

Cancer survivors can soon have check-ups nearer home

Move to ease load at national cancer centres will see polyclinics, GPs doing follow-up care

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Cancer survivors can soon opt to go to their family doctor or polyclinics for follow-up care, as part of a move to ease the load at Singapore's two national cancer centres.

The move will also cut their travel and other waiting time involved in follow-up checks.

For a start, the National University Cancer Institute, Singapore (NCIS) will send breast and colorectal cancer survivors to selected GPs in the National University Health System primary care network, Keat Hong and Frontier Family Medicine Clinics and six polyclinics under the National University Polyclinics for routine cancer care.

The National Cancer Centre Singapore (NCCS) is planning to have primary care providers, such as GPs, take over the care of breast cancer patients who have been surviving for five years or more after treatment has stopped.

NCIS told The Sunday Times it will start the move by next month while NCCS has yet to finalise a date. "We know NCCS cannot and should not undertake the care of long-term survivors alone," said Dr Alethea Yee, head of its division of supportive and palliative care, adding that NCIS is also working with community agencies like the Singapore Cancer Society.

Cancer is the No. 1 killer in Singapore, with 64,341 new cases discovered between 2011 and 2015. During this period, 26,661 people died from cancer.

But medical advances have raised the rate of survival. A study on cancer survival here found the proportion of men who survive a cancer diagnosis by at least five years has more than tripled, from 13.2 per cent from 1973 to 1977, to 48.5 per cent from 2008 to 2012.

For women, the corresponding figure has more than doubled, from 28 per cent to 57.1 per cent.

The surge in survivor numbers shows cancer is treatable, and not an death sentence, said doctors.

Dr Chan Ching Wan, senior consultant at NCIS' division of surgical oncology (breast surgery), said: "In the future, it may well be treated like a chronic condition once the acute phase of treatment is over. This is why engagement of primary care physicians for the future care of cancer patients is important."

Already, some chronic conditions, such as cardiovascular disease, diabetes, stroke and dementia, are being managed by GPs, polyclinics and other primary care providers.

But the move has been at a glacial pace for cancer patients because they worry whether their GPs can do the job, said doctors.

One of their main concerns is whether they will have swift access to their oncologist should their cancer recur, said Professor Chng Wee Joo, director of NCIS.

"Another question is whether GPs are adequately trained to identify signs of relapse."

To address such concerns, NCIS will train and accredit the GPs and establish a fast-track referral system back to the oncologist. This will benefit both patients and the healthcare system, said Prof Chng.

It will free up hospital slots for new patients and those with more complex needs, reduce the time spent by patients going for their regular check-ups, and ensure closer follow-up care by their GPs.

NCIS said the move for cancer survivors to see doctors in the community will also reduce costs for them as they no longer need to see specialists for routine care.

Cancer survivors have to go for tests or check-ups frequently.

A colorectal cancer patient at NCIS, for instance, has to go for blood tests, history and physical checks two or three times a year for the first five years after completing treatment, as well as a CT scan every year for the first few years and a colonoscopy every three to five years.

Care for cancer survivors, however, is more than about monitoring if their cancer has returned.

Cancer survivorship care remains in its infancy stage in Singapore, according to an article published in February in the Journal of Global Oncology. That is partly because the care model here overemphasises surveillance for cancer recurrence, over other needs of cancer survivors.

"More people are now surviving cancer than dying from it but it comes at a price, be it physical, psychological and economic," said Dr Yee. "Psychological issues such as anxiety and depression are common and many survivors are unable to return to the jobs they held before they had cancer."

As a result, NCCS is developing a supportive care programme to address their various needs, from diagnosis to end of life.

Specialised cancer rehabilitation services and programmes, however, tend to be confined to hospital settings, except for the Singapore Cancer Society Rehabilitation Centre.

The centre was launched two years ago to plug the gap in outpatient rehabilitation services.

Besides physical therapy, it offers psycho-social services, nutrition counselling programmes, enrichment workshops and support groups for those living with and beyond cancer.

Said freelance writer Lim Kok Kiong, 56, a nose cancer survivor of 23 years: "Back then when I was diagnosed, we associated cancer with death. My grandmother and godfather died of breast cancer and even our family dog had her womb removed due to risks of cervical cancer."

"While it may be a long journey ahead, I have not spent a single day in those 23 years worrying about having a relapse."

"I just concentrate on getting well and living well."

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64,341

New cases of cancer discovered between 2011 and 2015.

48.5%

Proportion of men who survived a cancer diagnosis by at least five years from 2008 to 2012, more than triple the 13.2 per cent from 1973 to 1977.

57.1%

For women, the corresponding figure has more than doubled, from 28 per cent.