

Trajectories of quality of life, health and personal wellbeing up to two years following curative intent treatment for colorectal cancer: results from the CREW (ColoREctal Wellbeing) cohort study

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Background

Evidence is necessary to understand how patients recover from curative intent treatment to inform care provision during treatment and beyond. If patterns of recovery are understood then care can be tailored appropriately, thereby providing adequate support to patients. The results presented here focus on trajectories of recovery of quality of life (QoL), health status and personal wellbeing up to 2 years following surgery and predictors for these outcomes in the UK CREW cohort study.

Methods

CREW is a prospective cohort study of 1018 eligible adults who had surgery for colorectal cancer (Duke's stage A-C) from 29 UK cancer centres. Questionnaires were administered before surgery (baseline), and 3, 9, 15, 24 months later. Longer-term assessments are underway. The primary outcome measure of QoL was the Quality of Life in Adult Cancer Survivors (QLACS) questionnaire; health status was measured using the EQ-5D and wellbeing was assessed by the Personal Wellbeing Index. Anxiety (STAI), depression (CES-D), physical symptoms (EORTC QLQ-CR29), social support (MOS), self-efficacy to manage cancer-related problems, socio-demographic and clinical/treatment characteristics were examined. Group-based trajectory analyses assessed change in QoL, health status and personal wellbeing over time to identify distinct trajectories, and investigated potential predictors of membership of these trajectories.

Results

872 eligible participants recruited between November 2010 and March 2012 consented to follow-up. Mean age was 68.2 years; 60% male. 65% colon and 35% rectal cancer; Dukes stage: 14% A, 53% B and 32% C. 18% had neo-adjuvant treatment; 46% had adjuvant treatment. 35.6% had a stoma (temporary or permanent).

Four distinct trajectories were identified for each of QoL, health status and wellbeing over the 2 years of follow-up (table and figures). 11.5% were in the poorest trajectory (Group 4) for at least one of the three outcomes.

Factors statistically significantly associated with poorer trajectories across the three outcome measures: higher deprivation, worse physical and psychological symptoms, more comorbidities, stoma, lower self-efficacy to self-manage, less social support.

Outcomes	Group 1 Best outcomes	Group 2	Group 3	Group 4 Poorest outcomes
Quality of life (QLACS-Generic Summary Score)	Consistently good QoL (31.3%)	Reasonably good QoL (39.2%)	Worsened QoL in the short-term which then improves (24.2%)	Consistently poor QoL (5.3%)
Health status (EQ-5D)	Mild health problems which improve (20.9%)	Health status good but slight decline (12.4%)	Some consistent health problems (59.3%)	Fluctuating and consistently poor health (7.4%)
Personal wellbeing (PWI)	Consistently high wellbeing (44.9%)	Wellbeing within normal range although declining (32.7%)	Declining levels of wellbeing consistently below the threshold for reduced wellbeing (18.2%)	Very low and declining wellbeing (4.2%)

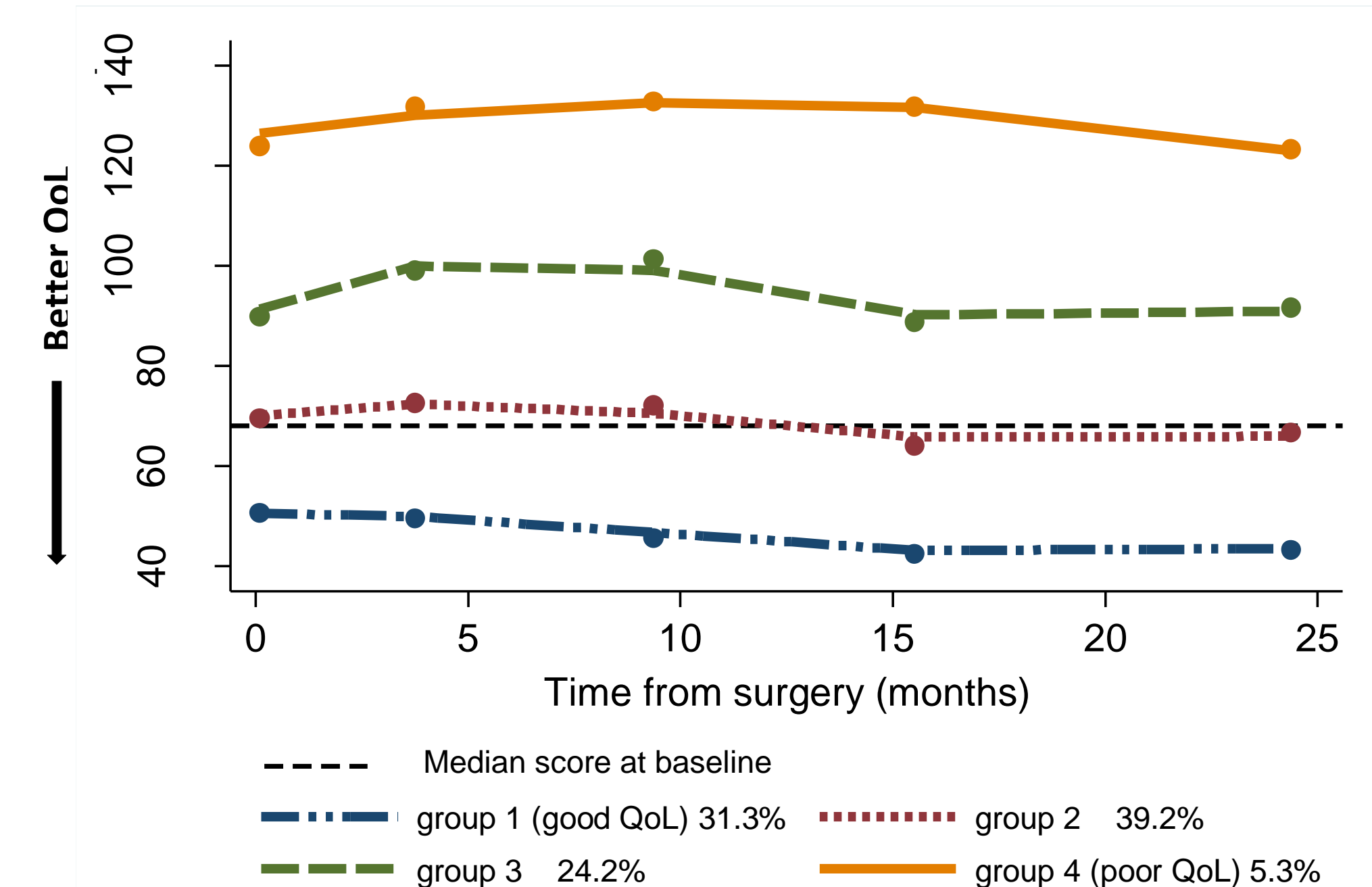
Conclusions

Distinct recovery trajectories following surgery for colorectal cancer can be identified, along with predictors. Different approaches to follow-up care are warranted and these results provide robust data regarding who is likely to need more intensive support, which will inform the development of risk-stratified follow-up management tailored to individuals' needs.

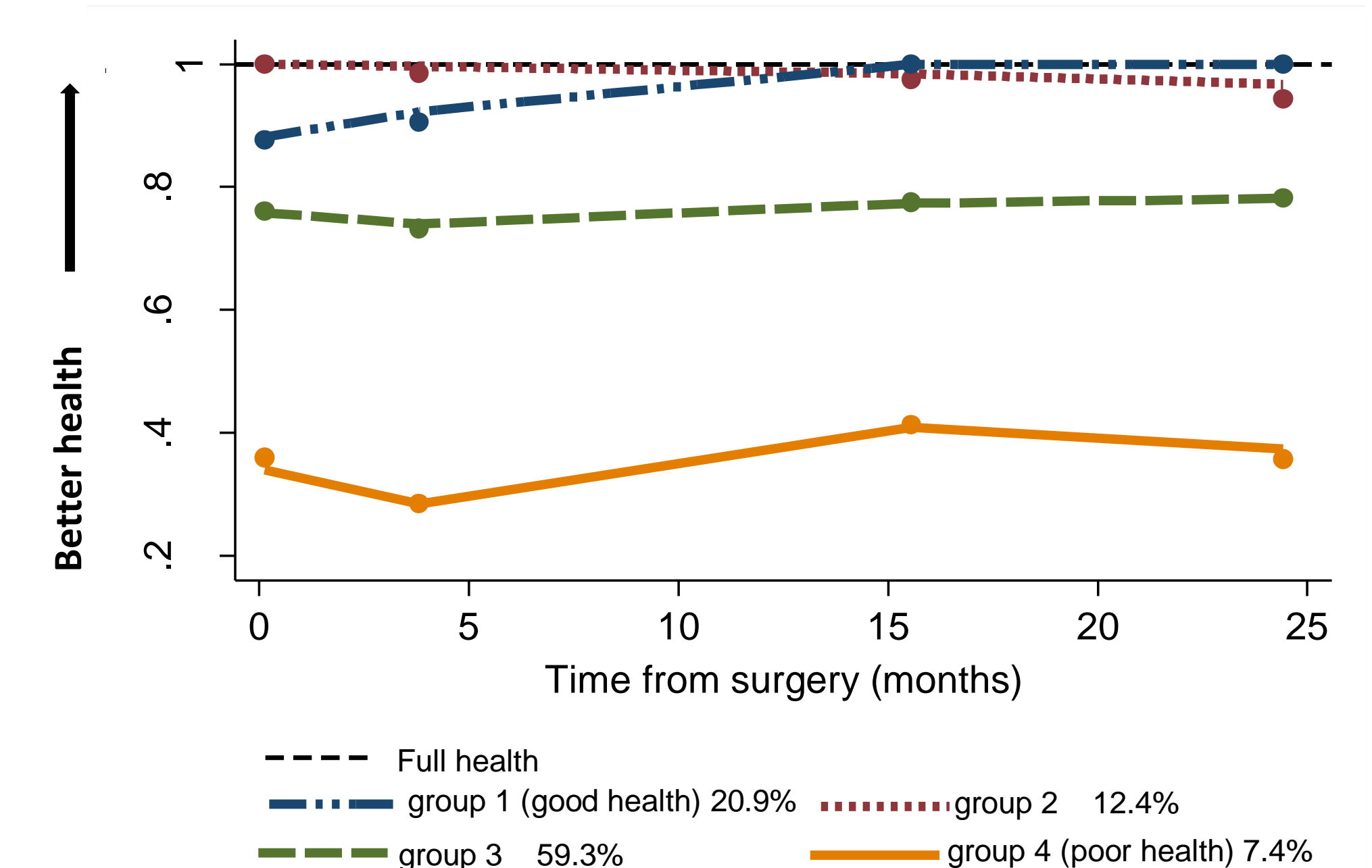
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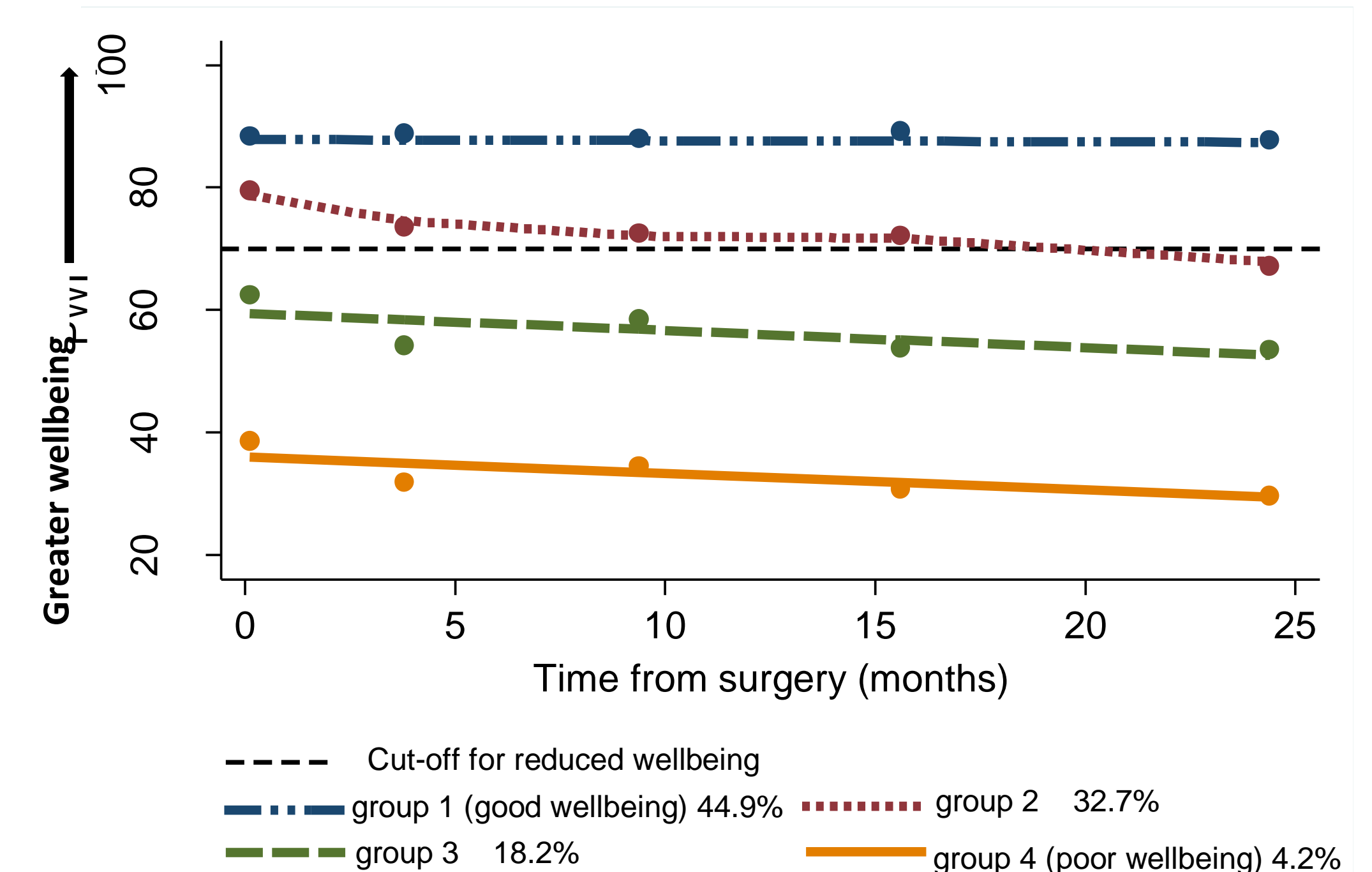
(a) QLACS-GSS (Generic Summary Score); n=768 with QLACS-GSS data



(b) EQ-5D utility index; n=797 with EQ-5D data



(c) Personal Wellbeing Index; n=797 with PWI data



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