Foreword

A Lifelong Battle

For many years, the term “cancer survivor” referred to a patient who had been diagnosed with cancer, treated, and remained cancer free for at least 5 years. This clinical definition rather arbitrarily categorized patients with cancer as either “victims” or “survivors.” In 1986, the National Coalition for Cancer Survivorship (NCCS) redefined this term to encompass all patients with cancer, from the time of diagnosis through the end of their lives. This expanded view was designed to change the way that people with cancer talked about their diagnosis and to empower them to be active participants in their care. The NCCS later expanded the definition to recognize the impact of cancer on survivors’ family members, friends, and caregivers.

As of January 2016, there were approximately 15.5 million cancer survivors in the United States, representing nearly 5% of the population. Partially due to advances in detection and treatment as well as an aging population, the number of cancer survivors is expected to grow to over 20 million by 2026. Despite the large numbers of individuals afflicted by cancer, data show that these patients often receive suboptimal care, perhaps due to gaps in knowledge or ill-defined roles and insufficient communication between oncologists and primary care physicians. In addition to receiving routine preventive care, cancer survivors who are no longer in treatment face unique health risks that require them to be monitored for recurrence of their primary tumor, screened for secondary cancers, and evaluated for late physical and psychological effects of their cancer and its treatment.

In this issue of Medical Clinics of North America, Dr Kimberly Peairs has assembled an accomplished group of experts in the field of cancer survivorship to address some
of the potential gaps in physicians’ knowledge. It is hoped that enhancing the pro-
vider’s armamentarium will lead to gains on the battlefield.

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