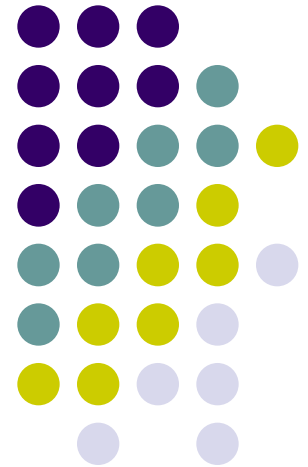


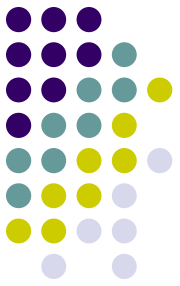
CECo 3rd Annual Scientific Meeting

Anne Marie Lydon

Ovarian cancer follow-up;
Patient and clinician
perceptions

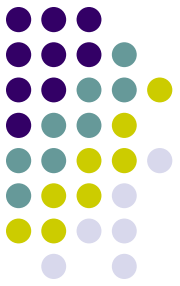


Is there a need to attend Clinic?



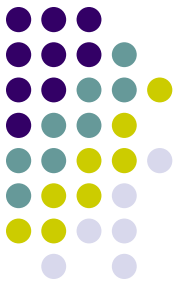
- **Has the NHS has made us lose our independence and made us over reliant on our Health Service?**
- **Prior to the introduction of the NHS in 1948, care was the responsibility of the individual**
- **Most follow-up patients attend clinic because they have an appointment to attend, than due to symptoms of progressive disease**

Case Study



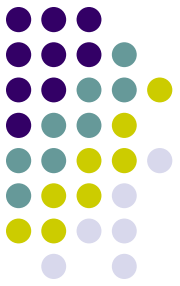
**Study to explore Patient and Clinicians
attitudes towards ovarian cancer
follow-up procedures**

Ovarian Cancer - Overview



- **6th most common cause of cancer death in women**
- **200,000 new cases each year worldwide**
- **Causes unknown**
- **Signs and symptoms are vague**

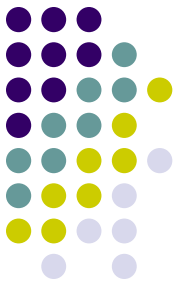
Traditional Follow-up of Ovarian Patients



After initial surgery/chemotherapy;

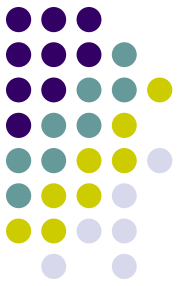
- **patients are seen every 3 months for the first 2 years**
- **then every 6 months thereafter, or until progression**

Rationale for Study



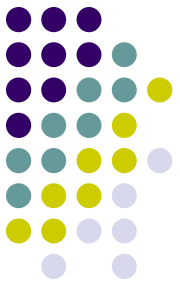
**How can we improve the follow-up care
of ovarian cancer patients?**

Study Aims



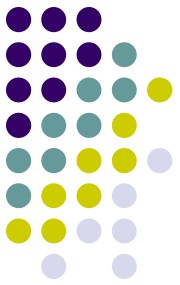
- **An audit to determine the frequency and nature of hospital contacts following treatment for ovarian cancer**
- **Focus groups to discover the views of follow- up care held by;**
 - **ovarian cancer patients**
 - **clinicians**

Overall Findings from Audit

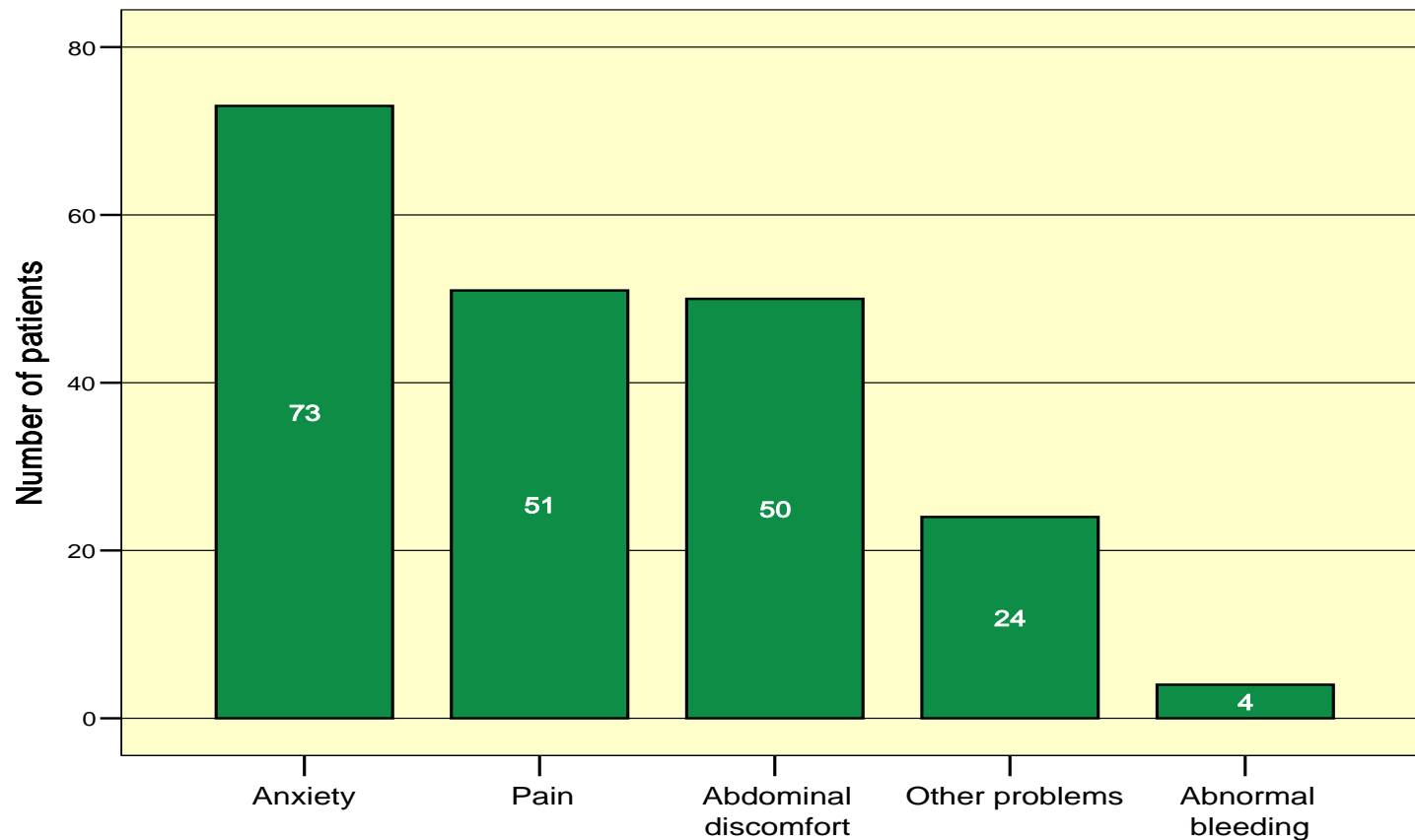


- **89% of contacts were routine and 11% were unplanned**
 - **38% of contacts ‘no problems’**
 - **33% of contacts ‘some problems’**
 - **29% of contacts ‘mostly problems’**
- **Anxiety was the most reported problem (73%) followed by pain (51%), Abdominal discomfort (50%)**

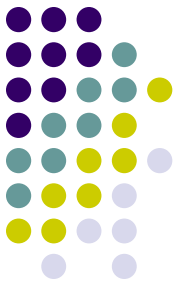
Problems Identified



Problems identified at contacts/visits (n=100)



Focus Group - Methods



2 separate groups

- **6 Patients (age 52-73 years)**
 - **Emphasis on the emotional / psychological aspects of care**
- **7 Clinicians**
 - **Concentrated on the practical / medical aspects of care.**

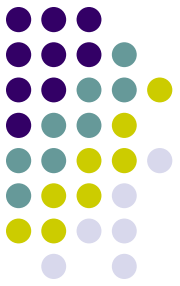
Findings – Patient Group



Alternative forms of follow-up accepted by those:

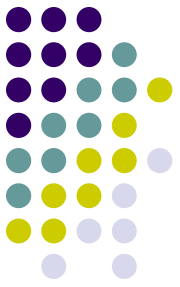
- **Who had positive past experiences of the disease**
- **Were well informed and had good support systems in place**

Findings - Clinician Group



- **A need for modernisation**
- **Current FU procedures are very labour intensive and based on historical precedence than evidence**
- **Welcomed the introduction of nurse-led consultations / clinics**

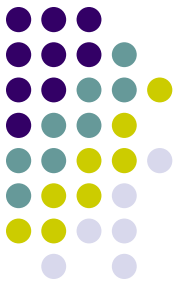
How Can Change be facilitated?



‘ patients do not want to be ‘cut loose’ from the clinic scenario completely, so alternating telephone consultations with clinic attendance may be the step a patient needs to take, to be confident in taking control of their disease’

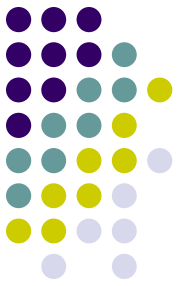
- **Nurse-led telephone consultations**
- **CA-125 markers done locally**

Conclusion



- **Quality of life outcomes are as important as survival rates**
- **Need to move away from ritualised to individualised care**

CECo Scholarship



- The CECo Scholarship
 - Poster presentation - 'Follow-up procedures following treatment for ovarian cancer: The way forward'. (International Psycho-Oncology Society (IPOS) World Conference, London (2007))
 - Paper - 'Routine follow-up after treatment for ovarian cancer in the United Kingdom (UK): patient and health professional views' – European Journal of Oncology Nursing

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Thank you for listening

