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Psychosocial concerns and needs of cancer survivors treated at a comprehensive cancer center and a community safety-net hospital

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The number of cancer survivors in the United States is expected to grow to 18 million by 2020 because of improved cancer treatment outcomes and the aging of the population.[1] Many cancer survivors are at increased risk for cancer recurrence and other adverse long-term physical and psychosocial conditions.[2-5] Disparities in survival are associated with inadequate or no health insurance coverage because individuals are more likely to be diagnosed with cancer at later stages,[6] and higher incidence for some cancers among African Americans.[7] Few studies have examined psychosocial health disparities during cancer survivorship,[8-13] and little is known about how psychosocial factors subsequent to diagnosis affect survival and long-term outcomes. [4,14]

While clinical care relevant to survivorship outcomes is advancing, [15, 16] optimal practices for preparing survivors for treatment and transitioning off treatment have yet to be defined. [11, 15, 17] Furthermore, guidance is needed for serving minority and underserved

Ethical approval: All procedures performed in this study were in accordance with the ethical standards of the Institutional Review Boards of Meharry Medical Center, Vanderbilt University Medical Center, and Tennessee State University.

survivor populations where health disparities exist.[7] More data are needed about incidence of adverse outcomes and their determinants, overall and in disparity populations to inform development of best practices for preventive interventions.

The purpose of this study was to identify similarities and differences among two groups of survivors in (1) sources of information at time of cancer diagnosis, (2) sources of support used during and after treatment, (3) stressors and challenges during and after treatment, and (4) coping strategies[18] used during and following cancer treatment. These factors might be associated with health services use,[19] and with survivorship disparities.[20] One group was treated at Vanderbilt-Ingram Cancer Center (VICC), an NCI-designated comprehensive cancer center, and the other at Meharry Medical College (MMC), its partner medical setting that serves patients who are mostly publicly-insured and uninsured. Secondary analysis of data from focus group participants was undertaken to address the four study topics and to guide future development of interventions tailored to preferences and needs of diverse survivors.

Method

Original study design

Adult cancer survivors were recruited from VICC (n=21) and MMC (n=20) for participation in focus groups to assess needs for survivorship preparation. The clinical facility of Meharry Medical College (MMC) is based at Nashville General Hospital, where only 4% of the population has commercial health insurance. In contrast, the majority (58%) of patients seen at Vanderbilt-Ingram Cancer Center (VICC) are covered with commercial insurance.

Eligibility for participation included a diagnosis of a primary breast, colorectal, lung, or prostate cancer during the period 1995-2010 with survival of at least one year post-diagnosis; being an adult at the time of diagnosis; and ability to communicate orally in English. Eight focus groups were conducted with survivors of breast (n=15), lung (n=8), prostate (n=10), and colorectal (n=8) cancer. Number of participants in focus groups by site and demographic characteristics of the groups are shown in Table 1. Four groups, one for each cancer site, were held at MMC, and four were held at VICC. Each focus group included a convenience sample of participants recruited from the institutional tumor registry lists.

Procedures

Each focus group lasted about 1½ hours, with refreshments provided. Participants received \$25 gift cards to compensate them for time and travel. Facilitators were experienced doctoral-level researchers (DW and PH) who followed a semi-structured discussion guide (Table 2) to explore sources of information used at time of diagnosis; sources of support during treatment; unmet needs and barriers experienced during treatment and at the time focus groups were conducted; and suggestions for improving the transition to survivorship. Focus group discussions were audio-recorded and two research assistants observed and took notes to identify speakers and add information about non-verbal behavior. They each

transcribed all the recordings, cross-checking accuracy of the transcriptions. The focus group facilitators provided additional input in cases of uncertainty about participants' words.

Analysis

For this study, the transcripts were analyzed by authors R. Selove and M. Foster using a thematic narrative approach.[21] They used Atlas.ti[22] independently to identify quotations that, when considered in the context of the group conversation, reflected one or more of the four topics listed above. Next they developed shared definitions of themes within those topics; for example, under sources of information, they coded themes of family and friends, healthcare providers, church, cancer organizations, internet and media, and print material. Periodically they compared samples of coded quotations to identify and resolve discrepancies in use of codes. Stressors were coded in one of four categories following the framework of the National Comprehensive Cancer Network Distress Thermometer,[23] as physical problems, practical problems (such as problems related to finances and insurance, as well as decisions about treatment), family problems, and emotional problems. Coding for coping strategies was informed by a description of spirituality in the literature,[24] and a scale for assessing self-efficacy for coping with cancer.[18] They then used Excel to create matrices[25] with individual survivors grouped by treatment setting and age, cancer site, gender, level of education, years of survival, and type of insurance on the horizontal axis. The vertical axis listed themes that emerged during analysis. Coded quotations were entered into the matrices which allowed quantification of the number of survivors whose focus group remarks fit within each cell of the matrices.

Results

Study sample

There were 8 men at each site, with 12 women at MMC and 13 women at VICC. Survivors from MMC were more likely to be African American than those from VICC, less likely to be married, to have a college degree or private insurance (Table 2).

Sources of information at diagnosis

Fewer sources of information were utilized by individuals at MMC than by those at VICC. As shown in Tables 3-5, the number of VICC survivors who obtained helpful information from healthcare providers, family and friends was more than twice the number of MMC survivors reporting those sources. About quarter of female survivors, and no males, obtained information from cancer organizations (Table 3). An MMC prostate cancer survivor said "I only met with the doctors here," and a VICC breast cancer survivor said she looked for information from "Friends, family, Cancer Center of America ... I was going to... get three or four opinions before I made any kind of decision."

More female VICC survivors, and more male MCC survivors used the internet for information. One MMC breast cancer survivor reported "I would Google a lot of different stuff and it would send me to resources." A VICC breast cancer survivor reported that she "went on the internet... and found it more helpful than anything that was provided by the physicians." Print materials were mentioned by slightly more MMC survivors than VICC

survivors. One MMC breast cancer survivor said “The nurse navigator gave me a whole packet so I read everything from cover to cover.”

Sources of support during and since treatment

MMC survivors generally mentioned fewer support sources than VICC survivors, as shown in Tables 3-5. Family and friends were named as sources of support by 12 MMC survivors, 16 VICC survivors, and by a higher proportion of female survivors at both sites (Table 3). Next most frequently mentioned sources of support at VICC were healthcare providers, and the same number at MMC described God as a primary source of support. A VICC breast cancer survivor described her doctor as “really good about staying with me because they know that I am freaking out the whole time.” A number of MMC survivors responded to “Where did you get your strength?” with comments such as “...with the help of the Lord.” An MMC breast cancer survivor stated “I’ve always looked to God for anything.” Similarly, a VICC lung cancer survivor responded, “I think that all of mine came from God.”

Church was mentioned by similar numbers of survivors at each site. A colorectal cancer survivor at MMC said “The folks I go to church with, they’re good friends of mine. If anything ever goes wrong, I can always call somebody.” A VICC breast cancer survivor described her weekly Bible study group “where we would always set aside about 20 minutes, where we always discussed what the doctor said, and make it into a positive thing.”

Cancer organizations and survivor groups were identified as support sources by five MMC survivors and one at VICC, all female (Table 3). An MMC colorectal cancer survivor said “They listen and then try to help you. You feel much better when you came.” No participants in the VICC colorectal cancer had heard about that site’s survivorship support services.

Stressors and challenges during and since treatment

Physical problems including neuropathy, incontinence or excessive urination, heat and cold sensitivity, pain, fatigue, impotence, and sun sensitivity were mentioned by 11 MMC survivors and 9 VICC survivors. An MMC prostate cancer survivor said “At night, not only the hot flashes interfere with my sleep, I urinate more at night... I used to tell myself that sleep is the only freedom I know. I don’t own that freedom anymore.” An MMC breast cancer survivor said “They gave me this new medicine that I am taking now... it makes your bones ache, and because I am a recovering addict I can’t really take anything for pain.”

Eight MMC survivors reported practical problems such as difficulty affording medications, lingering unemployment, and having no medical insurance. An MMC colorectal cancer survivor described “another problem... is some medication. It’s not generic, it’s too expensive and you need it.” Similar challenges were described by two VICC survivors. A colorectal cancer survivor, reported “I still don’t have health insurance... nobody would give me health insurance.” Another challenge reported by one MMC lung cancer survivor was “problems finding a good doctor that wants to know everything about me and it’s hard.” An MMC breast cancer survivor said “I don’t feel like my doctor was helping me much with what is to come.”

Emotional difficulties were described by eight MMC survivors and five at VICC. An MMC breast cancer survivor reported “I’m having anger issues that I’ve never had in my life.” An MMC lung cancer survivor said “I just stay depressed all the time.” A VICC breast cancer survivor reported that her “follow-up visits are really terrifying.”

Single mothers at both settings described being concerned about who would care for their children if they died. Some survivors at both sites also worried about cancer developing in their children.

Fear of recurrence or development of another cancer in themselves or their children was acknowledged non-verbally by a number of survivors, with more extensive comments about such concerns among MMC survivors than among those at VICC. An MMC breast cancer survivor reported “I’m always worried that I am going to break my leg and then when I break my leg they are going to find this in my bone marrow.” A VICC breast cancer survivor noted that when she goes for her follow-up appointments “I get as anxious as ever, even though I was the lucky one, and yet I don’t think that will ever end.”

Several survivors described a sense of cognitive overload. A VICC breast cancer survivor said “It’s so hard to keep track of it all...there are so many moving parts.” Similarly, an MMC breast cancer survivor said “when your doctors are telling you all the residual side effects or long-term side effects, you are kind of like you have been picked up in a tornado and you need someone to listen for you because all these thoughts are flying through your head...and you really don’t remember so much.”

Focus group members in both settings described concern that their own health problems cause significant stress for their partner or children. One MMC breast cancer survivor reported being worried about her young son, saying sometimes “he’ll just yell ‘Mama! Mama!’ and I ask him what’s going on and he’ll say ‘Just hold me.’” A lung cancer survivor from VICC said her husband “still worries...I can’t go out the door without him checking on me every 25 to 30 minutes to see if I am still alive.”

More survivors at VICC than MMC described challenges associated with some aspect of healthcare services. Some of these comments were in the context of offering suggestions to improve care for cancer survivors. One VICC breast cancer survivor reported going “to see four surgeons who refused to do the biopsy...they all said ‘you’re just over-reacting.’” An MMC breast cancer survivor with diabetes described frustration because side effects of cancer treatment were attributed to diabetes by some providers. Several survivors at both institutions indicated they wanted more information early in treatment about side effects they might experience. An MMC lung cancer survivor said that after radiation treatment “my skin burned and they didn’t tell me that would happen.” A breast cancer survivor treated at VICC commented “I can’t tolerate pain. I think that a good discussion about how painful these things [associated with breast reconstruction] are going to be would have been helpful.”

Table 6 presents a snapshot of concerns for survivors who described more than one kind of stressor associated with their cancer history. More than one stressor was described by seven MMC survivors, including one lung cancer survivor whose concerns reflected all four

stressor themes. Two MMC survivors referred to three kinds of stressors during focus group discussions. Four VICC survivors described more than one stressors as defined for this study, with none describing more than two.

Coping strategies during and after treatment for cancer

Themes identified among coping strategies described across focus groups are listed in Tables 3-5. Family and friends were the most prevalent sources of support for survivors at both sites. A VICC lung cancer survivor who described herself as “lethargic” said “I don’t cook any more. I love that. It means there’s not a lot of dishes to wash...I have somebody else taking care.” “God” was mentioned next most frequently for MMC survivors (n=10), while healthcare providers were next most frequent for VICC survivors (n=10).

The second theme, reflected in comments 15 MCC survivors and nine from VICC, was labeled spirituality. In addition to specific mention of thoughts about God, some survivors described a change view of life. An MMC breast cancer survivor said “I was kind of meditating... yoga, a little here and there but overall afterwards it’s almost like you get into a mode of being prepared to meet your maker.” A VICC breast cancer survivor noted “I really appreciate little small details now, that before I never took the time to notice, and it feels like it’s just given me a much more fulfilling day.”

More MCC survivors than those from VICC described coping by maintaining usual routines, physical activity, and a sense of independence. An MMC lung cancer survivor reported “I have arthritis in my knee but I don’t let it stop me from getting out and playing ball with my grandkids.” A VICC breast cancer survivor reported “A week after my diagnosis, I was doing a tour in North Carolina and I just continued on with my life.” Also included in this category were an MMC prostate cancer survivor who said “My lifestyle really hasn’t changed, it’s just that I got problems and I deal with them.”

Affective regulation was described by approximately a third of survivors at both sites. This included coping with stressors by talking about them with others, ignoring difficulties, yoga and other self-soothing activities. An MMC lung cancer survivor said “I don’t let it bother me and I don’t even think about it.” A VICC breast cancer survivor reported “I live in the present and try not to worry about what might happen.”

In the context of remarks about what helps them cope with challenges in their lives, nine survivors described using medications or other treatments. An MMC breast cancer survivor said “...sometimes I just couldn’t make myself get out of bed... with the help of anti-depressants it’s much much better.” Several colorectal cancer survivors at VICC described use of sunscreen so they can better tolerate being in the sun.

An additional coping strategy was getting medical information, described by three survivors at each site. An MMC breast cancer survivor said “The more information I had I was fine.” A VICC breast cancer survivor reported that “One thing that ... did help me out a lot was, before I go into see my doctor, I would write down all my questions... I hand them the sheet and say I need to have some answers to these before they get out of the room.”

Of note, VICC survivors 65 years and older were nearly all likely to report obtaining information from health care providers, support from family and friends, and to use support from family and friends as a means of coping with stressors (Table 4).

Discussion

Secondary analysis of focus group discussions at two cancer treatment centers with cancer survivors who generally differed in ethnicity, education, and types of insurance coverage, focused on their sources of information and support, stressors experienced since cancer diagnosis, and coping strategies used to address those stressors. This study represents a step towards informing efforts to address disparities in cancer morbidity and mortality.[14]

Results of this qualitative study suggest that cancer survivors treated at a community safety net hospital, who were predominantly African American, utilized fewer sources of information and were more likely to describe multiple stressors than survivors treated at a comprehensive cancer center. They were less likely to seek information about cancer from healthcare providers or the internet than those who were seen at an NCI cancer center. This finding is similar to those of other investigators[26] who found that information-seeking is associated with socioeconomic status. While need for information may decrease over time for some survivors,[27] there is consistent evidence from other investigators that information needs are not sufficiently met for many survivors, and that needs are greater for those who are non-White and experiencing comorbidities.[27-29]

African American breast cancer survivors have been found to be at greater risk for experiencing significant functional impairments than White breast cancer survivors [30]. Investigators surveying survivors who had been seen at a Baltimore hospital concluded that this disparity was associated with fewer years of education and more comorbidities. This parallels the current study, in that survivors seen at the safety net hospital, primarily African American, tended to have fewer years of education than those seen at the comprehensive cancer center, and were somewhat more likely to report stress associated with physical problems. Gallicchio et al. suggested that addressing survivors' physical functioning deficiencies as early as possible might reduce risk for mortality.

There have been advances in recommendations regarding assessment of survivors' psychosocial concerns, functional impairments, and health-related quality of life e.g. [15, 31]. In order to reduce cancer disparities, interventions that follow from such assessments may need to include evidence-based strategies to encourage information-seeking, which may mediate health-related quality of life among low-income African American cancer survivors. [26] Within a chronic care model,[32] which is recommended for conceptualizing survivorship care,[33] providers take an active role in assisting patients in developing self-management skills.[34] These include seeking and using resources, including information, as well as partnering with providers to address concerns. Of note, survivors from MMC were less likely to report that they obtained information or support from healthcare providers.

A recent study suggests that even with systematic screening for stressors, and referral to psychosocial support providers, survivors are significantly unlikely to complete an

appointment with those providers.[35] This suggests that cancer treatment facilities may need to be proactive and tailor the referral process to survivors' needs and circumstances starting soon after cancer diagnosis in order to facilitate access to supportive care.

While some survivors had found their medical center's survivorship support clinic to be comforting, others did not know about this resource. Providing information about survivorship clinics in welcome packets as well as having a member of the healthcare team note that it is available may increase survivors' awareness of this resource. Furthermore, adhering systematically to the Institutes of Medicine's recommendation that psychosocial issues be assessed and addressed early in treatment[11] may substantially reduce stress associated with cancer treatment and improve adherence to treatment regimens.

Fear of recurrence of cancer is a common problem among cancer survivors; however it was reported more often by MMC survivors. Simard et al.[36] found that such fears are more common among cancer survivors who describe physical problems associated with their cancer history, which were mentioned more often by MMC survivors. Nursing or psychosocial care staff who assess the impact of fear of recurrence on survivors and their caregivers and family members may be able to provide or refer distressed individuals to an appropriate intervention such as a focused time-limited support group.[37]

Financial concerns were more common among MMC survivors, although present for some VICC survivors as well, and there were few indications that these had been discussed with clinic staff prior to the focus groups. Clinicians who help prepare newly diagnosed individuals for treatment may be able to identify resources to address financial stress, thereby improving quality of life, and potentially reducing disparities in mortality that may be associated with non-adherence to treatment due to costs for transportation or medicine.

The primary limitation of this study is the relatively small convenience sample. The perspectives of focus group participants may not be representative of all cancer survivors at these two locations. Differences in numbers of focus group participants representing different cancer sites may have been due to different numbers of cancer survivors by type across institutions. An additional limitation is the lack of information about survivorship care plans (SCPs) that may have been provided to study participants. These have been proposed as a means of addressing and reducing psychosocial distress[4], and there are some indications that multi-component SCPs reduce risk of depression among survivors. [38]

Nonetheless, this study provides valuable information for improving survivorship care at cancer centers committed to address potential contributors to psychosocial disparities among cancer survivors. The results of this study have been used to inform design of a survivorship care planning intervention that includes standardized screening tools to obtain information from recently diagnosed cancer survivors and their caregivers about access to and preferences for information and support, as well as stressors and challenges in the beginning and at the end of treatment.

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Table 1

Focus group participant demographic information

Variable	Meharry Medical Center (n=20)	Vanderbilt Ingram Cancer Center (n=21)
Cancer Site		
Breast	7	8
Colorectal	3	5
Prostate	6	4
Lung	4	5
Age: Mean years (Range)	56.85 (42-76)	62.17 (41-83)
Gender		
Male	8	8
Female	12	13
Ethnicity		
Non-Hispanic Black	12	2
Non-Hispanic White	6	19
Hispanic Black*	1	0
Marital Status		
Single	7	2
Married	5	16
Divorced	7	0
Widowed	1	3
Education		
<HS Diploma	4	0
HS Diploma/GED	4	2
Some College/Technical School	7	7
Bachelor's	3	5
Master's or Higher	2	6
Missing	0	1
Years of Survival: Mean (Range)	5.3 years (2.5-16.1)	5.8 years (1.9-14.5)
Insurance		
Private (Private/Job/Spouse)	0	18
Medicare/Medicaid	18	2
No Insurance	2	1

* One source document has one survivor listed as Hispanic Black and on another as Hispanic White.

Table 2

Focus group questions

-
- 1 Sources of information: Thinking about when you were going through treatment and since you finished treatment, where have you gone for more information about your cancer diagnosis beyond what your doctors tell you?
 - 2 Adjusting to the role of survivor: We would like to understand more about your experience of being a cancer survivor who has finished treatment. Please tell us about your experience in adjusting to being a cancer survivor and completing treatment.
 - 3 Social support: What kinds of support did you may receive from others during your diagnosis, treatment, and after treatment?
 - 4 Spirituality: If faith or spirituality plays a role in your life, how has your faith or spirituality helped you cope with surviving cancer?
 - 5 Stressors: Thinking about the time since you completed treatment, please tell me about some of the things that have caused you stress as a cancer survivor.
 - 6 Coping strategies: How do you deal with this stress? Are there certain things that you do to help reduce the stress?
 - 7 Positive well-being: How do you feel you have been coping with your cancer diagnosis since you finished treatment? What kinds of positive things have come out of your experience as a cancer survivor?
 - 8 Caregiver concerns: We would like to talk a little more about your relationships with the family members or other people who help take care of you. What are some of the concerns that you have about them in going through this experience with you?
 - 9 Unmet needs: Tell me about any needs you have since you finished treatment that are not being met currently.
 - 10 Barriers to receiving care: Since you finished treatment, what kinds of challenges have you experienced in getting the health care that you need?
 - 11 Survivorship Clinic: What ideas do you have for ways that the Survivorship Clinic can help address some the needs and challenges that cancer survivors deal with to improve their quality of life? What suggestions would you give to doctors to make your experience better?

Table 3

Number of focus group participants at two cancer treatment sites whose remarks reflected identified themes sorted by gender

	MMC		VICC	
	Male (n=8)	Female (n=12)	Male (n=8)	Female (n=13)
Sources of information				
Healthcare providers	2	5	7	9
Family and friends	1	3	4	7
Internet and media	5	3	3	10
Print material	2	5	2	3
Cancer organizations	0	5	0	4
Church	0	0	1	0
Sources of support during and since treatment				
Family and friends	3	9	5	11
Healthcare providers	1	3	3	7
God	4	6	3	1
Church	2	2	1	4
Cancer organizations/support groups *	0	5	0	1
Work colleagues	0	1	2	1
Stressors and challenges during and since treatment				
Physical problems	5	6	3	6
Insurance and access to care	4	4	1	1
Emotional concerns	2	6	3	2
Family concerns	0	2	1	2
Coping strategies used during and since treatment				
Obtaining support from others	3	10	6	8
Spirituality	5	10	6	3
Maintaining activity and independence	3	6	1	5
Affective regulation	2	6	1	6
Using medication	3	2	3	1
Medical information	2	1	0	3
Would have liked something different from healthcare providers				
	1	3	4	5

* Includes American Cancer Society, Gilda's Club, and hospital-based survivorship support groups.

Table 4

Number of focus group participants at two treatment sites whose remarks reflected identified themes sorted by age

	MMC			VICC			
	AGE (years)	40-49 (n=6)	50-64 (n=9)	65+ (n=5)	40-49 (n=5)	50-64 (n=5)	65+ (n=11)
Sources of information							
Healthcare providers		2	4	1	3	3	10
Family and friends		2	0	2	4	2	5
Internet and media		1	6	1	4	4	5
Print material		2	3	2	1	2	2
Cancer organizations		3	1	1	2	2	0
Church		0	0	0	0	0	1
Sources of support during and since treatment							
Family and friends		3	6	3	4	3	9
Healthcare providers		1	3	0	2	2	6
God		4	3	3	1	1	2
Church		1	1	2	1	1	3
Cancer organizations/support groups *		2	2	1	0	0	1
Work colleagues		0	0	1	1	1	1
Stressors and challenges during and since treatment							
Physical problems		3	6	2	1	3	5
Insurance and access to care		3	3	2	1	0	1
Emotional concerns		4	2	2	2	0	3
Family concerns		0	2	0	1	0	2
Coping strategies used during and since treatment							
Obtaining support from others		4	6	3	3	2	9
Spirituality		4	7	4	1	3	5
Maintaining activity and independence		2	2	5	2	1	3
Affective regulation		2	4	2	3	1	3
Using medication		1	3	1	1	1	2
Medical information		0	2	1	2	0	1
Would have liked something different from healthcare providers							
		2	2	0	4	1	4

*Includes American Cancer Society, Gilda's Club, and hospital-based survivorship support groups.

Table 5

Number of focus group participants at two cancer treatment sites whose remarks reflected identified themes sorted by level of education

EDUCATION	MMC			VICC**		
	<HS/ GED (n=8)	Some college (n=7)	College + (n=5)	<HS/ GED (n=2)	Some college (n=7)	College + (n=11)
Sources of information						
Healthcare providers	0	6	1	2	5	9
Family and friends	2	2	0	1	2	8
Internet and media	2	4	2	2	4	6
Print material	1	3	3	1	2	2
Cancer organizations	2	2	1	1	1	1
Church	0	0	0	0	0	1
Sources of support during and since treatment						
Family and friends	5	3	4	2	7	6
Healthcare providers	1	3	0	1	4	4
God	5	4	1	1	1	2
Church	1	2	1	0	1	3
Cancer/support groups *	1	3	1	0	1	0
Work colleagues	0	0	1	0	0	3
Stressors and challenges during and since treatment						
Physical problems	4	3	4	1	1	7
Insurance and access to care	3	3	2	0	2	0
Emotional concerns	4	3	1	0	2	2
Family concerns	1	1	0	0	0	3
Coping strategies used during and since treatment						
Obtaining support from others	5	4	4	1	4	8
Spirituality	7	6	2	1	2	5
Maintaining activity and independence	2	3	4	1	2	3
Affective regulation	3	3	2	2	1	3
Using medication	3	1	1	1	1	2
Medical information	0	2	1	0	0	2
Would have liked something different from healthcare providers						
	2	2	0	0	2	6

* One VICC participant missing education data

** Includes American Cancer Society, Gilda's Club, and hospital-based survivorship support

Table 6

Stressors for individuals at two cancer treatment sites reporting two or more kinds of concerns

Meharry Medical College			
Physical problems	Practical problems	Emotional problems	Family concerns
F06 AA (lung) I have emphysema... neuropathy ...	F06: I can't drive at night... I have problems finding a good doctor ... I don't have a job... Money is really hard.	F06: I stress about the cancer coming back... still depressed....	F06: I have 3 children that I take care of by myself.
M02 AA (colorectal): I'm trying to get some teeth...	M02: Some medicines are covered others not... have to pay out of my pocket.	M02: What scares me... my daughter died of lung cancer... I haven't been able to quit smoking... I will talk to my doctor about medication but I've heard some bad things about it...	
F11 AA (breast): I cannot remember things, like I could not remember that question.	F11: I don't feel like my doctor was helping me... with what is to come and how to keep de-stressed.	F11: I'm having anger issues that I've never had in my life.	
M14 AA (colorectal): They clipped right there where the saliva glands are... it'll almost heal and then it'll come back and so it hurts.	M14: I've got a big problem that I've been dealing with for three years ... I feel like [my physician] hasn't addressed it....	M14: It could be oral cancer and that scares me.....	
F01AA (lung) Only problem I have are these hot flashes... after the last dose of chemo. I never had them before.		F01: I still have to take a CT scan. They still don't know what's under my armpit and that's really stressful for me.	
F05 AA (breast): I get food stamps but I need work.		F05: I really don't open up... I'm not a trusting person because people have hurt me.	
F09 W (colorectal): Some medication is not generic... it's too expensive and you need it.		F09: If you suffer like I suffer it's too much.	
Vanderbilt-Ingram Cancer Center			
Physical problems	Practical problems	Emotional problems	Family concerns
M27 W (prostate): I got to wear pads every day ... you've got leakage ... always afraid to go out in public.	M27: ... the doctors are busy... there should be someone that can sit down with you... and talk more about what's going to happen.	M26 W (lung): It's hard not to... feel guilty the same time you feel resentment	M26: I have pretty complex care needs at home; My wife has pretty severe anxiety disorder... problems with MS...
F31 W (breast): It's just my whole body hurts from head to toe.			F31: My daughter had her first mammogram and MRI and that whole journey... has been... an issue with me.
F21 W (lung): I can't breathe... I don't like not being able to walk...			F21: [Husband] still worries.... You know that's getting to be a burden...

M = male survivor, F = female survivor, AA = African American, W = White
Each row represents one individual.

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