



EDITOR'S CHOICE

Better care for patients with cancer

Fiona Godlee *editor in chief*

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For many people, cancer is now survivable and has become a long term condition. This week our clinical update reminds us to think about the psychological impact for the growing number of people living with cancer (doi:10.1136/bmj.k1415). As Alexandra Pitman and colleagues explain, depression and anxiety are more common in cancer survivors than in the general population and can occur at all stages of the cancer journey, whether as part of the initial presentation or after a patient is discharged from active management, when the intense schedule of tests and treatment comes to a sudden end.

As well as the more obvious situational causes of depression and anxiety (such as fear and uncertainty about the future) we need to be aware that certain tumours and cancer treatments can directly affect mood. Pancreatic and small cell lung cancers come in for special mention, as do steroids and radiotherapy to the head and neck or gut. Our visual summary (<https://www.bmj.com/content/bmj/suppl/2018/04/25/bmj.k1415.DC1/pita038917.wi.pdf>) shows the wide range of possible effects of cancer or its treatment on the brain, and writing as a patient with cancer Caroline Carling emphasises the benefits of psychological support ("Patient's Perspective," doi:10.1136/bmj.k1415).

Better cancer care is at the heart of the 100 000 Genomes Project, now in its fifth year. A large proportion of the genomes being sequenced will come from cancer biopsies or surgical

resections. As Clare Turnbull and Mark Caulfield explain (doi:10.1136/bmj.k1687), it is hoped that comparison of the abnormal cancer genome with the person's normal genome from other cells will help to unpick the genetic causes of cancer. The holy grail is to find patterns of genes that work together, so called "signatures," to predict how cancers will behave and enable accurate targeting of treatments.

As for surgery, a study this week by Yusuke Tsugawa and colleagues shows that surgeons aged over 40 achieve slightly better patient outcomes than younger ones (doi:10.1136/bmj.k1343). The benefit of extra years for honing surgical skills is the authors' explanation. By contrast, a previous study by the same authors showed that US hospital physicians perform slightly less well as they get older (doi:10.1136/bmj.j1797), which may be due to changes in practice since training and poorer adherence to guidelines. We should be cautious in interpreting these observational findings, say our editorialists (doi:10.1136/bmj.k1691). But the research usefully highlights the need to foster teamwork and diversity if we want to improve care.

Clifford Mann is all in favour of this. In his contribution to our Provocations series in the build up to the 70th anniversary of the NHS, he asks for an end to medical protectionism (doi:10.1136/bmj.k1757). I hope you will be provoked into a response.