



Experiences of  
Cancer Patients in  
**transition**  
STUDY



Emotional Challenges

March, 2018

CANADIAN PARTNERSHIP  
AGAINST CANCER



PARTENARIAT CANADIEN  
CONTRE LE CANCER

Experiences of  
Cancer Patients in  
**transition**  
STUDY



Emotional Challenges

## A person-centred health care system ensures everyone has timely and equitable access to the services they need when navigating their cancer experience.

Being diagnosed with cancer can be an overwhelming experience. Data on Canadian patients receiving cancer treatment indicate that 68.1% experienced feelings of anxiety or fear when first told they had cancer, yet over half of those (55.8%) were not referred to an appropriate health care provider to manage and improve their experience.<sup>1</sup>

During treatment, patients are seen by many health care providers (e.g., oncologists, nurses, radiation therapists, pharmacists). Ideally this experience is smooth and organized around the needs and comfort of patients. However, patients often need services from different doctors, clinics, labs located within hospitals that often are not well organized to deliver coordinated and seamless care. Such complexities can make it difficult to ensure equitable and timely access to care.<sup>2,3</sup>

When cancer treatment ends, survivor care needs will transition from oncologist care to primary and community care and they will often have challenges and questions about what happens next and where to seek help. Throughout this transition, cancer survivors are frequently left to navigate a range of services without adequate support and without a clear understanding of who to see and where to go to get the right care.

Findings from the *Experiences of Cancer Patients in Transition Study* (Transition Study) indicate that one to three years post-cancer treatment, survivors continue to experience a variety of emotional, physical and practical challenges. (See "About the Transition Study" on page 14 for more details on the study).

In this bulletin, emotional needs and challenges experienced by adult cancer survivors (30 years of age and older) are highlighted, along with key areas for strategic action to improve patients transition from oncology to primary and community care.



*"I had a hard time emotionally post treatments. I suffered from depression, body image problems and sexual dysfunction. All of which were not really addressed post treatment. For example, what to expect, how to handle it and where to go for help."*

<sup>1</sup> Canadian Partnership Against Cancer. Living with Cancer: A Report on the Patient Experience. Toronto (ON): Canadian Partnership Against Cancer; 2018 Jan. 50 p. Results are reported for eight provinces in Canada based on the Ambulatory Oncology Patient Satisfaction Survey, data excludes Quebec and New Brunswick.

<sup>2</sup> Maddison AR, Asada Y, Urquhart R. Inequity in access to cancer care: a review of the Canadian literature. *Cancer Causes & Control*. 2011 Mar 1;22(3):359-66.

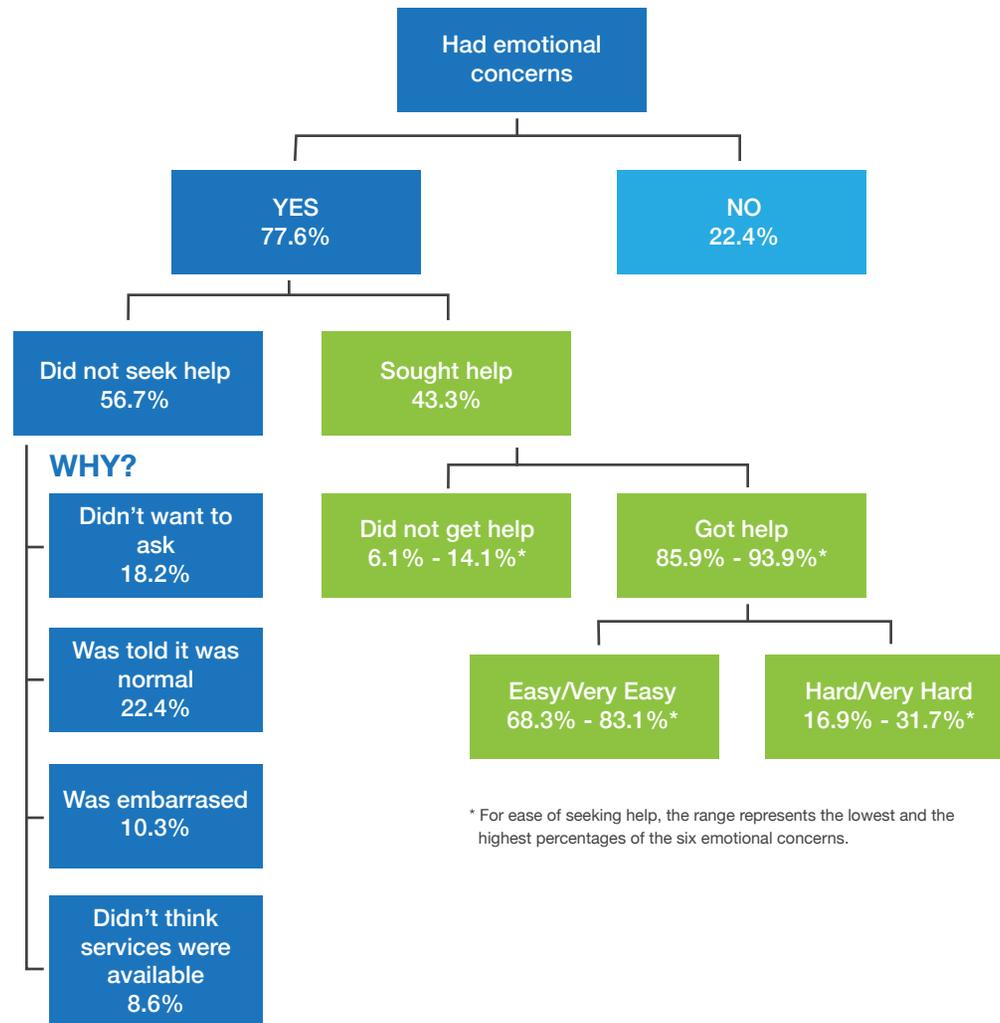
<sup>3</sup> Minkler M, Wallace SP, McDonald M. The political economy of health: A useful theoretical tool for health education practice. *International Quarterly of Community Health Education*. 1994 Jul;15(2):111-25.

## Transition Study Spotlight: Emotional Challenges

Cancer survivors often face a number of emotional challenges after treatment ends. These can include depression, anxiety, and fear about cancer returning, which can be difficult to recognize and are often left untreated.<sup>4,5</sup> Feelings of anxiety or depression may also contribute to a disruption in sleeping patterns such that physical symptoms, including fatigue or tiredness, may mask emotional issues. Further, cancer survivors may not seek help from a health care provider for their emotional issues, as they may have normalized their concerns or have been told nothing can be done about them.

These new findings show that cancer survivors face challenges in receiving appropriate care and support to address their emotional concerns (Figure 1).

Figure 1. Transition Study Findings



<sup>4</sup>Ryan H, Schofield P, Cockburn J, Butow P, Tattersall M, Turner J, Girgis A, Bandaranayake D, Bowman D. How to recognize and manage psychological distress in cancer patients. *European journal of cancer care*. 2005 Mar 1;14(1):7-15.

<sup>5</sup> Amir M, Ramati A. Post-traumatic symptoms, emotional distress and quality of life in long-term survivors of breast cancer: a preliminary research. *Journal of Anxiety Disorders*. 2002 Jan 1;16(2):191-206.

**8 in 10 cancer survivors reported having at least one emotional challenge one to three years after completion of treatment.**

Cancer survivors continue to experience emotional challenges one to three years post-treatment (Figure 2). The emotional symptoms most commonly reported include: anxiety, stress and worry about cancer returning (67.7%); depression, sadness or loss of interest in everyday things (46.3%); and changes in sexual intimacy (41.7%).

Female survivors were more likely to report emotional concerns than male survivors (Figure 3). However, for both male and female cancer survivors, anxiety, stress and worry about cancer returning was the most highly reported emotional concern.

Figure 2. Percentage of survivors with emotional concerns

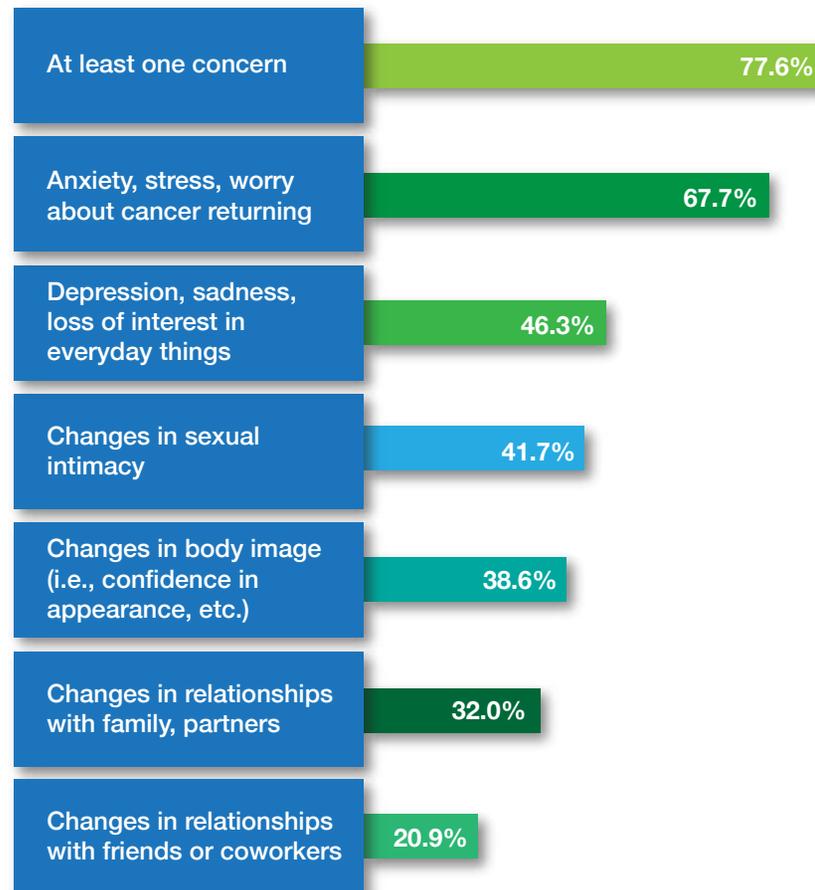
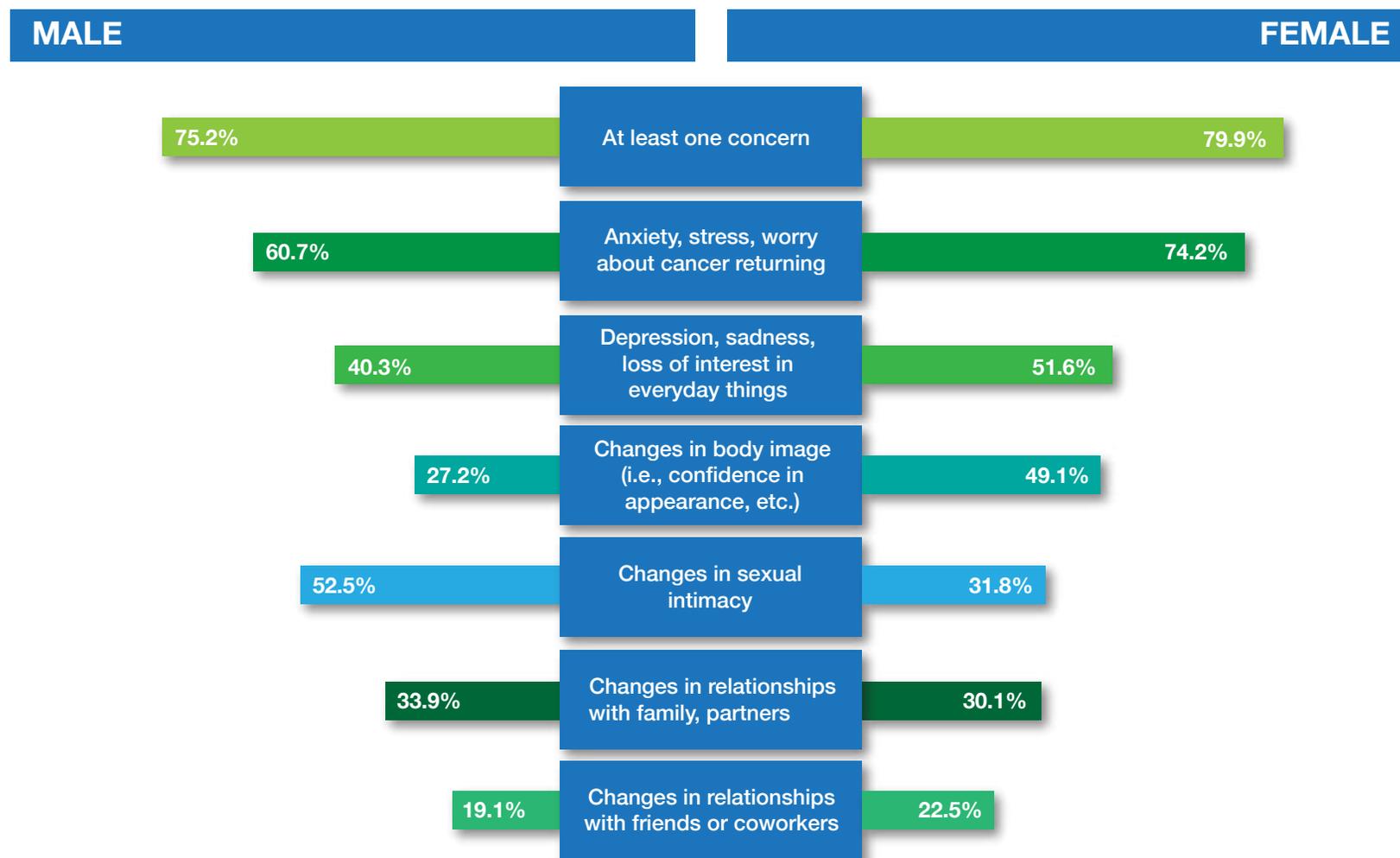


Figure 3. Percentage of survivors with emotional concerns, by sex



Female survivors experienced greater emotional impact such as anxiety, stress and worry about cancer returning (74.2%), as well as depression, sadness, and loss of interest in everyday things (51.6%). Emotional challenges related to changes in sexual intimacy were more prevalent among males (52.5%), than females (31.8%).

Differences in the prevalence of emotional challenges exist by cancer type. Survivors of hematological cancers had the highest reports of emotional concerns (81.9%), while reports of emotional concerns were comparatively lower for survivors of melanoma (71.1%) and colorectal cancer (71.3%). Emotional distress related to anxiety, stress, and worry about cancer returning was highest among survivors of breast (75.0%), hematological (74.6%), melanoma (69.2%) and colorectal (63.8%) cancers. However, emotional challenges related to changes in sexual intimacy were highest among survivors of prostate cancer (70.7%).

The likelihood of cancer survivors reporting an emotional challenge decreased with age. Among adults 30-54 years of age, 91.9%, reported at least one emotional concern, followed by adults 55-74 years of age (80.1%), and adults 75 years of age and older (63.0%).



*“Emotional recovery - although you are relieved you completed treatment and went through it relatively smoothly no one prepared me for the emotions and anxiety that flowed out. You assume you would be at your happiest since you completed all the treatments successfully. Anxiety levels not my normal; difficulty thinking, remembering and completing tasks. Answering one email a day was exhausting.”*

### Less than a third of cancer survivors sought help from a health care provider for their specific emotional concerns.

Cancer survivors often have difficulty identifying and expressing emotional concerns. They also have a tough time seeking help especially when they lack a clear understanding of the range of services and supports available.

Few cancer survivors sought help from a provider for their emotional concerns (Figure 4). Approximately, one-third of cancer survivors who had emotional concerns sought help for them: emotional concerns related to depression, sadness, loss of interest in everyday things (33.8%); anxiety, stress, worry about cancer returning (31.0%); and changes in sexual intimacy (30.7%). Cancer survivors were least likely to seek help for emotional challenges related to changes in relationships with friends or coworkers (14.3%).

Figure 4. Percentage of survivors who sought help for their emotional concerns

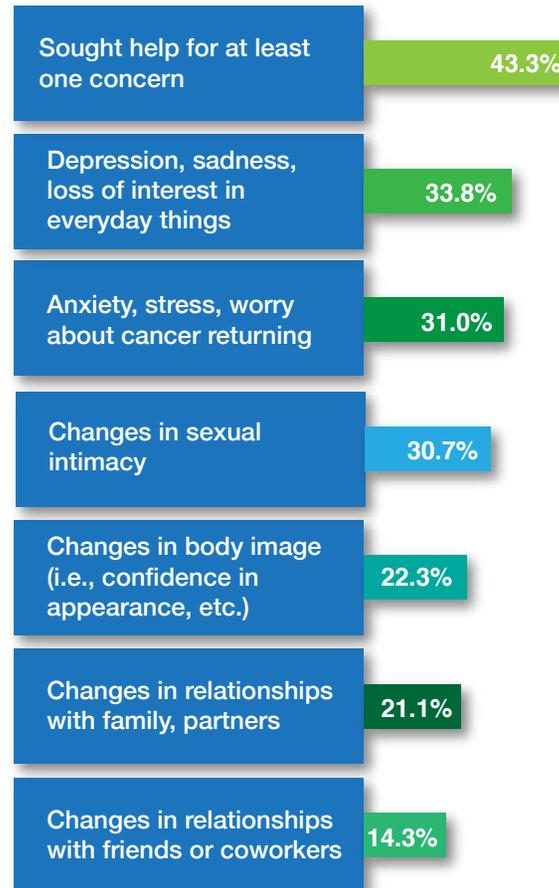
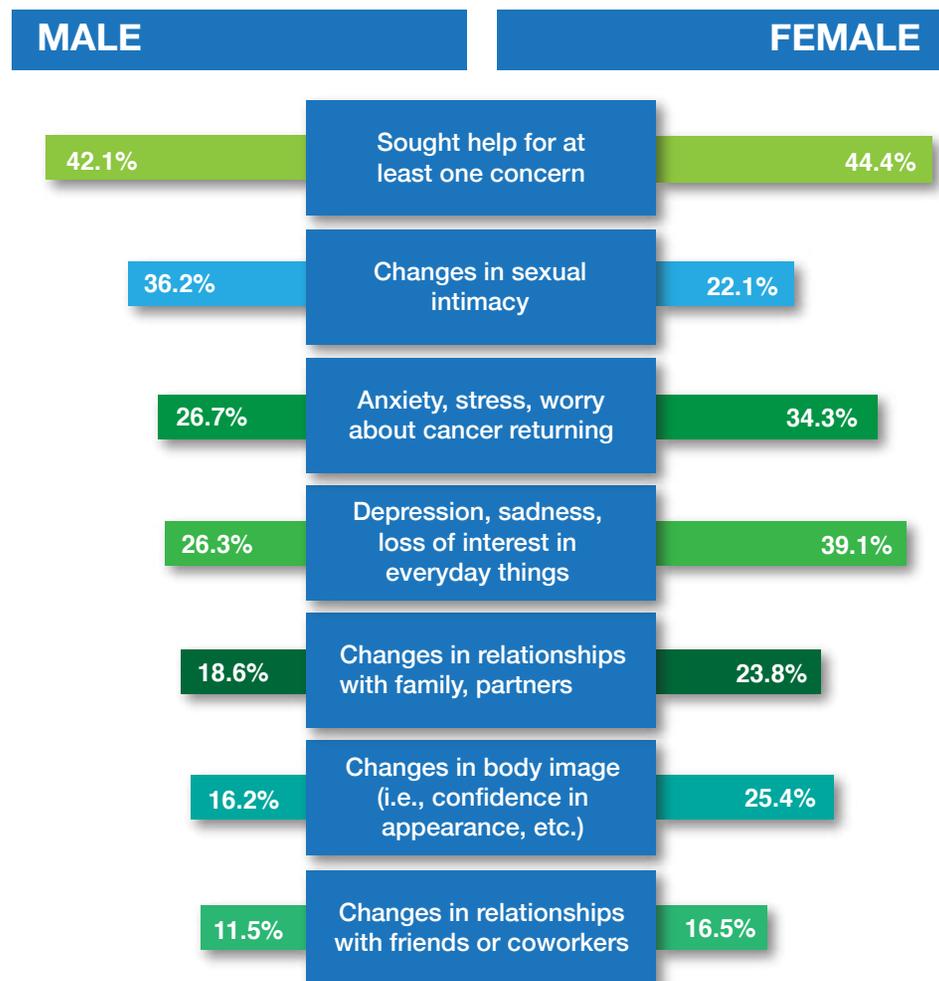


Figure 5. Percentage of survivors who sought help for their emotional concerns, by sex



Female survivors were more likely to seek help for their emotional concerns in comparison to male cancer survivors (Figure 5), with the exception of changes in sexual intimacy (36.2% for males and 22.1% for females).

Survivors of melanoma (36.0%) were least likely to seek help for their emotional concerns, while survivors of hematological cancers (47.4%) were most likely to seek help for their emotional concerns. Among breast cancer survivors who reported emotional distress related to changes in body image (54.8%), 27.5% sought help. Similarly, female survivors of hematological cancers (52.4%) or melanoma (41.1%) who indicated emotional distress related to changes in body image, 27.8% (hematological) and 18.4% (melanoma), sought help to address their concern from a health care provider. Further, among prostate cancer survivors who indicated challenges related to changes in sexual intimacy (70.7%), only 41.2% sought help for their concern.

The percentage of cancer survivors who sought help for their emotional concerns decreased with age. Survivors over 75 years of age were least likely to seek help for their emotional concerns (37.4%); while survivors 30-54 years of age were more likely to seek help (53.2%).

### Thirty-one percent of cancer survivors reported anxiety, stress and worrying about cancer returning as the most difficult emotional concern to get help for.

Many cancer survivors who sought help for their emotional concerns found it difficult to get help or reported not getting any help at all. For those who sought help from a health care provider, the most difficult emotional challenge to get help for include: changes in sexual intimacy (28.5%), and depression and sadness (21.0%). At least 17% of survivors reported that it **was hard or very hard to get help** for their emotional concerns (Figure 6).

Differences in the percentage of female and male cancer survivors who found it was hard or very hard to get help for their emotional concerns are described in Figure 7. Males reported that it was hard or very hard to get help for emotional challenges related to changes in relationships with friends or coworkers; whereas females reported that it was hard or very hard experience getting help for their emotional challenges related to changes in body image.

Figure 6. Percentage of survivors who found it was hard/very hard to get help for their emotional concerns.

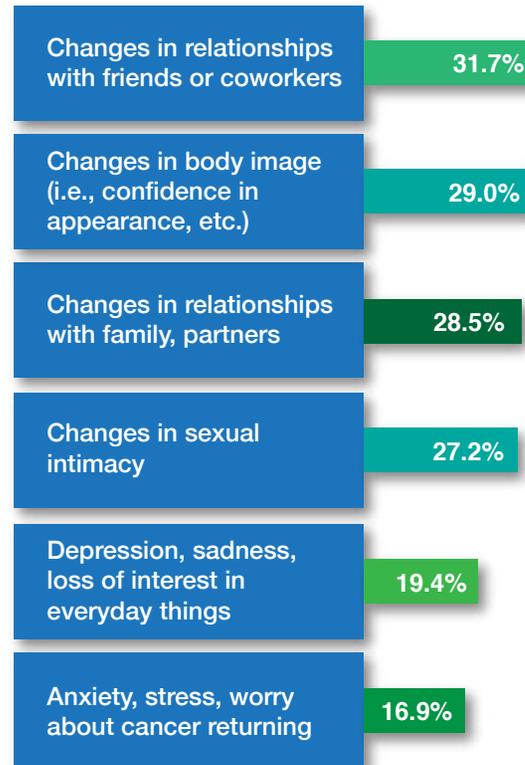
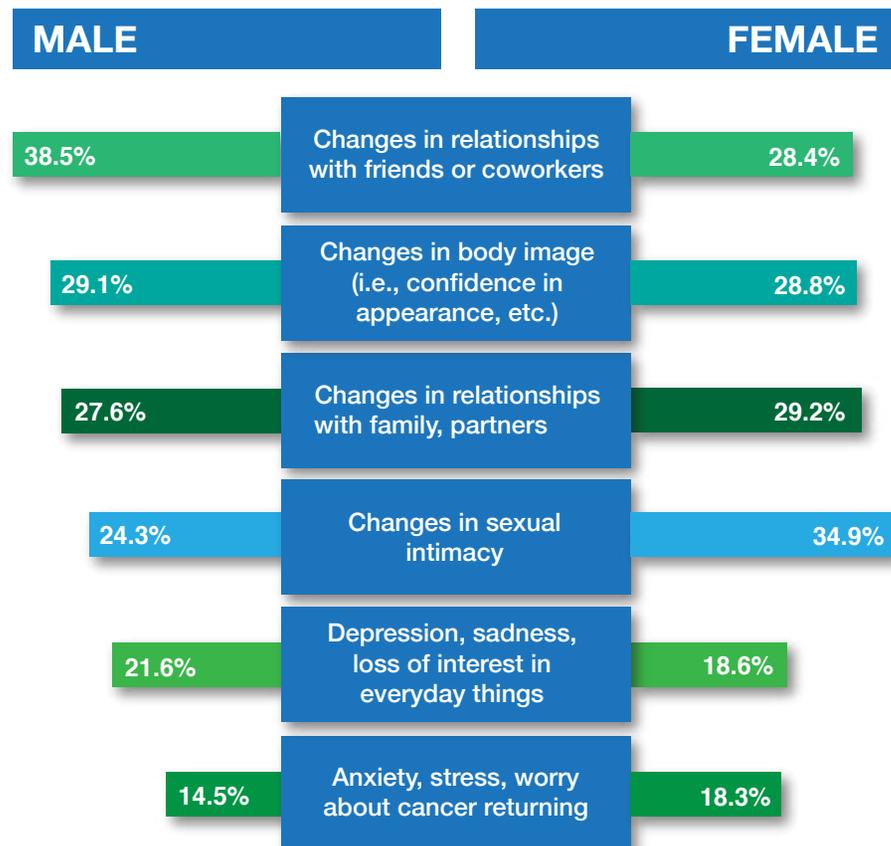


Figure 7. Percentage of survivors who found it was hard/very hard to get help for their emotional concerns, by sex.



Survivors of breast cancer had the most difficulty in getting help for emotional concerns related to and changes in body image (20.8%). Among survivors of prostate cancer, emotional challenges related to changes in sexual intimacy was the most difficult to get help for (64.5%), while difficulty in getting help for anxiety and stress about cancer returning was highest among survivors of melanoma (55.8%). Compared to survivors of other types of cancer, more colorectal cancer survivors reported having a hard or very hard experience getting help for changes in relationships with family or partners (39.4%), changes in sexual intimacy (35.7%) and anxiety, stress, worry about cancer returning (19.6%).



*“There is so much emotional recovery after the treatment, both personally and with my family. It is a feeling of “wow I can’t believe this happened, and now what do I do”. It’s that getting back to life as it was, but it is not the same. I feel there are no resources or supports to help understand why depression or sadness sets in, when really I should be relieved and happy that it is over.”*



**Dr. Anne Katz,**  
Expert on Cancer and  
Sexuality

*“A discussion of sexual and relationship changes after cancer is often neglected in part due to lack of knowledge on the part of oncology care providers. Guidelines exist to address this including one from Cancer Care Ontario<sup>6</sup> that was recently adapted by the American Society of Clinical Oncology.<sup>7</sup> Key points include that a*

*discussion take place with patients about sexual changes and that the health care provider should initiate the discussion.*

*Screening for changes to sexuality and/or sexual relationships should be performed at multiple points of the treatment trajectory. Survivors may benefit from a referral to psychosocial clinician, gynecologist, urologist, etc., however there is also a need for specialized onco-sexology professionals to address the specific changes associated with cancer treatment as evidenced by this report.”*

<sup>6</sup>Barbera L, Zwaal C, Elterman D, McPherson K, Wolfman W, Katz A, Matthew A. Interventions to address sexual problems in people with cancer. *Current Oncology*. 2017 Jun;24(3):192.

<sup>7</sup>Carter J, Lacchetti C, Andersen BL, Barton DL, Bolte S, Damast S, Diefenbach MA, DuHamel K, Florendo J, Ganz PA, Goldfarb S. Interventions to address sexual problems in people with cancer: American Society of Clinical Oncology clinical practice guideline adaptation of Cancer Care Ontario Guideline. *Journal of Clinical Oncology*. 2017 Dec 11;JCO-2017.

**Approximately 6 of 10 cancer survivors who sought help for their most difficult emotional concern reported waiting more than six months for help or were unable to get help.**

Forty-three percent of cancer survivors reported seeking additional help outside their primary care providers and oncologists. Fifteen percent indicated they relied on family or friends, while fewer accessed a mental health specialist (9.4%), and a nurse navigator or patient navigator (7.7%). Further, 15% of cancer survivors dealt with their concerns on their own.

Survivors of breast cancer (16.5%) and melanoma (14.5%) were least likely to receive the care and support they needed for their emotional concerns.

## More than 1 in 5 cancer survivors remembered being told their emotional challenges were normal to expect and thought nothing could be done about them.

As emotional challenges can be difficult to recognize and express, many people do not seek help from a health care provider as they may normalize their concern or assume nothing can be done. Many concerns are therefore left undetected and untreated.

A number of barriers to seeking help from a health care provider for their emotional concerns were reported. Of survivors who had an emotional concern, **68.4-87.8%** indicated they did not receive help when help was sought from a health care provider or did not seek help to address their emotional concerns (Figure 8).

56.7% of cancer survivors did not seek help from a health care provider for an emotional concern. A number of reasons for not seeking help for emotional concerns were identified by cancer survivors (Figure 9). Reasons for not seeking help did not differ by sex.

Among survivors of breast, prostate and colorectal cancers who did not seek help, the most commonly reported reason was that they were told their emotional concern was normal to expect and didn't think anything could be done. Less than 5% of survivors identified "I didn't know I could ask" as a reason for not seeking help for their emotional concern.

By cancer type, survivors of hematological cancers were more likely to identify the following reasons for not seeking help: "I didn't want to ask" (25.9%), "I was embarrassed" (11.9%) and "I didn't know I could ask" (4.8%). Survivors of colorectal cancer were more likely to report "I didn't think there was service available to help me" (9.3%) as a reason for not seeking help.

Figure 8. Percentage of survivors who didn't seek help or sought help but didn't get it

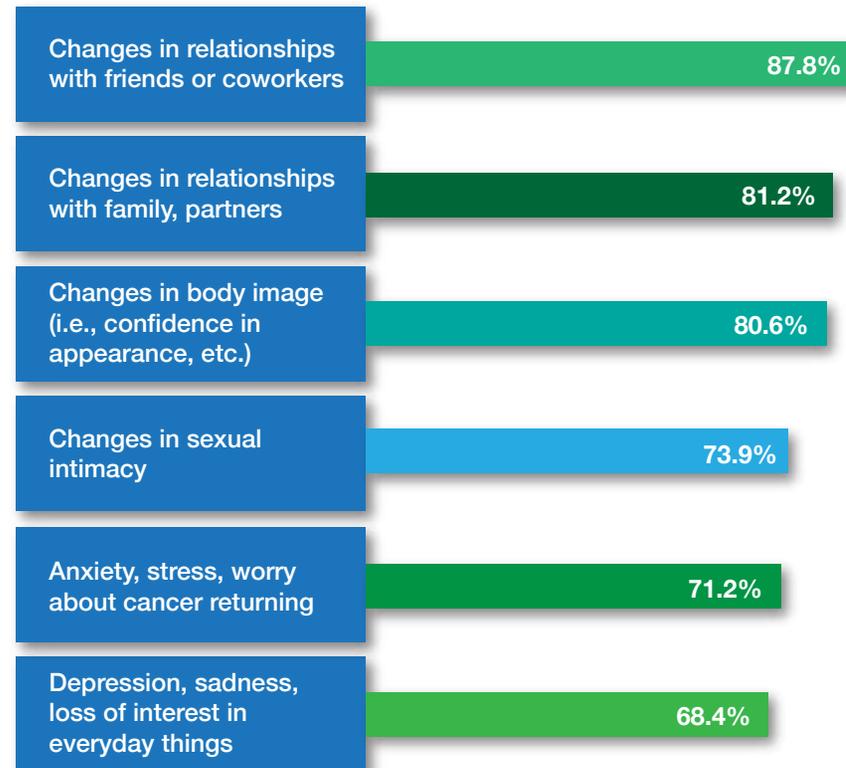
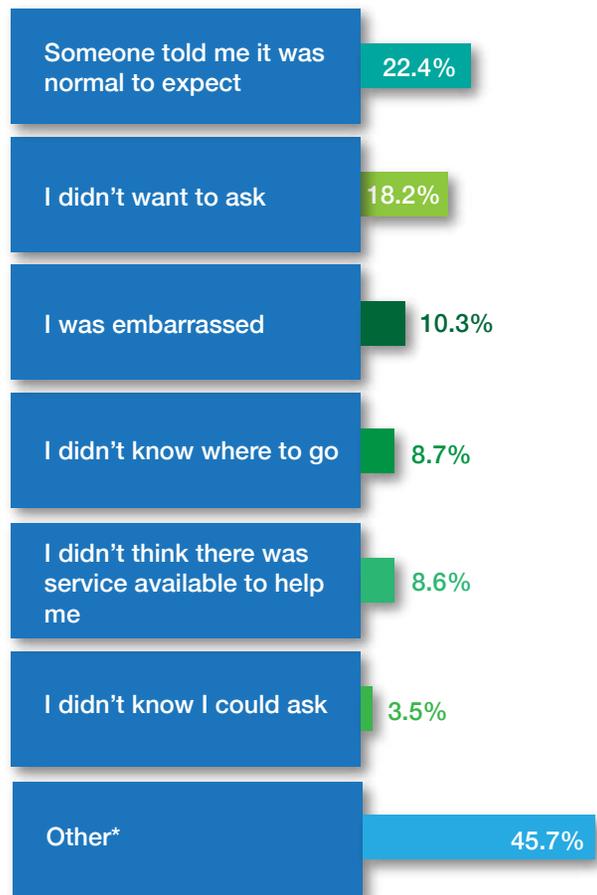


Figure 9. Percentage of survivors who did not seek help for the specified reasons



\*This category combines all the other responses that were not part of the 6 categories of reasons asked in the survey.



### Many cancer survivors face barriers in seeking help from a health care provider to address their emotional concerns

*"I was still able to stay connected to my peer support person after my treatment. I could not have survived the emotional pain/anxiety without this service. I do not believe it is humane to allow a person to deal with "The Cancer Journey" without a person who has experienced the same type of cancer and survived."*

## What's next for the Partnership?

From 2012-2017, the Partnership worked with the eight provinces to support the uptake of a standardized symptom screening (e.g., Edmonton Symptom Screening Assessment System) among cancer patients. The next phase of this work (2017-2022) is focused on actionable use of patient reported measures to advance clinical practice. As there are jurisdictions that have not yet established a baseline system of measurement and reporting of patient reported outcomes, the Partnership will work with jurisdictions to support an increased approach to symptom management. This work will allow clinicians to have point of care information to facilitate timely, patient-centred and evidence-based care that enhances patient-provider communication and improves patient experience.

## About the Transition Study

To better understand the experiences of cancer survivors as they transition from the cancer system to the broader health care system, the Canadian Partnership Against Cancer conducted the *Experiences of Cancer Patients Transition Study* (Transition Study) in collaboration with 10 provincial cancer agencies/programs across Canada. As the first national survey of its kind, the study provides foundational information about the experience of cancer survivors following completion of their cancer treatment to identify opportunities to drive system improvements and enhance the quality of life of those affected by cancer.

The Transitions Study focuses on cancer survivors who completed their primary cancer treatment in the last one to three years. This includes: adults, 30 years of age and older, diagnosed with non-metastatic breast, prostate, colorectal, hematological cancers, or melanoma; and adolescents and young adults (18 to 29 years of age) diagnosed with any form of non-metastatic cancer and metastatic testicular cancer.

## Appendices

Table 1: Percentage of survivors who reported emotional concerns

	At least one concern	Depression, sadness, loss of interest in everyday things	Anxiety, stress, worry about cancer returning	Changes in relationships with family, partners	Changes in relationships with friends or coworkers	Changes in body image (i.e., confidence in appearance, etc.)	Changes in sexual intimacy
<b>All</b>	77.6%	46.3%	67.7%	32.0%	20.9%	38.6%	41.7%
<b>Sex</b>							
• Male	75.2%	40.3%	60.7%	33.9%	19.1%	27.2%	52.5%
• Female	79.9%	51.6%	74.2%	30.1%	22.5%	49.1%	31.8%
<b>Disease Site</b>							
• Breast (Female only)	81.3%	53.8%	75.0%	32.0%	23.9%	54.8%	38.0%
• Prostate (Male only)	81.5%	41.2%	59.1%	39.3%	17.5%	24.4%	70.7%
• CRC	71.3%	42.8%	63.8%	27.0%	19.6%	33.1%	31.4%
○ Male	69.6%	40.0%	59.8%	29.6%	21.0%	31.0%	38.9%
○ Female	73.3%	46.1%	68.7%	23.6%	17.7%	35.6%	21.9%
• Hematological	81.9%	55.9%	74.6%	39.1%	31.5%	43.6%	37.8%
○ Male	77.6%	50.5%	70.2%	37.2%	30.2%	36.1%	42.5%
○ Female	87.1%	62.0%	79.5%	41.1%	33.0%	52.4%	32.4%
• Melanoma	71.1%	34.6%	69.2%	20.5%	13.2%	31.8%	16.7%
○ Male	64.0%	30.6%	62.4%	20.0%	12.0%	23.2%	19.8%
○ Female	78.9%	38.9%	76.3%	21.0%	14.5%	41.1%	13.5%
<b>Age group at survey</b>							
• 30-54	91.9%	63.8%	86.0%	49.9%	37.2%	64.2%	55.0%
• 55-74	80.1%	46.3%	68.8%	32.7%	21.0%	37.7%	44.5%
• 75 and over	63.0%	34.2%	52.5%	19.0%	10.6%	25.2%	26.3%

Note:

1) Denominator: survivors who provided a valid response indicating whether they have each emotional concern. Denominator is different for each concern.

2) Numerator: survivors who reported having each emotional concern.

3) "At least one concern" captures survivors who reported one or more emotional concerns.

Table 2: Percentage of survivors who sought help for their emotional concerns

	Sought help for at least one concern	Depression, sadness, loss of interest in everyday things	Anxiety, stress, worry about cancer returning	Changes in relationships with family, partners	Changes in relationships with friends or coworkers	Changes in body image (i.e., confidence in appearance, etc.)	Changes in sexual intimacy
<b>All</b>	43.3%	33.8%	31.0%	21.1%	14.3%	22.3%	30.7%
<b>Sex</b>							
• Male	42.1%	26.3%	26.7%	18.6%	11.5%	16.2%	36.2%
• Female	44.4%	39.1%	34.3%	23.8%	16.5%	25.4%	22.1%
<b>Disease Site</b>							
• Breast (Female only)	46.1%	40.6%	34.6%	24.1%	16.9%	27.5%	22.9%
• Prostate (Male only)	46.4%	24.3%	25.5%	20.4%	9.2%	14.5%	41.2%
• CRC	37.4%	29.4%	28.5%	16.8%	11.7%	18.6%	23.8%
o Male	35.7%	26.2%	25.6%	14.0%	10.8%	18.5%	26.5%
o Female	39.3%	33.2%	31.8%	21.3%	13.2%	19.0%	17.2%
• Hematological	47.4%	36.3%	36.1%	23.8%	14.0%	22.3%	23.7%
o Male	44.1%	31.1%	34.1%	19.9%	13.1%	15.1%	21.2%
o Female	50.7%	40.9%	38.0%	27.7%	15.0%	27.8%	26.9%
• Melanoma	36.0%	34.6%	30.1%	18.3%	16.2%	17.8%	26.9%
o Male	34.7%	32.8%	26.2%	19.1%	18.0%	16.2%	39.0%
o Female	37.0%	35.8%	33.4%	17.4%	14.6%	18.4%	8.1%
<b>Age group at survey</b>							
• 30-54	53.2%	44.1%	40.3%	28.9%	17.8%	25.3%	26.1%
• 55-74	42.4%	31.9%	29.2%	18.3%	12.5%	20.4%	32.5%
• 75 and over	37.4%	27.2%	27.1%	20.4%	15.4%	25.2%	28.7%

**Note:**

- 1) Denominator: survivors who reported having each emotional concern. Denominator is different for each concern.
- 2) Numerator: survivors who sought help for each emotional concern.
- 3) "Sought help for at least one concern" captures survivors who sought help for one or more emotional concerns.

Table 3: Percentage of survivors who found it was hard/very hard to get help for their emotional concerns.

	Depression, sadness, loss of interest in everyday things	Anxiety, stress, worry about cancer returning	Changes in relationships with family, partners	Changes in relationships with friends or coworkers	Changes in body image (i.e. confidence in appearance, etc.)	Changes in sexual intimacy
<b>All</b>	19.4%	16.9%	28.5%	31.7%	29.0%	27.2%
<b>Sex</b>						
• Male	21.6%	14.5%	27.6%	38.5%	29.1%	24.3%
• Female	18.6%	18.3%	29.2%	28.4%	28.8%	34.9%
<b>Disease Site</b>						
• Breast (Female only)	19.2%	19.0%	27.6%	28.2%	27.9%	35.7%
• Prostate (Male only)	19.1%	13.0%	24.0%	30.0%	22.2%	22.0%
• CRC	20.9%	19.6%	39.4%	38.6%	32.8%	35.7%
○ Male	30.2%	21.6%	40.4%	46.2%	38.3%	34.9%
○ Female	12.6%	17.7%	38.3%	27.8%	27.1%	39.4%
• Hematological	15.4%	13.1%	21.0%	25.7%	35.0%	30.3%
○ Male	19.7%	10.6%	25.0%	37.5%	40.0%	27.5%
○ Female	12.7%	15.4%	18.8%	15.8%	32.7%	33.3%
• Melanoma	21.2%	14.5%	27.9%	41.7%	28.1%	21.7%
○ Male	22.8%	12.8%	31.8%	58.3%	31.8%	24.4%
○ Female	20.3%	15.7%	23.8%	25.0%	24.4%	0%
<b>Age group at survey</b>						
• 30-54	16.7%	19.0%	24.1%	29.1%	33.0%	31.7%
• 55-74	20.4%	16.5%	31.3%	32.9%	28.1%	25.0%
• 75 and over	21.1%	14.4%	28.1%	34.4%	24.4%	33.8%

Note:

- 1) Denominator: survivors who sought and got help for each emotional concern. Denominator is different for each concern.
- 2) Numerator: survivors who reported hard/very hard to get help for the emotional concern.

Table 4: Percentage of survivors reported the specified concern as the most difficult emotional concern to get help for

	Depression, sadness, loss of interest in everyday things	Anxiety, stress, worry about cancer returning	Changes in relationships with family, partners	Changes in relationships with friends or coworkers	Changes in body image (i.e. confidence in appearance, etc.)	Changes in sexual intimacy	Other
<b>All</b>	21.0%	31.4%	7.0%	2.3%	12.6%	28.5%	11.2%
<b>Sex</b>							
• Male	16.0%	24.1%	6.3%	1.8%	5.2%	48.4%	10.5%
• Female	24.4%	36.8%	7.5%	2.7%	17.9%	14.3%	11.6%
<b>Disease Site</b>							
• Breast (female only)	23.4%	32.9%	7.8%	2.9%	20.8%	16.7%	11.4%
• Prostate (male only)	11.0%	15.1%	6.8%	0.4%	2.7%	64.5%	9.5%
• CRC	21.9%	35.9%	6.3%	2.3%	9.0%	24.9%	13.3%
o Male	20.0%	29.1%	5.5%	2.4%	10.9%	38.2%	10.3%
o Female	24.4%	44.4%	7.4%	2.2%	6.7%	8.9%	16.3%
• Hematological	27.8%	36.4%	7.6%	2.0%	12.1%	14.1%	12.6%
o Male	27.3%	38.6%	9.1%	4.6%	9.1%	17.1%	13.6%
o Female	27.5%	33.9%	5.5%	0.0%	14.7%	11.9%	11.9%
• Melanoma	22.1%	55.8%	5.2%	2.3%	8.1%	12.8%	8.7%
o Male	24.1%	44.3%	5.1%	2.5%	2.5%	26.6%	11.4%
o Female	19.6%	66.3%	5.4%	2.2%	13.0%	1.1%	6.5%
<b>Age group at survey</b>							
• 30-54	20.7%	34.9%	9.6%	3.9%	14.4%	17.3%	10.5%
• 55-74	20.3%	30.8%	5.9%	2.0%	11.9%	32.8%	11.0%
• 75 and over	24.8%	27.0%	7.0%	0.4%	12.2%	31.1%	13.3%

Note:

1) Denominator: survivors who sought help for at least one emotional concern they reported.

2) Numerator: survivors who selected the specified emotional concern as the most difficult emotional concern to get help for. A respondent could select more than one concern.

Table 5: Percentage of survivors who did not get help or sought help but didn't get any help

Emotional Concern	Number of survivors who were concerned about this need (mild, moderate and big level of concern)	Of those who were concerned who did not get help, regardless of whether they sought help
Depression, sadness, loss of interest in everyday things	4,953	3,388 (68.4%)
Anxiety, stress, worry about cancer returning	7,327	5,216 (71.2%)
Changes in relationships with family, partners	3,706	3,010 (81.2%)
Changes in relationships with friends or coworkers	2,371	2,081 (87.8%)
Changes in body image	4,377	3,529 (80.6%)
Changes in sexual intimacy	4,770	3,523 (73.9%)

Note:

- 1) Denominator: survivors who reported an emotional concern and provided a valid response on whether they sought help and for those who did seek help, a valid response on whether they got help. Denominator is different for each concern.
- 2) Numerator: survivors who reported an emotional concern but did not seek help or indicated that they did not get any help even though they sought help.

Table 6: Percentage of survivors who did not seek help for the specified reasons

	I didn't want to ask	I didn't know I could ask	I didn't know where to go	I was embarrassed	I didn't think there was service available to help me	Someone told me it was normal to expect	Other*
<b>All</b>	18.2%	3.5%	8.7%	10.3%	8.6%	22.4%	45.7%
<b>Sex</b>							
• Male	17.8%	3.0%	7.0%	9.6%	7.9%	21.6%	47.0%
• Female	18.6%	4.0%	10.2%	11.0%	9.1%	23.1%	44.6%
<b>Disease Site</b>							
• Breast (Female only)	17.6%	3.9%	10.5%	11.6%	9.2%	25.7%	42.9%
• Prostate (Male only)	14.0%	2.3%	6.8%	9.4%	8.3%	25.5%	47.3%
• CRC	17.8%	3.8%	7.9%	9.9%	9.3%	19.4%	48.4%
o Male	19.4%	3.7%	7.2%	10.0%	7.9%	18.6%	47.8%
o Female	15.9%	3.9%	8.8%	9.8%	10.8%	20.6%	49.1%
• Hematological	25.9%	4.8%	10.4%	11.9%	9.2%	19.6%	38.0%
o Male	28.2%	4.8%	6.8%	11.4%	8.8%	16.5%	38.5%
o Female	23.4%	4.4%	14.4%	12.5%	9.7%	23.1%	37.5%
• Melanoma	16.8%	4.1%	7.1%	6.4%	7.5%	13.0%	58.6%
o Male	14.5%	3.6%	5.9%	5.6%	7.0%	12.0%	61.2%
o Female	18.8%	4.5%	8.1%	7.1%	7.9%	13.8%	56.4%
<b>Age group at survey</b>							
• 30-54	25.7%	5.0%	14.6%	14.8%	11.9%	21.6%	34.8%
• 55-74	17.6%	3.1%	8.0%	10.2%	8.1%	22.9%	46.1%
• 75 and over	12.6%	3.5%	5.3%	6.2%	6.9%	21.2%	55.6%

Note:

1) Denominator: survivors who did not seek help for at least one of their emotional concerns.

2) Numerator: survivors who did not seek help due to the specified reason.

3) Other\*: this category combines all the other responses that were not part of the 6 categories of reasons asked in the survey.



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