ASSESSMENT OF COLORECTAL CANCER SURVIVORS' SUPPORTIVE CARE NEEDS AND PROVISION OF SUPPORTIVE CARE IN GENERAL PRACTICE SETTING

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INTRODUCTION

Early-stage colorectal cancer (CRC) is curable with 70-90% 5yr survival rate. Standard treatment is surgery +/- chemotherapy and/or radiotherapy. Side-effects of treatment (SE) can last for years post-treatment or be lifelong. SEs impact survivors' quality of life. Little is known about how survivors manage SEs or the role of their primary care team in post-treatment recovery.

Our aim was to explore survivors' and clinicians' (General practitioners (GP) & practice nurses (PN)) opinions and current practices for managing SEs in the community.

METHODS AND MATERIALS

This was a mixed-method study involving a national survey of survivors and primary care clinicians. Follow-up qualitative interviews with a sample of the survey were conducted. Survey respondents were descriptively analysed. An interpretive descriptive approach using thematic analysis was used for qualitative data.

Take Home Messages

Survivors experience a range of SEs that they often self-manage through trial and error. Some SEs are under-discussed with GPs despite many considering their GP as their primary contact for post-CRC.

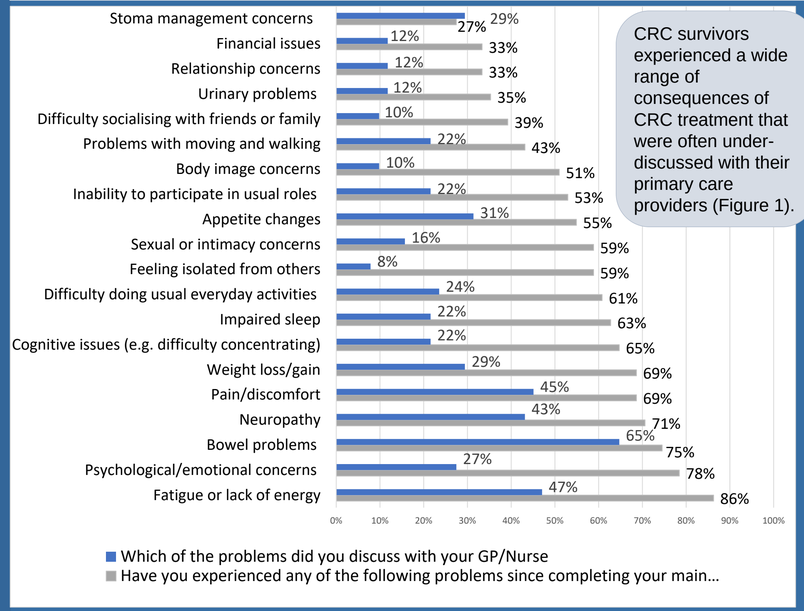
Survivors and primary clinicians want more information from cancer services following completion of treatment, particularly, information on possible SEs and support services/resources available locally. Primary clinicians want more detailed clinical information to enable better ongoing assessment, timely management, and referral for SEs.

Recommendations:

- To improve discharge preparation for survivors through the provision of information on what to expect after treatment;
- To improve discharge information transfer from cancer services to primary care services.

RESULTS: Survivors

Survey (n=51, 79% female, 41% aged<50 years)



CRC survivors experienced a wide range of consequences of CRC treatment that were often under-discussed with their primary care providers (Figure 1).

Figure 1. Symptoms and functional concerns experienced by colorectal cancer survivors, degree of disclosure with primary care providers

GPs were the first point of contact for CRC survivors when experiencing treatment-related issues (Table 1).

In general, if you experienced any treatment-related symptoms or other concerns who would you contact first?	
General practitioner/primary care doctor	39.2%
Medical oncologist	19.6%
Cancer nurse specialist	9.8%
Surgeon	7.8%
Community nurse	2.0%
Other *	11.8%

Table 1. Types of health professional CRC survivors initially contact for issues.
* Others: Bowel Cancer Australia, Emergency Department, palliative care doctor, surgical team hotline

Interviews (n=19, 13 female, 8 aged<50 years)

Ongoing supportive care needs

- Lengthy trial and error to self-manage SEs (especially diet and bowel issues).
- Unresolved SEs following GP/specialist visits led participants to seek information and support online:
- Participants considered themselves their main coordinator of care. Some felt it was important to take ownership of their care, others felt there was no one else to do it:

Facebook sites have been a godsend & that shouldn't be the case

My GP is pivotal in my care

- Participants had positive experiences with their GP:
- GP was central to ongoing recovery and healthcare.
- Rural/regional participants more commonly expressed problems with accessing GP care:

sympathy" "emotional support" "good rapport" "so helpful" "good consistent part of my whole journey" "someone to cry with"

"floundering", "out in the cold" "don't know where to from here"

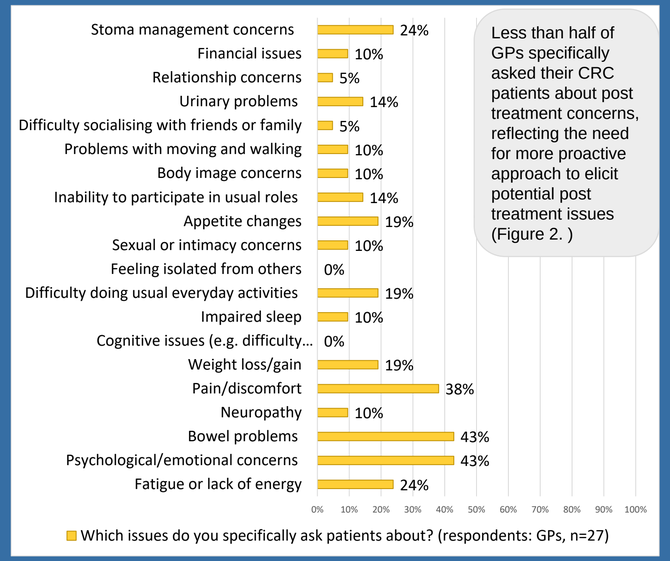
Improving care

- Improved information provision during hospital stay was needed, including; what to expect post-treatment; self-management strategies; who to contact for what issues; what SEs to be concerned about; what allied health was available to survivors.

RESULTS: Clinicians

Survey (n=19 GPs, 8PNs)

Almost half felt the information received from cancer services was insufficient (47%) and only somewhat timely (36.8%) or untimely (21%) to enable GPs to manage and coordinate care after CRC treatment.



Less than half of GPs specifically asked their CRC patients about post treatment concerns, reflecting the need for more proactive approach to elicit potential post treatment issues (Figure 2.)

Figure 2. Symptoms and functional concerns that GPs proactively discussed with their CRC patients

Interviews (n= 5 GPs, 1 PN)

Time constrains

- A barrier to a proactive assessment of potential SEs was time constraints, due to lack of remuneration for longer consultations. Shorter consultations made it challenging to fully address supportive care needs.

Information transfer between cancer services and primary care:

- Poor communication between cancer services and primary care was a concern for all participants:

"feel excluded from the treatment team" "Correspondence comes well after I see the patient "

- Timely and detailed information on medical history, treatment received, and noteworthy issues or services used during treatment, as well as information on potential SEs for which they should be monitoring, was considered crucial.

Access to services/resources

- It was difficult to find publicly funded, locally available support services and resources for their patients who reported SEs. When needing to contact cancer services, it was time-consuming to ***"hunt down"*** the clinician they needed.