

Follow up visits and tests

Doctors and patients look at follow up visits and tests from different perspectives. Patients want to be reassured they are all right (cancer is gone) or to have a bothersome problem fixed. Doctors want to gather information that tells them if there is a problem they have to treat. (They also want to reassure patients.) Unfortunately there are few published guidelines that can direct this follow up testing. Each cancer is different so there is no uniform policy.

For some cancers early detection of recurrence allows treatment that prolongs survival. For many others, starting treatment before it is needed only exposes patients to more side effects. This seemingly contradicts the widely promoted belief that early detection means better chance of cure.

Early detection of the original cancer does mean it is “caught early” and is at a lower stage (Stage 1 or 2) where local treatment can be effective in completely eliminating all the cancer. If there is a recurrence (i.e., metastasis) then it is Stage 4 and local treatments are generally not able to eliminate all the cancer. The basis for treating Stage 4 cancer is to prolong life—even if cure cannot be promised—or to prevent/relieve symptoms. This does not mean treatment is futile or not worthwhile. It does require that the side effects of treatment be balanced against the benefits. Patient goals are an important part of this decision.

According to the American Society for Clinical Oncology “the goal of post-treatment medical surveillance is the early recognition and treatment of potentially curable recurrences and a second primary cancer, as well as screening for therapy-related complications. The important words in this statement are *potentially curable*. From an orthodox medical perspective, if cancer cannot reliably be cured by early detection, blood tests and scans do not offer an advantage over a careful history and physical by a competent physician.

It distresses patients and doctors alike to realize that no test can prove you don't have cancer. The only honest answer to the question “How do you know I don't have cancer?” is “I don't know.” Sometimes in an effort to reassure patients, doctors will order tests. A negative test is then tacitly assumed to mean there is no cancer, though every test has false negatives. An abnormal test result then requires more testing, sometimes with complications or at significant expense. The original anxiety that prompted the test is only amplified—without a productive action that can be taken.

Rather than treat anxiety about cancer with blood tests or scans, it is better to address the anxiety directly. Though fear of cancer and danger from cancer may both be present, the treatments for them are different. Published guidelines provide a rational plan for medical assessment and treatment. They do not address the anxiety about recurrence that is part of the cancer experience. Responding to these strong feelings requires that you recognize them for what they are—authentic emotional responses to uncertainty and vulnerability. They deserve specific and effective treatment as much as cancer itself.