Cancer Supportive Care as a Distinct Clinical Stream
Creating Opportunities for Improving Care for Individuals with Cancer

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AIM: To investigate the clinical application of the following key affirmation statements

Supportive care involves routinely and systematically assessing patients to determine their needs

The Australian Optimal Care Pathway (OCP)[1]

Supportive care is relevant throughout the continuum of the cancer experience from diagnosis through treatment to post-treatment care

Multinational Association of Supportive Care in Cancer (MASCC)[2]

Introduction

Longitudinal assessment of supportive care needs in cancer patients across their disease continuum is critical to improving cancer service delivery. Latrobe Regional Health is a regional referral centre providing a generalist model of cancer care in Gippsland, Victoria, Australia. This provides a unique setting to examine and implement supportive care recommendations.

METHODS

PART 1: A retrospective analysis of the feasibility of supportive care assessments over the continuum of the cancer experience

Existing dedicated supportive care clinical activities by cancer care nurses (CCN) were identified and numbers of direct patient contacts collected from a retrospective audit between June 2022 to June 2023. CCN clinical activities and patient contacts were mapped to the Optimal Care Pathway (OCP) steps.

PART 2: A prospective collection of routine and systematic supportive care assessments of patients over the continuum of the cancer experience

CCN clinical activities were identified for systematic supportive care assessment from the retrospective analysis in part 1. Prior to starting the data collection the CCN team completed a data collection education session. Data collection forms were collated and script prompts were incorporated across 5 domains.

Supportive care Domains

1. **Symptom assessment using the UKON triage tool[3]**
2. **Psychosocial assessment using the NCCN Distress Thermometer (DT)[4]**
3. **Care Coordination**
4. **Education**
5. **Patient personal health promotion**

Question prompts for the health promotion domain

- **Are you exercising regularly?**
- **Is your diet healthy?**
- **Are you seeing your GP regularly?**
- **Do you smoke?**
- **Do you drink alcohol?**
- **Do you have a routine for personal relaxation?**

Patient demographic, disease and treatment time point (**Pre Treatment; Active Treatment and Maintenance / Surveillance)** data were collected at each CCN assessment.

Patient demographics and disease details were summarised with descriptive statistics. Supportive care data was analysed according to the rate of completion. Psychosocial and health promotion data was further analysed according to DT values and most frequent concerns and responses to the health promotion questions.

Figure 1: Proportion of disease groups represented in combined retrospective and prospective data collection

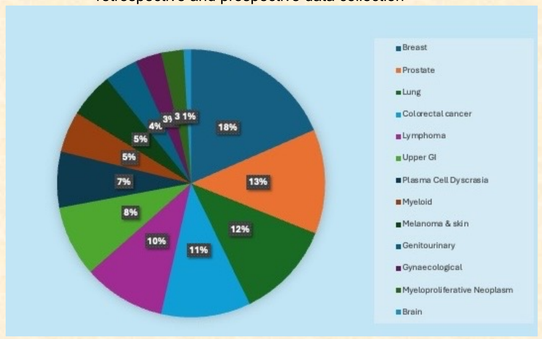


Table 1: Retrospective count of direct CCN contacts with reference to OCP steps

OCP time point	Description of patient contacts	Total (n)
Step 3: Diagnosis, staging and treatment planning	CCN appointment at initial diagnosis	1597
Step 4 : Treatment	Symptom and urgent review clinic (SURS)	1691
	& Nurse practitioner clinics	775
Step 5 : Care after initial treatment and recovery	Survivorship clinic	631
	CCN all follow up contacts	2042
Step 6 : Managing recurrent, residual or metastatic disease	Inpatient admissions	906
Step 7 : End of life care	Palliative care outpatient clinic	365
Comment: CCN contacts described were generally relevant across all the OCP steps Collection of systematic data was restricted to SURS and survivorship clinic (highlighted)		**TOTAL** 8007

Figure 2: % of data collection completion for domain psychosocial (Distress thermometer) and Health promotion across three treatment time periods

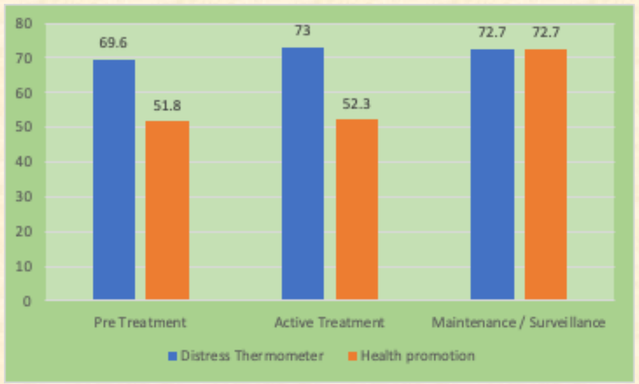


Figure 3: % of Distress thermometer values less than 4 across 3 treatment time periods and most common concern

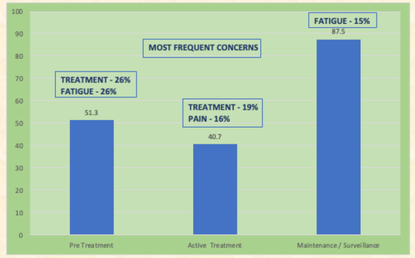
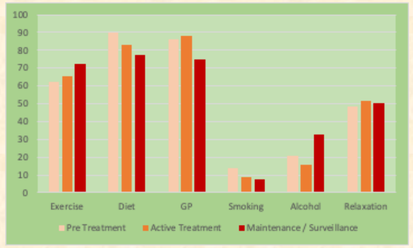


Figure 4: % of positive responses to health promotion questions across 3 treatment time periods



RESULTS

Over a 12 month period more than 8000 episodes of CCN supportive care were suitable for systematic data collection yet this was recorded less then one third of cases (Table 1)

Combined data from the retrospective and prospective study confirmed a broad range of malignant diagnosis receiving supportive care from the CCN team. More than half of the data related to the following five malignant diagnose, breast, prostate, lung and colorectal cancers and lymphoma (figure 1)

Over a 4 week period during April 2024, supportive care data was prospectively and systematically collected from 222 individual episodes of care. There were equal numbers of males and females (111). Males were slightly older than females, median age (range) for males 72 (26-93) years and females 66 (26-94) years.

Data was collected 100% of the time for the domains Symptoms, Care Coordination and Education. This reduced to 72% for psychosocial assessment using the distress thermometer (DT) and 57% for the measurement personal health promotion activities

Rates of completion of the DT was consistent across the 3 treatment periods with the lowest percentage during the pre treatment period (69.6%) compared to during active treatment (73%) and Maintenance / Surveillance period (72.7%). (Figure 2). When DT results were collected the percentage of response less than 4 was 51.1% during the pre treatment period, reduced to 40.7% during active treatment and increased to 87.5% in the maintenance / surveillance period. The most common concerns related to treatment, fatigue and pain (figure 3)

Rates of completion of the health promotion questionnaire was consistent during the pre treatment period (51.8%) and active treatment period (52.3%) and increased in the maintenance /surveillance period (72.7%) (figure 2)

Figure 4 displays the positive responses to health promotion questions across the three time periods. Positive responses to exercise, drinking alcohol and relaxation were higher in the maintenance/ surveillance period compared to the pre treatment periods. Positive responses to healthy diet and seeing a GP regularly were lower in the maintenance/ surveillance period compared to the pre treatment period. Five percent of patients in the study were actively smoking. (figure 4)

CONCLUSIONS

A supportive care program led by CCN provides a robust system to routinely and systematically assess cancer patients supportive care needs

Systematic recording supportive care needs in the domains of symptoms, care coordination and education can be incorporated into clinical care with ease

Additional strategies are required to improve the routine collection of psychosocial needs and understanding of patients health promotion behaviours

Establishing a supportive care program in a regional health care centre as a distinct stream of cancer care delivery has demonstrated an ideal approach for the longitudinal routine and systematic assessment of patients supportive care needs to drive patient centred data driven improvements in cancer care.

REFERENCES

1. Optimal Care Pathway (https://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways, 2. Multinational Association of Supportive Care in Cancer (https://mascc.org/) 3. UKON UK oncology nursing oncology/haematology triage tool Australian Version 1 24-hour-triage.pdf (eviq.org.au) 4.National Institute of Health (NIH) Distress Thermometer