CANCER NATION SURVIVORSHIP SURVEY

CLINICIAN PERSPECTIVE

WeAreCancerNation.org
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EXECUTIVE SUMMARY 2026

For years, Cancer Nation has surveyed cancer survivors and caregivers to learn about their experiences with cancer care, during and after treatment. To understand the clinician side of the equation, Cancer Nation and Edge Research surveyed primary care providers (PCPs) and oncologists nationwide, to find out what really happens once a cancer diagnosis moves from one clinician's hands to many. The answer: care that is supposed to be a team effort is still running on individual effort, and survivors are too often the ones stitching it together.

Cancer Care Coordination Is Fragmented

PCPs and oncologists say they are OK, but not great, at coordinating with one another—more than 8 in 10 agree **they need to do a better job of providing team-based cancer care**. Most point to the fragmented health care system and inadequate electronic health records (EHRs) as the major barriers to coordination.

> "Most of the time, the way providers collaborate is not really as a team. It's more like individuals operating one by one, and not really like a team, which implies camaraderie and shared purpose. I just feel like that seems to be the exception. But then what ends up happening is that the patient is the responsible party, the one who's carrying information to these individual team members instead of the opposite.
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> **– Clinician focus group**

Notably, more than a third of oncologists say **patients are ultimately responsible for coordinating their own care**, with even higher rates for oncologists in practice for less than 20 years (43%) and those in practices with a large patient panel (42%).

Clinicians, particularly PCPs, consistently report that **insurance challenges create meaningful barriers**, placing added burden on both care teams and patients to secure needed treatment

Information Gaps Leave PCPs Less Prepared

While PCPs generally receive information about their patients' cancer diagnosis and treatment, they are much less likely to receive information on side-effects or long-term effects of treatment, surveillance recommendations, survivorship or post-treatment care plans.

Survivorship care is the phase of the journey where **PCPs report the lowest levels of confidence and preparedness**. Less than half (47%) feel informed to support survivorship planning and care (and only 13% feel very informed), the lowest of any phase in the cancer continuum, compared to 84% feeling informed about screening/risk assessment and 86% about the diagnosis.

Post-Treatment Care Lacks Clear Ownership

Both clinician groups largely agree that oncologists should lead surveillance and management of treatment-related effects. However, there is less alignment around responsibility for patients' quality-of-life and psychosocial concerns, suggesting that **many aspects of post-treatment care exist in a gray area**. PCPs want more of a shared-care model than they have today, while oncologists are happy with the status quo and think they should own or share post-treatment care.

Survivorship Care Plans Help with Coordination, but Enthusiasm Is Measured

PCPs who receive Survivorship Care Plans (SCPs) and oncologists who provide them report stronger care coordination and communication. That said, there is a 20-point gap between the percentage of oncologists who say they provide these plans (77%) vs. the PCPs who say they receive them (57%). Notably, PCPs who practice in rural areas are much less likely to say they receive survivorship care plans at least some of the time (42%).

Few of these clinicians view SCPs as transformative: **only about 1 in 5 PCPs and oncologists rate them as "very effective" overall**, and some (23% of oncologists) are skeptical about their ability to improve patient outcomes. This perspective differs from what survivors report. Most survivors do not feel prepared in most aspects of managing their care post-treatment, but **survivors who have a plan are significantly more confident managing their health**, side effects, and mental wellbeing after treatment. Existing plans are perceived to be heavily focused on clinical follow-up, with less emphasis on mental health, sexual health, community resources, and other broader survivorship needs.

Oncologists who do not provide survivorship care plans say the biggest barrier is insufficient staffing or a dedicated person to create plans (64% overall, and 82% of oncologists in private practice).

Clinicians Believe System-Level Changes Can Improve Survivorship Care

Expanded insurance coverage for survivorship visits, EHR integration of care plans, earlier survivorship education, and dedicated survivorship clinics topped the list of changes clinicians believe would improve post-treatment care. PCPs and oncologists cite ongoing needs for additional training, education, time, and resources to deliver effective survivorship care.

The Takeaway

Across every finding—coordination, information gaps, and post-treatment care—one thing is clear: clinicians are trying, systems are failing, and survivors are caught in between.

We need a **Cure for Care**—care where every clinician is working from the same plan, not just the survivor.

We are **Cancer Nation**. And we are here to be heard.

CANCER NATION

Cancer Nation is the voice of 18+ million survivors demanding a Cure for Care that not only helps us survive, but thrive. We advocate for policies that guarantee whole-person cancer care, survivorship care plans, and financial protections. Together, we elevate survivors' voices, activate our collective power, and push for a future where every one of us is seen, heard, and supported.

Download the full findings, including data on side-effect management, second opinions, use of artificial intelligence, and clinical trial referrals on our website: Survey.WeAreCancerNation.org

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