

# Survivorship and Advance Care Planning in Cancer

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There is a gap in consistent survivorship care in patients with cancer, especially among those with blood cancer (Gallichio et al., 2021). Survivorship begins at diagnosis, yet its inclusion in routine survivorship visits for patients with multiple myeloma (MM), chronic leukemias, and lymphomas are conspicuously absent. This is despite 5-year survival rates of at least 61% for MM, 70% for chronic leukemias, and up to 90% for certain lymphomas (National Cancer Institute, 2025).

Survivorship care plans (SCPs) have been well-studied and shown to facilitate long-term care for cancer survivors in cancers with a defined stopping point, such as females with breast cancer and males with prostate cancer (O’Hea et al., 2022). These survivorship plans also identify important preventative screenings for those at a higher risk of developing secondary cancers than the general population (Faiman & Faiman, 2017).

Unfortunately, barriers to the implementation of SCPs for patients with cancer is multifactorial, with time reportedly being a major issue among busy clinicians (Halpern et al., 2016). Fortunately, efforts to advance survivorship have been

recently reported, but building an infrastructure to deliver survivorship care at many hospitals remains a concern (Garcia et al., 2024; Denzen et al., 2019).

In this issue, McLendon and colleagues report on the importance of advance care planning (ACP), an essential aspect of survivorship care for the cancer patient population (McLendon et al., 2025). Advance care planning can lead to reduced cost of care and improved quality of life as patients near the end of life. Survivorship planning can improve one’s quality of life during or following cancer treatment. McLendon and colleagues aimed to implement ACP and documentation among high-risk patients with hematologic malignancies by using a machine-learning model, aiming to minimize hospitalization and intensive care unit admittance rates, decrease in-hospital deaths, and facilitate hospice referrals.

Similar barriers such as the time required to implement and document ACP discussions exist as with survivorship care planning, and patient wishes may not be known or acknowledged in the event that they cannot speak for themselves. Now, many electronic medical records have the ability to document and “flag” that ACP discussions

have taken place, but many clinicians do not use these consistently.

Despite our busy schedules, unpredictable workloads, and general lack of time, survivorship and advanced care planning should remain a priority when providing high-quality care. One of my goals in 2025 is to increase the number of ACP discussions I have with my patients and standardize documentation within our disease team.

What is your strategy for survivorship or advance care planning discussions in your facility, and are there any best practices you would like to share with other advanced practitioners? I would love to hear from you, and I am sure your colleagues would, too. You can tag me via #JADPRO or #APSHO on LinkedIn (<https://www.linkedin.com/in/bethfaiman/>) or X (@Bethfaiman).

## IN THIS ISSUE

In addition to McLendon and colleagues' article on advance care planning, get an overview of the advanced practitioner's role in the multistep-process for tumor-infiltrating lymphocyte therapy. Electrolyte imbalances are common in patients with cancer; read about the possible complications and emergencies, and how to recognize and manage them appropriately. In patients with tongue cancer, there are several options for flap reconstruction. This issue's Review article identifies the most suitable options based on patient preferences. Are you involved in onboarding? The Practice Matters article outlines a 12-month onboarding process that can be applied to any surgical specialty. These articles are all available online by navigating to the online first page or via the QR codes in the table of contents.

In this issue, read about a cost-effective, low risk, and non-pharmacological method for manag-

ing pain with music listening therapy. Finally, delve into a case report as clinicians sought to find the cause of immune thrombocytopenia in a patient. ●

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