

Editorial

Cancer Survivorship: Opportunities and Considerations In Light of Both the Gains in Screening and Treatment and the Rapid Inclusion of Technology

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With over 28.7 million people worldwide considered cancer survivors [1] there are a great number of people who could benefit from work done in behavioral oncology. As one is considered a cancer survivor from the point of diagnosis through the end of life, there are many relevant time points and topics of care, such as, making decisions regarding treatment, coping with treatment, living life following treatment, and palliative care.

From the point in time following treatment through the end of life, many aspects of more traditional public health or prevention efforts are relevant (such as promoting healthy eating and exercise), although impacting these sorts of things following cancer requires of considerations that might sometimes be overlooked. How does both primary treatment, such as surgery, chemotherapy, and radiation, in addition to things like hormone treatment impact how one can exercise following treatment? Does one's body physiologically respond differently to nutrition and exercise following treatments such as chemotherapy and hormone therapy? If so, how should interventions be designed to more specifically take this into consideration? In addition to these physical aspects of the impact of diet and exercise on the individual post treatment, there are also questions regarding the perceived relevance of diet and exercise for cancer survivors, from the point of view of the survivor. Understanding how the experience of cancer might impact this perception is crucial in knowing more about implementing interventions targeted at improving primary health behaviors. This will likely be an expanding field and examining the details regarding how more typical primary health behaviors need to be considered within the context of survivorship is crucial if we are to design trials that have the best chance of making the most difference in the lives of cancer survivors.

The way in which technology will further impact cancer survivorship is not entirely clear, although it will inevitably play an increasing role. While technology certainly has had a beneficial effect in terms cancer screening and treatment, in addition to impacts of

medical follow-up care and survivorship care planning through online medical records, it has also been used to create and disseminate interventions for both physical and psychosocial side-effects or impacts of cancer. Following diagnosis and treatment for cancer has frequently been found to be a time of interest for cancer survivors in making positive changes to their physical and psychological health [2]. While many researchers and clinicians have found this as a useful point of entry, keeping in mind the ways in which the experience of cancer might impact fundamental areas of behavioral change, such as diet and exercise. The experience of cancer can often times impact a range of important aspects of our livelihood, such as our connections to people in our social support network and the way in which we view our body. While these potential changes can often lead to benefits often times described as post-traumatic growth [3], they should nonetheless be considered and inform the ways in which interventions are designed. In the case of the impact of cancer on existing relationships, including avenues in interventions for cancer survivors to discuss both these impacts as well as have the opportunity to connect with others who have experienced cancer is crucial, and should not be overlooked. Finding ways to include a peer-to-peer connecting/social networking component might play a more central role here than in behavioral interventions for other populations.

In addition to thinking about the ways in which interventions are more or less relevant for cancer survivors, another way in which translation needs consideration is in regards to using existing interventions in an online delivery method. Engaging at a computer versus with a therapist and perhaps group members is quite different and worth both consideration and examination. There are a number of questions that can come to mind. We might imagine that as a participant there might be differing expectations a participant places on both themselves and the intervention if it is conducted in an online versus face-to-face fashion. It could be that participants expect to commit less time to an intervention that is being conducted online. If this is the case, as researchers and clinicians, how should this impact the ways in which we design these sorts of trials and the expectations that we have for participants? Are there ways in which we process information differently when looking at a screen versus at a person, or perhaps even reading over material on our own? Work in the field of education could likely lend itself to the area of eHealth for cancer survivors. With technology playing a pivotal role in much of our everyday lives and carrying with it huge utility, it makes sense that it will continue to be incorporated into many aspects of the cancer survivorship experience. It is up to all of us to think of the best use for technology and to also think of how the cancer experience warrants unique considerations.

References

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