



though less obvious, reasons to maintain specialist follow-up.

Many patients with potentially curable cancer present with unusual case scenarios for which evidence-based medicine will never provide management guidelines. The specialist must then rely on his or her slowly acquired professional experience and judgement. Without the opportunity to provide long-term follow-up for many patients and to manage chronic treatment-related complications, such experience and judgement will never be acquired.

When patients do experience a relapse, the oncologist must choose from a variety of *equivalent* management options. The most appropriate choice for that patient can only be made if one understands the patient's premorbid personality, lifestyle and social support structure (or lack thereof). Such knowledge cannot be acquired during a single consultation at the time of relapse.

Finally, I would like to argue that those of us who must spend most of

our day breaking devastating news or attempting to palliate progressive disease symptoms need well follow-up patients, our *successes*, to give us the emotional strength to do the more difficult part of our work.

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**[One of the authors responds:]**

The purpose of our study was not to discount the experience and judgement that oncologists bring to the follow-up care of cancer patients but to highlight the fact that if improved survival is the endpoint of such follow-up practice, it is not achieving its purpose.

Of the cancers that recur after curative treatment, few are treatable and in most cases the survival of the patient or the control of the cancer depends to a greater extent on the bi-

ology of the tumour than on the intervention.

The assumption that the quality of life or care of asymptomatic patients is better for those followed at a cancer centre than for those cared for by their family physician has not been proven by randomized clinical studies. For example, a significant proportion of these patients experience increased anxiety in anticipation of their visits to the cancer clinics, which could have a negative impact on their quality of life.

The results of our study on endometrial cancer should not be applied to all cancer types, but the current practice of intense, lengthy follow-up of patients who have undergone curative treatment and whose disease has a good prognosis needs to be reviewed.

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