

Rectal Cancer and Quality of Life

Aspects on Communication and Patient Education

Akademisk avhandling

Som för avläggande av medicine doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentligen försvaras i lokal 2119, Hus 2, Hälsovetarbacken, den 16 april 2021, klockan 9.00

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Avhandlingen baseras på följande delarbeten

- I. Walming S, Block M, Bock D, Angenete E. Timely access to care in the treatment of rectal cancer and the effect on quality of life. *Colorectal Dis.* 2018 Feb;20(2):126-133.
- II. Walming S, Asplund D, Block M, Bock D, Gonzalez E, Rosander C, Rosenberg J, Angenete E. Patients with rectal cancer are satisfied with in-hospital communication despite insufficient information regarding treatment alternatives and potential side-effects. *Acta Oncol.* 2018 Oct;57(10):1311-1317.
- III. Walming S, Asplund D, Bock D, Gonzalez E, Rosenberg J, Smedh K, Angenete E. Quality of life in patients with resectable rectal cancer during the first 24 months following diagnosis. *Colorectal Dis.* 2020 Dec; 22(12): 2028–2037.
- IV. Sofie Walming, Eva Angenete, David Bock, Mattias Block, Hanna Nilsson, Anette Wedin, Eva Haglind. Preoperative group consultation prior to surgery for colorectal cancer – an explorative study of a new patient education method. Submitted. *J Cancer Educ* 2021. Online ahead of print.

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ABSTRACT

Background This thesis reports the result from a prospective cohort study of an unselected population of patients with rectal cancer and an exploratory study of a new patient education method as preparation for colorectal cancer surgery. The aim of study I was to investigate if patient's or doctor's delay had an impact on quality of life, and in study III the development of quality of life after treatment for rectal cancer was investigated. The aim of study II was to explore the patient's experience of communication before, during and after diagnosis of rectal cancer. Study IV used another patient cohort and explored the experience of patients participating in a new patient education method, before treatment for colorectal cancer.

Methods In study I, II and III data from a repeated-measures longitudinal study was used. In study IV, data on information and patient education was from a cohort study of patients planned for surgery for colorectal cancer. The statistical methods of study II and IV were descriptive and in study I and III regression models were used.

Results Despite that patients did not get information on the planned treatments possible side-effects on the urinary and sexual function, patient reported good communication with their surgeon. Timely access to treatment for rectal cancer did not have an effect on quality of life when consideration were taken to depression and negative intrusive thoughts. The quality of life was recovered to the same as the reference population after 12 months, but bother from urinary, stoma and bowel function hampered quality of life for the individual. Patients attending a group consultation before surgery for colorectal cancer appreciated the group setting and reported that it increased their sense of control and active participation in their treatment.

Conclusion Information on potential side-effects of rectal cancer treatment is lacking. The preoperative group consultation as a method for patient education, seems like a feasible complement to the standard consultation to give information before colorectal cancer surgery.

Keywords: Rectal neoplasm, quality of life, colorectal surgery, patient education, patient care bundles.