

Cancer Care 2020: Time for a Change

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As the third leading cause of death in America, cancer is a condition that has touched all of our lives. As physicians, it has not only touched our patients, whom we care for, but also our own families – even ourselves. While cancer is not the overall leading cause of death, I dare say it is possibly the most feared. It was arguably instrumental in the development of the field of hospice, and then ultimately my own field of supportive and palliative care. In the 17 years I've spent practicing as a joint internist and palliative care physician the cancer care journey has changed

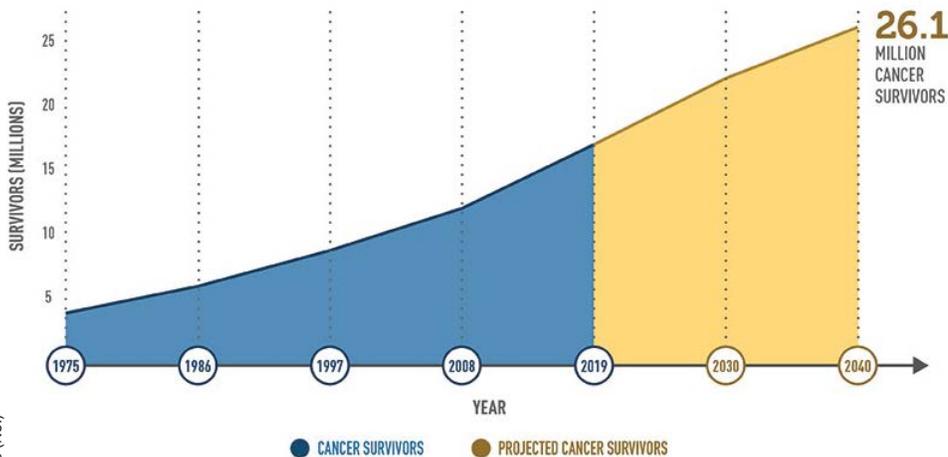
dramatically. Credit to our oncology colleagues and researchers. What once were very linear demises are now multiyear survivals very much mimicking the “chronic disease management” strategy of heart disease, COPD, or even diabetes.

With these remarkable cancer therapy breakthroughs, I do wonder if it is time to rethink the cancer treatment paradigm. Specifically, the fact that while we “manage” heart disease, asthma, depression, and diabetes, we “fight” cancer. I understand the “fight” mentality and approach to cancer. The notion of engaging in battle can give some patients,

their families, and even treating physicians the motivation to face what at times can be an arduous journey. However, this same well serving motivation can serve as an unintended impediment when treatment draws to a close. Specifically, when engaged in any fight, or battle, there are three fundamental ways to complete the journey. There is a victor, or an individual who is defeated, or “loses.” This gives rise to the classic obituary line, “John lost his battle with cancer.” How many Johns, or Janes, “lose their battle with myocardial infarction?” There is a third way to complete the cancer battle paradigm



NUMBER OF CANCER SURVIVORS IN THE UNITED STATES



Infographic courtesy National Cancer Institute (NCI)

The number of cancer survivors in the United States is projected to grow to 26.1 million by 2040. NCI considers a person to be a cancer survivor from the time of diagnosis until the end of life.

Source: Institute of Medicine and National Research Council. 2006. *From Cancer Patient to Cancer Survivor: Lost in Transition*. The National Academies Press. doi: 10.17226/11468.
de Moor JS, et al. *Cancer Epidemiol Biomarkers Prev*. 2013 Mar. doi: 10.1158/1055-9965.EPI-12-1356.
cancer.gov

and that is for the patient/family and treatment team to decide to draw disease directed therapy to a close. This often times engenders the notion of “giving up” or “quitting.” This is simply not a healthy frame of reference, but I believe we could all see how many individuals, particularly family members, could draw this conclusion.

“If we disengage from the fight, we, by definition, are a quitter.” We can do better, and we must do better. Cancer therapies are affording us the opportunity to transform many malignancies into chronic disease states. It is incumbent on us to take this paradigm shift and create a healthier approach to cancer care. One does not set up patients as winners or losers, and also does not place physicians in a position of giving up on their patients. What does that ultimately look like? Well, I’m not sure yet, but maybe we can borrow from the analogy of an oarsman. We are on a journey that will likely be rough at times, but always by their side. Eventually, at some point, the ferry will come to a stop and we will safely help them off only to continue down the river with another patient, another loved one. **DMJ**

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