November 2013 (QOL-14) Competition Awarded Quality of Life Research Grants
Listed by panel in alphabetical order

QOL  Quality of Life Panel

Baxter, Nancy
St. Michael's Hospital
Improving the quality of oncofertility decision-making for women at risk of infertility during cancer survivorship

Cancer treatments may result in loss of fertility, which can be particularly challenging for adolescent and young adult women diagnosed with cancer. Recent advances in reproductive technologies can help these women retain the option of becoming pregnant in future, however, they may not be routinely discussed as part of cancer treatment counselling. Dr Baxter is developing a decision aid to help young women and health care teams determine the best options, and will test this with patients and clinicians. Infertility can have a serious impact on a cancer survivor’s quality of life, and this new decision aid could give young women with a cancer diagnosis more control over their future.

Buckstein, Rena
Sunnybrook Research Institute
Red blood cell transfusion thresholds and QOL in MDS: a pilot, feasibility study

Myelodysplastic syndromes (MDS) are bone marrow cancers that can progress to leukemia and leave many patients dependent on blood transfusions due to severe anemia. Dr Buckstein has found that dependence on transfusions and anemia can lead to poor quality of life, and is testing whether changing transfusion strategies could help. She is comparing two groups of patients - one receiving conventional transfusions, one receiving a new strategy that transfuses more blood cells - and assessing their quality of life. The new strategy aims to raise hemoglobin levels to above 100 grams per litre in the body, which may be an important threshold for improved quality of life. This pilot could lead to a large randomized trial that could transform the standard of care related for these patients.

Gagnon, Pierre
Laval University
Creating meaning following advanced cancer: A cognitive-existential telephone intervention to improve existential and global quality of life

People with advanced cancer face many existential questions, such as “why me?” along with concerns about death, meaning and loss of control over one’s life. This type of existential distress is often the principal source of these patients’ suffering. Previous research has shown that psychotherapy can help to alleviate this distress, however appropriate face-to-face psychotherapy is not feasible for many patients, particularly those in rural settings. For this study, 136 advanced cancer patients are being randomly assigned to receive 8 weekly 1-hour sessions of either face-to-face or telephone psychotherapy to determine whether cognitive-existential telephone interventions can improve quality of life. Dr Gagnon’s research will open the door to other technology-based interventions, such as Skype, that would also circumvent the difficulties of face-to-face interventions.

Gagnon, Bruno
Laval University
Interdisciplinary Team in Early Functional Optimization (InTEFO): introducing a new optimization clinic to improve accessibility and efficiency of quality palliative care in advanced cancer patients
Advanced cancer patients are confronted by a high burden of physical and psychological symptoms that affect their quality of life (QOL). Recent research has shown that combined intervention by a nurse and a physician leads to significant improvements in the QOL and depressive symptoms in these patients, and even contributes to less aggressive care at the end of life and longer survival. In this study, Dr Gagnon is testing whether a large interdisciplinary team—composed of a palliative care (PC) physician, PC nurse, nutritionist, physical therapist and occupational therapist— is superior to early involvement of only a PC physician and PC nurse in patients with advanced cancer. This could ultimately optimize the quality of care for advanced cancer patients. It could also promote better use of health care resources by reducing visits to cancer specialists and emergency departments for problems that could be managed more appropriately by other health care professionals.

Krahn, Murray
The Toronto Hospital (General Division) - UHN
*Development of a utility weighting function for the Bladder Utility Symptom Scale (BUSS-U)*

Decisions about cancer treatments can have serious implications for a patient's quality of life and not every patient will want to make the same treatment choices, as they will have different priorities for their individual quality of life. Some bladder cancers, for example, can be treated by surgery to remove the bladder, but this can have significant implications that require the patient to make a trade-off between quality of life and controlling their cancer. Dr Krahn has developed a quality of life questionnaire that looks at this dimension of patient preference—known as “utility.” Other questionnaires are currently in use, but don’t include some important measures for bladder cancer such as urinary and bowel problems. He is customizing this tool for people diagnosed with bladder cancer to help patients and doctors make treatment decisions in a more personalized way.

Lebel, Sophie
University of Ottawa
*Efficacy of a cognitiveexistential intervention to address fear of recurrence in women with cancer: a randomized controlled clinical trial*

One of the consequences of having survived cancer, for many people, is fear that the cancer will return. Fear of cancer recurrence (FCR) has been reported in as much as half of patients, is more common in women, and is associated with lower quality of life and greater health care utilization than those without FCR. Dr Lebel has developed a cognitiveexistential group intervention to help women diagnosed with breast or gynecological cancer manage their fear and learn coping strategies to improve quality of life. She is now testing this intervention in a large randomized controlled trial in four hospitals to determine if it should be incorporated as a standard part of survivorship care.

McClement, Susan
University of Manitoba
*Explanatory models of cancer anorexia-cachexia: Family members’ perspectives*

Decreased appetite and weight loss are very common in people with terminal cancer and are understood by doctors and nurses to be a normal part of disease progression that does not require aggressive intervention, such as tube-feeding. In contrast, family members are often very distressed and insist that something be done to improve appetite and reverse weight loss. The purpose of Dr McClement’s study is to understand what family members believe causes lack of appetite and weight loss, what they think health care providers should do in response, and why they think those interventions would be beneficial. The findings will help to develop education and support for families who are concerned about the nutritional status of a terminally ill relative.

Rodin, Gary
Ontario Cancer Institute/PMCC - UHN
*Emotion And Symptom-focused Intervention (EASI) for individuals with acute leukemia*
A blood cancer called acute leukemia (AL), once diagnosed, requires patients to immediately begin intensive chemotherapy due to the speed at which this disease can be fatal. As a result, patients can experience profound symptoms and emotions, which currently are not well addressed in research or practice. Dr Rodin has developed an intervention called Emotion and Symptom-focused Intervention (EASI) that can help patients manage physical and emotional responses such as fatigue, anxiety, and pain. He is now conducting a pilot test of EASI in patients with AL to see whether it can reduce the burden of symptoms and improve quality of life. This could lead to a larger trial that could influence policies and practices for treating patients with AL.

Stajduhar, Kelli
University of Victoria

*Improving the quality of life of family caregivers of cancer patients at the end of life: The caregiver support needs assessment intervention*

Family caregivers (FCGs) looking after a relative who is dying of cancer often carry considerable emotional, social, financial and physical burdens. This research team has developed a support intervention called the Carer Support Needs Assessment Tool (CSNAT) to assess the support needs of FCGs providing palliative home care. Dr Stajduhar will test this tool by comparing two groups of caregivers: one receiving the intervention, the other not. Both groups will complete questionnaires to see if using the CSNAT was beneficial. This tool could help enhance the quality of life of FCGs and also support a well-established desire of terminal patients to spend their final days at home.