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General Health, Functional Status and Symptom Experience in Patients 16−17 Years After Allogeneic Stem Cell Transplantation

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Background: In a stem-cell transplantation (SCT) patients are treated with high-dose chemotherapy and sometimes in combination with full-body radiation that gives side effect that are well documented. With improved survival post-SCT more knowledge about the quality of survivorship is needed. Research about long-term survivor still focuses on patients less than 5 years post-SCT. This long-term follow-up study aim to describe general health, functional status and symptom experience in a group of adult survivors 16−17 years after ASCT and to compare these data with the patients reported data from 1997.

Patients and Methods: 15 patients (11 men and 4 women) with a median time of 16 (16−17) years post-SCT were included in the study. Median age at the time for SCT was 34 (19−58) years. Diagnosis were CML (n = 7), AML (n = 6), ALL (n = 2). The Sickness Impact Profile, the Symptom Frequency Intensity and Distress Scale- SCT and were used to collect self-reported data.

Results: The majority (11/15) of the patients reported a Quite good or excellent general health. One third (5/15) of the patients reported a clinically significant impaired functional status and six patients reported more than 10 ongoing symptoms 16−17 years post SCT. Tiredness were reported by all patients and was together with Loss of hair, Depression, Sleep problems, Vision problems and Anxiety reported as the six most intense symptoms. Tiredness, Depression and Anxiety were reported by 4 patients as having quite a lot or high impact on their daily life. No significant differences were found between the data reported by the patients in 2010 as compared to 1997.

Conclusion: This study, although limited due to small number of included patients, shows that clinically significant number of surviving patients still, after more than 15 years, have symptoms that decrease their ability to function in their daily lives. The symptoms are well-known but how to prevent, alleviate or treat them need to be further studied.

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Shifting Realities: a Systematic Review and Meta-synthesis of the Qualitative Evidence on Cancer and Employment

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Background: For most cancer survivors, work is an important source of financial security. The structure and social support that it provides can also be critical to recovery, as it enables people to regain a sense of normality and self-identity. Growing evidence suggests, however, that survivors experience a range of disadvantages and difficulties in the workplace. Unfortunately, work-related advice and support from clinicians and employers is often limited, and few methodologically sound interventions exist. The development of interventions requires a detailed understanding of the social, clinical and work-related factors influencing patients' workplace related experiences and behaviours. Qualitative studies provide such understanding, but are often limited by their small scale and narrow context. This meta-synthesis aimed to systematically review and synthesise findings from qualitative studies of employment and cancer.

Materials and Methods: Seven databases were searched for qualitative studies on cancer and employment. Key authors and major cancer charities were contacted. Full texts of included papers were appraised for quality. Themes and definitions were analysed qualitatively for meaning and relevance, using the meta-synthesis process advocated by Noblit and Hare (1988).

Results: 13,233 papers were identified, of which 24 studies were included in the final review. This paper presents the findings of this review, illustrating the complex factors which influence attitudes, experiences and strategies used by cancer survivors in relation to work. These findings have been used to generate a new conceptual model which expresses the impact of cancer on the self and on the broader context of the individual's working life. This context consists of the situational and interpersonal features of employment, the associated demands of other roles and responsibilities, environmental issues such as financial security, and the physical ability of the body. The individual reacts and responds to changes in context induced by the cancer in terms of actions, emotions, and perceptions; and consequently the meaning and value of work and self-identity of the patient may undergo shifts and transformations.

Conclusion: By synthesizing the qualitative literature we have a produced a holistic model which represents the core features of survivors' experiences of working life after a diagnosis of cancer. This model can be used as a basis for future interventions.

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The Role of a 3 Month Intervention Program on the Professional Reintegration of Cancer Survivors: a Pilot Study

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Background: Most cancer survivors are able to return to work after ending their multimodality treatment. However, due to physical and psychological impediments, there is a group of patients (pts) who will experience a delay in work resumption. One of the goals of the rehabilitation is to facilitate the return to work.

Materials and Methods: Explorative prospective study aimed at exploring the role of active rehabilitation on work resumption and to identify the factors correlated with work delay. Seventy cancer pts were asked to fill out a 27-item questionnaire consisting of personal, disease and work-related characteristics.

Results: Fifty five (78%) pts agreed to participate in the study of which 36 were evaluable. More than 82% of the participants were female, the mean age was 52 yrs (SD = 13, range 21−75) and most of them received adjuvant chemo- and radiotherapy. The diagnosis was breast cancer in 65%, lymphoma or leukaemia in 24%, gynaecological cancer in 5%, colon cancer in 4% and testis cancer in 2%. The mean duration of absence was 12 months (SD = 8, range 0−34 mths). 73% of the pts resumed their work at median of 6 months after the end of their therapy, with a range of 0 to 28 mths, due to a difference in treatment duration. Eighty three percent of them found that the IP had helped them with work resumption. Moreover, half of the pts declared that the return to work was faster due the IP. The program had more specifically helped them to regain physical condition and self-confidence. The main reasons for work delay or change were physical complaints such as fatigue (50%), diffuse arthralgia (22%) and lymphedema of the arm (7%). Other risk factors were anxiety (7%) and work related factors such as stress or physical demands (14%).

No significant correlation was found with gender ($p = 0.613$), social status ($p = 0.733$), educational status ($p = 0.055$), type of cancer ($p = 0.600$) or type of therapy ($p = 0.169$).

Conclusions: This study indicates that post-treatment physical training could support cancer pts in their efforts to resume work. Most attention should be paid to physical related factors, because these are the main causes of work delay. A better understanding of specific work-related aspects will help us to develop more personalized interventions to facilitate work return. A randomized study exploring the importance of the duration of the post treatment training program on the professional and social reintegration of early cancer pts is ongoing.

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Health Care Professionals' Views of the Follow-up of Lung Cancer Patients

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Background: Evidence for the management of patients after treatment is limited and particularly so for patients with advanced cancer. There is little empirical evidence to establish best practice in the follow-up of lung cancer patients. The aim of this study was to develop an understanding of health care professionals' (HCPs) views of follow-up and to integrate these into a new intervention for the follow-op of lung cancer patients.

Materials and Methods: A qualitative approach was taken using the principles of grounded theory. Participants were purposively sampled from a range of professional backgrounds and included clinical and medical oncologists, surgeons, palliative care doctors and nurse specialists from the UK. Data were analysed, in keeping with the grounded theory tradition, utilising the constant comparative method.

Results: Seventeen interviews with health care professionals were conducted. The major themes will be presented. The clinical value of follow-up was highlighted, in particular to ensure that palliative care