

# Office of Cancer Survivorship

## 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 13.7 million cancer survivors in the United States<sup>1</sup> 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 information to cancer survivors and their families that is gleaned from our funded research.

## 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**, including quantitative and/or qualitative research that addresses cancer survivorship among minority, rural, elderly, and medically underserved populations.

**(3) Family and Caregiver Studies** that examine or address the impact of cancer treatment on health and well-being, 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) Lifestyle and Health Behavior Research** that addresses the prevalence of behaviors that affect cancer risk or promote well-being (e.g. exercise, dietary intake, smoking cessation, sun protection) or reflect accepted surveillance practices (e.g. mammogram use, colonoscopy). Studies also may address interventions to improve health behaviors or the bio-behavioral mechanisms through which physical activity or energy balance may affect survivorship outcomes.

(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) **Development of Instruments/Theories** that encompass the specific needs and outcomes of long-term cancer survivors and permit the cross-comparison of health-related outcomes with other healthy or chronically ill populations. Most Quality-of-Life and outcomes instruments currently used in oncology are geared toward patients undergoing, or who have recently completed, cancer treatments.

#### FUNDING MECHANISMS

The OCS supports a broad range of investigator-initiated applications that address 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-11-260](#)
- Exploratory/Developmental Research Grant Program (NCI Omnibus R21) [PAR-12-145](#)
- Small Grants Program for Cancer Research (NCI Omnibus R03) [PAR-12-144](#)
- Examination of Survivorship Care Planning Efficacy and Impact (R21) [PA-12-274](#), (R01) [PA-12-275](#)
- Physical Activity and Weight Control Interventions Among Cancer Survivors: Effects on Biomarkers of Prognosis and Survival (R01) [PAR-12-228](#), (R21) [PAR-12-229](#)

- Mechanisms, Models, Measurement, and Management in Pain Research (R01) [PA-10-006](#), (R21) [PA-10-007](#)
- Cancer Education Grants Program (R25E) [PAR-12-049](#)
- Training opportunities (pre-doctoral, post-doctoral, and mid-career) are listed at: <http://www.cancer.gov/researchandfunding/cancertraining/outsidenci/awardtype>

#### OFFICE OF CANCER SURVIVORSHIP CONTACTS

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<sup>1</sup> Siegel, R., DeSantis, C., Virgo, K., et al. (2012), Cancer Treatment and Survivorship Statistics, 2012. CA: A Cancer Journal for Clinicians. doi: 10.3322/caac.21149.