The GA Cancer Survivorship Workgroup Survey Results

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ROLLINS SCHOOL OF PUBLIC HEALTH

Georgia Center for Oncology Research and Education's
Cancer Survivorship: Up Close & Personal

15,533,220: The number of adults and children with a history of cancer alive in the United States as of January 2016

More than one-half (56%) of survivors were diagnosed within the past 10 years

410,740: The number of survivors in GA

Purpose

Aim 1: To understand the physical, psychological, practical, and spiritual needs of adult cancer survivors in Georgia

Aim 2: To identify the existing support services, resources, and to understand access and receipt of care of the services that exist in Georgia

Aim 3: To determine if cancer survivors’ needs are being met by the services in Georgia

Methods

- Georgia Cancer Control Consortium (GC3) Survivorship Workgroup commissioned the survey
- Design: Cross-sectional online and paper-based survey
- Data collection: September - December 2014
- IRB Approval
  - Primary, Emory University IRB
  - Some hospitals also approved protocol

Methods

- Eligibility criteria include:
    1. individuals who are cancer survivors (a cancer survivorship starts from the point of diagnosis of cancer and extends to end of one’s life, ACS, 2013)
    2. are adults (above 18 years of age)
    3. have access to the internet, and
    4. live in Georgia or received cancer treatment in Georgia
- Recruitment
    - Email to cancer survivors through listservs of Georgia CORE partners to complete it online
    - Paper version of survey was available at certain clinics

Survey Instrument

Demographics

Cancer and cancer history (e.g., age of diagnosis, treatment)

Ratings of health (overall physical health, mental health) and comorbid conditions

Wellness behaviors

Interactions with physicians

Experience with physical, psychosocial, religious and practical needs and ratings of needs being met

Information seeking practices

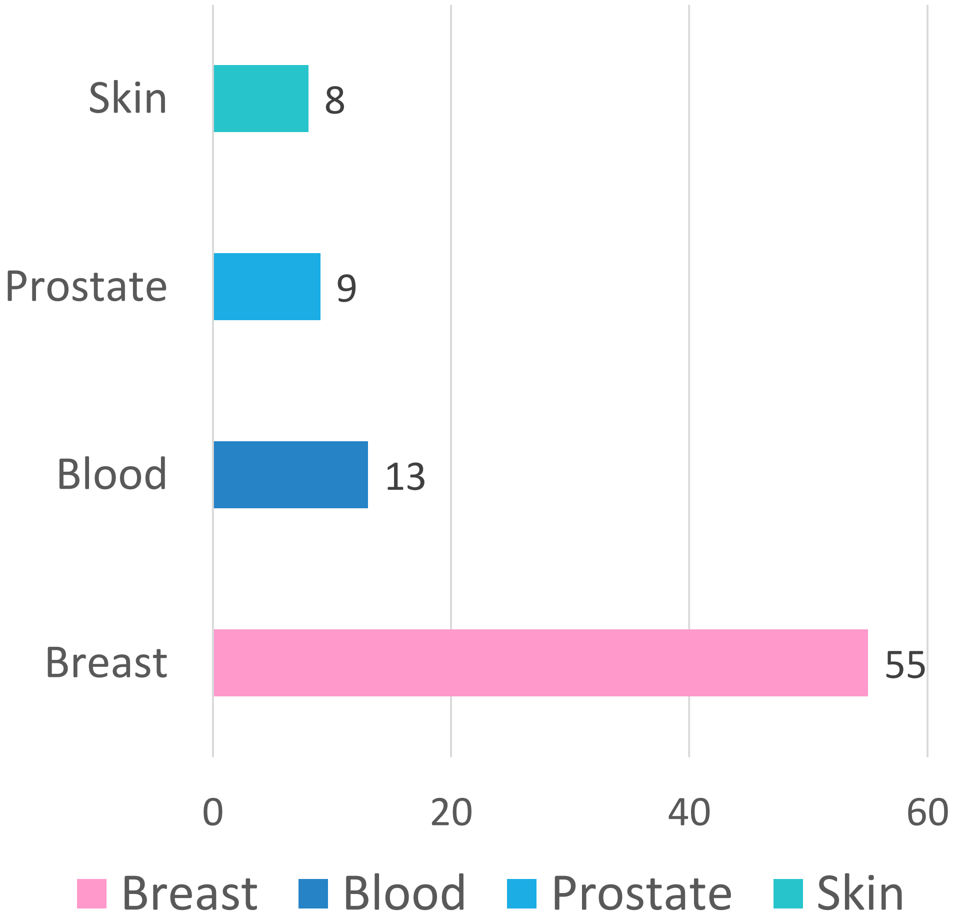
Cancer treatment summaries and care plans

Demographics of Survivors (N~729)

- Primarily female (78%), married (65%), white (83%), and educated (88% some college+)
- Most (80%) were within 5 years of treatment
- Mean age: 58.2 (SD=11.6)
- Most reported other comorbid conditions: hypertension, high cholesterol, joint problems, and gastrointestinal problems

Cancer Type

PERCENTAGE



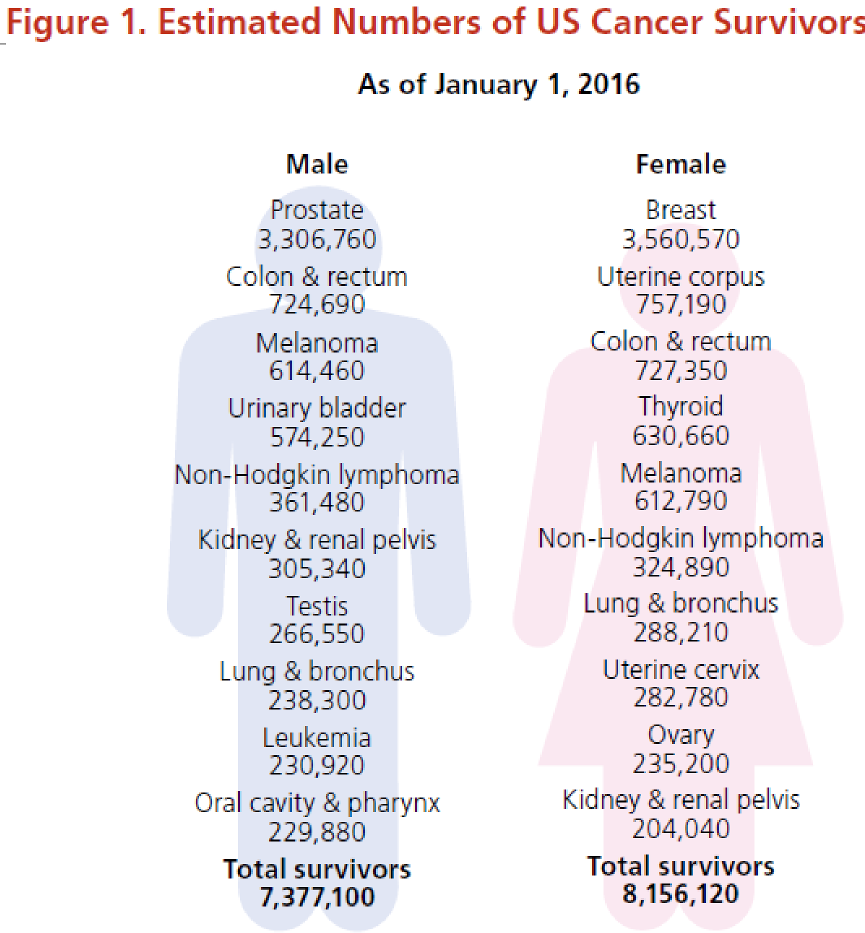
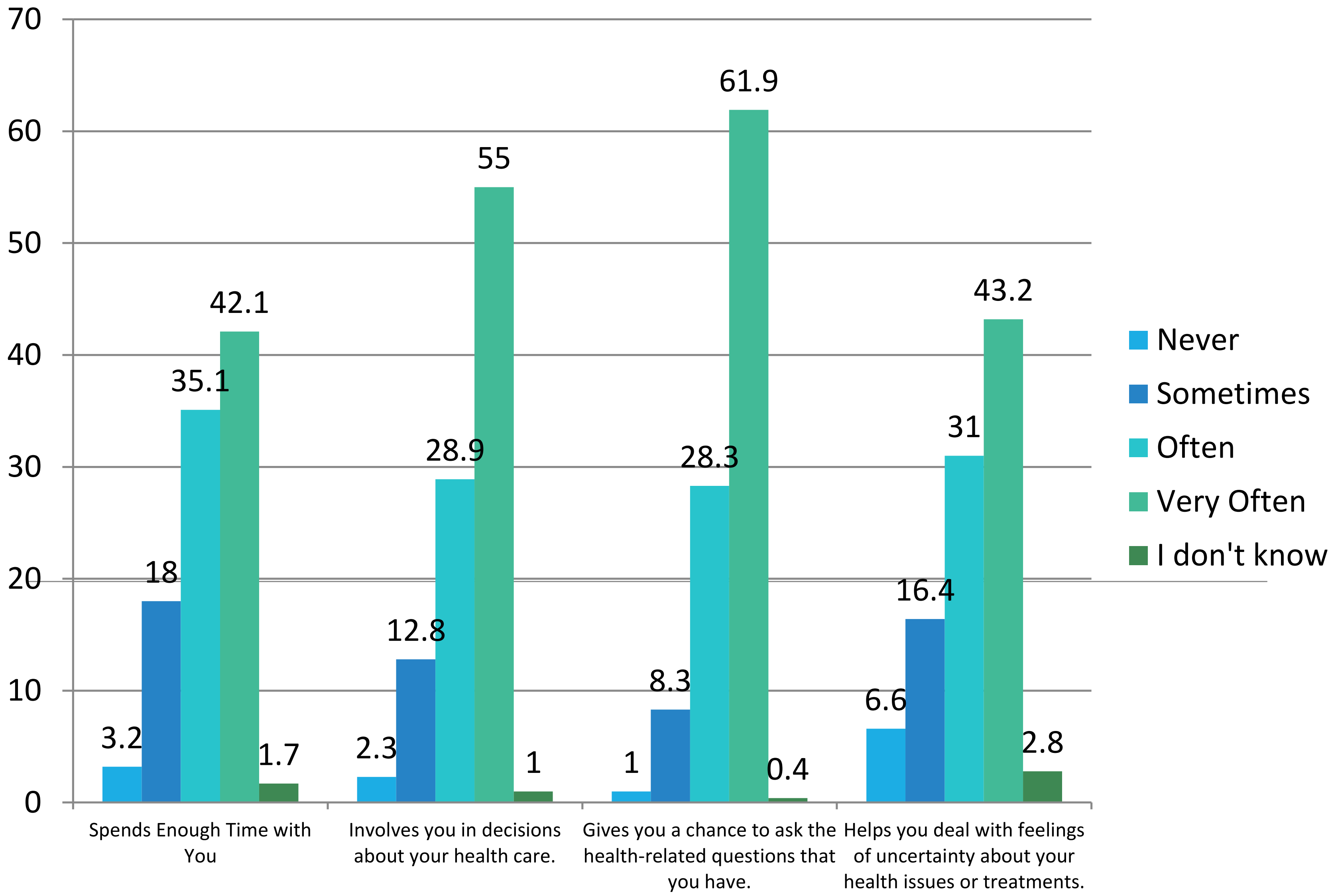


Figure 1. Estimated Numbers of US Cancer Survivors

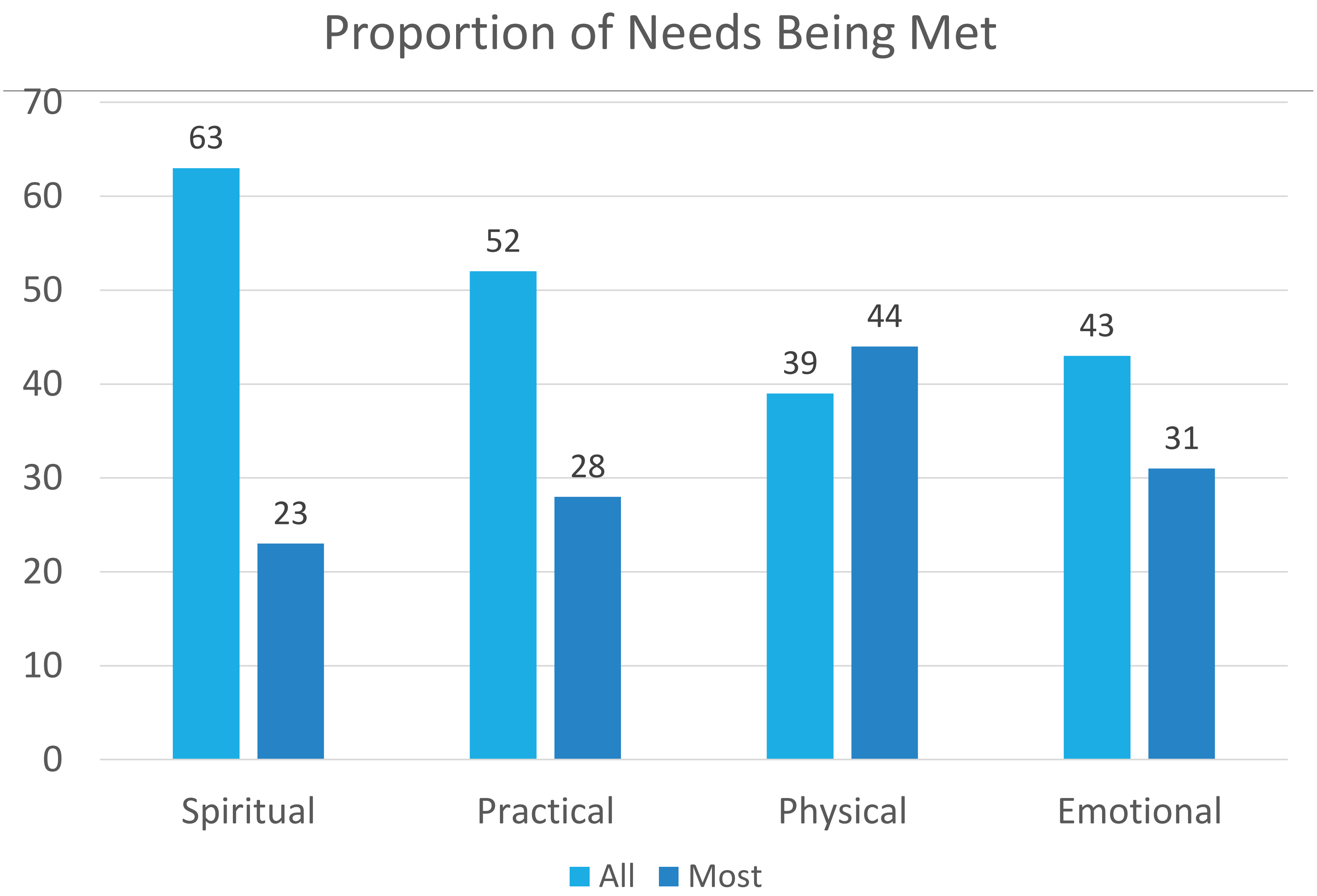
As of January 1, 2016

Male		**Female**	
Prostate	3,306,760	Breast	3,560,570
Colon & rectum	724,690	Uterine corpus	757,190
Melanoma	614,460	Colon & rectum	727,350
Urinary bladder	574,250	Thyroid	630,660
Non-Hodgkin lymphoma	361,480	Melanoma	612,790
Kidney & renal pelvis	305,340	Non-Hodgkin lymphoma	324,890
Testis	266,550	Lung & bronchus	288,210
Lung & bronchus	238,300	Uterine cervix	282,780
Leukemia	230,920	Ovary	235,200
Oral cavity & pharynx	229,880	Kidney & renal pelvis	204,040
Total survivors	**7,377,100**	**Total survivors**	**8,156,120**

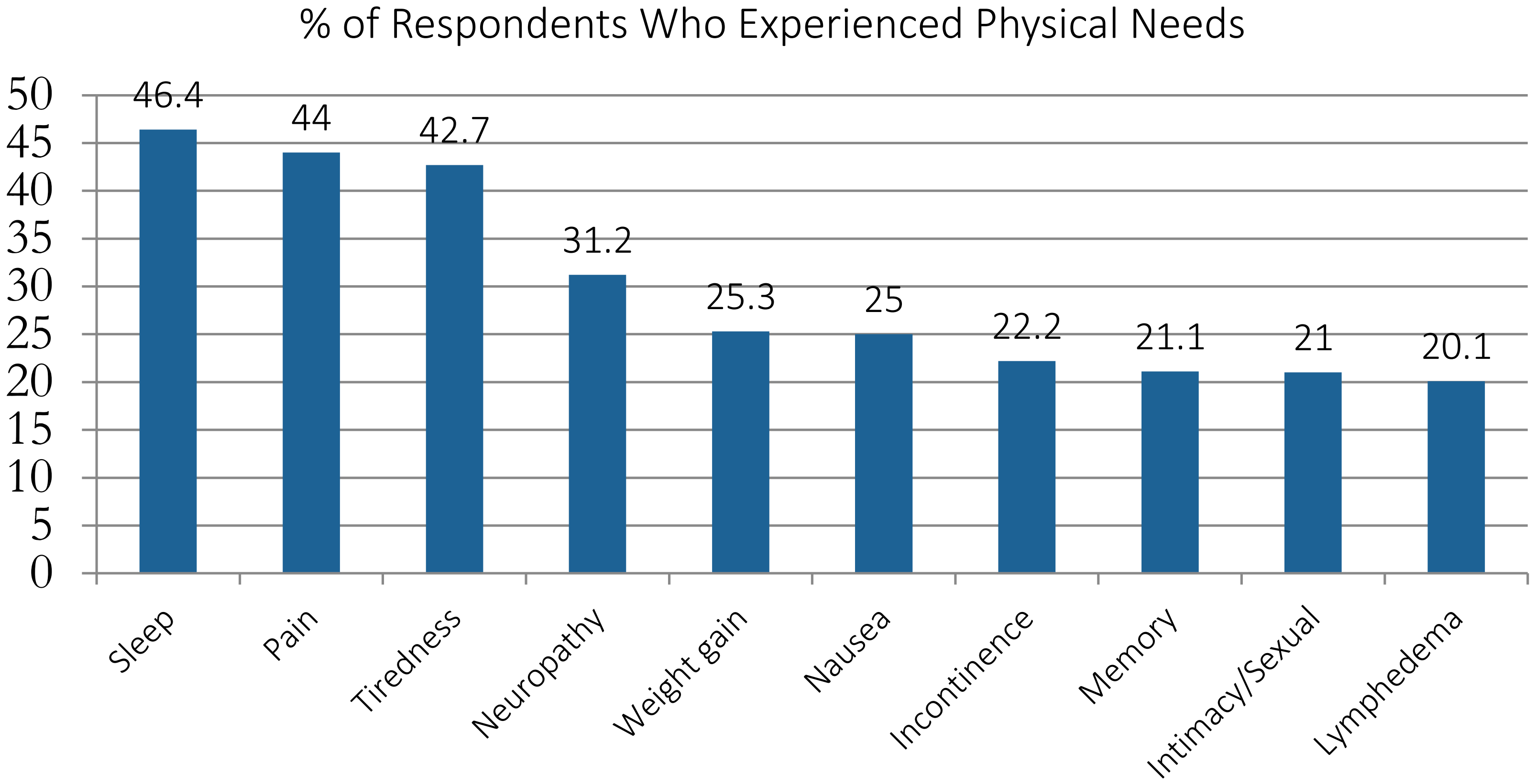
Communication



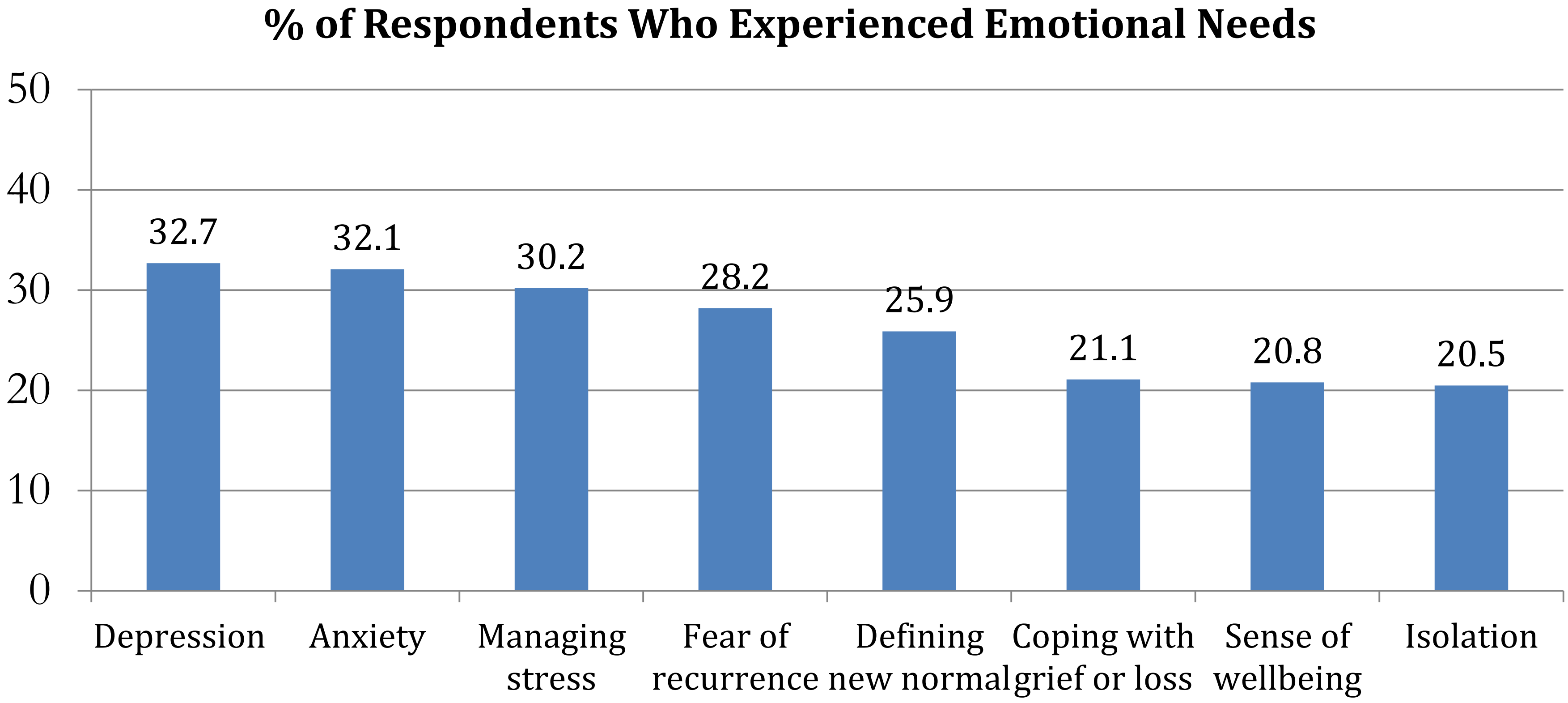
Summary of Overall Needs



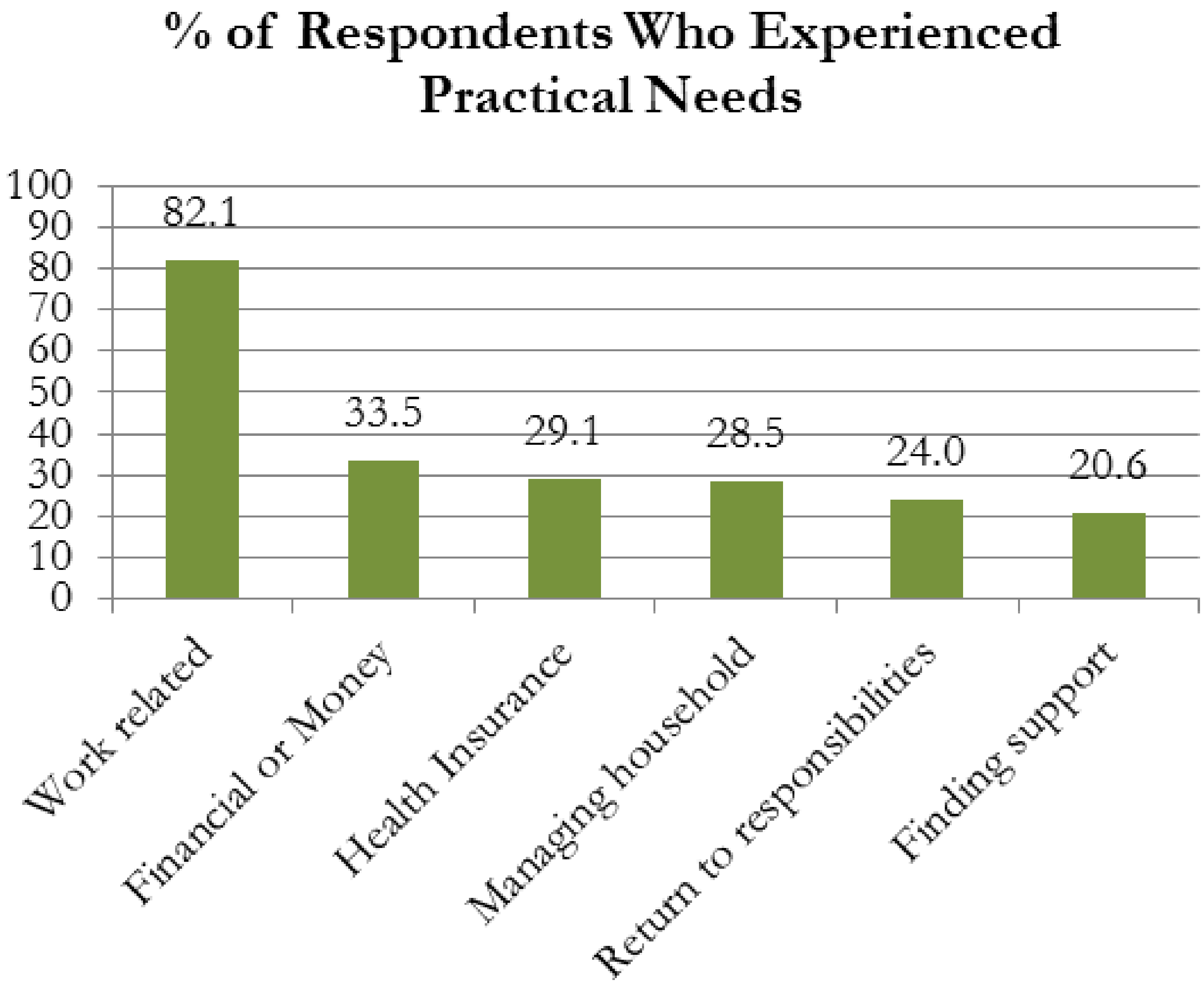
Having Physical Concerns



Having Emotional Concerns

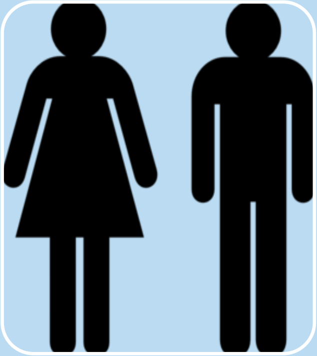


Having Practical Concerns



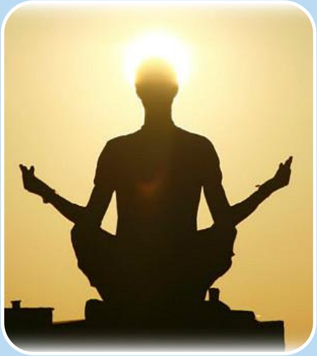
Unmet Needs: Greater % Not Receiving Any Help

Isolation (34.0), defining a new normal (31.4%), change in relations with partner (31.4%), coping with grief (29.6), and fear of recurrence (29.1%)



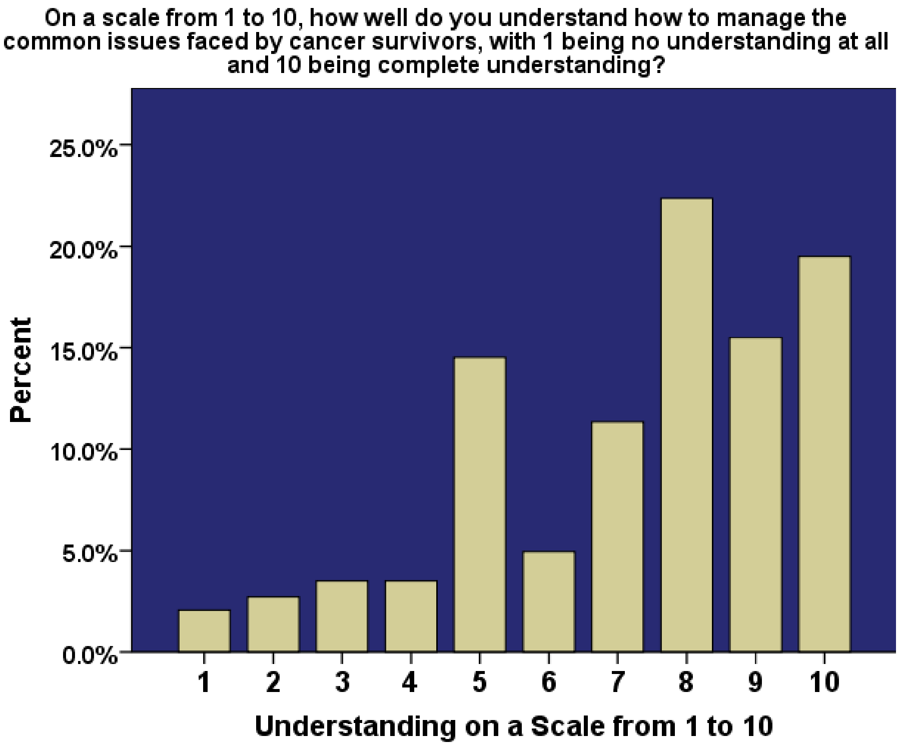
Fertility (60%), body image (51.5%), intimacy (47%), memory (45%), and weight gain issues (39.5%)

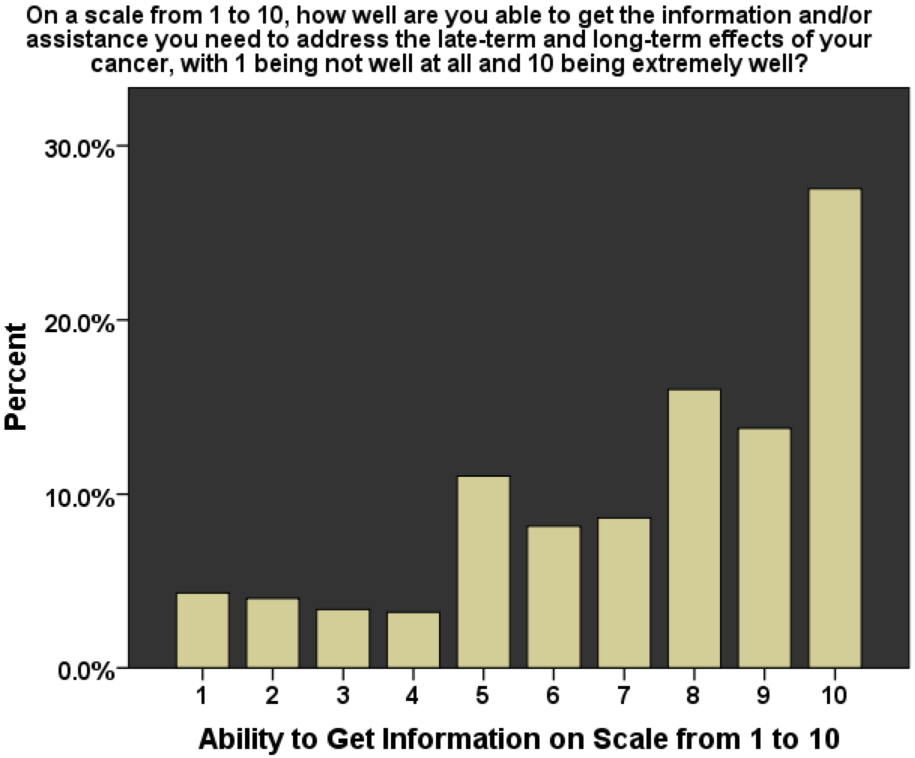
Legal issues (38.8%), work-related issues (34.9%), and finances (27.1%)



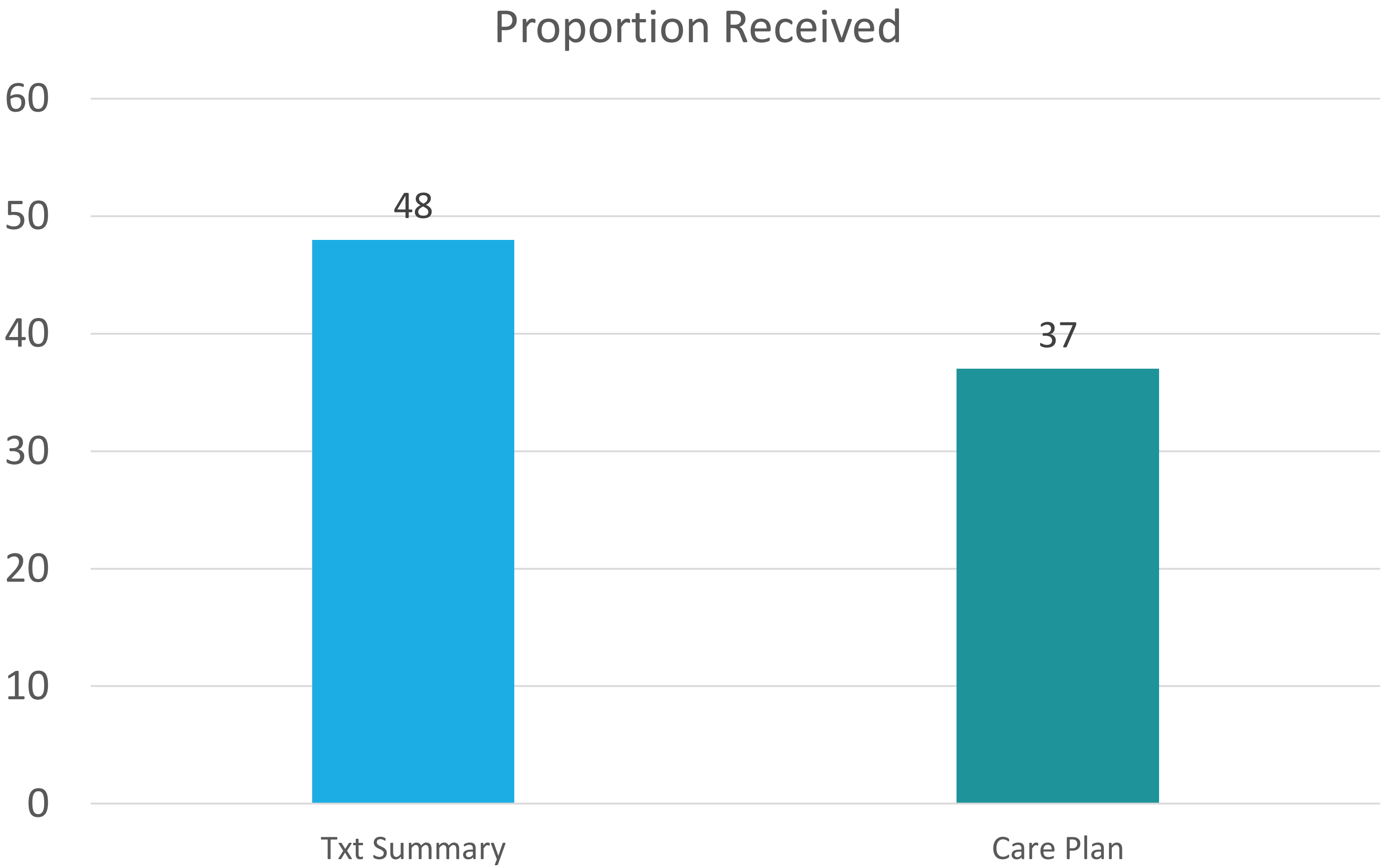
End of life thoughts (37.8%) and loss of faith (31.4%)

Understanding of Issues and Late Effects





Receipt of Treatment Summaries and Care Plans



Single Most Important THING to Improve Quality of Life for other Survivors

Financial Support

TEAM CARE

Employment Support

Healthy Lifestyle

Insurance Support

Attitude

FAITH

Encourage

INFORMATION/ EDUCATION

Survivorship Plan

LISTEN

Support Groups

FOLLOW-UP CARE

Counseling

TIME

Honesty

Patience

Transportation

COMPASSION

Resources

Survivor Programs

Conclusion

Education and support are needed by survivors:

- Late effects cancer care and wellness behaviors
- Provider and community resources to support survivors and their families

Distress screening is necessary due to high reports of emotional needs not being met: Commission on Cancer (COC)'s requiring cancer centers to implement distress-screening

Care plans are necessary for education about survivorship and late effects

Multi-disciplinary survivorship care would better meet the emotional and mental health needs of survivors, and improve the coordination of care among oncologists, *primary care providers*, and other specialists

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Questions

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