

RECURRENCE

The stresses imposed by a recurrence of cancer are perhaps the most severe of any phase of the disease. For the cancer patient, "the discovery of a recurrence can be a staggering blow..."² As Dr. Holland has written, "recurrence results in emotional turmoil, similar to, but greatly intensified over, the response to diagnosis..."³ There is the fear of increased symptoms and death. Patients may feel physically and emotionally exhausted from both the disease and its treatment. They may lose faith in the healthcare system.⁴ Patients may also experience guilt feelings, the sense that they are somehow responsible for the recurrence of the disease.

As a consequence, the patient may manifest anorexia, restlessness, anxiety, sadness and other disruptive moods.¹ Drinking or drug abuse can increase—among family members, as well as by the patient.

Suicidal feelings may be increased or engendered by recurrence. Physicians should look for the following signals that mark the potential suicide:⁵

- Emotional distress beyond that caused by the disease itself.
- Severe depression, anxiety, dejection, agitation, overdependence, or swings in mood.
- Low pain tolerance.
- Excessive demands, controlling behavior or complaints, with a strong need for attention.
- Alertness and orientation (as opposed to confusion and disorientation).
- Exhaustion of physical, emotional, and financial resources.
- Lack of family/friend support.
- History of suicidal threats or attempts.

Pharmacologic intervention or counseling may help alleviate suicidal and other negative feelings at the time of recurrence. Dr. Presant notes, however, that "such measures are not substitutes for the care and compassion the oncologist must show to the patient and family." Dr. Presant recommends that patients suffering a recurrence "be seen frequently, be provided with any needed



"Once a patient has started an investigational treatment, make sure you don't abandon him or her. Follow up closely to see how the patient is doing on the trial."

—L.H. Ratner

care for pain, constipation or other symptoms, and be encouraged to set achievable goals." Dr. Ratner emphasizes the importance of "telling both patient and family about the recurrence—with care."

Panelists agree that a frank discussion of treatment options is vital at the time of recurrence, and believe that all patients should be offered further treatment—which can be a source of hope for many patients. They described the following components of discussion of further treatment:

Second-round therapy.

When disease recurs, you may suggest a second round of conventional therapy. While some patients may be eager for this opportunity, a few may refuse treatment. For some patients, treatment refusal may be a sound choice—even though you may not agree. Your role is to reassure patients that continuity of care will be provided, and to remind them that, if they wish to try therapy again, they may do so.