

# Living with and beyond colorectal cancer: ColoREctal Well being (CREW) study at five years

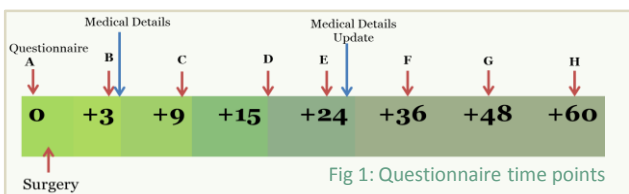
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## 1. BACKGROUND

Very little is known about patterns of recovery from cancer - how long it takes, what it is like, who is likely to experience problems, how these can be managed. The evidence to develop interventions and support people to self-manage the impact of cancer and its consequences for everyday life is also limited. The ColoREctal Well-being (CREW) study was set up to address these issues and to explore the multiple factors that could affect recovery from colorectal cancer & its treatment over time.

## 2. METHODS

- CREW is a prospective, longitudinal cohort study of a representative sample of non-metastatic colorectal cancer patients undergoing curative intent surgery.
- All eligible patients attending 29 UK cancer centres during the recruitment period (Nov 2010 – March 2012) were invited to participate.
- Clinical, socio-demographic, physical & psychological symptoms & functioning, quality of life (QOL), personal attributes & perceptions, social support & health service use were assessed at 8 time points (see Fig 1).
- Data were analysed using multivariate statistical techniques.



## 3. RESULTS

- 91% of eligible patients were approached, with 1017/1243 giving consent (82%), 145 for medical details only, 872 for self-report questionnaires as well. Questionnaire response rate at 5 years was 71%.
- Sample characteristics: Mean age at baseline 68 yrs (32-95); 56.5% male; 65% colon cancer; 36% stoma (64% temporary); 10% recurrence by 2 yrs.

### HEALTH & WELLBEING

- Most people recovered well after treatment for colorectal cancer in terms of their health and well-being but around 30% had poorer psychosocial outcomes.
- Fig 2 shows some of the characteristics which were associated with poor outcomes from baseline and during the recovery period.
- Other significant predictive baseline factors included higher levels of anxiety, presence of stoma, female gender, greater deprivation, (neo)-adjuvant treatment, younger age and living alone.

<b>Self-efficacy</b>	<ul style="list-style-type: none"> <li>• Around 40% of patients have low confidence to manage illness-related problems</li> <li>• Little change in self-efficacy over time</li> </ul>
<b>Depression</b>	<ul style="list-style-type: none"> <li>• Around 21% of patients scored above cutoff for clinical depression at baseline.</li> <li>• At 60m, the proportion is 15%, higher than the general population</li> </ul>
<b>Social support</b>	<ul style="list-style-type: none"> <li>• Perceived social support declined in about 30% of people living &amp; beyond with cancer during the first 2 years post-surgery</li> </ul>
<b>Co-morbidities</b>	<ul style="list-style-type: none"> <li>• Comorbidities that disrupt daily activities have biggest impact</li> <li>• Anxiety/depression &amp; arthritis most common limiting comorbidities</li> </ul>

Fig 2: Characteristics associated with poor outcomes

## 4. CONCLUSION

This unique study provides robust evidence that psychosocial factors, in addition to clinical factors, are important predictors for the longer term outcomes of people living with and beyond CRC. Some of these factors are amenable to change. We call for assessment and intervention from diagnosis onwards for confidence to manage illness related problems, depression, social support and limiting co-morbidities. Early assessment would identify those most likely to need support in their recovery. Early intervention has the potential to reduce need and improve outcomes throughout treatment and beyond.

## 5. REFERENCES

See <https://www.southampton.ac.uk/msrg/ourresearch/macmillan-crew-cohort/macmillan-crew-cohort.page>