Bridge to Good Living: Thriving Beyond Lung Cancer

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Program Background

The goal of the Bridge Program is to improve the overall coordination of care, increase quality of life, and decrease the consequences of treatment for patients diagnosed with lung cancer in the state of West Virginia. Patients are able to bridge the gap of cancer care from treatment to survivorship with the expertise of a multidisciplinary team.

Lung Cancer in West Virginia

Lung cancer is the leading cause of cancer related deaths in West Virginia. Half of all people with a lung cancer diagnosis also have distant metastasis, because of this more people in West Virginia die of lung cancer than colorectal, prostate, and breast cancer combined.

West Virginia is ranked among the top states in public risk factors for tobacco use. In 2014, the WV Board of Medicine reported an oncology shortage in 36 of the state’s 55 counties, as a result many residents rely heavily on services in adjacent states.

Study Aims

Aim 1: Develop and implement a comprehensive survivorship model program for lung cancer patients completing definitive curative treatment.

Aim 2: Develop and deliver a one-day, face-to-face training session for healthcare professionals addressing multiple areas of lung cancer.

Aim 3: Disseminate information about lung cancer survivorship and the model to the broader community of patients, families, providers, and advocates across West Virginia.

The Bridge Clinic

Patient attends Bridge Clinic

Patient attains Bridge Clinic

Additional follow-up and support is provided to each patient as needed

Information from assessments are forwarded to providers prior to each appointment

Survivorship Cycle

Survivorship Assessment completed

Survivorship Coordinator completes any additional follow up with patient

Results of assessment sent to oncologist and PCP

Patient attends 3-6 month surveillance appointment

Lung Cancer Patient Needs Following Active Treatment

Breathing difficulties

Pain

Nausea

Neuropathy

Exercise & physical activity

Balance & Falling

Fatigue

Anxiety/depression

Fear of recurrence

Weight changes, diet, or difficulty eating

Tobacco use/spitting smoking

Memory & concentration

Emotional & mental health

Financial advice/assistance

Insurance

Neuralgia

Preventative care/vaccinations

Self-care

Spiritual issues/support

School/work

Alcohol use

Fertility/Parenting/Sexual functioning

To date, 38 patients have been assessed. As a result of these assessments and consultation from a multi-disciplinary team, more than 50 referrals to community resources, social services, and other healthcare providers have been generated. The most common referral is for physical therapy. All patients surveyed identified at least one unmet need post-treatment.

Screening to Survivorship: A New Look at Lung Cancer

In November 2017, a free continuing education conference was held in Morgantown, West Virginia with 115 total attendees. Continuing education credits were awarded to 52 participants, and 50 completed pre and post tests. The 2018 Lung Cancer Conference will have a policy focus. The conference will be held on November 1-2 at the WVU Erickson Alumni Center.

Acknowledgements & References


The Bridge Program is supported fully by a grant from the Bristol-Myers Squibb Foundation’s Bridging Cancer Care program. The Bridge Team would like to thank its collaborating partners in promoting the aims of this grant.
Advancing Quality Lung Cancer Survivorship in South Carolina

Principal Investigator: Karen Kane McDonnell, PhD • Co-Investigators: Jenay Beer, PhD, L.R., Otis (Shaun) Owens, PhD, Brandi R. Newsome, MD • James William Hardin, PhD • Staff: Tamara Church, MSW, David Gallemani, MPH; Samira Khan, MSW
Consultants: Linda E. Carlson, PhD, Katherine R. Sterba, PhD • Students: Dane Acena, Amanda Bennett, Kerry Breen, Taylor Kennedy, Elizabeth Regan, Liga Reyes, Kasey Smith, Lisa Webb
Partners: Upstream: A Center for Mindfulness Practice and Holistic Mental Health; Pam Gillam, MPA, Core for Applied Research & Evaluation

LONG-TERM GOAL: Improve Clinical Outcomes for Survivors of Non-Small Cell Lung Cancer (NSCLC) and Their Family Members

OBJECTIVE #1: Develop the Partners in Quality Lung Cancer Survivorship
A statewide network of clinical, community, and congregational stakeholders with an interest in advancing lung cancer survivorship
- MAXIMIZE community involvement and build capacity for survivorship care for patients with lung cancer and family members in South Carolina
- COLLABORATE with professionals from the American Cancer Society, American College of Surgeons’ Commission on Cancer accredited cancer programs/centers, American Lung Association, Lung Cancer Alliance, SC Alliance of YMCAs, SC Cancer Alliance, SC Dept. of Health and Environmental Control (DHEC), SC Lieutenant Governor’s Office on Aging, SC Non-Emergency Transportation Rehabilitation, and SC Vocational Rehabilitation

OBJECTIVE #2: Adapt & Test the Breathe Easier Intervention
An exemplar intervention founded on the Mindfulness-based Cancer Recovery Program
- ADDRESS issues important to lung cancer survivors and their family members
- DEVELOP an intervention protocol with breathing exercises, mindfulness-based meditations, yoga (varying skill levels), and participant interaction components
- TARGET a dyad population; 1 dyad = 1 adult survivor of NSCLC (stage I, II, or IIIa) and 1 family member
- ADAPT & EVALUATE Breathe Easier as an interactive mobile application (simple prototype only); add content (varying skill levels: level I and level II)

HIGHLIGHTS
Established relationships with cancer leaders across the state.
Met with community leaders to discuss survivorship priorities for patients, survivors, and families in South Carolina who are affected by a lung cancer diagnosis.
Collected data using two surveys (one for clinicians, one for patients/family members) and follow-up phone interviews.
Prepared to present data to key stakeholders at the first of three professionally facilitated meetings; objective is to create a strategic plan defining key survivorship priorities and recommended courses of action.

HIGHLIGHTS: FACE-TO-FACE
Designed, developed, and initiated evaluation of a face-to-face, 8-session, low-literacy, culturally sensitive group intervention and related materials.
Evaluation plan is under way and focuses on feasibility and preliminary effects.

MOBILE APP
Designed, developed and planned evaluation of a mobile app prototype. Using focus-group and personal-interview methodologies, the evaluation plan is scheduled to begin in April 2018 and will center on usability. Ease of use, content appeal, benefits and concerns, and cultural relevance will be examined.

FOCUS GROUPS:
- Rooted in a community-based participatory research approach
- Will include lung cancer survivors and family members
- Will be consulted throughout app development process, will view and interact with simple prototypes

RECRUITMENT RATE: 5%
RETENTION RATE: 42%
COMPLETED: 16%

HIGHLIGHTS
Interim Feasibility Findings
- 4 INTERVENTION ITERATIONS COMPLETED: Level 1 (sitting yoga); Level 2 (standing/flow yoga)
- RECRUITMENT RATE: 86%
- INTERVENTION DOSE: Measured by 2 protocols
  - ADHERENCE: 76% among family members
  - 65% among survivors (range: 5-98% daily home assignments)
- ACCEPTABILITY: 100% of participants agreed course materials were easy to read and use, learning breathing exercises and yoga helped them, and involving family was important
Development of the Survive 2 Thrive Project: Lung Cancer Survivorship Care Program

Roy Hart, CEO; Jacinda Roach, PhD; Glenda Crump, COO; Key Britt, VP; Wilson Gallard, Director; Roderick Givens, MD; Lindsey Rawls, RN; Elizabeth Walker, GS
Mississippi Public Health Institute, Greenwood Leflore Hospital

Background
Survive 2 Thrive is a partnership between Greenwood Leflore Hospital and the Mississippi Public Health Institute, with funding provided by the Bristol-Myers Squibb Foundation. The diagnosis of cancer is overwhelming. There are many new and confusing issues for lung cancer patients and their families or caregivers. This service area of Greenwood Leflore Hospital is comprised of residents who have higher levels of poverty, unemployment, and chronic disease incidence than any other area in Mississippi, which ranks among states with the highest levels of those conditions nationally.

Survive 2 Thrive has as its mission to improve the health outcomes and quality of life for patients with lung cancer as they navigate their way through the healthcare system, from diagnosis to treatment and survivorship. The project seeks to address the unique needs of patients and their families, providing support and guidance throughout the journey.

The Burden of Lung Cancer
- Communities in the Mississippi Delta served by Greenwood Leflore Hospital are comprised of residents who suffer disparities in health equity due to poverty and lack of education, which translates into poor health ratio, lack of transportation for access to care, and a cultural dynamic that tends to increase risk and fails to support compliance to care.
- In the service area of Greenwood Leflore Hospital, 70.2% of the residents are African American. African Americans have the highest death rates and shortest survival rates of any racial and ethnic group in the United States for most cancers.
- The annual incidence of lung cancer per 100,000 population is highest among African Americans, and the highest lung cancer incidence is in the South (SCD). Minority and underserved populations are affected by the severity most severely by lung cancer.
- Some other members of our priority population have accepted limited involvement in their medical care, whether lung cancer patients who are African American or from less educated communities are less likely to get the combination of chemoradiation and radiation that's thought to better survival odds. (Journal of Clinical Pathways)
- Many of our priority population do not value themselves highly enough to realize that health equity is the right of each individual to achieve optimal health care regardless of race, level of education, gender identity, sexual orientation, the job they have (or don’t have), the neighborhood in which they live, or whether or not they have a disability.

Study Aims
- AIM #1: To improve the health outcomes and quality of life for patients at highest risk for, recently diagnosed with, or living with lung cancer among the priority population of the service area of Greenwood Leflore Hospital in the Mississippi Delta.
- AIM #2: To reduce health disparities and improve health equity among the priority population of the service area of Greenwood Leflore Hospital in the Mississippi Delta.

Research Methods
- Development of a sustainable program aimed at reducing lung cancer mortality and mortality among underserved populations in the service area of Greenwood Leflore Hospital.
- Apply an evidence-based model of community health networks to base and impact broad environmental and psychosocial changes of the priority population.
- Utilize a multidisciplinary team to implement a patient-centered holistic approach to care that facilitates prevention of recurrent and new cancers; surveillance for metastasis, recurrence or secondary cancer; and assessment of medical and psychosocial effects.
- Utilize an intervention plan for the cancer survivor that addresses the consequences of cancer for the survivor and caregivers.
- Provide coordinated care for cancer survivors via the adoption of an evidence-based shared care survivorship model.
- Evaluate effectiveness by measuring:
  - Number of participants with a documented care pathway service coordination plan
  - Estimated number of people in the target population
  - Number of educational materials provided
  - Number of educational opportunities
  - Number of target population reached
  - Number of participants retained in care
  - Number of referrals to community services
  - Number of home visits by community members

Survivorship Care Plan
- Participants receive a personalized care plan that includes their health history, screening results, and care received.
- Education on lung cancer is provided.
- Treatment dates (chemo and radiation) are provided.
- Side effects of treatment (long and short term) are explained.
- Provider information is included for primary care physicians.
- Standard follow-up care is included.
- Referral sites are listed.
- Home visit questionnaires are administered.
- Self-management techniques are taught by community navigators during home visits.
- American Cancer Society support materials are included.

Survivorship Care Specialist Training
The American Cancer Society provides specialized training in the area of lung cancer for our team. Learning objectives are:
- Create understanding of the lung cancer continuum.
- Describe lung cancer, the disease.
- Build knowledge of prevention and early detection measures for lung cancer.
- Increase awareness of the process of patient navigation.
- Discuss psychosocial aspects of cancer.
- Build skills for communicating with and navigating patients to resources.
- Increase knowledge of American Cancer Society resources.
- Facilitate communication among group to clarify roles and processes.

Implementation Partner Sites
- Greenwood Leflore Hospital
- Greenwood Leflore Hospital Clinic Network
- Internal Medicine Associates - Greenwood, Mississippi

Summary
The Survive 2 Thrive Project has propelled Greenwood Leflore Hospital into the forefront of lung cancer screening for the Mississippi Delta. Through the project’s funding, Greenwood Leflore Hospital has:
- Obtained a 10-passenger van to provide transportation for our patients, most of whom are in dire need of affordable transportation for proper access to care.
- Purchased state-of-the-art tracking program, Nurse Navi, Oncology, allowing us to track our patients and pull data in a most efficient manner.
- Purchased low-dose lung cancer screening equipment for lung cancer.
- Purchased a Linear Accelerator for our Radiation Oncology.
- Hired two pulmonologists.
- Implemented AI for lung cancer screening for the general public.

Survive 2 Thrive has made contact with 135 trial patients. There are 93 patients screening/undergoing. Of those 93, 16 are in surveillance currently being followed by a pulmonologist for issues such as nodules, COPD, etc. Fifty patients have actually received LDCT screenings. Of those 89. 16 have had medication changes, 47 have returned care, 16 have had notification of new lung cancer.

Learn More and Connect with Us
https://gls.org/services/survive-2-thrive
@greenwoodforenhospital
Greenwood Leflore Hospital’s Cancer Center
Wilson Gallard, Director 662-454-7153

Acknowledgments
Survive 2 Thrive is the result of a partnership between the Mississippi Public Health Institute and Greenwood Leflore Hospital in Greenwood, Mississippi.

Survive 2 Thrive is supported by a generous grant from Bristol-Myers Squibb Foundations Bridging Cancer Care grant mechanism.

Additional support provided by Greenwood Leflore Hospital
In the United States, lung cancer is the leading cause of death from cancer (Siegel, 2017). Lung cancer is the second most common cancer diagnosed in both men and women, and the annual mortality burden of disease is larger than that of any other cancer. An estimated 224,210 new cases of lung cancer are expected in 2014, accounting for about 13% of all cancer diagnoses (American Cancer Society, 2015).

There are fewer survivors of lung cancer than other cancers such as breast or prostate, given the often asymptomatic nature of the disease and resulting diagnoses at a later stage (Pizzo, 2013). However, with the increased use of low dose computed tomography (LDCT) screening for lung cancer, early lung cancers are being found early and at a treatable stage. This is resulting in an increased number of lung cancer survivors and it is imperative that models of survivorship care are established for this patient population.

As more survivorship care programs are implemented, it is becoming increasingly clear that there is not a single model for care delivery. While the first survivorship care programs were established at academic medical centers, survivorship care has now extended to community based practice (Pizzo, 2013). Yet there are opportunities to extend survivorship care further and provide the much needed care to information and support for lung cancer survivors. The Comprehensive Lung Cancer Patient Support Program (CLCPSP) is a multi-channel program designed to address the many challenges facing lung cancer survivors as they manage their illness.

Program Goals

The primary goal of the CLCPSP is to provide an evidence-based, multi-level intervention that promotes high quality, patient centered coordinated care to lung cancer survivors living in the targeted geographic areas.

This will be accomplished by:
- Providing patient navigation services to reduce barriers and increase access to high-quality survivorship care for lung cancer survivors
- Empowering lung cancer survivors with the information, skills, confidence and support necessary to more actively participate in their health care decision making process
- Improving provider knowledge, understanding and skills related to provision of high quality, coordinated, patient centered survivorship care for lung cancer survivors.

Target Population

The CLCPSP provides support to lung cancer patients in 8 states including:
- Alabama (2 cancer centers/hospitals)
- Georgia (3 cancer centers/hospitals, 1 navigator)
- Mississippi (4 cancer centers/hospitals, 1 navigator)
- Kentucky (7 cancer centers/hospitals, 1 navigator)
- Tennessee (1 hospital)
- North Carolina (20 cancer centers/hospitals, 1 navigator)
- South Carolina
- West Virginia (1 cancer center/hospital, 1 navigator)

Steps in the CLCPSP

1. ACS Health system staff identify and recruit hospitals interested in providing enhanced support to lung cancer patients
2. ACS CIS/Navigators are trained on support needs of lung cancer patients
3. Hospitals educate staff who in turn refer patients to both the telephone based support (CLCPSP) and in-person support network
4. Follow up assessment calls are made to participating patients
5. The overall number of callers and types of services are tracked and post implementation for all target states.

Training Overview

All training was developed and delivered by American Cancer Society content and medical experts, and delivered by an ACS oncologist and behavioral scientist. Pre-Post assessments were conducted by all navigators attending training

Training Learning Objectives:
- Define the goals of the CLCPSP and the role of the patient navigator/CIS within the CLCPSP
- Understand the basics of lung anatomy, lung cancer screening/diagnosis, lung cancer treatment and treatment options
- Describe supportive care, non-therapy options and follow-up care available/appropriate for lung cancer survivors and how to connect survivors to these resources
- Describe shared decision making concepts, including the role that an ACS navigator plays in making sure patients discuss their options with their health care provider (including clinical trials)
- Understand the unique needs of lung cancer survivors including stigma, self-care and side effects
- Describe basic patient empowerment strategies and how to apply patient empowerment concepts/skills in the navigation setting
- Describe tobacco cessation, nutrition and physical activity resources for lung cancer survivors
- Understand how to best utilize sprinboards beyond cancer to support patients during and after treatment

Research Questions

Is it possible to increase our programmatic reach and number of lung cancer patients who could potentially reach between 15,000 - 20,000 lung cancer patients in the target states.

What are the most common barriers and resources received by lung cancer patients and how do these compare to other cancer types?

Do navigators and CIS report increased knowledge and confidence in supporting lung cancer patients following training?

Do patients receiving ACS navigation report increases in managing key barriers to care and key behaviors related to increased activation?

Background

The CLCPSP is supported by a generous grant from the Bristol-Myers Squibb Foundation’s Bridging Cancer Care grant mechanism.
The Kentucky LEADS Collaborative Lung Cancer Survivorship Care Program

*Background*

**The Kentucky LEADS Collaborative** (Lung Cancer Education, Awareness, Detection, and Survivorship) is a community-engaged effort developed by the University of Kentucky, the University of Louisville, the Lung Cancer Alliance, and the Kentucky Cancer Consortium to promote lung cancer survivorship in Kentucky.

In addition to the Survivorship Care Program Component, the Kentucky LEADS Collaborative is dedicated to addressing the burden of lung cancer within Kentucky through a community-engaged, multifaceted effort addressing Provider Education and Prevention and Early Detection.

**The Burden of Lung Cancer**

Individuals diagnosed with lung cancer face substantial burden:

- **1)** Clinically-relevant levels of distress
- **2)** Prominent symptom burden
- **3)** Multiple health-compromising behaviors
- **4)** Substantial stigma as well as self-blame
- **5)** Lower levels of social support (complicated)
- **6)** Substantial less engagement and motivation for care
- **7)** Barriers to access care, survivorship care, in particular

**Introduction**

Recent advances in early detection and treatment of lung cancer have created an emergent need for survivorship care interventions dedicated to supporting quality of life and reducing the burden of lung cancer following diagnosis. Based on principles of shared decision making and motivational interviewing, the Kentucky LEADS Collaborative developed a precision psychosocial intervention to address the unique experiences and challenges of individuals diagnosed with lung cancer and their caregivers. The aim of this study was to evaluate the impact of the first phase of a multicomponent program developed to train survivorship care specialists to deliver the new intervention.

**Research Methods**

Participants included 20 Survivorship Care Specialists employed by 9 different lung cancer care facilities across Kentucky. Participants completed three waves of surveys evaluating their knowledge, attitudes, and practices regarding lung cancer survivorship care. After the baseline survey, participants received 10 hours of online training (i.e., oral presentations, slides, and video-recorded vignettes), and completed a second survey.

**Survivorship Care Specialist Training**

Survivorship Care Specialists receive training, supervision, and consultation throughout the intervention via four mechanisms:

- **The online continuing education training** provides an introduction and overview to the theoretical foundations of the intervention as well as a detailed description of each module. The online training also includes video vignettes that demonstrate an aspect of each module.
- **The online training manual and workbook** offers additional details regarding the structure and content of the intervention, including sample activities and forms to be used in sessions.
- **The in-person training involves a group meeting with trainers and survivorship care specialists that provide in-depth discussion and preparation for implementation.**
- **The online learning community offers a platform for ongoing communication and supervision among survivorship care specialists.**

**Participants**

- Participants were female (100%), and were an average age of 45.84 years (11.39) years.
- The majority of participants had nursing training (65%), with oncology social work (20%) and psychology represented (10%).
- Most participants (75%) practiced in a rural outpatient setting, and they had practiced for an average of 19.50 (10.46) years in their current profession.

**Measures**

Participants completed self-report measures of background data, several measures related to lung cancer survivorship, and feedback regarding the online training program.

**Results**

All participants (100%) indicated that they would recommend the training program to a colleague and provided favorable narrative feedback.

**Conclusions**

Survivorship Care Specialists could play a central role in supporting quality of life following lung cancer, but little data is available to guide their training or clinical efforts. These early results suggest consistently beneficial effects of an online lung cancer survivorship training program designed to prepare individuals to provide precision psychosocial care to individuals diagnosed with lung cancer and their caregivers.

**Learn More and Connect with Us**

- [www.kentuckyleads.org](http://www.kentuckyleads.org)
- [kyleads@luky.edu](mailto:kyleads@luky.edu)
- [Kentucky LEADS Collaborative (Facebook)](https://www.facebook.com/KentuckyLEADS)
- [KentuckyLEADS (Twitter)](https://twitter.com/KentuckyLEADS)
- [KentuckyLEADS (Instagram)](https://www.instagram.com/kentuckyleads/)

**Acknowledgments**

- The KY LEADS Collaborative is supported by a generous grant from the Bristol-Myers Squibb Foundation’s Bridging Cancer Care grant mechanism.
- Additional support provided by the Behavioral and Community-Based Research Shared Resource Facility and the Cancer Research Informatics Shared Resource Facility at the Markey Cancer Center; University of Kentucky, an NCI-designated Cancer Center (P30 CA177558).
THE NATIONAL LUNG CANCER SUPPORT GROUP NETWORK: FINDING WHAT WORKS

MAUREEN RIGNEY, LICSW

BACKGROUND
People diagnosed with lung cancer have greater unmet emotional needs and higher levels of distress than those diagnosed with other types of cancer.

Survivors often prefer lung cancer-specific groups to those for all cancers, but lung cancer groups can be challenging to start and maintain. At any given time, there are typically fewer than 100 lung cancer groups active in the US.

To increase the availability of support groups and learn more about the group process, the National Lung Cancer Support Group Network was created with these aims:

• Establishing seven groups in Tobacco Belt states
• Strengthening existing groups
• Connecting facilitators

New groups include assessment of group impact on quality of life, satisfaction and the value of participation. This part of the project ends in October of 2018 but other Network activities will continue.

CONNECTING FACILITATORS

• Facilitators are kept up-to-date on the network through quarterly e-newsletter.
• A formal mentorship program is being established to connect those starting groups with successful facilitators.
• Based on survey results, a quarterly webinar series on topics of interest to facilitators is being designed.

STRENGTHENING GROUPS

LCA provides personalized assistance to new-existing facilitators and offers the Lung Cancer Support Group Troubleshooting Guide, Created with the results of a survey of facilitators in the US, UK and Australia, the guide provides tips and creative solutions to overcoming the challenges of starting groups.

Available to new and existing facilitators, Network members were asked to share additional troubleshooting tips and best practices. The updated Guide will be available in June 2018.

ESTABLISHING NEW GROUPS

With one exception, groups were started with no prior relationship with Lung Cancer Alliance. Overall project challenges included engaging facilities, overcoming suspicion and managing bureaucratic and IRB-related delays.

Group #1: Gilda’s Club, Nashville TN
Successfull. Born out of an ongoing relationship and actively supported by a survivor volunteer. The project end was February 2017 and the group remains very active.

Lessons learned: Established relationships and trust speed the process. The support of a long-term survivor, this setting and their supportive group expertise were invaluable.

Group #2: Merit Health, Jackson MS
Unsuccessful. Started by a passionate but novice facilitator in a problematic region, it lasted less than four months.

Lessons learned: A general cancer support group need exist to new. Enthusiasm doesn’t insure success. Place matters.

Group #3: Cornucopia Cancer Support Center, Durham NC
Reorganizing. Ideally located in an independent support center with dedicated, professional facilitators in an area that draws from three major cancer centers has only had five attendees over time.

Lessons learned: Sometimes everything is right and the group still struggles.

Group #4: West Virginia University Cancer Center, Morgantown WV
Rebuilding. 18 individuals attended over time but the group failed to consistently coalesce. Latest facilitator seems dedicated.

Lessons learned: Consistent facilitators is vital. A doctor champion is helpful.

Group #5: Northeast Georgia Medical Center, Gainesville GA
Reorganizing. 12 individuals attended over time. Attendees death had a strong impact. Lack of institutional marketing support.

Lessons learned: A system with several locations may find more support through moving the group.

ESTABLISHING NEW GROUPS, CONT’D

Group #6: Redmond Regional Medical Center, Rome GA
Unsuccessful. Only two individuals attended over time.

Lessons learned: Facilitators need to recognize the time and dedication successful groups require. A community needs assessment would have helped.

Group #7: Greenville Health Systems, Greenville SC

Lesson learned: Sometimes everything is right and the group thrives.

Group #8: University of South Carolina, Columbia SC
Successful. Filling a gap left by prior lung cancer group. Motivated individuals, many of whom already knew each other. Institutional support. Dedicated facilitator. Pleasant setting.

Lesson learned: The best groups truly meet the needs of the community.

OVERALL lesson learned: Once committed, facilitators are hesitant to give up on a group.

RESULTS TO DATE

These results only reflect the 17 completed baseline and follow up questionnaires.

Self-Efficacy
100% agreed or strongly agreed that after attending the group, they felt confident in:
• Asking their healthcare team questions about treatments and side effects
99% (n=16) agreed or agreed strongly that after attending the group, they felt confident in:
• Making treatment decisions
• Accessing information and resources

Helpful Group Experiences
Highest scores were reported for:
• Feeling a sense of belonging
• Receiving support and encouragement
• Developing
Lowest scores were reported for:
• Feeling as though they confronted difficult problems
• Talking about recurrence fears

100% said they would recommend the group to others.

DEMOGRAPHICS TO DATE

All groups include lung cancer survivors, spouses/partners and other loved ones.

Seventy-seven participants completed the baseline questionnaire. Seventeen have thus far completed both baseline and follow-up questionnaires. Of those 17, most were:

• Patients or survivors (82%)
• Diagnosed at stage III or IV (59%)
• White (94%)
• Female (59%)

Reasons for non-completion included the participant:
• Dropped out of the group
• Died
• Had not yet reached 6 months
• Declined to complete the follow-up questionnaire

CONCLUSION

Although thus far, only 17 baseline and follow-up questionnaires have been submitted, these results suggest positive potential impact and benefit of lung cancer support groups, particularly with regard to improving quality of life through reductions in distress.

THANKS

• Dr. Joanne Buzaglo and colleagues at the Cancer Support Community’s Research and Training Institute for their data analysis
• All the facilitators who work so hard to improve the lives of the lung cancer community
• Bristol Myers-Squibb Foundation for their support of this project.

CONTACT

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Director of Support Initiatives
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THANKS

CORRECTIONS

This is a loving, supportive, encouraging and inspiring group. It helps to be in the company of fellow travelers.

It’s reassuring to be around others that are in similar situations to share and hear what someone else may have experienced and helps relieve stress levels.

Every lung cancer patient needs this.

COMMENTS

Participants are invited to include comments on their group experience at 6 month follow-up.

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