Cancer Moonshot: What It Means for Patients

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You may have heard of the National Cancer Moonshot Initiative led by former Vice President Joe Biden. It has brought together many people through a task force, blue ribbon panel, and many public forums to discuss how best “to dramatically accelerate efforts to prevent, diagnose, and treat cancer—to achieve a decade’s work of progress in 5 years” (Cancer Moonshot Task Force, 2016, p. 29). This initiative was launched after the 2016 State of the Union address, and the task force delivered recommendations to President Barack Obama on October 17, 2016, providing an opportunity to accelerate progress against cancer.

A great deal of feedback on how to accelerate that progress has been received through many public forums and online suggestions. In fact, more than 1,600 suggestions were submitted through the online portal www.cancerresearchideas.cancer.gov, a public email box, and a phone line (Singer, 2016). Widespread ideas included:

(a) invest in “on the cusp” breakthroughs,
(b) share cancer research results broadly,
(c) make it easier to find and enroll in cancer clinical Trials, (d) focus on survivors, and (e) build on what works. Many suggestions were triaged to appropriate work groups for review and inclusion, as appropriate. The Oncology Nursing Society and National Coalition for Cancer Survivorship were active throughout this process.

When the Cancer Moonshot was announced, Vice President Biden and his team were encouraged to consider the quality of care patients with cancer receive and the challenges cancer survivors face long after they have beaten cancer (Nasso, 2016). Cancer survivors and their families can attest to the lifelong effects of cancer and treatments. Research efforts need to aim not just at treatment advances but at lessening the severe long-term effects of treatment. Many of the recommendations in former Vice President Biden’s (2016) final report will directly affect those touched by cancer (see Figure 1).

In a New York Times article, special correspondent and former NBC News anchor Tom Brokaw (2016) wrote, “Even in remission, cancer alters a patient’s perception of what’s normal. Morning, noon and night, asleep and awake, malignant cells are determined to alter or end your life. Combating cancer is a full-time job that, in my case, requires 24 pills a day, including one that runs $500 a dose” (para. 6). Brokaw shared that back pain, muscle deterioration, and constant fatigue were daily reminders that he is a cancer survivor.

One of the recommendations of the Cancer Moonshot Blue Ribbon Panel (2016) was to specifically focus on symptom management research to minimize the debilitating side effects of cancer treatment (Nasso, 2016). Recognizing the toll cancer treatment takes on survivors during treatment and for the rest of their lives is significant:

Support research necessary to accelerate the development of guidelines for routine monitoring and management of patient-reported symptoms in all care settings… throughout the cancer continuum (from diagnosis throughout survivorship and at end-of-life) and tailored to differing patient and survivor needs. Systematically gathered patient-reported outcomes data and evidence-based symptom management… are needed to improve patients’ quality of life and the likelihood that they will adhere to treatments that are effective rather than abandoning them because of intolerable side effects. (Cancer Moonshot Blue Ribbon Panel, 2016, p. 3)

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The Cancer Moonshot should also address care delivery issues so that all patients receive well-coordinated care that reflects the latest knowledge and includes effective new treatments. The Cancer Moonshot Task Force (2016) report provides several recommendations as part of the strategic goal to “improve patient access and care,” including “finding new ways of ensuring each and every patient receives quality care during treatment and survivorship” (p. ii). Within this strategic goal, the task force identified the following priority: “Comprehensively identify cancer survivorship issues and develop solutions to improve health outcomes for cancer survivors” (p. 26).