



The Patient Cancer Journey: The Challenge of Active Treatment and Cancer

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Presenter Disclosure

Faculty: **Lawson Eng**

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Not applicable

Learning Objectives

- Recognize common challenges with various aspects of different types of active treatment for cancer
- Identify potential solutions that the participant could put in place in their own setting

As a medical oncologist, I will focus on cancer systemic therapies, but the concepts and strategies discussed can be applied to other treatment

Most of my talk will focus on practical strategies, considerations and guidance around treatment for patients with SPMI

Background

- Cancer treatment plans often includes multi-modal strategies including surgery, radiation therapy and/or systemic therapy (including chemotherapy, targeted therapy, hormonal treatment and immunotherapy).
- Patients with SPMI often are diagnosed with later stage disease, have poorer prognoses, additional comorbidities/medications/habits, have challenges with navigating healthcare system and have cognitive/behavioural challenges that may influence understanding and decision making
- Many of these factors can impact cancer treatment planning
 - Comorbidities may influence surgical risk
 - Later stage disease may impact curability rates
 - Navigation challenges can lead to diagnostic and treatment delays and interruptions
 - Medications/comorbidities can impact treatment options and drug-drug interactions
 - Cognitive concerns can impact treatment decision making and consenting
- How do we develop strategies on navigating these barriers?

Diagnosis and Treatment Planning

- Identify these patients early before initial consultation visit
 - Can identify patients with SPMI based on medication and medical histories
 - Often may need more time with the patient and potentially flag to bring in additional family members / case worker as well to help with decision making and to obtain collateral
 - If very severe SPMI, may consider reaching out to their provider in advance
- During the assessment, gather information about medical decision-making capacity
 - Does the patient understand the diagnosis?
 - Who helps with decision making? Who do they live with and supports? Interaction with case-worker?
 - How much does the patient want to know about the diagnosis?
 - How involved does the patient want to be in decision making?
 - Goals of Care?

Diagnosis and Treatment Planning

- How to discuss the diagnosis
 - How much they want to know?
 - Who do they want to be part of their decision-making circle?
 - Use diagrams/pictures to help with explanation and handouts for information
 - Give options and write them out and encourage patient involvement
 - Budget extra-time and try to keep the language simple (i.e., has not spread vs stage II)
 - Use supportive decision-making model – involve family members, friends, case workers during the discussion who might be able to follow-up with patient after the visit and reinforce / review discussion points with patient
 - Separate phone calls with family members after the visit
- Often, no rush to make a final treatment decision during a consultation and can often follow-up with patient at the next visit and speak with family members separately
 - Encourage questions from patient and to write down before next visit

Key Considerations for treatment planning and decision making

- Understand what patient's goals of care are and their understanding of the treatment options available:
 - If curative, do they want to aim for cure or only disease control?
 - What are the chances for cure with aggressive approaches?
 - Are they open for aggressive treatment options (i.e., surgery or definitive radiation therapy)? Are they candidates for aggressive or curative options?
 - Do they understand the implications of the treatment choices (i.e., declining surgery when it is offered, declining adjuvant chemotherapy and impact on recurrence)
- Balancing between being aggressive vs patient's ability to undergo and tolerate treatment
 - Is the more aggressive option with a slightly higher response (or cure) rate with more risk important to the patient vs an option with lower risks and better tolerability
 - Does the patient have the support to undergo certain options (i.e, additional visits, side effect monitoring). i.e, pill vs chemotherapy and a pill option
 - Compliance on oral options? What is current compliance to treatment options?

Working Together with the Greater “Team”

- Helpful to coordinate planning and treatment discussions with other members of the cancer care team (i.e, radiation oncology, surgical oncology) and flagging patients for other care team members (i.e., clinic nurses, nurses in chemo units, radiation therapist) to allow for consistency
- Involving psychosocial oncology services early might be helpful to help with care navigation and exploring supports
 - Social workers may help to identify resources to support patient and caregivers
 - Clinical nurse specialists may help with counselling, support and care navigation challenges
 - Working together with patient’s mental health provider around supporting patient, drug interactions and helping manage psychiatric comorbidities
- Working with the patient’s team – case worker and family to help develop care planning
 - Encourage members to access MyUHN/Chart with patient’s consent to review notes/discussions and receive appointments updates

Considerations for systemic therapy planning

- Drug-drug interactions between antipsychotics (and other medications) and systemic therapy options
 - Check with pharmacy regarding treatment interactions
 - May need to consider alternative options if risk of exacerbation of mental health conditions or significant interactions
 - Work together with mental health care providers
- Many chemotherapy regimens utilize dexamethasone pre-medications
 - May need to consider dose reductions to dexamethasone or alternative prophylaxis
- What side effects can the patient reliably report and tolerate or manage?
 - Consider upfront dose treatment reductions especially in palliative situations
 - May need to educate case workers and family members alongside patient and ask for them to check in with patient regularly
 - Consider home visiting physicians/PSWs as well if patient is palliative to help with supporting patient at home and monitoring

Considerations for systemic therapy planning

- Encourage consistency in house-staff/clinic staff seeing patient during clinic visits and also nursing support in chemotherapy units (radiation therapist in radiation)
 - Helps to establish rapport with patient
 - Also allows team to become familiar with patient's clinical status in case of changes
- Allowing flexibility in scheduling
 - May need to work around schedules for case workers / family members supporting patient's attendance at visits

Follow-up Treatment Visits

- Budget additional time during follow-up visits to discuss with case worker/family members in addition to patient
- Check-in with family members/caregivers:
 - Gathering collateral information either before or after the visit and providing updates
 - Check in for signs of caregiver burnout
- Focus discussion on patient but obtain collateral information from others present
- When discussing about results of investigations (i.e., imaging), helpful to keep it focused and avoid going into technical details (i.e, tumors are responding/shrinking vs tumors have shrunk by 3 cm at location X, 5 cm at location Y, etc..)
- Encourage shared decision making with patient
 - Continue on treatment vs treatment break; management of toxicities
 - Decisions on dose escalations/reductions during treatment and switching treatments
- Discussion around survivorship care issues (i.e., smoking cessation)

Conclusions

- Patients with SPMI and cancer may face many challenges when receiving care for their cancer diagnosis including stage of disease, treatment planning and decision making and care navigation throughout their cancer care journey
- Many considerations in both the medical and non-medical aspects of cancer care are required to help with delivery cancer care
- Strategies including engagement with their mental health provider, working together with case workers/family members along with the greater cancer care team to develop care plans may help with improve both care delivery for outcomes for this population