

# The *Journal of Cancer Survivorship*: retrospective and future directions

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**Abstract** This editorial provides an up-to-date breakdown of the topics accepted for publication in the *Journal of Cancer Survivorship: Research and Practice*. The paper also indicates priority problem areas that require attention now and in the future. I also want to take this opportunity to announce that the application for the journal to receive an impact rating as of 2012 was approved. This completes two major milestones (indexing by the National Institute of Medicine and calculation of the journal's scientific impact as of 2012). Now it is up to the scientific and health care communities to help further ensure the journal's position as a major resource for information on cancer survivorship. We seek your help in making this a reality.

## The mission

The *Journal of Cancer Survivorship: Research and Practice* (JCS) was created in 2007 to meet a need that was not being adequately filled by the existing scientific literature. The journal publishes peer-reviewed papers related to the etiology, prevention, and management of many challenges faced by cancer survivors with a focus on health care services, health, function, and well-being, areas that can impact longevity and quality of life.

There are many high-impact journals that publish papers related to cancer survivorship. However, none of these journals are specifically devoted to publishing the full range of topics that can impact health services and the lives of cancer survivors. The goal of JCS is to provide information

that helps fuel innovations related to health services, health, function, and well-being that is of interest to a diverse group of survivors and an interdisciplinary group of providers and researchers.

## Problem areas

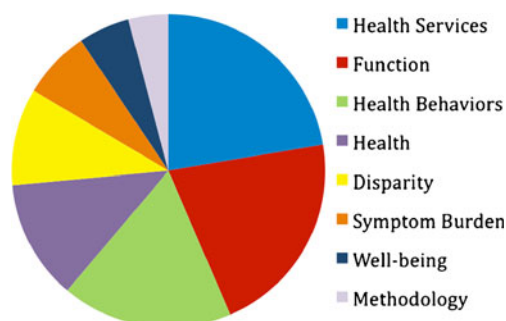
The number of papers submitted to this quarterly journal has steadily increased over the years. Total submissions for all years as of July 20, 2011 reached 405. Peer review has resulted in a 42% acceptance rate. This acceptance rate was affected by the need to balance topic areas, quality of methodology, and type of methodology. The breakdown of topics published to date is presented in Fig. 1. Although the initial year of publication was 2007, this year was omitted in this analysis to minimize a skewed impression as many of the papers published in the first year of production were solicited peer reviewed articles. The distribution of topics described reflects all accepted papers from volume 2 no. 1, March 2008 to volume 5 no. 2, June 2011. There were a total of 170 accepted papers over that time. These papers were categorized into: health services (22%), function (21%), health behavior (18%), health (12%), diversity (10%), symptom burden (7%), well-being (5%) and methodology (4%). There are many ways one could conceive of categorizing these papers. Placing a paper in a given category was based on the primary theme of the paper regardless of the type of methodology. Each paper was placed in only one category.

## Health services

As indicated in Fig. 1 papers related to health services, function, and health behavior were the most common topics

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**Fig. 1** Topic areas of papers published in JCS from volume 2 March 2008 to volume 5 June 2011.  $N=107$

covered in JCS to date. Knowledge related to improving all dimensions of health care for cancer survivors is a top priority of JCS. Improvement in health care is a dynamic process and is an area that is critical to long-term health and well-being of cancer survivors. This topic is not well represented in any single journal. New approaches to health services are constantly evolving for cancer survivors (e.g., cancer survivor treatment summary and care plans, cancer survivor clinics and shared care of cancer survivors' post-primary treatment among oncologists and primary care providers, provider education, health systems changes). This journal is an ideal resource to communicate the effects of such innovations in health care for cancer survivors [1]. These new approaches require evidence to determine their effectiveness within the context of limited health service resources and competing demands of health services by other groups of patients. JCS seeks papers that publish information on the effectiveness, accessibility and financial implications of these innovations.

Creation and dissemination of clinical practice guidelines often represent an initial step in the adoption of evidence-based health care. However, there is literature indicating that while clinical practice guidelines that are evidence-based can improve outcomes, adherence to such guidelines by providers is quite variable. Many providers are not willing to substitute experience for what is often perceived as guidelines that are not flexible and insensitive to the needs of patients. Guidelines that are responsive to the many needs of stakeholders, including cancer survivors, providers and related systems (e.g., insurance companies, governments), are needed in order to help minimize extremes in practice while providing responsive evidence-based standards of care and improved outcomes. JCS will publish research related to these topics.

Another major concern in the area of quality health services is the use of self-management to help engage patients to more actively seek quality health care, modify health behaviors, and maintain a certain level of well-being over time. The use of self-care to augment provider-rendered care is becoming even more important than in

the past. Evidence exists that self-management can be effective [2] as an adjunct to provider care. The discrepancy between the number of providers and clinical demand continues to increase generating a void in service providers for the estimated increase in cancer survivors. That void may be partially filled by survivors themselves if the evidence supports this approach. The development and evaluation of the next generation of self management strategies will be a priority for JCS. This will not be simple and may require totally new ways to conceptualize and develop interventions that facilitate the use of self management to improve outcomes. Health care approaches to chronic illness management, in general, report that while health care emphasizes the use of self-management in creating and maintaining positive outcomes, self-management is in fact rarely implemented as an element of large-scale efforts to provide quality health care [2].

### Function

Papers related to this area of cancer survivorship include identification of factors that impact function at both the physical and interpersonal levels. The journal conceptualizes function very broadly to include any behavior or set of behaviors that can facilitate a cancer survivor's health broadly defined. Essentially, areas of function include any element of behavior that has been modified by the diagnosis and/or treatment of cancer or existed pre cancer treatment that can impact health. JCS is interested in research that will make meaningful contributions to a survivor's effort to optimize these varied aspects of function. The journal seeks papers with evidence that supports the hypothesis that cancer survivors can not only return to their pre-cancer levels of functioning but even exceed that level on many outcomes with the proper approach.

Papers that investigate functional limitations (physical, cognitive, interpersonal, family, reproductive, role specific such as work) are needed as well as the development and validation of innovative cost effective approaches to improve function and maintain these improvements over time. Research related to regenerative medicine, neuroplasticity, and functional restoration may prove very helpful in facilitating function and long term health in cancer survivors. Research related to the clinical translation of this work holds the potential for a much brighter future for cancer survivors. JCS seeks such information.

### Health behaviors

Very often, cancer survivors need to modify health behaviors such as diet and exercise in order to achieve a higher level of health, function, and well-being in daily life. Health behavior change currently represents the third most

common topic area in the journal. JCS continues seek well-controlled effectiveness studies in this area that addresses relapse and approaches to achieve long-term behavior change. For decades research has supported the finding that education is necessary but not sufficient for health behavior change, particularly in the long run [3, 4]. Research on approaches that robustly impact the initiation and long term maintenance of health behavior change in cancer survivors is a major priority for JCS. Authors should provide sufficient detail in the appendix of their paper that clearly states how to implement the intervention at the practice level and include references and web sites that may facilitate adoption by providers and survivors and/or appropriate referral. The inclusion of practice-related information in appendices could prove helpful for many who provide clinical care to cancer survivors. We will allocate journal space for this type of information, if concise and empirically supported.

Workshops at professional conferences are not the only way to learn new approaches to care. Modern technology has enabled the development of many methods to communicate this knowledge, skills and attitudes to audiences that can use it. Publishing evidence-based guidelines in high-impact peer-reviewed journals continues to represent the gold standard. However, many of the recommended approaches require practical information regarding implementation. It is critical that we not ignore research that also informs us on how to use advances in information technology to enhance the application of these recommended interventions in order to facilitate positive outcomes.

#### Health/medical status

While many all topic area covered in JCS represent a broader definition of health, the medical aspects of health fall into this category. Topics that cover cancer-related health represented the fourth most frequent area covered in JCS. Although site-specific cancer journals publish papers on late physical effects in various types of cancers, JCS also hopes to publish papers on the detection of long-term and late effects across a number of outcomes and cancer types. This category also includes cancer recurrence or new cancers and the need for evidence based improvements in surveillance frequency and intensity given the longevity of many types of cancer survivors (i.e., need for less invasive surveillance as well as more sensitive and specific tracking). JCS is very interested in publishing studies on potential risk factors for many challenges including the fear of recurrence. Approaches to improve the understanding and mitigation of these outcomes are critical to long-term adjustment. Evidence, is critically needed in these areas.

JCS seeks both feasibility studies of new approaches and randomized controlled trials investigating innovative

approaches to the problems faced by cancer survivors (e. g., acupuncture for joint pain secondary to aromatase inhibitors in breast cancer survivors). New evidence-based interventions are needed in all areas related to cancer survivorship.

#### Disparity

Disparity among cancer survivors represents the next most common category of papers published in JCS. Such research can better inform providers and survivors of the unique aspects of health care, health, function, and well-being among diverse groups of survivors allowing us to titrate our efforts accordingly. It is expected that as more research on individual differences, cultural diversity and disparities in health services is conducted, the percentage of papers in these critical areas will increase. The journal seeks scientifically sound investigations that build knowledge specific to various ethnic and racial minorities, providing a foundation for evidence-based changes in health services. While the topic areas of symptom burden, diversity, and well-being are a relatively small percentage of topics published to date, JCS seeks research in all three of these areas.

#### Population health

The journal is also very interested in large-scale epidemiological studies (both etiological and descriptive). Investigations identifying multivariate risk factors (causal factors) of the many challenges faced by cancer survivors are very desirable. These studies can provide the information necessary to create new interventions based on evidence rather than supposition. These interventions need to be evaluated in terms of their effects on outcomes of interest. JCS seeks to publish papers that disseminate such efforts.

#### Symptom burden

Surprisingly, studies related to symptom burden have not been well represented in the journal thus far. We initially assumed that more papers covering this topic would be published given the importance of the impact of these symptoms on the quality of life of many cancer survivors. While many of these types of studies are published in mainstream oncology journals, JCS provides another outlet for this work. Remember, the journal is indexed in major search engines including those sponsored by the National Library of Medicine and will have an impact factor in 2012.

Symptom burden comprises long-term and late effects that may include fatigue, cognitive limitations, pain, and distress to name a few of the more commonly reported

symptoms. While these problems attenuate as time from primary treatment for the cancer increases, they can persist for months and years post-primary treatment and can impact several aspects of function and well-being. JCS is very interested in publishing studies that help us identify factors that cause and exacerbate these symptoms. JCS also seeks well-controlled intervention studies that can inform us which approaches are most cost-effective for what symptom or patterns of symptoms.

#### Health care economics

There is also a need for studies related to the payment of services. As research provides the background for more evidence related to the cost-benefits of integrated care for addressing the many challenges a survivor can experience, there is a need to seek funding for such health care within existing conventional sources such as insurance and government sources of health care financing. Also, given the magnitude of the problem, the classic approach to funding health care for cancer survivors is not going to be feasible. Unfortunately, at this time, insurance coverage for fully integrative care services for cancer survivors is limited or non-existent. Some of these integrative services are supported by evidence documenting its effectiveness, for example, in improving symptomatic outcomes for cancer survivors. Additional evidence from well-controlled trials addressing the economic aspects of various interventions will be critical to support requests for reimbursement of various services often considered under an integrated care model. It is often the combination of stakeholder support, champions at the level where reform can occur, public media support, and timing that provides the necessary and sufficient elements for change [5, 6]. There is also a need for more effective ways to manage the latter stages of cancer survivorship, which should be based on up-to-date evidence. Methodological topics will no longer be considered unless the paper has a very general appeal to researchers in the area. Papers on well-being should address this outcome in the context of other topics discussed (e.g., impact of functional improvement or self-management to improve diet or well-being).

#### Special sections

We welcome special sections of the journal that publish five to eight papers covering an area of importance to researchers, providers, and survivors. The individual who proposes the section serves as the guest editor for the section, coordinates the invitation of authors, and works

with me to ensure all aspects of the peer review process and production proceed as anticipated.

#### We need your help

JCS has established an efficient system with Springer that moves papers through the publication process in a very reasonable time. Depending upon the speed which authors resubmit revisions and reviewer response the time from first submission to online publication is 2–3 months or less. The time to the print version of the specific paper can be 6–9 months. We do publish all papers online when completed and the citation of the paper is accessible at that time through all major search engines.

I am also very pleased to announce that the *Journal of Cancer Survivorship* has been accepted by Thomson Reuters to track its scientific impact. This means that in June 2012, JCS will receive a 2011 impact score reflecting citations in 2011 from papers published in 2009 and 2010. While this represents another major milestone for JCS, let us not forget why this journal was created, to impact the health care, health, function, and well-being of cancer survivors. Please send us your quality work.

I want to thank all those who have contributed papers over the years and those who took the time to review these papers. Clearly, it is because of your work that the journal exists. Lastly, I am very pleased to say that JCS has a global appeal. As review of any issue will illustrate, the journal has benefited from the contributions of investigators in many parts of the world. This was a very important goal for JCS. Many of the challenges for those living post-primary treatment or “living with cancer” are not country specific but experienced by many throughout the world. Especially in the age of the global economy and instantaneous worldwide communication, we are poised to learn much from colleagues around the world.

#### Just the beginning

This paper provided a summary of topics published in JCS to date as well as areas where new knowledge will improve the lives of cancer survivors. As we move into the next 5 years, we expect to continue to publish papers that provide information to improve our approaches for cancer survivors that help them initiate and maintain a healthy functional life.

JCS provides researchers and practitioners with a timely way to communicate findings that improve the health, health care, function and well-being of cancer survivors. Let's keep the momentum going forward. I am available at: mfeuerstein@usuhs.mil.

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