

PREVALENCE OF RADIOTHERAPY, CHEMOTHERAPY AND ACCESS TO SUPPORTIVE CARE IN CANCER IN FRANCE, BRAZIL, RUSSIA, THE USA & CHINA

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INTRODUCTION

There is no unambiguous definition of Supportive Care in Cancer (SCC). No international comparative evaluation of SCC access has previously been carried out. The purpose of this study was to assess the prevalence of treatment with radiotherapy (RT) and/or chemotherapy (CT) in the general adult population in five countries (France, China, Russia, USA and Brazil) and to evaluate the use of different SCCs in this sub-population.

MATERIAL & METHODS

For this research, an expert group of health professionals and public health specialists developed a self-administered questionnaire that contained several items related to socio-demographic characteristics, such as sex, age, occupation, marital status or area of residence, as well as the notion of life management with CT or RT. The questionnaire consisted of very simple questions that were easy to understand and avoided complicated technical or medical terms. A sample of the general population over 18 years of age, considered as the adult population, was thus recruited from each of the five countries (France, China, Russia, the USA and Brazil).

RESULTS

A total of 11,100 individuals were interviewed in five countries: China (3050), Brazil (2000), the United States of America (USA) (2050), Russia (2000) and France (2000). Figure 1 presents the flowchart of the study. Participants were asked about their status in relation to treatment with CT or RT. Almost all respondents (at least 98.44%) knew whether they had been treated with CT or RT. No significant difference of treatment type in distribution between men and women was observed in France, China or Russia ($p > 0.05$). There were significantly more men treated than women ($p < 0.01$) in Brazil (6.7% vs. 4.1%) and the USA (10.2% vs. 7.4%).

The prevalence of CT and/or RT in the three BRICS countries (Brazil, Russia and China) was comparable (non-significant (NS) test), at approximately 5%. On the other hand, the prevalence of these treatments was significantly higher in France (6.3%) and the USA (8.8%), in line with the order of health expenditures as a percentage of the gross domestic product.

Among this sub-population treated by CT and/or RT, the use of at least one SCC service was indicated by 63% of French respondents, 73% of American respondents, 84% of Brazilian respondents, 64% of Russian respondents and 86% of Chinese respondents. The most commonly used SCC was contact with a psychologist in France, contact with a dietician in Brazil and China, participating in a focus group in the United States and using alternative and complementary medicine in Russia. Alternative medicines (AM) were chosen by at least one out of two patients (Russia: 50%, France: 51%, Brazil: 61%, USA: 58% and China: 60%).

Various SCC treatments such as corrective make-up, facial care, body care, and clothing advice, which are also called "socio-aesthetic" treatments in some countries, particularly in France, were reported by numerous patients (Russia: 24%, China or Brazil: 60%, USA: 47% and France: 37%).

DISCUSSION & CONCLUSION

This study provides information on the lifetime prevalence of CT and/or RT in representative populations from five countries. Among the populations treated for cancer, SCC were widely available, but their use services varied both in proportion and choice, given the cultural differences in patients' and families' health beliefs and values, differences among organizations, differences in available resources, and differences in ethics and policies among countries.

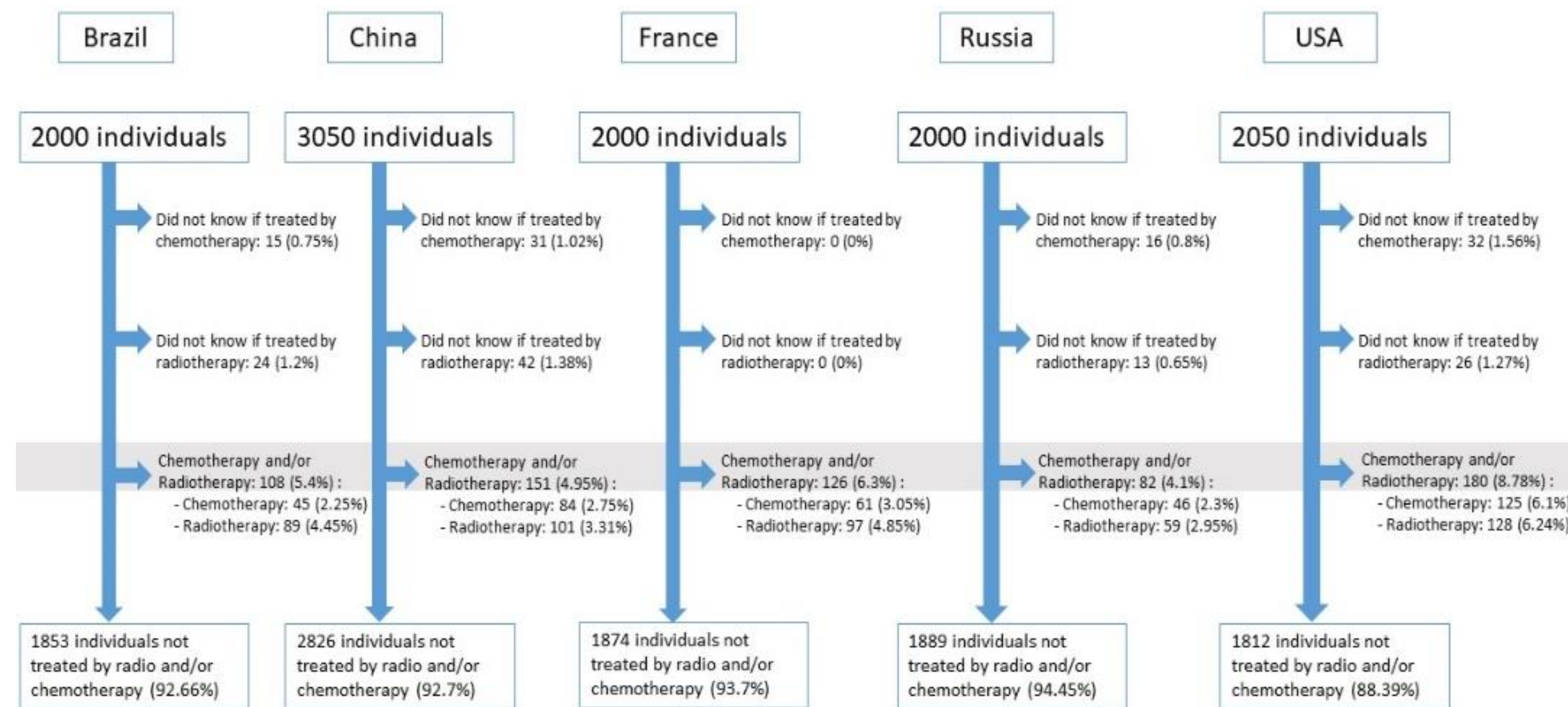


Figure 1: Flowchart of the study in shaded areas, selected population
Table 1: Use of different support care depending on the country

	BRAZIL (n=108)		CHINA (n=151)		FRANCE (n=126)		RUSSIA (n=82)		USA (n=180)	
	n	%	n	%	n	%	n	%	n	%
Interviews with a psychologist	54	50,0	71	47,0	54	42,9	22	26,8	79	43,9
Interviews with a sexologist	21	19,4	37	24,5	27	21,4	6	7,3	56	31,1
Interviews with a dietician	62	57,4	98	64,9	44	34,9	26	31,7	69	38,3
Socio-aesthetic consultation	34	31,5	68	45,0	29	23,0	13	15,9	63	35,0
Therapeutic education sessions	43	39,8	83	55,0	27	21,4	19	23,2	73	40,6
Patient organisation or a discussion group	37	34,3	75	49,7	31	24,6	17	20,7	89	49,4
Alternative medicines	56	51,9	79	52,3	41	32,5	27	32,9	77	42,8
Yoga, gymnastics or relaxation sessions	46	42,6	82	54,3	40	31,8	22	26,8	78	43,3