

Perceptions and Consequences of Cancer-Related Weight Loss Among Individuals with Cancer and Caregivers

Joanne S Buzaglo PhD¹, Alexandra K Zaleta PhD¹, Kayla M Miller BS¹, Victoria Kennedy LCSW¹, Ellyn Specker Charap MS² ¹Cancer Support Community, Research and Training Institute, Philadelphia PA; ²Behavioral Insights Group, Newtown, PA

BACKGROUND

- Eating and nutrition are identified as top areas of concern among cancer patients and survivors.
- Cancer-related weight loss affects a substantial proportion of individuals with cancer, yet our understanding of psychosocial consequences of this weight loss are limited.

AIMS

 This study examined 1) patient and caregiver perceptions of cancer-related weight loss and nutritional difficulties, and 2) conversations with healthcare providers about these concerns.

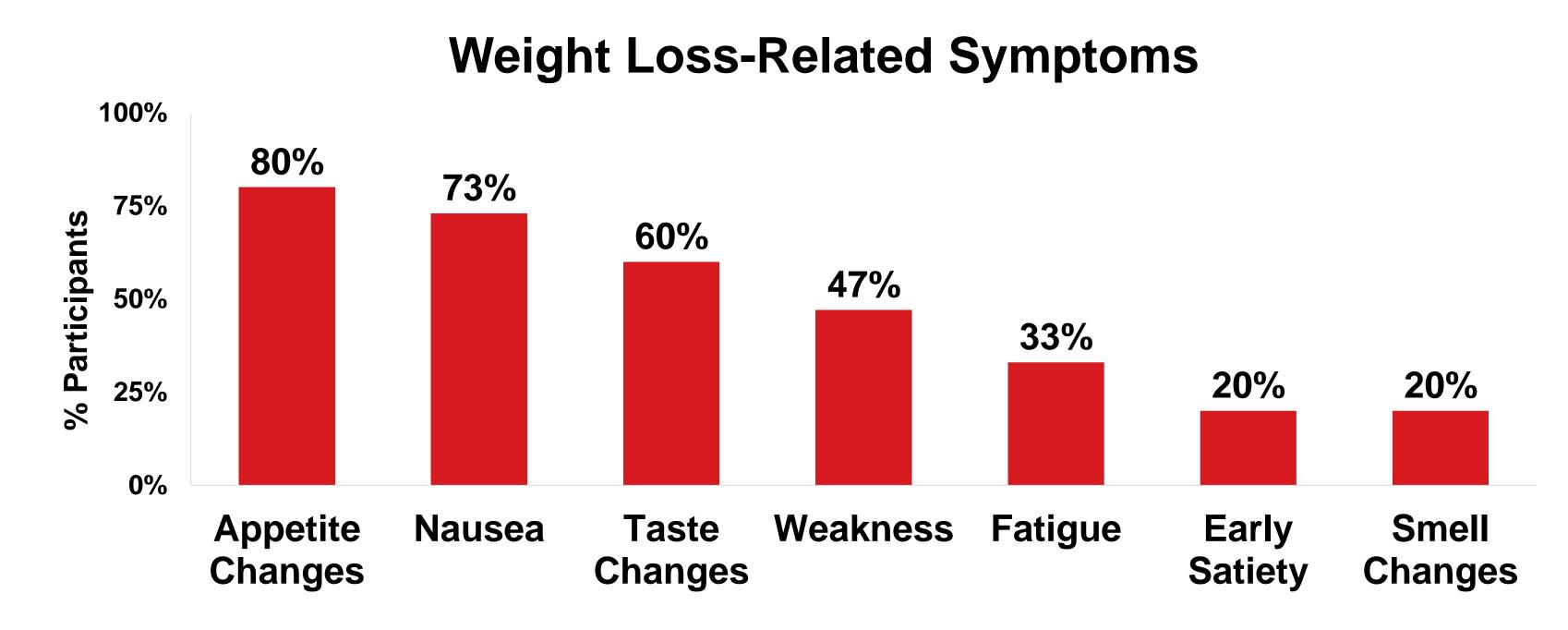
METHODS

- Patients with self-reported significant weight loss (n = 15) and caregivers of people experiencing weight loss (n = 15) were recruited through the Cancer Support Community's Cancer Experience Registry, an online initiative to capture the experiences of patients and caregivers impacted by cancer.
- Participants completed a one-hour phone interview about views about weight loss; transcribed responses underwent content and thematic analysis using grounded theory by three coders (agreement = 89%).

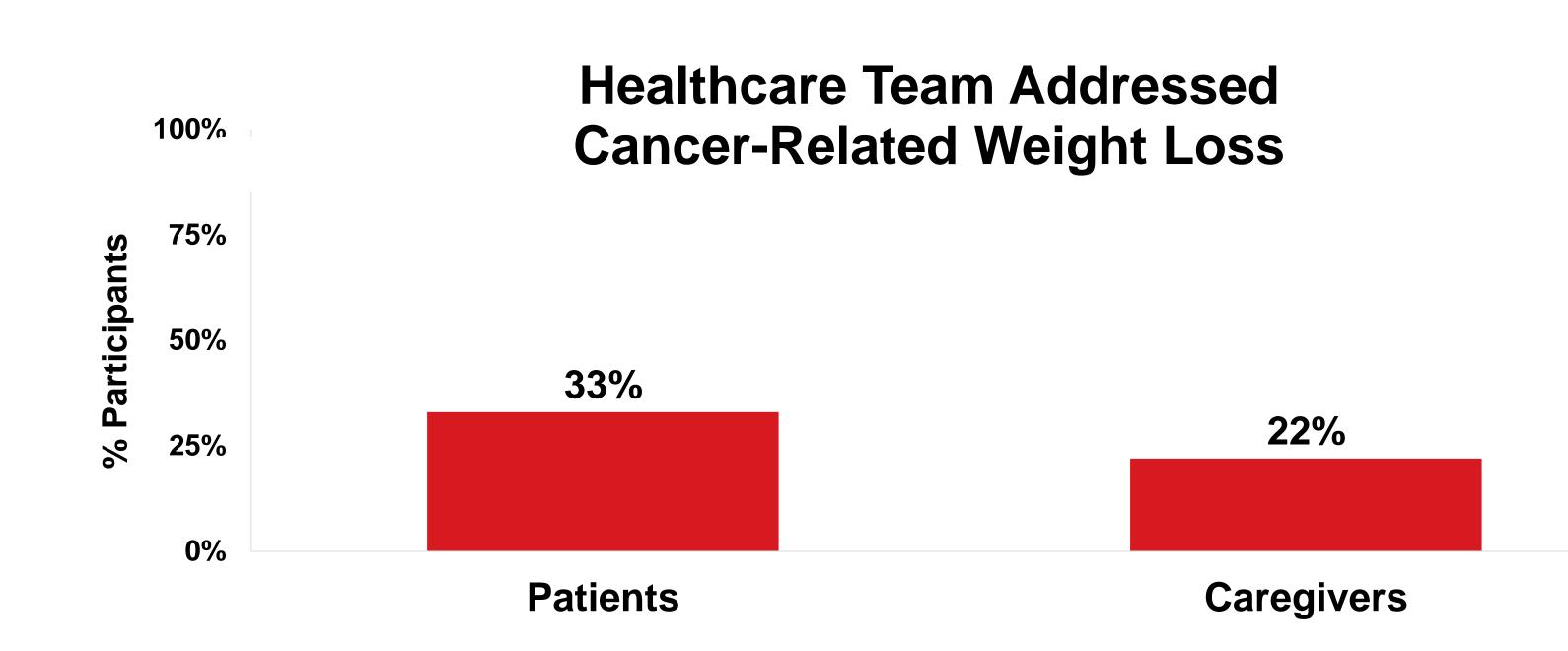
PARTICIPANTS

<i>N</i> = 30	Patients		Caregivers	
	n	SD / %	n	SDI%
Age	60 Range: 41-78		56.3 Range: 38 - 69	
Non-Hispanic White	12	80%	15	100%
Education	(n = 14)		(n = 14)	
College degree or higher	10	67%	7	47%
Cancer type (patient)				
Breast	5	33%	1	7%
Blood (MM, lymphoma, CML, AML)	4	27%	4	27%
Colorectal	2	13%	1	7%
Ovarian	2	13%	-	-
Lung	1	7%	5	33%
Other	1	7%	4	33%
Patient stage at diagnosis	(n = 14)		(n = 11)	
Stage 0-III	10	67%	2	13%
Stage IV	2	13%	4	27%
I don't know / No stage	2	13%	5	33%
BMI	(n = 12)			
Underweight (BMI < 18.5)	3	20%	-	-
Normal Weight (BMI 18.5 – 24.9)	4	27%	-	-
Overweight/Obese (BMI ≥ 25)	5	33%	-	-

RESULTS

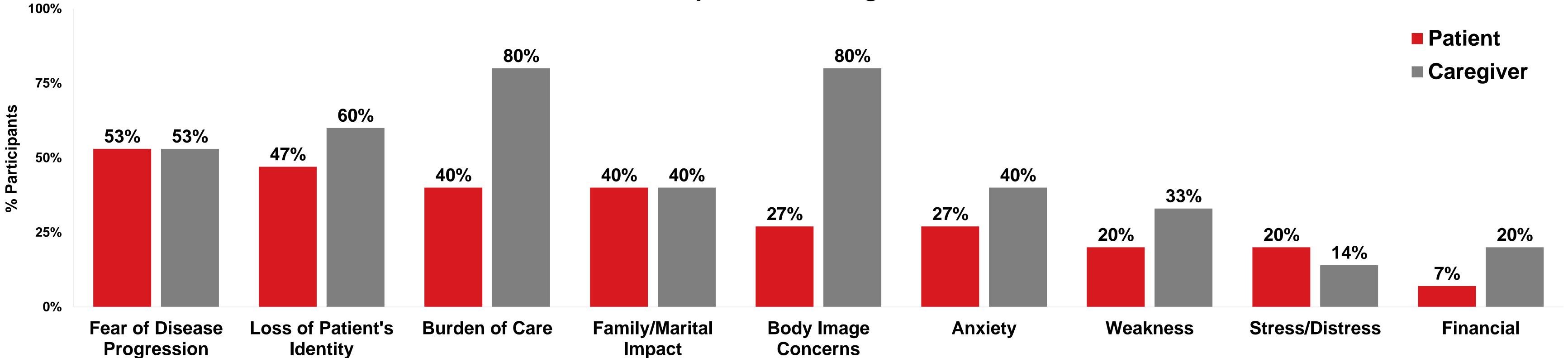


The most commonly reported weight loss-related symptoms among patients included appetite changes, nausea, taste changes, and weakness (with lack of productivity)



A minority of patients (33%) and caregivers (22%) reported that the patient's health care team address cancer-related weight loss during medical visits

Consequences of Weight Loss



- Patients most frequently reported fear of disease progression (53%), loss of identity (47%), caregiver burden worries (40%), anxiety (27%) and body image concerns (27%)
- In contrast, caregivers most frequently reported burden of providing care (80%), distress about physical appearance of the patient (80%), changed sense of patient identity (60%), fear of illness progression (53%) and family impact (40%)
- Patients who considered themselves to be overweight/obese described less emotional distress about their weight loss than those who were of normal weight or underweight

IMPLICATIONS AND CONCLUSIONS

- With respect to cancer-related weight loss, patients and caregivers most frequently identified psychosocial concerns, rather than physical symptoms, as negative consequences of illness and treatment.
- Caregivers were more often concerned than patients about weight loss resulting in changes in the patient's physical appearance.
- Results from this study support development of a psychometric measure to evaluate cancer-related weight loss and suggest the need to develop innovative methods to better address cancer-related weight loss concerns during and after active cancer treatment.



The Cancer Experience Registry is an online research initiative that captures the immediate and ongoing or changing social and emotional experiences of cancer survivors and their caregivers.

A PROGRAM of the CANCER SUPPORT COMMUNITY

- The Registry is for all cancer survivors and caregivers, but also includes 11 disease-specific surveys.
- Findings contribute toward advancing research, health care and policy. • Over 11,000 cancer survivors and caregivers are registered in the Cancer Experience Registry.

Learn more or join the Registry at www.CancerExperienceRegistry.org

References

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- 3. Von Haehling et al. (2010). Cachexia as a major underestimated and unmet medical need: Facts and numbers. Journal of Cachexia, Sarcopenia, and Muscle, 1(1), 1-5.

Acknowledgments

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