
ASSESSMENT OF MULTIPLE CO-OCCURRING CANCER SYMPTOMS IN THE CLINICAL SETTING

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OBJECTIVES: *To discuss multiple co-occurring cancer symptoms, review symptom assessment instruments, identify innovative methods to integrate symptom assessment and management in the clinical setting, and examine barriers and facilitators for implementation of symptom assessment and use of clinical practice guidelines.*

DATA SOURCES: *Peer-reviewed articles, guidelines, systematic reviews, and web-based resources.*

CONCLUSION: *Despite the availability of brief, reliable, and valid instruments, symptom assessment has not been integrated as a routine aspect of clinical care. New technologies and changes in health policy provide an optimal environment to integrate electronic symptom assessment and management into cancer care.*

IMPLICATIONS FOR NURSING PRACTICE: *Oncology nurses play a key role in early identification and management of distressing symptoms.*

KEY WORDS: *Cancer, multiple co-occurring symptoms, symptom assessment, clinical practice guidelines, clinical decision support.*

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Adults with cancer experience multiple symptoms that change over the course of time and across the trajectory of illness. Multiple symptoms are associated with the diagnosis of cancer, the receipt of cancer treatment, and often continue long after treatment is completed. Moreover, recurrent cancer or the progression of disease is accompanied by the development of new symptoms or the exacerbation of chronic symptoms. Uncontrolled symptoms impose a significant burden for cancer patients and

are associated with increased emotional distress, decreased physical function, decreased social function, and decreased survival.¹⁻³ Therefore, adequate symptom management is an essential part of providing quality cancer care.

Oncology nurses play a key role in the early identification and management of multiple distressing symptoms. This article provides an overview of the most common symptoms that occur in the context of cancer and the importance of a standardized approach to ongoing symptom assessment. The most common instruments available to assess multiple symptoms will be discussed, as well as innovative methods for integrating symptom assessment and management into the clinical setting. Finally, barriers and facilitators for implementation of standardized approaches for symptom assessment and use of clinical practice guidelines will be highlighted.

OVERVIEW OF COMMON MULTIPLE CO-OCCURRING SYMPTOMS

Approximately 40% of patients with cancer experience multiple symptoms and many of these symptoms co-occur.^{4,5} Over the past two decades the concept and identification of symptom clusters have been examined and reported in the literature. A symptom cluster is defined as a set of symptoms that occur together, form a stable group, and are relatively independent of other clusters.^{6,7} There is substantial empirical evidence for the presence of a psychoneurological cluster of symptoms that consists of pain, fatigue, sleep disturbance, depressive symptoms, and cognitive disturbance that occurs with chemotherapy and advanced disease.⁸ Other symptom clusters, such as a “gastrointestinal” cluster, have been identified but the number and type of symptoms within the cluster seem to vary across studies.⁹ Aktas⁷ suggests that this variation may depend on the type of symptom measure used in the study because some symptom assessment measures have more symptoms that are assessed compared with others.

More recently, the discussion surrounding the occurrence of multiple symptoms in adults with cancer has shifted from a focus on the identification and definition of specific symptom clusters toward the identification of core symptoms that occur across various cancers or within the context of a specific cancer.¹⁰⁻¹⁴ Core symptoms are the symptoms

within a cluster that remain consistent over time. The Center for Medical Technology Policy (CMTP) gathered a panel of experts to develop recommendations for a core set of symptoms to guide oncology research and clinical care for patients with advanced cancer or those undergoing cancer treatment. After a review of the literature that involved both inpatients and outpatients and across disease sites, the panel identified 12 common symptoms (see [Table 1](#)).¹⁵

The National Cancer Institute’s Symptom and Health-related Quality of Life Steering Committee also held a meeting bringing together experts and key stakeholders to identify a core symptom set that could be used across studies to facilitate cross-comparison of findings. A data-driven, consensus-building process was used that focused on deriving a core set of symptoms for adults enrolled in cancer clinical trials as well as those enrolled in three disease-specific (ovarian, prostate, and head and neck) cancer treatment trials. [Table 1](#) provides information about the core sets of symptoms proposed by the expert groups and how they compare across the various recommendations.^{10,12-14}

Cleeland and colleagues¹⁶ provide beginning empirical evidence to support the validity of the CMTP core symptoms in a study that examined the prevalence and severity of 13 core symptoms (12 suggested by the CMTP group plus dry mouth found to be prevalent in systematic reviews) among 3,106 outpatients with breast, prostate, colorectal, or lung cancer. Results of the study revealed that by disease site, the percentages of patients that had ≥ 3 symptoms in the moderate to severe range ranged from 28% to 47%. Eleven of the 12 symptoms were rated as moderate to severe by $\geq 10\%$ (all except vomiting). Taken together, the findings from this study support that the core symptoms proposed by CMPT are candidates for standardized routine assessment of multiple symptoms in the clinical setting.

ASSESSMENT AND MEASUREMENT OF MULTIPLE SYMPTOMS

The gold standard for assessing symptoms and other important outcomes such as health-related quality of life (HR-QOL) is to gather this information through patient self-report. Patient-reported outcomes (PRO) has become a common term that

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