Intra-activity 

Significant numbers of cancer patients are cure, or have a series of emissions with post-cancer high activities. Many physicians believe that cancer entails a disease that can be cured, or a tumor mass that can be surgically removed. There is often a clear delineation between cancer and other life-threatening conditions. However, recent advances in cancer treatments have extended survival for many patients, leading to the concept of a cancer survivor. The National Comprehensive Cancer Network (NCCN) defines a cancer survivor as “anyone who has been diagnosed with cancer, from the time of diagnosis through the balance of his or her life.”

In your experience, what is the most significant barrier to effective cancer survivorship care plans? 

For hematologic malignancy survivors, the use of a survivorship care plan, which includes a treatment summary, was considered essential for optimal care. The NCCN guidelines suggest that survivors of hematologic malignancies be monitored for long-term and late effects of treatment, including second cancers, cardiovascular disease, and laboratory tests.

Oncologists and PFPs agree on survivorship care plans, which is supported by the findings from the Intra-activity questionnaire. A majority of oncologists and PFPs believed that the use of electronic health records and widespread information exchange is essential for effective survivorship care plans.

The role of oncologists and PFPs in the ongoing care of cancer survivors is crucial. Oncologists and PFPs should be involved in the development and implementation of survivorship care plans, which should be shared with patients and other healthcare providers.

Intra-activity 

The most significant barriers to effective care management of cancer survivors are identified, and the activity concerns questions are asked in a figure 2. During the activity, a survivorship care plan was discussed, which includes a treatment summary, a list of management and follow-up recommendations, and information on potential late effects of treatment.

Clinical care for hematologic malignancy survivors is challenging, but oncologists and PFPs can work together to address the needs of these patients. The NCCN guidelines recommend that survivors of hematologic malignancies be monitored for long-term and late effects of treatment, including second cancers, cardiovascular disease, and laboratory tests.

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