Cancer Moonshot: What It Means for Patients

Deborah K. Mayer, PhD, RN, AOCN®, FAAN, and Shelley Fuld Nasso, MPP

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 worth 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 in my case, require 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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