Cancer survivorship care: Where are we going?

Shekhar Gogna, Priya Goyal, Prateek Thakur, Animesh Raj

ABSTRACT

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EDITORIAL

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INTRODUCTION

A cancer survivor is an individual who has been diagnosed with cancer, regardless of when that diagnosis was received and is still living [1]. Considering the diagnosis, response to treatment, morbidity and mortality of disease there are three distinct phases associated with cancer survival :

- The time from diagnosis to treatment
- Transition from treatment to immediate survival
- Long-term survival [2].

Over the past 25 years, the number of cancer survivors has increased from three million to nearly twelve million due to progress in the treatment of cancer. However, advanced treatment has often failed to provide survivors with care that address the side effects of both cancer and its treatment, which have a significant effect on their quality of life. American society of clinical oncology (ASCO) has identified biggest hurdle in care of cancer survivors, which is unassisted transition from an orderly system of hospital based care to a “non-system” in which there are no guidelines to assist them through the next stage of their life or help them overcome the medical and psychosocial problems [3]. This observation is true worldwide.

EVOLUTION OF CANCER SURVIVOR CARE

In 1986, National Coalition for Cancer Survivorship (NCCS) was formed with a goal to change the perception of cancer victim to survivor. This society stressed the need to include family, friends, and caregivers. National Cancer Institute established the Office of Cancer Survivorship in 1996 with the main objective to support research in cancer care. This office aimed to understand the physical, psychological, economic issues and attempted to increase the quality of life of survivors. It also intended to provide education to healthcare professionals and survivors about health related issues [4]. The Institutes of Medicine (IOM) published two subsequent reports on care of cancer survivors in 2006. Both reports recommended that survivors should get a detailed care plan to assess and treat the potential long-term effects due to cancer and its treatment. These reports also identified primary care providers as partners in the care of cancer survivors [5]. Table 1 shows the brief summary of 10 recommendations passed in the IOM meeting. National Cancer Survivorship

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Figure 1: Life before and after esophagectomy for cancer esophagus. Survivors do improve if we commit on them.

Resource Center was formed in 2010, with collaboration between the American Cancer Society and the George Washington University Cancer Institute, and is funded through a cooperative agreement with the Centers for Disease Control and Prevention. This center identified 10 cancer sites based on survivor prevalence and the severity of long-term or late effects. These 10 cancer sites were colorectal, prostate, lung, breast, cervix, ovarian, endometrial, uterine, melanoma and head and neck cancers [6]. This office has also recommended to strengthen and follow 2006 IOM guidelines as outlined in Table 1.

Where are the evidence based guidelines for healthcare workers

National comprehensive cancer network (NCCN) is a pioneer society in establishing and publishing evidence based guidelines for treatment site and stage specific cancer. The NCCN publishes and updates survivorship guidelines based on expert panel recommendations it incorporates steps that are related to late effects of

cancer which are mostly neurocognitive such as anxiety, depression, cognitive function, fatigue, sleep disorders, chronic pain, and sexual function [7]. The complaint specific guidelines are also available such as pain, emesis, infections and regular surveillance. American society of clinical oncology (ASCO) also publishes and regularly updates guidelines that focus on providing guidance for the management of long-term and late effects such as chemotherapy related neuropathy, deep vein thrombosis, mental symptoms such as stress depression, fatigue. ASCO has previously published and now updated follow-up guidelines for patients with prostate, breast colorectal cancer.

CONCLUSION

The Institutes of Medicine (IOM) report identified four essential components of survivorship care: prevention, surveillance, intervention, and coordination.⁵ Cancer care is continuously evolving process. Oncologist and primary care physicians both hold the equally important positions in the life of cancer survivor. The goal of cancer survivorship is to empower survivors and their families. Cancer survivors should be given detailed follow up plan after primary treatment for better improvement in their quality of life.

Keywords: Cancer care, Cancer survivorship, Guidelines

Table 1: Institutes of Medicine (IOM) recommendations

Raise awareness of the needs of cancer survivors.
After completing primary treatment patients should be provided with a care summary and follow-up plan.
Health care providers should use evidence-based guidelines, to recognize and treat late physical and psychological effects of cancer.
Effective public/private healthcare sector partnerships should be formed to achieve health care measures.
Various designated cancer research societies will support and expand survivorship research. New research initiatives on cancer patient follow-up are urgently needed to guide the effective care.
Policy makers should act to ensure that all cancer survivors have access to adequate and affordable health insurance. Insurance companies should recognize survivorship care as an essential part of cancer care, and these companies should design easy reimbursement on plans for cost of cancer care.
Concerned authorities will ensure and eliminate workplace discrimination and minimize adverse effects of cancer on employment.
Provide educational opportunities to health care providers to be able to address the health care and quality of life issues of cancer survivors.
Congress should support the Centers for Disease Control and Prevention and other collaborating institutions, and the states in developing comprehensive cancer control plans.
Centers for Medicare and Medicaid Services, National Cancer Institute, Agency for Healthcare Research and Quality, Department of Veterans Affairs, and other qualified organizations should support the demonstration programs to test models of coordinated, interdisciplinary survivorship care across the society.

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Author Contributions

Shekhar Gogna – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Priya Goyal – Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Prateek Thakur – Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

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The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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