

# Cancer survivors prefer to stay with cancer doctors: study

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Photo courtesy: Bill Branson, U.S. National Cancer Institute

Findings highlight need for coordinated care for their unique health needs.

(HealthDay)—Even after cancer patients beat their disease, many still grapple with health issues related to their treatments, including cardiovascular and bone problems. But, survivors often say it's unclear which doctor to turn to for follow-up care.

A new study of 18 prostate and 24 [breast cancer survivors](#) suggests the majority would prefer to continue seeing their [oncologists](#) when health issues crop up, because they aren't confident their primary care physicians are equipped to address their post-cancer health needs.

Study author Dr. Shawna Hudson, an associate professor of family medicine and community health at The Cancer Institute of New Jersey, said the finds are concerning.

"For early stage cancer survivors, we expect your primary care physician is going to play a stronger role in follow-up after [cancer treatment](#)," said Hudson.

She said statistics show almost one-third of 36.6 million annual office visits made for [cancer care](#) are at primary care doctors' offices, and it's expected that number will increase by 2020, when a shortage of cancer specialists is predicted.

The patients in the study were all diagnosed in the early stage of their disease and had finished treatment two or more years before participating in the research, which was published online Sept. 10 and in the September/October print issue of the [Annals of Family Medicine](#).

The participants, whose median age was 64 and three-quarters of whom were women, answered questions during an in-depth telephone interview. Fifty-two percent said they preferred to visit their cancer specialist for follow-up medical care, while 79 percent believed that cancer follow-up care requires a specialist's knowledge of cancer that primary care physicians do not possess. One-third did think there could be a role for their primary care doctors, as long as they were kept in the communication loop with oncologists.

One survivor quoted in the study said he would love to see a survivor plan be part of his treatment plan, so "everybody would be on the same page."

"Patients need a very clear road map about what to do," said Hudson.

Almost 70 percent of survivors have conditions that require a comprehensive approach to their care, including cardiovascular disease, kidney issues, diabetes and fertility-related problems, many related to chemotherapy and radiation treatments, Hudson explained.

"Follow-up care is not just about making sure your cancer's not back. It's about making sure you monitor and get care for problems like cardiovascular issues and bone density issues that might happen because of some of your cancer treatments. It's the health prevention piece that's usually done in primary care," Hudson said.

Dr. Catherine Broome, an associate professor of medicine and a medical oncologist at Georgetown University's Lombardi Comprehensive Cancer Center, said while the study is small, it does raise important issues.

"As a medical community in general, we've struggled with this question about follow-up care for a number of years. Economics and health care reimbursements are beginning to play a role in how we're asked to manage these patients," Broome said.

"I personally do like to try and follow my patients much longer than the first few years. When I see them, I may be a bit more focused on some of those things that might be overlooked by a primary care physician, like an early-stage [breast cancer](#) patient who got chemo and may be cured but who might experience long-term effects such as thyroid abnormalities," said Broome. "The subtle signs might be more obvious to us."

The LIVESTRONG Survivorship Center of Excellence, at the University of Pennsylvania's Abramson Cancer Center in Philadelphia, helps patients navigate the transition from cancer patient to cancer survivor. Survivors can visit the center if they want to develop a health care plan, or if they have specific medical concerns.

The center is staffed by experienced nurse practitioners, said director Dr. Linda Jacobs. "At our survivorship program here, we see a variety of patients under all different circumstances."

Patients who aren't comfortable asking their oncologists questions about fatigue, sleep issues or sexual function can come to the survivorship program for symptom-management help, said Jacobs. She and colleagues can refer them to nutritionists, physical therapists, cardiologists and endocrinologists, among other specialists.

Karissa Hahn, a 33-year-old breast cancer survivor from New Jersey who was diagnosed in 2009 when she was pregnant, underwent surgery, chemotherapy and radiation to treat stage 3 cancer. She said when her treatment ended, her oncologist recommended she check in with her every three months for the first six months, then every six months after that. When elevated blood pressure and an ear infection cropped up during that time though, Hahn went to see her primary care physician who helped her manage both conditions successfully. She also visited a midwife for other health needs.

She said it was up to her to decide where to get her care. "It was hard to know whether I should call my oncologist or my primary care physician," said Hahn, who recently learned her cancer has returned.

Study author Hudson said more bridges need to be built between oncologists, primary [care physicians](#) and cancer survivors.

"Right now, it's all on the patient," said Hudson. "The [primary care physicians](#) need a guide for care, especially for early-stage [cancer survivors](#). We need practical guidelines that say, 'Here's what you do for this type of [cancer](#) patient.'"

In the meantime, she said patients can ask lots of questions. "They need to be proactive with their oncologists about asking them how and when they transition back to [primary care](#)."

**More information:** The U.S. National Cancer Institute has more on

[post-cancer care.](#)

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