PERSPECTIVES, ECRS 2012

MY TAKE HOME MESSAGES

03-10-2012
SITUATION PERSPECTIVES I

• Adjuvant treatment will include more patients

• How about over-treatment?

• Organ preservation due to new techniques, better treatment response

• Personalized rehab – what does it mean (?)

• The need for descriptive data (prevalence, survival)

• (Scandinavian papers would be nice to make)
• Heart Rehab & Diabetes – what can we learn?

• These disciplines have developed models for distribution and content of rehab

• The US, Germany and UK experiences presented

• How do we decide to ‘distribute’ / assign the patient between the highly specialized department, the GP and rehab centers – or home treatment (organizational aspect)
IDEAS FOR MODEL

- Highly specialized – multi problems
- Intermediate – few problems
- Almost no problems
- Empowered – internal locus of control
SUPPORTIVE STAFF AVAILABLE

- Educated to address general problems
- Knowledge of some cancer specific treatments
- Knowledge and experience with more than three types of cancer
- Highly experienced staff
• Clusters – in a broad sense - of symptoms in cancer patients – the co-morbidity issues. How to deal with this issue

• Development of instruments for identifying patients in need – in need for what (?) Apply models from CVD and Diabetes (?) (The content part)

• Distress discussion is an illustration of a major problem in our field – identification of need and how to provide intervention

• The illiterate population in our societies and our psychometrics – work is needed in that area. No presentations but needed

• We detect problems but 60 % patients don’t want help with the problems – discussion (Mitchell/Coyne)
PERSPECTIVES IV

• Scandinavian/Euro/International trials for clarifying issues we find of interest, i.e., what rehab works and on what outcome – learn from the cardio/diabetes field with regard to multi-center culture

• Gender difference in the studies carried out within a number of areas - sexuality and rehab

• Age problems – demography/epidemiology and treatment aspects

• Recurrence and second cancer in relation to our intervention ideas – not explored
PERSPECTIVES V

- Re-establish empowerment
- Create patient controlled rehab
- Move responsibility, partly – back to patients
- Re-invent the ‘content’ of the public cancer center - Europe
‘HYPER CONDENSED SUMMARY’

• We can learn from rehab/survivorship intervention from other chronic illnesses – talking about models

• Continuously develop stratification measures and use in RCT’s within the cancer field

• Linking Patient Reported Outcomes, biological information and register based data

• Co-morbidity and physical effects (in broad terms) – issues to include in our clinics, guidelines and studies
Thank you for coming to Copenhagen!
We enjoyed your company and input
Thank you to numerous presenters
Thank you to Organizing Committee and all staff these two days
Have a safe trip back home
See you in 2014 (the wine problem, the rock band....)