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The chronicization of cancer and the struggle to survive: a patient's case study

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SHORT ABSTRACT

The new therapeutics available in oncology – mostly through clinical trials – allow new hopes for patients. But the risk of death is still present at all steps of the disease, especially for advanced cancer. So the chronicization can sometimes look like a struggle to survive much more than an integration to the daily life. We explore this point by the presentation of a patient case study.

LONG ABSTRACT

The development of new therapeutics perspectives in oncology, such as targeted therapies and immunotherapies, extends the survival time for certain patients. If this lengthening is sometimes described as the transition of cancer to a chronic disease, the comparison stands only in a limited way. First, some of cancers' patients still experience a progression of their disease and will die from it before the first five years. Second, the representation of the cancer is directly associated to the risk of death and prevents a stable integration of the disease in the patient's life. Third, an important part of those new drugs are still in development and their outcomes remain uncertain. The benefits of these therapeutics innovations in terms of survival extent and quality of life often depend on patients' inclusion in a clinical trial. If the survival time increases for patients with advanced cancer, their trajectories are more complex and hardly comparable to other chronic disease as diabetes.

To explore this complexity and the role of clinical trials in what some people call a "chronicization of the cancer", we present a case study of an unusual patient. After a diagnostic of lung cancer with a poor prognosis, this man actively fights against the disease during seven years particularly by breaking down barriers to access to clinical trials or to get new therapies. The analysis of his care trajectory reveals the ambiguities of the cancer chronicization. We argue that the chronicization can take a marginal way that it occurs at the border of the healthcare system.

This case study is built on direct interviews with the patient, his family, physicians and relatives involved in the treatments. We also use the content of the patient's website and videos of meeting where the course of his disease is related.