

# Do they require the same level of care?

## Comparison of supportive care interventions in cancer patients with moderate versus high distress



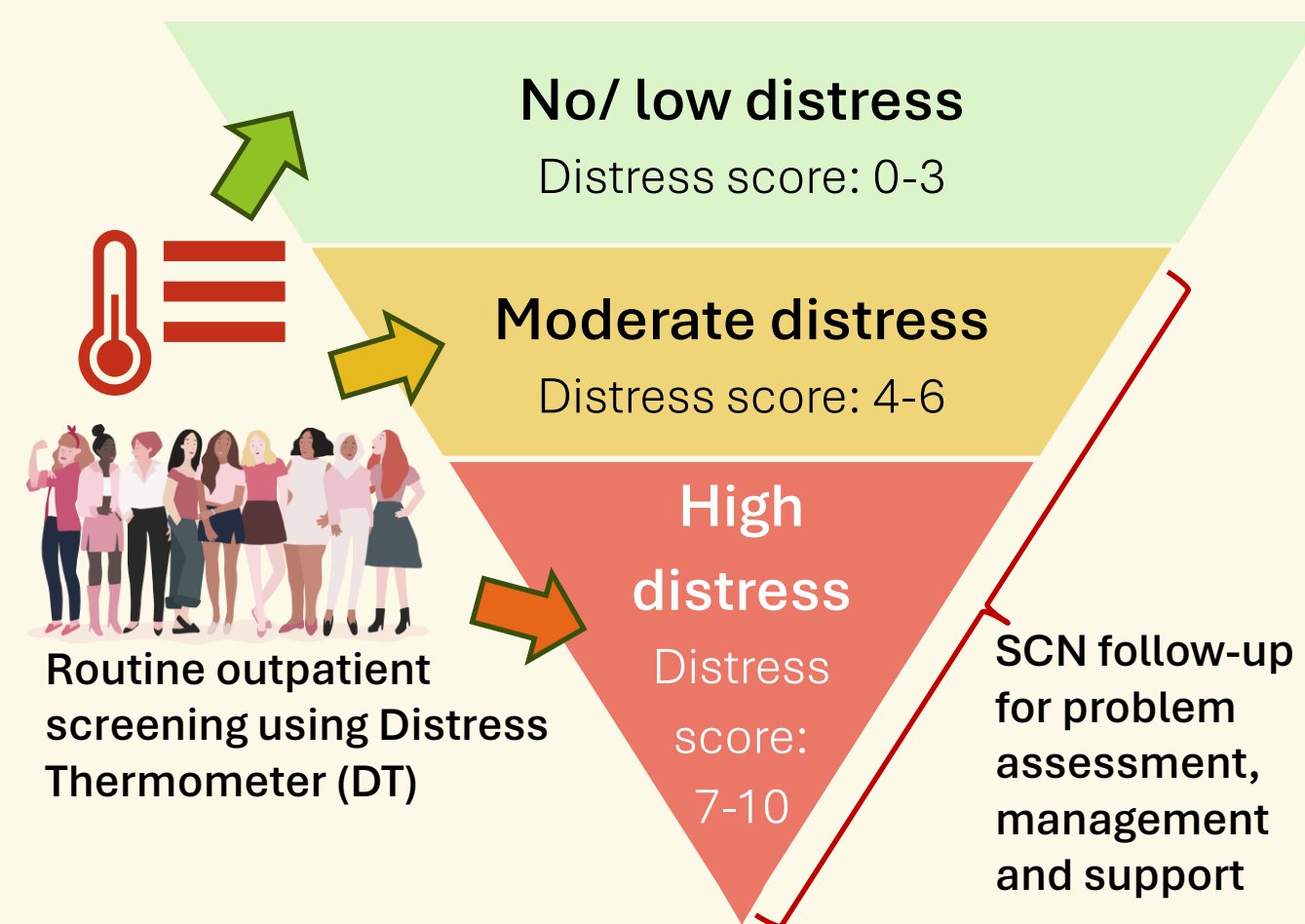
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### Introduction

- A nurse-led supportive care program at the National Cancer Centre Singapore (NCCS) routinely screens patients at each oncologist visit
- Patients with significant distress (DT $\geq$ 4/10) receive additional follow-up by supportive care nurses (SCN)
- Further risk stratification is needed to support program expansion with limited nursing resources

Figure 1: Cancer Supportive Care Program at NCCS



### Aim

Examine the differences in patient presentation and the interventions provided between patients experiencing moderate and high distress.

### Methods

- Study design: retrospective chart review
- Inclusion criteria: 1) breast or gynecological cancer, 2) reported distress score  $\geq$ 4
- Review period: April to September 2023

### Results

#### Patient characteristics



- 319 female patients reported significant distress
- Mean (SD) age: 59.1 (11.9)
- Majority were Chinese (75.6%)
- 285 patients received follow-up with SCNs

#### SCN Review outcomes

Table 2: SCN review outcomes

Outcome	Moderate distress (n = 209)	High distress (n = 76)	P
<b>Duration of consultation</b>			0.063
<30 minutes	78 (37.3%)	19 (25.0%)	
30-60 minutes	97 (46.4%)	37 (48.7%)	
>60 minutes	34 (16.3%)	20 (26.3%)	
<b>Acknowledgment of concerns</b>	200 (95.7%)	72 (94.7%)	0.751
<b>Resources provided</b>			
Useful contact numbers	192 (91.9%)	72 (94.7%)	0.608
NCCS online education materials	203 (97.1%)	75 (98.7%)	0.679
Community resources	48 (23.0%)	19 (25.3%)	0.679
<b>Type of advice provided</b>			
Pharmacological advice	63 (30.1%)	25 (32.9%)	0.657
General wellness advice	40 (19.1%)	19 (25.0%)	0.280
Non-pharmacological advice	181 (86.6%)	67 (88.2%)	0.730
<b>Referrals initiated</b>			
Medical social worker	198 (94.7%)	71 (93.4%)	0.415
Oncology rehabilitation services	4 (1.9%)	0 (0%)	0.021
Community rehabilitation services	3 (1.4%)	1 (1.3%)	>0.999
<b>SCN follow-up plan</b>			0.014
Review when necessary	184 (88.0%)	58 (76.3%)	
Follow-up required	25 (12.0%)	18 (23.7%)	

- Consult duration, resources, and type of advice provided were **similar in both groups**.
- SCNs assessed a greater proportion of patients with high distress to require **oncology rehabilitation services** and **additional follow-up** after the first review.

#### Patient presentation at SCN reviews

Table 1: Patient presentation at SCN reviews

Presentation	Moderate distress (n = 209)	High distress (n = 76)	P
<b>No. of physical symptoms assessed</b>			0.365
None	20 (9.6%)	9 (11.8%)	
1-2	115 (55%)	33 (43.4%)	
3-4	57 (27.3%)	25 (32.9%)	
>4	17 (8.1%)	9 (11.8%)	
<b>Physical symptoms reported</b>			
Pain*	77 (37.0%)	40 (52.6%)	0.018
Nausea/ vomiting	12 (5.7%)	11 (14.5%)	0.017
Fatigue	50 (23.9%)	21 (27.6%)	0.522
Peripheral neuropathy	31 (14.8%)	13 (17.1%)	0.639
Sleep problems	55 (26.3%)	17 (22.4%)	0.498
Loss of appetite	18 (8.6%)	7 (9.2%)	0.875
Constipation	28 (13.4%)	8 (10.5%)	0.519
Diarrhea	5 (2.4%)	10 (13.2%)	<0.001
<b>Highest grading of physical symptom</b>			0.164
Mild	114 (60.3%)	31 (46.3%)	
Moderate	45 (23.8%)	20 (29.9%)	
Severe	9 (4.8%)	3 (4.5%)	
Undocumented	21 (11.1%)	13 (19.4%)	
<b>Psychosocial issues reported**</b>			
Anxiety/ worry	80 (38.7%)	35 (46.1%)	0.261
Caregiving issues	25 (12.1%)	12 (15.8%)	0.412
Work-related issues	5 (2.4%)	4 (5.3%)	0.256
Financial concerns	12 (5.8%)	4 (5.3%)	>0.999
Financial concerns	17 (8.2%)	13 (17.1%)	0.031
<b>Not coping well***, n (%)</b>	5 (4.1%)	4 (10.3%)	0.221

\*Data missing for 1 patient with moderate distress

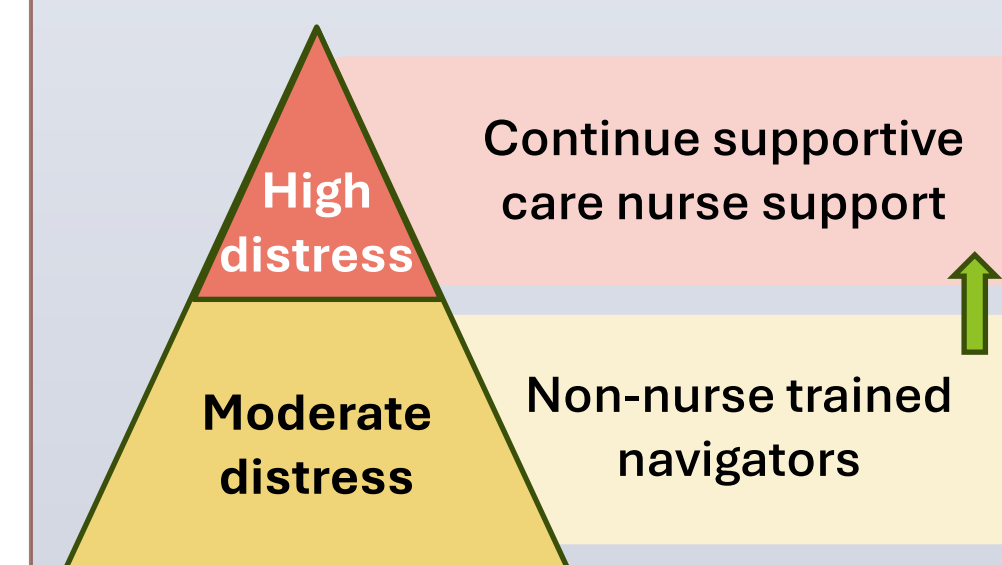
\*\*Not assessed for 2 patients with moderate distress

\*\*\*Not documented for 86 (41.2%) patients with moderate distress and 37 (48.7%) patients with high distress

- Both groups presented with a **comparable number** of physical problems, highest symptom grading, and prevalence of psychosocial issues.
- Compared to patients with moderate distress, a **greater proportion of patients with high distress presented with pain, nausea/vomiting, diarrhea, and financial concerns**.

### Conclusions

- Patients with moderate distress presented with **fewer supportive care problems** and had a **lower demand for SCN follow-up**.
- Non-nurse trained navigators** can potentially be trained to provide basic informational resources, general wellness advice, and non-pharmacological symptom management to patients with moderate distress.
- Escalation pathways** to SCNs should be created as a safeguard measure for worsening or complex symptoms.



### Acknowledgements

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