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LETTER

Recommendations for PHC in the Locally Advanced Rectal Cancer Survival Study

Recomendaciones para la aps en el estudio de la supervivencia del cáncer de recto localmente avanzado

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ABSTRACT

Abstract Locally advanced rectal cancer represents a challenge requiring integration between specialized care and Primary Health Care. This letter reflects on the role of PHC in prevention, early detection, timely referral, follow-up, rehabilitation, and continuity of care for these patients. Proposed actions include strengthening healthcare personnel training, organizing post-treatment surveillance, incorporating psychosocial support, promoting multidisciplinary coordination, and reducing inequalities in access to care. Shared decision-making is also highlighted as an essential component of patient-centered care, together with the need for local research to adapt these strategies to the characteristics, resources, and specific needs of each community.

Keywords: Primary Health Care; Rectal Cancer; Early Detection of Cancer; Continuity of Patient Care.

RESUMEN

Resumen El cáncer de recto localmente avanzado constituye un desafío que requiere integración entre atención especializada y Atención Primaria de Salud. Esta carta reflexiona sobre el papel de la APS en la prevención, detección precoz, referencia oportuna, seguimiento, rehabilitación y continuidad asistencial de estos pacientes. Se proponen acciones orientadas a fortalecer la capacitación del personal, organizar la vigilancia posterior al tratamiento, incorporar apoyo psicosocial, promover la coordinación multidisciplinaria y reducir inequidades en el acceso. Asimismo, se destaca la toma de decisiones compartida y la necesidad de investigaciones locales que permitan adaptar las estrategias a las características y necesidades de cada comunidad.

Palabras clave: Atención Primaria de Salud; Cáncer de Recto; Detección Precoz; Continuidad de la Atención al Paciente.

Dear Editor:

Colorectal cancer is one of the most common malignancies in the world, with the third highest incidence and mortality rate among all malignancies. Rectal cancer accounts for approximately 30% of all colorectal cancer cases. Treatment has evolved with the introduction of neoadjuvant radiation therapy and chemotherapy prior to total mesorectal resection (TME). Neoadjuvant chemoradiation therapy, TME, and adjuvant chemotherapy are currently the primary treatments recommended for patients with locally advanced rectal cancer. (1)

The preventive approach to the health-disease process constitutes a strategy in the context of the Sustainable Development Goals 2019-2030 and the Sustainable Health Agenda for the Americas 2018-2030 to strengthen health systems in order to achieve equitable outcomes (2), and it has been a fundamental pillar of APS in Cuba since its creation in 1985 with the Family Doctor and Nurse Program. Despite this undeniable development, the desired and necessary impact on noncommunicable diseases, such as colorectal cancer, has not yet been achieved at this level. Colorectal cancer is a disease whose incidence and mortality have increased in recent years at both global and national levels (3).

In this context, the author considers that Primary Health Care (APS) constitutes the first level of contact between the population and the health system and, therefore, plays a fundamental role in the prevention, early diagnosis, and follow-up of chronic diseases, including colorectal cancer. In particular, locally advanced rectal cancer represents a clinical and organizational challenge, since patient survival depends not only on the quality of hospital treatment, but also on the continuity of care and the support provided by APS.

Based on recent evidence, the author considers that APS should assume a more active role in the study and improvement of survival in locally advanced rectal cancer.

In this sense, the following recommendations are proposed:

1. Strengthen early detection and appropriate referral by training PHC staff in the classification of initial symptoms and in rapid referral protocols to specialized levels.

2. Adopt organized follow-up programs to institute post-surgical and post-treatment surveillance schedules, with clear protocols for the detection of relapses and complications.

3. Incorporate psychosocial support and rehabilitation by combining counseling services, support groups, and job reintegration programs, since quality of life is a key factor in survival.

4. Foster multidisciplinary coordination, thereby promoting clear communication among oncologists, surgeons, and APS physicians to ensure continuity of care and avoid duplication of efforts.

5. Reduce inequities in access by deploying local studies that identify gaps in access to diagnosis and treatment, especially in vulnerable communities, and by designing adapted strategies.

Shared decision-making has become a fundamental component of patient-centered care and ensures that therapeutic decisions align with patients' values and priorities. Given the preference-sensitive nature of the management of locally advanced rectal cancer, shared decision-making plays an important role in helping patients navigate these decisions.(4)

International literature supports these recommendations, stating that coordination between levels of care and the integration of APS in the management of colorectal cancer improve survival and reduce inequalities.

Consequently, the author believes that promoting local research at the APS level will allow these strategies to be adapted to the realities of each community, strengthening the equity and effectiveness of the health system.

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