***Supporting Self-Management in Cancer Care***

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Understanding how best to support people living with and beyond cancer remains a challenging issue. The number of patients surviving up to ten years after a cancer diagnosis is growing and new treatments mean that patients living with advanced disease may have years rather than months to live. Some people following cancer diagnosis and treatment need minimal aftercare but others need support to manage physical and psychological consequences in the short, medium and long-term. We need to generate robust evidence to understand who needs what type of support and when and how best to meet these needs.

This series of papers have been selected to illustrate the breadth of the field, understanding patients’ needs and supporting the self-management of individuals living with and beyond cancer. The topics range from: the use of routine data as a mechanism to understand the needs and outcomes of cancer survivors; through to the roles of primary care and digital health; psychological support needs and mechanisms of delivery; self-guided interventions and peer support.

Several pertinent issues emerge from these reviews. Firstly, as the number of cancer survivors increases due to demographic changes, improved diagnosis and treatment, routinely collected datasets are increasingly being used to reveal survivors needs and outcomes once the inherent limitations of such datasets are accounted for (Lu et al). Second, primary care has a key role to play in supporting people living with and beyond a cancer diagnosis. There is growing evidence that shared care programmes between cancer specialists and primary care are more cost effective than secondary care led follow up and are acceptable to cancer survivors. It is proposed in the respective review that the pillars of primary care match those in the cancer survivorship literature, thus primary care could play an improved role in optimising survivorship care (Adam & Watson). Third, digital health innovations are currently being used predominantly for symptom management, with supporting evidence accruing over time (Harris et al). Such innovations offer the potential for improved outcomes and greater independence for individuals. However, it is possible that these technologies are most successfully used to augment rather than replace existing care options and services. Fourth, it is well established that cancer presents risk to psychological wellbeing and individuals with cancer need psychological support. Psychological intervention studies predominantly use Cognitive Behavioural Therapy, but there is a growing literature using Acceptance and Commitment Therapy, Meta-Cognitive Therapy and Dignity Therapy (Hulbert Williams et al). Fifth, self-guided interventions are a relatively new topic of focus and have implementation potential due to relative cost-effectiveness, however the supporting evidence is mixed or lacking, particularly with regard to sustained outcomes over time (Ugalde et al). Sixth, routine and timely use of self-management strategies in the palliative setting through the cancer trajectory can reduce patient and carer burden, and maximise quality of life (Schulman-Green et al). Finally, as the number of those living with advanced cancer increases peer support is advocated as a component of care. Few studies of peer support focus on this specific population, yet those with advanced cancer are frequent uses of all forms of peer support. This final review highlights that such support is likely to be beneficial, complementing that of clinicians, but a comprehensive programme of research is required in this area (Walshe & Roberts).

Together these reviews illuminate the current state of the knowledge regarding the scope of supporting self-management of people with cancer and beyond. We thank all the authors for their valuable contributions.

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