SUrvivors Rehabilitation Evaluation after Cancer (SURECAN)

Some two million people in the UK have survived cancer, of whom a third report a diminished quality of life or wellbeing. There is a wide variation in NHS provision for these people, with unknown effectiveness and cost-effectiveness of interventions offered. The SURECAN project has as its long term aim the development of a new intervention to improve quality of life in those living with and beyond cancer.

Before an intervention to improve quality of life can be tested, we need to develop a comparison intervention based upon usual care. By filling out this short survey you will be helping us to establish what services are currently provided as part of standard follow-up care for people living with and beyond cancer within the UK. Responses are anonymous.

This survey is part of a clinical audit approved by Bart's Health NHS Trust. The survey takes an average of 10 minutes to complete. Please disregard this survey if you have previously completed the survey. If you have any questions regarding the following survey please contact one of the SURECAN research assistants:

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| For the purpose of this survey we are interested in the care of people who have completed their active treatment aimed at a cure (eg. surgery, radiotherapy, chemotherapy) and are now living with and beyond cancer. |
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| * 1. Where is your service based? | | |
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| England | | |
| Scotland | | |
| Wales | | |
| Northern Ireland | | |
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| * 2. V | Vhat is your profession? |
|--------|---------------------------|
| | Clinical Oncologist |
| | Clinical Oncology Trainee |
| | Clinical Nurse Specialist |
| | Medical Oncologist |
| | Medical Oncology Trainee |
| | Psychologist |
| | Surgeon |
| | Surgical Trainee |
| | Other (please specify) |
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| * 3. What cancer specialty do you work in? (More than one option possible) |
|--|
| Breast |
| Colorectal |
| Upper Gastro-intestinal |
| Hepatobiliary Nervous System |
| Dermatology |
| Gynaecological |
| Head and Neck |
| Lung |
| Leukaemia |
| Lymphoma |
| Multiple Myeloma |
| Central Nervous System |
| Sarcoma |
| Urological |
| Other (please specify) |
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| * 4. How many years have you been practising within cancer care? |
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| * 5. Approximately how many people attend your service | each year who might be classed as living with and |
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| beyond cancer? | sach year who hight be classed as living with and |
| beyond cancer: | |
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| * 6. | | |
| | hat aget of institution do you would in 2 (Mara than and antion negotials) | |
| VV | hat sort of institution do you work in? (More than one option possible) | |
| | Cancer Centre | |
| | Community Facility | |
| | District Hospital | |
| | General Hospital | |
| | Primary Care | |
| | Teaching Hospital | |
| | Other (please specify) | |
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| 7. Does your unit provide any <u>specific</u> assessment, interventions, or therapy for people who have completed active treatment and are living with and beyond cancer? |
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| Yes |
| ○ No |
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| Vithin your service, what professionals are involved specifically in the care of those living with and ond cancer? (More than one option possible) |
|--|
| Clinical Oncologists |
| Clinical Nurse Specialists |
| Counsellors |
| Psychotherapists |
| Psychologists |
| General Nurses |
| Medical Oncologists |
| Occupational Therapists |
| Physiotherapists |
| Surgeons |
| Social Workers |
| Well-being Practitioner |
| None |
| Other (please specify) |
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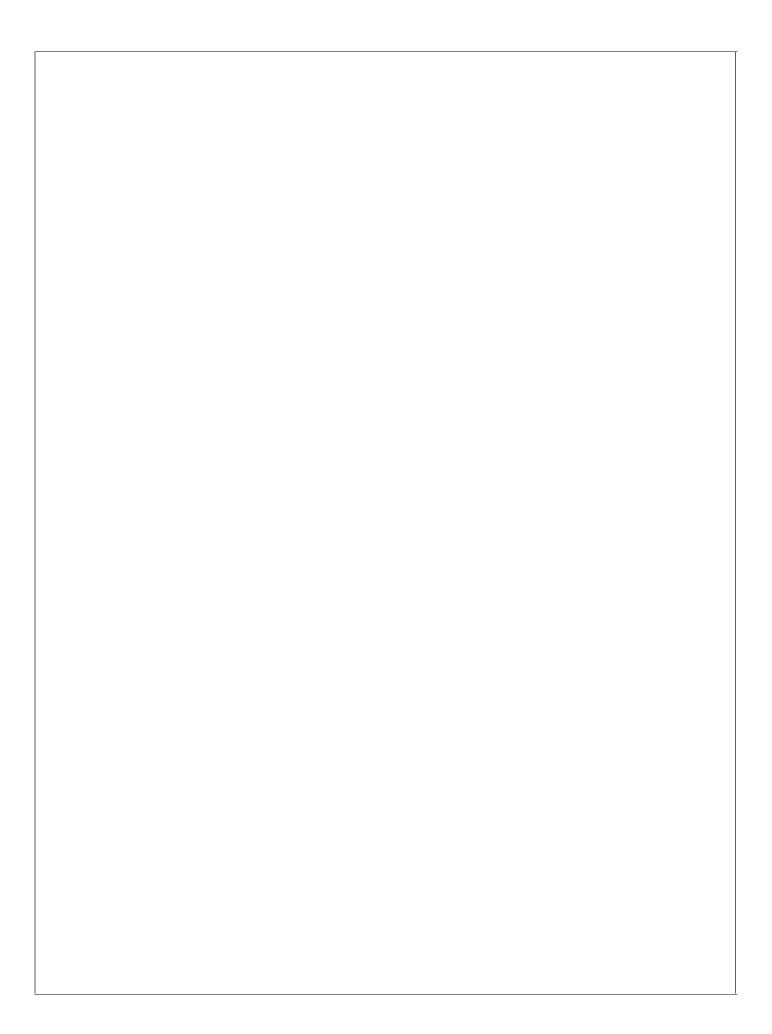
| Cognitive behaviour herapy Counselling Cou | | Never | Rarely | Occassionally | Frequently | Always | I don't know |
|--|--|-------|--------|---------------|------------|--------|--------------|
| Counselling Counselling Dietary advice or support Exercise therapy or advice Family counselling/therapy Medical assessment Mindfulness training One off assessment at the end of treatment Peer support Vocational | Acceptance and commitment therapy | | | | | | |
| Dietary advice or support Exercise therapy or advice Family counselling/therapy Medical assessment Mindfulness training One off assessment at the end of treatment Peer support Vocational rehabilitation/return to work programme | Cognitive behaviour therapy | | | | | | |
| Exercise therapy or advice Family Counselling/therapy Medical assessment Mindfulness training One off assessment at the end of treatment Peer support Vocational rehabilitation/return to work programme | Counselling | | | | | | |
| Advice Family Counselling/therapy Medical assessment Mindfulness training One off assessment at the end of treatment Peer support Vocational rehabilitation/return to work programme | Dietary advice or support | | | | | | |
| Medical assessment Mindfulness training One off assessment at the end of treatment Peer support Wocational rehabilitation/return to work programme | Exercise therapy or advice | | | | | | |
| Mindfulness training One off assessment at the end of treatment Peer support Vocational rehabilitation/return to work programme | Family counselling/therapy | | | | | | |
| One off assessment at the end of treatment Peer support Vocational rehabilitation/return to work programme | Medical assessment | | | | | | |
| Peer support Vocational rehabilitation/return to work programme | Mindfulness training | | | | | | |
| Vocational rehabilitation/return to work programme | One off assessment at the end of treatment | | | | | | |
| rehabilitation/return to O O O O O O O O O O O O O O O O O O | Peer support | | | | | | |
| | Vocational rehabilitation/return to work programme | | | | | | |
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| | Never | Rarely | Occasionally | Frequently | Always |
|---|-------|--------|--------------|------------|--------|
| Anxiety | | | | | |
| Body image problems | | | | | |
| Changes in physical capacity | | | \bigcirc | | |
| Changes in cognitive capacity | | | \bigcirc | \bigcirc | |
| Depression/low mood | | | | | |
| Other emotional reactions (eg. guilt, shame, anger) | | | | | |
| Fatigue | | | | | |
| Fear of recurrence | | | | | |
| Fear of death | | | | | |
| Financial problems | | | | | |
| Low self esteem | | | | | |
| Long-term medical complications of treatment | | | | | |
| Menopausal symptoms if applicable | | | | | |
| Osteoporosis | | | | | |
| Sexual difficulties | | | | | |
| Social problems | | | | | |
| Spiritual needs | | | | | |
| Vocational/occupational problems | | | | | |
| Weight changes | | | | | |
| ther (please specify) | | | | | - |

| * 11. What service are people living with and beyond cancer offered? (More than one option possible) |
|--|
| Group support facilitated by healthcare professional |
| Group peer support |
| Individual support facilitated by health care professionals |
| Individual peer support |
| None of the above (please specify) |
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| * 12. How many sessions would a typical person living with and beyond cancer receive within your service |
| before being discharged? |
| <u> </u> |
| <u> </u> |
| 3 |
| 4 |
| <u> </u> |
| More than 5 (please specify number) |
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| * 13. How long is each session? |
| Less than 30mins |
| 30minutes - 1 hour |
| 1 - 2 hours |
| 2 hours + |
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| * 14. | How often do the sessions occur? |
|-------|---|
| | Once |
| | Weekly |
| | Fortnightly |
| | Monthly |
| | Intermittently |
| | Not applicable |
| | Less often (please specify) |
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| * 15. | By what means are the sessions delivered? (More than one option possible) |
| | Telephone |
| | Web based |
| | Skype/Facetime |
| | Face-to-face |
| | Other (please specify) |
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| 6. What do you think a Anxiety Body image problems Changes in physical capacity Changes in cognitive capacity | Unimportant | Of Little Importance | Moderately Important | nd beyond canc | |
|---|-------------|----------------------|----------------------|----------------|----------------|
| Body image problems Changes in physical capacity Changes in cognitive | Unimportant | Of Little Importance | | Important | |
| Body image problems Changes in physical capacity Changes in cognitive | | | | important | Very Important |
| Changes in physical capacity Changes in cognitive | | | | | |
| capacity Changes in cognitive | | | | | |
| | | | | | |
| capacity | | | | | |
| Depression/low mood | | | | | |
| Other emotional reactions (eg. guilt, shame, anger) | | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Fatigue | | | | | |
| Fear of recurrence | | | \bigcirc | | |
| Fear of death | | | | | |
| Financial problems | | | | | |
| Low self esteem | | | | | |
| Long-term medical complications of treatment | | | | | |
| Menopausal symptoms if applicable | | | | | |
| Osteoporosis | | | | | |
| Sexual difficulties | | | | | |
| Social problems | | | | | |
| Spiritual needs | | | | | |
| Vocational/occupational problems | | | | | |
| Weight changes | | | | | |



| Your own opinion | | | | | |
|--|--|--|--|--|--|
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| '. What more do you think could be done to support people living with and beyond cancer? | | | | | |
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| * | 18. In order to avoid more than one response from your unit, would you please state the name of your Trust or Hospital (this information will only be used to provide information where more than one clinician from the same trust has responded and not for any analysis purposes beyond this). |
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| * | 19. Would your unit be interested, in principle, in participating as a centre in a randomised controlled trial of an intervention to improve quality of life of those living with and beyond cancer? (We will not hold you to your answers; this is just to give us an indication) |
| | Yes |
| | ○ No |
| | O Not sure |
| * | 20. In principle, would you be willing to release one or two members of nursing or therapy staff, for three days in total, for training in the intervention and delivery of therapy? (We will not hold you to your answers; this is just to give us an indication) |
| | Yes |
| | ○ No |
| | Not sure |
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| * 21. How many days could a healthcare professional be spared from your service? | | | | | | | |
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| | inciple, would you be willing to allow the staff who have been trained to then run the therapy in their e will not hold you to your answers; this is just to give us an indication) | |
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| Yes | | |
| O No | | |
| O Not s | ure | |
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| Thank you for completing this survey. | | | | | | |
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| If you have any questions or comments please don't hesitate to contact one of the SURECAN research assistants: | | | | | | |
| Morvwen Duncan m.dunc | an@qmul.ac.uk | 020 7882 8938 | | | | |
| | deane@qmul.ac.uk | 020 7882 8943 | | | | |
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