

# Looking Forward: Feasibility and acceptability of a cancer survivorship program

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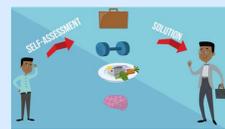
## INTRODUCTION

### CO-DESIGN OF A PSYCHO-SOCIAL PROGRAM

- Few evidence-based interventions exist offering psychosocial care and information to support cancer patients' transition from active treatment to a 'new normal'
- The Looking Forward program was developed to address the physical and emotional challenges patients can experience at post-treatment, also known as the 're-entry phase', for which patients are often not prepared
- Adapted experience-based co-design (EBCD) methodology – improve user experience through understanding patient perspectives of a process or service

### PROGRAM COMPONENTS

- Face-to-face orientation session at treatment completion
- 3-minute motivational animated video to introduce booklets
- 7 stand-alone booklets based on 'as need' information seeking:
  - What's next? Being mindful about your 'new normal'
  - Side effects and symptoms
  - Emotions, fears and relationships
  - Regaining function and health
  - Back to work
  - Family and caregiver support
  - Where to get reliable information



## EVALUATION OBJECTIVES

- Effectiveness on changes in perceived preparedness for re-entry<sup>1</sup> from baseline to 1-month follow-up
- Impact of health education (heiQ)<sup>2</sup> from baseline to 1-month f/up
- User feedback on program and materials

<sup>1</sup> Jones JM, Cheng T, Jackman M, Walton T, Haines S, Rodin G, et al. Getting back on track: evaluation of a brief group psychoeducation intervention for women completing primary treatment for breast cancer. *Psycho-Oncology*. 2011 Jan;22(1):117-24

<sup>2</sup> Osborne RH, Elsworth GR, Whitfield K. The Health Education Impact Questionnaire (heiQ): An outcomes and evaluation measure for patient education and self-management interventions for people with chronic conditions. *Patient Education and Counselling*. 2007; (66): 192-201

## RECRUITMENT

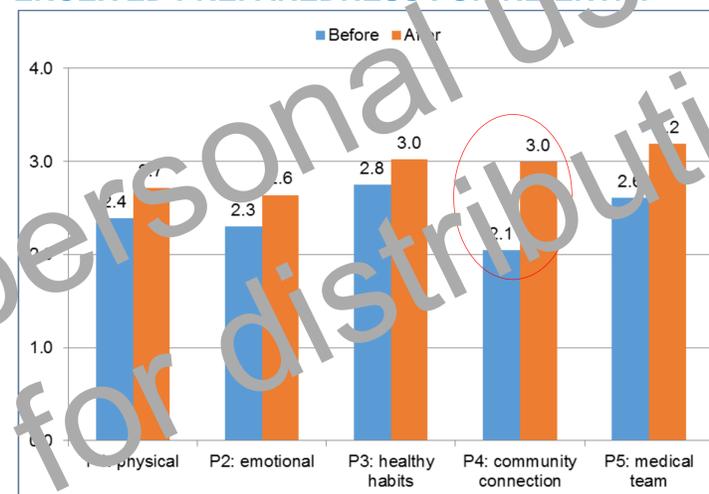
47 adult patients recruited from MUHC Cedars Cancer Centre (radiation therapy) and SMHC Cancer Care (chemotherapy)

Eligibility criteria:

- Aged 18 or over, English or French
- Ending adjuvant chemotherapy or radiotherapy treatment within the previous three months
- Without severe cognitive impairment
- Without recurrent/metastatic cancer, ENT patients excluded

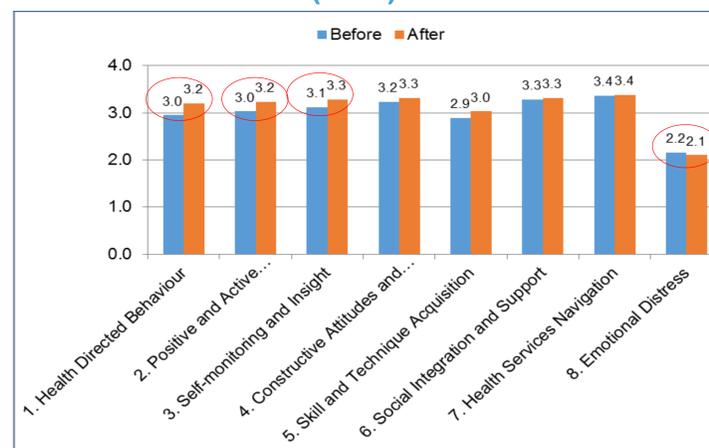
## RESULTS

### 1) PERCEIVED PREPAREDNESS FOR RE-ENTRY

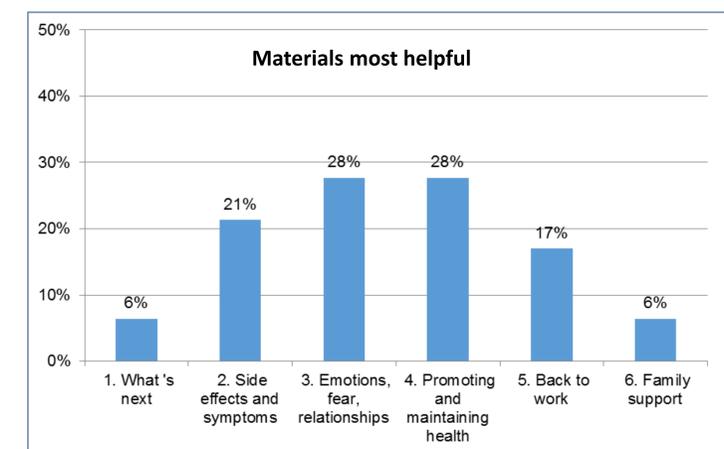
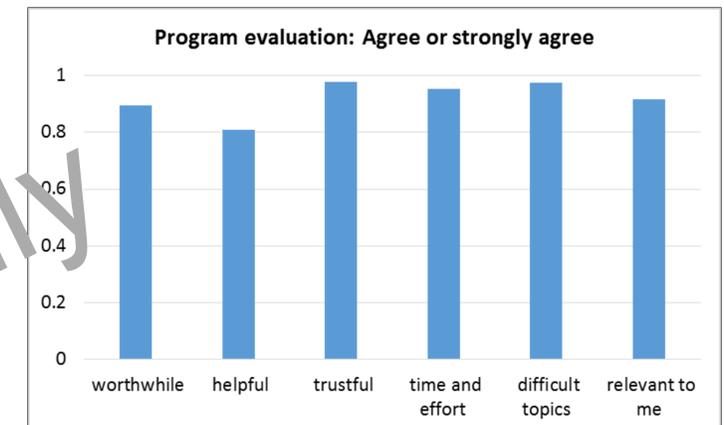


- Overall, significant improvement in perceived preparedness for re-entry from baseline to 1 month follow-up; effect size of .51.

### 2) HEALTH EDUCATION (heiQ)



## 3) ACCEPTABILITY



## CONCLUSION

- Pilot results suggest acceptability of the program and improvement in preparedness for recovery.
- Responding to emotional distress remains an ongoing issue although patients found the materials regarding emotions helpful.

## ANTICIPATED PATIENT IMPACT

- Increased patient preparedness after treatment, increase in engagement in health and wellbeing

## TRANSLATION ACROSS THE RCN

- Program implemented at St. Mary's Hospital
- Dissemination of booklets at MUHC through Cedars CanSupport
- Incorporation of booklets onto Opal (smart phone app and patient portal) developed for radiation oncology patients at MUHC