

CONFERENCE ABSTRACT

Patient perspectives on functional recovery and physical activity following curative treatment for oesophageal cancer

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Introduction: The growing body of research into health related quality of life (HRQOL) in an oesophageal cancer population has highlighted the negative impact that treatment, in particular oesophagectomy, can have on physical functioning. A recent study carried out at this centre demonstrated significant compromise in fitness and physical activity levels in survivors of oesophageal cancer post curative treatment. However as many important aspects of HRQOL may not be sufficiently covered using quantitative data, patient narratives are growing in importance as additional descriptors of this complex group. This study aimed to explore the experience of treatment and recovery in survivors of oesophageal cancer, in particular in relation to physical functioning.

Methods: Disease free survivors of oesophageal cancer were purposively selected to complete individual semi-structured interviews. Both face to face and telephone interviews were completed. A qualitative descriptive study design was used and thematic content analysis was used to analyse the data.

Results: Sixteen participants (n=14 men, mean age 63±5.40 years) completed an interview. The primary themes to emerge from the data were: (1) Living with and beyond oesophageal cancer, (2) Physical activity and exercise in oesophageal cancer survivorship and (3) The role of rehabilitation in oesophageal cancer survivorship.

Discussion: Disease free survivors of oesophageal cancer described a prolonged and challenging recovery period in the months and years after oesophagectomy. Suboptimal physical functioning was prevalent in the study cohort who reported they had experienced significant physical and lifestyle changes since diagnosis and treatment. This group faced a number of general and disease specific barriers to meeting exercise guidelines and had a poor knowledge and awareness of the role that physical activity and exercise could play to enhance their QOL and potentially optimise their recovery.

Conclusion: Patients with oesophageal cancer can experience significant physical and lifestyle changes post completion of curative treatment. This cohort demonstrated a poor understanding of the benefits of exercise in cancer survivorship, in addition to facing a number

of barriers to physical activity. These results suggest potential targets for intervention in this group.

Lessons learned: It is evident that survivors of oesophageal cancer have significant needs in the survivorship time period. This group may benefit from increased support and targeted interventions to minimise treatment side effects and optimise QOL into recovery. Given the multifaceted needs of this group, integrated care is essential and any interventional programmes would need to involve a wide range of the multidisciplinary team.

Limitations: The majority of interviews were carried out over the telephone. A limitation of this interview method is the absence of visual cues which may result in loss of non-verbal and contextual data. In addition researcher bias is an inevitable factor that must be considered in all qualitative research. Therefore a number of strategies were used to promote participant-driven data and data-driven analysis.

Suggestions for future research: Given the greater understanding of this population gained from this study, future research is warranted to examine whether a comprehensive multidisciplinary rehabilitation programme could improve physical performance and HRQOL in this cohort.

Keywords: oesophageal cancer; survivorship; physical activity; quality of life
