BACKGROUND

This report builds on previous research which investigated preferences for symptom assessment scales in patients with advanced cancer (Jeter et al., 2016). Here, we investigate symptom scale preferences of newly-diagnosed cancer patients. Pain, fatigue and appetite loss occur commonly in cancer patients, yet may not be reported. Pain may be acute in newly-diagnosed patients, underlining the importance of measuring these symptoms on a regular basis (Kelsen et al., 1995). Newly-diagnosed cancer patients, who may not have received the same exposure to symptom assessment scales as later-stage cancer patients, may have different preferences for assessment scales associated with these three symptoms.

AIMS

- Determine patient preferences among unidimensional symptom assessment scales in newly diagnosed cancer, and preference consistency across symptoms.
- Evaluate the observer rated clinical utility of CRS, NRS and VAS
- To test the feasibility of using a heart rate monitor (Fitbit™) to assess stress levels during scale completion

METHODS

- A prospective observational design was used
- 41 eligible newly-diagnosed cancer outpatients were recruited consecutively from 2 Dublin oncology clinics
- Participants completed three scales (CRS, NRS, VAS) for three symptoms (Loss of Appetite, Tiredness, Pain)
- Two researchers observed the process of scale completion to judge patient difficulties. Scales judged to be least difficult were recorded as observer preferences, indicating high clinical utility.

RESULTS

- NRS was the most preferred by patients across all symptoms
- VAS was the least preferred measure.
- VAS was the researchers’ least preferred measure. Researchers preferred NRS for fatigue and appetite loss and the CRS for pain.
- Most patients had a specific scale preference and there was high intra-patient consistency across the three scales (Fig 1).
- There was fair to week agreement between participant and observer-determined ease of scale completion (Pain: K = 0.345; Fatigue/tiredness: K = 0.342; Appetite loss K = 0.165).

CONCLUSIONS

- VAS was consistently the least preferred scale by patients and observers
- Feedback regarding the Fitbit™ highlighted issues with feasibility pertaining to inconsistency in the device’s recording of data.
- Consideration should be given to individualized cancer symptom assessment according to patient scale preference
- VAS should be used with caution in newly diagnosed disease

Figure 1. Preference consistency across symptoms. (%)