When crafting a survivorship care plan, keep in mind that it should not be prepared for the patient. Rather, it should be crafted with the patient.
diagnosis. Conversely, I recently worked with a CancerCare client who, when symptoms of a recurrence led her oncologist to suggest she preemptively undergo chemotherapy, communicated that she would rather wait until the results of her 6-month evaluation came in before embarking on another round of treatment. She chose to go this route because, she recalled, “During chemotherapy, I lost my quality of life completely.”

Both clients were fortunate to have a health care team that worked closely with her to develop a plan that addressed both medical and emotional/psychosocial concerns. The counseling they received at CancerCare helped them to learn skills and strategies to cope with the multiple physical and cognitive manifestations of anxiety and panic. Empowered by this knowledge and the support received, both clients were able to discuss and negotiate concerns and issues with their oncology teams as well as their CancerCare counselors, who helped them to understand and identify the warning signs of anxiety and panic while providing cognitive/behavioral strategies to diffuse these reactions.

Mind/body techniques such as deep breathing, yoga, meditation, or light exercise can also calm the mind and sharpen a patient’s ability to focus. Even a simple walk around the neighborhood can provide a welcome distraction from racing, anxious thoughts. Posttreatment patients and caregivers of posttreatment patients can benefit from sharing their feelings and concerns with a professional oncology social worker.

As I often remind CancerCare clients (posttreatment and otherwise), life after cancer treatment is emotionally and psychologically complicated. But by working with patients to account for the emotional as well as the medical issues they may encounter posttreatment, you help to ensure that patients maintain the highest quality of life after treatment ends.

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