

Office of Cancer Survivorship

<http://survivorship.cancer.gov>

OVERVIEW

The Office of Cancer Survivorship (OCS) was established in 1996 by the National Cancer Institute (NCI) in recognition of the large number of individuals now surviving cancer for long periods of time. The OCS is dedicated to enhancing the length and quality of life of the estimated 11.1 million cancer survivors in the United States and addressing their unique and poorly understood needs.

The mission of the OCS is to enhance the quality and length of survival of all persons diagnosed with cancer and to minimize or stabilize adverse effects experienced during cancer survivorship. The OCS carries out its mission through:

- Directing and supporting research that will: identify, examine, prevent, and control adverse cancer diagnosis and treatment-related outcomes (such as late effects of treatment, second cancers, and poor quality of life); provide a knowledge base regarding optimal follow-up care and surveillance of cancer survivors; and optimize health after cancer treatment.
- Educating professionals who deal with cancer survivors about issues and practices critical to the optimal well-being of their patients.
- Communicating to cancer survivors and their families information gleaned from our funded research that can affect their survivorship.

PRIORITY AREAS FOR CANCER SURVIVORSHIP RESEARCH

The goal of **cancer survivorship research** supported by the OCS is to address the health and life of a person with a history of cancer beyond the acute diagnosis and treatment phase.

As well as supporting exploratory levels of research, the OCS seeks to expand its research portfolio to include (a) theory-based descriptive and analytical studies that document the physiologic, psychosocial, and economic effects of cancer and its treatment on survivors' quality of life, functioning, and health, and (b) intervention studies that seek to develop and test novel strategies to prevent or reduce adverse outcomes and/or promote optimal health or well-being after cancer treatment

Topical areas of particular interest to the OCS are:

(1) Understudied cancer sites: such as colorectal, lung, ovarian, head and neck, and adult hematologic malignancies.

(2) Health Disparities: Quantitative and/or qualitative research addressing cancer survivorship among minority, rural, elderly, and medically underserved populations.

(3) Family and Caregiver Issues: Studies that examine or address the impact on health and well-being of cancer treatment, and the sequelae of cancer survivorship, on a family unit, family member, or caregiver.

4) Economic Outcomes, Patterns of Care, and Service Delivery: Studies that assess the impact of survivorship on work and economic status; insurability; the relative costs of care and cancer control practices by service delivery setting; access to care; the impact of patterns of care on health status, morbidity and mortality among cancer survivors; and decision-making among providers or survivors.

(5) Healthy Lifestyle and Behaviors: Research that addresses the prevalence of behaviors that affect cancer risk (e.g. smoking, alcohol use, sun exposure), promote well-being (e.g. exercise, vegetable consumption) or reflect accepted surveillance practices (e.g. mammogram use, PSA testing, colonoscopy) and interventions to improve health practices.

(6) Cancer Communication: Initiatives that utilize collaborations among survivors, the medical community, and the health care system to develop educational and training programs for cancer survivors and their families and friends. Communication projects address such topics as what information survivors need and when in the course of their cancer care, and how survivorship information should be delivered to physicians and families.

(7) Instrument/Theory Development: Most QOL and outcomes instruments currently used in oncology are geared toward patients undergoing, or who have recently completed, cancer treatments. The OCS seeks to stimulate the development of instruments designed for use with long-term cancer survivors that encompass their specific needs and outcomes, and permit the cross-comparison of health-related outcomes with other healthy or chronically ill populations.

Investigators are strongly encouraged to read and use the language contained in the following two documents to support the significance of their proposed research: The Nation's Investment in Cancer Research, which can be found at: <http://plan.cancer.gov>, and the Progress Review Group (PRG) reports, which can be found at: <http://prg.cancer.gov/index.html>.

FUNDING MECHANISMS

The OCS supports a broad range of investigator-initiated applications addressing the aforementioned topic areas. Please feel free to contact one of the OCS Program Directors regarding scientific and programmatic questions or clarifications pertaining to the following grant mechanisms:

- Research Project Grant (Parent R01), PA-07-070
- Exploratory Grants for Behavioral Research in Cancer Control (R21), PA-06-351

- Small Grants Program for Behavioral Research in Cancer Control (R03), PAR-06-458
- Research on the Economics of Diet, Activity, and Energy Balance and Cancer in Humans (R01, R21), PA-08-078, PA-08-077
- Studies of Energy Balance and Cancer in Humans (R01, R21), PA-07-176, PA-06-405
- Community Participation in Research (R01), PA-08-074
- Community Participation Research Targeting the Medically Underserved (R01, R21), PAR-08-075, PAR-08-076
- Cancer Education Grants Program (R25) PAR-06-540
- Training Opportunities (pre-doctoral, post-doctoral, and mid-career)
 - Cancer Prevention, Control and Population Sciences Career Development Award (K07), PAR-06-381
 - Mentored Patient-Oriented Research Career Development Award (K23), PA-05-143

OFFICE OF CANCER SURVIVORSHIP CONTACTS

Office of Cancer Survivorship
Division of Cancer Control and Population Sciences
National Cancer Institute, NIH
6116 Executive Boulevard, Suite 404
Bethesda, MD 20892
Main #: 301-402-2964 Fax #: 301-594-5070
<http://survivorship.cancer.gov>

- Julia H. Rowland, Ph.D., *Director* (rowlandj@mail.nih.gov)
- Noreen M. Aziz, M.D., Ph.D., M.P.H., *Senior Program Director* (azizn@mail.nih.gov)
- Diana D. Jeffery, Ph.D., *Program Director* (jefferyd@mail.nih.gov)
- Keith M. Bellizzi, Ph.D., M.P.H., *Program Director* (bellizzk@mail.nih.gov)
- Tonya M. Parker, *Program Analyst* (parkertm@mail.nih.gov)