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The impact of primary colorectal cancer treatment on physical symptoms and functioning in the first two years: results from the ColoRECTal Wellbeing (CREW) cohort study

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Background

Cancer and its treatment can have a considerable long-term impact. Relatively little is known about what this means in relation to health and wellbeing, how to prepare patients for what to expect, and to tailor support.

Aims

Describe the impact of colorectal cancer treatment and patient characteristics including self-efficacy (confidence to self-manage illness-related problems) on symptoms and functioning following curative intent surgery.

Methods

857 colorectal cancer patients (Dukes' A-C) recruited 2010-2012 from 29 UK centres. Questionnaires pre-surgery (baseline), 3, 9, 15, 24 months included assessments of symptoms, functioning and patient characteristics. Regression analyses assessed change in functioning and symptoms over time and associations with socio-demographic, clinical, treatment and pre-surgery psychosocial characteristics.

Results

Most problematic symptoms over follow-up: impotence (45% moderate/severe problems at 24 months), urinary frequency (34%), fatigue (24%), stool frequency (22%), insomnia (20%), flatulence (20%) and pain (16%). Symptoms worsened immediately following surgery and then most improved significantly, generally from 15 months; although some remained as prevalent (impotence and flatulence). Urinary incontinence significantly worsened (mostly changes from none to mild symptoms). From multiple regression, risk factors consistently statistically significantly associated with worse symptoms and poorer functioning were, worse depression and lower self-efficacy at baseline, more co-morbidities and having a stoma. Tumour site, neo-adjuvant and adjuvant treatment had little effect.

Conclusions

Most symptoms improve by 15 months following colorectal cancer treatment although some persist. Pre-surgery self-efficacy and depression are important predictors of symptoms and functioning, independent of clinical and treatment factors, and amenable to interventions to improve recovery.

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