

Living Between Two Specialities: A Survivor's Story

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My Cancer – Blood Cancer, aged 39

- Baseline assessment for clinical trial (incl. anthracyclines)
 - family history hypertension
 - 60-a-day smoker (until three days before first treatment day)
 - Usual weight, 68kg; at diagnosis 52kg
- Trial sheet – risk of heart problems (annual x-ray for 5 years)
- Oncologist – there WILL be heart problems (“probably 10 years”)
- Me – “The cancer will kill me before then.”
- Weight after 8 months chemo with steroids – 120kg
- Referral to dietician – “timed out” as treatment had ended

My Heart – Emergency stent, aged 49

NB I was still having annual cancer follow-up – blood tests via GP, no x-rays/scans

Cardiologist post-stenting - “Ah, cancer drugs... your arteries are pretty ropey.”

I asked for a more comprehensive heart check.

- ☹ Referral – Physio - 8-week course for over-70s; not strenuous at all for me. “Read this leaflet.”
- ☹ Referral – Dietician – “Eat less cheese and chocolate. Read this leaflet.”

I complained to cardiology dept – referred back to GP for “depression”

- Referral – Counselling – “You do not have depression. Go and enjoy your life.”
- ✓ New GP 2025 – stopped cancer blood tests, referred me for heart stress tests after dizzy spells
- ✓ New Cardiologist – no major heart muscle damage; some minor problems for me to manage
- ✓ New Physio - exercise regime tailored to arthritic knees
- ✓ No need for dietician – GP advice – “Richard, just eat less.”

Cancer Patient Priorities for Research Into Care

✓ <https://www.jla.nihr.ac.uk/priority-setting-partnerships/living-with-and-beyond-cancer>

1. What are the best models for delivering long-term cancer care including screening, diagnosing and managing long-term side effects and late-effects of cancer and its treatment (e.g. primary and secondary care, voluntary organisations, self-management, carer involvement, use of digital technology, etc)?
2. How can patients and carers be appropriately informed of cancer diagnosis, treatment, prognosis, long-term side-effects and late effects of treatments, and how does this affect their treatment choices?
3. How can care be better co-ordinated for people living with and beyond cancer who have complex needs (with more than one health problem or receiving care from more than one specialty)?
9. What specific lifestyle changes (e.g. diet, exercise and stress reduction) help with recovery from treatment, restore health and improve quality of life?