

# General practitioners in oncology: their valuable role throughout the cancer care trajectory

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In the past decade, evidence has emerged to demonstrate a growing trend throughout Canada: family physicians choosing to tailor their clinical practice to include focused practices such as cancer care. The College of Family Physicians of Canada defines family physicians with focused practices as those who dedicate their clinical practice to one or more specific clinical interests either on a significant part-time or full-time basis<sup>1</sup>.

General practitioners in oncology (GPOs) are becoming increasingly recognized as family physicians with focused practices in the field of oncology. Approximately 40 years ago, family physicians across Canada began to join and contribute to cancer care teams in both outpatient and inpatient settings. The provinces of Ontario, Manitoba, and British Columbia have been the chief pioneers in integrating GPOs into oncology teams, helping to define the role of family physicians within cancer care<sup>2-4</sup>. As reported after a national survey, most Canadian GPOs also work in other clinical settings, including palliative care, inpatient medicine, community family practice, and teaching activities<sup>5</sup>.

A wide array of roles have been described for GPOs, and those roles vary substantially depending whether the practice is in an urban or rural clinical setting. Commonly involved in care for patients with breast and gastrointestinal cancer, GPOs also work with gynecologic, hematologic, and pediatric cancer-patient populations alongside surgical, medical, and radiation oncology specialists. Common roles and responsibilities include the clinical supervision of systemic therapy, management of treatment-related physical and psychosocial effects, provision of cancer survivorship follow-up care, and palliative medicine. The GPOs also contribute to the teaching of medical trainees, to clinical trials, and to a lesser extent, to clinics devoted to genetics and high-risk population cancer<sup>5</sup>.

In 2003, Dr. Mary Decarolis, a GPO leader, founded the Canadian Association of General Practitioners in Oncology [CAGPO (<http://cagpo.ca>)]. The association was established to promote the valuable contribution of GPOs within cancer centres and in the primary care setting. It represents physician members from all Canadian provinces and, since its creation, has been committed to fostering opportunities for primary care providers eager to acquire continuing medical education training in cancer care. As part of its mandate, CAGPO is proud to have partnered with *Current*

*Oncology* to bring forth a new article series dedicated to supporting practicing GPOs and other allied health professionals across Canada.

The goal of the series is to provide, in a succinct and practical format that can be easily translated into clinical practice, current and evidence-based information from selected leading experts. The inaugural series will bring together a compilation of 6 articles on these topics:

- Current evidence for tamoxifen and aromatase inhibitors
- Immunotherapy toxicities: overview and management
- Palliative care: early referral and communication skills pearls
- Cancer survivorship care
- Cancers related to the human papillomavirus: review of current evidence and follow-up management
- Overview and management of bone marrow transplantation side effects

We hope that you will find our series relevant to your clinical practice in cancer care. Should you have any requests for future topics, please do not hesitate to reach out to us! Please also feel free to visit the CAGPO Web site, <http://cagpo.ca>, for more information, including details about our annual accredited conference.

## CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology's* policy on disclosing conflicts of interest, and we declare that we have none.

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