

Lung Cancer Survivor Experiences and Preferences: Informing the Development and Implementation of a Nurse-Led Survivorship Clinic

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BACKGROUND

To inform a new nurse-led survivorship clinic for patients considered at low risk of cancer recurrence and treatment-related medical issues. The perspectives of survivors were sought to identify unmet needs with current follow-up, determine the most important aspects of survivorship care, and preferences for the new clinic.

METHODS

Interview survey development
A semi-structured interview, including consent and open-ended questions was designed in collaboration with a lung cancer survivor, and uploaded into REDCap. It consisted of:

- 12 multiple choice questions about information and support received in follow-up
- 13 multiple choice questions ranking the importance of various aspects of survivorship care
- Six open ended questions about overall experience with follow-up and clinic preferences

Participant inclusion criteria
Lung cancer survivors who were treated in the last seven years with either:



Surgical resection




Chemotherapy/radiotherapy with or without immunotherapy (Chemo/RT)



Stereotactic ablative radiotherapy (SABR)

Data analysis
Quantitative data was analysed by descriptive analysis. Qualitative data was independently coded by two ACSC researchers and analysed by inductive thematic analysis.

RESULTS



N=20

70% female, 30% male	70% stage 1 25% stage 3 5% unknown
Age range 55-75 years	
90% English speaking	60% SABR 25% chemo/RT 15% surgery
65% born in Australia	

Current follow up care often does not include aspects that lung cancer survivors value. Additionally, they are supportive of a NURSE-LED MODEL.

- Recommendations for nurse-led clinics:**
- ✓ The opportunity to ask questions
 - ✓ A survivorship care plan
 - ✓ A focus on physical *and* emotional effects
 - ✓ Time to discuss strategies to stay healthy, prevent illness and other cancers
 - ✓ Flexible clinic – in-person or telehealth

ACKNOWLEDGEMENTS & CONTACT

Thank you to the participants, Anne Corcoran, Ashleigh Hocking and Dr Karolina Lisy.
The ACSC receives funding from Peter Mac and the Victorian Government.
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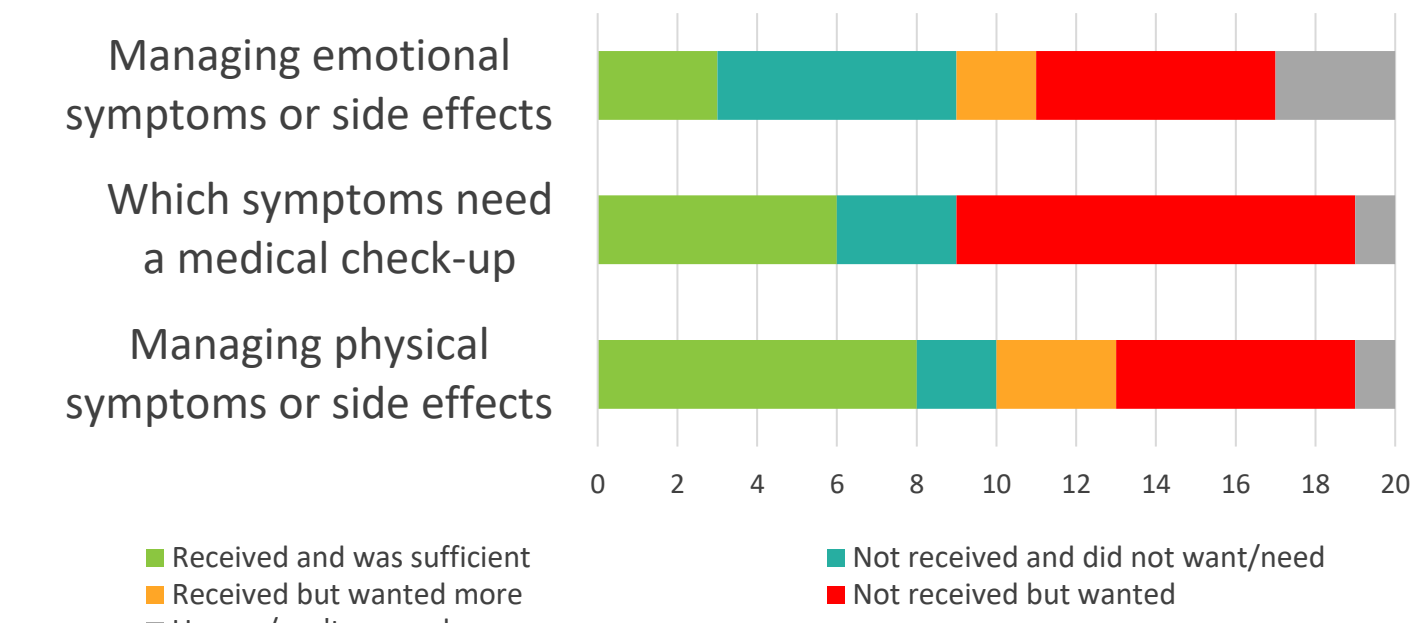
RESULTS

Information and support in follow-up
The three most common unmet needs are shown in Figure 1.

Just over half (n=11, 55%) were asked about **smoking status** and most (n=13, 65%) were not asked about **screening for other cancers**.

Additionally, 47% (n=9) of participants indicated that **family and/or carer needs** were **either ‘not’ or ‘partly’ considered** during follow-up.

Figure 1. Three most common unmet needs



Category	Received and was sufficient	Received but wanted more	Not received and did not want/need	Not received but wanted	Unsure/can't remember
Managing emotional symptoms or side effects	4	2	2	4	2
Which symptoms need a medical check-up	6	2	2	8	2
Managing physical symptoms or side effects	8	2	2	4	2

Important aspects of survivorship care
Most survivorship aspects were considered important. The top three are shown in Figure 2.

Overall experience of follow-up and preferences for the nurse-led clinic
Six themes emerged from the qualitative responses:

Knowing what to expect after treatment

- People reported positive experiences if they had clear explanations about what to expect
- Specifically, what to do for follow-up, managing symptoms, who to contact, and available supports

Communication with the lung team

- Desired clear communication, especially regarding scan results
- Need a dedicated contact person for managing symptoms/side effects and finding community resources

Consistent frequency of appointments

- Emphasised that regular monitoring of the cancer during follow-up is very important
- Prefer to keep the frequency of scans and appointments the same as current follow-up

Positive patient experience and quality care

- Value staff interpersonal skills such as professionalism, active listening, care, and an interest in wellbeing
- Expressed confidence in the nurses’ capabilities for leading follow-up care

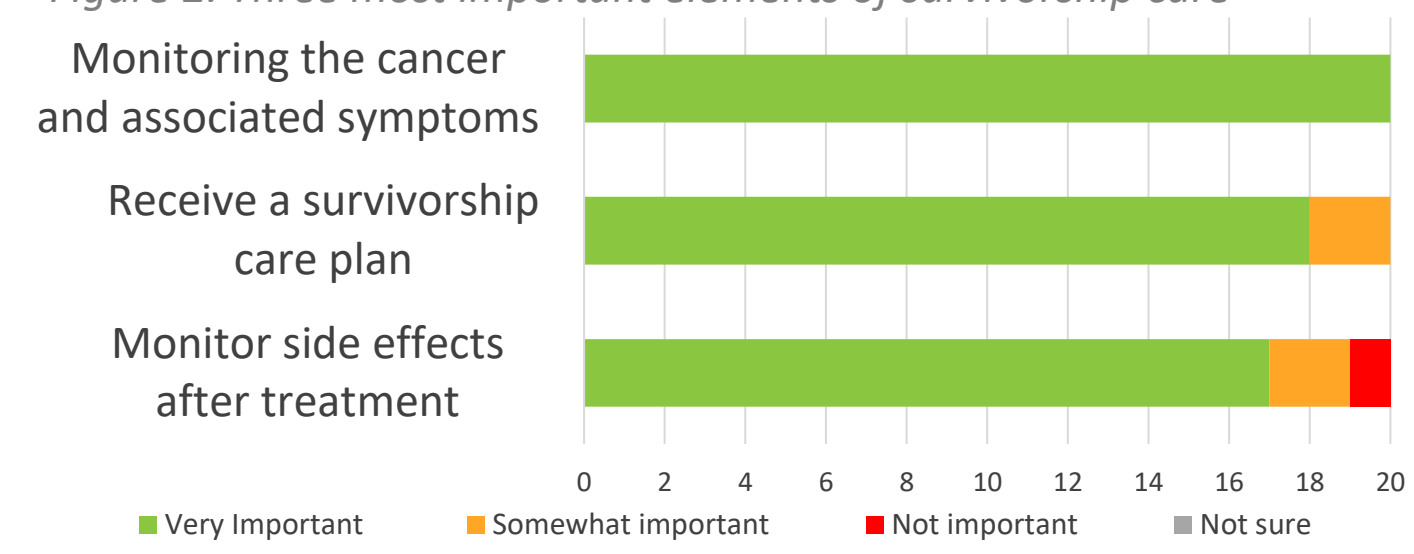
Allied health services and referrals

- Highlighted that referrals to allied health professionals should be available e.g. psychologists, dietitians, physiotherapists
- Emphasised that psychological support was important

Hospital systems and infrastructure

- Reported a positive experience with hospital administrators, technology and Peter Mac Wellbeing Centre
- Preference for both telehealth and ‘in person’ options

Figure 2. Three most important elements of survivorship care



Category	Very Important	Somewhat important	Not important	Not sure
Monitoring the cancer and associated symptoms	19	1	0	0
Receive a survivorship care plan	17	2	0	1
Monitor side effects after treatment	16	2	1	1

“I wasn’t expecting the side effects to be so many, as severe and long lasting as I experienced”
- Participant 3

“Regular monitoring and follow-up helped ease my worries about the cancer coming back”
- Participant 16