

OP 08**Factors Associated with Treatment Default among Patients with Cancers during COVID-19 Pandemic at the National Cancer Institute, Sri Lanka**

Gabrial L.C.G.M., Jayaweera D.A.G.R., Abeylath T.W.H.C.K., Kolambage D.M., Manodya E.A.H., Jayamaha A.R., Nisansala M.W.N., Senarath N.S.A.S.N.#

Department of Nursing, Faculty of Nursing, KAATSU International University, Sri Lanka

#Corresponding author: samanathi@kiu.ac.lk

Background: Anti-cancer therapy is vital to mitigate and/or irrigate the cancers and treatment default affects the progression of disease manifestation. Identification of factors that contributes to default treatment is important to improve survival rate and quality of life.

Objectives: To identify factors associated with treatment default among patients with cancer during the COVID-19 pandemic at the National Cancer Institute Sri Lanka.

Methods: A descriptive cross-sectional study was carried out among randomly selected 250 adult patients with cancers attending the National Cancer Institute, Sri Lanka from November 2021 to January 2022. A pre-tested, interviewer-administered questionnaire was used to collect data. It consisted of baseline characteristics, cancer-related details, and factors that contribute to default treatment. Data were analysed using SPSS version 25.0 and Minitab version 18.0.

Results: Mean (SD) age of participants is 53.18 (± 7.32) years old. The majority were male (57.6%), and non-employed (65.2%). Commonest cancers among study population included breast (20.4%), blood (16%), colon (14.4%), and lung (12.8%). About 90% of patients received chemotherapy and approximately 50% of the patients received radiotherapy and surgery. Reliability and validity requirements included Cronbach's Alpha=0.527, KMO value=0.702, Bartlett's test $p < 0.001$ at 95% CI). Based on factor analysis, 16 factors contributing to default treatment were reduced to five common factors. Those common factors included; patient experience, suicidal ideas, COVID-19 and financial issues, ambulation, transport facilities, and other patient-related factors. Age was associated with patient experience ($p=0.013$), ambulation and transport facilities ($p=0.006$), having suicidal ideas ($p=0.001$), termination of cancer treatment ($p=0.027$). The level of education was associated with the patient experience ($p < 0.001$), suicidal ideas (0.030), and termination of cancer treatment ($p=0.008$). Income was associated with the termination ($p=0.003$) and delaying treatment ($p=0.023$).

Conclusions: Age, level of income, and education were associated with delaying and termination of anti-cancer treatment. Strategies are needed to minimize the default anti-cancer treatment during the COVID-19 pandemic.

Keywords: *Adults, Anti-cancer therapy, Cancer, COVID-19, Treatment, Treatment default*