

# How to understand the social problem in younger cancer patients

—Developing QODL as a visual assessment tool to patient's social risks—

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# **Presentation Agenda**

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## **I Motivation**

## **II Research problem**

**1. Background**

**2. The problems patients face**

## **III Method**

**1. Fact Finding Interview**

**2. Literature review**

**3. Visual Assessment tool Development**

## **IV Result**

## **V Discussion**

# **I Motivation**

# Number of Patients with diseases in Japan

Rate per 100,000

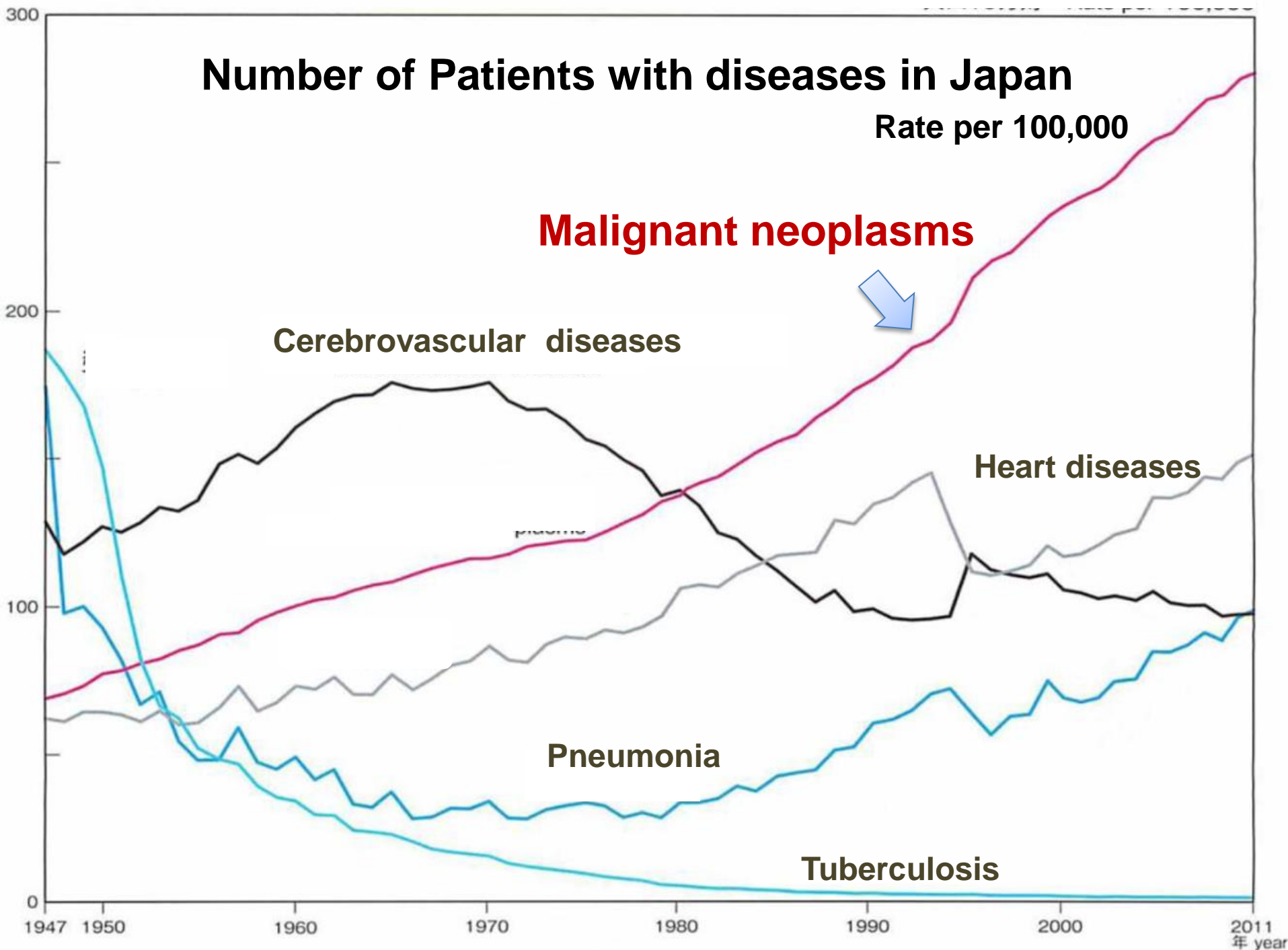
**Malignant neoplasms**

**Cerebrovascular diseases**

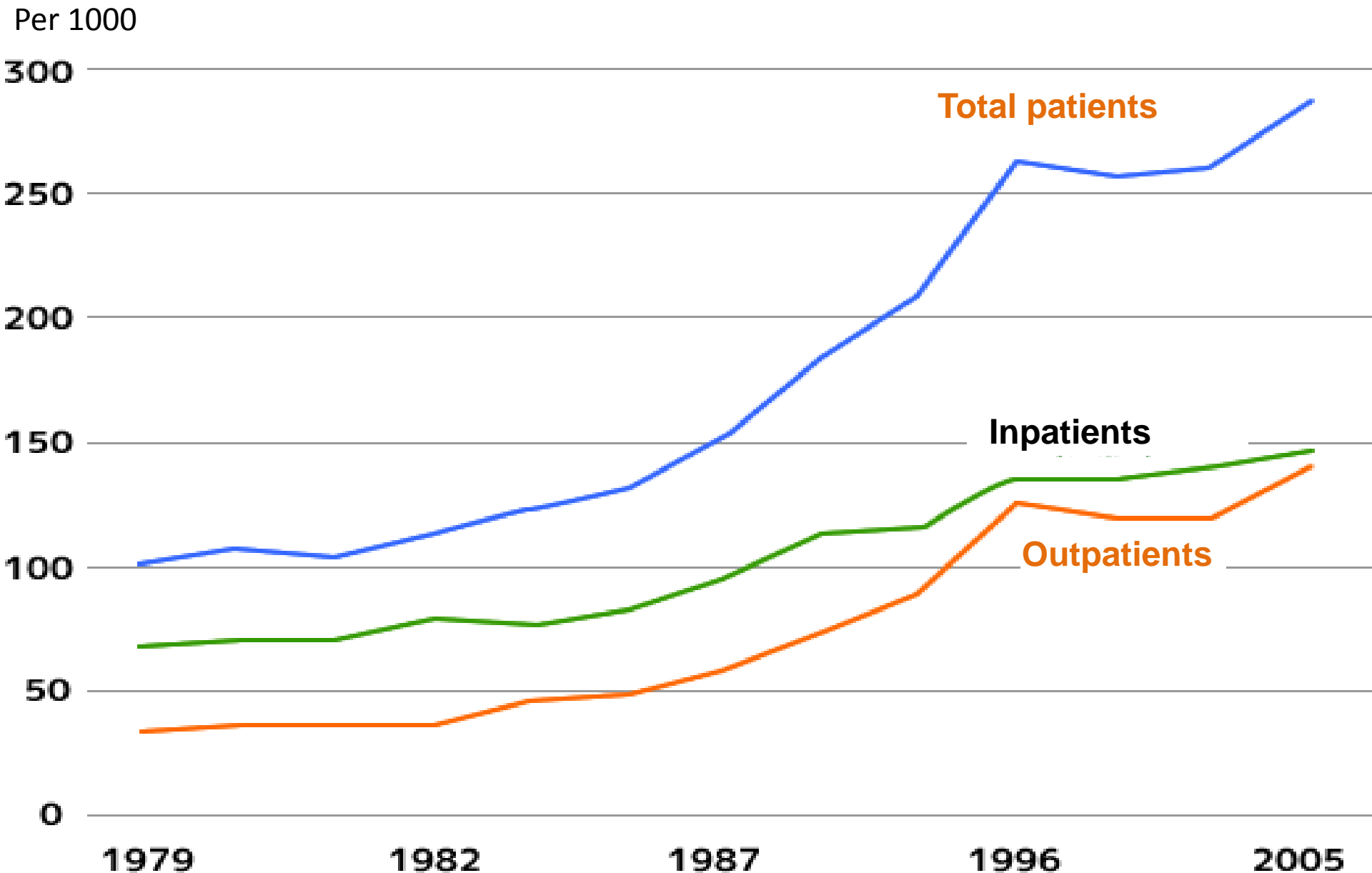
**Heart diseases**

**Pneumonia**

**Tuberculosis**



# Number of cancer patients in Japan





**Increase of cancer patients  
and  
Reduction of medical costs**

**Increase of cancer patients at home care !**

**We have to remain live safely and independently in  
our community.**



**We need to find physical and mental as well as a  
social QOL**

<The past>

Hospital ↔ Home Care

<The future>

Home Care ↔ Community



A paradigm shift

## **II Research problem**



## II – 1 Background

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### Demographic

- **Cancer: a leading cause of death in Japan**

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According to the vital statistics more than 300,000 people died due cancers in 2009 in Japan.

- **In Japan, more than 1.4 million people has been treated for cancer in one year.**

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- **The number of new cancer patients in one year are estimated more than 500,000.**

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- The most popular disease among age group from 15 to 64 is cancer.
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## Medical expense

- National medical expenses in FY2008: 34 trillion yen.
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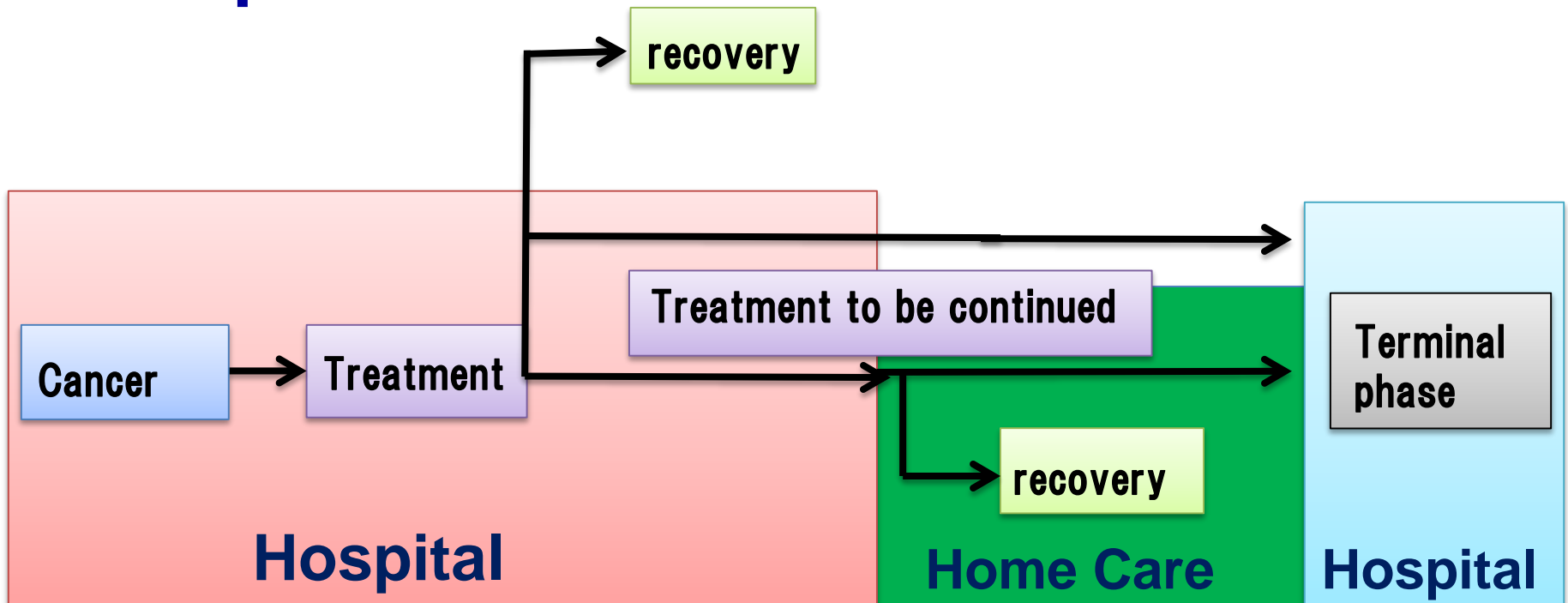
**Cancer that accounts for 12%** of medical expenses.

The cost of cancer treatment takes up the highest percentage in the whole medical expenditure.

# II –2 The problems faced by patients

## Clinical Support

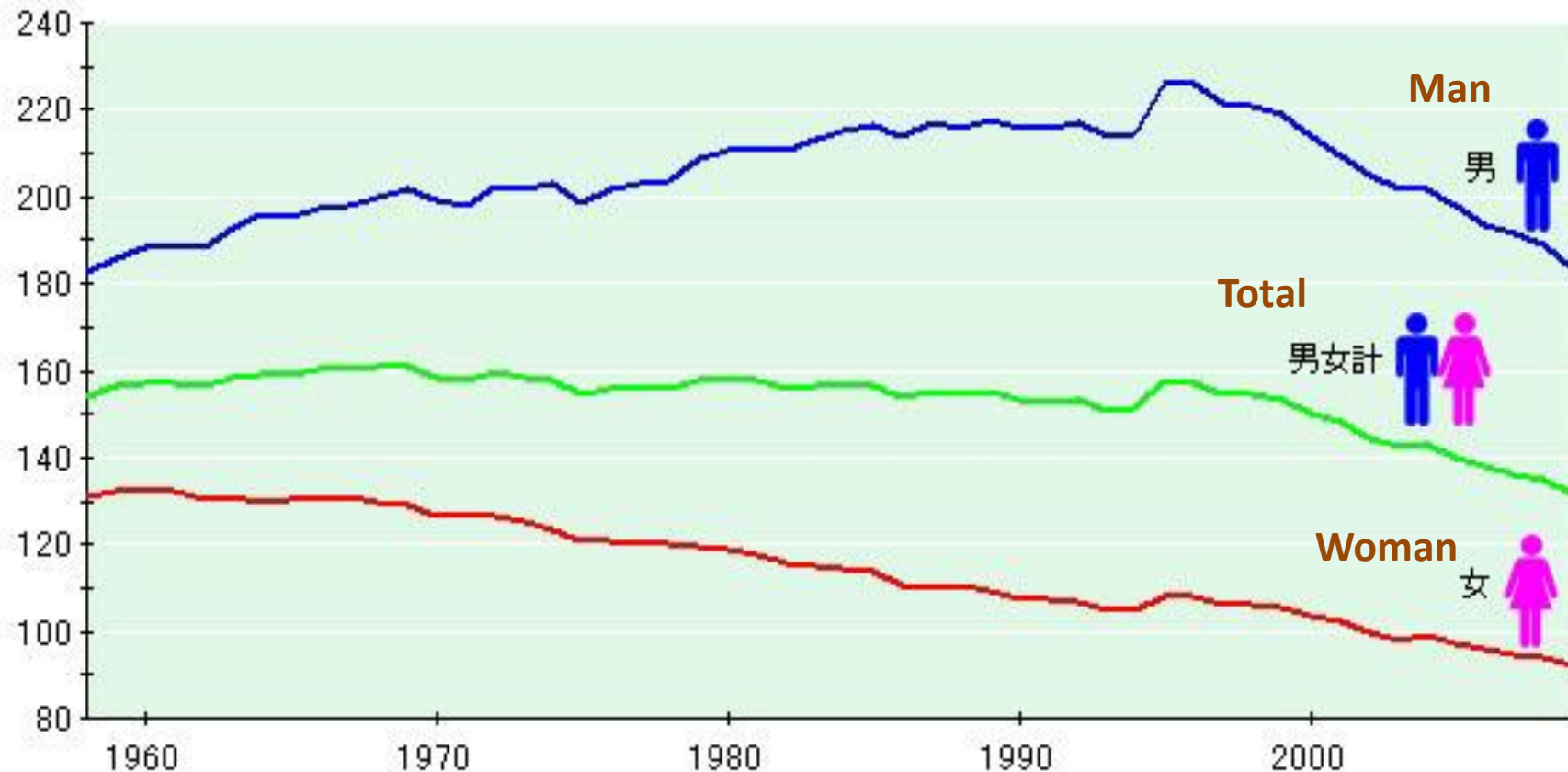
<The past>



# Trends in mortality in Japan

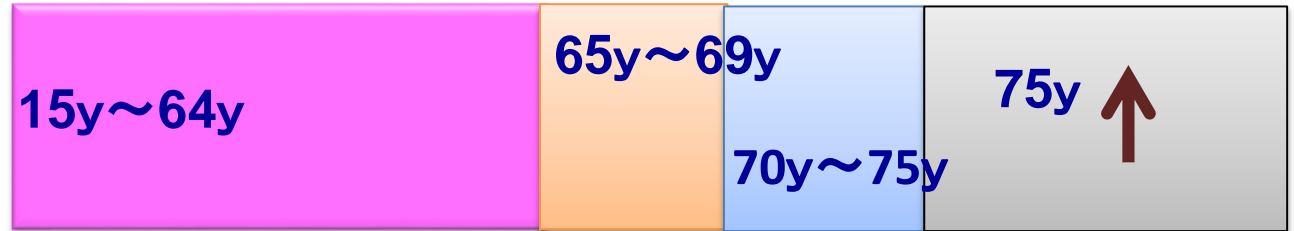
(1958y~2009y)

Rate per 100,000



資料: 独立行政法人国立がん研究センターがん対策情報センター  
Source: Center for Cancer Control and Information Services,  
National Cancer Center, Japan

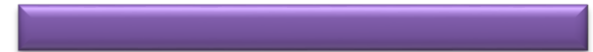
# Political Assistance



Medical insurance



Medical insurance for Elderly



Long-term care insurance



Pension insurance



Pediatric special insurance

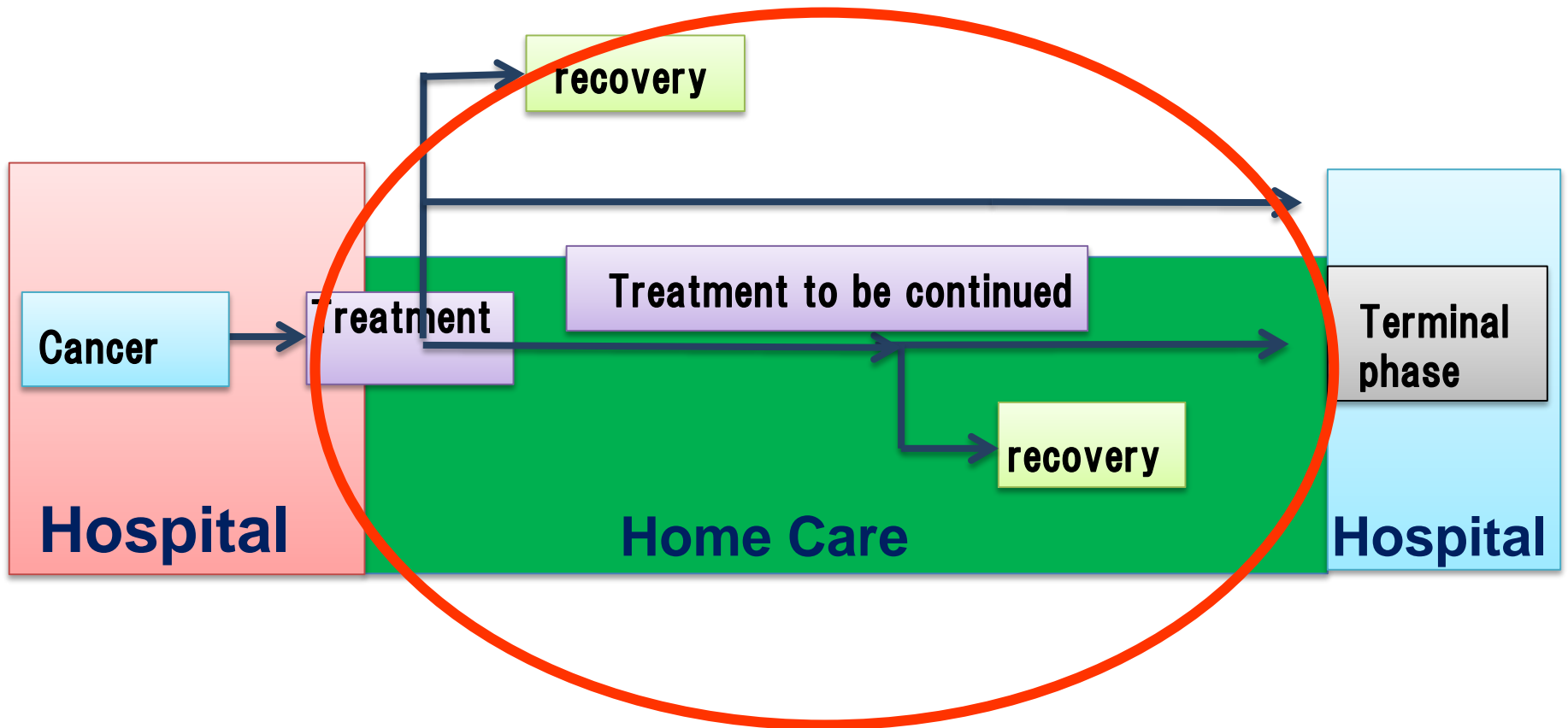


<Feature of daily life>

Child-rearing  
Subsistence  
Worker  
Care of parent

Retired  
Pensioner

# <The future>





## Clinical Assistance

- The shortening of hospital stay period
- Encouraging home care

## Political Assistance

Cancer patients of younger generation take a large social role.

**BUT**

**poliyical** support is small.



**political**

**Cancer patient of younger generation have  
Risk of decreased QOL ⇒ QOL decline**

## **III Method**



## III – 1 Fact Finding Interview

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### Results of interview survey

● Three categories were extracted

① Livelihood

② Relationship with family

③ Role in the society

# ● What is QOL for Cancer patients of younger generation?

A lot of cancer patients of younger generation are receiving home care.



**QOL is the spirit of independence in daily life ⇒ daily life**

and

**a risk factor of QOL decline**

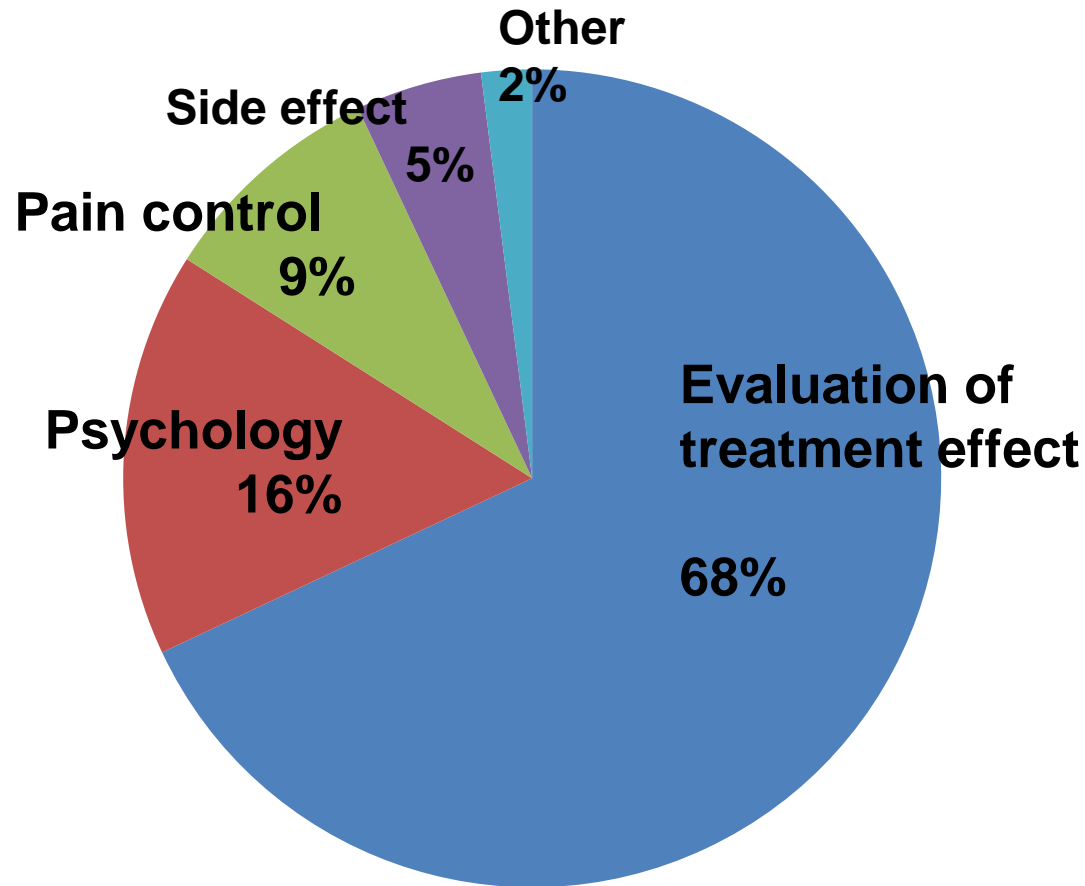
「Livelihood」 「Relationship with family」

「Roles in the society」

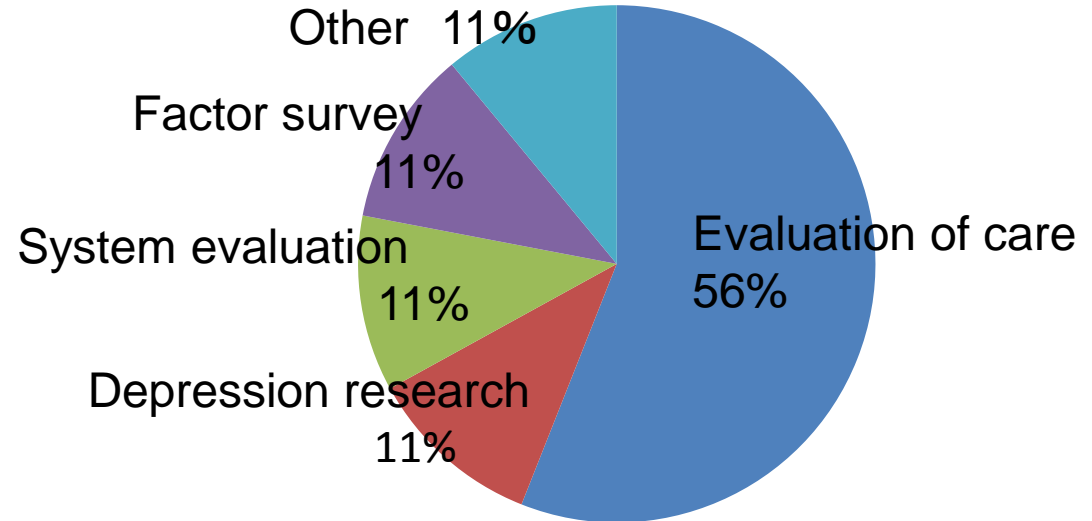
## Ⅲ — 2 Literature review in japan

### Results of Literature review

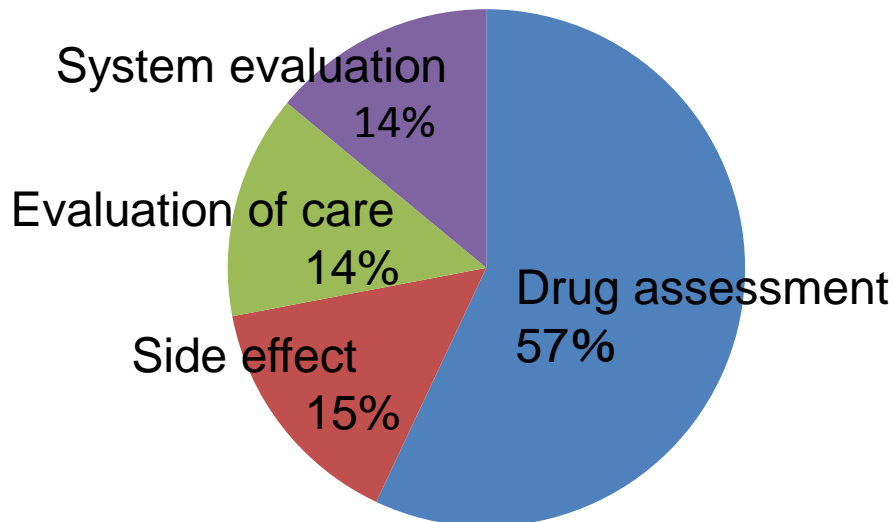
#### ● QOL scale's types used by physicians



## ● QOL scale's types used by nurses



## ● QOL scale's types used by pharmacists



## ● Commonly used QOL scales

- European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ)
- MOS-Short form 36 (SF-36)
- Functional Assessment of Cancer Therapy scale (FACT)
- Performance Status (PS)
- QOL Questionnaire for Patients treated with Anticancer Drugs (QOL-ACD)

etc

**These scales show us**

**<Treatment effect · Side effect · Psychological state >**

**But,**

**QOL factors of younger cancer patients are**

**「Livelihood」「Relationship with family」 and 「Roles in the society」**

**And**

**we named the spirit of independency “Quality of Daily  
Life” [ QODL ]**

**So,**

**Cancer patients of younger generation have  
Risk of QODL decline**

## III — 3 Visual Assessment tool Development

### ● Concept of QODL

**Level of RISK about the risk factors**



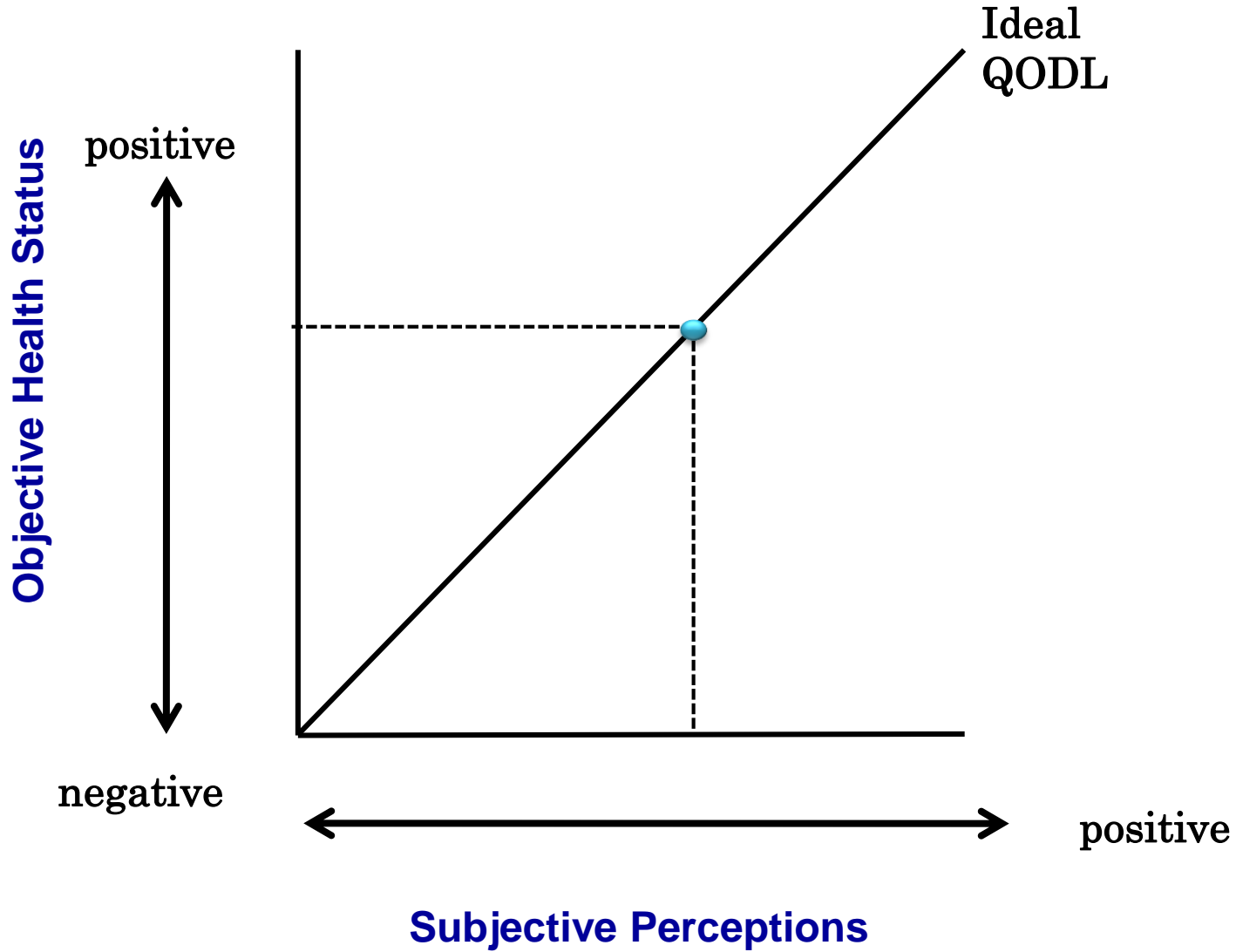
**Mismatch of**

**Subjective Perceptions (wants)  
and**

**Objective Health Status (needs)**

**QODL: Good status of balance on Subjective Perceptions  
and Objective Health Status**

# Conceptual diagram





# ● How to evaluate ?

Risk level : Mismatch of Subjective Perceptions and Objective Health Status



**Evaluation by patients or patients' families and evaluators**

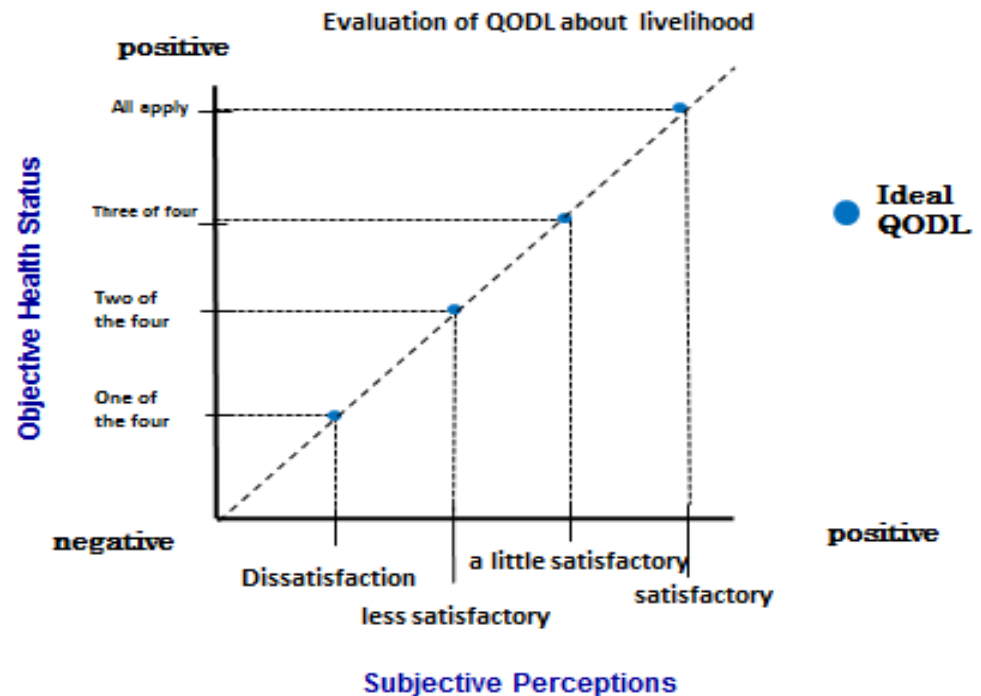
Patients or patients' families: Subjective Perceptions

Evaluators: Objective Health Status

<For example : Livelihood>

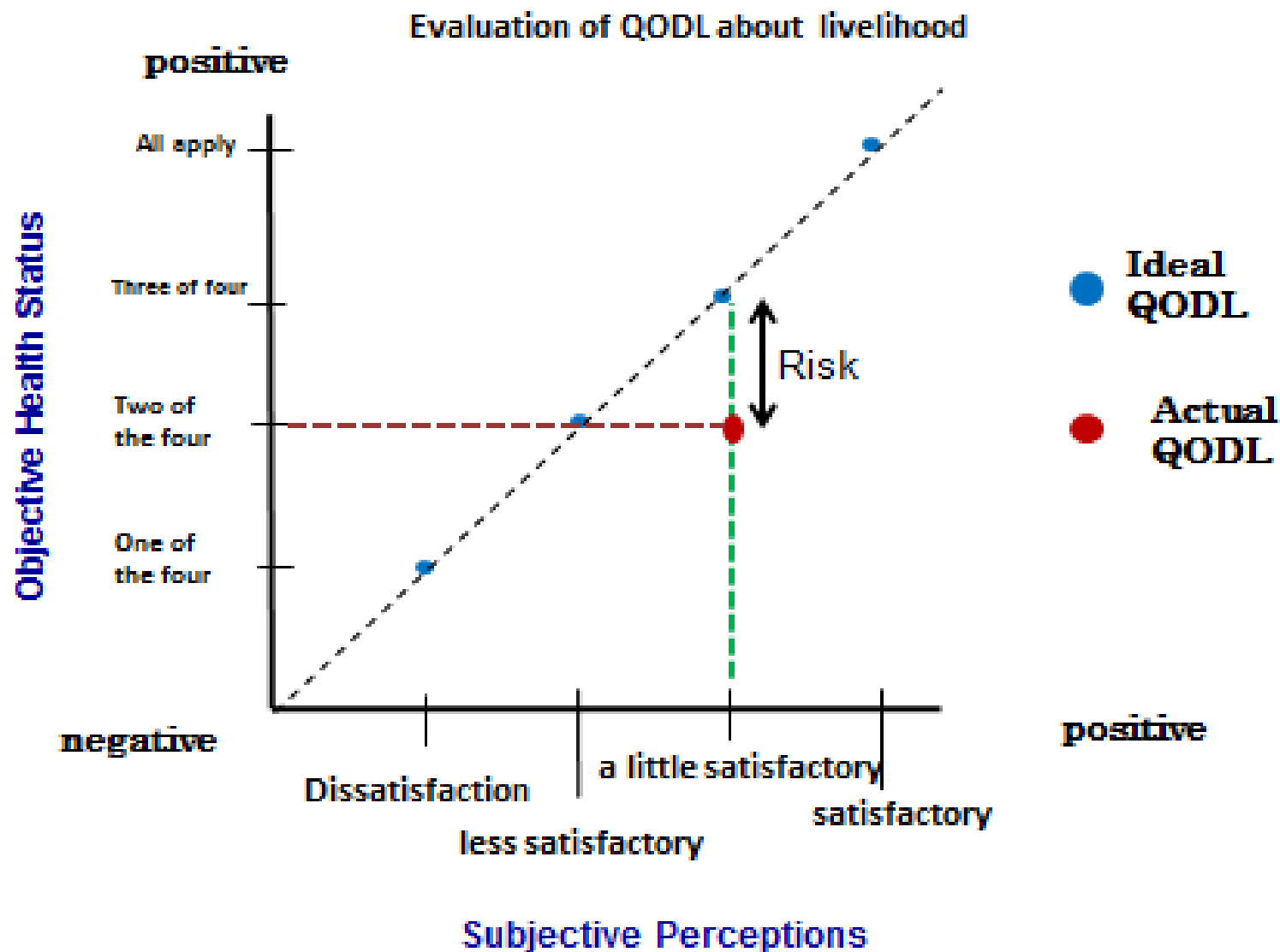
<Evaluation index>

1. Have supporters
2. Know support systems
3. Know needs
4. Have consultants

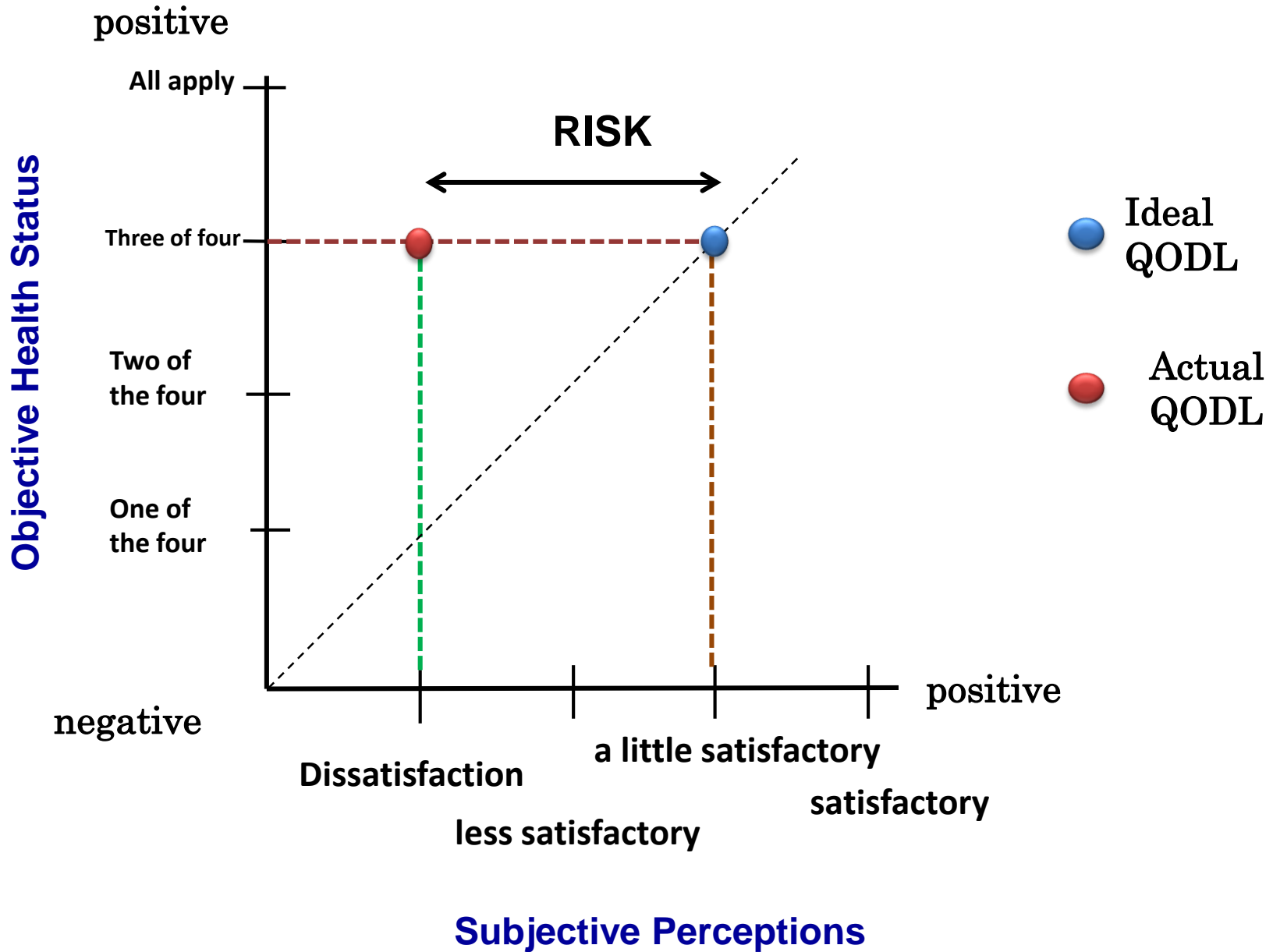


# **IV Result**

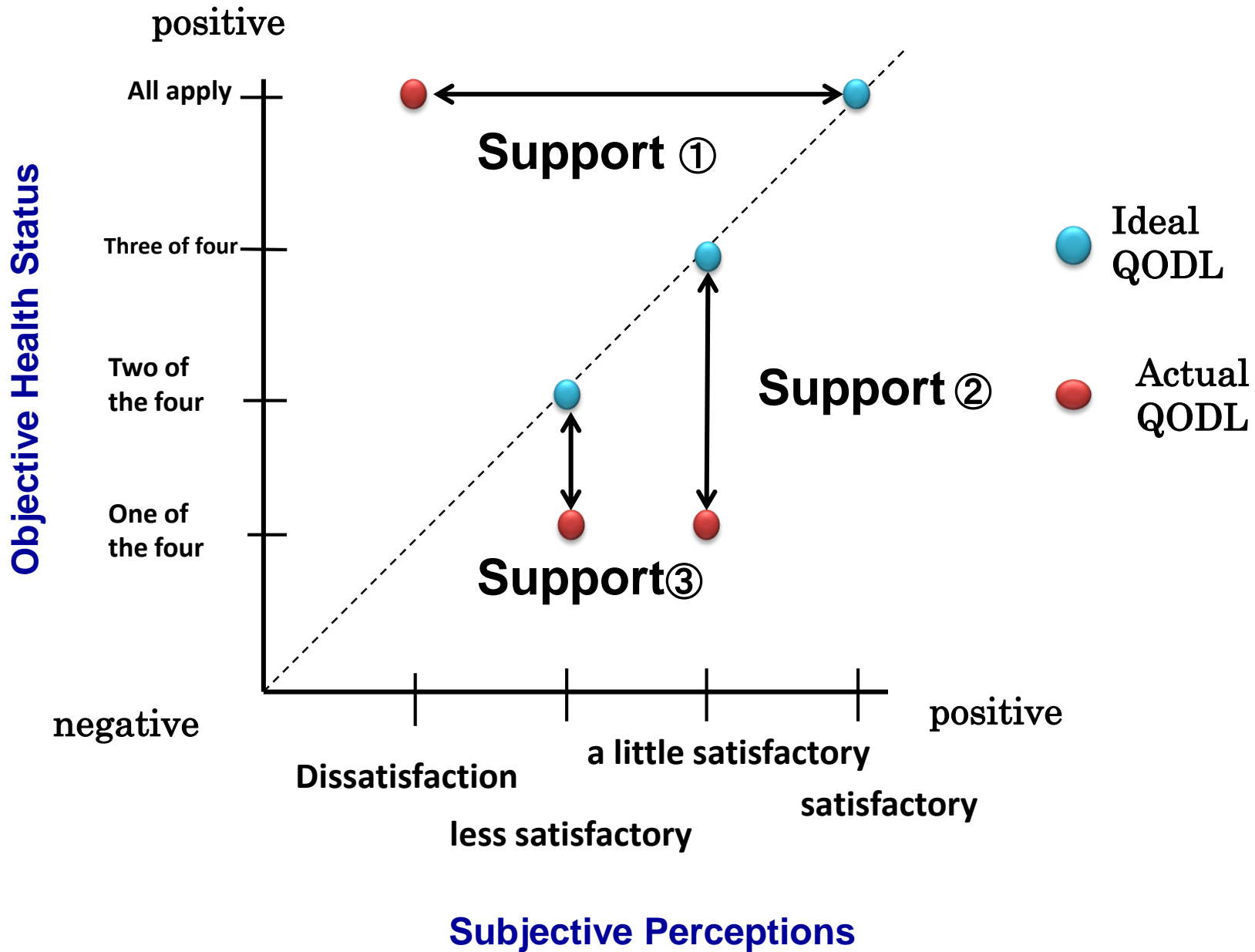
# ● Risk assessment



# Evaluation of QODL about livelihood



# Visualization of risk about three factors



# V Discussion

- **We may be able to grasp the priority of support by Visualization of RISK**
- **Patients and their families will be able to prevent new disease by early detection of RISK**



**We require experts of evaluation**

## ● **WHO?**

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### **Certified Nurse Specialist about cancer nursing**

They have professional knowledge and ability of assessment.

They understand problems faced by patients at home care.

## ● **WHEN?**

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At discharge

Two weeks after discharge

When the disease becomes worse

When the patient wishes for support

## ● **HOW to use?**

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Use Visual Assessment tool each other

And, evaluate RISK level



## ● **Trial**

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**We have a plan to evaluate using the assessment tools by home care nurses for home care cancer patients in Kumamoto city .**

**Thank you for your attention**