



**ANALYZING THE SYMPTOM EXPERIENCE OF ADOLESCENTS AND YOUNG ADULTS
WITH CANCER**

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ABSTRACT

Background/Objectives: Adolescents and young adults (AYAs) with cancer are a patient population that is oftentimes overlooked. The symptoms that they experience as a result of their cancer and cancer treatment negatively impact their quality of life. The purpose of this study was to analyze the priority symptoms reported by AYAs with cancer (15-29 years of age) at two clinical visits prior to receiving chemotherapy.

Data Collection/Methods: Data for this project were derived from a larger study conducted by my mentor, Dr. Linder, and her multi-site team. This larger multi-site study used a single group, longitudinal, mixed methods design to examine the effects of using a heuristics-based symptom assessment tool, the Computerized Symptom Capture Tool (C-SCAT) on AYAs. Symptom characteristics were summarized at each of two visits. Patient responses regarding reasons for priority symptom designation, perceived causes of priority symptoms, and actions taken to relieve priority symptoms were qualitatively analyzed.

Results: The subset of patients included in this study were 58 AYAs 15-29 years of age receiving chemotherapy at two separate clinical visits. Median age was 20 years old and mean age was 21 years old. Upon the first visit, the most frequently reported symptoms were nausea (n=13), lack

of energy (n=9), lack of appetite (n=6), hair loss (n=6), and feeling drowsy (n=6). At the second visit, the most frequently reported symptoms were difficulty sleeping (n=10), lack of energy (n=10), pain (n=9), feeling irritable (n=5), and nausea (n=5). Participants provided 66 responses for the cause of the priority symptoms which were then organized into six categories:

Chemo/Treatment (n=44), Medications (n=7), Poor Sleeping (n=5), Psychosocial (n=6), Secondary Health Issues (n=7), and Don't Know (n=6). Participants provided 87 responses for why that symptom was their priority and those responses were divided into categories:

Consequence (n= 61), and Characteristic (n=24). Participants provided 82 responses for what they did to make the symptom better and these were organized into 10 categories: Medications (n=30), Sleep/Rest (n=27), Distraction (n=2), Non-Medicinal Substance (n=8), Mindfulness (n=4), Appearance Management (n=4), Eating Strategies (n=8), Integrative Strategies (n=8), Physical Activity (n=3), and Nothing (n=3).

Conclusion/Discussion: Symptoms were most frequently designated as priority symptoms due to their effect on AYA's sleep and contributing to their lack of energy. Overwhelmingly, the perceived cause of the symptom was identified by the AYAs to come from their chemo or other aspects of their treatment. However, the ways that the AYAs identified improving their priority symptoms varied. While medications were frequently used for symptom management, AYAs also reported using nonpharmacologic methods to improve priority symptoms. This information can be used clinically to encourage providers to integrate nonpharmacologic methods with medications to better manage AYAs and their cancer symptoms to improve their health, well-being, and quality of life.