



Patient experiences following liver transplantation due to liver metastases from colorectal cancer

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A B S T R A C T

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Purpose: Colorectal cancer is the second leading cause of cancer-related death in the western world. Little is known about patients undergoing liver transplantation (Ltx) due to liver metastases from colorectal cancer. This study aimed to explore individual patients' experiences having undergone this procedure as a treatment for liver metastases secondary to colorectal cancer.

Method: Exploratory research methodology was used, whereby in-depth interviews with 9 patients were carried out 6 months after they had undergone liver transplantation. Median patient age was 56 years at the time of the surgery. The interviews were transcribed verbatim and qualitative content analysis was applied to the data.

Results: Three main themes emerged during the analysis phase. The first theme explored the informants' positive feelings about receiving experimental treatment that might prolong their life. The second theme related to the challenge presented by their feelings oscillating frequently between hope and despair. The final theme considered the strong wishes expressed by patients to live their lives as normally as possible thereafter. This last theme related in part to the patients' physical condition, side effects from medication and any relationships with loved ones.

Conclusion: These findings offer new insight into the situation of patients undergoing liver transplantation due to liver metastases from colorectal cancer. In spite of the risks and side effects of major surgery and the transplant medication all participants expressed an overall view that having undergone liver transplantation was a very positive experience.

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Introduction

Colorectal cancer is the second leading cause of cancer-related death in the western world (Tournigand et al., 2004; Au et al., 2009). When diagnosed, 30% have already developed liver metastases (Sorbye et al., 2008). Surgery is the only curative treatment for this group of patients (Thirion et al., 1999), and only a small proportion of these experience cure after surgery (Au et al., 2009). When surgery is not possible, the patients are offered chemotherapy or radiation to increase survival rate and hopefully give better quality of life (Maughan et al., 2002; Sorbye et al., 2008). Without palliative treatment with chemotherapy, this group of patients have a survival of around 6 months, prolonged to 20 months where chemotherapy is used (Tournigand et al., 2004).

Liver transplantation (Ltx), which is the standard treatment for several chronic and acute liver diseases (Scholz et al., 2009) has also been tried as treatment for colorectal cancer patients with liver metastasis, but with mainly poor outcomes (Honore et al., 2003). A review article published in 2008 demonstrated 1- and 5-year patient survival rates of 61% and 18% respectively (Hoti and Adam, 2008). While operative technique and methods for selecting patients have improved during the last decade (Hoti and Adam, 2008), due to the increasing volume of non-malignant liver diseases and a lack of organs, Ltx has not been systematically offered to this group of patients in the past (Margarit et al., 2002). Other cancer diagnoses have had success using Ltx: for example, cholangiocarcinoma has had an increased 5 year survival with Ltx compared to radical operation (Rea et al., 2005), and promising results were seen with hepatocellular carcinoma as well (Onaca et al., 2007). Most studies involving liver transplanted patients in general also show an improved quality of life (Adam and Hoti, 2009; Bravata et al., 1999; Tome et al., 2008).

In terms of donated livers, Norway is in a fortunate situation compared to other countries. Therefore, we decided to undertake

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clinical focussing on 25 patients with colorectal cancer and liver metastases, to evaluate if Ltx could offer cure or a prolonged life. In addition to the clinical study, a quality of life study was done using the EORTC-C30 questionnaires with 10 patients in the year following Ltx (Andersen et al., *in press*). The aim of the present study was to describe the individual experiences of the first 9 patients to participate in the evaluation study.

Research method

Design

A qualitative exploratory research methodology was used to obtain detailed information on patients' experiences having undergone Ltx for liver metastasis from colorectal cancer. A total of 9 in-depth interviews were performed using a semi-structured interview guide. This guide was based on clinical experience, relevant theory and relevant research on both colorectal cancer and Ltx; its use ensured a standard form and question content that would permit data comparison and analysis. Kvale and Brinkmann's (2009) principles on developing an interview guide were the basis for the guide's composition.

Participants

Between November 2006 and March 2008, a total of 10 patients fitting the study's inclusion criteria underwent Ltx as treatment for liver metastases that had arisen secondary to colorectal cancer. One patient died only 6 months after surgery. This patient was therefore not included in the interviews as planned. The relatively small sample number of 9 was a consequence of this reasonably long period of time taken to recruit the patients and limited time and resources available. However, as Kvale and Brinkmann's (2009) points out, when the experiences of patients are a principal focus, the number of informants is not as important as the time for taken in preparation and analysis. The interviews were performed from spring 2007 to autumn 2008.

Of the 9 patients included in the study, 3 were women and 6 men. The median age of the patients was 56 years, with a majority aged between 50 and 60 years.

Inclusion criteria: 1. Colorectal cancer that had metastasized to the liver only, and which was not eligible for attempted cure via chemotherapy or other surgical procedures. 2. No sign of extra-hepatic cancer according to PET- and CT scans. 3. No sign of extra-hepatic cancer according to colonoscopy. 4. No sign of local recurrence of cancer according to repeat CT or MR scans.

Main exclusion criteria: BMI > 30; weight loss > 10% during the previous 6 months (Foss et al., 2006).

In addition, selection criteria required that each participant was a minimum of 18 years of age and able to speak and understand Norwegian.

Interviews and setting

The one-to-one interviews were performed at the transplantation centre, 6 months after Ltx, in a quiet (non-office, non-ward) room that was pre-booked for the purpose. The timing of the interviews was based on experience and research. Jones (2005) and Robertson (1999) have shown that patients who have undergone Ltx have usually recovered both physically and mentally 6 months after Ltx. It was therefore considered that the patients would be able to answer questions fully. To leave it longer could increase the chance that certain memories of the process could start to be forgotten. Six months post-surgery is also, when Ltx patients have a planned follow-up appointment at the

transplantation centre, which meant that they did not have to make an extra trip for the interview.

As already stated, the interviews were semi-structured, and made use of open-ended and non leading questions. Two researchers were present during the interviews to ensure that the central interview themes were covered. Before the start of each interview, the researchers repeated the purpose of the study, and at the end every participant was asked if they had anything further they wished to add. Interviews lasted between 35 and 71 min, and were recorded on tape. A review of the data after completion of the first 7 interviews indicated that little or no new information was coming to light regarding the experience of being liver transplanted – a point of saturation appeared to have been reached. It was decided, therefore, to undertake a full analysis after only 2 more informants.

Data analysis

The interviews were transcribed verbatim by the first author a short time after they took place. Data were analysed using Kvale and Brinkmann's (2009) 5 steps of meaning condensation of qualitative data. First of all the interviews were read through to get an overall impression. The second step involved researchers searching for natural meaning units in the data. Following on from this, through the third and fourth steps, the meaning units were categorised into themes that were then analysed in according to the study's purpose. In the fifth and final step the themes were put together in a descriptive statement (Kvale and Brinkmann, 2009). The text was analysed in its original language.

Rigour

The first author had significant professional experience working with patients suffering from colorectal cancer as well as those going through Ltx. Hence awareness of the potential bias that this 'pre-understanding' could present was an important consideration throughout the entire research process. In order to reduce bias and maximise data quality, two researchers were present during the interviews. One who was close to the clinic, and one who knew the patient group well but was not close to the patients in the clinic. The first author performed the interviews, the other supplying supplementary questions when needed. These researchers also performed the data analysis. During the analysis phase there were meetings with a third researcher, who specialised in qualitative design, to ascertain a peer opinion as well as to ensure an accurate representation of the interview data. Alternative ways of interpreting, categorising and organising data were discussed carefully between all 3 researchers until a consensus was reached.

Ethical considerations

The Regional Committee for Medical Research Ethics approved the pilot study (ref nr: S-05409) and the guidelines of the Helsinki convention were followed throughout the research process. All participants were given written and verbal information about the study. At the time of signing the consent forms for the pilot study they also agreed to participate in the qualitative study. All participants were repeatedly informed that they could withdraw from the qualitative study at any time, and that doing so would have no impact on any current or future Ltx-related treatment they may require.

Results

Three main themes emerged from the data analysis. The first was 'Renewed gift of life', which described the informants'

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