

# Providing Better Care for Patients with Long-Term Incurable Cancer

Antonio Schatz\*

Department of Palliative Care, University of Sydney, Camper down, New South Wales, Australia

## Abstract

A growing proportion of people can no longer be cured but may anticipate having their cancer diagnosis for a long time. In both clinical practise and research, these people with "prolonged incurable cancer" are frequently disregarded. Patients experience issues that are typically addressed from a palliative or survivorship viewpoint, however this may not be sufficient to address the extensive range of physical and mental issues that patients with long-term incurable cancer may experience. Therefore, it is important to deliver components from both domains in harmony to further improve the care paths for these patients. Furthermore, there is an urgent need for improved clinical awareness and additional research to guarantee future high-quality care for this significant patient population.

**Keywords:** Palliative care; Survivorship; Cancer; End-of-life

## Long-Term incurable cancer

There are more individuals who can no longer be treated for their cancer but may nonetheless be expected to survive with the disease for a long time. The time between receiving a non-curative cancer diagnosis and passing away has sharply increased for many solid tumours since the advent of recent therapeutic advancements [1,2]. The five-year survival rate for those with colorectal cancer who have multiple metastases is now close to 14 percent. Immunotherapy is anticipated to greatly improve five-year survival for individuals with a high level of microsatellite instability. The range of available treatments for metastatic breast and prostate cancer is growing, and the three-year survival rate is now close to 50% [3]. This survival duration for many patients is likely to be significantly extended by the expanding use of immunotherapy across the cancer spectrum [2]. The conventional division between patients with curable cancer and those with incurable cancer who receive palliative or end-of-life treatment is no longer adequate as a result of this prolonged survival. Additionally, this group of survivors with "prolonged incurable cancer" is becoming more diverse. Patients who have finished their first therapy for metastatic disease but are still receiving active treatment may be included (e.g., targeted therapy or hormonal therapy for metastatic prostate cancer). Additionally, the group includes individuals with advanced cancer who are no longer receiving treatment but are closely monitored, as well as those with incurable cancers such chronic lymphocytic leukaemia who may not require treatment (until the time comes) [4]. Current oncological guidelines essentially ignore these patients as a category, despite the growing size and heterogeneity of this population. This may be partially caused by the lack of a standardised phrase to describe this group of patients, leading to confusion in the creation of clinical interventions and research programmes. The words "metastatic cancer," "stable or chronic cancer," or "patients in-between" have been suggested in earlier reports [4, 5]. The word "metastatic cancer" does not seem adequate, though, given certain metastases (such as a single metastasis in the liver or stage IV Hodgkin lymphoma) can be cured. More importantly, patients could object to terms like "chronic cancer" or "stable cancer" being used to characterise their condition.

The difficulties these patients encounter are distinctive, and it is crucial to assign a term like "prolonged incurable cancer" to them. In addition to dealing with problems like palliative care, which are common among people who live with incurable diseases, these patients also have to deal with problems that may typically be associated with survivorship [4]. In this perspective, we seek to outline the scope of palliative care and survivability options available to individuals with

advanced, incurable cancer. By concentrating on both the physical and psychosocial realms, we precisely explain which issues these patients may encounter. In addition to outlining crucial topics for future research, we end by offering strategies to improve care pathways for patients with advanced, incurable cancer.

## Definition of Palliative care

The goal of palliative care is to enhance the quality of life for both patients and the people who are caring for them when they are dealing with a life-limiting disease [6]. In order to accomplish this, qualified patients are first identified early on with an emphasis on identifying, preventing, and treating any (possible) medical, psychological, social, or spiritual issues. Numerous studies in recent years have demonstrated how early palliative care can significantly enhance quality of life, lessen anxiety and sadness, lengthen survival, and lower costs while enhancing care near the end of life [7-9]. Numerous tools and/or models have been proposed to aid with early recognition. Even though it has mostly been employed in oncological settings, one of them, the "surprise question," has been well researched across a variety of patient populations [10]. Given that it can effectively identify patients who qualify for palliative care, the question "Would I be surprised if this patient died in the next twelve months?" is being used more frequently [10]. Although they do have a life-limiting condition and potentially benefit from specific components of palliative care, this strategy may ignore the growing number of patients who have been diagnosed and have long-term incurable cancer. Therefore, palliative care should be provided as soon as the diagnosis is made with an emphasis on the physical, psychological, social, and spiritual realms.

Patients with advanced, incurable cancer may have concerns about post-treatment care. Three main components make up survivorship care: preventing recurrences and new malignancies, monitoring and managing the physical and psychological side effects of therapy, and

**\*Corresponding author:** Antonio Schatz, Department of Palliative Care, University of Sydney, Camper down, New South Wales, Australia, E-mail: antonioschatz@rediffmail.com

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caring for general health, including managing chronic conditions and promoting good health and disease prevention. Through a survivorship care plan, for example, such information can be communicated and integrated. Such plans are typically developed after patients have finished curative cancer therapy. However, these difficulties may also be pertinent to and have a detrimental effect on people with advanced, incurable cancer. Next, we briefly discuss the issues that patients with advanced, incurable cancer can encounter from both a palliative and survivorship care standpoint.

Patients with long-term incurable cancer may feel the effects of their disease, such as pain, or they may have concerns about how to treat any future symptoms (e.g., dyspnea close to the end of life). Additionally, they may both experience short-term and persistent side effects of their current therapies (such as hot flashes brought on by continued hormonal therapy) as well as long-term and persistent effects of their previous therapies (such as complications from surgery, neurotoxicity from chemotherapy, and hypothyroidism following thyroiditis brought on by immunotherapy), all of which may have a negative impact on their quality of life. For instance, weariness is listed as a common physical symptom following cancer, but it is still unknown how often this issue affects people with advanced, incurable cancer and whether evidence-based treatments are useful for this group of patients [11].

In comparison to the general population, cancer survivors are known to have greater levels of anxiety and depression. However, it is unknown how much these psychological symptoms affect cancer patients who have advanced incurable disease. After assuming "the patient role" for a while, patients may have trouble establishing a new place in their social connections (such as those with their partners, kids, family, and friends). Returning to work is still a challenge because of the physical impacts of fatigue and cognitive issues as well as the uncertainty surrounding life expectancy and the relative value or attractiveness of keeping a job. But a significant majority of patients find that going back to work is necessary for their financial well-being, which highlights the need of solving this problem. This will be especially important if you have an extended, incurable illness. These existential difficulties may go well beyond societal problems to include general questions about the meaning of life and connected spiritual issues. In addition, those who have long-term incurable cancer may worry about what will happen to their loved ones if their condition worsens and results in deterioration or eventual death.

### Making clinical practice better

It is challenging to make specific advice on how to effectively organise supportive care for this patient population due to the variability of the group of patients with protracted incurable cancer. However, it is evident that the percentage of patients that fall into this category is frequently underestimated and not always promptly or properly diagnosed. As a result, a crucial initial step is raising awareness of this particular population of patients. All treating healthcare professionals are required to recognise which of their patients have advanced, incurable cancer, evaluate their physical and emotional symptoms and

requirements, and manage these patients accordingly. All patients with advanced, incurable cancer should get components of both palliative care and survivorship care.

### Conclusion

Patients with advanced, incurable cancer are dealing with a condition whose prognosis is uncertain. In the years to come, it is probable that both the volume and the heterogeneity of this patient group will rise. However, not all of the issues that this particular patient population faces are well-known or well-studied, therefore efforts should be taken to appropriately identify and address them. The use of concepts from palliative care and survivorship care is beneficial and might be improved. In order to consistently provide this significant patient group with high-quality treatment, clinical awareness must be improved, and more research must be done.

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### Conflict of Interest

The authors declare no conflict of interest.

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