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Abstracts

Invited Paper

Issues relating to long-term follow-up

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Cancer patients in the UK receive excellent management for their initial disease. With this mounting success the number of cancer survivors is escalating to such an extent that it is no longer feasible for the treating clinician to continue to follow them all in the specialist setting in the long-term.

On completion of successful active treatment, cancer patients begin to receive follow-up care. Such care generally focuses on surveillance for relapse but rarely follows a standard plan for monitoring late-effects of treatment. Any follow-up guidelines that exist may vary according to tumour types or to the whims of individual oncologists or local multi-disciplinary teams. Currently, most existing guidelines are based on consensus rather than on evidence.

With planned follow-up care, clinicians can anticipate and manage possible late effects of treatment, including psychological as well as physical effects. For the cancer patient, the move from active treatment to follow-up care signals the start of rehabilitation to normal life. This is a time of high anxiety and patients may wish to receive more support and guidance. This provides the cancer team with an opportunity to offer individualised support and information. From the health professionals' perspective, patients should be made aware of possible relapse and risks of late effects and in the long-term be prepared for discharge to primary care.

Until very recently long-term follow-up has not been considered a priority. This will change, particularly with the implementation of the Children & Young People's IOG and The Cancer Reform Strategy. A recent report from the US Institute of Medicine (From Cancer Patient to Cancer Survivor: Lost in Transition) made several key recommendations, most of which are also relevant to the UK. Recommendation two states: "Patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan that is clearly and effectively explained. This 'survivorship care plan' should be written by the principal provider(s) that coordinated oncology treatment." More recently in the UK, The Cancer Reform Strategy has announced that a new National Cancer Survivorship Initiative will look at a range of approaches to survivorship care and how these can best be tailored to meet individual patients' needs. Changes are afoot. In the light of these initiatives, this paper will consider issues relating to long-term follow-up.