed to understand the relationship.

**Screening for Recurrence and Secondary Cancers**

Jillian L. Simard, Sheetal M. Kircher, Aarati Didwania, and Mita Sanghavi Goel

The population of adult cancer survivors is increasing over time and they are at risk of developing recurrent and secondary cancers, even years after completion of treatment. Posttreatment care of survivors is increasingly the responsibility of primary care providers. Surveillance for recurrence and screening for secondary malignancies related to treatment depend largely on the primary malignancy, treatment regimen, and presence of a hereditary cancer syndrome, such as a BRCA mutation. This article presents surveillance strategies for the most common malignancies.

**Palliative Care for Cancer Survivors**

Sydney M. Dy, Sarina R. Isenberg, and Nebras Abu Al Hamayel

The palliative care approach for survivors begins with comprehensive assessment of communication and advance care planning needs and the physical, psychological and psychiatric, social, spiritual and religious, and cultural domains. Communication and decision making about difficult issues should include responding to emotions, planning for future communication needs, and considering reasons for miscommunication. Key palliative approaches to symptom management include addressing physical and psychosocial concerns, and using nonpharmacologic approaches first or together with medications. Physicians should address advance care planning in older cancer survivors and those at significant risk of recurrence and mortality, ideally through ongoing conversations in a longitudinal care relationship.