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# Supportive care needs of newly diagnosed Australian Aboriginal & Torres Strait Islander cancer patients

## the silver lining for patients with comorbidity

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European Journal of Cancer Care

Original Article

## Supportive care needs among Indigenous cancer patients in Queensland, Australia: less comorbidity is associated with greater practical and cultural unmet need

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## Cancer in Australian Indigenous peoples:

- ↑ incidence of most fatal cancers <sup>1</sup>
- ↑ late stage diagnosis <sup>2</sup>
- ↓ optimal cancer treatment <sup>3</sup>
- ↓ survival following cancer diagnosis <sup>4</sup>
- Cultural differences in understanding cancer <sup>5, 6</sup>
- Mistrust, fear, isolation <sup>7</sup>
- Indigenous-exclusive services critically lacking <sup>8</sup>

1. Moore et al., 2011; 2. Moore et al., 2014; 3. Whop et al., 2016; 4. Condon et al., 2014  
5. McGrath et al., 2006; 6. Prior, 2009; 7. Shahid et al., 2009; 8. Whop et al., 2012



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## What are the **supportive care needs** of Australian Indigenous cancer patients?

*The necessary services to meet the physical, informational, practical, emotional, psychological, social and spiritual needs of those affected by cancer during the cancer trajectory.*

- Qualitative evidence: difference in types/priority of needs <sup>5-7</sup>
- Supportive Care Needs Assessment Tool for Indigenous Peoples (SCNAT-IP) <sup>9</sup>

9. Garvey et al., 2015



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Original Article

## Psychometric Properties of an Australian Supportive Care Needs Assessment Tool for Indigenous Patients With Cancer

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Issue



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**BACKGROUND:** There are significant disparities in cancer outcomes between Indigenous and non-Indigenous Australians. Addressing the unmet supportive care needs of Indigenous Australians with cancer is imperative to improve their cancer outcomes. The current study was to test the psychometric properties of a supportive cancer care needs assessment tool (SCNAT-IP) with cancer. **METHODS:** The SCNAT-IP was administered to 248 Indigenous Australians (124 males and 124 females) of various cancer types and stages, and who received treatment in 1 of 4 Queensland hospitals. All 248 responses were analyzed using exploratory factor analysis to determine construct validity and internal consistency and convergent validity to validated psychosocial tools. **RESULTS:** The SCNAT-IP demonstrated good internal consistency (physical and psychological, hospital care, information, and social support) and convergent validity to validated psychosocial tools. **CONCLUSIONS:** The SCNAT-IP is a valid and reliable tool for assessing the unmet supportive care needs of Indigenous Australians with cancer. Distress Thermometer tool was also used to assess distress levels.

### Most common moderate-high unmet needs

- Money worries (22%)
- Concerns about the worries of those close to you (15%)
- Worry about the illness spreading (14%)
- Feeling sad or down (13%)
- Anxiety (12%)



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## Comorbidity and cancer:

- Indigenous cancer patients have ↑ comorbidity<sup>10, 11</sup>
- Comorbidity ↓ treatment, survival<sup>2</sup>
- It is plausible comorbidity would have ↓ or ↑ impact on needs
  - comorbidity may increase health interaction
    - opportunistic needs assessments
    - increased health literacy
    - increased awareness of what to expect
  - greater financial burden
  - more ill-health, reduced function

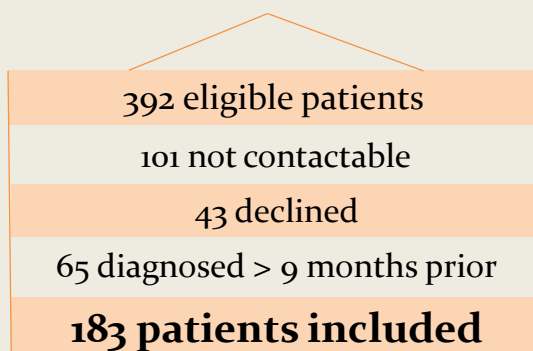
10. Valery et al., 2006; 11. Diaz et al., 2015



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# Recruitment

- ★ Four Qld Public Hospitals
- ★ Identified by hospital staff
- ★ Interviewed by trained research staff



# Measuring SCN

In the last month, did you need any help with

☐ No ☒ Yes

If you answered YES, How much help did you need?

Satisfied with help received	Needed a little more help	Needed some more help	Needed a lot more help
2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
satisfied	little more help	some more help	a lot more help

**“Moderate-high unmet need”**

**Moderate-high domain need:** at least one item within the domain with moderate-high unmet need

- ★ Physical and psychological (11 items)
- ★ Hospital needs (4 items)
- ★ Information and communication (6 items)
- ★ Practical and cultural (5 items)

## Measuring comorbidity

- Medical chart review
- **Good agreement** between medical chart and self-report <sup>\* 12</sup>
- **Charlson Comorbidity Index** - quantify comorbidity burden <sup>13</sup>
  - ✧ No comorbidity: CCI = 0
  - ✧ Mild comorbidity: CCI = 1
  - ✧ Moderate-severe comorbidity: CCI = 2+

12. Bernardes, Diaz, et al., In Press; 13. Charlson, 1987

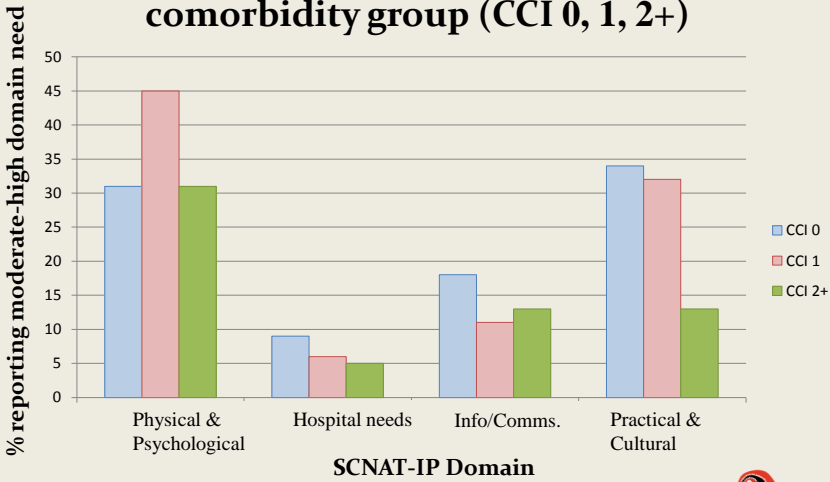
## Patient characteristics

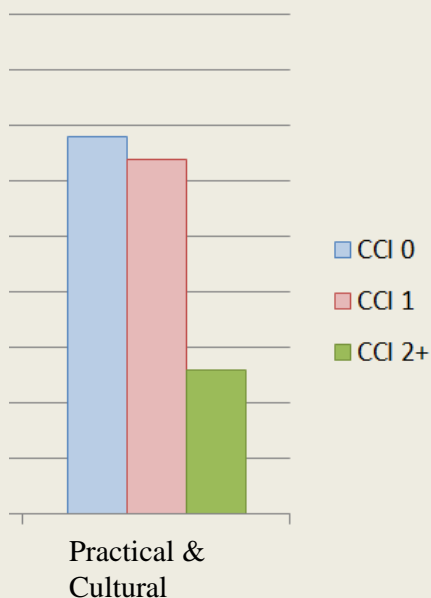
- Mean age: 52 years
- 58% Female
- 34% lived in major cities, 44% regional, 22% remote
- 19% most advantaged SES areas, 30% most disadvantage
- Mean time since diagnosis – just over 10 weeks
- Most common cancer: breast (23%)
- 89% currently receiving treatment

# Most frequently reported moderate-high unmet need

Rank	CCI = 0	CCI = 1	CCI = 2+
1	Money worries	Money worries	Worry about cancer spread
2	Concerns for others	Worry about test results	Anxiety
3	Feeling tired	Worry about cancer spread	Feeling sad
4	Finding a place to stay	Concerns for others	Worry about test results
5	Having an Indigenous person for support	Work around the home/doing things you used to do	Money worries

Proportion of patients reporting moderate-high domain need, by comorbidity group (CCI 0, 1, 2+)





Patients with **moderate-severe comorbidity** had significantly **lower odds of practical and cultural unmet need** compared to those with mild comorbidity (CCI 1) (OR 0.32, 95% CI 0.11-0.87) and those with no comorbidity (CCI 0) (OR 0.28, 95% CI 0.11-0.75)

## What might these results mean for cancer care and the healthcare system?

- ✧ **Culturally appropriate needs assessment** for Indigenous cancer patients, perhaps particularly those who have little prior experience with chronic disease/hospital system
- ✧ **Indigenous liaison officers/Aboriginal health workers** may play key role in helping patients fulfil practical and cultural needs.
- ✧ Continuity of care, **coordination of appointments & services** – role for Navigators/Care Coordinators?
- ✧ **Financial assistance** for those travelling less than 50km
- ✧ Opportunity of **tele-oncology** – reduce cost on patient & system; reduce social isolation; involve social networks; improve patient-doctor communications

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