Managing the Fruits of Our Success

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This week, I spent some time reading the IOM report, “Delivering High-Quality Cancer Care” published last fall. If you haven’t seen it, you should. It’s a good read. And it resonates well with the mission of NCCN.

The second chapter, actually, is pretty riveting. In it, the authors lay out the landscape of cancer care. We all know that death rates from the major cancer killers (lung, breast, prostate, and colorectal cancers) are dropping dramatically. In fact, we should be crowing about this, as it represents the fruits of research labor in prevention (tobacco control), early detection (especially in colorectal cancer), and treatment (especially in breast cancer). Death rates can drop for 2 primary reasons: more true cures and longer survival with disease. Both are happening.

On top of that good news, our population is living to older ages because of healthier lifestyles and decreases in other causes of mortality. So the size of the United States population older than 65 years is growing. A lot! Some experts estimate that, by 2030, 1 in 5 people will be over 65 years, and within that group, about 30% will be 80 years or older.

So far, this sounds pretty good: a healthier older population with less chance of dying of cancer. What’s the problem? Of course, one of the gifts of aging is a greater chance of acquiring cancer. So we might expect to see a higher incidence of some cancers, and though we might be able to manage some of these cancers well, we need to include the management of cancer survivors (living with cancer or past cancer) in the algorithm. In 2012, there were approximately 14 million cancer survivors in the United States. Projections show a steady increase of about 2 million every 5 years. That’s a lot of folks with special needs.

So we have an older population, lots of cancers to manage, and a growing cohort of cancer survivors. Who is going to take care of them? The IOM report devotes Chapter 4 to the looming workforce crisis. If you don’t belong to an HMO and have access to oncology services. J Oncol Pract 2007;3:79–86.

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