

Supportive care studies presented at [ESMO Congress 2021](#) highlight the urgent need for survivors to get more support to tackle long-term symptoms and for doctors and patients to get up to date information in a fast-changing oncology landscape. The need for clinicians to do their utmost to avoid cancer patients discontinuing treatment after Covid-19 is also flagged.

Wake-up call to support cancer survivors

Significant proportions of cancer survivors suffer from burdensome symptoms for several years and are dissatisfied with the help received, reports the FiX study ([abstract 16690_PR](#)).

Although great advances have been made for cancer treatment, research into the care of long-term survivors has been lacking. Martina Schmidt (German Cancer Research Centre, Heidelberg) and colleagues undertook a survey of long-term symptoms in cancer survivors and how they rated the support offered.

The FiX study enrolled 2,508 patients from the German Epidemiological Cancer Registry, around two years after diagnosis. A follow-up survey, conducted between December 2020 and April 2021, asked patients to rate the burden on their lives posed by a list of 36 potential long-term problems (or late effects), with options for each including no/little/moderate, significant, and extreme burden. Respondents were also asked to rate the level of support offered for each problem according to whether it was good/moderate/ or poor.

Results showed that the most frequently reported problems rated as being of at least moderate burden were: loss of physical capacity (40.7%), fatigue (38.5%), sleep problems (36.5%), sexual problems (35.4%), arthralgia (33.4%), anxiety (33.2%), and neuropathy (28.9%).

Responding to the question about levels of support, 44% rated it as poor for sexual problems, 37.7% poor for fatigue, 35.9% poor for neuropathy, 35.3% poor for cognitive problems, 34.7% poor for weight gain, and 33.7% poor for hot flashes/night sweats.

Referring to the fatigue finding, Schmidt said, “Despite increasing awareness of the effectiveness of mitigating measures like exercise to reduce fatigue, patients are still too often left alone to seek help for symptoms that cannot be directly addressed with medicines in the same way as something like pain, for which satisfaction with the support received was high in our study.”

Commenting on the results, Dorothy Keefe (CEO of Australia’s national cancer agency and chair of the ESMO Congress supportive and palliative track) said, “This research shows that a staggeringly high number of patients still suffer from significant health issues years after being declared disease free. Their dissatisfaction with the care available is a wake-up call that we should be paying more attention to these individuals, trying to understand the mechanisms at play in order to identify interventions that could help them to better recover.”

Patients and doctors need up-to-date information around cancer

Two surveys presented at ESMO demonstrated how rapid developments in oncology are making it difficult for both doctors and patients to keep abreast of change.

For [abstract 1723P_PR](#), Coletha Murphy (Cork University, Ireland) and colleagues conducted a survey to assess knowledge of current prognoses for different cancers among doctors working in Ireland, including 301 non-oncology physicians (nonONCs) and 46 medical and radiation oncologists (ONCs).

Participants were asked to estimate five-year survivals for 12 common cancers across all disease stages, as well as for six clinical scenarios. Answers were compared with survival data from the National Cancer Registry of Ireland.

Results showed, overall, ONCs estimate survival correctly in four of 12 cancers and nonONCs in two of 12 cancers. Additionally, the study showed:

- Both ONCs and nonONCs underestimate survival for prostate cancer and melanoma; while nonONCs underestimate survival for breast cancer, Hodgkin's lymphoma and renal cancer.
- Both ONCs and nonONCs overestimate survival for colorectal, lung, liver, gastric and pancreatic cancers.
- For clinical scenarios, both groups underestimate survival for stage 3 colorectal cancer, stage 3 prostate cancer and stage 1 breast cancer, with significantly more pessimistic estimates by nonONCs ($P < 0.005$ in each case).
- Survival estimates did not differ significantly between groups for lung cancer (stage 1 and stage 4), while nonONCs underestimated survival of stage 4 breast cancer ($P < 0.005$).

"Education of both oncology and non-oncology doctors is required to ensure patients are being counselled appropriately regarding prognosis," concluded the authors. Results, they added, demonstrate survival estimates are inaccurate even for defined stages of common malignancies, such as breast, colorectal and prostate cancers.

To avoid presenting patients with unduly bleak expectations, Murphy recommended that all physicians who routinely interact with cancer patients should familiarise themselves with the latest statistics and trends in prognosis. "These patients must be spared the traumatic effects of being handed a death sentence that no longer reflects the current reality," he argued.

For [abstract 1510MO_PR](#), CAREAcross, a multilingual platform providing personalised education for cancer patients, surveyed 5,589 members in UK, France, Italy, Spain and Germany about their knowledge regarding immunotherapy (including mechanisms of action, efficacy, side-effects and cost).

When asked to select an explanation around how immunotherapy works, 52% of respondents with breast, 50% with lung, 56% with prostate and 61% with colorectal cancers answered 'don't know'. More than half of respondents believed immunotherapy starts working immediately, with only one in five correctly stating treatment takes several weeks to become effective.

Among lung cancer patients, those receiving immunotherapy (241 of 1,131) achieved up to twice the number of correct answers compared with lung cancer patients not on immunotherapy.

Study author Paris Kosmidis (Chief Medical Officer of CAREAcross), commented, "It's essential for these individuals to be well-informed [about immunotherapy] because it is too often mistaken for a miracle cure – and the more they know about it, the better the communication with their medical team and thus the better their outcomes are likely to be."

Commenting on the study, Marco Donia (University of Copenhagen, Denmark) felt it would also be valuable to survey patients' knowledge of side effects. "This is important because well-informed patients who know what to expect can do 90% of the job of preventing side-effects from becoming severe by having them treated early," he said.

Effects of Covid-19 on cancer patient survival

Long term consequences of Covid-19 affect 15% of cancer patients. The UK study ([abstract 15600_PR](#)) found the survival of cancer patients suffering long Covid was adversely influenced by discontinuation of cancer treatment but not by therapy adjustment.

Persistent ill health after acute Covid-19, known as long Covid, concerns medical oncologists, as there are many unanswered questions in relation to its impact on prognosis and cancer care.

Based on data collected between February 2020 and February 2021 from the [OnCovid](#) registry, which gathers data on Covid-19 in cancer patients, researchers examined clinical outcomes for 1,557 cancer patients from 35 European institutions who survived initial Covid-19.

Results show that 234 (15%) reported sequelae including respiratory symptoms (49.6%), fatigue (41%), and cognitive/psychological dysfunction (4.3%). The study found persisting Covid-19 sequelae to be more common in males ($P=0.0407$), those aged ≥ 65 years ($P=0.0489$), those with ≥ 2 comorbidities ($P=0.0006$) and those with positive smoking histories ($P=0.0004$).

With a median post-Covid-19 follow-up of 128 days, multivariable analysis revealed Covid-19 sequelae increase risk of death by 76%, after adjusting for sex, age, comorbidities, tumour characteristics, anticancer therapy and Covid-19 severity. Out of 473 patients on systemic anticancer therapy at the time of Covid-19 diagnosis, 13.1% permanently discontinued therapy and 15.8% underwent therapy adjustments. Multivariable analyses revealed permanent discontinuation was associated with a four-fold increased risk of death, whereas adjustment did not adversely affect survival.

Therapy adjustments should be pursued to preserve oncological outcomes in patients who remain eligible for treatment, conclude the authors. "The fact that the cancer patients who most frequently suffered sequelae were those who survived severe forms of the disease leads us to imagine the beneficial effects that Covid-19 vaccination campaigns will have on these aspects," said study author Alessio Cortellini (Imperial College London).