Guidelines Smooth Oncology-to-PC Transition

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HOLLYWOOD, FLA. — For the first time, the National Comprehensive Cancer Network has added cancer survivorship care recommendations to its non–small cell lung cancer and colorectal cancer guidelines.

The recommendations are aimed at smoothing the transition of patients to primary care once acute treatment for their cancer is completed. Oncologists are advised to develop a long-term treatment plan with specific duties for themselves and a primary care physician.

The goal is to give the primary care provider a summary of surgical, radiation, and chemotherapy treatment. In addition, there should be plans to reduce the expected time to resolution of acute toxicities, potential late adverse effects, and possible long-term effects of treatment.

A significant number of people could benefit. According to the American Cancer Society, there are nearly 150,000 new cases of colorectal cancer and 215,000 new cases of lung cancer (small and non–small cell) diagnosed each year.

Regarding surveillance of colorectal cancer survivors, NCCN recommends that they have a history and physical examination every 3-6 months for 2 years, and then every 6 months for 3 years. Carcinoembryonic antigen (CEA) testing also is recommended.

Survivors of colorectal cancer or non–small cell lung cancer should be routinely screened for breast cancer, cervical cancer, and prostate cancer. Non–small cell lung cancer survivors should be screened regularly for colorectal cancer.

"The main reason for surveillance is to make certain there is no recurrence, to make certain they don't develop a second neoplasm," said Dr. Paul F. Engstrom, senior vice president of extramural research programs at Fox Chase Cancer Center in Philadelphia.

"Just because you have cancer" does not mean one is exempt from all other diseases, said Dr. Ettinger, professor of oncology and medicine, otolaryngology-head and neck surgery, obstetrics and gynecology, and radiation oncology at The Johns Hopkins University School of Medicine in Baltimore.

Guidelines to manage the late sequelae of colorectal cancer and its treatment address chronic diarrhea and incontinence; oxaliplatin-induced neuropathy; and bone health and sexual dysfunction after pelvic radiation. "Chronic diarrhea can be disabling for some patients, and neuropathy is an issue with our main agent, oxaliplatin," Dr. Engstrom said.

The guidelines recommend physicians counsel survivors to maintain a healthy weight, limit alcohol consumption, and adopt a healthy diet and physically active lifestyle. "By and large medical oncologists are not up on what kind of diet and healthy lifestyle is most appropriate," Dr. Engstrom said. "We need to learn more."