

Letters to the editor

Cancer survivors: surveillance or not surveillance?

We read with great interest the Editorial entitled ‘Revisiting surveillance schemes for cancer survivors’ published in your journal [1]. The authors reported their interesting point of view about the unresolved issue of the surveillance value in many patients surviving to cancer. We agree with the authors that ‘due to the population growth, increasing longevity and improved cancer prognosis’ the prevalence of cancer survivors will substantially increase in the near future, with obvious sustainability issues [1]. However, if on the one hand we stress that some recommended surveillance policies are not evidence based, on the other hand, we must recognize that about 50% of cancer survivors suffers from late treatment-related side-effects [2]. The main concerns regard physical, psychosocial, cognitive and sexual abnormalities and, not least, the increased risk of either late primary recurrence or development of new malignancies [2]. Moreover, some treatment-related side-effects are chronic, severe and even life threatening. Besides, we must also take into account that the cancer survivors are a heterogeneous population both in terms of age and complexity of their intrinsic problems (e.g. genetics). For example, over 70% of children affected by cancer, if cured, survive more than 10 years, and about two-thirds of cancer survivors are adults often older than 65 years [2]. Other problems of the survivors may be represented by the lack of adequate health advice, increased unemployment rate and discrimination in the workplace [2]. Thus, we think that it is very important to offer these persons a highly specialized continuity of care. Therefore, we do considering a ‘bilateral communication 24 h per day by mobile device between patients and Health Care providers’ in addition to ‘face-to-face meetings’ or an ‘on-demand access to a network of specialized health care providers, (e.g. specialized nurses)’ not sufficient to cover their needs [1]. Further perplexity regarding these proposals arises from its applicability given the diversity of Health Systems models and the legal and practical implications of these strategies in various countries.

At last, we agree with the authors that ‘rigid surveillance schemes for cancer survivors should be reconsidered’ based on

the specific and heterogeneous needs of cancer survivors. Indeed, as previously suggested by Simonelli et al. [3] we think that ‘a centralization’ of these persons ‘living with cancer’ [3] in dedicated structures such as ‘specific clinics devoted to cancer survivors offering integrated research and programs of rehabilitation could overcome the problems related to the difficulties to contact survivors outside their usually infrequent visit in the traditional cancer hospital and it will guarantee a correct clinical research approach’ [3]. In this way, a desired betterment in the appropriateness of the provided services will allow an improvement of the efficient allocation of resources with consequent benefits in terms of both health and economy.

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Reply to the letter to the editor ‘Cancer survivors: surveillance or not surveillance?’ by Santeufemia and Miolo

We thank Dr Santeufemia and Dr Miolo for their thoughtful comments [1]. We further conclude that no major disagreement exists between them and us, but that some aspects of our proposal might deserve a more articulate description. In particular, we

believe that abandoning rigid, non-evidence-based surveillance schemes—that may indeed cause more harm than good—would liberate enormous resources for individualized prevention, monitoring the myriad of challenges cancer survivors may face [2], and management of both early and late side-effects due to diagnostic stigma and treatment-related side-effects. To achieve these goals, we believe that modern communication tools should be