Needs of Cancer Patients

Review of 2 systematic reviews and a large scale study from NSW

Background

Unmet needs defined as requirement of some action or resource that is necessary, desirable or useful to attain optimal well-being.

QoL research shows diagnosis and treatment of cancer impairs patient's:

- Work and social activities
- Management of the home
- Family and other relationships
- Sleep patterns
- Sexual activity
- Levels of anxiety and depression

Measured Patient Satisfaction

- High for clinical aspects of care
- Low for information and support about:
  - Disease
  - Treatment
  - Side effects/side effect control
  - Support at home

The unmet supportive care needs of patients with cancer *

Conducted by the NSW Cancer Council supportive care review group and the Cancer Education Research Program

Aim: Describe the prevalence of unmet needs among a large sample of cancer patients undergoing different types of treatment for their cancer at different treatment centers

Disease and treatment variables were examined as predictors of different types of unmet needs

Sanson-Fisher, R, & Girgis, A, & Boyes, A. (2000) The unmet supportive care needs of patients with cancer. Cancer. 88(1):225-236.

Sample

- 9 treatment centres (55% of all NSW RT centres, 3 of which offered rural RT clinics)
- Patients diagnosed at least 3 months prior
- 18-85 years, English reading/writing and speaking
- Supportive care needs survey and reply paid envelope and trained interviewer to explain what it was for
- Modified version of the Cancer needs questionnaire (pilot tested in a prior study using 200 subjects) 71 questions in 3 groups:
  - 5 separate factors associated with need
  - Disease and treatment
  - Patient background

Results - 888 surveys

- Highest levels of unmet need found in the psychologic domain, then health system and information and then physical and daily living domain.
- Patients in remission had fewer needs across all domain than those not in remission.
- Females reported higher levels of unmet need in the psychologic and care and support domains than males.
- Treatment centre was identified as a significant predictor of reporting some unmet needs.
- Patients with multiple sites, lung, colon, rectal or brain cancer had higher needs than breast.
- Time since last admission predicted level of unmet physical needs.

Discussion

One similar prior study had found information to be the most common unmet need, suggesting this might have improved over time.

Psychological need has been identified before by numerous other studies.

Discussed the range of interventions aimed at improving psychosocial support such as tailored counselling delivered by specialist oncology health professional or relaxation training for patients undergoing radiation therapy.

It is likely that the needs of some cancer patients will never be fully met and a level of perceived unmet need will always be present.

Recommendations

- Develop interventions which look at:
  - Structural changes to the provision of care
  - Improving the interactional skills of health professionals
  - Improving the provision of or access to resources
  - Providing feedback to clinicians
  - Clear and regular monitoring to ensure oncology care can best meet the needs of a variety of patients.

Summary

- Does take into account the context of rural/urban centres.
- The patients were only considered at one time point in their diagnosis, which was not the same for all patients.
- 'Some need' was categorised as those patients reporting a 'moderate' or 'high' unmet need and only the top ten ranking needs were reported, what about the other needs?
- In comparison to the population the 888 sample overrepresented females; cases of breast, bowel, colon and rectal cancer; and those ages 31–60 years.
- Underrepresented males; prostate carcinoma, lung carcinoma, and skin cancer/melanoma cases; and patients ages 71–85 years.
- 66% response rate – low
What are the unmet supportive care needs of people with cancer? Systematic review *

Supportive care can be defined as care that helps a person with cancer and their family cope with cancer and its treatment, from pre-diagnosis through the process of diagnosis and treatment to cure, continuing illness or death and into bereavement.

Aims:
1. Ascertain the prevalence of unmet supportive care needs in adult cancer patients according to time point of the cancer illness;
2. Investigate differences in unmet need for different tumour groups and different stages of disease;
3. Identify clinical and personal predictors of unmet need;
4. Document study design investigating prevalence of unmet need.

The most frequently reported unmet SCN

- Activities of daily living domain (1-73%)
- Psychological information (6-93%)
- Psychosocial (1-89%)
- Physical (7-89%)
- 57 quantitative studies
- Excluded kids/young adults, carers, non-English speakers
- Satisfaction studies and studies translated into English (non-Australian studies) were included
- QoL studies were not included

SCN while on Treatment

- The highest levels of unmet need for most domains were identified during treatment
- The prevalence of unmet need for each domain had the largest variation during the treatment phase compared to any other time point of the cancer illness
- Predictors unmet needs: low social support networks, low income, increasing age, decreasing age (<60 years), advanced disease and not being told that the cancer was diminishing, being geographically isolated from health services

Summary

- Some need definition is not universal
- One factor may be ticked and some need is present
- Measures are hardly ever taken across time periods
- The results could be skewed because there were more studies made during treatment
- Call for more uniform measuring of unmet need

Supportive care needs of rural individuals living with cancer: A literature review *

- Large scale study of 23 international papers both qualitative and quantitative
- Studies frequently reported that the cancer experience creates significant psychological and emotional disruptions for patients and their families including: Lack of services rurally, Difficulties with practical needs, Uncertainty and fear around travelling, Lack of privacy leading to isolation, A need to discuss emotional concerns with people in similar situations was commonly identified

Positive influence

- This literature review also highlighted the numerous positive features of rural life patients have highlighted: positive culture and supportive community networks, sense of peace, learned survivorship, Positive aspects of staying in comfortable, social and affordable hospital accommodation similar to Our House

Further Questions

- Are rurally based patients at a higher risk of having unmet supportive care needs?
- Are we measuring the unmet needs of our patients across all domains?
- How can we can assess their level of need across the patient’s pathway?
- How can we address those unmet needs best? Ask the patients/carers

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Summary

- Research demonstrates high prevalence of unmet needs.
- Good social support is often related to fewer unmet needs.
- The literature suggests that people with more advanced stages of disease or with poor health status are more likely to have unmet needs.
- Lung cancer was also identified as a predictor of higher levels of unmet need.