

The Experience of Extended Bowel Resection in Individuals With a High Metachronous Colorectal Cancer Risk: A Qualitative Study

Emma J. Steel, MGenCouns, Alison H. Trainer, MD, Alexander G. Heriot, MD, Craig Lynch, MD, Susan Parry, MB, ChB, Aung K. Win, MBBS, MPH, PhD, and Louise A. Keogh, BSc, MA, PhD

Steel is a research assistant in the Centre for Health Equity at the University of Melbourne in Australia; Trainer is a consultant clinical geneticist in the Familial Cancer Clinic, and Heriot is a colorectal surgeon and a professor and Lynch is a colorectal surgeon and associate professor, both in the Department of Surgical Oncology, all at the Peter MacCallum Cancer Centre in Melbourne, Australia; Parry is a clinical director and gastroenterologist in the New Zealand Familial Gastrointestinal Cancer Registry at Auckland City Hospital and an associate professor in the Department of Gastroenterology at Middlemore Hospital in Auckland, New Zealand; and Win is a senior research fellow in the Centre for Epidemiology and Biostatistics and Keogh is an associate professor in the Centre for Health Equity, both at the University of Melbourne.

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Steel can be reached at emma.steel@alummi.unimelb.edu.au, with copy to editor at ONFEditor@ons.org.

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Purpose/Objectives: To ascertain individual experiences of extended bowel resection as treatment for colorectal cancer (CRC) in those with a high metachronous CRC risk, including the self-reported adequacy of information received at different time points of treatment and recovery.

Research Approach: Qualitative.

Setting: Participants were recruited through the Australasian Colorectal Cancer Family Registry and two hospitals in Melbourne, Australia.

Participants: 18 individuals with a high metachronous CRC risk who had an extended bowel resection from 6–12 months ago.

Methodologic Approach: Semistructured interviews. Data were analyzed thematically.

Findings: In most cases, the treating surgeon decided on the best option regarding surgical treatment. Participants felt well informed about the surgical procedure. Information related to surgical outcomes, recovery, and lifestyle adjustment from surgery was not always adequate. Many participants described ongoing worry about developing another cancer.

Conclusions: Patients undergoing an extended resection to reduce metachronous CRC risk require detailed information delivered at more than one time point and relating to several different aspects of the surgical procedure and its outcomes.

Interpretation: An increased emphasis should be given to the provision of patient information on surgical outcomes, recovery, and lifestyle adjustment. Colorectal nurses could provide support for some of the reported unmet needs.

Colorectal cancer (CRC) is the third most common cancer worldwide, affecting almost 1.4 million individuals in 2012 (Ferlay et al., 2015). In Australia, about 15,000 CRC cases are diagnosed each year, causing the death of about 4,000 individuals (Australian Institute of Health and Welfare, 2014). The prognosis of an affected individual is dependent on the stage of the tumor at the time of diagnosis and its associated treatments involving surgery and/or adjuvant radiotherapy and chemotherapy. However, a significant proportion of individuals who have a segmental resection for CRC are at an increased risk of developing a subsequent new primary CRC (Heneghan, Martin, & Winter, 2015; Parry et al., 2011). This is defined as metachronous CRC, which has an associated impact on overall survival (Australian Cancer Network Colorectal Cancer Guidelines Revision Committee, 2005). Risk factors for metachronous CRC include young age at primary diagnosis, right-sided index tumor, tumor microsatellite instability, and familial cancer syndromes such as Lynch syndrome (Gervaz, Bucher, Neyroud-Caspar, Soravia, & Morel, 2005; Rex et al., 2006; Ringland, Arkenau, O'Connell, & Ward, 2010; Shitoh et al., 2002). For individuals with Lynch syndrome, the cumulative