

# What do Australian oncologists think about cognition and cancer?

Ms Kate Smidt<sup>1</sup>

A/Prof Lynette Mackenzie<sup>1</sup>

Dr. Haryana Dhillon<sup>2</sup>

<sup>1</sup>Discipline of Occupational Therapy, Faculty of Health Sciences

<sup>2</sup>Survivorship Research Group, University of Sydney, Sydney



THE UNIVERSITY OF  
SYDNEY

Email:

Lynette.Mackenzie@sydney.edu.au

## Background

- Subtle changes in cognition are widely acknowledged as an issue for cancer survivors<sup>1</sup> and these can impact daily functioning and health.<sup>2</sup>
- Cognitive changes are reported in the areas of information processing speed, attention, memory retrieval and executive function for cancer survivors,<sup>1</sup> although the cause of these changes remains uncertain.
- There appears to be a lack of information provided to cancer survivors about cognitive changes following cancer diagnosis and treatment. Some cancer survivors indicate that their concerns about cognitive changes are dismissed by oncologists.<sup>3</sup>
- Oncologists rarely specifically address cognitive changes as a potential side effect of cancer diagnosis or treatment.<sup>4</sup>

## Research questions

How do oncologists perceive cancer-related cognitive changes and how do they anticipate and address these with their patients?

## Study aims

To explore the perceptions of Australian oncologists about cancer-related cognitive changes and to investigate how their views may influence decisions about patient care.



## Methods

Following ethics approval, a qualitative approach using individual interviews with medical and radiation oncologists was applied. Participants were recruited through advertisements distributed via email by organisations representing members of the oncology community. Consenting participants returned an expression of interest to researchers along with demographic information. Snowballing was also used to maximise participation.

Telephone interviews were conducted to address constraints for participants of time and location. Interviews lasted between 15-30 minutes.

Interviews were audiotaped and transcribed verbatim. Transcripts were coded and analysed using thematic analysis.

## Participants

13 medical oncologists and 5 radiation oncologists were interviewed. Most were aged 35-44, male and specialised in a range of cancer groups. Participants were from across Australia: Victoria (n=5), NSW (n=4), Queensland (n=4), West Australia (n=2), South Australia (n=1), Northern Territory (n=1) and ACT (n=1). Most were from metropolitan areas (n=13) and the remainder were from rural or regional areas.

## Results

Four main themes emerged:

- Beliefs about the impact of priming on reports of cognitive changes by cancer survivors
- Perceptions about who is more likely to raise concerns about cognitive changes
- Uncertainty of how to best manage cancer related cognitive changes
- Perceived role of oncology specialists in the management of cancer related cognitive changes

## PRIMING

Participants perceived that breast cancer patients were more likely to report cognitive issues than other cancer groups. This was believed to be related to the higher levels of supportive care and other forums offered to breast cancer survivors where awareness was raised about the potential of cognitive changes associated with the cancer experience.



*"I feel that priming is a key issue on all of this. You go into a room and give a talk to women then say, "who's got some cognitive changes after chemotherapy?" and everybody puts their hands up. I don't believe the problem is that common."*

## WHO RAISES CONCERNS?

Cancer survivors' self-reports of subtle cognitive changes were often thought to be strongly linked to other confounding factors such as fatigue, anxiety or depression, or those with little support. Young women and people in demanding jobs were cited as more likely to report cognitive issues.

*"People in higher end jobs are more likely to notice it. If you're not doing a job that requires a high degree of cognitive function, then you're less likely to notice it."*

## UNCERTAINTY

Many participants were uncertain about how to manage cognitive changes, as they felt there were few options available, therefore it was less likely to be raised.

*"The difficulty is that I don't really know what to do about it, and it's hard to ask a question that you don't know the solution to."*

## MANAGEMENT ROLE

Participants emphasised their role as a curative one, as well as managing physical side effects or screening for recurrence. Some raised the potential for cognitive changes with their patients as part of the consenting process to treatment. Referral to general practitioners and psychologists or psychiatrists were commonly mentioned. Many felt that financial constraints meant that cognitive rehabilitation services were not available.

*"We leave a lot of those things up to the general practitioner – I think we delegate some of that responsibility of that holistic aspect of care to the community setting."*

## Implications

- Need to screen for confounding factors to eliminate other issues.
- Investment needed for cognitive rehabilitation services
- Clinical guidelines needed for the management of cancer related cognitive changes



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