Updates on the Effects of a Cancer Survivorship Clinic on Patient Distress and Symptom Severity

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INTRODUCTION

- The Cancer Survivorship Clinic (CSC) was established at William Osler Health System (WOHS) in 2017.
- The clinic aims to provide a transitional service between oncology and family physicians for patients who have completed primary anticancer therapy.
- This study aims to determine the patient impact of the CSC since our preliminary reports.[1,2]

THE SURVIVORSHIP CLINIC

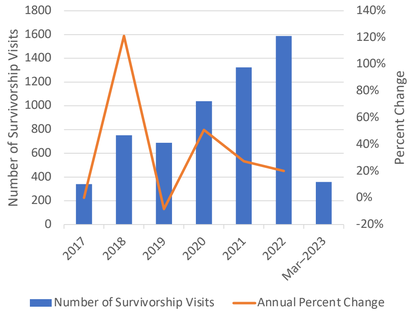

Figure 1. The annual growth of the CSC since its inception up to March 2023.

METHODS

- This was a retrospective chart review of all survivorship clinic patients from two community hospitals under WOHS in Southern Ontario between Feb 2017 and Mar 2023.
- Primary outcomes were changes in distress and symptoms, measured through the Distress Thermometer (DT), Canadian Problem Checklist (CPC), and Edmonton Symptom Assessment Scale (ESAS).
- Patient demographics were also collected—descriptive statistics and *t*-tests were used to assess the impact of the CSC.

PATIENT DEMOGRAPHICS

Key Characteristics

- 1680 patients were enrolled in the CSC from Feb 2017 to Mar 2023 for a total of 6092 clinic visits.
- 1385 patients were female and 295 were male; the median age was 61.
- The top three cancer disease groups by number of visits were breast (71.2%), GI (23.9%), and lung (1.7%).
- Approximately 5% of patients had a history of cancer involving more than one disease group.

Table 1. Demographics of patients enrolled in the survivorship clinic.

Statistic Description	Value
Number of visits	6092
Number of patients (average visits per patient)	1680 (3.6)
Age—Median	61
Sex—% (*n*)	
Female	82.4% (1385)
Male	17.6% (295)
Visits by Disease Group—% (*n*)	
Breast	71.2% (4336)
GI	23.9% (1454)
Lung	1.7% (102)
Hematologic	1.6% (95)
Other	1.7% (105)

RESULTS

DT Findings

- All 2927 visits with DT records yielded an average and median distress score of 2.5 and 1.0, respectively.
- There was a significant decline in distress from the baseline to follow-up visit among the study sample overall ($p < 0.001$) and especially among high-risk patients with an initial score ≥4 ($p < 0.0001$).

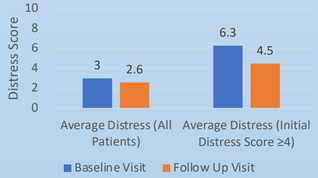

Figure 2. Changes in average distress score from baseline to follow up for all patients and patients with initial distress ≥4.

RESULTS CONT.

ESAS Findings

- 2616 ESAS records showed significant declines in means scores for anxiety, depression, drowsiness, nausea, and tiredness ($p < 0.05$).
- The median of many ESAS symptom severity scores were zero.

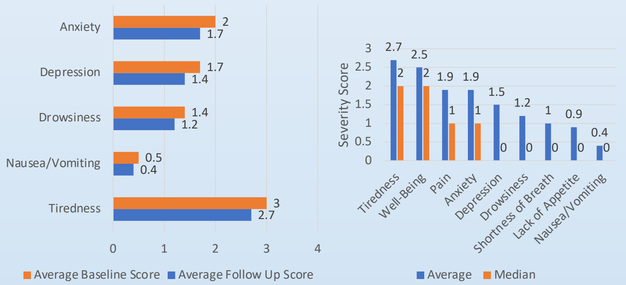

Figure 3. Significant changes in ESAS symptoms (left); average/median scores of all ESAS documentation (right).

Canadian Problem Checklist

- The top five reported causes of distress from the initial visit were:

1. Pain
2. Nervousness/anxiety
3. Fatigue
4. Tingling in hands and feet
5. Sleep/insomnia

- The last three reported causes of distress were mouth sores/swallowing (4.2%), talking, (3.5%), and loss of faith (2.7%).

Table 2. Top problems reported by all patients of the CSC.

Problem from Checklist	No	Yes	% Yes
Pain	1610	949	37.1%
Nervousness/Anxiety	1724	849	33.0%
Fatigue	1727	828	32.4%
Tingling in Hands/Feet	1777	768	30.2%
Sleep/Insomnia	1790	761	29.8%

RESULTS CONT.

DT and ESAS Patient Completion

- DT/ESAS completion rates were significantly lower during the COVID-19 pandemic due to more virtual visits.
- Completion began recovering in 2021, but declined once more in 2023.

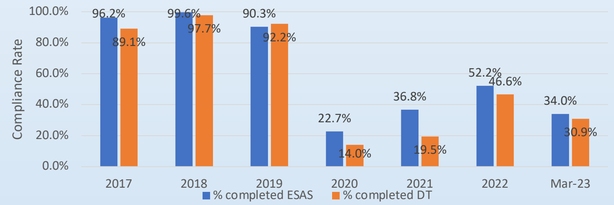

Figure 4. ESAS and DT completion for CSC patients since the CSC's inception.

CONCLUSIONS

- Among a large clinic population, the CSC has reduced the severity of patient distress and symptoms.
- Sustainability analyses and DT/ESAS completion are crucial for the clinic's growth and research.
- Future results aim to include information on patient treatments, co-morbidities, and cancer stage. A qualitative interview study on the clinic's impact on patient distress and distress management is also ongoing.

ACKNOWLEDGEMENTS

We would like to thank the Cancer Survivorship Clinic teams at William Osler Health System and staff at Wellspring Chinguacousy for dedicating their work to empowering survivorship patients and their transition into community life.

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