

ECHO IDAHO
Cancer Survivorship

Why the Phases of Cancer Survivorship Matter

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Learning Objectives

By the end of this session, participants will be able to:

1

Define cancer survivorship

2

Describe the phases of cancer survivorship

3

Apply survivorship phase principles to clinical practice

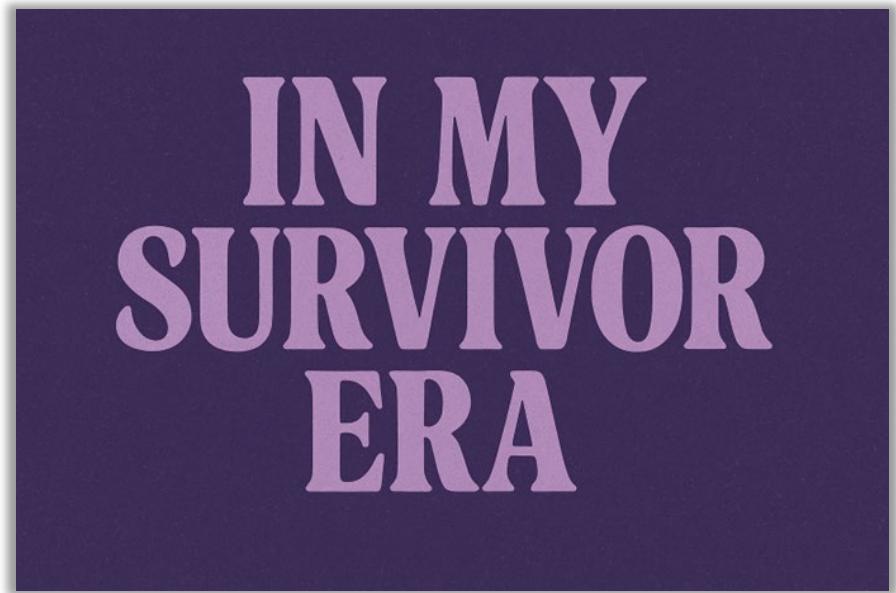
What is Cancer Survivorship?

- NCI: **Cancer survivorship** is a state of being, including the perspectives, needs, health, and the physical, psychological, social, and economic challenges experienced by people and caregivers after a cancer diagnosis
- NCI: An individual is a **cancer survivor** from diagnosis through the balance of life, including those:
 - Living with cancer
 - Living without cancer
 - Approaching end of life
- **Therefore, Survivorship Care starts at diagnosis!**
 - A continuum, not a finish line!

Survivorship Care
=
Supportive Care

Why is this conversation necessary?

- Survivorship is often treated as a **single, post-treatment phase** (“cancer-free”)
- Patient needs evolve over time, treatment, and disease status
- The phases of survivorship help us match care to patient needs
- Survivorship care must start **at diagnosis** to prevent silent suffering



Phases of Cancer Survivorship

Acute/Early

- Diagnosis → Completion of treatment

Extended/ Post-Treatment

- Completion of treatment → End of active surveillance (*typically 5-10 years*)

Long-Term

- End of active surveillance → Ongoing while cancer-free

Note: Patients may move backwards or forward depending on recurrence or progression.

Supportive Care Needs Across the Continuum

Acute/Early Focus:

Symptom control, decision support, emotional safety, navigation, **proactive late- & long-term symptom support**, quality of life, long-term goals

Extended/Post-Treatment Focus:

Adjustment, fear of recurrence, identity/body image, return to work

Long-Term Focus:

Late effects, function, sexual health, cardiovascular risk, quality of life

What This Looks Like in Real Life

Same diagnosis. Different phase. Different needs.

- The questions patients ask (and *don't ask*) change by survivorship phase
- The same symptom can signal **acute toxicity, adjustment distress, or a late effect**
- Emotional distress may increase **after** treatment ends, when support decreases
- Phase awareness helps clinicians **anticipate needs rather than react to crises**

One Patient, Three Very Different Experiences

Meet Sarah

- 38 years old treated for breast cancer
- Double mastectomy
- Single mom to one daughter



Acute/Early Phase:

Diagnosis → Treatment completion

Sarah's Experience:

- Life on hold
- Information overload
- Fear of dying
- Physical side effects from treatment
- Decisions feel urgent and overwhelming

Key Considerations:

- Patients may **struggle to process or retain long-term information**
- They often **rely on healthcare providers** to interpret what is *normal* or expected
- **Side effects may go unreported** if patients do not recognize them as cancer-related
- Symptoms may be **minimized** when survival is perceived as the primary goal
- **Emotional distress** is frequently high but may not be openly expressed

Extended/Post-Treatment Phase:

Treatment completion → End of active surveillance

Sarah's Experience:

- Treatment has ended and oncology appointments are every 6 months now vs every 3 weeks
- Support fades
- Back to work
- Fear of recurrence
- Identity/body image disruption (“I don’t feel like myself.”)
- Expectations rise (“You’re done now!”)

Key Considerations:

- Distress often **peaks rather than declines** during the post-treatment period
- **Fear of cancer recurrence** is typically highest in this phase
- Ongoing symptoms may be **misinterpreted, minimized, or dismissed**
- Patients may experience feelings of **abandonment or being “lost to follow-up”**

Long-Term Phase:

Ongoing while cancer-free

Sarah's Experience:

- Chronic fatigue & cardiotoxicity (late effects)
- Sexual dysfunction
- Fear resurfaces with each new symptom
- Anxiety (PTSD)
- Financial toxicity

Key Considerations:

- **Late effects** of cancer or treatment may emerge **years after** completion of therapy
- A patient's **cancer history may be overlooked** over time
- New or persistent symptoms may be **misattributed to aging, stress, or other chronic conditions**
- Cancer history often becomes **clinically relevant again** when late effects or secondary issues arise

Why the Phases of Survivorship Matter

- Patients do not experience cancer as a timeline, but as **ongoing losses, fears, and adjustments**
- **Patient needs change** even when the diagnosis does not
- The **same symptom can mean different things** in different phases
- **Distress often peaks after treatment ends**, not during treatment
- Cancer history functions like a **chronic condition**, influencing health years later

What Phase-Aware Survivorship Changes in Practice

- Anticipate and plan for needs rather than react to crises
- Frequent, continued education, not one-time conversations
 - *Use Survivorship Care Plans to prepare and guide for long-term survivorship*
- Listen differently depending on patient's survivorship phase
- Screen across the entire survivorship continuum
 - *Distress, sexual health, sleep, cognitive concerns, fatigue, etc.*
- Revisit cancer history when new symptoms emerge, even years later

Thank you!

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References

- National Cancer Institute Office of Cancer Survivorship. (n.d.).
Definitions: Survivorship Terms. Cancercontrol.cancer.gov; National Cancer Institute. Retrieved January 19, 2026, from <https://cancercontrol.cancer.gov/ocs/definitions>