

# US could face shortage of cancer doctors

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Gap projected to reach nearly 1,500 specialists in a decade, American Society of Clinical Oncology cautions.

(HealthDay)—People fighting cancer might have to wait longer to see a cancer specialist in the coming decades, as demand for treatment outpaces the number of oncologists entering the workforce, a new report released Tuesday warns.

Demand for cancer treatments is expected to grow by 42 percent or more by 2025, while the supply of oncologists will only increase by 28 percent, experts found.

The mismatch between supply and demand could result in a shortage of nearly 1,500 oncologists by 2025, according to the American Society of Clinical Oncology (ASCO) report.

People living in [rural areas](#) will be hardest hit by the shortage, the report predicted. Currently, only 3 percent of oncologists are based in rural

areas, even though that's where 20 percent of Americans live.

"We never want to have a cancer patient have to wait to get in to see a cancer physician," said Dr. Richard Schilsky, ASCO's chief medical officer. "Since we're aware of the issue, we are beginning to think about how to mitigate it."

Schilsky said he believes oncologists will need to rely on primary-care physicians, nurse practitioners and physician assistants to handle basic [cancer treatment](#) and follow-up care as demand for services grows. "That will leave the oncologists time to deal with the more complex cancer patients," he explained.

Certain factors will likely combine to increase the number of patients seeking cancer treatment in coming years, Schilsky said, including:

- The aging of the baby boomer generation. "They are now all in their 60s, and that's the age at the highest risk for getting cancer," he said.
- Improved cancer treatment. A record 13.7 million cancer survivors now live in the United States, Schilsky said, and many want to maintain a relationship with their oncologist even though they are cancer-free.
- Health care reform. "There are going to be millions of people who didn't previously have health insurance and [who] will be seeking care for cancer," Schilsky said.

The total annual cost of cancer care in the United States is projected to reach \$175 billion by 2020, an increase of 40 percent from 2010, according to the report.

The ASCO report predicted that there won't be enough cancer doctors on hand to meet this demand.

One expert not involved with the report agreed that a large gap in specialists is looming.

"I personally think it's a topic we know is going on in the [oncology](#) community, but when you're talking about the big picture of health care these things can get overlooked," said Dr. Janna Andrews, an attending physician in the department of radiation medicine at the North Shore-LIJ Cancer Institute in Lake Success, N.Y.

Andrews said people in rural areas already are feeling the effects of a shortfall. "You probably see that now in the more rural areas, where you are diagnosed with cancer and then you find the closest center to treat you is over two hours away," she said.

Another issue is that the field has its own aging workforce, the ASCO report noted.

"About 20 percent of currently practicing oncologists are now approaching the retirement age of 65," Schilsky said. The number of oncologists older than 64 exceeded those under 40 for the first time in 2008, and the gap is expected to widen.

Dr. Steven Paulson, an oncologist and hematologist at Texas Oncology, a US Oncology Network affiliate in Tyler, Texas, said some oncology practices are struggling.

"The challenges facing practicing medical oncologists are making it very difficult for small and even medium-sized oncology practices to survive," Paulson said. "Many older physicians will simply retire, worsening the shortages already projected."

And the supply of new graduates is not likely to keep pace with demand, according to ASCO. As pressure builds, many cancer doctors are likely

to burn out and either reduce their clinical hours or leave the field altogether, the report suggested.

"Oncology is a very, very demanding specialty where you have to be available 24/7," Schilsky said. "You are dealing with people who face life-threatening illnesses, many of whom will succumb to that illness. There's this work-life balance we have to figure out how to deal with."

Oncologists might be able to help the situation by shifting some of their simpler cancer treatments to highly trained nurse practitioners or physician assistants. "Once they are properly trained, they have the skills to handle uncomplicated cancer patients," Schilsky said.

Primary-care physicians also can play a role, by taking over the care of cancer survivors. Oncologists can provide a "survivorship care plan" that will note the potential long-term side effects of a patient's cancer treatment, as well as their future cancer risk.

"By leveraging all of the resources in the health care system, we think we can mitigate a lot of this," Schilsky said.

The federal government also can help by steering more money toward training new [oncologists](#).

Most new doctors require two to three years in an oncology fellowship before they are ready to practice, and Medicare pays for the first year of this training in virtually all [cancer](#) teaching programs, Schilsky said.

But Medicare funding for medical training has been ratcheting down, he said, and that has constrained the number of doctors who can seek out an oncology fellowship.

"It's limiting the availability of fellowship slots, even for people who are

interested in getting that training," Schilsky said.

**More information:** To read the full report on the state of cancer care, visit the

<http://www.asco.org/stateofcancercare> target="\_new">American Society of Clinical Oncology.

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