

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”¹ 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 recently tried to find a primary care physician who is accepting patients, you’ll know there’s already a problem. We aren’t training any more physicians, so the pipeline is steady while the need increases. In addition, more physicians are retiring and those still in the workforce are working less. A study done by ASCO suggests that there will be a shortage of up to 4080 oncologists by 2020, with similar shortages among other professionals involved in providing cancer care.² It’s easy to suggest training more people, but we need resources and appropriate incentives, including financial compensation, to encourage young people to embark on these careers.

So, in a nutshell, we have some work to do. Our success in cancer management created these problems, so we need to solve them. Next month, I’ll explore some solutions outlined in the IOM report. And send me your ideas too. It’s time to roll up our sleeves and get involved in the process. After all, we’re not getting any younger.

References

1. Levit LA, Balogh EP, Nass SJ, Ganz PA, eds. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*. Washington, DC: National Academies Press; 2014.
2. Erikson C, Salsberg E, Forte G, et al. Future supply and demand for oncologists: challenges to assuring access to oncology services. *J Oncol Pract* 2007;3:79–86.

What do you think? Please e-mail correspondence (include contact information if you would like your comments considered for publication) to JNCCN@nccn.org or mail to *JNCCN*, 275 Commerce Drive, Suite 300, Fort Washington, PA 19034.



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Dr. Tempero has served on the ASCO Board of Directors and as ASCO President. She co-directed the AACR/ASCO Methods in Clinical Cancer Research and taught this course and similar courses in Europe and Australia. She was founding Chair of the NCI Clinical Oncology Study Section (CONC) and served as a member and chair of the NCI Board of Scientific Counselors Subcommittee A. She is on the External Advisory Boards of the Pancreas SPORs at Mayo Clinic and at UAB/Minnesota and the GI SPOR at the University of Arizona. She is, or has been, on the Scientific Advisory Boards of the Lustgarten Foundation, the Pancreatic Cancer Action Network, the V Foundation, The Alberta Canada Cancer Board, and the EORTC. She served as a member of the Oncology Drug Advisory Committee for the FDA. She has served as Deputy Director and Interim Director for the UNMC Eppley Cancer Center. She is Chief Emeritus of the Division of Medical Oncology at UCSF and served as Deputy Director and Director of Research Programs at the UCSF Helen Diller Family Comprehensive Cancer Center.

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