Hope: oncology’s missing breakthrough

Each year, cancer specialists eagerly anticipate the annual meeting of the American Society of Clinical Oncology (ASCO). The 2012 conference did not disappoint as breakthroughs for multiple diseases were continuously reported from the podium in Chicago. Colleagues glanced at one another with pride upon realizing that the word ‘cure’ had surely entered the lexicon of those who treat ‘the Big C’. In fact, at the Opening Session, the American Cancer Society CEO, Dr John Seffrin, appeared delighted to announce that his organization was rolling out a new tagline: ‘ACS—The Official Sponsor of Birthdays’. It took me a while, but on the long flight home I finally grasped why I found Seffrin’s boast to be a little troubling.

Don’t get me wrong. The slogan is a stroke of marketing genius. The association of the most terrifying of diseases with the happiest of occasions is hardly intuitive and suits the Madison Avenue principle of ‘getting us to think a second time’. What’s more, the branding works not only because it is counterintuitive, but also because it happens to be true. Data from the ACS can now be marshaled to buttress the assertion that cancer is among the most treatable of chronic diseases. Remarkably, approximately two-thirds of all patients diagnosed with a malignancy may aspire to reach the magic watermark of 5-year survival. This is an impressive achievement by all measures.

Saad and Buyse, however, recently cautioned that while improvement in overall survival (OS) is a key objective in treating cancer, it is important to distinguish between the value of OS as an endpoint and the role of OS in setting treatment goals [1]. They cite, for instance, a survey of US patients with prostate cancer [2] where the most frequent therapeutic goal is preservation of quality of life (45%) ‘followed by’ extension of life (29%). Indeed, ‘goal-oriented healthcare decision making’ is emerging as an alternative paradigm in many medical disciplines especially in conditions with relatively short life expectancy [3]. The new ad campaign, then, is concerning not because it falsifies but because it falls short.

Even if two-thirds of cancer patients can now contemplate cure, fully one-third understand that they will die from their tumors. What then is our message for the hundreds of thousands diagnosed annually who will not celebrate more birthdays? Actually, the answers to this question can be found on the very website of the ACS (www.cancer.org). There, patients can learn of the spiritual and emotional support that is available from the scores of ACS volunteers who have offered to become ‘caregivers’. There, families can be re-assured that loved ones do not have to suffer from pain by using new analgesic regimens that can be prescribed without fears of addiction or unbearable side-effects. And there, research developments are rapidly updated so that despair can be mitigated.

Establishing a linkage between cancer and curability is thrilling and encouraging. But until the linkage morphs into a valid equation for almost all patients, we must be careful. Before we reach a point where we can prevent most cancers and eradicate all that we cannot prevent, our mission must be to expand the definition of hope to include objectives other than cure. Hope that tumors will not cause deterioration in quality of life. Hope that short-term goals, like enjoying a glass of wine with a spouse or persevering to finish reading all of Shakespeare’s plays, can be achieved. Hope that patients can continue to find meaning no matter what their prognosis.

So let us by all means congratulate the American Cancer Society for what its members and the profession have accomplished. But they might put their marketing wizards to work on a slogan that captures what ought to be the oncologist’s broader mission. I propose this: ACS—Sponsoring Happy Birthdays and Hope. Perhaps they will consider it.

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disclosures

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