

Optimal care for people affected by cancer

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AUSTRALIA HAS THE HIGHEST per capita rate of cancer. In 2020, an estimated 145,000 Australians were diagnosed with cancer.¹ An estimated 48,000 Australians died from cancer in the same year. However, five-year relative survival has improved from 51% for all cancers combined in 1987–91 to 70% in 2013–17.¹ By international comparison, Australia has among the highest survival rates for many cancer types.² Well over one million Australians have a personal history of cancer ('cancer survivors').³ Over 10% of all Australians aged >60 years and over 23% of those aged >80 years are survivors.

Patients are at the centre of complex treatment pathways, which often involve a combination of surgery, radiation, chemotherapy, hormonal therapy, immunotherapy and targeted therapies. National Optimal Care Pathways describe recommended care for people with cancer from pre-diagnosis through to survivorship and end-of-life care (with specific guides for general practitioners [GPs]).⁴ However, care is often fragmented, and both patients and caregivers have many supportive care needs.⁵ Almost all patients have comorbid illness, which may be undertreated in the cancer setting.

This issue of *Australian Journal of General Practice* describes aspects of modern cancer care and underscores the importance of GPs, and others in the primary and community settings, to achieve optimal whole-person care. The Focus articles emphasise the experiences of people at risk of developing cancer, those living with and beyond cancer, and caregivers, highlighting the practical, emotional and psychological impacts.

Koczwara et al describe how GPs and other primary care providers can support personalised care that is integrated between providers and across different settings.⁶

GPs have an important role in the care of cancer survivors.⁵ Hart et al describe a number of common impacts from cancer and cancer treatments, specifically fear of cancer recurrence, financial toxicity and the impact on relationships, providing guidance on how to respond to these issues.⁷

Nowadays, over 80% of children survive cancer, although treatments are not benign, and survivors live with longstanding consequences.⁸ GPs have many roles including promoting positive health behaviours, supporting surveillance, and assessing and managing mental health.

A proportion of Australians carry increased risk of developing cancer. Forbes Shepherd et al report data from a series of young people with Li-Fraumeni syndrome living with, or at risk of developing, cancer, reflecting on potential lifelong cancer screening.⁹ They highlight the complex psychological situation for these young people and potential roles for the GP.

Family members, friends and colleagues are also impacted by cancer. Ugalde et al describe the challenges for caregivers.¹⁰ With a shift to more care being provided at home, and the greater complexity of care, caregivers take on a growing role in the management of people with cancer. GPs should acknowledge and support caregivers, identify caregivers' needs, and link them with supports.

Each Focus article underscores the essential role of general practice in the care of people at risk of and affected by cancer. Effort needs to be made to most effectively combine expert cancer care with holistic, whole-person care, across the cancer continuum. Clear communication is essential. Cancer specialists should provide guidance and clarify roles and responsibilities of all providers.

Non-government organisations, including cancer charities, patient support and community organisations, are important providers of information and support. More needs to be done to

determine how these resources can be integrated most effectively to achieve best possible, equitable outcomes.

Cancer Australia is currently working to develop a patient-centred Australian Cancer Plan to meet the needs of Australians now and for the next 10 years.¹¹ It is hoped this will further strengthen the vital role of primary care providers in contemporary cancer care.

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