CANCER CARE FOR ADOLESCENTS AND YOUNG ADULTS

Editors

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CANCER CARE FOR ADOLESCENTS AND YOUNG ADULTS
Books of Interest

**Cancer and the Adolescent** (Second Edition)
Edited by Tim Eden, Ronald Barr, Archie Bleyer and Myrna Whiteson
9780727918109

**Cancer in Children and Young People**
Faith Gibson and Louise Soanes
9780470058671

**Cancer Nursing** (Second Edition)
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**Evidence-Based Palliative Care**
Huda Huijer Abu-Saad
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*Neale Hanvey and Alison Finch*

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*Roberta Woodgate*

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Rebecca Lofts, East Sussex, UK.

Dr Alan Pitcairn, Linlithgow, UK.
One of the most remarkable medical stories of the last 40 years has been the success in improving survival for children with cancer and leukaemia from little expectation to 75–80% cure rates. There has until recently been lack of focus on teenagers and young adults (TYA), who have been described as ‘The Forgotten Tribe’. Yet the UK incidence figures show a progressive rise from 10.1 per 100,000 population for 12–14 year olds to 14.4 for those aged 15–19 years and 22.6 for 20–24 year olds, and these cancers account for 11% of deaths in this age range. The first challenge has been to define the incidence figures and what type of tumours occur in this age range. The patterns seen provide clues to causation which require more in depth investigation.

Care issues have focused on the challenges which face young people, their families and their professional carers. It is a common perception that young people are slow or poor at accessing all health care, but especially do delay in seeking help for worrying signs or symptoms. Furthermore that they are non compliant or non adherent with treatment and they are reported to be reluctant to enter into clinical trials. Evidence is accumulating that for some young people there are issues well spelt out in this book relating to health care access and of risk taking with their health. However much diagnostic delay, low clinical trial entry rates and lack of adherence can be laid fairly and squarely at the door of the professions, with doctors not recognising or trivialising symptoms/signs, not listening to, misinterpreting or communicating badly with their young patients and deciding a young person does not know his or her own will and choice is denied. Repeatedly in studies young people say that far too often professionals talk to their parents but not to them, ignoring the fact that most often they can give very valid consent. All of these issues are well covered in excellent chapters especially the challenges facing us all as we transit from childhood to adult life.

We will not achieve the goals of optimising care, curing adolescent cancer and ensuring good quality of life after treatment if we don’t listen to our patients and recognise the need for excellence in supportive care, the challenges of treatment and provide support to rebuild the future. Accessing the voice of young people is a critical component of that and most welcome from my perspective in this book are the very insightful experiences from the young people. Rebecca Lofts describes no medical delays but nevertheless the far from straight forward pathway to diagnosis, the frightening nature of so many investigations and not knowing ‘what is going on’. This is especially hard when you have been previously healthy, and fit and you know nothing about hospitals and doctors. Kelly Denver shares her thoughts on treatment, and when you may as a patient seem to be coping admirably but inside are suffering. We often mistake stoicism for there being no