CANCER IN GENERAL PRACTICE

In the past 50 years, huge advances have been made in our knowledge and understanding of cancer, and consequently, in cancer screening, diagnosis and treatment. Once incurable, many cancers can now be successfully treated, especially when discovered early, and the majority of patients will go on to survive the disease¹.

Despite this, there remain gaps within the cancer care system in Australia. The experience of diagnosis, treatment and recovery or eventual palliation – the cancer journey – is one that is fraught with challenges for many patients, with the disease having far-reaching effects on many facets of a patient’s life¹. While Australian cancer patients generally receive excellent treatment with regards to their disease and its symptoms, patients often find that the overall experience of cancer treatment can be fragmented and inconsistent, with a lack of coordination between the various medical professionals involved in the process, as well as a lack of support for the psychological, emotional and social impact of cancer on the patient and their family¹,².

Furthermore, the number of people requiring access to cancer health services is continually rising, as a result of improved survival rates³, as well as a greater incidence of cancer in our aging population³. Both survivors and patients have specific healthcare needs, and as these groups increase in size, the pressure on cancer specialists and services is intensifying, leaving even less time and resources for the holistic care that patients require⁴.

A prospective solution to the increasing demand for cancer services is an expanded role for general practitioners in cancer care. The Australian government has recognised the potential for greater general practitioner involvement in this process, and through Cancer Australia provides several initiatives in order to help these physicians become more engaged in cancer management⁵. This would not only ease the growing burden on cancer services, but may also help to address issues of consistency and comprehensiveness in cancer care⁶.

In this essay, the current role of general practice in cancer care will be discussed, as well as the expansion of this role in the future and benefits thereof. Specific issues in cancer management for rural and remote patients and the Aboriginal and Torres Strait Islander population – both of which are particularly important in the context of Australian cancer care – will also be examined from a general practice perspective.

Expanding the role of the general practitioner in cancer care

The current role of general practitioners in cancer care is often limited, and at times poorly defined⁷,⁸. Initial screening and diagnosis is usually performed by a general practitioner, as is the subsequent referral to specialists⁹. General practitioners are particularly crucial in early diagnoses of patients both through screening and by recognizing signs of cancer in presenting patients¹⁰, with over 80% of cancer patients having initially presented to a
general practitioner\(^6\). They may also be able to play a role in cancer prevention by providing health advice, supporting the removal of high-risk behaviours such as smoking, and encouraging the use of regular cancer screening where this is available\(^1\). However, primary care physicians are not particularly involved in the treatment phase of the cancer journey, and may not see the patient at all during this time\(^6,11\). Furthermore, while some general practitioners play a large role in follow-up and surveillance, others play none at all\(^11\), and only become involved again when patients require palliative care\(^8\).

General practitioners have a unique, often intimate knowledge of their patients, who they may have treated for long periods of time, and may be familiar with their personal situation as well as their medical history\(^12\). They are thus extremely well placed to provide holistic care to the patient and their family during the period of cancer treatment and recovery\(^12\). Addressing the psychological, social, financial and emotional effects of cancer, which are often significant, is an important facet of care, but one that is often left by the wayside as clinicians focus on controlling the disease itself\(^1\). Oncologists are unlikely to have an established, long-term relationship with the patient at the start of initial treatment, or the knowledge of the primary care physician with regards to the patient, and they may also not consider supportive care to be part of their role\(^13\).

The provision of psychosocial support can increase patient satisfaction with their care, as well as making the often-fraught process of recovery or disease progression easier\(^13\). It has been found that the more holistic care patients receive from their primary care provider – addressing both non-medical and medical problems, and providing family support – the higher their quality of life scores\(^14\). As maintaining maximal quality of life is an important part of patient wellbeing, this would suggest that a strengthening of the general practitioner-patient relationship during cancer treatment is invaluable for patients. Furthermore, patients may feel more comfortable talking to their general practitioner about personal issues and other medical problems, and the general practitioner may have knowledge of local, relevant services that are available for the patient as well as being able to provide their own medical care\(^12\). General practitioners are also often best placed to provide support to the families and loved ones of a cancer patient\(^14\), who often experience high levels of stress that frequently goes untreated\(^15\).

The complexities of the cancer care system are confusing and difficult to navigate for many patients. Once in this system, a cancer patient may see several different clinicians as part of their treatment regimen, including radiologists, surgeons, medical oncologists and radiation oncologists\(^13\). This can lead to a rather fractured experience of care, with patients unsure of what exactly is happening and at a loss as to how the system functions\(^16\). It is here that an expanded role of general practitioners would also be of benefit, as they may be able to act as a liaison between the different specialists involved in the patient’s care, as well as to provide further information to the patient regarding both their disease and the process of treatment – essentially acting as a constant base for the patient in an otherwise confusing process. They may also be able to increase self-advocacy for patients in the cancer system,
which is important in ensuring that patients are satisfied with the treatment and care they receive.\(^{12}\)

As the mortality rate of cancer continues to decrease, the concept of survivorship has become an important, evolving part of cancer care.\(^{17}\) Cancer survival is ever increasing, however the quality of life of survivors has not done so at the same pace.\(^{4}\) Issues impacting survivor quality of life include sequelae from the cancer and its treatment, including complications from chemotherapy, radiotherapy or surgery,\(^{7}\) as well as psychological, social and financial issues occurring as a result of the cancer journey.\(^{4}\) Currently, most survivorship care in Australia is performed by cancer specialists, however this could be achieved as a ‘shared-care’ arrangement involving both the general practitioner and the specialist, or be managed solely by the general practitioner.\(^{17}\) Transfer of follow-up care to general practice does not lead to inferior outcomes in patients, with health-related quality of life shown to be comparable to that of specialist care.\(^{18}\) General practitioners are also perhaps in a better position than specialists to provide comprehensive follow-up that addresses all aspects of a patient’s life.\(^{6}\) In addition, general practitioners tend to be much more accessible than specialists,\(^{17}\) and general-practitioner-managed survivorship care has economic benefits to both the patient and the medical system.\(^{19}\)

Expanding the involvement of general practitioners in the process of cancer treatment and recovery clearly has several benefits, however certain measures need to be put into place in order to maximize the efficacy of this proposal and ensure that patients continue to receive the best possible care. Adequate education and training of current and future general practitioners in oncology would give these physicians the confidence to take on a larger role in cancer management – it has been found that many general practitioners desire to be more involved in this process, however are unsure of whether they have the skills and experience to do so.\(^{7}\) Increased support for general practitioners who do take on an increased role, such as improved access to specialists when needed, would also help in this regard.\(^{4}\) Another important consideration is clearly defining the roles of general practitioners and specialists in cancer care, which will greatly improve efficacy for both physicians and patients and avoid overlap and confusion.\(^{1,2}\) Finally, improved communication between all members of a cancer care team will help to better coordinate care as well as allow each treating physician to access the information he or she needs to provide the best possible care.\(^{2,4,6}\)

**Cancer in rural and remote general practice**

Providing comprehensive, quality cancer care to rural and remote patients is of particular importance. It has been found that rural cancer patients have an increased risk of dying within 5 years of diagnosis of up to 35% compared to their urban counterparts.\(^{20}\) As 30% of the Australian population lives in rural or remote regions,\(^{21}\) this indicates that a significant proportion of the population is receiving sub-optimal cancer care. Rural and remote patients tend to be diagnosed later than metropolitan patients, which is a major factor in their
increased mortality rate\textsuperscript{20,22}. Limited access to healthcare is a chief contributor to this – distance may mean that remote patients only consult a doctor once health problems have become significant\textsuperscript{22}. Furthermore, investigations such scans and pathology tests often take much longer than they would in a metropolitan context\textsuperscript{22}. Due to a lack of resources and suitably qualified and experienced providers, rural and remote patients may also be under-treated compared to metropolitan patients, which can again impact outcomes\textsuperscript{23}.

Increased accessibility to health care in rural and remote areas would clearly help to improve outcomes for these patients, however this is not always feasible. It has been found that many rural and remote general practitioners take on a more active role in cancer care than those working in regional or capital cities, in coordinating care, advocating for patients, ensuring prompt treatment, completing workups and in some cases, administering treatment\textsuperscript{24}. This is often done as a course of necessity, due to the dearth of specialists and tertiary care centres in rural areas\textsuperscript{4}. However, the extent of involvement varies greatly between individual general practitioners\textsuperscript{25}, and some have no contact with their patients once they enter under the care of a specialist\textsuperscript{12}. Non-metropolitan general practitioners may also feel particularly isolated from the cancer care system\textsuperscript{13}. As such, a clearer definition of the role of rural and remote general practitioners in cancer situations, as well as support for increased involvement, the provision of training and education, and enhanced links with cancer care centres, would be beneficial to both cancer patients and their primary care providers\textsuperscript{26}.

Cancer care in the Indigenous population

Cancer care in the Aboriginal and Torres Strait Islander population is also an area of major concern. Indigenous people have a cancer mortality rate 1.6 times higher than that of the general population\textsuperscript{27}, with the mortality rates of certain cancers, including oesophageal, kidney and cervical cancers, being over three times higher than in non-Indigenous patients\textsuperscript{28}. The past 25 years has seen an overall reduction in cancer mortality in Australia of 30\%, however the mortality rate in the indigenous population remains essentially unchanged\textsuperscript{29}. There are a number of factors that contribute to this discrepancy. Cancer incidence amongst the Indigenous population is different to that of the non-Indigenous population, with a higher rate of high-mortality cancers and a lower rate of some easily-treatable cancers\textsuperscript{30,31}. Indigenous patients also tend to underutilize screening programs, be diagnosed at later stages, have more comorbidities and receive poorer treatment\textsuperscript{30}. The tendency of Aboriginal and Torres Strait Islander people to live in remote areas, as well as the overall lower socioeconomic status of these groups when compared to the general population, also plays a role\textsuperscript{30}.

One major barrier for Indigenous patients in accessing the full system of cancer care is a lack of effective communication and cultural understanding between patients and health care providers\textsuperscript{32}. It has been found that Indigenous patients often perceive medical practitioners as lacking in compassion and empathy, and find that clinicians often do not provide them
with adequate or comprehensible information on their illness and treatment. Furthermore, navigating the various facets of the medical system involved in cancer care is particularly daunting for Indigenous patients, especially those from remote communities. A greater involvement of general practitioners throughout the cancer journey may help in providing a better experience for these patients, who value ongoing personal relationships and continuity of care. General practitioners, as the first port of call for health issues, may be able to identify patients at risk of cancer, and encourage regular screening among their patients. They are also well positioned to provide clear, comprehensive information to Indigenous cancer patients regarding their disease and what is to be expected during the treatment process, as well as to provide ongoing holistic support. General practitioners may also be able to advocate for services for Indigenous patients and address gaps in communication between patients and specialists.

Looking to the future

Given that the proportion of the population affected by cancer will continue to increase in the future, knowledge and skills in the area of cancer care are crucial for not only current practitioners but also medical students, regardless of which specialty they intend on pursuing. It is important that future clinicians deepen their knowledge and understanding of the disease, its impact on patients, and strategies in effective management. Cancer patients often have a range of secondary complications, and it is likely that physicians in many different fields will at some point become involved in caring for patients with cancer. Given how important holistic, coordinated care is to these patients, having an understanding of the challenges involved in treating cancer and how to overcome these will greatly help physicians of the future, and particularly generalists, to provide the care their patients desire and which will lead to the best outcomes.

Over the past several years, cancer treatments have become more effective, screening processes have become more sensitive, and our knowledge of the pathogenesis of cancer continues to deepen. However, there is scope for the continued development of integrated, holistic care, whose importance is becoming more and more recognised. This, together with the rising prevalence and incidence of cancer, will see general practitioners having an increased involvement in cancer care in the future. Improving the diagnosis and treatment of rural and Indigenous cancer patients is also an area of priority given the inferior outcomes in these groups. Ensuring that the medical, psychological, social, and emotional needs of all cancer patients are met, through the provision of coordinated, cohesive care, will help to make the trajectory of cancer care as smooth a journey as it can possibly be, and it would appear that a greater inclusion and involvement of primary care practitioners in the care process will have a significant beneficial impact in this regard.
References

10. Campbell NC, MacLeod U, Weller D. Primary care oncology: essential if high quality cancer care is to be achieved for all. Fam Pract. 2002; 19:577-8