A Prescription for the Rest of My Life

by Richard B. Reiling, MD, FACS

I had just received a call from my urologist: the biopsies showed cancer in two cores. Though I should have known better—the news brought many dark and gloomy thoughts. Even before telling the love of my life, I quickly turned to my keyboard and the Internet for whatever additional information I could find—most of it helpful. I tried to project myself on the survival side. I wondered what the consequences of treatment would really be—post-surgery or post-radiation or both…and then chemo. Even though I have had my share of cardiovascular incidents, this experience was new; this experience was much different!

If a reasonably informed health-care professional such as myself has such reactions to a cancer diagnosis, how much more do our patients need the reassurances of their physicians as they "transition" to a new life? As a group, we cancer survivors need a prescription for the rest of our lives—no matter how long that may be.

How many clinicians sit down with our patients during their first phase of survivorship—the time at which we are actively treating them for their newly-diagnosed cancers—and lay out a plan or strategy for the rest of their life? While we cannot predict the future, surely we can give educated guesses as to the future and what we suppose will and should happen. This counseling should naturally lead to the four ingredients of survivorship:

Prevention. We need to provide the necessary information about whatever is considered the state-of-the-art in preventing a recurrence and/or the development of new cancers. (This area of survivorship counseling is one that most oncology professionals are probably doing well.)

Surveillance. At present, there is no unanimity on what should be provided in terms of surveillance recommendations for survivors, or even templates for comprehensive surveillance plans that patients should receive. Every clinician has his or her own idea about when and what to look for. As a practicing surgeon, I had my own ideas about follow-up, and these were not always the same as those provided by my partners. Even without national standards, we need to provide this type of information to our patients.

Intervention. Here, too, I think the oncology community is well prepared to intervene in terms of any of the consequences of the cancer or of cancer treatment. And yet, gaps do exist and these gaps cause anxiety in our patients. Yes, we often discuss nausea and hair loss when we give chemo. We discuss treatment side effects such as incontinence. But we often fail to adequately assuage our patients' anxiety about what will happen if—or when—they experience one of these complications.

Coordination. Coordination of care seems so obvious and simple, yet that is rarely the case. The patient's primary physician needs to know in some detail what to expect and what to do for surveillance. The treating physicians rarely discuss among themselves ideal patterns for patient follow-up and often even double up on labs and imaging studies. We all know a patient or two who is seeing all three specialists at the same regular intervals, when this type of follow-up is not necessary.

Together, these four components of survivorship make an excellent basis for a "prescription for life."