

## LETTER

## Identifying supportive and palliative care needs in people with a recent diagnosis of thoracic cancer: acceptability of the SPARC questionnaire

National guidelines recommend that physical, psychological, social, spiritual and financial support needs are routinely assessed in people with lung cancer, as a minimum, around the time of diagnosis, on completion of primary treatment, when there is significant deterioration of symptoms and when dying is diagnosed.<sup>1 2</sup> Self-assessment is considered a useful part of the process and several tools have been highlighted.<sup>3</sup> One of these, the Sheffield Profile for Assessment and Referral to Care (SPARC), contains 45 questions with 56 possible responses covering seven areas of potential need.<sup>4</sup> For most questions, patients rate the degree to which they have been distressed or bothered by a symptom or issue in the past month using the responses: 0 'Not at all', 1 'A little bit', 2 'Quite a bit' and 3 'Very much'. However, because there are no reports of its use in patients with a recent diagnosis of thoracic cancer, before adopting it locally, we have surveyed its acceptability.

Patients within 4 weeks of their diagnosis of thoracic cancer attending outpatient clinics were identified. After obtaining verbal consent, patients were asked to complete the SPARC questionnaire, if necessary with the help of a carer or the member of staff in attendance, with the instruction to leave any questions they were unsure of blank. On completion, they were asked to record on a separate feedback form if they felt the questionnaire was appropriate, had any comments about the questions asked or had any other comments. The results were collated anonymously and analysed using descriptive statistics, with comments relating to the questionnaire grouped into themes. The survey was registered with the Trust Governance and Health Audit department (no. 775).

Of those approached, 86% agreed to take part, with data from 100 patients analysed (63 male; mean (SD) age 68 (9) years; non-

**Table 1** Appropriateness and free-text feedback

Was the questionnaire appropriate? (n)	Free-text comments made (n)	Comments (n with similar theme)
Yes (83)	16	Positive comments regarding the questionnaire, eg good questions, simple to complete, comprehensive (6). Given too early, not started treatment yet (5). Response options in communication and information issues not clear (2). Good that I did not have to answer questions I did not want to. Difficult to complete because of small print. Specific questions considered inappropriate; sexual function (spouse in nursing home); religious needs (atheist). Unspecified questions considered potentially upsetting to patient by spouse completing questionnaire.
Left blank (14)	3	Not started chemotherapy yet which may alter the response (2). I may have different answers on different days.
No (3)	1	Not had any treatment yet, or know the extent of my illness.

small cell lung cancer 70, small cell lung cancer 20, mesothelioma 10; all Caucasian, with English as the first language in 98). Questionnaires were completed by the patient alone, or with the aid of a member of staff or carer in 65, 22 and 8 instances, respectively. Of the maximum 56 responses, the median (IQR) number completed was 52 (47–54). The questionnaire was considered appropriate by 83 patients, not appropriate by 3, and 14 did not answer this question. Of 22 comments made, only one related to some questions being potentially upsetting (table 1). Patients had a median (IQR) of 2 (0–5), 4 (2–7) and 8 (5–12) symptoms or issues which distressed or bothered them 'very much', 'quite a bit' and 'a little', respectively. Most common were feeling tired, shortness of breath and problems sleeping at night.

Our results suggest that the SPARC questionnaire is acceptable to the majority of patients with a recent diagnosis of thoracic cancer. A clear explanation of the purpose of the questionnaire, the instruction to leave a question blank when unsure and the offer of help to complete it, taken up by about a fifth of patients, may all have contributed to its acceptability. On the basis of our results, we have introduced the SPARC into routine practice, having increased the text size to improve readability.

**Andrew Wilcock, Radka Klezlova, Sarah Coombes, Amanda Rawson, Rachel Bentley, Doug Hooper, Matthew Maddocks**

Department of Palliative Medicine, Nottingham University Hospitals NHS Trust, Nottingham, UK

**Correspondence to** Dr Andrew Wilcock, Hayward House Specialist Palliative Cancer Care Unit, Nottingham University Hospitals NHS Trust, City Hospital Campus, Nottingham NG5 1PB, UK; andrew.wilcock@nottingham.ac.uk

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