

Development and Piloting of a Peer Support Program for People affected by Lung Cancer

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To identify the support needs of lung cancer patients and their families the following was completed:

Systematic review of the literature to identify the support needs of people affected by lung cancer.

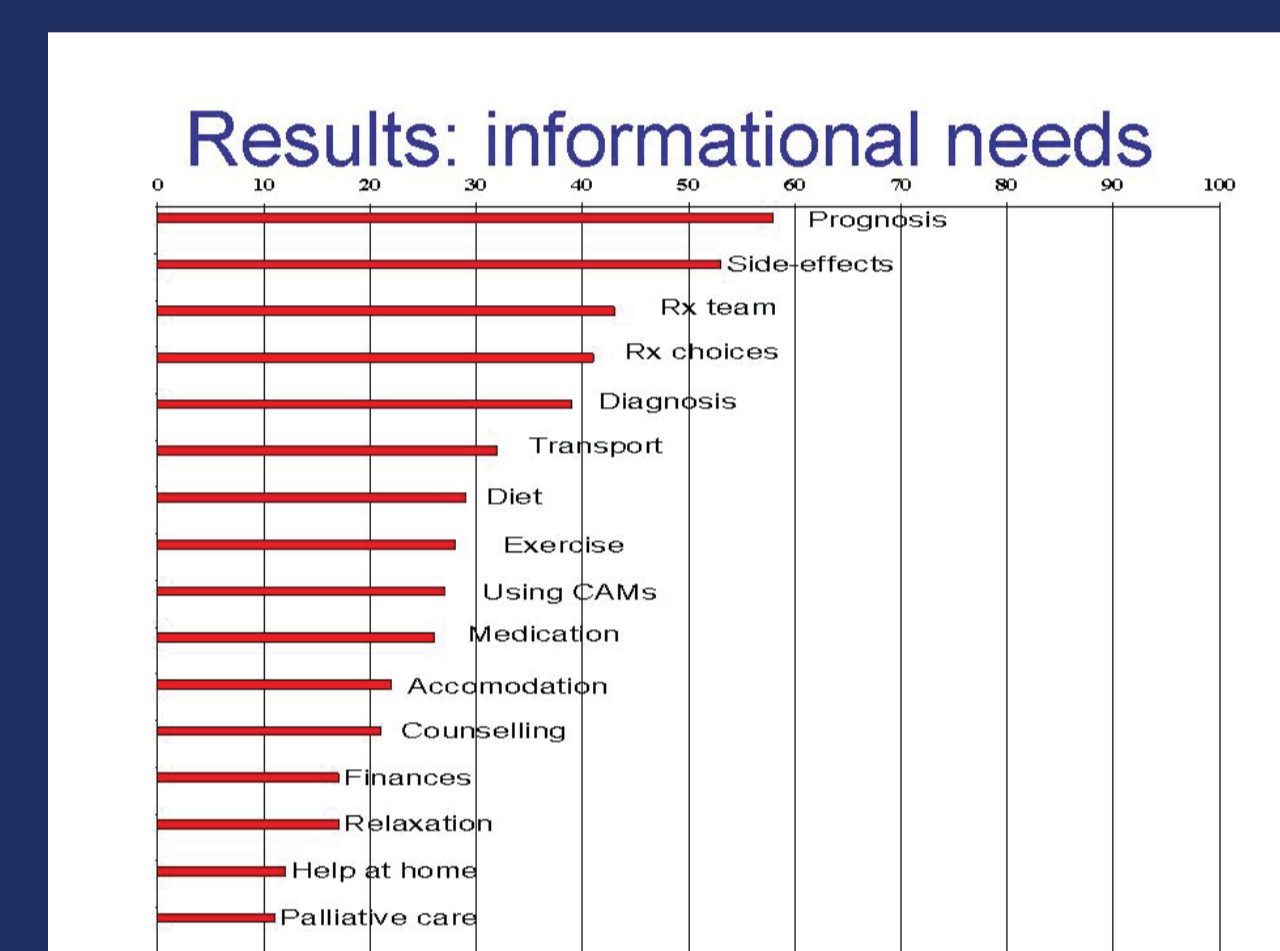
Systematic review of the literature to identify any interventions, which have been developed to meet the support needs of people affected by lung cancer.

Results:



Analyses of data available for lung cancer patients who have completed the Supportive Care Screening Tool developed at Peter Mac.

Results:



Self-Completed Surveys

A convenience sample of 101 lung cancer patients from the Peter MacCallum Cancer Centre (East Melbourne and Bendigo) All support group facilitators affiliated with The Cancer Council Victoria (TCCV) - 145 eligible facilitators.

Respondents of both the patient and facilitator surveys were asked about a lung cancer support program and:

- preferred content
- preferred location
- preferred facilitators
- potential barriers to attendance of a support program for people with lung cancer

Results

Patients and facilitators agreed that a lung cancer support group should be small and include information about lung cancer treatment, side effects and self-care strategies

Patients Preferred

- Support program to be held at a hospital
- Involvement of a health professional
- Predominant focus on information about lung cancer treatment and self-care

Development and Piloting the Lung Cancer Peer Support Program

The results of the self-completed surveys as well as the information gained from the systematic literature review and analysis of the supportive care screening tool provided the framework for developing the pilot lung cancer support program.

A program consisting of four information and education based sessions was developed, maintaining the patients' preference for 'support through information' concept and the involvement of health professionals.

The TCCV assisted in the development of the pilot program using their expertise and experience with support programs.

Each session was facilitated by the nurse researcher. Guest speakers were invited to provide relevant education and information. These included health professionals from the lung cancer unit (medical oncologist, lung cancer nurse co-ordinator, dietician, physiotherapist, occupational therapist) as well as financial planners.

Overview of the Lung Cancer Peer Support Pilot Program

Session 1

Introduction to the lung cancer support program
What is lung cancer and what are the available treatments
(Guest Speaker - Medical Oncologist)

Session 2

Side effects and symptoms of treatment – management strategies (Guest Speaker – Medical Oncologist)
Side effect and symptoms of cancer – management strategies (Guest Speaker - Lung Cancer Nurse Co-ordinator)
The role of palliative care (Guest Speaker – Lung Cancer Nurse Co-ordinator)

Session 3

Allied health session (Guest Speaker – Dietician, Physiotherapist, Occupational Therapist)
General overview of what Allied Health Services provide and how to access these services
Occupational Therapist provided small relaxation session

Self-care strategies, communication and relationships
Coping with cancer: strategies for communication and relationships

Session 4

Financial and Legal issues

Finding Eligible Patients to Participate

The nurse researcher screened the Peter Mac Lung Cancer Unit treatment and clinic lists to identify patients that met eligibility criteria.

Inclusion criteria included:

- Having a newly confirmed (in the last 12 weeks) diagnosis of lung cancer - non-small cell, small cell or mesothelioma
- Able to speak English
- Clinical performance status ECOG \leq 2
- 18 years or older
- Willing and able to attend the 4 weekly sessions

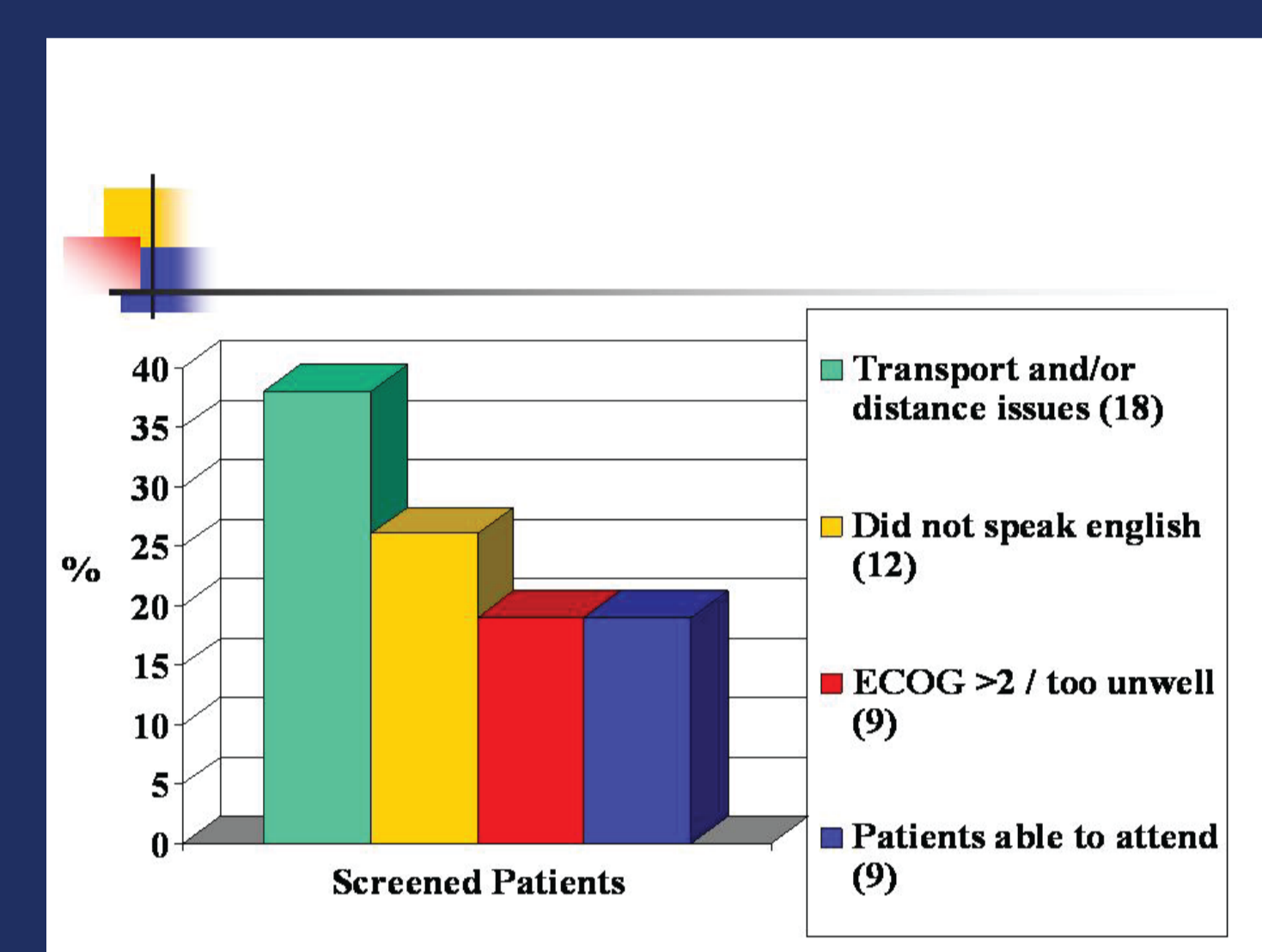
Exclusion criteria included:

- Currently have an active psychiatric or cognitive disorder
- Low clinical performance status ECOG $>$ 2 (and deemed not well enough to attend by treating clinicians)

There was a 6 week screening period preceding the pilot program.

47 patients were identified as having a newly diagnosed lung cancer. Out of these only 9 (19%) met the eligibility criteria

- 12 (26%) did not speak English
- 9 (19%) had ECOG $>$ 2 / too unwell
- 18 (38%) could not attend weekly sessions due to transport and distance issues



The nurse researcher approached the 9 eligible patients and explained the program and gave them a written invitation to attend the education and information sessions. 5 accepted the invitation.

Attendance at the Pilot Program

The program was run over a 4 week period.

The day prior to each session the nurse researcher contacted each participant to confirm their attendance at the program. On a number of occasions participants confirmed attendance however cancelled on the day.

The following outlines attendance rates:

- Session 1 - 4 pts and 2 relatives
 - Session 2 - 5 pts and 2 relatives
 - Session 3 - 2 patients and 1 relative
 - Session 4 - 2 patients
- (The others felt they did not require the financial and legal information).

All the participants were interested in session 1, 2 and 3, however, a number of issues prevented them from attending including:

- Cancellations on the day because of feeling unwell / wanting to stay at home
- Needing a rest from travelling into the hospital (having treatment most days)
- Having treatment when the program was scheduled
- Changes in treatment times
- Other family commitments / appointments.

Other Issues Identified

- Guest speakers felt it was difficult to justify the time needed to prepare and present the sessions as the participant numbers were small.
- As discussed above often participants cancelled their attendance on the day making it difficult to estimate how many patients would arrive.
- The specific needs of carers were highlighted in one session during which a carer became very emotional and distressed.

In this small pilot it was demonstrated that patients and their family affected by lung cancer found an information and education based program useful.

The participants completed an evaluation form. All participants were satisfied or very satisfied with the program. 3 participants noted they would have liked more medical information regarding lung cancer.

Conclusions and Ongoing Development of Program

To provide future support programs for patients with lung cancer and their carers we need to develop innovative ways to overcome the problems we identified, specifically providing sessions which patients can attend in a variety of formats as well as appropriate utilization of clinician time. It will also be important to address the needs of non-English speaking patients and the specific needs of carers.

One initiative is to film and / or record health professionals presenting information and education sessions. These could be developed in a number of multi media formats allowing patients and their families to freely access sessions in their own home, or in designated viewing areas in treating hospitals or clinics.

Peer support programs could be setup (face to face, on the telephone or over the internet) using these sessions as a basis for discussion. This would address the issue of clinician time as well as enabling patients and their families to access information when it is convenient.

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