

SERIES INTRODUCTION

To better manage cancer symptoms

A STRIKING CHANGE in cancer medicine over the past several decades has been the rising amplitude of the voices of cancer patients and survivors and their loved ones. Increasingly, they have organized as advocates for better cancer treatment, better research, and better attention to the experience of those directly affected by cancer.

At the same time, despite a somewhat delirious period in the 1970s when it was expected that cancer could be cured, or at least that the mortality rate could be cut in half, it has become clear that progress in eliminating the disease is a long, slow slog with no guarantee of success. Nowhere is this lack of major progress clearer than in the US Food and Drug Administration's decision a few years ago to approve a drug for pancreatic cancer based on a 10-day increase in median survival.¹

These two factors, the rising voices of those affected by cancer and the failure of cancer research to deliver a cure, have helped fuel a dramatic increase in the attention paid to the symptoms caused by cancer and its treatments. Improving quality of life has become recognized as an additional important goal worthy of rigorous study. Alleviating symptoms is often the most we have to offer patients with advanced cancer, and palliative medicine services are now found at many if not all major cancer centers. To help ensure a supply of well-trained palliative medicine doctors, accredited palliative medicine fellowships have been started at institutions around the country. These programs produce physicians with a higher level of expertise in managing pain, nausea, constipation, fatigue, psychosocial distress, dyspnea, and a wide variety of other symptoms. And while the needs of cancer patients have helped accelerate the growth of palliative medicine, the specialty has a role to play with almost any patient with intractable symptoms, regardless of the nature of the underlying disease.

With the growing recognition of a need to better manage cancer patients' symptoms, research in palliative care has grown rapidly, and an evidence-based approach to symptom management has become possible. Meanwhile, a variety of substantial advances has occurred. For instance, modern antiemetics have dramatically reduced chemotherapy-related vomiting, and long-acting narcotics have allowed patients to achieve better pain control with milder side effects.

In other areas such as cancer-related fatigue or chemotherapy-induced neuropathy, there is very limited evidence that our interventions are effective at alleviating symptoms or improving quality of life. In these and a number of other areas, more research and better treatments are urgently needed.

In order to keep our readers up to date on the progress that is being made in palliative medicine for cancer patients, the *Cleveland Clinic Journal of Medicine* is presenting a series of articles on the topic. The series begins this issue with an article on the principles of symptom management and a review of the current state of knowledge about alleviating fatigue, nausea, constipation, and dyspnea. Future articles will focus on pain and bowel obstruction.

Our goal is to give our readers practical information that will help them provide better symptom management for their patients, particularly their cancer patients. This series will deal with one of the most important problems of cancer medicine. ■

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REFERENCES

1. Moore MJ, Goldstein D, Hamm J, et al. Erlotinib plus gemcitabine compared with gemcitabine alone in patients with advanced pancreatic cancer: a phase III trial of the National Cancer Institute of Canada Clinical Trials Group. *J Clin Oncol* 2007; 25:1960–1966.