



The needs of cancer survivors and their comfort levels for discussing them with GPs and oncologists – results from a cross-sectional survey

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Background

- Traditional, oncologist led follow-up care may not be the optimal model for addressing many key survivorship issues
- The survivor population is likely to outgrow the oncology workforce within a decade
- New and innovative models of care are therefore required to meet the needs of cancer survivors
- Survey of local survivors needs and preferences for follow-up care undertaken to inform service development

Aims

1. To identify the aspects of quality survivorship care rated as important by cancer survivors.
2. To describe the current follow-up care cancer survivors are receiving and identify areas which are perceived to not be adequately addressed by current services.
3. To explore the perceived acceptability of a range of models of survivorship care.

Methods

- Cross-sectional survey of adult cancer survivors recruited from 6 NSW oncology units
- Eligibility:
 - diagnosed in 2008
 - no evidence of recurrence in past 6 months
 - adequate English language
 - physically and mentally capable of completing questionnaire
- Questionnaire mailed with covering letter from treating oncologist and reply paid envelope
 - Repeat mail-out at 1 month to non-responders

Questionnaire content

Current care

- Care provider (GP, cancer specialist, nurse, other)
- Frequency of visits

Reasons for attending follow-up

- 9 potential reasons for follow-up
- Ranked “not at all important” to “very important”

Important components of follow-up

- 22 physical, psychosocial and practical issues
- Ranked “not at all important” to “extremely important”

Met and unmet needs

- 23 physical, psychosocial and practical issues
- Presence of need and degree to which it was met

Preferred providers

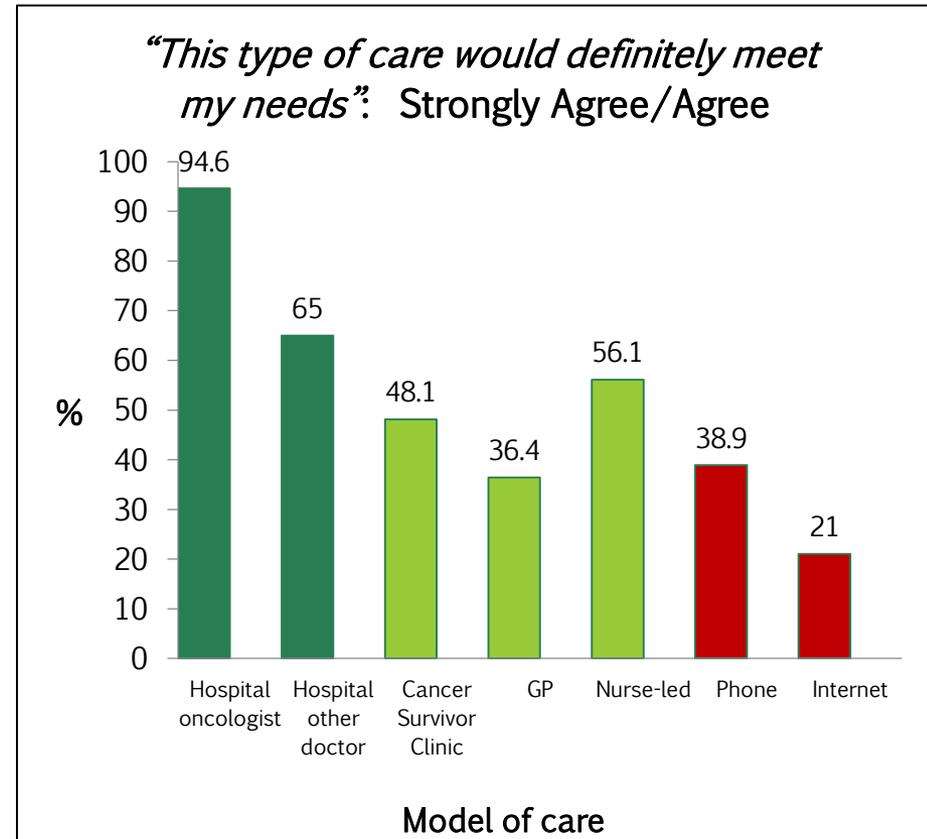
- 23 physical, psychosocial and practical issues
- Provider(s) they would be happy seeking help on each

Follow-up care models

- 7 models of care
- Degree to which each would meet their needs
- Degree of worry about problems not being found

Previous reports – COSA 2012

- components of survivorship care ranked as most important
 - Top 3:
 - information about check-ups
 - information about late effects
 - reassurance
- highest ranked unmet needs
- perceived acceptability of alternative models of survivorship care



This report

- predictors of multiple unmet needs in our survivor cohort
- levels of comfort in discussing survivorship issues with GPs and cancer specialists

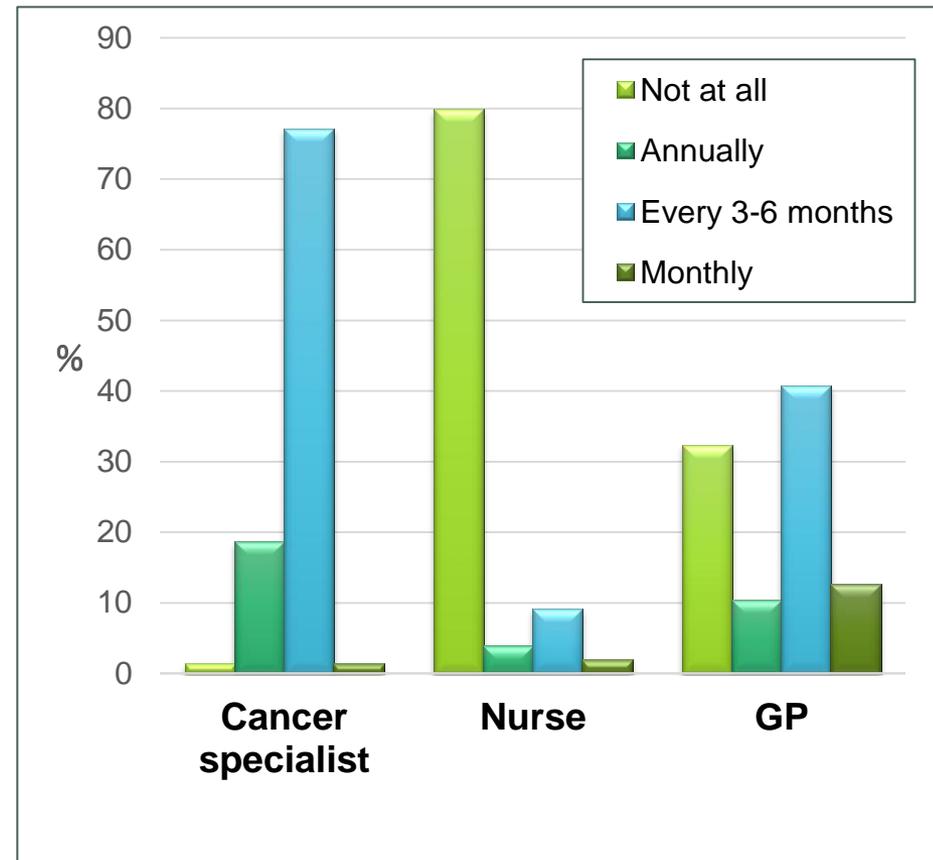
Results

- 228 surveys returned
- Response rate 50.5%
- No significant differences between respondents and non-respondents by age, gender or cancer diagnosis

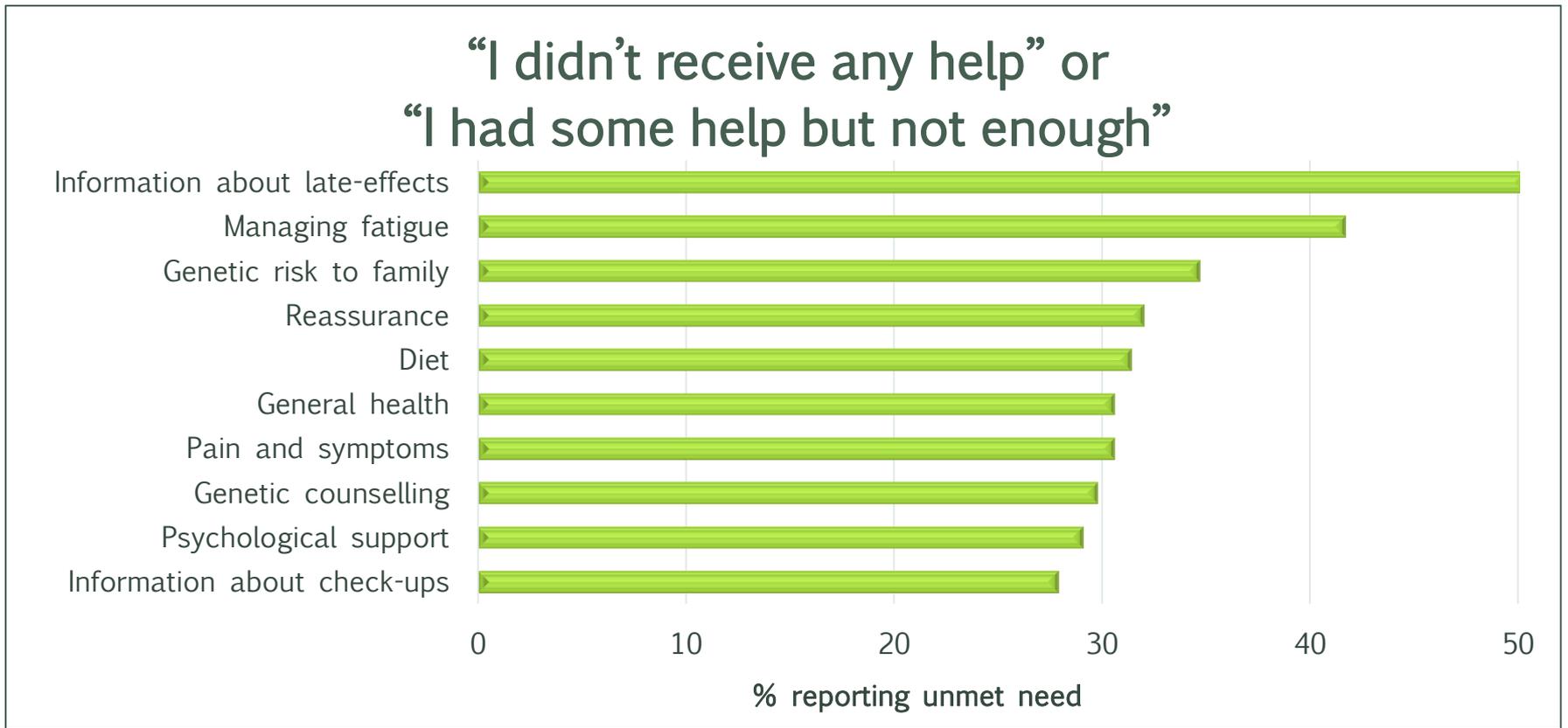
Demographic and clinical characteristics of respondents	
Age (years) – mean (range)	59.3 (32-87)
Female (%)	71.5
Married/de facto – (%)	92
Tertiary qualification (%)	59
Currently employed (%)	49.1
First cancer diagnosis (%)	
- Breast	70.0
- Colorectal	13.9
- Prostate	4.5
- Ovarian	2.2
- Stomach or oesophageal	2.2
Treatment (%)	
- Surgery	90.4
- Chemotherapy	75.1
- Radiotherapy	76.3
- Monoclonal antibodies	20.9
- Hormonal therapy	47.5

Current care providers

- 98.6% attended regular follow-up with a cancer specialist
- 32.4% had not seen a GP at all
- Few respondents reported follow-up care with a nurse



Unmet needs – top 10



Unmet needs

- Median number of unmet needs: **4 (range 0-23)**

- **Univariate analyses** – variables associated with 4 or more unmet needs

Factor	OR (95%CI)	p
Younger age		<0.001
Female gender	2.6 (1.3 – 5.3)	0.011
Tertiary education	2.03 (1.2 – 3.5)	0.016
Partnered	0.68 (0.37-1.2)	0.249
Employed	1.55 (0.91 – 2.64)	0.134
Tumour type		0.303
Chemotherapy	0.70 (0.37 – 1.34)	0.364
Radiotherapy	0.55 (0.29 - 1.09)	0.119
Surgery	1.17 (0.28-4.81)	1.00
Targeted therapy	0.91 (0.41-2.04)	0.983
Hormonal therapy	1.41 (0.77-2.59)	0.335

Multivariate analysis

- On multivariate analysis **higher education** remained independently associated with 4 or more unmet needs

Factor	p
Younger age	0.113
Female gender	0.122
Tertiary education	0.042
Partnered	0.532
Employed	0.860
Chemotherapy	0.932
Radiotherapy	0.135
Surgery	0.138
Targeted therapy	0.781
Hormonal therapy	0.624

Oncologist preferred

Issue	Oncologist (%)	GP (%)	Neither (%)
Cancer treatment	89.9	40.1	5.5
Follow-up care	80.8	42.4	9.1
Frequency of check-ups	87.8	28.5	6.8
Late side-effects	77.8	35.1	12.5

GP preferred

Issue	Oncologist (%)	GP (%)	Neither (%)
General health check-ups	6.4	94.9	3.7
Lifestyle behaviours	26.1	62.5	28.1
Fatigue	35.0	61.2	24.0

Majority preferring neither

Issue	Oncologist (%)	GP (%)	Neither (%)
Finances	4.3	11.5	85.5
Education	3.1	12.5	84.4
Employment	19.7	22.8	65.2
Psychological support	18.4	36.3	54.8
Exercise	16.4	41.3	52.5
Diet	16.1	42.6	51.1

Key findings

- Local survivors have significant unmet needs despite intensive, specialist led care

- Higher education predictive of greater unmet needs
 - Supports findings of others in the breast cancer setting
 - Hypotheses:
 - Imbalance between clinician and patient expectations surrounding information provision?
 - More likely to seek information from sources other than cancer care providers?
 - Greater awareness of post-treatment phenomena as associated with cancer?
 - Greater expectation of rehabilitation services?

Von Heymann-Horan, Acta Oncologica 2013
Griesser, Eur J Cancer Care 2011
Lam, Breast Cancer Res Treat 2011

Key findings

- Cancer survivors' comfort levels for discussing aspects of their care varies between providers
- Some key survivorship issues not entrusted to either oncologists or GPs
- Models of care for cancer survivors must address these potential deficits in care.

Limitations

- Breast cancer predominance (70%)
 - prevalence and prognosis of disease
 - contributing clinicians casemix
 - limits predictive analyses
- Cross-sectional design
 - Needs and preferences may change with time from diagnosis
- Response rate 50.5%

Acknowledgements

■ Survey Collaborators:

- NSW CSC: Barbara Bennett, David Goldstein
- Ingham Institute: Afaf Girgis
- POW: Michael Friedlander, David Goldstein, Craig Lewis, Liz Hovey
- RHW: Michael Friedlander, Neville Hacker
- Calvary Mater Newcastle: Tony Bonaventura
- Liverpool: Eng-Siew Koh
- Private rooms: Eva Segelov, Fran Boyle

■ Fellowship: Ride for Life Foundation

