



# Palliative and Survivorship Care for Prolonged Incurable Cancer in Adults

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## DESCRIPTION

A group of diseases collectively referred to as cancer are characterized by aberrant cell development and the capacity to infiltrate or spread to different body regions. They stand in contrast to benign tumours, which remain stationary. A lump, irregular bleeding, a persistent cough, unexplained weight loss, and a change in bowel habits are all possible warning signs and symptoms. Some signs of cancer may be present, but there may be other causes as well. Humans are susceptible to over 100 different malignancies. There are more patients who can no longer be treated but may still be anticipated to live with their cancer diagnosis for a sizable amount of time. The five-year survival rate for patients with colorectal cancer with numerous metastases is presently reaching 14 percent. Immunotherapy is likely to dramatically improve five-year survival in patients with a high degree of microsatellite instability.

Treatment options for metastatic breast and prostate cancer are also expanding, and the three-year survival rate is already approaching 50%. The rising use of immunotherapy throughout the cancer spectrum is projected to extend this survival span even more for a large number of patients. Due to this increased survival, it is no longer appropriate to distinguish between patients with curable cancer and those who get palliative or end-of-life treatment. Furthermore, the diversity of this group of survivors with "prolonged incurable cancer" is growing. It may include patients who have finished initial therapy for metastatic disease but are still receiving ongoing treatment (e.g., targeted therapy or hormonal therapy for metastatic prostate cancer). Furthermore, the category includes patients with advanced cancer are no longer receiving medication and are being closely monitored, as well as individuals with incurable cancers such as chronic lymphocytic leukemia who may not require treatment. Despite their growing size and diversity, these patients have been largely neglected as a group in current oncological guidelines. This could be attributed in part to a lack of a clear term to refer to this group of patients, causing difficulty in the establishment of treatment programmes and research interventions. However, because some metastases (for example, a solitary metastasis in the

the liver or stage IV Hodgkin lymphoma) can be treated curatively, the term metastatic cancer does not appear to be adequate.

Attributing a term like "prolonged incurable cancer" is important because the problems these patients face are unique: they face problems associated with living with an incurable disease (e.g., palliative care), but they also face issues that may traditionally be associated with survivorship due to their prolonged survival. Palliative care is described as a method aimed at improving the quality of life of patients and carers facing a life-limiting illness. This is accomplished primarily through the early identification of eligible patients, as well as the detection, prevention, and treatment of medical, psychological, social, or spiritual problems. A growing body of research suggests that early palliative care can successfully improve quality of life, reduce anxiety and depression, prolong survival, and lower the cost of treatment while enhancing its quality near the end of life.

Several tools and/or models have been proposed to aid in early recognition. This strategy, however, may neglect the growing number of patients diagnosed and living with long-term incurable cancer, despite the fact that they have a life-limiting condition and could benefit from specific features of palliative treatment.

Palliative care, which includes symptom treatment with a focus on the physical, psychological, social, and spiritual domains, should thus be provided as soon as a diagnosis is made. Patients with long-term incurable cancer may have questions about survivorship care. Survivorship care is comprised of three main components: prevention and surveillance for recurrences and new cancers; surveillance and management of physical and psychosocial long-term treatment effects; and care for general health, which includes chronic disease management, health promotion, and disease prevention. A survivorship care plan is one method for communicating and integrating such information. Historically, such plans are developed after patients have completed curative cancer therapy. Nonetheless, these difficulties may become relevant and have a negative impact on the quality of life of patients with long-term incurable cancer.

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