

SUPPORTIVE CARE IN CANCER THERAPY

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SUPPORTIVE CARE IN CANCER THERAPY

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Dedication

To my wife Phyllis, whose love, understanding, guidance, and support has made me a better person and physician

Foreword

Patients with cancer, in general, are living longer. Even those with advanced, metastatic disease have shown an increase in the length of their survival. For many, cancer has become a “chronic” disease. This, in part, is due to better therapies, novel treatments, and the multimodality approaches to treating many cancers.

Supportive care of the cancer patient begins with the diagnosis of cancer and terminates with the end of life. The support given to the cancer patient is along a continuum of care whether or not the individual is actively being treated for the malignancy. The supportive care is for symptoms related to the cancer and/or its treatment; physical, psychosocial, and emotional issues associated with the cancer; and, finally, end-of-life decisions. In addition to the cancer patient, supportive care is also provided to family and caregivers of the patient.

As the population ages, cancer has become more prevalent. This book gives special consideration to older patients with cancer because of issues related to their frailty and comorbidities and the effect of these issues on treatment. Reflecting recognition of these needs, there is now an entire discipline called Geriatric Oncology.

In this volume, *Supportive Care in Cancer Therapy*, a part of the “Cancer Drug Discovery and Development” series, the contributors provide an up-to-date, concise review of specific consequences of cancer and its treatment. The chapters will allow the reader to better understand the sequelae associated with all aspects of cancer and how to treat them in order to achieve control of symptoms and provide psychosocial care to improve the quality of life of the cancer patient. In addition, the reader will gain information on the care of the older patient as well as the dying patient.

Chapters 1–6 (1 – Dyspnea, 2 – Skeletal Metastases, 3 – Cancer Pain, 4 – Anorexia and Cachexia, 5 – Fatigue, and 6 – Deep Vein Thrombophlebitis and Clotting Problems) deal with usual consequences of the cancer itself; in addition, the subjects addressed in Chapters 4–6 could also be associated with cancer therapy. Chapter 7 (Depression) is a common problem once the diagnosis of cancer is made. The problems discussed in Chapters 8–13 (8 – Anemia, 9 – Myeloid Growth Factors, 10 – Nausea and Vomiting, 11 – Oral Mucositis, 12 – Constipation and Diarrhea, and 13 – Menopausal Symptoms) for the most part are a consequence of treatment of cancer. Chapter 14, which deals with treating Elderly Patients with Cancer, has great significance as cancer in the older patient becomes more prevalent and older patients are considering the therapeutic options available to them. Chapter 15 (Complementary and Alternative Medicine) discusses therapies that more and more cancer patients want or about which they are seeking information. Chapter 16, the final chapter, deals with End-of-Life Decisions. As many cancers are or become advanced and terminal, this chapter provides the reader with a

useful and thoughtful approach to dealing with patients, families, and caregivers when such decisions have to be made.

The contributors to this volume provide the reader with a clearly stated and understandable, practical review of issues relating to supportive care of the cancer patient. It is hoped that this book will assist those individuals whose challenge and privilege it is to care for the cancer patient to better understand all of the consequences of cancer and its treatment as well as how to apply this information to the treatment of their patients.

Baltimore, MA

David S. Ettinger, MD

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