

## **Symptom interpretation and decision-making processes in patients with lung or colorectal cancer**

### **The Problem**

Lung and colorectal cancer are two of the most common cancers diagnosed in men and women in the UK and both have high mortality rates, relative to other forms of cancer. Evidence suggests that early diagnosis is critical in reducing cancer mortality. Delay in presentation of symptoms in primary care is widely reported in the literature on lung and colorectal cancers, and perceived barriers to symptomatic presentation are higher in the UK than in other countries. The Department of Health national cancer strategy (2011) emphasised the importance of encouraging people to recognise symptoms and seek help quickly to facilitate early diagnosis. This study aimed to explore patients' interpretation of symptoms and decision-making to gain a richer understanding of the processes leading to help-seeking.

### **The Approach**

Semi-structured interviews were conducted with nine patients with lung cancer and 20 patients with colorectal cancer who had been diagnosed within the previous 12 months. Patients were asked about symptoms experienced in the period preceding diagnosis, how these were interpreted, and triggers for help-seeking. Interviews were audio-recorded and transcribed verbatim. Thematic analysis (using constant comparative methodology) was conducted and comparisons were drawn within and across patient groups to explore patterns in the data. This interview study was part of CANDID, a large prospective cohort study to develop cancer diagnosis decision rules led by the University of Southampton.

### **The Findings**

- Emergent themes and patterns were used to develop a model of symptom interpretation and help-seeking, from an initial pre-symptom perception phase through to patients' reflections with hindsight following diagnosis.
- Findings indicated that patients took an active and rational approach to addressing symptoms.
- Many had engaged in a "watch and wait" exercise in monitoring symptoms, similar to the approach taken by GPs.
- In seeking to make sense of symptoms, patients developed alternative, non-cancer explanations which were logical and based on knowledge, past experience and discussion with others.
- Patients tended to adopt benign explanations, or to link symptoms with comorbidities, side-effects of medications, or ageing.
- In addition to sanctioning help-seeking, significant others sometimes contributed to delays by endorsing alternative accounts of symptoms.
- Many patients sought help when alternative explanations for symptoms became unviable, often as a result of symptom persistence, exacerbations, or ineffective attempts to self-medicate.
- Perceptions of risk and fear that symptoms may indicate cancer also influenced help-seeking decisions when alternative explanations could not be maintained.

### The Consequences

Findings suggest that prompting patients for further detail on symptoms within consultations may provide critical contextual information to aid referral decisions. The model of symptom interpretation and help-seeking developed from this study could be used by primary care practitioners to facilitate this process. The results also have implications for public health campaigns for lung and colorectal cancers.

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