

Cancer Survivorship 2005-2025

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knowledge changing life

Introduction: Define the Terms

- **Cancer Survivor:**

- Any person living with, through, or beyond cancer.

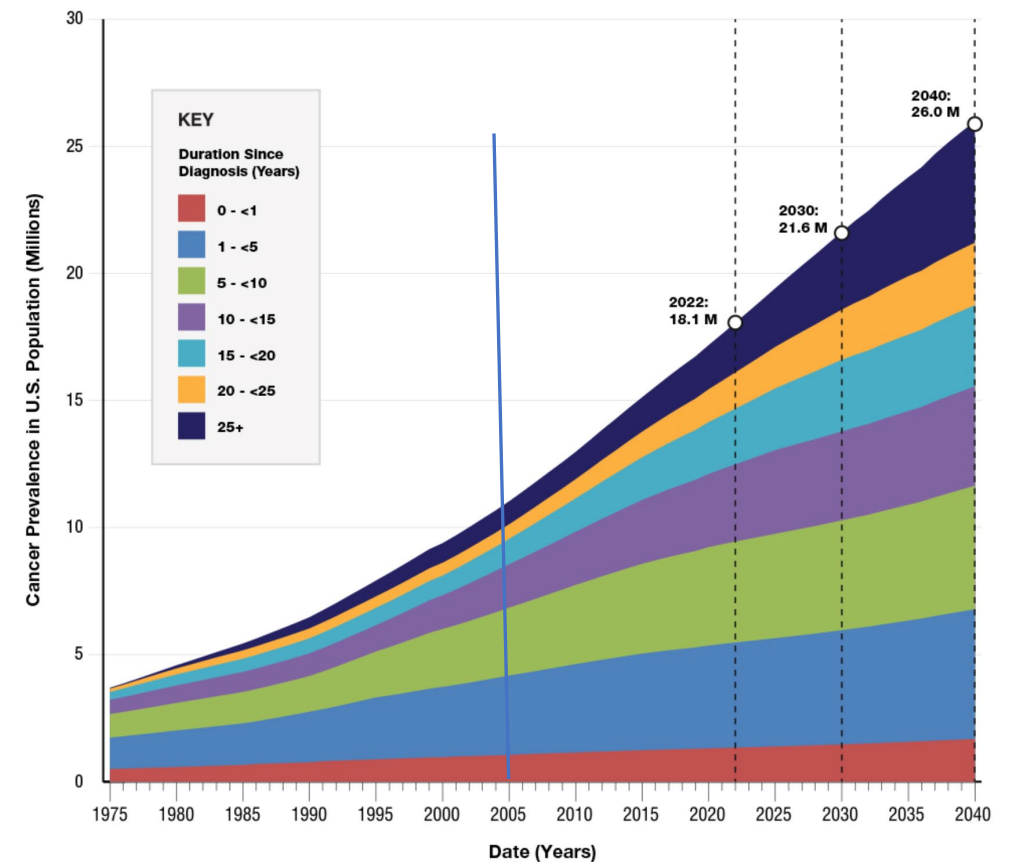
- **Cancer Survivorship:**

- Focuses on the physical, mental, emotional, social, and financial health and well-being of a person with cancer from the time of diagnosis until the end of life.
- Also includes issues related to follow-up care (including regular health and wellness checkups), late effects of treatment, cancer recurrence, second cancers, and quality of life.
- Family members, friends, and caregivers are also considered part of the survivorship experience.

Historical Context

- Number of survivors in the U.S.
 - ~ 3 million in 1971 (when the National Cancer Act was passed)
 - ~10.1 million in 2005
 - ~18 million today - 2024 estimates)
 - ~ 26 million in 2040
- 20 years ago, survivorship was an emerging field, often overlooked in oncology care.
- This growth over the past 20 years is one of the main drivers for the evolution of survivorship care.

Number of Cancer Survivors in the United States, by Calendar Year and Time Since Diagnosis



REFERENCE:

Tonorez E, Devasia T, Mariotto AB, Mollica MA, Gallicchio L, Green P, Doose M, Brick R, Streck B, Reed C, de Moor JS. Prevalence of Cancer Survivors in the United States, JNCI: Journal of the National Cancer Institute, 2024; <https://doi.org/10.1093/jnci/djae135>

Timeline of Cancer Survivorship Care & Research (2005–2025)

2005

IOM Report: 'Lost in Transition' raises awareness of survivorship gaps

2008–2010

Survivorship Care Plans introduced; NCCN/ASCO guidelines

2010–2015

Research expands on late effects, fatigue, cognition, fertility

2012–2016

Multidisciplinary care: rehab, nutrition, mental health; telehealth emerges

2015–2020

Survivorship embedded in accreditation; focus on disparities & equity

2020–2025

Precision survivorship, digital health, immunotherapy survivorship, policy focus

Focus on Psychosocial Assessment, Care and Policy (2005–2025)

- 1976: Symptom Distress Scale** - One of the earliest tools for measuring psychosocial distress.
- 1997: NCCN Distress Thermometer** - The [National Comprehensive Cancer Network \(NCCN\)](#) introduced the Distress Thermometer and Problem List to facilitate discussions of patient distress in routine care
- 1999: NCCN Guidelines for Distress Management** - The NCCN published guidelines recommending routine screening for distress in all cancer patients.
- 2008: Institute of Medicine Report** - A landmark report, *Cancer Care for the Whole Patient*, strongly recommended that psychosocial assessments be integrated into routine cancer care.
- 2015: Mandated Screening** - The American College of Surgeons (ACS) Commission on Cancer made it a criterion for accreditation that cancer centers implement formal screening programs for psychosocial distress.

Evolution of Survivor Care and Research 2005 vs 2025

2005 Survivorship Care and Research

- Focused on recurrence surveillance
- Oncologist-led, fragmented transitions
- Minimal supportive services
- One-size-fits-all follow-up
- Very limited survivorship research
- Survivorship mainly at large centers
- Little to no technology use

Today's Survivorship Care and Research

- Holistic: recurrence + late effects + wellness
- Integrated, team-based care
- Routine psychosocial, financial, and rehab support
- Risk-stratified and personalized follow-up
- Expanding research and interventions
- Attention to equity and access
- Telehealth, apps, digital monitoring



The Future of Survivorship

- Equity & Access**

Survivorship care must be available to *all* survivors, regardless of race, income, geography, or diagnosis. Reducing disparities is essential to ensure fairness in outcomes.

- Precision Survivorship**

Just as cancer treatment is becoming personalized, survivorship follow-up should be tailored to each survivor's risk, biology, and context — not a one-size-fits-all model.

- Policy & Sustainability**

Survivorship programs need structural support: reimbursement, accreditation standards, and health system integration so these services are not “nice extras” but standard of care.

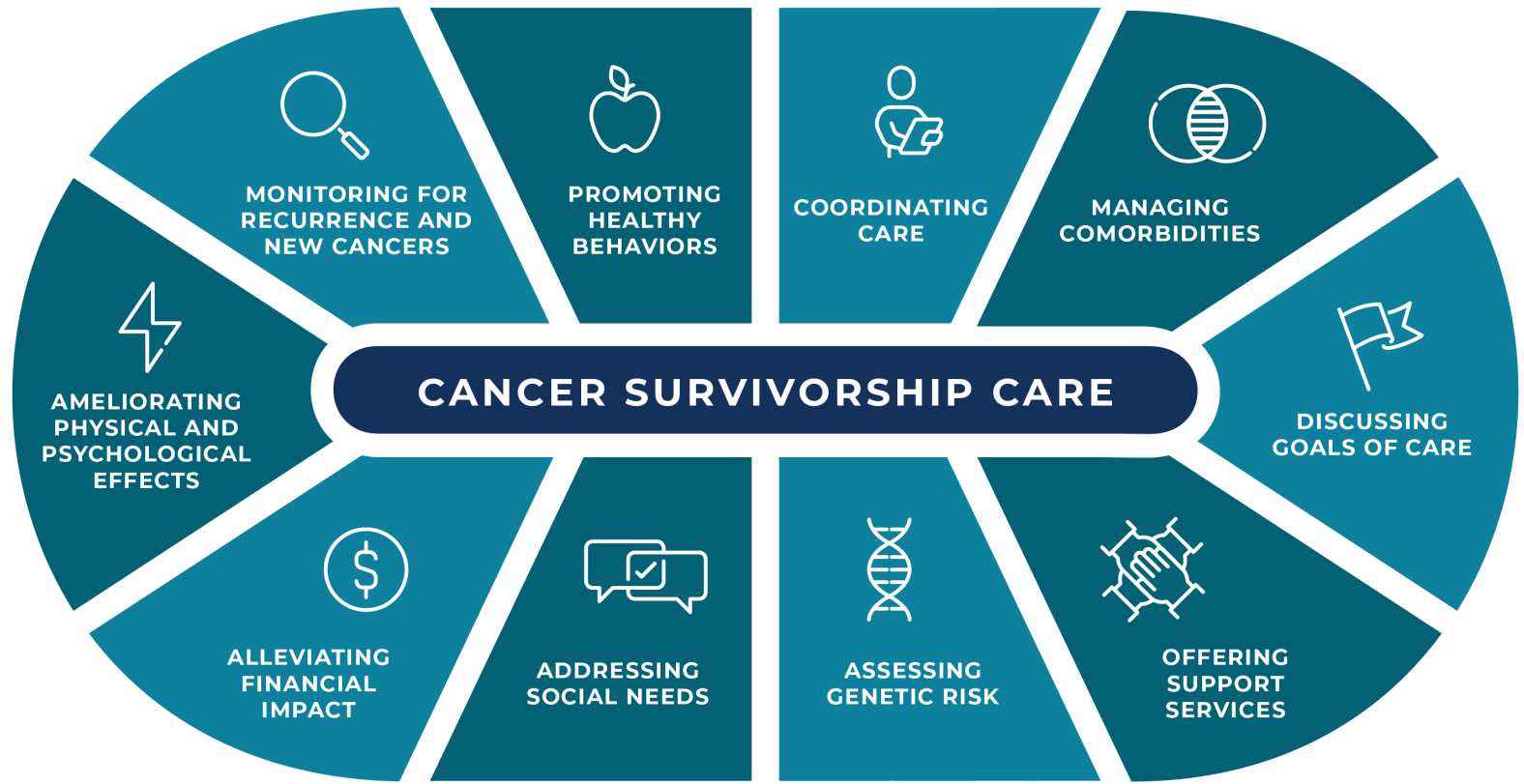
- Integrated, Team-Based Care**

Care cannot end with oncology. We need strong coordination with primary care, mental health, rehabilitation, and community resources — a true team around the survivor.

Call to Action: Survivor Care is Shared Care

Now What:

WE all have a role in advancing the paradigm shift from clinical or community care to joining forces and supporting a collaborative continuum of care.



Thank you

Program / Organization	Region	Initiation Year
ABCD: After Breast Cancer Diagnosis	Milwaukee / Statewide	1999
Children's WI – Next Steps	Milwaukee	2001
Gilda's Club Madison	Madison	2008
UW Carbone AYA and Cancer Psychology Clinic	Madison	2021
Froedtert & MCW Psycho-Oncology	Milwaukee	
Aurora / Advocate Aurora Cancer Care	Statewide	
Ascension WI Cancer Care	SE WI	
Marshfield Clinic Survivorship (WINGS)	Central WI	
Gundersen Health System	La Crosse	
Aspirus Cancer Care	North WI	
Bellin Health Cancer Team	Green Bay	
Pink Shawl	Statewide	