Validation of the Modified Chinese Short-Form Cancer Survivor's **Unmet Needs (CaSUN-SF) for Women with Breast Cancer**

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Background

- 1. The proportion of individuals who survive breast cancer (22%) is higher than that compared to other cancers, and breast cancer patients constitute the largest group of cancer patients who will require future care.
- 2. Some health care professionals have recommended to use the concept of "personalized medicine" to develop cancer survivorship care plans and suggested screening patients' needs continuously and regularly after all active cancer treatments.
- 3. The development and validation of a simple and short version of a tool to screen breast cancer women's needs quickly in a clinical setting are critical. This will help health care professionals to understand these women's individualized needs and provide more appropriate care or service to them.

142 (45.5%) 66 (44.0%) 76 (46.9%)

170 (54.5%) 84 (66.0%) 86 (53.1%)

203 (65.1%) 105 (70.0%) 98 (60.5%)

109 (34.9%) 45 (30.0%) 64 (39.5%)

118 (37.8%) 64 (42.7%)

Sample 1: low response rate, corrected item-total correlation, and exploratory

Sample 2: confirmatory factor analysis, concurrent validity, and known group validity

194 (62.2%) 86 (57.3%) 108 (66.7%) 2.502 0.114

54 (33.3%)

4.26 / 2.96 | 4.20 / 2.95 | 0.187 | 0.852

4.50 / 6.19 4.38 / 6.23 0.176 0.861

2.692 0.101

Table 1 Demographic and Disease Characteristics of samples 1 and 2 Total (%)

Characteristics

Age Mean/SD

Educational level

9~12 years More than 12 years

Less than 9 years

Employment status Employed full time

Lower (<1,000)

Upper (>3,334)

Surgical Treatment Mastectomy

Missing Value **Breast Pathology Stage**

Missing Value

Adjuvant therapy

Chemotherapy

Radiotherapy

Hormone therapy

Fear of recurrence (FOR)

Depression (CES-D) Mean/SD

factor analysis

Mean/SD 2-5 years

>5 years

0-1

II-III

Yes

No

No

Mean/SD

Employed part time

Middle (1,001- 1,666)

No (Retired/ Home duties)

Middle high (1,667 - 3,333)

Monthly Household Income (USD)

Time since Breast Cancer Diagnosi

Partner

No

Objective

The aims of the study were to modify the Cancer Survivor's Unmet Need (CaSUN) Scale to be a short form (CaSUN-SF) and then test its psychometric properties of the scale specific for breast cancer survivor in Taiwan.

Methods

By conveniences sampling, recruited breast cancer survivors were separated into 2 samples (sample 1, n=150, and sample 2, n=162).

- 1. First, we translated and modified the CaSUN to take care of the cultural adaptation.
- 2. Second, we used statistical methods to eliminate some items, and conducted an exploratory factor analysis using sample 1 to explore the factor structure of
- 3. Finally, we conducted a confirmatory factor analysis using sample 2 to confirm the structure suggested by EFA, and tested the concurrent validity and known-group validity of CaSUN-SF.

Results

ease Characteristics of samples 1 and 2					Table 2 Factor loadings of exploratory factor analysis (EFA) and Sub-Dimension Reliability in sample						
Total (%)	Sample 1	Sample 2	x²/t	р	1and 2						
n=312	(%) n=150					Factor Loadings			S	Reliability of	Explained
	56.37/9.50	57.01/10.73	-0.564	0.573						sub-dimension	variance
						F1	F2	F3	F4	in Sample ½	(%)
		120 (74.1%)	0.159	0.690	F1: Information					0.79/0.79	23.91%
77 (24.7%)	35 (23.3%)	42 (25.9%)			Sign and symptom of cancer recurrence	.718				0.79/0.79	25.91%
_					<i>i</i> .						
113 (36.2%)	, ,	, ,	5.168	0.075	Information related to health promotion	.690					
102 (32.7%)	58 (38.7%)	44 (27.2%)			Information related to hereditary of disease	.655					
97 (31.1%)	45 (30.0%)	52 (32.1%)			Information for others	.565					
					Up to date information	.557					
102 (32.7%)	54 (36%)	48 (29.6)	4.183	0.123	Information resources	.535					
21 (6.7%)	6 (4%)	15 (9.63%)			F2: Late/ Long-term effect					0.71/0.82	10.58%
189 (60.6%)	90 (60%)	99 (61.1%)			Emotional support for me		.791				
SD)	(, , ,				Support partner/family		.658				
	42 (28.0%)	55 (34.0%)	2.176	0.537	Changes to quality of life		.558				
75 (24.0%)		40 (24.7%)			Concerns about the cancer coming back		.525				
91 (29.2%)	, ,	42 (25.9%)			Changes to my body		.515				
49 (15.7%)	, ,	25 (15.4%)			Changes to beliefs		.466				
45 (15.7%)	24 (10.0%)	25 (15.470)			Manage side effects		.391				
	06 02/ <i>1</i> /1 10	79.54/41.43	1 502	0.124	Reduce stress in my life		.367				
	•		1.302	0.134	F3: Communication					0.75/0.74	7.51%
120 (38.5%)			1.463	0.227	Spent time for listening to feelings			.812		,	
192 (61.5%)	98 (65.3%)	94 (58.0%)			Spent time for discussing disease			.725			
220 (74 600)	440 (72 000)	120 (74 100)			Ongoing case manager			.575			
230 (74.0%)	, ,	, ,	0.000	1.00	F4: Medical Care			.5,5		0.65/0.61	8.23%
81(26%)	39 (26.2%)	42 (25.9%)			Manage health with team				.732	0.03/0.01	0.23/0
1					Coordinated with my medical care				.673		
_											
133 (43.5%)	. ,	٠,			Complimentary therapy				.570		
173 (56.5%)	81 (55.5%)	92 (57.5%)	0.058	0.810	Table 3 Concurrent and Known-group Validity	of CaS	UN-SF				

Table 3 Concurrent and Known-group Validity of CaSUN-SF Total Unmet Information Side effect Communication Cancer care .330*** .543*** .542*** .239** .398*** Fear of Recurrence .427*** .364*** .256** Depression (CES-D) .183* .112 -.234** **Time since Breast Cancer** -.118 -.060 .131 -.064 3.48** 1.69 1.41 -1.53 -1.05 Diagnosis (month) 2-5 years Mean(SD) 7.62(3.99) 3.37 (1.65) 2.47(2.22) 1.32(1.03) 0.46(0.76) >5 years Mean(SD) 6.48(4.39) 1.33(1.83) 1.59(1.14) 0.06(0.88) 2.97(1.87) -.359** -.246** -.192* -.122 .070 3.838*** 1.705 170 -1.410.062 <50 years Mean(SD) 7.98(5.15) 3.17(1.88) 2.98(2.72) 1.28(1.11) .54(.89) ≥50 years Mean(SD) 6.55(3.79) 3.12(1.76) 1.34(1.53) 1.55(1.09) .53(.82)

* Values p<0.05; **Values p<0.01; ***Values p<0.001

CaSUN-SF: Short-Form Cancer Survivor's Supportive Care Needs (CaSUN-SF)

CES-D: Center for Epidemiologic Studies Depression Scale

Concurrent validity was examined using Pearson correlation (r); known-group validity using independent t test (t).

Discussion & Conclusion

- 1. This finding was consistent with a previous systematic review article that psychological and information needs were prevalent among breast cancer survivors.
- 2. The extracted factor related to physician-patient communication reinforced the notion that the communication issue was an important concern among breast cancer survivors.
- 3. Even though we considered the original structure and confirmed the structure of the CaSUN-SF by CFA, increasing sample size to be validated in the future would be suggested.