



Life Navigation-Centered Survivorship Support in Oncology Care

Wayne Mylin's Positioning Statement

Purpose of This Statement

This document outlines the distinctive contribution I bring to supportive care and survivorship programming in oncology. It is intended to clarify **what gap my work addresses, how it complements existing services, and why this approach is increasingly important in survivorship care delivery.**

The Survivorship Gaps This Work Addresses

Contemporary oncology care appropriately recognizes that survivorship involves more than surveillance and symptom management. Psychosocial support, lifestyle guidance, and quality-of-life considerations are now widely acknowledged as essential components of comprehensive cancer care.

However, in practice, many survivors experience a significant gap after treatment ends:

- Clinical contact decreases just as uncertainty often increases
- Survivors are given information, referrals, and recommendations—but limited support for **integrating these into daily life**
- Many feel pressure to “move on” while still navigating fear of recurrence, identity disruption, fatigue, cognitive changes, and lifestyle decisions
- Supportive care services are often episodic, siloed, or time-limited, leaving little continuity for long-term adjustment

The result is a population that is medically monitored, but often **under-supported in the lived work of survivorship.**

The core challenge is not a lack of education or clinical expertise.

It is a lack of **ongoing life navigation support**—help for people learning how to live well in a changed landscape.

My Core Contribution: Life Navigation Support for Survivorship

My work focuses on the **space between medical visits**, where survivorship is actually lived.

I specialize in helping cancer survivors and caregivers:

- Regain orientation after treatment
- Develop practical self-management and life navigation skills
- Rebuild confidence, agency, and direction over time
- Translate supportive care recommendations into sustainable daily practices

This work does **not replace** medical care, mental health treatment, or educational programming.

It complements them by supporting **capacity-building, integration, and continuity**.

In simple terms: I help people learn how to live with and after cancer; at their own pace, with appropriate support, and without pathologizing normal responses to an abnormal experience.

The Lens I Bring to Survivorship Care

1. Longstanding Clinical-Adjacent Experience in Oncology Settings

I bring over two decades of experience working within oncology and integrative care environments, with sustained exposure to patients across the continuum—from active treatment through long-term survivorship.

This perspective has given me a deep understanding of:

- Common survivorship challenges that persist beyond treatment
- The limits of time, scope, and capacity within clinical systems
- Where patients tend to fall through the cracks despite best intentions

Importantly, this experience informs how my work is designed to **align with oncology systems**, not compete with or burden them.

2. A Life Navigation Framework Rather Than a Single-Issue Model

Survivorship challenges rarely present as isolated problems. Fear of recurrence, lifestyle change, emotional regulation, identity shifts, and relationship changes are deeply interconnected.

Rather than addressing these in isolation, my work focuses on **life navigation skills**, including:

- Emotional regulation and stress tolerance
- Values clarification and identity reconstruction
- Goal re-setting and realistic planning
- Habit formation and self-efficacy
- Meaning-making and purpose after cancer

These are **transferable skills** survivors can apply across multiple domains and over time, increasing long-term resilience and self-management capacity.

3. A Non-Pathologizing, Normalizing Stance

A central principle of my work is that most survivorship distress reflects **normal human responses to a profoundly disruptive experience**, not pathology.

Survivors are often not "failing to cope"; they are navigating unfamiliar terrain without adequate orientation.

My approach:

- Normalizes uncertainty, vigilance, grief, and ambivalence
- Reduces shame and self-blame
- Helps survivors understand what is typical in survivorship
- Focuses on orientation and skill-building rather than fixing or diagnosing

This stance improves engagement and trust, particularly for individuals who are reluctant to pursue traditional mental health services but still need meaningful support.

What Makes This Approach Distinct in the Field

Orientation Comes Before Behavior Change

Many survivorship programs emphasize lifestyle or behavioral change early. In practice, survivors often struggle to engage when they feel overwhelmed, disoriented, or pressured to “optimize.”

My work intentionally begins with **orientation**:

- Helping individuals understand where they are in the survivorship landscape
- Clarifying what matters to them now
- Establishing psychological safety and realistic expectations

Behavior change becomes more sustainable when people feel grounded and understood.

Focus on the “Messy Middle” of Survivorship

This work operates in a space that is often underserved:

- After acute treatment
- Before long-term stability or confidence has returned
- When individuals are no longer in crisis but not yet thriving

This “gray zone” is where many survivors disengage from care entirely. Life navigation support helps maintain connection during this critical period.

Experiential and Accessible by Design

Programs are experiential rather than didactic, designed for real-world fatigue, cognitive load, and emotional variability.

Metaphor and plain-language frameworks are used intentionally to improve comprehension, recall, and application—particularly for individuals navigating stress or overwhelm.

Structural Value for Oncology Programs

Beyond individual benefit, this work offers **structural advantages** for supportive care programming:

- Extends survivorship support without extending clinician workload
- Operates clearly within non-clinical scope
- Supports self-management and patient agency
- Can be delivered in group, hybrid, or asynchronous formats
- Scales without requiring high-intensity individual services
- Integrates with existing supportive care offerings rather than duplicating them

Rather than a single intervention, this represents **survivorship support infrastructure**; a way to provide continuity, orientation, and skills over time.

Why This Matters Now

As survivorship populations grow, oncology systems face increasing pressure to:

- Address quality-of-life concerns
- Support long-term adjustment
- Reduce avoidable distress and disengagement
- Do so without overextending already-burdened clinical teams

Life navigation–centered survivorship support offers a practical, humane, and system-compatible response to these realities.

Closing Summary

I do not replace medical treatment, psychosocial oncology, or education.

I support what happens **between and beyond** them.

My work helps survivors:

- Feel oriented rather than abandoned
- Build skills they can use for life

- Move forward in ways that are realistic, self-directed, and sustainable

For oncology programs, this approach offers a way to meaningfully extend survivorship care without over-medicalizing the lived experience of life after cancer.