

Cancer workstreams

<u>Workstream</u> <u>Title</u>	<u>Problem</u> How big a problem is this and who for?	<u>Strategy</u> What are we planning to do to address it?	<u>Stage</u> Where are we up to in our plans?	<u>Impact</u> What are we hoping to realistically achieve?
<p>Reducing problems with eating and drinking after treatment for head and neck cancer</p>	<p>Head and neck cancer is the 4th most common cancer in men in Scotland and its incidence is increasing. Aggressive treatment with surgery, chemotherapy and radiotherapy causes long term oral, dental and swallowing problems in around two thirds of patients. These have a profound impact on a person's ability to eat and drink normally, resulting in significant psychosocial and physical disruption to daily life as well as malnutrition and poor quality of life. Patients with swallowing problems are also at risk of aspiration, which can lead to pneumonia and even death</p>	<ul style="list-style-type: none"> • Establish the range of problems experienced by survivors of head and neck cancer • Establish what nurse/AHP-led interventions might be effective to alleviate problems with eating and drinking • Undertake a feasibility study of a swallowing intervention using exercises during treatment • Develop and evaluate a complex intervention which addresses the psychosocial as well as the functional aspects of eating and drinking • Evaluate evidence to promote dental /oral health in people with head and neck cancer 	<ul style="list-style-type: none"> • a) Survey of quality of life, symptoms and unmet needs in survivors of head & neck cancer. 2 papers in preparation. b) Validation study of patient reported outcome measures for speech and swallowing difficulties (MSc project) c) Service evaluation focus groups highlighting dental problems. • Systematic review of interventions to address eating and drinking problems, highlighting the dearth of evidence for interventions addressing the psychosocial aspects of eating and drinking. • Feasibility study proposal to CSO Jan 2014. • Group established to write new proposal for NIHR/CRUK • Working with Scottish Dental Clinical Effectiveness Programme to evaluate and produce SDCEP guidelines 	<ul style="list-style-type: none"> • Development of an effective and feasible intervention using prophylactic swallowing exercises which has the potential to improve long term eating and drinking, and can be evaluated in a RCT. • Development of a psychosocial intervention to improve self management of eating and drinking difficulties and improve quality of life. • Development of guidelines on the prevention and management of dental and oral problems during treatment for head and neck cancer. • Longer term: - <ul style="list-style-type: none"> • Improved assessment and management of dental, eating and drinking problems in practice; • Better swallowing outcomes, reduced rates of aspiration pneumonia, • improved quality of life. • Roll out of swallowing exercises into practice.

<u>Workstream</u> <u>Title</u>	<u>Problem</u> How big a problem is this and who for?	<u>Strategy</u> What are we planning to do to address it?	<u>Stage</u> Where are we up to in our plans?	<u>Impact</u> What are we hoping to realistically achieve?
<p>Enhancing self-management of the long term consequences of cancer treatment</p>	<p>Around 500,000 people in the UK are living with long-term consequences of cancer treatment that have a significant effect on every day life.</p> <p>Current models of care are focussed on detection of recurrence, are reliant on secondary care, and do not promote self-management. Little is known about the impact of long term consequences and self-management behaviours in people with less common cancers.</p> <p>There is insufficient evidence of effective interventions to address the long term consequences of cancer treatment, including fear of recurrence, which is the most common concern.</p>	<ul style="list-style-type: none"> • Produce high quality evidence of the impact of the consequences of cancer treatment in specific groups in order to develop the theoretical and empirical basis for effective interventions to promote self-management • Develop and evaluate new models of care that enable cancer survivors to self-manage and are focussed on rehabilitation and support. 	<ul style="list-style-type: none"> • Survey of unmet need in survivors of HN cancer. • Service evaluation focus groups with patients and carers which highlighted the need for carer support and education to improve patient self-management. • Development of iPad assessment of symptoms and concerns, forming the basis of a new nurse/AHP led follow up clinic. • Systematic review and meta-synthesis of psychological experiences of HN cancer. • Development of research proposal with nurse consultant to understand the impact & experiences of people with anal cancer in order to develop meaningful and effective interventions. • Working with National group on interventions to address fear of recurrence in primary care 	<p>Development of feasible, acceptable and effective interventions to promote self-management and improve patient reported outcomes in patients and carers after treatment has finished, including those with:-</p> <ul style="list-style-type: none"> • Head and neck cancer • Anal cancer • Fear of recurrence

<u>Workstream</u> <u>Title</u>	<u>Problem</u> How big a problem is this and who for?	<u>Strategy</u> What are we planning to do to address it?	<u>Stage</u> Where are we up to in our plans?	<u>Impact</u> What are we hoping to realistically achieve?
Smoking (and alcohol) in people at risk of or with a cancer diagnosis	<p>Smoking is associated with both the development of cancer and poor health outcomes, including recovery and survival from cancer. There is good evidence that effective interventions exist for smoking cessation. However, access to and uptake of such interventions is limited. Cancer presents a 'teachable moment' for patients and family members, but the psychosocial context of cancer diagnosis is sensitive and complex. Excessive alcohol intake is an increasing problem in UK society and is associated with poor outcomes in people with cancer, but little attention is paid to assessment or intervention in practice</p>	<ul style="list-style-type: none"> Identify whether and how recently diagnosed cancer patients and close family members can be encouraged to engage with smoking cessation services. Findings will be used to identify a number of potential approaches to improve uptake of existing smoking cessation services in the context of a cancer diagnosis. Establish what evidence there is about the effects of excessive alcohol intake on the consequences of cancer 	<p>1. Currently conducting a qualitative study of patients', family members' and health professionals' views of smoking and smoking cessation in the context of cancer (funded by the CSO). We are scoping 2 reviews:</p> <ol style="list-style-type: none"> factors influencing the perceptions and behaviours of family members on smoking Interventions to enhance smoking cessation in patients with cancer <p>2. A data linkage study shows poorer survival in heavy drinkers with head and neck cancer. Plan to seek funding to conduct a review of the evidence on alcohol and the consequences of cancer which will inform the development of funding proposals for interventions</p>	<ul style="list-style-type: none"> Definition of the key components of a new approach to increase the uptake of smoking cessation in patients with cancer and in family members, which can be used to form the basis of a subsequent application for modelling and pilot trial Theoretical basis for the development of an intervention to address alcohol problems in patients with cancer Improved assessment of smoking and drinking behaviour and referral to existing smoking cessation and alcohol support services in practice.

<u>Workstream</u> <u>Title</u>	<u>Problem</u> How big a problem is this and who for?	<u>Strategy</u> What are we planning to do to address it?	<u>Stage</u> Where are we up to in our plans?	<u>Impact</u> What are we hoping to realistically achieve?
Working after cancer	<p>A diagnosis of cancer has a significant impact on work and employment. More people are surviving longer, and it is estimated that there are approximately 700,000 people of working age with cancer in the UK. While many people are able to remain in or return to work, a sizeable number experience problems with unemployment or difficulties at work. Patients experience a lack of well-timed and appropriate support, both in the acute phase and in the months and years following treatment. Health care professionals, in turn, report that they feel ill-equipped to respond adequately to patients' work-related difficulties.</p>	<ul style="list-style-type: none"> • Identify the range of experiences of people with cancer in relation to returning to work. • Develop ways of ensuring that people with cancer are able to access appropriate work support. 	<ul style="list-style-type: none"> • We have published a systematic review and meta-synthesis of the qualitative literature on cancer and return to work, producing a conceptual model to form the basis of future interventions. This highlighted a dearth of evidence on experiences of particular groups. • We have collected data on work problems from a cross-sectional group of patients with head and neck cancer. • We have established a UK/Irish research network entitled CANWORK. • The CANWORK group has contributed an editorial to the European Journal of Oncology Nursing, to be published in early 2014. • We are currently working on a proposal with Working Health Services to improve access to work-related support for those who are self-employed or who work in small to medium businesses. 	<p>An increased number of people receiving employment support after a cancer diagnosis.</p>

<u>Workstream Title</u>	<u>Problem</u> How big a problem is this and who for?	<u>Strategy</u> What are we planning to do to address it?	<u>Stage</u> Where are we up to in our plans?	<u>Impact</u> What are we hoping to realistically achieve?
Cancer, mental health & well-being	<p>Unaddressed mild to moderate depression and anxiety is a significant problem in around 20-30% of cancer survivors and informal caregivers/partners of persons with cancer. However, there is insufficient capacity in both primary and secondary mental healthcare to meet these needs.</p>	<p><u>Solution 1:</u> <u>Guided online CBT tailored for cancer survivors and affected family members</u> A computerised, self-help approach tailored to the needs of cancer survivors and affected family may offer a low cost solution to the lack of mental healthcare capacity.</p> <p><u>Solution 2:</u> Developing resilience and coping strategies in newly diagnosed cancer patients and family members in order to promote positive mental health and prevent depression/anxiety.</p>	<p>Proposal submitted to CSO 23/8/2013 shortlisted and awaiting final decision: Living Life to the Full beyond Cancer. This will develop/adapt an existing mental health website (Living Life to the Full) for cancer patients and family members and conduct feasibility testing.</p> <p>Resilience proposal is under development.</p>	<ul style="list-style-type: none"> • In the event that effectiveness is demonstrated, the cCBT resource will be embedded within cancer charity support services to ensure rollout, implementation and sustainability. • It is hoped that promoting positive mental health in cancer survivors and family members will reduce depression and anxiety in this population group, increase awareness of depression and promote help-seeking behaviour.