Assessing Discrepancies in Neurocognitive and Patient-Reported Measures of Brain Tumor Survivors

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OBJECTIVES: To examine the association between performance-based neurocognitive and patient-reported cognitive function tests and identify characteristics that may explain observed discrepancies as a means to advance intervention development.

SAMPLE & SETTING: 40 adults diagnosed with a primary brain tumor (PBT) (high-grade, n = 35) were recruited from two academic neuro-oncology clinics in North Carolina.

METHODS & VARIABLES: Eligibility included a Mini-Mental State Examination score of 24 or greater, having completed cancer treatment, and having tumor stability. Participants completed performance-based neurocognitive and patient-reported cognitive function, demographic, and symptom assessment tests at one time point.

RESULTS: Neurocognitive impairments included executive control, memory, and attention. Age, time since diagnosis, and tumor- or treatment-specific variables were not associated with neurocognitive or patient-reported cognitive function. Those reporting worse cognitive impairment tended also to report greater severity of PBT-specific and depressive symptoms.

IMPLICATIONS FOR NURSING: Patient-reported cognitive concerns warrant additional assessment for potential interventions to maintain function.

KEYWORDS: primary brain tumor; adult patients with cancer; neurocognitive performance; survivors

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