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Quality of life in thyroid cancer—assessment of physician perceptions



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ABSTRACT

Background: Thyroid cancer is the fastest growing malignancy in the United States. Previous studies have shown a decrease in quality of life (QoL) after the treatment of thyroid cancer. To date, there have been no studies assessing physician perceptions regarding how a diagnosis of thyroid cancer affects QoL. Based on this and other findings from our study, we aim to assess physician perceptions on the effect of thyroid cancer on QoL.

Materials and methods: Physicians were recruited from two national organizations comprised physicians focusing on thyroid cancer. A 37-question survey was administered evaluating physician's perceptions of thyroid cancer patient satisfaction in various aspects of treatment, complications, and overall effects on QoL. QoL responses were categorized into overall QoL, physical, psychological, social, and spiritual well-being.

Results: One hundred five physicians completed the survey. Physician's estimates of patient's overall QoL after thyroid cancer treatment was similar to overall QoL reported by patients. However, medical physicians overestimated the decrease in thyroid cancer survivor's QoL in several subcategories including physical, psychological, and social ($P < 0.05$). Both surgeons and medical physicians underestimated the percentage of patients with reported symptoms of temporary and permanent voice changes, temporary dry mouth, cold/heat sensitivity, and temporary and permanent hypocalcemia ($P = 0.01-0.04$).

Conclusions: Physicians have a varied estimation of the detrimental impact of thyroid cancer treatment on QoL. In addition, physicians underestimated the amount of physical symptoms associated with thyroid cancer treatments. Increased physician awareness of the detrimental effects of a thyroid cancer diagnosis on QoL should allow for a more accurate conversation about expected outcomes after thyroid cancer treatment.

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Introduction

Over the last several decades, the incidence of thyroid cancer has been rising and at a faster rate than any other type of cancer.¹⁻³ There has been debate about the etiology of this increasing rate. Some have argued that the rise is a reflection of incidental detection of small cancers from imaging studies while others have shown a rise in all sizes of thyroid cancer.⁴⁻⁶ This rise has resulted in a rapid increase in cancer survivors because the survival rate for thyroid cancer is around 97%.^{7,8} It is expected that over 1,000,000 people will be living with the diagnosis of thyroid cancer in the next decade.⁹ Regardless of why the rise is occurring, the result will be an expanding reservoir of cancer survivors whose survivorship concerns need to be understood and addressed.

In a previous study assessing quality of life (QoL) in thyroid cancer survivors, we have shown that thyroid cancer survivors experience a significant decrease in QoL.¹⁰ The mean overall Likert score was 5.56 (on a scale of 0-10 with 10 being the best score and one being the worst). This score was lower than breast cancer survivors and equivalent to colon cancer survivors surveyed using the same QoL scale.¹¹ This striking finding indicates that while the prognosis for thyroid cancer is good, patients experience changes in their QoL that may not be appreciated by the medical community. In addition, previous studies have shown that the financial burden both at a national and individual level is significant, with the yearly burden of thyroid cancer on the US population exceeding \$1.6 billion a year and accounting for a high bankruptcy rate compared with other cancer types.^{12,13}

It is important that treating physicians understand the QoL impact of a thyroid cancer diagnosis and treatment so that they can provide both accurate expectations before treatment as well as offering interventions when QoL changes are observed after treatment. Previous studies of other cancer types have shown significant variability between QoL scores of patients and those estimated by physicians.¹⁴⁻¹⁸ However, to our knowledge, there have been no studies assessing physician perceptions of the QoL impact of a thyroid cancer diagnosis and treatment. We hypothesize that physicians underappreciate the detrimental impact of a thyroid cancer diagnosis and treatment. We also sought to determine if surgeons and medical specialists perceptions of QoL in thyroid cancer survivors differs.

Methods

Study population

Physicians were recruited through two national organizations: the American Association of Endocrine Surgeons and the American Thyroid Association (ATA) between March and November of 2014. These organizations were chosen for recruitment as both organizations draw physicians from a varied geographic spectrum and are particularly focused on the treatment of thyroid cancer. Physicians were eligible to complete the survey if they had an M.D. or D.O. and endorsed that they treated thyroid cancer patients in some capacity.

Exclusion criteria included physicians-in-training and those whose practice was not located in the United States. Physicians were divided into two categories: medical and surgical. Surgeons included endocrine surgeons, otolaryngologists, surgical oncologists, and general surgeons. Medical physicians included internal medicine, family medicine, medical oncology, and endocrinology.

To compare physicians to patient-reported QoL, we used the data collected from our ongoing study, the North American Thyroid Cancer Survivorship Study (NATCSS).¹⁰ The NATCSS is focused on short- and long-term (greater than 5 y) thyroid cancer survivors recruited from a multicenter clinical collaboration and from thyroid cancer survivor support groups and social media. We combined quantitative elements of the validated thyroid cancer-specific City of Hope-QoL instrument (<http://prc.coh.org/pdf/Thyroid%20QOL.pdf>) with qualitative elements of open-ended questions and narrative data. Additional questions were added to the City of Hope instrument after a panel of expert physicians evaluated the City of Hope instrument questions and determined that there were key thyroid cancer-specific elements missing from the instrument.

Physician perception of QoL

Physician perception of thyroid cancer survivor's QoL was assessed using a 37-question survey created by the authors. Seven questions evaluated physician demographics and scope of practice to determine the proportion of the practice devoted to the diagnosis and treatment of thyroid cancer. Furthermore, physicians were surveyed on length of time spent with patients discussing surgery and radioiodine treatment as well as whether physicians believed patients understood potential complications of treatment. QoL was assessed on five functional domains: total physical, psychological, social, spiritual well-being, and overall QoL. Additional psychological questions assessed physician perceptions on depression, relationships, fear of recurrence, and fear of metastasis. All QoL questions were asked on a Likert scale of 0-10, with 10 being the best score (highest QoL) and one being the lowest score (lowest QoL).

Fourteen questions evaluated the estimated physical effects of surgical and medical treatment of thyroid cancer. They included fatigue, weight changes, pain, infertility, temporary and permanent voice changes, temporary and permanent dysphagia, temporary and permanent dry mouth, temperature sensitivity, and temporary and permanent hypocalcemia. Physicians were also questioned about their perceptions on the financial impact of a thyroid cancer diagnosis because previous studies have shown that a thyroid cancer diagnosis is associated with financial burden.^{10,18} In addition, as our previous study found that a significant number of patients feel their diagnosis was not taken seriously by their physicians, we also asked whether physicians ever tell patient with thyroid cancer that it is a "good cancer" or "the kind of cancer to get if you have to get cancer".

Data collection

Questionnaires were completed both electronically and in person. The American Association of Endocrine Surgeons sent

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