SURVIVORSHIP SURVEY:

CLINICIAN PERSPECTIVE

September 2026

CANCER NATION

Research Objectives and Questions

Key Questions

- **Cancer care continuum:** Confidence across phases of the cancer care continuum
- **Care coordination:** Clinician perspectives and experiences coordinating with one another
- **Second opinions:** Use of second opinions
- **Side effects:** Management approaches, barriers to management, and focus on mental health
- **Survivorship care plans:** Adoption, delivery, perceived usefulness, and barriers
- **Prior authorization:** Impact of prior authorization on treatment decisions
- **Clinical trials:** Oncologists offering and referral behaviors, timing of recommendations, and barriers
- **AI in cancer care:** Current use, patient communication, and transparency

To build on insights from the annual Survivorship Survey, Cancer Nation conducted research among PCPs and oncologists to explore key decision points and challenges across the cancer continuum.

Methodology

Nationwide Survey of

Oncologists and Primary Care Providers (PCPs) providing cancer care:

- Surveyed n=306 PCPs
- Surveyed n=302 oncologists

- Survey in the field May 6 to May 28, 2026
- Survey respondents were recruited through online clinician sample panels, representing a mix of experience, practice setting, U.S. region, community type
- The survey content was informed by an online focus group conducted January 21, 2026, among oncologists and PCPs who are thought leaders in survivorship care
- A group of similar thought leaders reviewed and gave input into the survey design

Blue/**red** = statistically **higher**/**lower** by audience

Full text of survey questions is in the notes section of slides

Key Takeaways

Cancer Care Coordination Is Fragmented

- PCPs and oncologists say they are OK, but not great, at coordinating with one another -- more than eight-in-10 to agree they need to do a better job of providing team-based cancer care.
- Most point to the fragmented health care system and inadequate EHRs as the major barriers to coordination; but issues with communication and information sharing clearly exist.

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.

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.

Key Takeaways (CONT.)

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 oncologists who say they provide SCPs vs. the PCPs who receive them.
- Few of these clinicians view SCPs as transformative: only about 1-in-5 PCPs and oncologists rate them as "very effective" overall, and there is some skepticism about their ability to improve patient outcomes.
- Yet, in our Survivorship Survey, most survivors do not feel prepared to manage their care post-treatment, but those who have SCPs are significantly more confident managing their health after treatment.
- Existing plans remain heavily focused on clinical follow-up, with less emphasis on mental health, sexual health, and other broader survivorship needs.

Clinicians Believe System-level Changes Can Improve Survivorship Care

- Clinicians identify expanded insurance coverage for survivorship services, greater integration of plans into EHRs, earlier survivorship education, and dedicated survivorship clinics as the most promising ways to improve post-treatment care.
- PCPs and oncologists cite ongoing needs for additional training, education, time, and resources to deliver effective survivorship care.

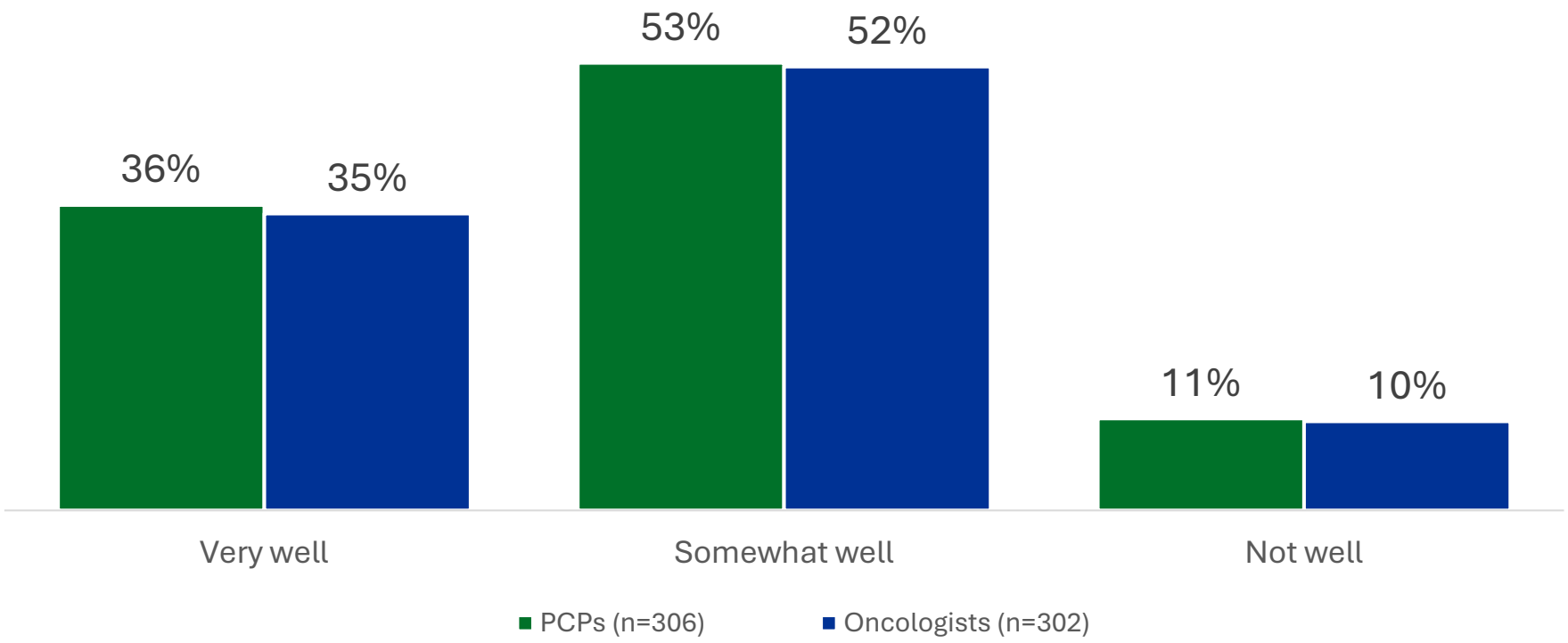
SECTION 1

COMMUNICATION AND COORDINATION

Care Coordination between PCPs and Oncologists

Both provider groups agree that coordination is okay but not great, and there needs to be more effort providing team-based care to cancer patients

How well PCPs/Oncologists feel they coordinate care with each other



86% of PCPs and **82% of Oncologists** agree:

“We need to do a better job of providing team-based care to our cancer patients”

“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. And I love that idea. I just feel like that seems to be the exception. But then what ends up happening is that the patient is the responsible party. So, the patient is the one who's carrying information to these individual team members instead of the opposite.”

(Clinician focus group)

How Clinicians Define "Coordination of Care"

Both define coordination of care as:

- ✓ Keeping all providers informed and aligned
- ✓ Sharing information across the care team
- ✓ Everyone working from the same plan
- ✓ Avoiding gaps, duplication, mistakes, delays
- ✓ Managing transitions between clinicians

PCPs More Focused On:

- Coordinating the patient journey
- Managing logistics and follow-through
- Getting information from oncologists and other specialists
- Avoiding redundancies (PCPs mention more)

"The deliberate, organized effort to bridge gaps between different providers, settings, and the patient to ensure safe, effective, and efficient care."

Oncologists More Focused On:

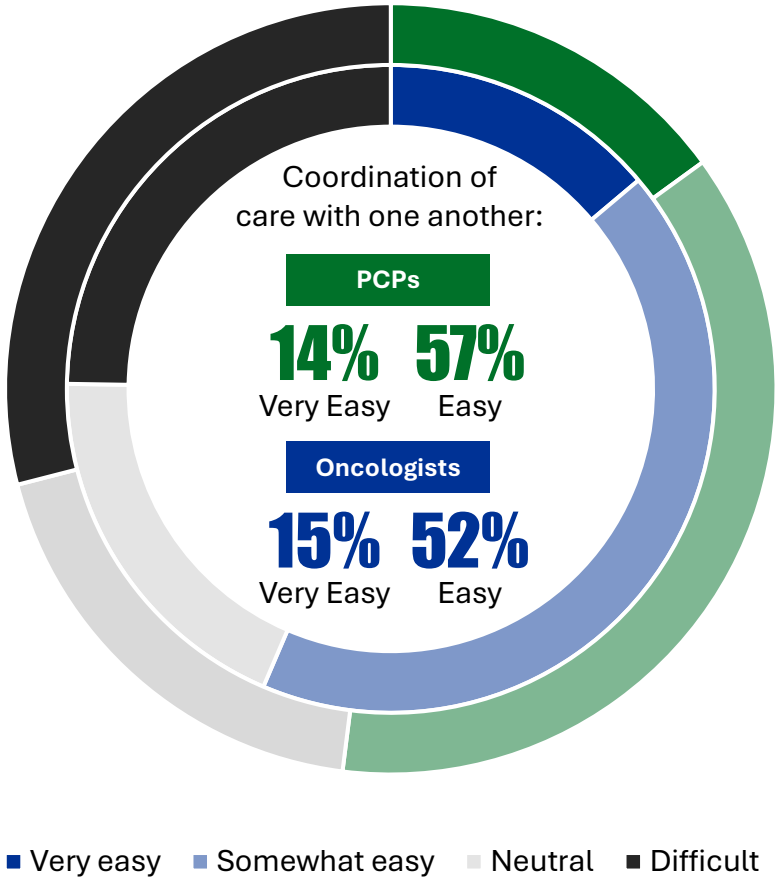
- Communication across multiple specialties
- Clarifying roles and ownership
- Reducing errors and improving handoffs
- Sharing clinical information

"Clear roles and ownership. Timely, meaningful communication. Consistency in the care plan."

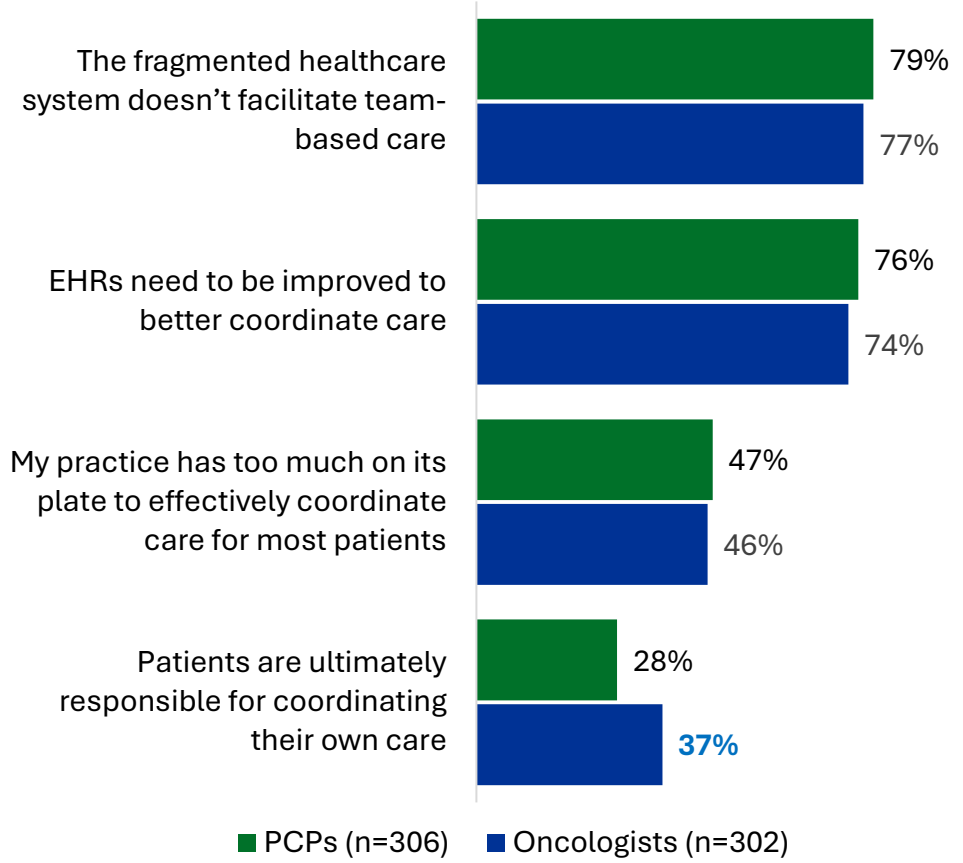
Ease of Care Coordination

Few describe coordination of care as very easy. Clinicians are more likely to point to systemic barriers – a fragmented health system and EHR usability vs. their own capacity or patient engagement

Ease of Care Coordination



Provider Views On Care Coordination (% agree)



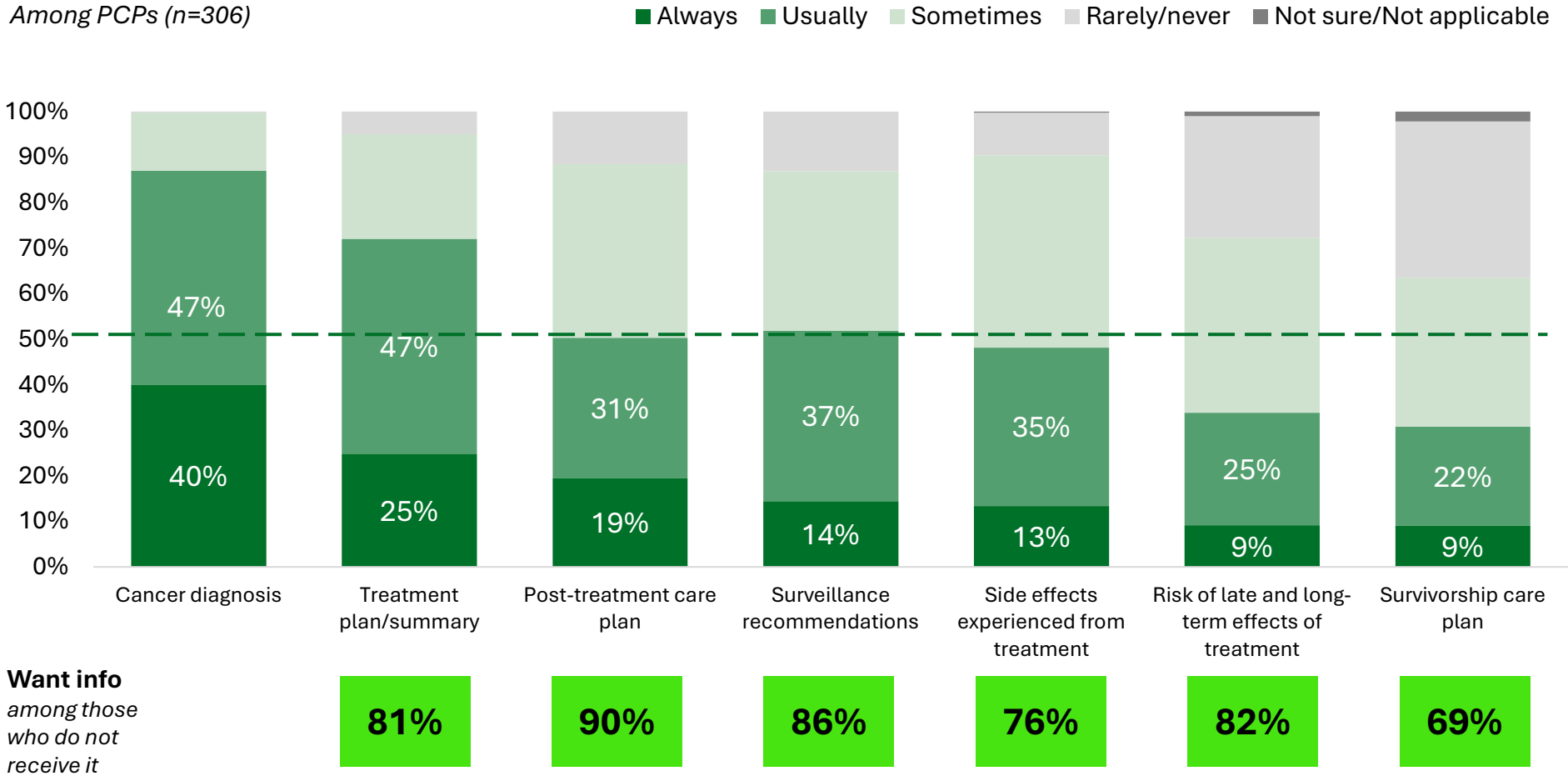
In open-ends, **PCPs** are more likely to mention poor and inconsistent communication between PCPs and oncologists as a barrier

PCP Information Gaps

While majorities of PCPs say they usually receive details about cancer diagnosis and treatment; information about surveillance, side effects, and survivorship plans lag despite clear demand

Type of Patient Cancer History Received

Among PCPs (n=306)



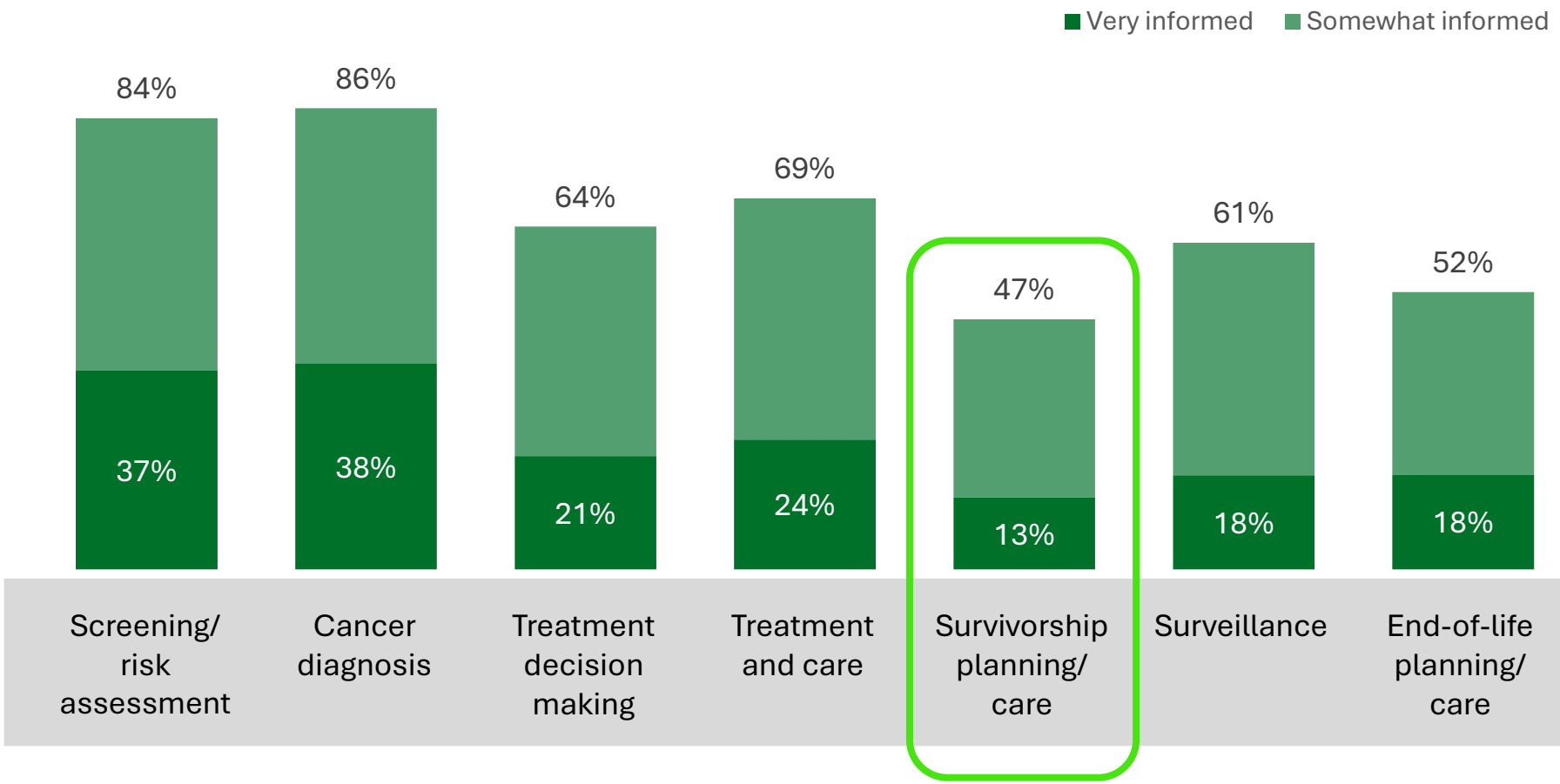
	Treatment plan/summary	Post-treatment care plan	Surveillance recommendations	Side effects experienced from treatment	Risk of late and long-term effects of treatment	Survivorship care plan
Want info *among those who do not receive it*	**81%**	**90%**	**86%**	**76%**	**82%**	**69%**

PCPs in **private practice** are more likely than others to receive information about their patients' **surveillance, post- treatment care, and long-term effects.**

PCP Confidence Gaps

Few PCPs feel “very well informed” at any phase of the cancer care continuum – most informed during screening and diagnosis, least so around survivorship planning

How well informed do you feel to support patient care?



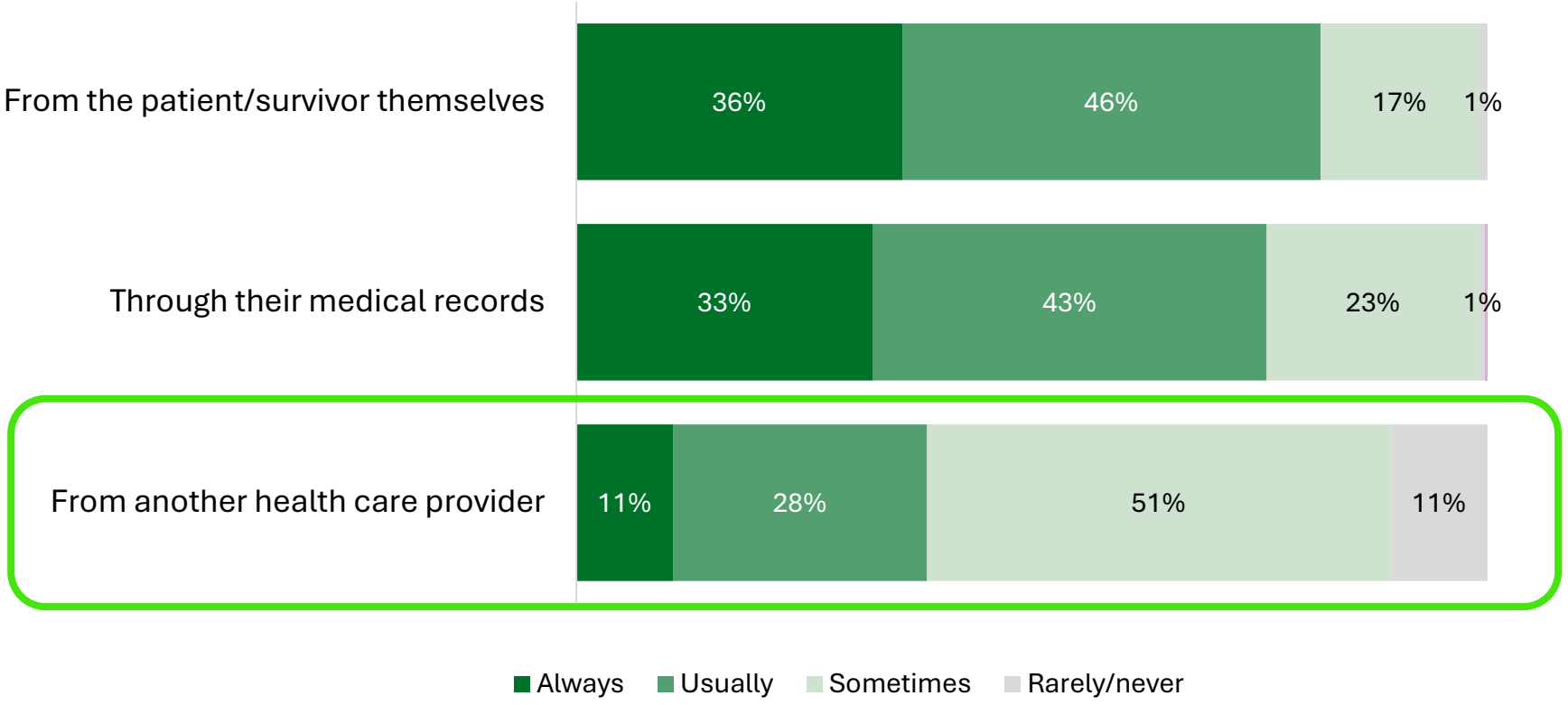
PCPs who typically receive a **survivorship plan are significantly more likely to feel informed** at all phases of the journey.

PCP Information Sources

Few PCPs are regularly communicating directly with their patients' other providers about their cancer care

Source of Patient Cancer History

Among PCPs (n=306)

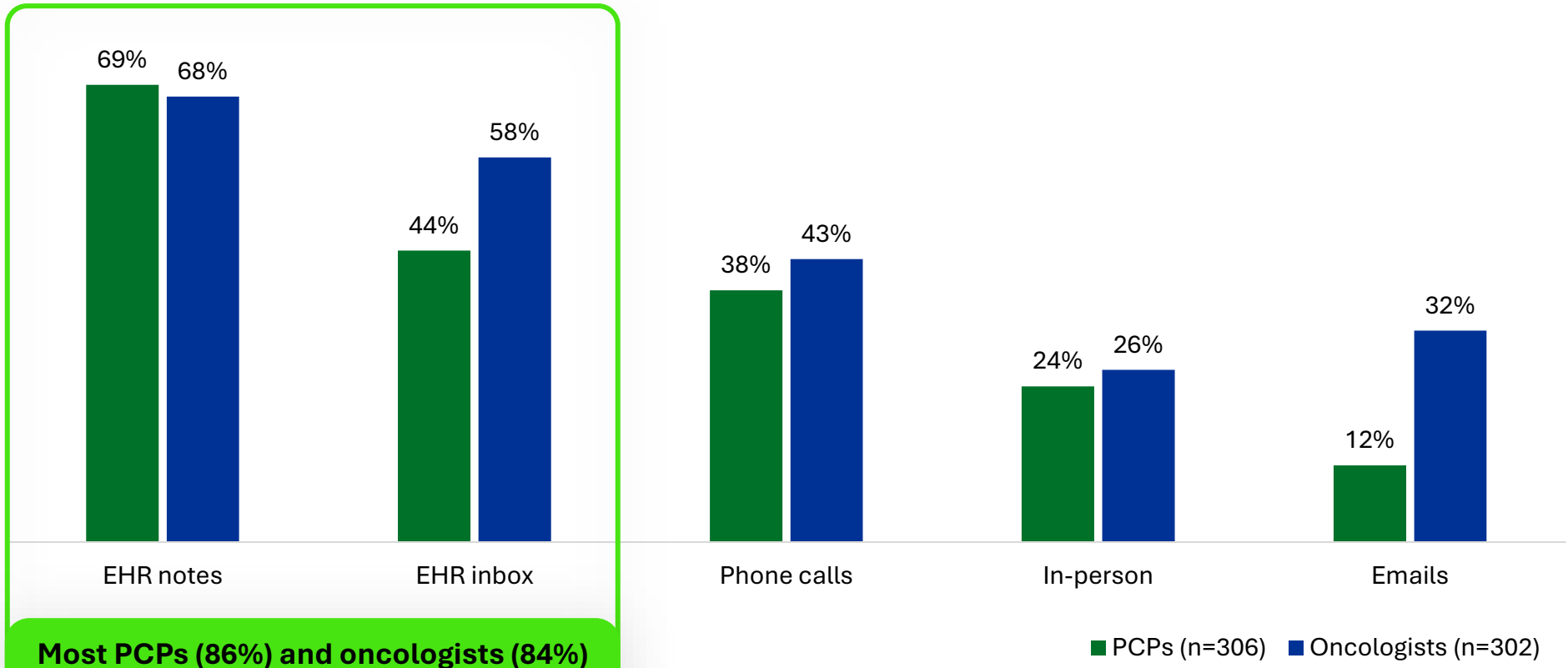


PCPs with **survivorship plans** in place are significantly **more connected to other clinicians**.

Clinician Communication Channels

Most cross-clinician communication is happening through EHRs; however, those who are the most satisfied with their coordination of care are also talking to one another on the phone

% Communicating with Other Clinicians through this Channel Primarily/Often



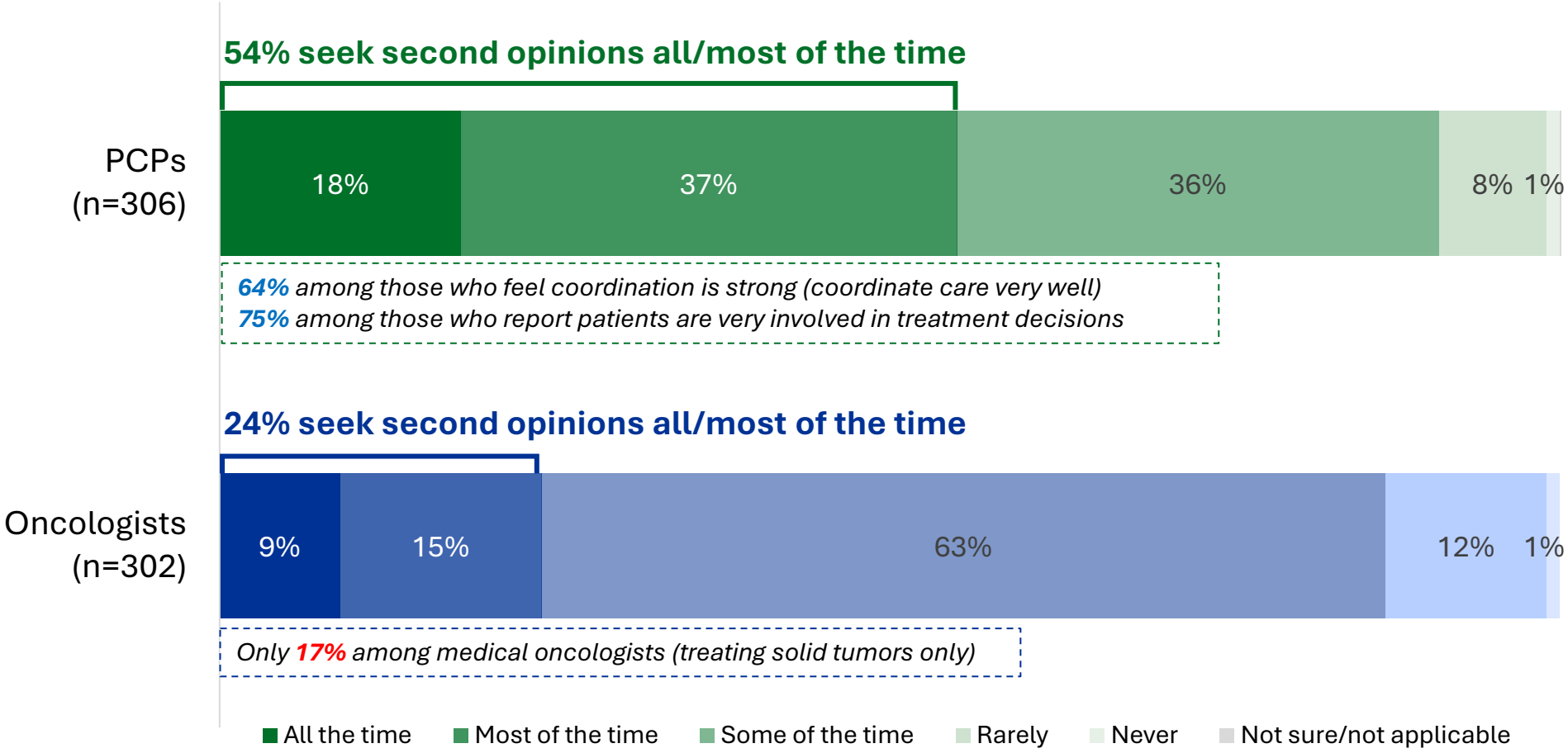
Most PCPs (86%) and oncologists (84%) agree that EHRs are helpful in care coordination

Clinicians who say they **coordinate care "very well"** are significantly more likely to **rely on phone calls with one another** (PCPs 48%, Oncologists 55%).

Second Opinions

Most providers seek second opinions at least some of the time, with PCPs doing so with more frequency

Frequency: Seek Second Opinions for Cancer Care

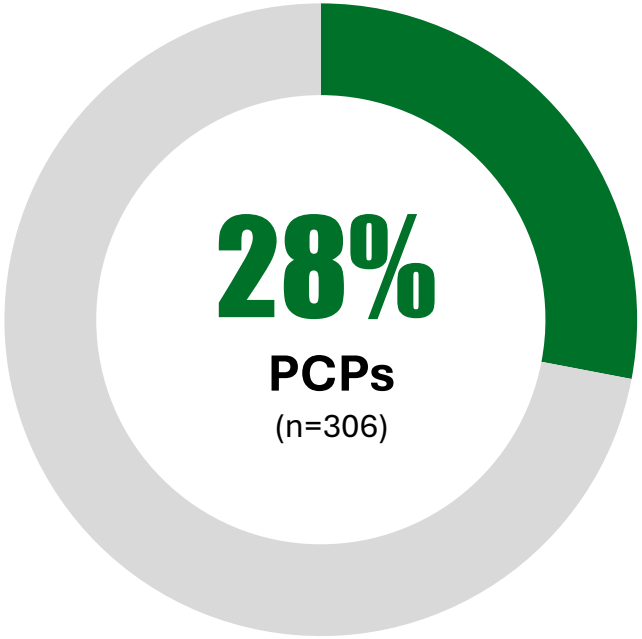


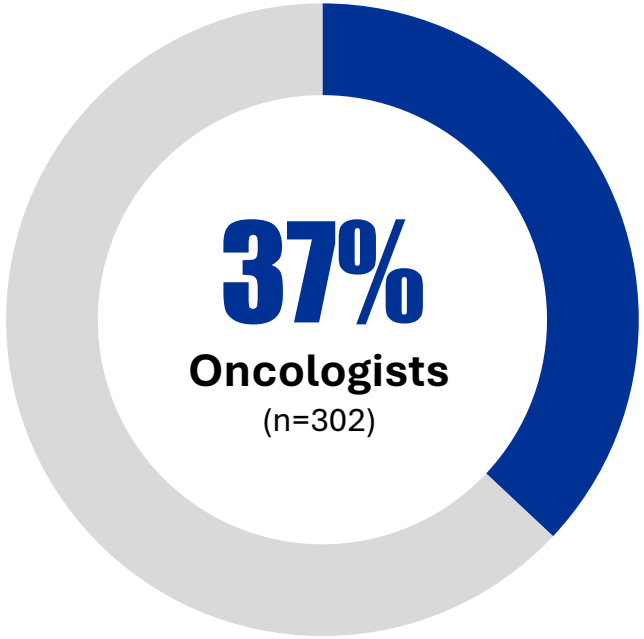
Patients' Role in Care Coordination

Over a third of oncologists say patients are ultimately responsible for coordinating their care

Patients are ultimately responsible for coordinating their own care

(% agree)





Higher among

43% Practicing < 20 years

42% Large patient panel

"We have to shift away from being less paternalistic in terms of how we manage patients. Patients still have to carry some of the load because they have to tell their story, especially to PCPs who don't know about their risks. And then we have to empower them to ask the right questions, even though we hope the system is creating the teams."

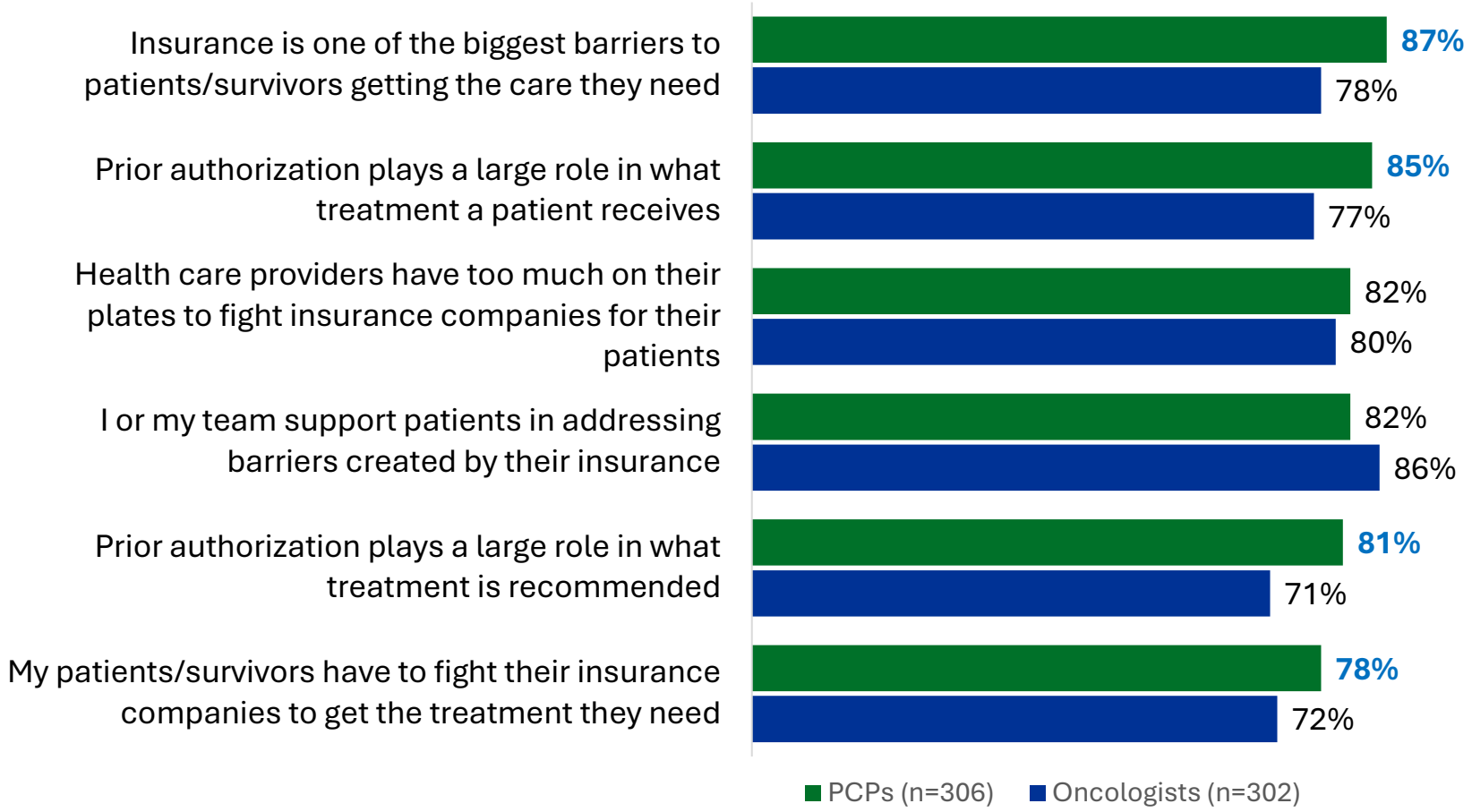
(Clinician focus group)

Insurance Challenges

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

Navigating Insurance for Cancer Patients/Survivors

(% agree)



Large majorities of clinicians say that **prior authorization plays a big role in what treatment is recommended and the patient receives.**

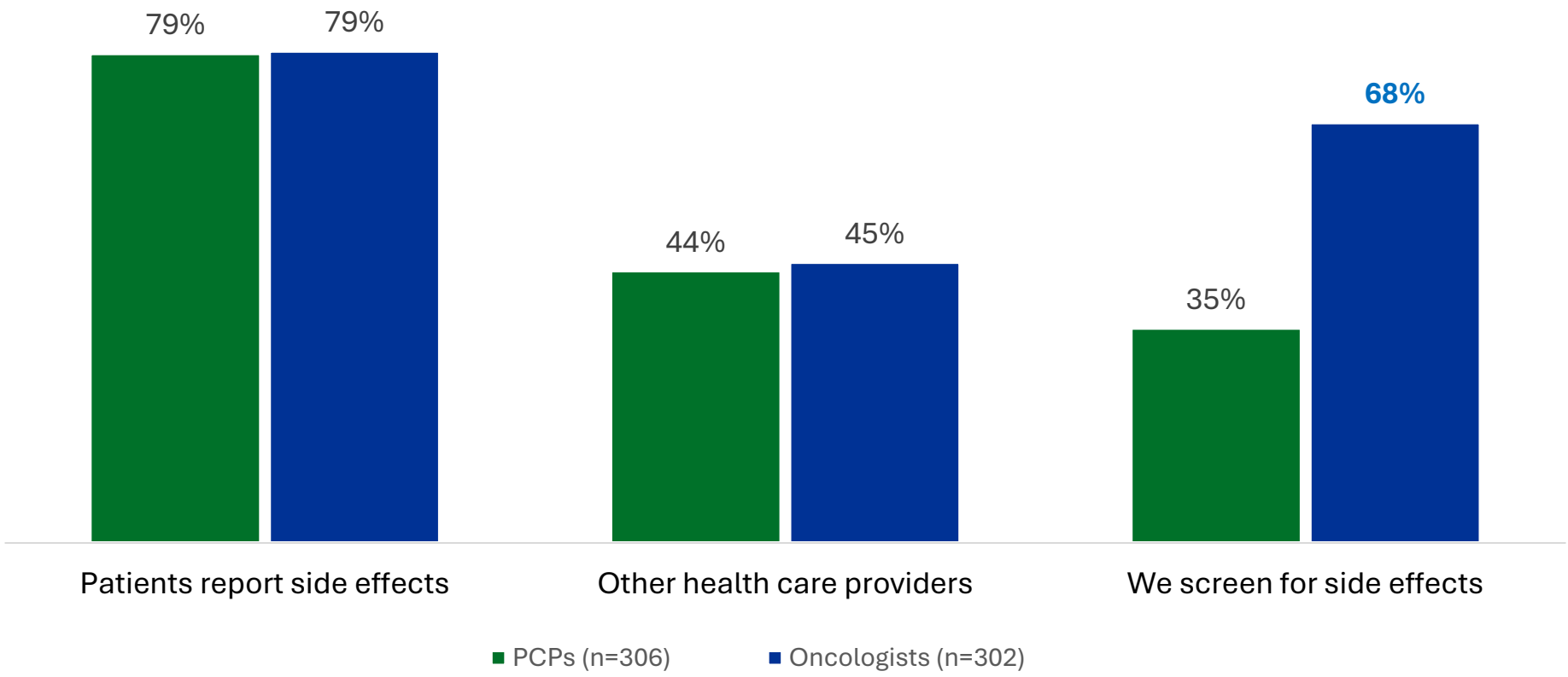
SECTION 2

MANAGING SIDE EFFECTS

Awareness of Side Effects

Both clinician audiences first and foremost rely on patient self-report; far fewer rely on other clinicians to share information. Two-thirds of oncologists say they screen for side effects; very few PCPs do the same

Learning about Patient/Survivor Side Effects

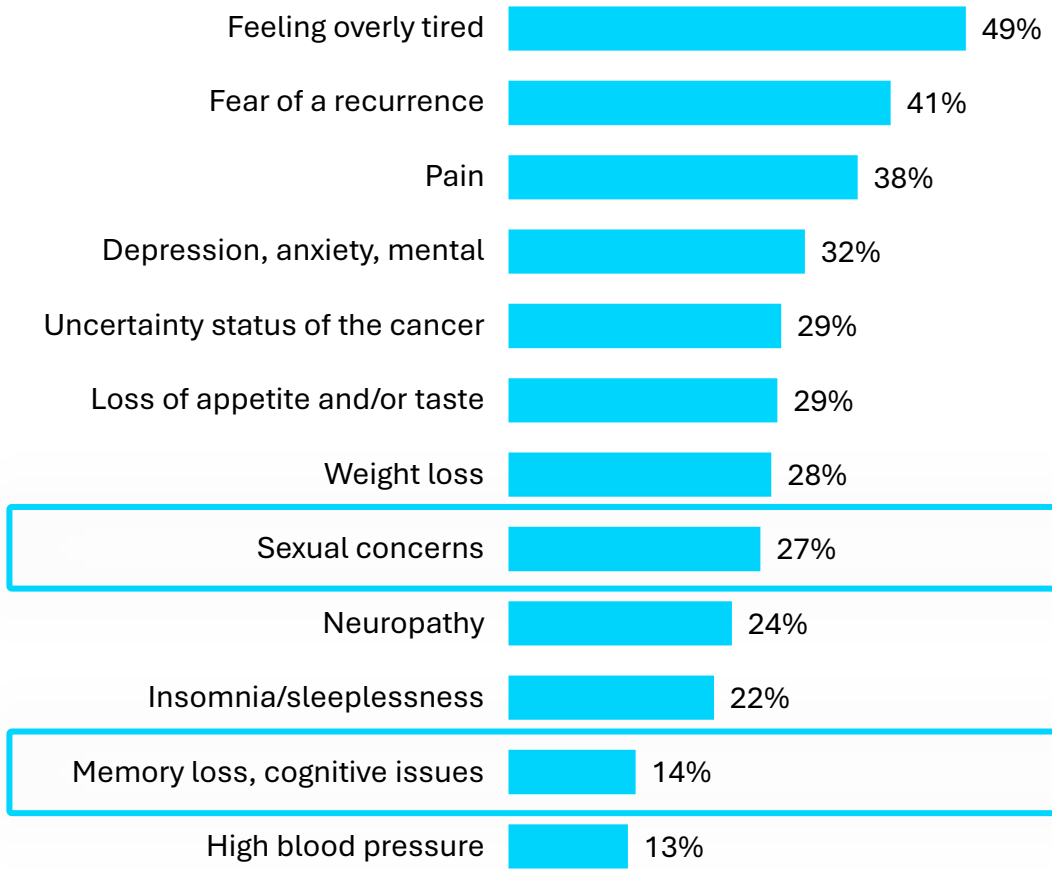


Confidence Addressing Side Effects

Among the most common side effects cancer patients and survivors report, there is not one that majorities of Clinicians feel very confident addressing. The biggest gap is addressing cognitive and sexual issues

Top Side Effects Patients Experience

(from 2025 Survivorship Survey of Patients)



Clinician Confidence Addressing Them

	PCP very confident	PCP total confident	Oncologist very confident	Oncologist total confident
Feeling overly tired	18%	60%	28%	71%
Fear of a recurrence	17%	57%	36%	80%
Pain	27%	77%	48%	89%
Depression, anxiety, mental	36%	89%	22%	62%
Uncertainty status of the cancer	13%	48%	43%	83%
Loss of appetite and/or taste	19%	66%	33%	78%
Weight loss	18%	70%	35%	77%
Sexual concerns	15%	58%	19%	53%
Neuropathy	21%	70%	32%	75%
Insomnia/sleeplessness	26%	82%	26%	71%
Memory loss, cognitive issues	14%	47%	17%	57%
High blood pressure	60%	92%	37%	77%

Color-coded from least to most confident within each column

Source= Cancer Nation's 2025 "Survivorship Survey," National Patients (n=1305)

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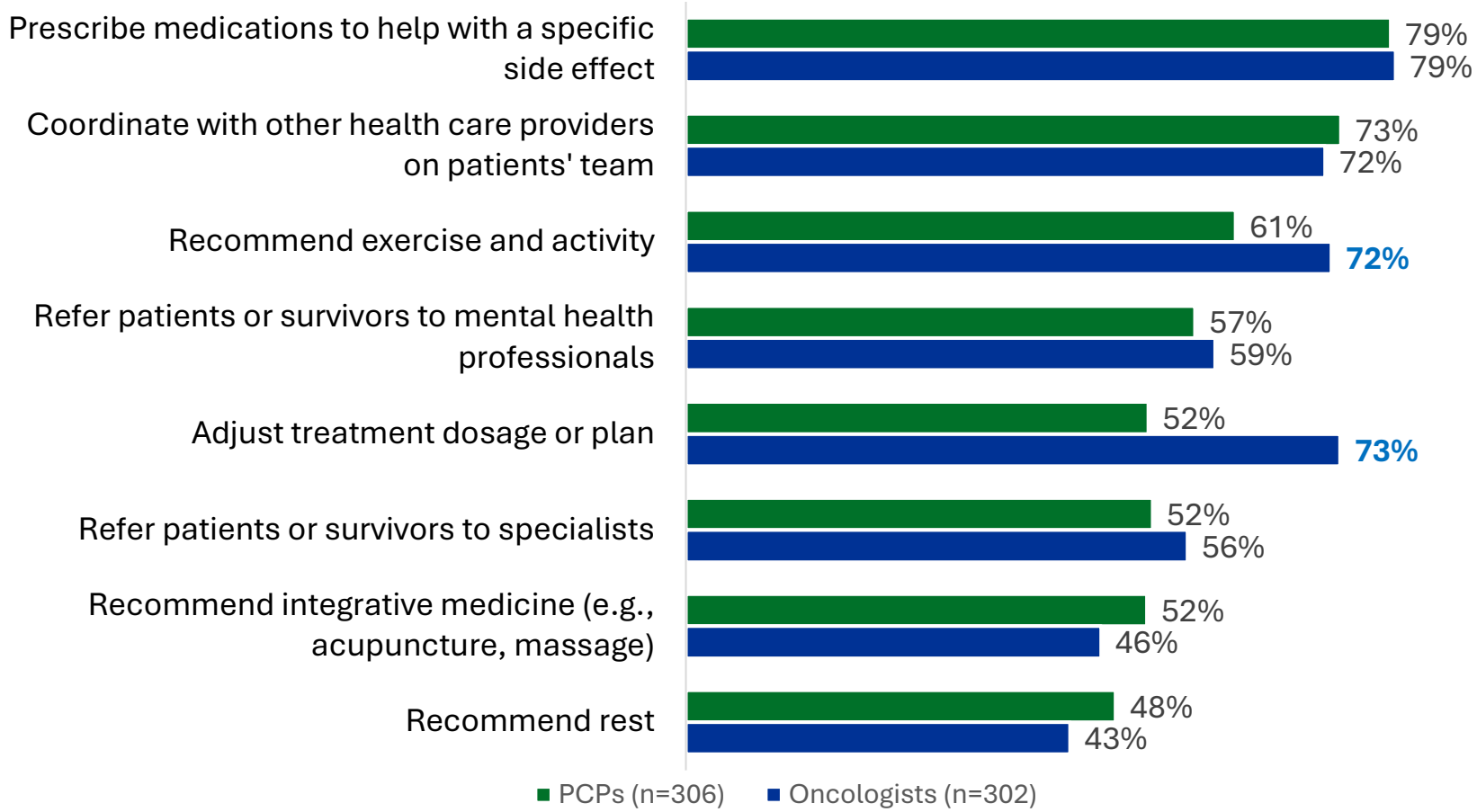
In our 2025 survey of patients and survivors, **only a third** describe their health care teams as **'very helpful' in treating the side effects** they experience.

Side Effect Management

Providers prioritize clinical approaches, with inconsistent use of holistic support. Oncologists are more intervention-heavy than PCPs

Methods Used to Manage Side Effects



Oncologists who work in systems (vs. private practice) are significantly more likely to **refer patients to mental health providers and other specialists.**

Female oncologists and younger PCPs are significantly more likely to **recommend holistic interventions.**

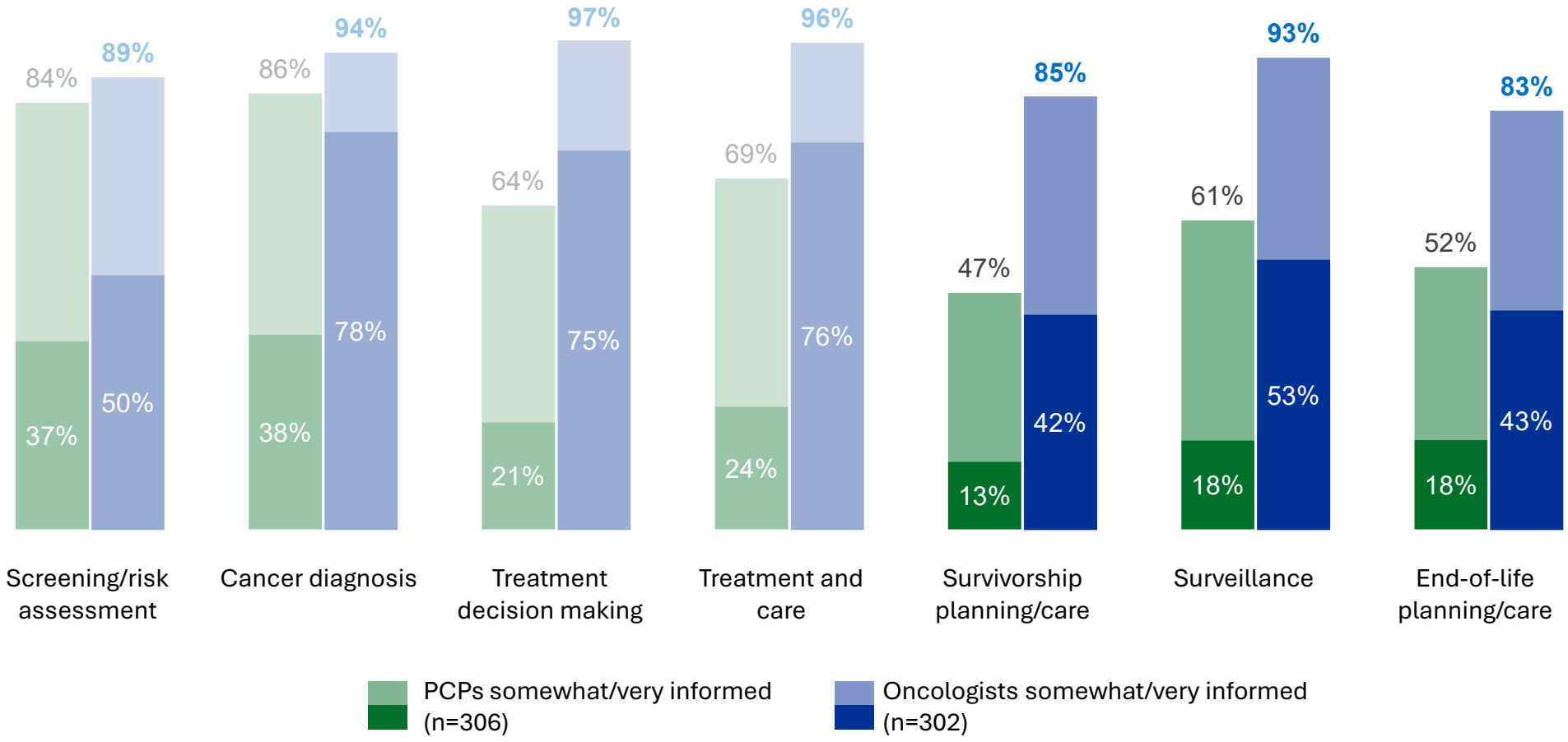
SECTION 3

POST-TREATMENT CARE

Confidence in Supporting Post-Treatment Care

This is the part of the patient journey where both PCPs and oncologists feel the least informed to support their patients

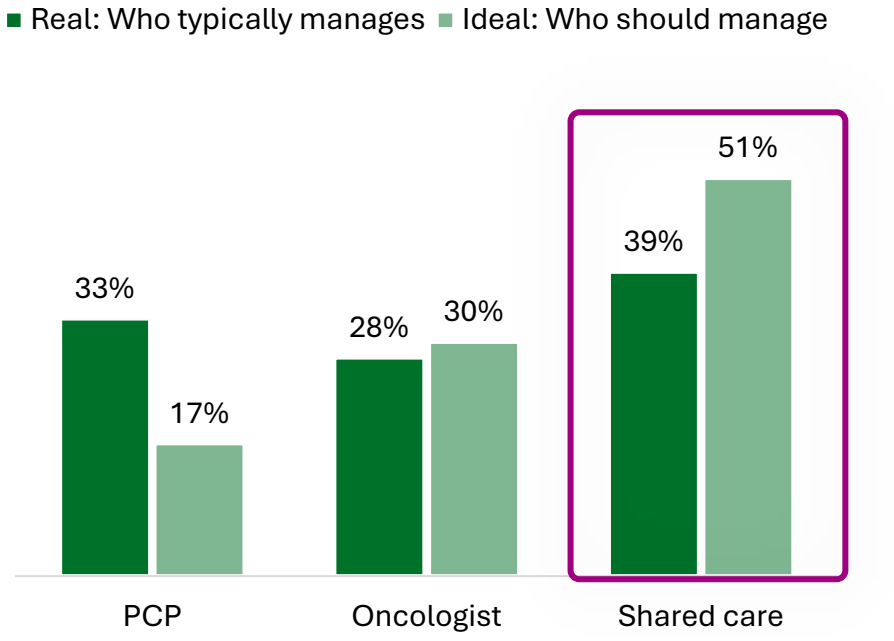
How well informed do you feel to support patient care?



Responsibility for Post-Treatment Care

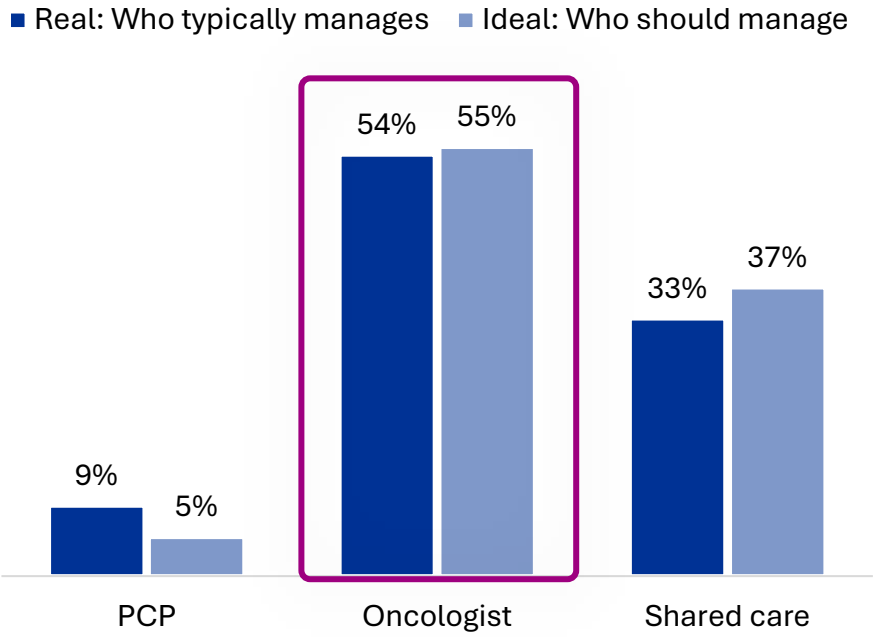
PCPs ideally want more of a shared model of care than they have today. Oncologists are happier with the status quo and think they should own or share post-treatment care

PCP View of Whose Responsible



PCPs say they are managing post-treatment care for 46% of their cancer patients

Oncologist View of Whose Responsible



Oncologists say they are managing post-treatment care for 52% of their cancer patients

PCPs who work in systems and/or have larger patient panels are more likely to prioritize sharing care responsibilities; this is also directionally true for oncologists.

Source= Clinical Trial Non-participants (n=1108)

Responsibility by Care Domain

Clinicians agree that oncologists own clinical post-treatment care. PCPs lean into psychosocial leadership, but Oncologists are mixed on who is responsible for this

Who should be primarily responsible for the following post-treatment or survivorship care?

Oncologists Own Clinical

		PCP View	Oncologist View
Surveillance and follow-up care	PCP	26%	10%
	Oncologist	73%	88%
	Other HCP	0%	2%
Managing long-term and late effects of treatment	PCP	37%	13%
	Oncologist	60%	83%
	Other HCP	2%	3%
Post-treatment care coordination & management	PCP	45%	19%
	Oncologist	51%	75%
	Other HCP	2%	4%

Mixed on Who Owns Psychosocial

		PCP View	Oncologist View
Quality of life and lifestyle guidance	PCP	74%	49%
	Oncologist	21%	43%
	Other HCP	3%	7%
Psychosocial, mental, sexual health impacts	PCP	64%	33%
	Oncologist	24%	44%
	Other HCP	8%	19%

Source= Clinical Trial Non-participants (n=1108)

Post-Treatment Discussion Topics

Once patients move into the post-treatment phase, conversations tend to stay focused on clinical care, and the broader post-treatment needs don't always get the same attention

Initiated Topics After Treatment	PCP (n=306)	Oncologist (n=302)
Which follow-up tests and screenings are needed	61%	**77%**
Recommended exercise	**59%**	48%
How often/when to get follow-up tests and screening	58%	**71%**
Managing health care after cancer	**58%**	46%
Making referrals to other specialties	**58%**	47%
Recommended diet	**57%**	36%
The potential impact on their mental health	**54%**	30%
What is needed to improve quality of life after treatment	**51%**	42%
How to reduce the chance of a recurrence	47%	**58%**
Potential long-term side effects they might experience	40%	**64%**
How to address possible late/long-term side effects after treatment	40%	**59%**
Where to go for social, emotional, mental health support	**49%**	36%
The potential impact on their physical health	**47%**	39%
Referring them to patient advocacy groups	28%	27%
The potential impact on their sexual health	25%	24%
How to address possible financial burden or strain	22%	20%

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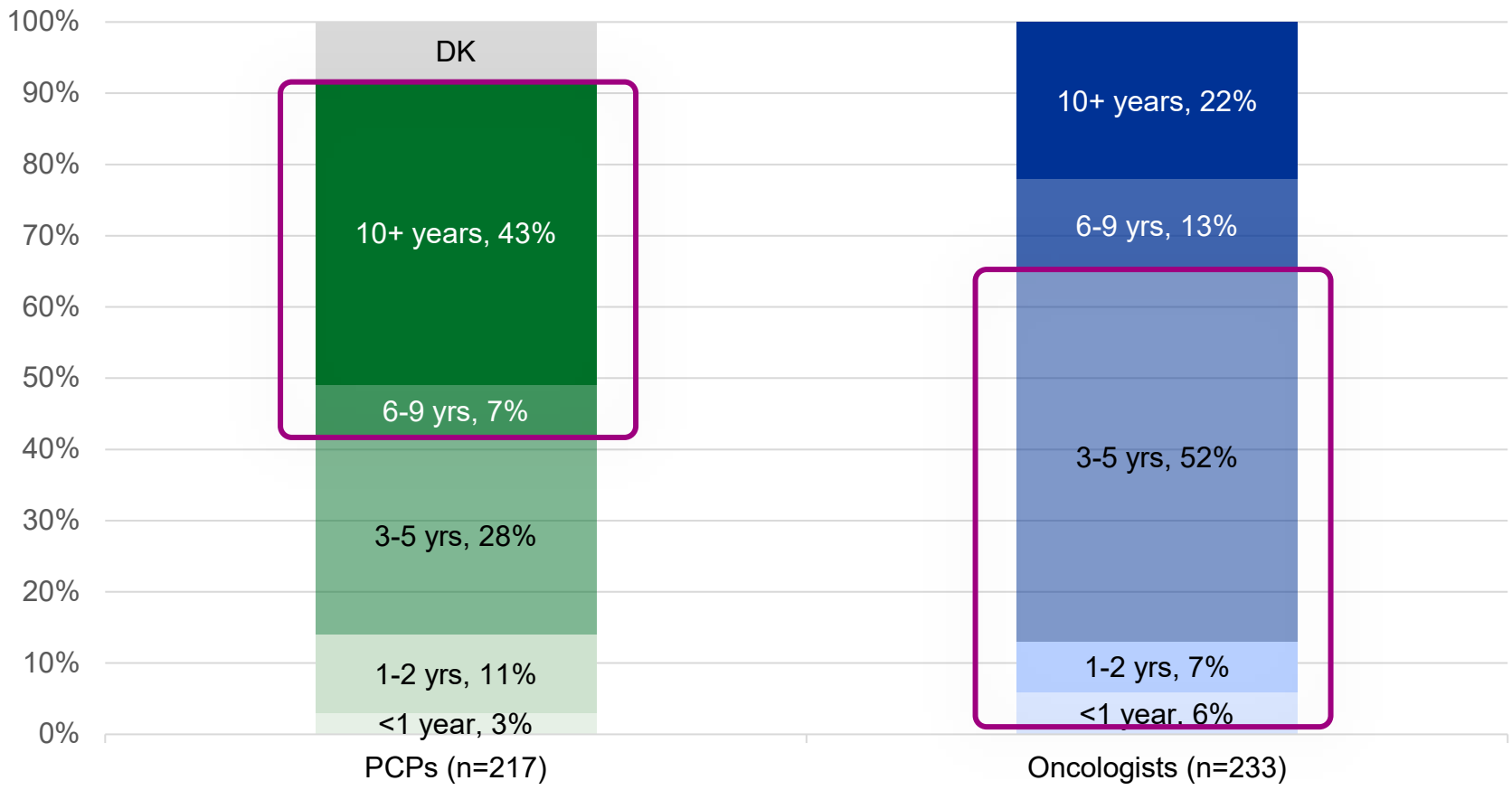
Oncologists who provide survivorship care plans are more likely to discuss these topics with their post-treatment patients.

Timeline for Post-Treatment Care

Most oncologists report following-up with patients for up to 5 years after treatment ends; whereas half of PCPs manage this for a longer time period

Timeline for Post-Treatment Care Management

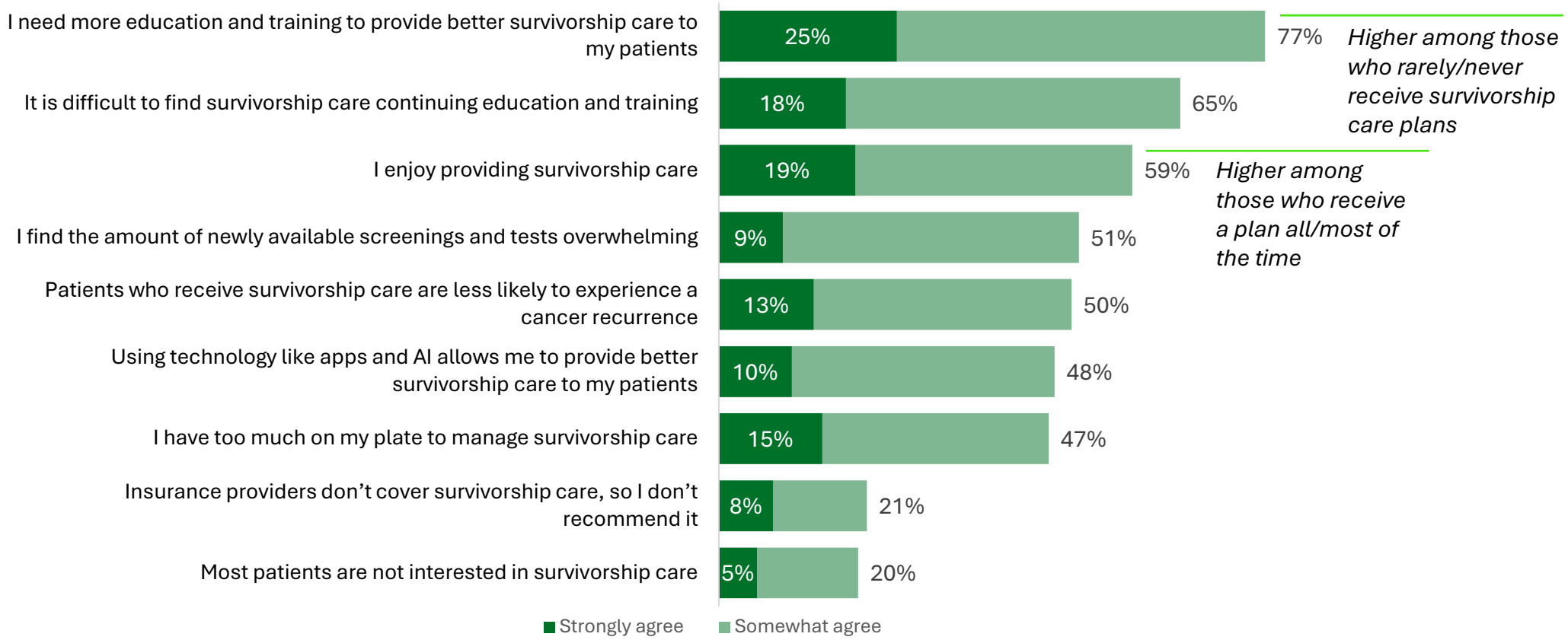


PCP Views on Survivorship Care: Role, Value, and Barriers

PCPs see value in survivorship care but face clear barriers in training, time, and resources.
Few say insurance or patient disinterest are barriers

How much do you agree or disagree with the following statements when it comes to cancer post-treatment and survivorship care?

PCPs (n=306)

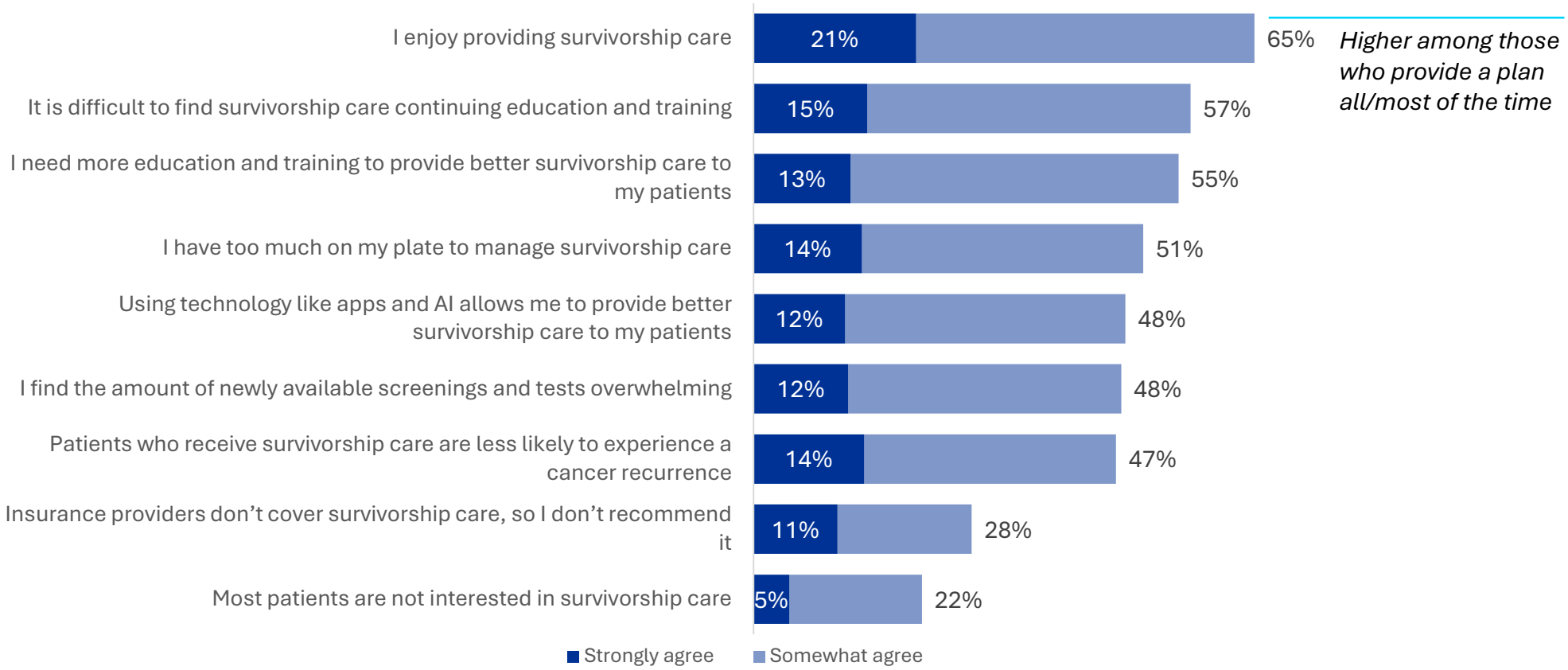


Oncologist Views on Survivorship Care: Role, Value, and Barriers

Oncologists also value survivorship care but face constraints in training, time, and resources.
Again, few believe insurance or patients' lack of engagement are barriers

How much do you agree or disagree with the following statements when it comes to cancer post-treatment and survivorship care?

Oncologists (n=302)

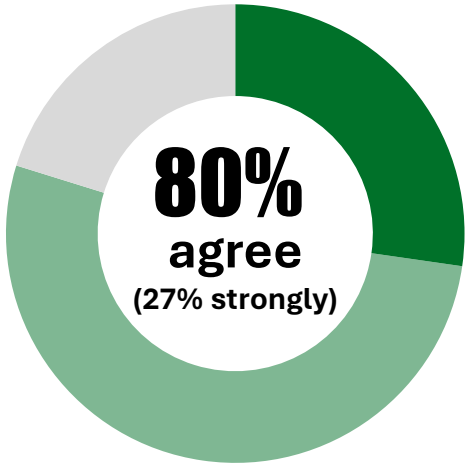


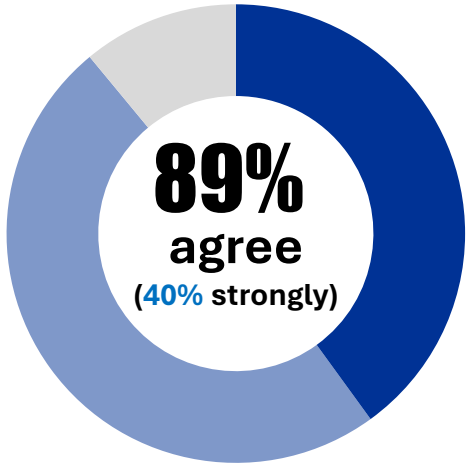
Agreement on Survivorship Care Responsibility and Impact

There is broad yet soft agreement that survivorship care is a clinician's responsibility and that it has an impact on long-term health outcomes

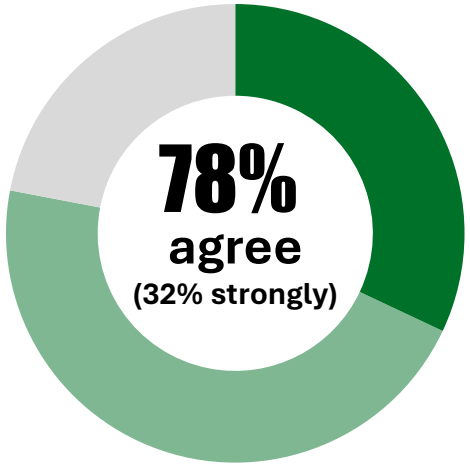
PCPs (n=306) | Oncologists (n=302)

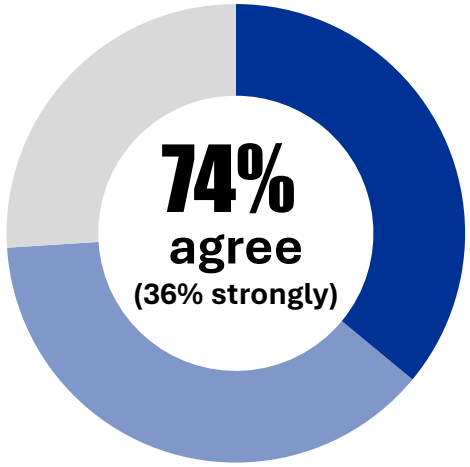
"It is my professional responsibility to screen for and address late and long-term effects of treatment"





"Patients who receive survivorship care have better long-term health outcomes"





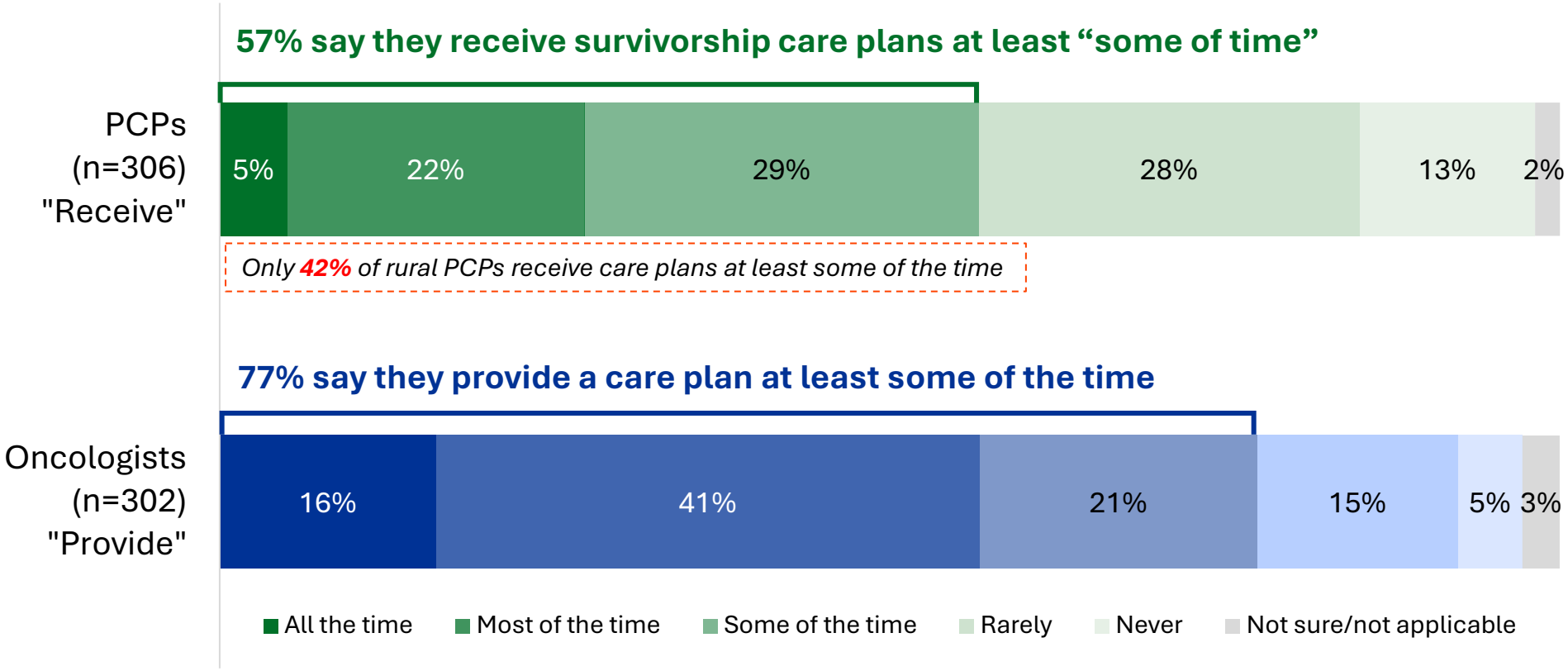
SECTION 4

SURVIVORSHIP CARE PLANS

Survivorship Care Plans Frequency

A gap exists between reported provision of survivorship care plans by oncologists and receipt by PCPs

How Often Survivorship Care Plans Are Provided/Received



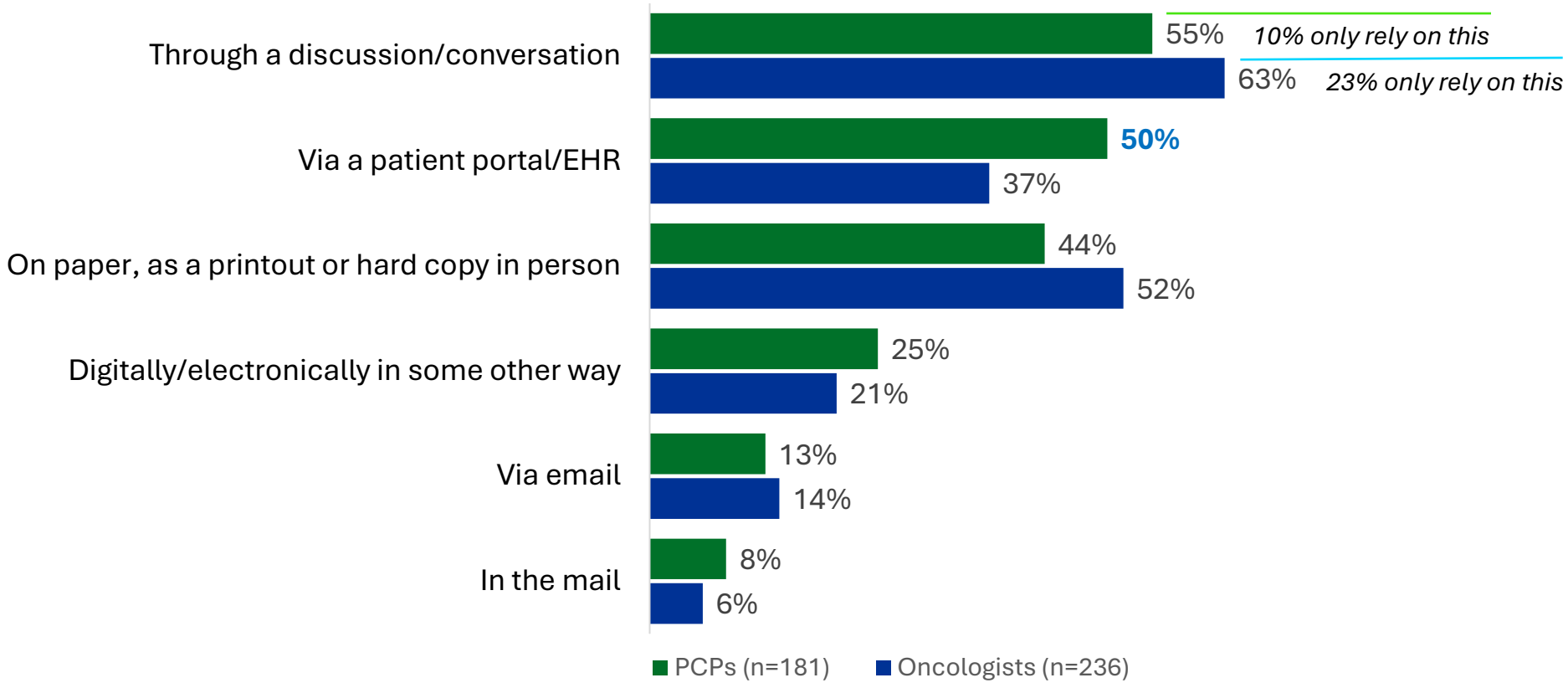
Oncologists who provide plans and PCPs who receive them are significantly more likely to feel they are **coordinating care very well** and feel it is **easy.**

How Survivorship Care Plans Are Delivered

Care plans are delivered through myriad channels; oncologists are more likely to rely on discussions

How is the care plan provided to the patient?

(among those who report SCP is provided at least some of the time)



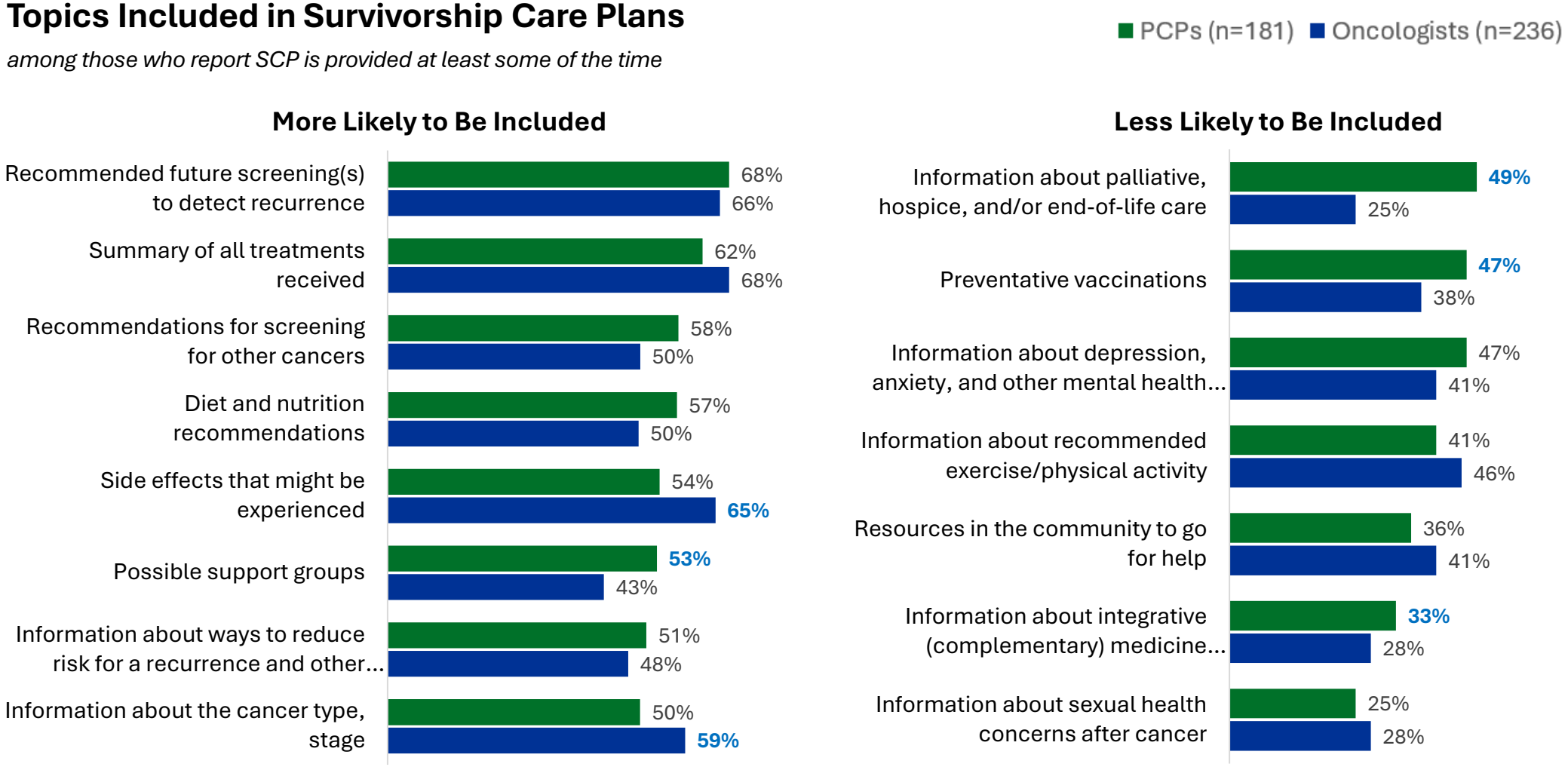
Those who believe Survivorship Care Plans are ***very effective*** **are more likely to report sharing information through conversations and digitally.**

Survivorship Care Plan Topics

Care plans emphasize clinical care, with less coverage of broader survivorship needs. Mental health and community resources are only included in fewer than half of plans

Topics Included in Survivorship Care Plans

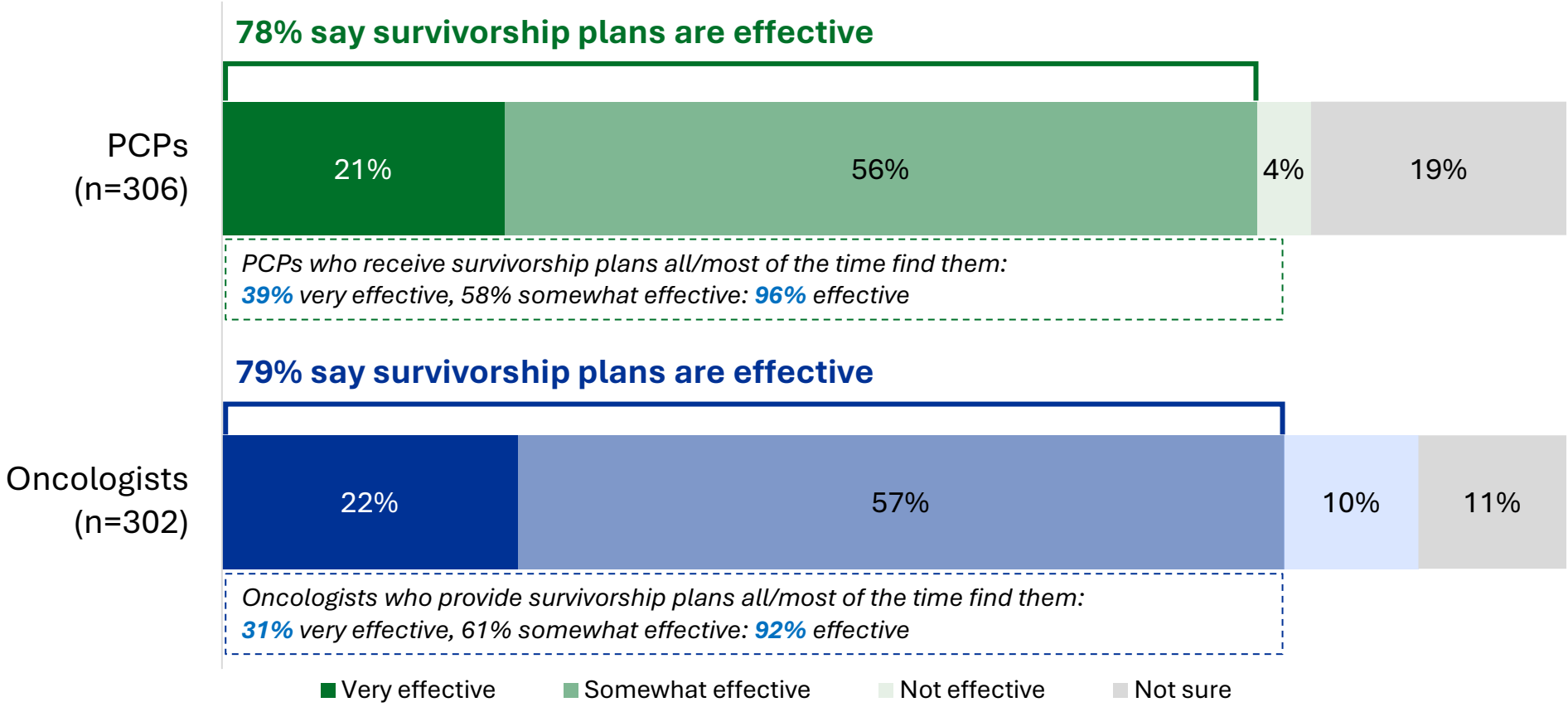
among those who report SCP is provided at least some of the time



Perceived Effectiveness of Survivorship Care Plans

PCPs and oncologists see Survivorship Care Plans as useful, but rarely transformative

How Effective are Survivorship Care Plans?



Effectiveness of Survivorship Care Plans Across Key Areas

Large majorities find various aspects of plans effective, though again perceptions are soft. Plans perform best as communication tools with patients (vs. with one another); sentiment is weaker on plans' impact on patient outcomes

Effectiveness of Aspects of Survivorship Care Plans

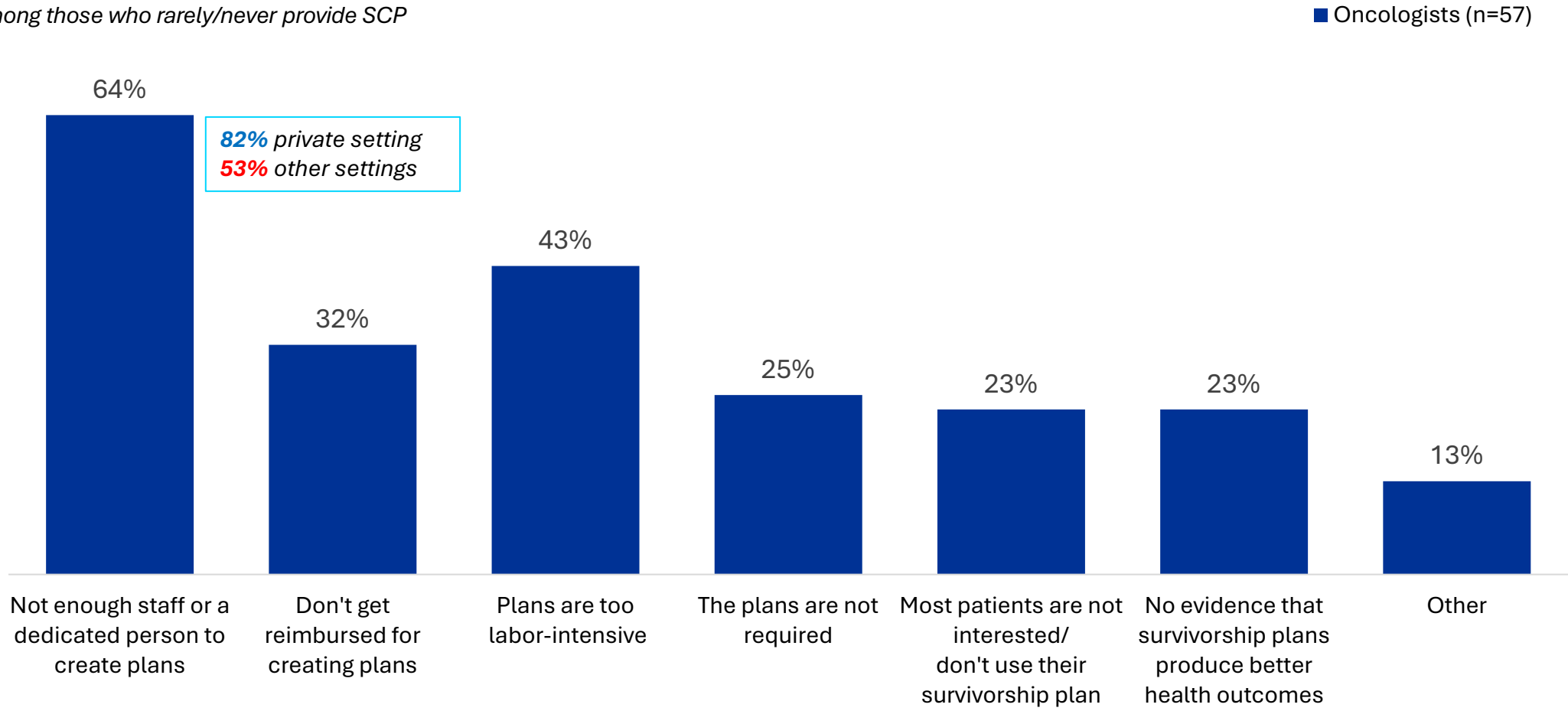
% Effective (sorted by very effective)	PCP (n=306)	Oncologist (n=302)
Communicating and sharing information with patients	87% (44% very)	90% (38% very)
Helping patients understand how to manage their care	86% **(41% very)**	88% (32% very)
Improving patient satisfaction	82% (40% very)	85% (37% very)
Communicating and sharing information between health care providers	82% **(39% very)**	78% (26% very)
Communicating and sharing information with caregivers	83% (34% very)	87% (35% very)
Helping patients understand how to reduce risk of occurrence	81% (33% very)	85% (27% very)
Directing and managing care	84% **(33% very)**	82% (26% very)
Improving patient outcomes	78% (31% very)	78% (25% very)

Reasons for Not Providing Care Plans

Oncologists are more likely to put up barriers to providing survivorship plans – staff resources being the biggest. A quarter of oncologists question evidence and patient interest

Barriers to Providing Survivorship Care Plans

among those who rarely/never provide SCP



Efficacy of Care Plans: In Clinicians' Own Words

What makes you say that care plans are very/somewhat/not effective?

What Effective Looks Like

Patient Education and Understanding:
"It helps patients understand their disease, side effects, and enhance their metal and physical health." (PCP)

Patient Roadmap:
"It provides the patient with a comprehensive plan of action." (Oncologist)

Clinician Coordination:
"Planning for follow-up care, coordinating between the oncologist and PCP to manage long-term side effects." (Oncologist)

Supports Whole Person:
"Patients with survivorship plans tend to deal better with mental health issues." (PCP)
"Improves quality of life and compliance." (Oncologist)

What Undermines Efficacy

Underused by Patients:
"Some patients follow recommendations, but most put the paper in a drawer never to be seen again." (Oncologist)

Too Little or Too Much:
"Could be more comprehensive." (PCP)
"Too much information for too many people in one document. Difficult to find info relevant for PCP." (PCP)

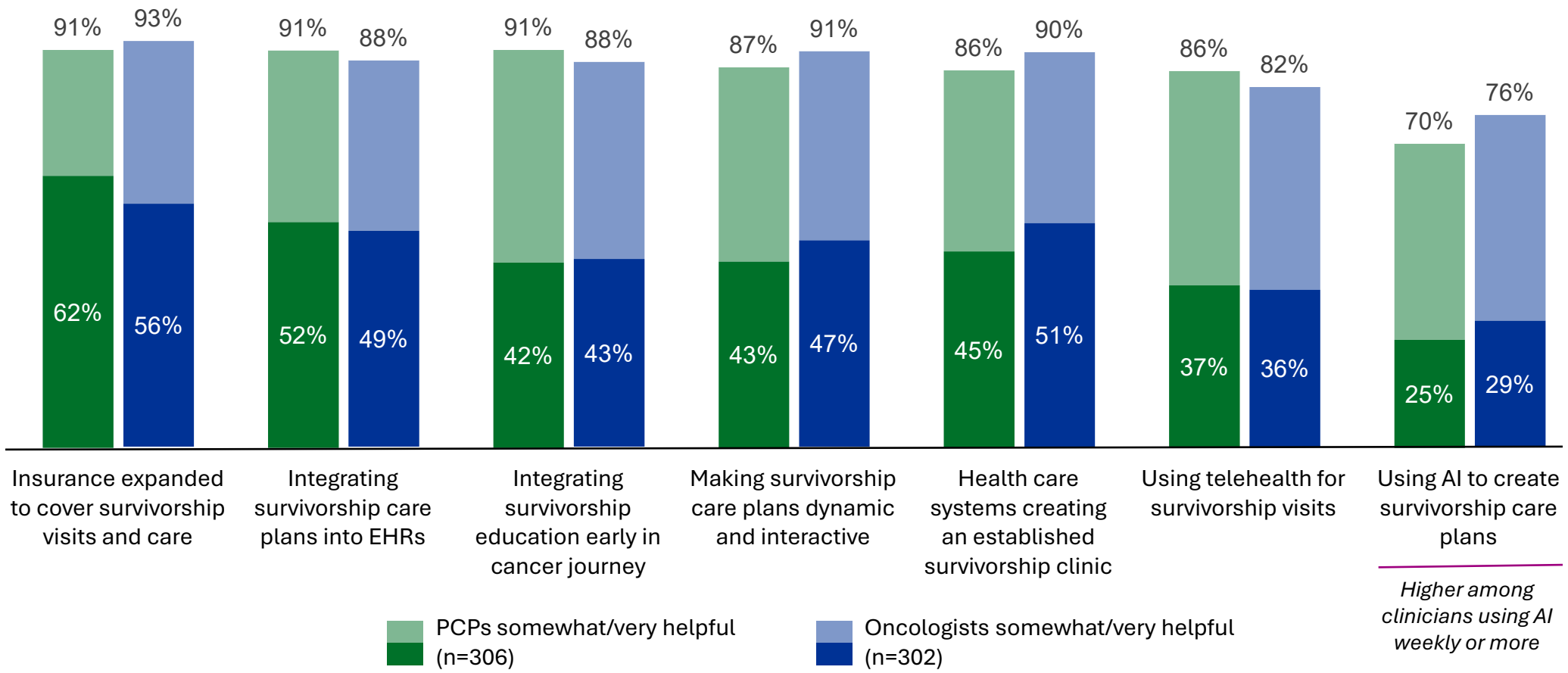
Disconnected from Workflows:
"Survivorship plans are not part of our typical workflows." (Oncologist)
"It has become a formality." (Oncologist)

Too Resource Intensive:
"Lack of resources and personnel." (Oncologist)

How to Improve Survivorship Care Plan Effectiveness

Top solutions are structural: #1 improvement would be expanded insurance coverage for survivorship plans. Providers are also interested in integrating these plans in their EHR systems

Ways to Improve Survivorship Care Plans



Higher among clinicians using AI weekly or more

SECTION 5

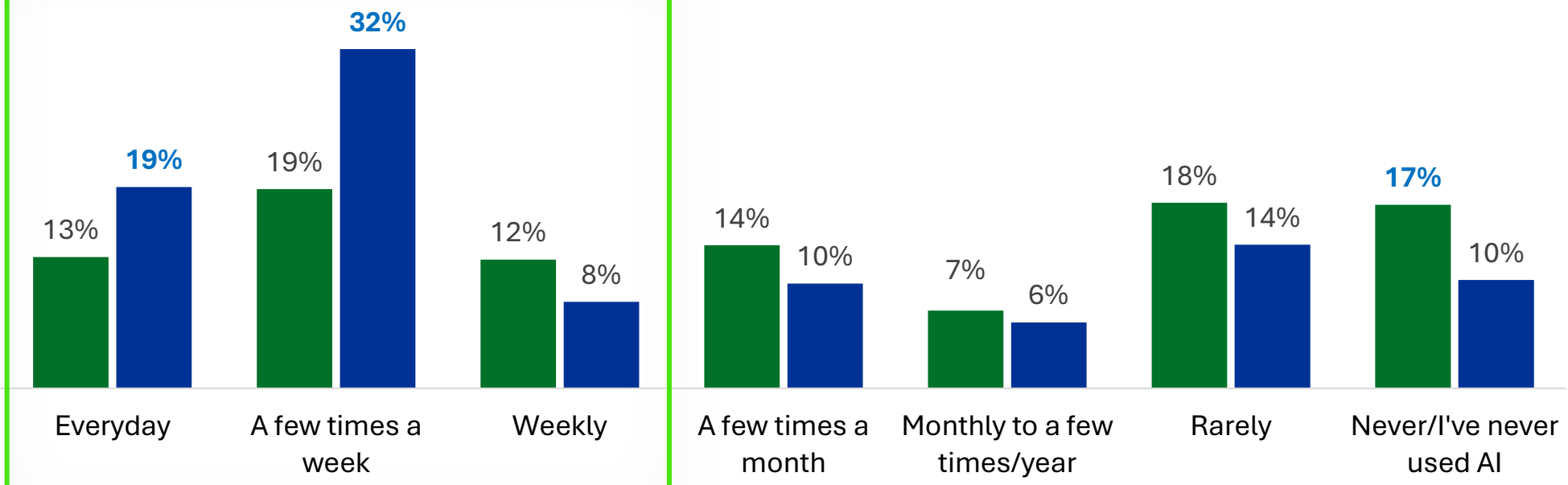
CANCER CARE AND AI

How Often Clinicians Use AI for Cancer Care

Six-in-ten oncologists are using AI to help with cancer care at least weekly.
Far fewer PCPs have adopted AI to this degree

Frequency of AI Use in Cancer Care

At least weekly:
PCPs 44%, Oncologists: 60%



Source= National Patients (n=1305); Cancer Nation Connected Patients (n=703)

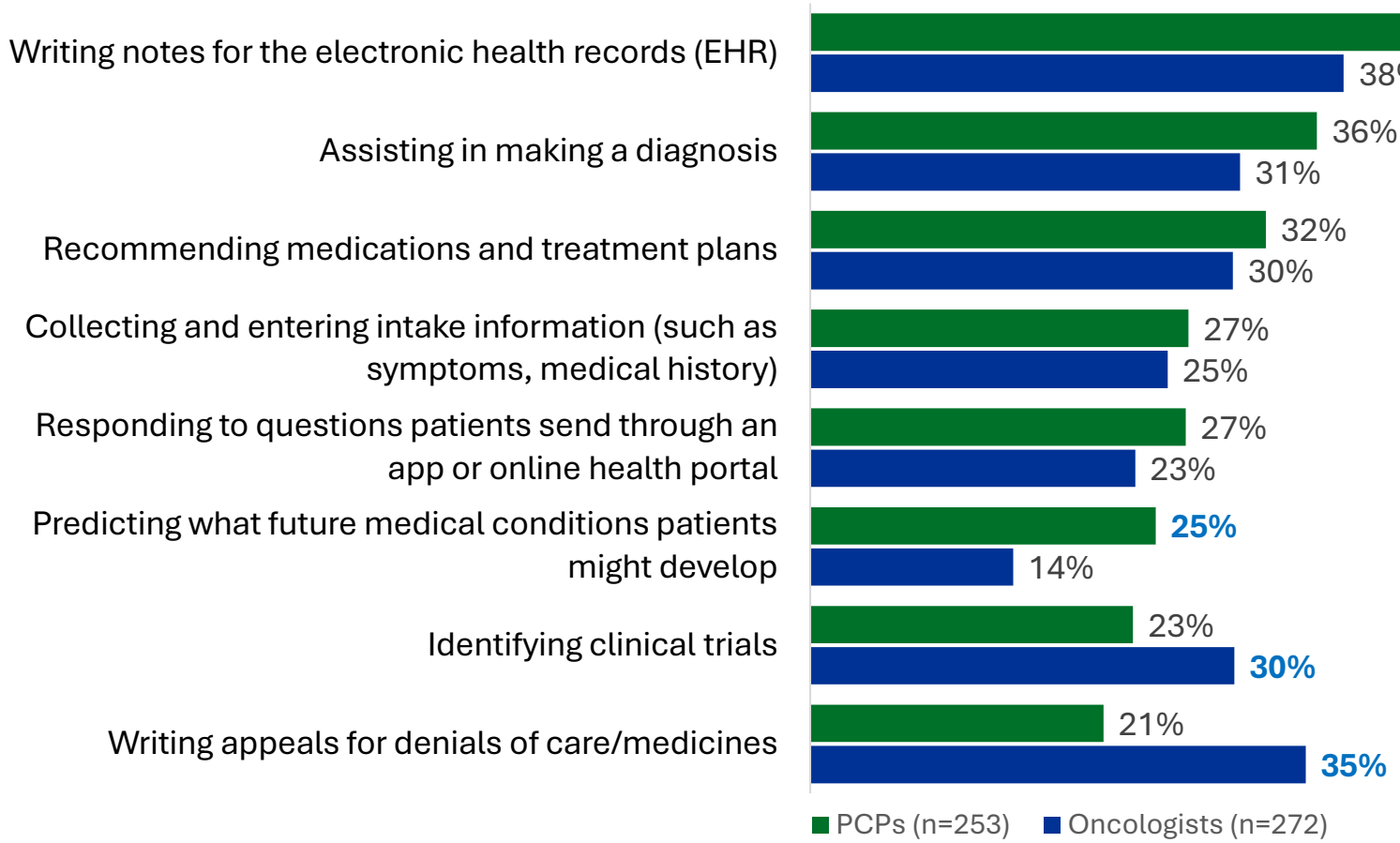
AI is already part of cancer care for many clinicians, especially **Hem/Oncs, higher-volume clinicians, those more engaged in survivorship planning, and younger clinicians.**

How AI Supports Cancer Care

PCPs lean more on AI for documentation and predictive tasks, while oncologists use it more for clinical and administrative needs like appeals and finding clinical trials

Topics Included in Survivorship Care Plans

among those using AI for cancer Care



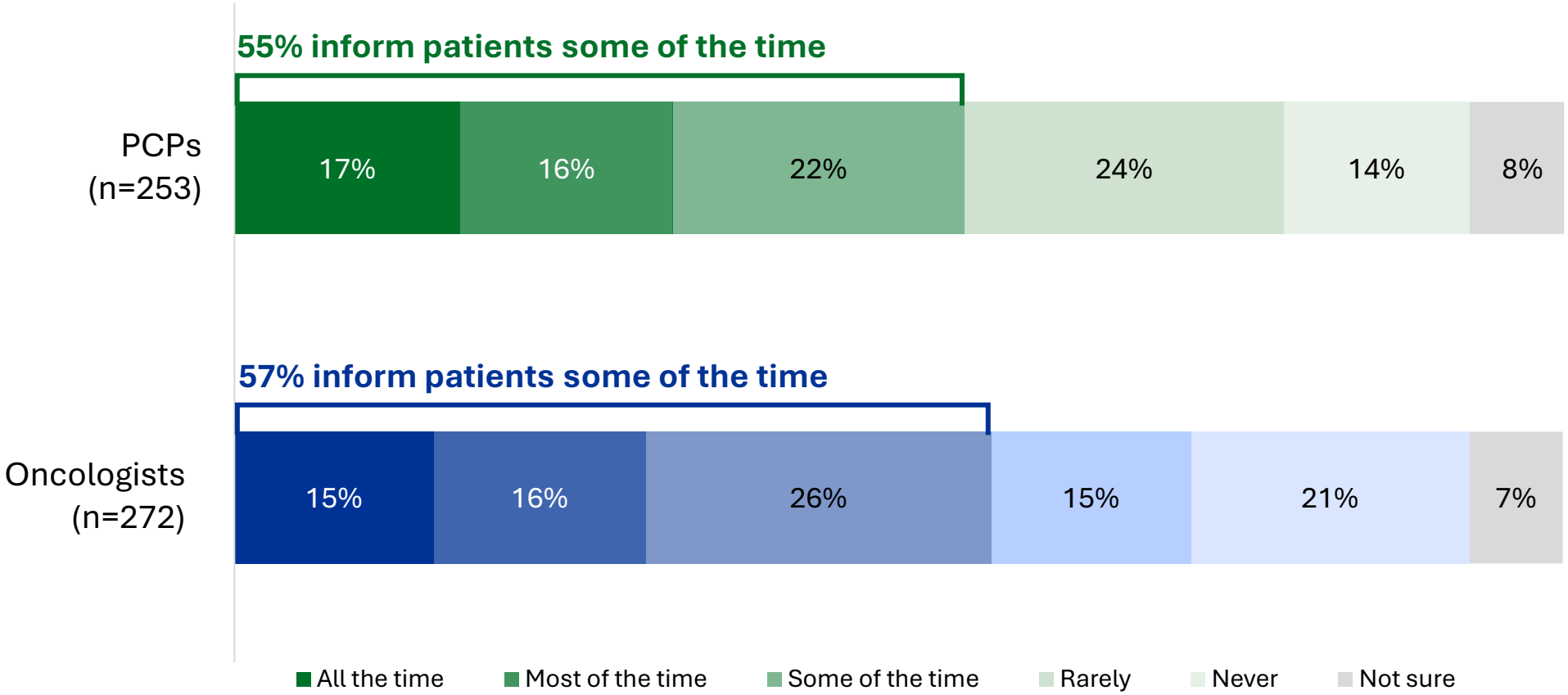
Less common uses	PCPs	Onc
Prescribing medications	21%	14%
Reading/interpreting medical imaging (e.g., radiology)	17%	20%
Scheduling appointments and follow-ups	16%	12%
Creating survivorship care plans	14%	14%
Assisting in conducting surgical procedures	7%	5%

How Often AI Use Is Shared with Patients

AI use is not consistently communicated to patients – clinicians are very mixed in the regularity of informing their patients

Frequency of Informing Patients About AI

(among those using AI for cancer Care)

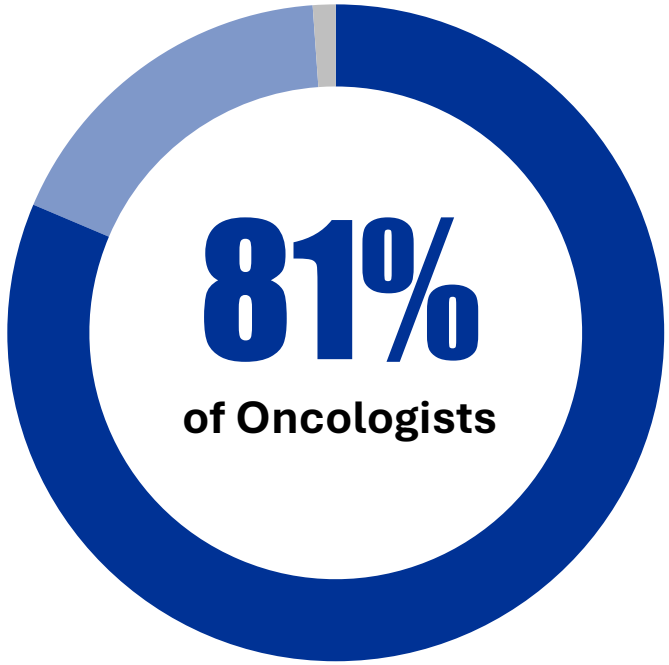


SECTION 6

ONCOLOGISTS: CLINICAL TRIAL RECOMMENDATIONS

Clinical Trial Recommendations

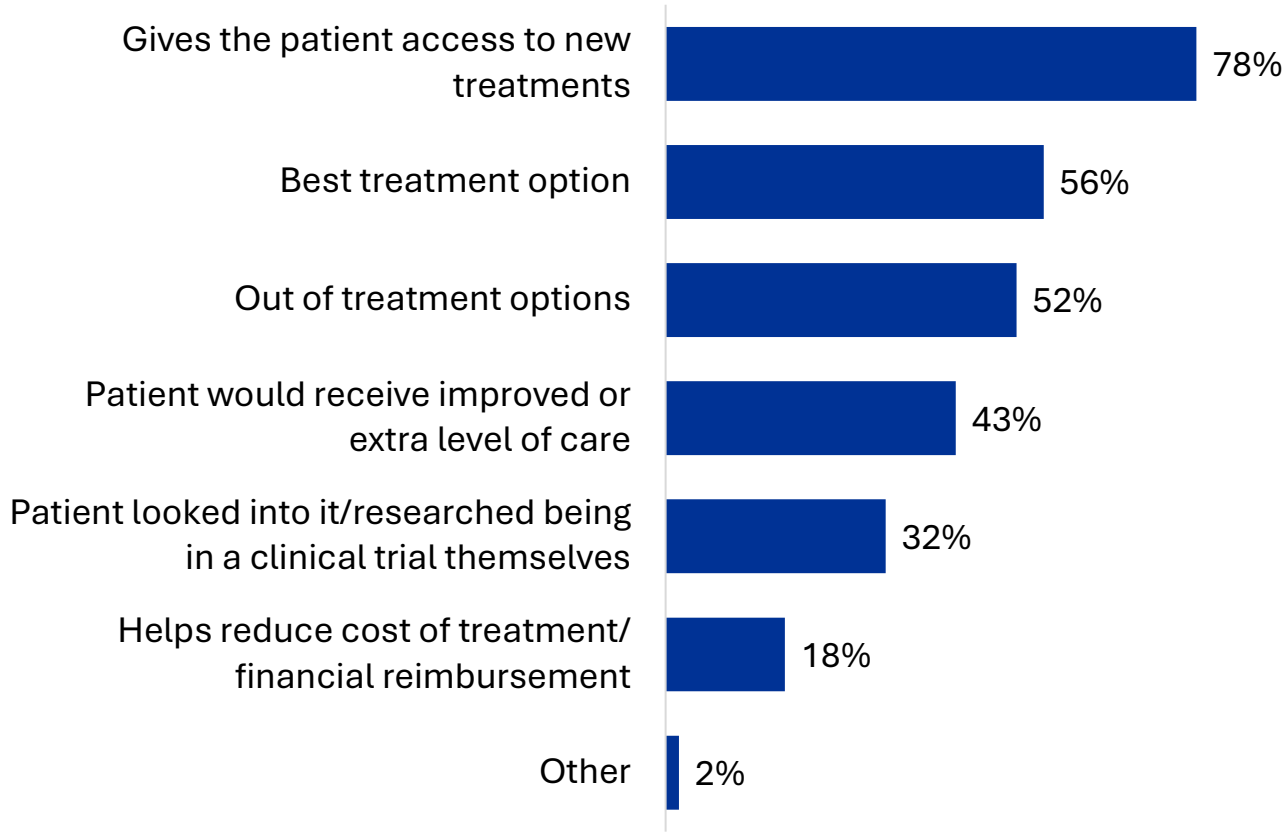
Eight in ten oncologists have recommended clinical trial participation in the past year, primarily to expand treatment options



HAVE Recommended Clinical Trial Participation in Last 12 Months

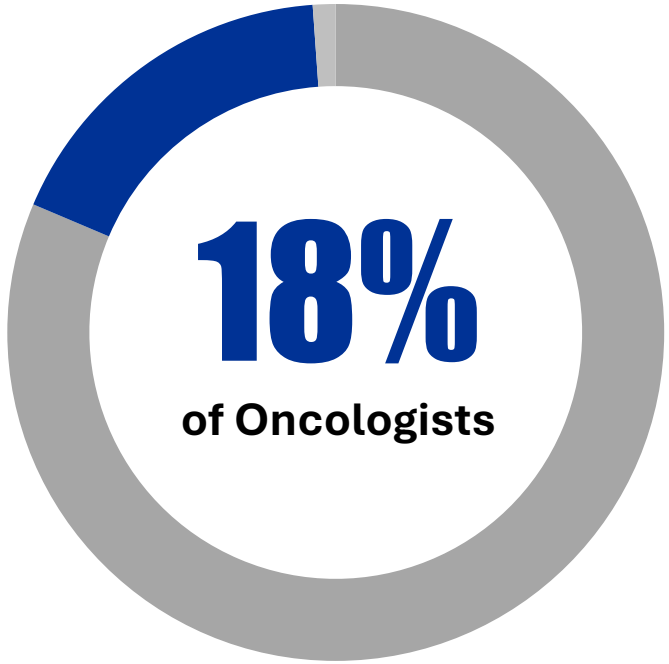
Recommendation Decision Drivers

(among oncologists who have recommended clinical trial participation, n=254)



Clinical Trial Resistance

Distance, eligibility, and patient hesitation are the leading barriers to clinical trial recommendations



HAVE NOT Recommended Clinical Trial Participation in Last 12 Months

Reasons to Not Recommend Clinical Trial

(among oncologists who have NOT recommended clinical trial participation, n=44)

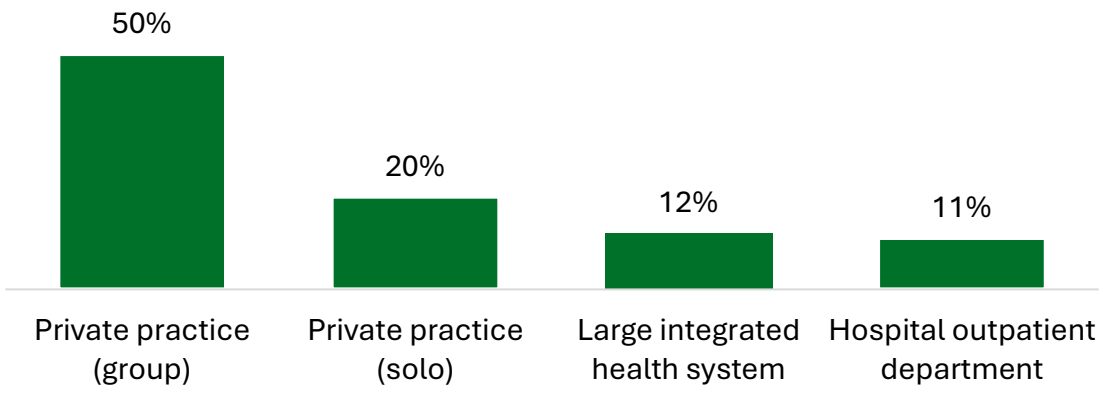
Location of clinical trial(s) was too far away to recommend	45%
They are not eligible/did not qualify to participate in a clinical trial	41%
Patients are skeptical/don't want to participate in clinical trials	40%
My practice does not offer clinical trials	32%
Their overall health did not allow participation in a clinical trial	30%
Concerned about possible side-effects	17%
Concerned their insurance might not cover all medical costs	14%
I do not have enough time with the patient to educate and enroll patients in clinical trials	10%
I am not aware of clinical trials to recommend	7%

SECTION 7

PARTICIPANT PROFILE

PCP Profile

Which of the following best describes your **work setting(s)**?



Active Patient Load (Total):

9%	<100
12%	100-499
10%	500-999
15%	1000-1499
18%	1500-1999
14%	2000-2499
22%	2500+

Time Practicing Medicine

7%	0-5 years
17%	6-10 years
21%	11-20 years
53%	20+ years

53

Mean Age

In the past 12 months, **for which of the following cancers** have you provided clinical care?

Breast Cancer	95%
Gastrointestinal (GI) Cancers	89%
Genitourinary (GU) Cancers	85%
Hematologic Malignancies	78%
Thoracic Cancers	75%
Head and Neck Cancers	74%
Gynecologic Cancers	67%
Skin Cancers	56%
Endocrine & Neuroendocrine Tumors	51%
Sarcomas	42%
Central Nervous System (CNS) Tumors	33%
Rare Cancers & Cancer of Unknown Primary	24%
Pediatric Cancers	24%

Region

26%	Northeast
23%	Midwest
29%	South
21%	West

Community Type

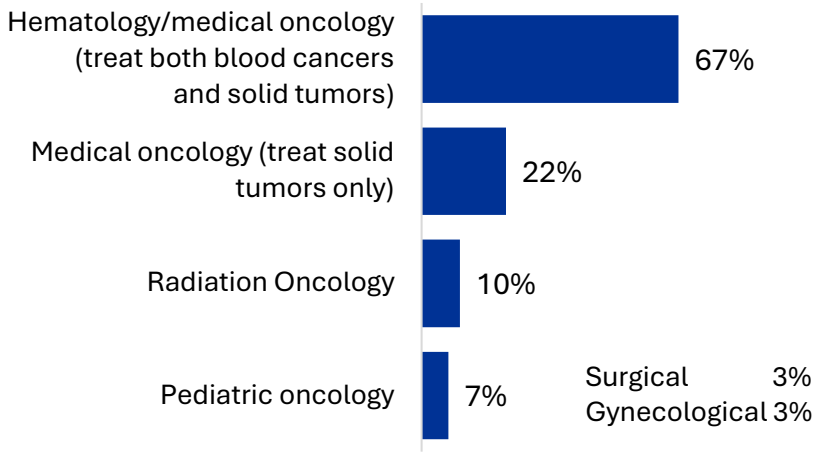
32%	Urban
52%	Suburban
4%	Small town
11%	Rural

Gender

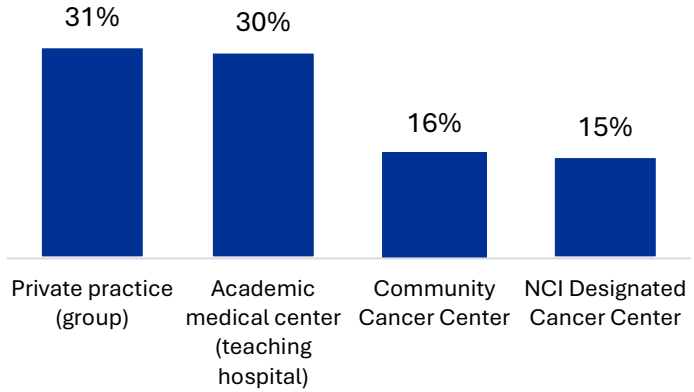
57%	Man
40%	Woman
3%	Prefer not to say

Oncologist Profile

Which of the following **oncology specialties** do you practice?



Which of the following best describes your **work setting(s)**?



Time Practicing Medicine

10% 0-5 years
17% 6-10 years
32% 11-20 years
40% 20+ years

53
Mean Age

In the past 12 months, **for which of the following cancers** have you provided clinical care?

Breast Cancer	81%
Gastrointestinal (GI) Cancers	79%
Genitourinary (GU) Cancers	78%
Hematologic Malignancies	78%
Thoracic Cancers	77%
Head and Neck Cancers	69%
Gynecologic Cancers	65%
Skin Cancers	63%
Endocrine & Neuroendocrine Tumors	60%
Sarcomas	57%
Central Nervous System (CNS) Tumors	55%
Rare Cancers & Cancer of Unknown Primary	49%
Pediatric Cancers	17%

Active Patient Load (Total)

12% <100
29% 100-249
29% 250-499
18% 500-749
13% 750+

Region

33% Northeast
14% Midwest
28% South
24% West

Community Type

52% Urban
40% Suburban
2% Small town
5% Rural

Gender

60% Man
33% Woman
7% Prefer not to say

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