

The CanACT Trial - The Feasibility Of Recruitment And Delivery Into A Pilot RCT Of Acceptance And Commitment Therapy For Day Hospice Attenders With Advanced Cancer

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Background: The UK National Institute of Health and Care Excellence recommends psychological support for people with advanced cancer. Acceptance and Commitment Therapy (ACT), targets function rather than targeting symptoms per se; people are encouraged to tolerate uncomfortable feelings in order to live life in accordance with their values. Being given the space to talk, using a Talking Control, may be equally helpful.

Purpose: The CanACT was an RCT testing the feasibility and delivery of up to 8 sessions of ACT or a Talking Control (TC) for dysfunction. A qualitative arm explored the patients' experience of therapy.

Methods: Adults with advanced cancer and dysfunction were recruited from three hospices. Randomisation: 21 TC and 21 ACT. Outcomes: the Functional Assessment of Cancer Therapies-General (FACT-G) (main outcome); K10, physical function, AAQ-II, VLQ, EQ5-D and CSRI (secondary outcomes), measured at 3 and 6 months. Qualitative interviews used to explore 9 patients' perceptions of ACT.

Results: Recruitment: 42 people, mean age 62.0 (SD11.5), 74% female; primary cancer: 48% breast, 10% colon, 10% myeloma, 7% prostate and 25% other. At least 7 sessions were taken up in 11/21 (52%) of TC and 15 out of 21 (71%) ACT participants. Obtaining outcomes was challenging; at least one follow-up was available in 30/42 (71%). At 3 months FACT-G scores were higher for TC (mean difference of -3.41 (CI=-18.61, 11.79)) and at 6 months higher for ACT (Mean difference 2.25 (CI=-6.03, 10.52)). Patients liked ACT and its methods, and found it beneficial as it reduced anxiety.

Conclusions: It was feasible to recruit, deliver ACT to advanced cancer patients, however the burden of outcomes will need to be reduced to minimise attrition in a fully powered trial examining the clinical effectiveness of ACT. Some modifications may be necessary to deliver ACT to this patient group.