

Zwelling, Goodwin and Elting: Cancer survivors present unique new challenges

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There are more than 10 million Americans who have survived a cancer diagnosis.

Cancer survivorship is a new, chronic condition that has become ever more common as our cancer screening, diagnosis and treatment options have improved. But cancer survivors have unique medical issues that require special attention, often from primary-care doctors, not cancer specialists.

Comparative Effectiveness Research on Cancer in Texas (CERCIT) was established by CPRIT (the Cancer Prevention and Research Institute of Texas), as part of the overall program approved by Texas voters to improve the prevention, diagnosis and treatment of patients with cancer.

CPRIT recently concluded its annual meeting in Austin. Many of the traditional scientific presentations focused on new molecular markers of cancer that indicate the possible benefit of novel, gene-targeted therapies.

Another focus of the meeting was on cancer prevention. Between the two areas of prevention and molecular biology is cancer survivorship, an area we at CERCIT have focused on and think should not be neglected.

And we won't.

From our work using the Behavioral Risk Factor Surveillance System (BRFSS, a state-based survey aided by the Centers for Disease Control and Prevention), we have learned some important facts that should guide all providers caring for cancer survivors.

- Cancer survivors not only have greater health-care needs than those who have never had cancer, but also manifest the chronic diseases of aging far earlier in their lives than age-matched individuals who have not had cancer.

This may be due to the cancer itself or the therapy for it. Either way, cancer patients who are rendered cancer-free and often returned to the care of their primary-care physicians still have medical needs that are greater than those of the general public.

Oncology physicians and primary-care providers must work together to develop care plans for these individuals, and the earlier in the course of cancer therapy this is done, the better.

- Many cancer survivors are not meeting the recommended, evidence-based physical activity levels for their age group.
- A group in significant jeopardy is the adult survivors of childhood cancers. This group smokes and drinks to excess compared with adult survivors of adult cancers.

But there are concrete steps that can be taken now to improve life for cancer survivors:

Survivorship planning should be an essential part of any cancer treatment plan.

- That planning should be done between the oncologist, the primary-care physician, the patient and the patient's support system to increase the likelihood that any plan will actually be followed.
- Physical activity plans should involve public-health professionals and primary-care providers alike as often survivors have limitations on what they can do and this must be taken into account during the planning phase and be reviewed often.
- Those with childhood cancer provide a particular challenge. The initial treatment and survivorship period is overseen by the patients' parents. As the child matures, care oversight shifts to the patient.

Thus, it is important early on to involve patients in those aspects of their care that will require long-term implementation, making sure they understand the importance of this aspect of their care and their responsibility in preserving their own health.

Cancer survivorship is a challenge, but it is a good challenge to have. Now that we have actually been able to create a future for so many who had cancer and lived through the experience of treatment, we need to be as aggressive in planning for that future and providing for it accordingly.

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