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## Supportive Cancer Care: The Role of General Practitioner

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Most of the 11 million new cases of cancer annually presents with the clinical picture of disseminated malignant disease. The goal of treating these patients is not to cure, but prolonging life and maintaining quality of life. Malignant disease is now considered a chronic disease and the range of symptoms that occur during the life of cancer patients is extremely wide. The most common symptoms are pain, infections, respiratory disorders, emesis, anemia, anorexia-cachexia syndrome, diarrhea, jaundice, and psychosocial problems.

Pain is the most common and most unpleasant distress symptom that occurs in cancer patients. It is defined as an unpleasant sensory and emotional experience that is primarily linked to tissue damage or described in terms of such damage. The pain is usually mixed type (nociceptive pain and neuropathic pain).

As many as 50% of cancer patients will be anemic during their illness. Lower hemoglobin level inevitably implies poorer treatment outcome. The incidence of anemia in malignant disease is variable and depends on the type and stage of malignancy, chemotherapy regimens and intensity of treatment, infections and surgical interventions.

Fatigue or unusual tiredness syndrome occurs in a large percentage (80-96%) of patients with malignant diseases, but is not recognized enough and its importance is underestimated. Treatment options are scarce.

Dyspnea is a bad prognostic sign. The etiology is unknown and therefore even treatment is difficult. There is still no definitive statement about the therapeutic approach to patients with malignant dyspnea; to what extent and when to use opioids and oxygen.

Tumor syndrome anorexia-cachexia means loss of appetite, weight loss > 10%, loss of muscle mass and hypoproteinemia. The syndrome occurs from 8-88% of cancer patients depending on the tumor site. Response to chemo/radiotherapy is lower, side effects are more pronounced and survival is shortened. The goal of treatment is adequate and timely application of pharmacotherapy preparations in order to avoid unintended consequences and treatment failure.

In patients with malignant diseases common are respiratory and intra-abdominal infections. They are a reflection of the disease itself or as a result of the application of anti-tumor therapy (febrile neutropenia).

From the patient's point of view nausea and vomiting caused by chemotherapy are the most stressful component of treatment that may even lead to the rejection of potentially curative treatment.

During the life, cancer patient express average about 10 of this and many other distress symptoms. The role of General Practitioner (GP) is early diagnostic of distress symptomatology, assessment of its intensity and early management. Although GP are mostly prescribing the oncologists recommendations, GP are following their patients through the whole course of their disease, and therefore are the cornerstone of support of cancer patient and his/hers families and caregivers.

Furthermore, cancer destroys all components of life and thus significantly reduces the quality of life of patients. This often leads to the occurrence of psychosocial problems which according to some studies are even more frequent compared to the pain and other physical symptoms. GP is the only doctor who deeply know the patients and family needs and therefore its important part of medical care for oncology patients.

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