

# 'Cancer refugees' need made-to-order care

The Asahi Shimbun

One of the key objectives of the basic law for better efforts to prevent and cure cancer, which came into force last year, is to narrow regional discrepancies in cancer treatment. But the discrepancies that really need to be reduced are those between two categories of cancer patients.

Born and raised in Kyushu, I studied medicine in Tokyo and worked for the Cancer Institute Hospital of the Japanese Foundation for Cancer Research before starting my own practice in the nation's capital.

I personally don't recognize serious regional discrepancies in standard cancer therapy, such as surgery and chemotherapy. I myself offer a consulting service for cancer patients and accept patients from around the nation. There is apparently no big regional difference in access to standard cancer therapy.

The basic law for anti-cancer efforts is focused on promoting standard therapy, which can cure about half of all cancer patients.

The term "cancer refugees," used mainly by media, once referred to people who didn't have easy access to standard cancer treatment.

Thanks to measures like the de-

velopment of cancer treatment guidelines and the creation of a system to designate leading local hospitals as cancer treatment centers, however, standard treatment is now readily available across the nation.

So the phrase "cancer refugees" as a term to describe patients who visit hospitals after searching for standard cancer therapy is now becoming obsolete.

But a new type of "cancer refugee" poses a serious policy challenge: the remaining 50 percent of cancer patients who cannot be cured with standard therapy.

Instead of widely used standard treatment, these patients need made-to-order treatment and care designed for their individual conditions, values and views of life.

In addition to palliative chemotherapy and immunotherapy, such tailored treatments also include so-called palliative care—treatment for pain and other side effects caused by cancer growth or treatment.

Applying these therapy options requires careful evaluations of the patient's physical strength and the stage of the cancer. But except for some highly sophisticated and costly treatments, therapy tailored to the needs of individual patients could be made available anywhere in the nation if

only medical service providers change their thinking about cancer treatment.

As things stand now, however, many hospitals, including institutions specializing in cancer, tell cancer patients that there is no other treatment available for them when all standard treatment options have been tried or these treatments can no longer be applicable to the patients.

This drives the 50 percent of cancer patients who cannot be cured by standard therapy into wandering from one medical institution to another in a desperate search for effective therapy. In the process, they become cancer refugees.

So cancer refugees who need attention now are not patients who are trying to get standard therapy but patients who have discovered that standard therapy doesn't work for them and are now in a quest for cancer care that really helps them.

It is possible for these cancer patients to lead normal lives if they can receive treatment and care designed to their individual needs.



Tatsu Miyoshi

Many medical institutions now have a patient counseling counter to provide second opinions for cancer patients so that they can receive satisfactory care.

Since the concept of made-to-order therapy is not widely accepted, however, patients usually end up facing the stark choice of receiving standard therapy or not. It is still rare for cancer patients to be offered treatment plans that really reflect their needs and wishes.

The basic law is aimed at fundamentally improving measures to prevent and cure cancer. But the current health-care system keeps producing new cancer refugees daily.

If the major factor behind this situation is uniform application of standard therapy to all cancer patients without taking account of their individual needs, the gap between patients who can be cured by standard therapy and those who cannot be will only grow further.

Unless effective steps are taken to address the structural problems behind this inflexible adherence to standard cancer therapy, the quality of efforts to prevent and cure cancer, which is becoming a folk disease, will not improve in any significant way.

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