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Introduction

Despite the framework provided by the Commission on Cancer for implementing a survivorship program (Standard 4.8), significant variability exists in the operationalization and evaluation of the program across different disease-specific sites. This inconsistency results in delays in identifying at-risk patients and creates gaps in the delivery of comprehensive survivorship services.

Methods

Using the A3 methodology, we assessed survivorship care processes across three oncology clinics: Lymphoma, Bone Marrow Transplant (BMT), and Breast Oncology. This evaluation identified:

- Common key drivers influencing survivorship care delivery
- Gaps and barriers impacting workflow consistency
- Opportunities for standardization to improve patient outcomes

