

American College of Surgeons' Commission on Cancer accredited programs are required to provide Survivorship Care Plans (SCPs) to cancer survivors after initial cancer treatment. A critical need exists to evaluate SCP patient outcomes. The primary purpose of this DNP scholarly project was to integrate SCPs into standard care for adult stage I, II, and III breast and colon cancer patients. Secondary aims were to examine the effect of SCPs on participants' knowledge base regarding their cancer, health promotion and disease prevention, satisfaction with delivery of health care, health-related quality of life (HRQOL), and adherence to follow-up visits and surveillance testing. The IRB approved study was conducted at a hospital-based medical oncology clinic in the Western United States. A quasi-experimental pre/post design was used. Project data were collected pre/post SCP with the Sociodemographic Form, Clinical Data Forms I and II, Medical Outcomes Study Short Form-36 (MOS-SF-36), Patient Satisfaction Questionnaire Short Form (PSQ-18), and Patient Knowledge of Disease Questionnaire (PKDQ). At the follow-up visit, MOS-SF-36, PSQ-18, PKDQ, and open-ended evaluative questionnaire (OEEQ) data were collected. Forty-two participants were enrolled between March 29, 2016 and August 2, 2016. The sample was primarily female (86%), white (97.6%), Hispanic (85.7%), non-high school graduates (61%), and unemployed/retired (78%). Annual incomes were primarily less than \$20,000 (78%). Participants were status post treatment for breast cancer (n = 35) or colon cancer (n = 7). All participants returned for follow-up visits. Significant increases in knowledge of disease were observed ($p < 0.001$) post SCP and at the follow-up visit. No statistically significant changes were seen in MOS-SF-36 and PSQ-18 post SCP. Emerged themes from the OEEQ revealed increased knowledge regarding disease, satisfaction with health care provider encounter, and improvements in patient emotional and physical well-being following integration of SCPs. Integration of the SCP into standard care in this low socio-economic, ethnically diverse sample increased participants' knowledge about their cancer disease process, and promoted adherence to follow-up visits. Results warrant further testing in a fully powered study of longer duration with diverse cancer diagnoses to examine SCP effect on HRQOL and patient satisfaction with delivery of healthcare.