

## BACKGROUND

- A diagnosis of cancer is accompanied by physical, psychosocial, communication, financial, spiritual, and other supportive care needs.
- There is a relationship between unmet supportive care needs and poor quality of life.
- Supportive care needs are not being adequately being identified in clinical settings.
- Patient needs assessment tools that are available are not tested in routine clinical care or cover all dimensions of needs.
- Health and social care needs should address individual patient needs.
- Patient needs vary based on individual factors, such as location.
- Cancer specific needs are difficult to distinguish.
- Unmet needs are greatest during treatment.

### Study Purpose

- Determine the specific needs and other quality of life issues that are most important to patients at the Sidney Kimmel Cancer Center (SKCC) and which needs the patients want assistance from their health professionals.
- Explore programs/services that oncology patients found most beneficial
- Identify any gaps or barriers to accessing services

## METHODS

### Study Design

- Mixed methodology: survey alone or survey and interviews
- **Participants:** Adult patients with an active cancer diagnosis that were undergoing/completed treatment at the SKCC and were diagnosed more than three months ago.
- Surveys and interviews were completed in person while participants were receiving treatment at the Jefferson Oncology Infusion Center.

### Patient Survey

- Likert scale questions regarding physical, psychosocial, medication interaction, finance/work, spiritual and transportation needs.
- Identify services and programs that patients have utilized at SKCC and how beneficial it was in meeting their needs.
- **Analysis:** descriptive statistics, specifically frequency and percentages. ANOVA and independent samples t-test was used to measure associations between # services utilized and demographics (gender, insurance, treatment type).

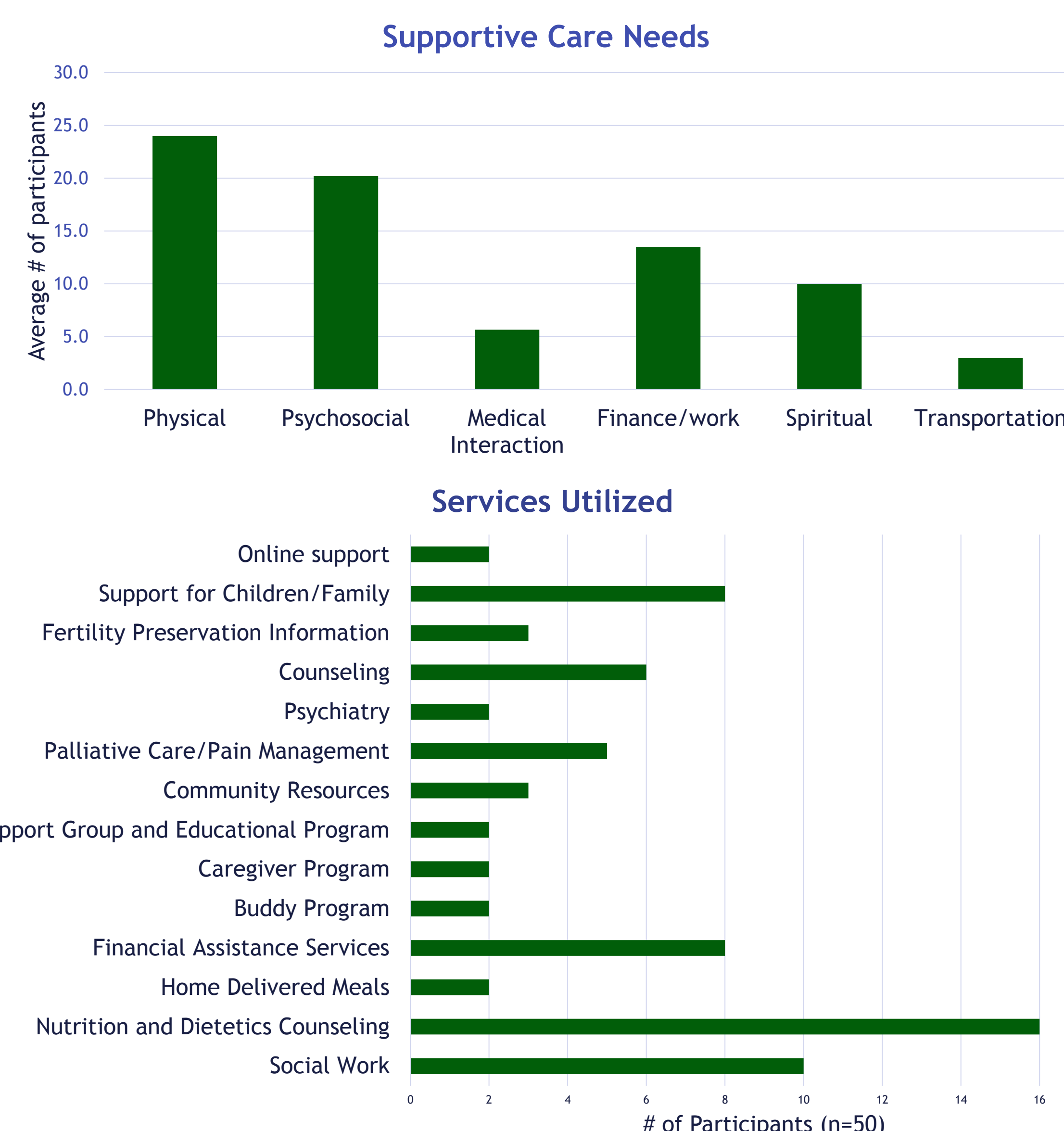
### Patient Interviews

- Interview guide was developed to explore factors that helped patients through their cancer journey.
  - Knowledge they wish they had known at the time of diagnosis
  - Effect on feelings, behaviors, or needs
  - Sources of hope, strength, comfort, and peace
  - Programs or services that helped the most
  - Gaps or barriers in the services currently provided

- **Analysis:** content analysis approach, first identifying patterns, themes, and developing category systems though open coding.

## RESULTS

### Survey Results:



- There was **not** a significant effect of number of services utilized based on **gender** ( $M=1.44, SD=1.968$ ) and females ( $M=1.43, SD=1.996$ );  $t(48)=0.017, p=0.986$ ), **insurance type** ( $p < 0.05$ ) [ $F(3,46) = 0.148, p=0.930$ ], or **treatment type** ( $p < 0.05$ ) [ $F(3,46) = 0.173, p=0.914$ ].

### Patient Interview Quotes and Themes:

"They [my family and my friends] are all very understanding of what I'm going through, and I know if I needed the help, they are there for me."

#### FAMILY

"I have really felt that the doctors and nurses have all been very supportive, understanding, and have answered any questions I might have."

"So for dealing with side effects, for example, that was one I worked on a lot. And I found a practitioner that does integrative medicine, that works in addition to my oncologist, and together kind of we have worked hard."

#### MEDICAL TEAM

"I've got some peripheral neuropathy, so I do a lot of exercises for balance, which I've pushed myself to do. That has been very helpful. Physical exercise and I do Pilates. I think I would be less active without it, so, I think it has really helped me stay active and positive."

#### EXTRACURRICULAR ACTIVITIES

"I think in the beginning I was more anxious, not knowing what was going to happen. But as time went on, that lessened. And I think I've learned how to take things as they come now, and I don't get depressed or anxious like I did in the beginning"

#### FEELINGS AND BEHAVIOR

"I've definitely began to focus more on what really matters. I think probably, like most people, I was just kind of living my life. Now I've realized that time is precious, and things happen so make use of the time we have."

#### OUTLOOK AND FUTURE

#### ONESELF

"Well, I read the bible, I pray, and go to church...and the comfort that I get from my religion [provide strength]."

#### RELIGION

What helped me the most? That was contacting someone else who had the same cancer. Talking to her on the phone...because not that doctors and nurses don't get everything but, I think it helps you to process it a lot better when you speak with somebody that has already been through. Because you get the real side effects and the real deal"

#### SERVICES - DOING WELL

"I didn't even know that they had all of the services that you said. I knew about the home delivered meals then, but I didn't know about the psychiatrist, the counseling, all of that stuff is really new."

#### SERVICES - NEEDS IMPROVEMENT

#### SERVICES

## DISCUSSION

### Lack of supportive care program/service awareness and utilization

- Despite patients having physical, psychosocial, financial, spiritual, or other needs, services were not being utilized.
- Lack of awareness cited as a major cause.
  - Program/service staff present directly to patient's room during their physician visit
  - Informational brochure
  - Update bulletin boards

### Speaking to someone else with same diagnosis

- Patients cite the most benefit from speaking with someone with the same diagnosis directly or read the experiences of cancer survivors online.
- At SKCC: The Buddy Program and Support Group and Educational Program
- Both utilized by only 2 (4%) participants.
  - Increase awareness about these programs
  - This type of intervention has the ability to assist in multiple domains of supportive care needs.

### Physical Needs

- The major need was in the physical domain. This pertains to dealing with side effects of treatment or symptoms from the cancer itself.
- Only palliative care/pain management at SKCC assists patients with their physical needs.
  - Incorporate light physical activity
  - Group exercise program or exercise educational program
  - Incorporate an integrative medicine practitioner or cognitive-behavioral therapy plus hypnosis intervention

## LIMITATIONS

- Small sample size with even a smaller sample that conducted the interviews
- We did not collect information of race, financial status and other variables, which can give insight into diversity of the participants.
- The results depend on self-reported data, which is subject to exaggeration, attribution, and selective memory.
- This study is that it focuses on all types of cancer. Narrowing down to a single category of cancer could have helped focus and specify the results.

## NEXT STEPS

- Disseminate information
- Analyze current programs and explore new interventions
- Develop larger-scale studies

## ACKNOWLEDGEMENTS

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