

International Conference on

Oncology Nursing, Cancer Care & Radiology and Imaging

September 19-20, 2016 Las Vegas, USA

Smoking status after a cancer diagnosis and long-term survival among newly diagnosed head and neck cancer patients

Seung Hee Choi

Michigan State University College of Nursing, USA

Cancer disparities are endemic in the United States healthcare system and in many other industrialized nations, albeit previous studies have limitations of retrospective nature, inability to control for confounding variables, and failure to explore root causes of the disparities. To examine disparities as predictors of survival, longitudinal data were collected from newly diagnosed head and neck cancer patients (N=634). The independent variables were median household income, education, race, age, sex, and marital status. The outcome variables were overall, cancer-specific, and disease-free survival censored at 5 years. Kaplan-Meier curves and univariate and multivariate Cox proportional hazards models were performed to examine demographic disparities in relation to survival. Five-year overall, cancer-specific, and disease-free survival were 65.9% (418/634), 76.8% (487/634), and 67.4% (427/634), respectively. Lower income (HR, 1.4; 95% CI, 1.0–1.9), high school education or less (HR, 1.4; 95% CI, 1.0–1.8), and older age in decades (HR, 1.4; 95% CI, 1.2–1.6) were significant independent predictors of poor overall survival. A high school education or less (HR, 1.5; 95% CI, 1.0–2.0 for cancer-specific survival; HR, 1.5; 95% CI, 1.1–2.0 for disease-free survival) and advanced age (HR, 1.3; 95% CI, 1.1–1.6 for cancer-specific survival; HR, 1.3; 95% CI, 1.1–1.5 for disease-free survival) decreased both cancer-specific and disease-free survival rates. Low income, low education, and advanced age significantly predicted poor survival even though there was fairly equal access to care. Recommendations from the Institute of Medicine's Report to reduce disparities need to be implemented in treating head and neck cancer patients.

shchoi@msu.edu

The impact of breast cancer treatment on the meaning of occupational patterns in the life world of women who return to paid and unpaid work: A phenomenological study

Susan M Neville and Ellen Greer

New York Institute of Technology, USA

The diagnosis of Breast Cancer is devastating for many women on many different levels. The impact of the diagnosis, decisions made treatment regimen and the resulting cognitive changes with effect on self, occupational patterns and every aspect of the woman's life world is crucial to understand personal coping from the perspective of the woman lived experience. This is the second phenomenological study in an agenda of collaborative, interdisciplinary research focusing on breast cancer, culture and the meaning of selected variables on a woman's response to diagnosis, choice, coping, social support, re-entry to paid or unpaid work and futurity. The purpose of this study was to capture the true depth of feelings, thoughts and behaviors that are part of the breast cancer treatment experience and the impact of these feelings on the occupational patterns consisting of roles and routines who return to paid or unpaid work. Women who were diagnosed solely with breast cancer receiving a chemotherapy protocol alone or in conjunction with surgery, radiation and/or hormone treatment, and did not have a recurrence since their initial diagnosis were participants in this study. Semi-structured audio taped interviews were conducted. Data was transcribed in English and translated from Spanish to English for the non-English speaking participants. Findings from this study will contribute to the increasing body of evidenced based collaborative interdisciplinary practice related to understand the psychosocial impact of Breast Cancer and treatment modalities on the development of culturally based support and empowerment strategies for women in all phases of their lives.

sneville@nyit.edu