

# Understanding eating behaviours and social context in the appraisal of oesophageal and gastric cancer symptoms

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## Abstract

### Introduction

Over 15,000 people are diagnosed with oesophageal or gastric cancers in the UK each year. Many have advanced stage disease at diagnosis, contributing to poor five-year survival outcomes. Distinguishing between benign and serious symptoms is challenging both for patients and healthcare professionals. This study explores how patients manage symptoms through adaptations to eating behaviours, and how these behaviours influence access to primary care.

### Methods

Secondary thematic analysis of interviews with adult patients ( $\geq 18$  years) newly diagnosed with oesophageal or gastric cancer within a multi-methods study (May 2016-October 2017) in two large tertiary hospitals in the East and North East of England. Interview participants were purposively sampled based on age, gender, cancer type and recruiting hospital.

### Results

Twenty-six interviews were conducted (participants: 18 male, age range 55-88 years, 15 oesophageal cancer). Prior to diagnosis, participants experienced symptoms such as difficulty swallowing, fullness and vomiting. Participants attempted to manage or contain symptoms through adaptations to eating behaviours; excluding foods, eating smaller portions, and pureeing food to alleviate symptoms. Behavioural adaptations often relieved symptoms, yet increased symptom visibility in social situations, prompting family-friend concern. In addition, adaptations could exacerbate other symptoms, such as weight loss, which subsequently increased symptom burden. When participants were unable to contain the symptoms, they sought help in primary care.

### Discussion

Behavioural adaptations and social context are important in symptom appraisal and should be considered in strategies designed to promote earlier presentation to primary care, and in healthcare professional's exploration of symptoms suggestive of oesophageal or gastric cancer.

### Patient and Public Involvement (PPI)

Two patient and public involvement representatives were involved in the design of the original multi-methods study and the analysis of the interview data, which contributed to the development of this study.