

Rehabilitation needs for people with advanced lung cancer – the patients' perspective

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Introduction

Patients with advanced lung cancer can experience significant symptom burden. Early introduction of specialist palliative care, including rehabilitation interventions, have the potential not only to extend life but also to improve quality of living.

Rehabilitation is a concept that is often misunderstood within the context of life-limiting disease. This may impact on a patient's ability to request support and also mean medical and nursing professionals may not refer those who might benefit from rehabilitation. In this study, we wanted to understand what the rehabilitation needs are for people with advanced lung cancer

Method

We conducted a qualitative study using a grounded theory approach. Patients, carers, rehabilitation specialists, nurses and oncologists were consulted as part of the research design, including the development of a topic schedule. Following ethical approval (NHS Health Research Authority Research Ethics Committee Number 14/EM/0200). Participants who were no longer receiving curative treatment were recruited from lung cancer clinics at a tertiary cancer centre. On receipt of written consent, patients were interviewed, depending on their preference, in person or by telephone. In addition, we visited people at home in the event they were not well enough to attend the hospital for interview. Theoretical sampling was used within a constructivist approach. Interview data were transcribed and coded by JWGR and CAS. TW verified the analysis.

Figure 1: Overall Themes

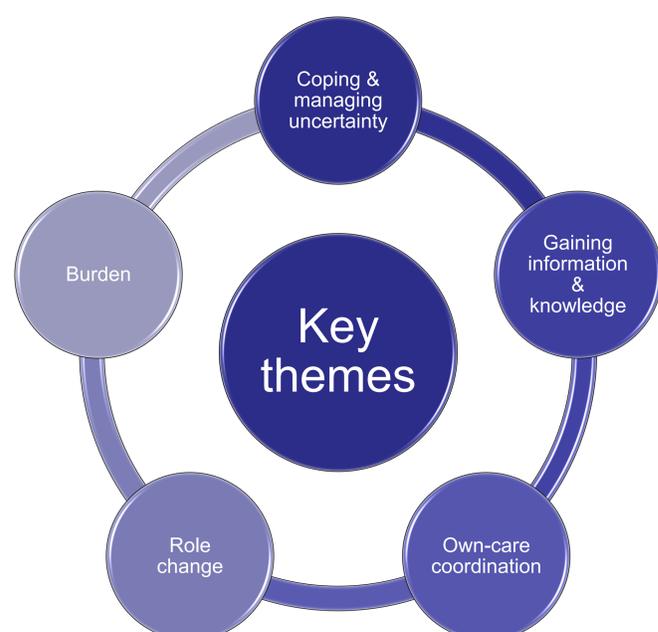


Table 1: Patient characteristics

Age (mean and SD)		62 years (SD 10.31)
Gender		14 women 11 men
Disease Stage	IIIB	3
	IV	16
	recurrent	6
Smoking History	never	7
	previous	13
	current	5
Treatments undertaken (%)		
Chemotherapy		25 (100%)
Radiotherapy		15 (60%)
Surgery		2 (8%)
Targeted Therapies		18 (72%)

Results

We recruited 25 people to this study (see Table 1). Participants were, or had been, receiving treatments including palliative chemotherapy, radiotherapy and targeted therapies. Overall themes are detailed in Figure 1. People expressed varied experiences at diagnosis, including delays, particularly if they were non-smokers. Participants reported limited contact with rehabilitation services despite expressing needs. Participants managed their own decline where possible, however they reported difficulties in finding reliable, holistic support for rehabilitation and supportive care needs. Inconsistency of care was perceived as burdensome. Where people had accessed early support from hospices, they expressed less uncertainty and fear for the future. Where people were being treated with targeted therapies, they reported fewer cancer related symptoms. However, they did express increased treatment burden and voiced uncertainty regarding treatment effectiveness and prognosis. Patient information needs were varied and people wanted tailored information at a time of their choosing.

Conclusions

Our study highlights that patients create their own social and information networks. Patients with advanced lung cancer require flexible, holistic and supportive care and information. This should be in a variety of formats, available from diagnosis and implementation should be patient led. Further studies should be implemented to establish optimal timing and content of rehabilitation interventions. This should be underpinned with education of the multidisciplinary team to ensure timely referrals to specialist rehabilitation as part of a holistic package of cancer care.

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