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Citation for published version:

Weller, D & Mercer, SW 2020, 'Multimorbidity in cancer patients: the 'new normal'', *Journal of Clinical Oncology*. <https://doi.org/10.1016/j.clon.2020.06.007>

Digital Object Identifier (DOI):

[10.1016/j.clon.2020.06.007](https://doi.org/10.1016/j.clon.2020.06.007)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Publisher's PDF, also known as Version of record

Published In:

Journal of Clinical Oncology

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Contents lists available at [ScienceDirect](#)

Clinical Oncology

journal homepage: www.clinicaloncologyonline.net

Editorial

Multimorbidity in Cancer Patients: the 'New Normal'

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Cancer care is changing; cancer patients are becoming older and most patients will have one or more comorbidities. In high-income countries, the population of cancer survivors is growing at a rate of about 2% per year, and the coexistence of several chronic diseases is increasing dramatically [1]. 'Multimorbidity' is a broad term used to describe the existence of two or more chronic conditions within an individual patient, which can include mental as well as physical conditions, ongoing conditions such as learning disability, symptom complexes such as frailty or chronic pain, sensory impairment such as sight or hearing loss, and alcohol and substance misuse [2]. In cancer patients, multimorbidity is associated with higher rates of mortality and disability; lower functional status and adverse drug events can also compromise patient outcomes [3]. There is only a modest evidence base for managing cancer in the presence of multimorbidity – and there are very few clinical practice guidelines to assist in developing rational approaches to care for these complex patients [4]. Multimorbidity can affect all stages of the cancer journey, from prevention through early detection and end of life care.

The impact of multimorbidity on treatments can be profound and adds complexity to cancer survivorship planning. Treatments for multimorbid patients have less certain effects because patients with conditions in addition to cancer (which includes many older people) have generally been excluded from oncology trials [5]. Multimorbidity also complicates decisions about when to end active treatments for cancer patients and issues such as estimating prognosis and treatment efficacy are more complex.

Multimorbidity can also affect screening and early

conditions, leading to delayed diagnosis and cancers that are more advanced at the time of presentation [7].

Although generalists (such as general practitioners) have expertise in managing patients with multimorbidity, their potential in effecting comprehensive cancer care is often not realised. Integrated models of care where their expert generalist role could be fully utilised are yet to be developed, although this concept is slowly gaining traction in high-income countries [8].

Multimorbidity is now a key global issue, and research is increasing exponentially, as governments and health care systems realise the scale and burden of multimorbidity as populations age [9]. Multimorbidity not only contributes to frailty, but also widens health inequalities in those of working age, and has profound implications for the way care systems are organised, and researched [10]. Research focusing on cancers in isolation, without taking into account the effect of other long-term conditions, is fast becoming inadequate, particularly as multimorbidity is now so common. Conditions such as chronic obstructive pulmonary disease, cardiovascular disease, stroke and metabolic syndrome are especially common and debilitating, and management approaches need to be holistic, addressing not only multiple medical problems at once but also the emotional and social issues that cancer patients face. Care plans should optimally encompass the range of the patient's morbidities – while taking account of patient preferences and expectations. Initiatives such as standardised multimorbidity measurement in treating cancer patients [11], addressing rigid trial eligibility criteria, and the development of complex interventions to improve quality as well as quantity of life are much needed in order to produce more

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Please cite this article as: Weller D, Mercer SW, Multimorbidity in Cancer Patients: the 'New Normal', *Clinical Oncology*, <https://doi.org/10.1016/j.clon.2020.06.007>