
Helping people live well with stage IV cancer - how can general practitioners help?



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Discussion

Historically, notions of 'cancer survivorship' have often referred to the period after completion of curative-intent treatment for early-stage cancers. More recently, the definition of 'cancer survivorship' has been updated to include anyone living with a cancer diagnosis (whether 'in remission' or living with cancer as an ongoing experience). Recent advances in cancer treatments mean many individuals are now living longer with metastatic cancer. However, these individuals may have a variety of unmet supportive care needs (physical, social, psychological, functional), which require a multi-disciplinary approach to address. When an individual's cancer is stable, there is the opportunity (and impetus) to focus on such issues of 'metastatic survivorship' to optimise an individual's quality of life in spite of cancer. In the following article we highlight the opportunities for hospital and primary-care teams to work collaboratively to promote good outcomes for individuals living with advanced cancer. We often think of a 'cancer survivor' as someone who has had their cancer treated, such as with surgery followed by chemotherapy and/or radiotherapy and is now living cancer-free. However, 'cancer survivors' are

now thought of as anyone with an experience of cancer, from diagnosis throughout the rest of their life regardless of whether they remain cancer-free or whether the cancer comes back. Moreover, their caregivers are also now considered to be 'cancer survivors' in their own right.

Increasingly, people with stage 4 (metastatic) cancer are living longer thanks to treatment advances, such as immunotherapies and targeted therapies. Certain groups of people with metastatic cancer, such as people with metastatic melanoma whose cancer responds to immunotherapy, may even experience long-term control of their cancer for many years (possibly even cure). For others, such as people living with metastatic breast or prostate cancer, they may receive multiple types of treatment and live for long periods of time before ultimately succumbing to their cancer. We now therefore recognise a period of 'metastatic survivorship' starting from diagnosis with metastatic cancer through the balance of a person's life. This is a relatively new concept, which has been driven largely by the advent of novel therapies which have made long-term control of metastatic cancer a reality for a subgroup of people living with cancer.

There are a number of issues that people can face during this period of 'metastatic survivorship' including physical, psychological, functional and social needs. This can include managing chronic toxicities from their treatment, fear of cancer recurrence or progression, decision-making around employment, accessing superannuation and other financial concerns. While some of these issues are common to all people who have experienced cancer (regardless of whether it is metastatic or not), such as managing side-effects and fear of cancer recurrence, others may be specific to people with metastatic cancer. For

example, for many individuals living with metastatic cancer receipt of treatment will be ongoing, so management of treatment side-effects from current as well as prior treatments is a critical. Additionally practical challenges such as decision making about leaving or returning to work, accessing superannuation and insurance can be challenging in the face of prognostic uncertainty.

General practitioners can play a critical role in helping to care for people living with metastatic cancer. Patients often move between hospitals and community healthcare providers, and general practitioners can play a critical role in facilitating clear communication around prognosis and goals of care and addressing unmet needs. Being comfortable with reinforcing prognostic discussions that people have with their oncologist is helpful for patients and their carers to make informed decisions around not just their healthcare in general, but also around practical issues such as work and finances. In the event that a patient's prognosis is unclear, proactive enquiry with the oncology treating team can be a way of advocating for patients given priorities in the primary care setting.

For people who are likely to live for many years with metastatic disease, continuing to manage comorbidities (such as heart disease and type 2 diabetes), preventative healthcare measures (such as continuing with screening for other cancers and vaccinations) and pro-active enquiry regarding psychological support is critical.

Vignettes

Consider the range of issues highlighted in the following (hypothetical) vignettes of individuals living with metastatic cancer in the modern treatment era:

Jane Smith: 42 year-old female, diagnosed with recurrent metastatic hormone positive breast cancer. Jane was commenced on first-line ribociclib/letrozole (an oral CDK 4/6 inhibitor and an aromatase inhibitor) 6 months ago. She has stable disease on imaging, but Jane is aware that her cancer may eventually become

resistant to her current treatment. She has persistent peripheral neuropathy from chemotherapy received in the adjuvant setting for early stage breast cancer. Jane comes to see you for help managing anxiety around the time of scans.

Peter Green: 50 year-old gentleman, never smoker, diagnosed with de novo metastatic non-Small Cell Lung Cancer (NSCLC) 2 years ago. Peter was commenced on first-line lorlatinib (an oral targeted therapy indicated for patients with ALK-translocated NSCLC) 2 years ago and achieved an excellent ongoing response. He is tolerating lorlatinib well aside from ongoing hypercholesterolaemia / hyperlipidaemia requiring a statin and monitoring. Peter comes to see you to request a referral to exercise physiology to assist with fatigue and weight gain.

We are keen to work with general practitioners to get the message out about the improved prognosis of people with metastatic cancer and the role that general practitioners can play in their ongoing care. If you'd like to learn more about this, please check out the following resources:

Recent publications

- [“Evolving Landscape of Metastatic Cancer Survivorship-Reconsidering Clinical Care, Policy, and Research Priorities for the Modern Era”](#), Journal Clinical Oncology, 2023
- [“Living with and beyond metastatic non-small cell lung cancer: the survivorship experience for people treated with immunotherapy or targeted therapy”](#), Journal Cancer Survivorship, 2022
- [“The survivorship experience for patients with metastatic melanoma on immune checkpoint and BRAF-MEK inhibitors”](#), Journal Cancer Survivorship, 2019

General Resources on Survivorship

- The Australian Cancer Survivorship Centre, based at Peter MacCallum Cancer Centre has a range of [online resources](#) for healthcare practitioners as well as patients and caregivers.

- “Cancer Survivorship for Primary Care Practitioners” is a 4-week, [online course](#) directed at GPs and other primary health-care providers on survivorship generally. It can be completed at your own pace, and for RACGP credit. The next course runs commence 19th June and 2nd October 2023.