Quality-of-life and needs of cancer survivors in Spain.

A quantitative study

Executive summary

Contents

01 Introduction

Over the last few decades, cancer has become more common, mainly because people are getting older and living longer. At the same time, survival rates for almost all types of cancer have gone up in Europe and Spain in recent years. This has highlighted the needs of people who have beaten cancer, a growing group of the population.

Since few studies have specifically examined the Spanish population to understand how cancer survivorship affects quality-of-life and physical, psychological, sexual, social, and occupational needs, this study is especially important. The Cancer Observatory of the Spanish Association Against Cancer, together with the Spanish Society of Family and Community Medicine (semFYC), has promoted research that seeks to understand the problems faced by survivors in order to design future strategies for intervention and solutions to these problems.

02 Objectives

The objectives of this study are:

1. To quantify and characterise the quality-of-life and prevalence of health, psychological, occupational, economic and social needs among cancer survivors in Spain.

2. To analyse the emergence and evolution of these needs based on health, sociodemographic, economic and occupational variables.

03 Metodology

Design and sample selection

A survey was conducted among adults residing in Spain who had been diagnosed with cancer in adulthood and who, after treatment, were free of the disease. A distinction was made between short-term survival (survival for less than 5 years) and long-term survival (survival for 5 years or more). A total of **3,009 interviews** were conducted between June 2024 and February 2025 using a self-administered online interview technique (CAWI system) through a structured questionnaire with an average duration of 15 minutes. Non-probability sampling by convenience was used. After the fieldwork and prior to the analysis, the sample was weighted using an estimate of the number of cancer survivors in Spain as the sampling frame.

Measurement instrument/questionnaire

The structured, closed-ended questionnaire was designed jointly by the Spanish Association Against Cancer and the Spanish Society of Family and Community Medicine (semFYC). This questionnaire includes the Spanish version of the Quality of Life in Adult Cancer Survivors (QLACS) questionnaire, used to measure the quality-of-life of cancer survivors. It is designed so that a high score indicates a greater presence of physical symptoms as well as emotional, social and economic problems, which translates into a poorer quality-of-life. It has 43 items structured into the following 11 dimensions. Additional variables were also includen to provide a comprehensive view of physical symptoms, occupational consequences of the disease, and lifestyle habits.

BACK TO CONTENTS

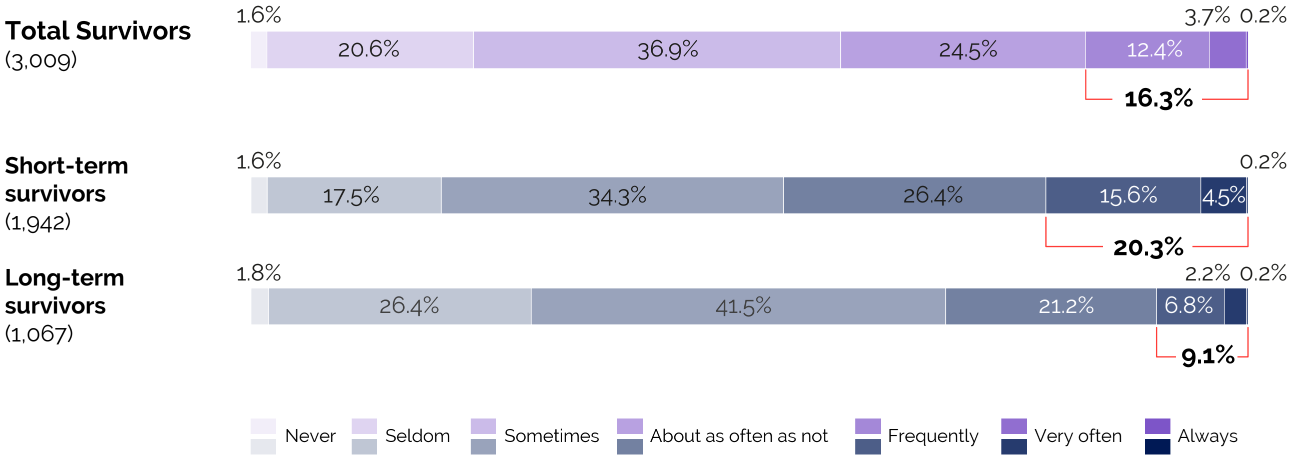
04 Results

A general overview of the quality-of-life of cancer survivors

The results of the survey show that, in general terms, the quality-of-life of cancer survivors is acceptable with some limitations, reflecting how **the after-effects of cancer continue to persist to a greater or lesser extent once treatment has been completed**. According to the mean scores obtained on the QLACS scale (1 Never – 7 Always), the total mean is 3.3, indicating that problems and needs related to cancer are present with some frequency in this population.

As shown in **Figure 1, 16.3% of cancer survivors scored high on the QLACS scale, reporting poorer quality-of-life**. In addition, the **time elapsed since the end of treatment appears to be related to the perception of quality-of-life:** Among survivors whose treatment ended **less than five years ago**, the percentage with a poorer reported quality-of-life is **20.3%**, while among cancer survivors who have been in remission for more than five years, this percentage is **9.1%**.

Figure 1. Overall quality-of-life of cancer survivors



BACK TO CONTENTS

Table 1 shows the mean scores for each of the 11 dimensions comprising the QLACS scale.

*Table 1. Mean score per QLACS dimension (1-7)**

Dimension	Mean	Standard deviation	Median	Interquartile range
Physical pain	3.1	1.6	3.0	2.0
Fatigue	3.5	1.5	4.0	3.0
Cognitive problems	3.1	1.5	3.0	2.0
Negative feelings	3.4	1.3	3.0	1.0
Positive feelings (reverse interpretation)	5.0	1.4	5.0	2.0
Distress about recurrence	4.2	1.7	4.0	3.0
Appearance concerns	2.8	1.7	2.0	3.0
Sexual problems	3.6	1.7	4.0	3.0
Social avoidance	2.8	1.6	3.0	2.0
Family distress	4.6	1.9	5.0	3.0
Financial problems	2.2	1.6	1.0	2.0
Total QLACS score	3.3	1.1	3.0	1.0

*A higher score on the questionnaire indicates a poorer reported quality-of-life in that dimension

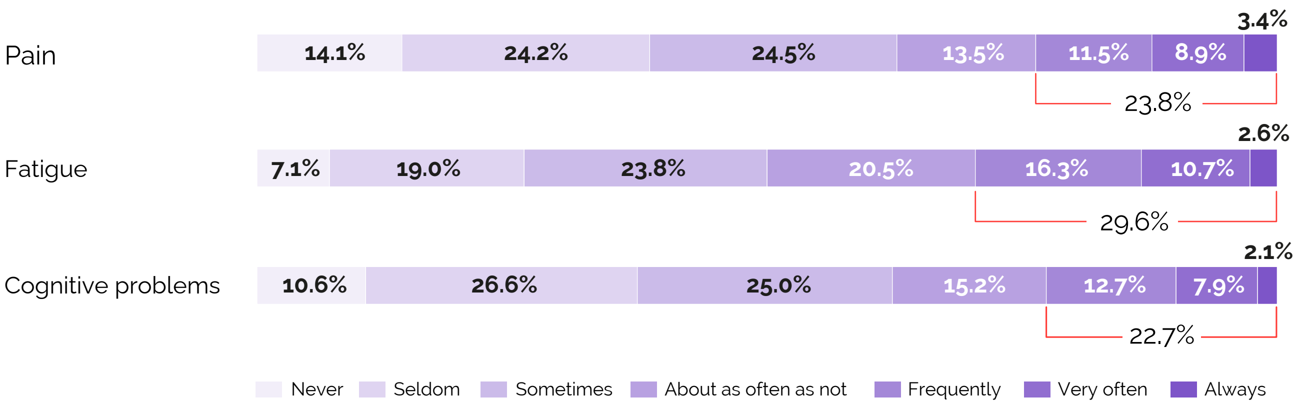
Physical discomfort in cancer survivors

Physical discomfort is one of the most common side-effects after cancer and, as can be seen in **Figure 2**, physical pain is particularly persistent among cancer survivors. Around 24% of the participants reported experiencing **pain** frequently, very often or always.

Fatigue (a subjective feeling of tiredness or physical, emotional and/or cognitive exhaustion that is not proportional to the activity performed) is another common effect after cancer. 3 out of 10 survivors (29.6%) reported feeling fatigued frequently, very often or always.

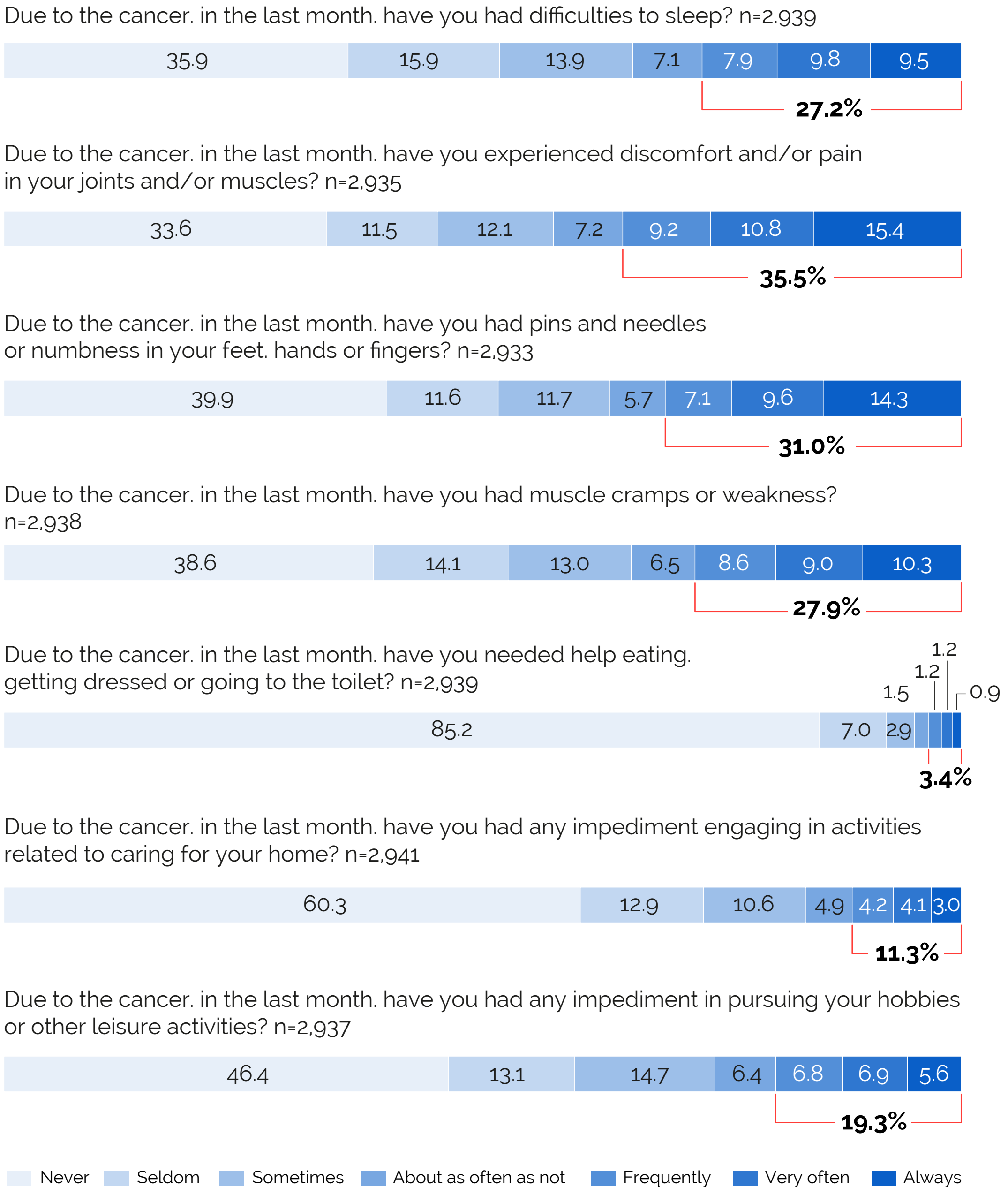
Cognitive problems are common symptoms after cancer. More than 1 in 5 survivors (22.7%) reported experiencing these problems frequently.

Figure 2. Physical discomfort and its dimensions (n = 3,009)



In addition to the quality-of-life dimensions already discussed, other physical symptoms experienced in the month prior to the interview were identified by a significant proportion of cancer survivors (**Figure 3**).

Figure 3. Physical symptoms perceived due to cancer in the last month (%)



Emotional discomfort in cancer survivors

Emotional discomfort or distress is one of the most significant challenges faced after overcoming cancer (**Figure 4**).

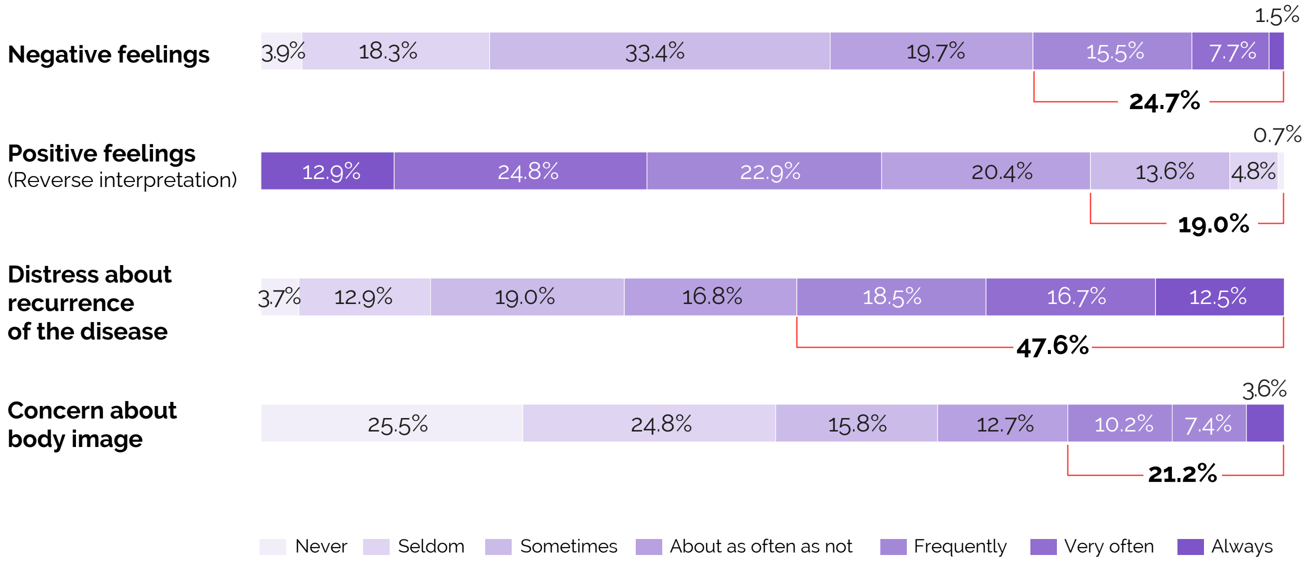
Negative feelings refer to emotional states such as irritability, sadness or discouragement, which may be present in the lives of survivors. 24.7% of survivors reported experiencing negative feelings frequently, very often or always.

Positive emotions and moods, such as joy, optimism and satisfaction, were also analysed. This domain is known as **positive feelings**. In Figure 4, we observe that 19% of respondents reported a low frequency of these positive emotions.

Distress about recurrence of the disease is one of the most common emotional concerns among people who have survived cancer. Almost half of those surveyed (47.6%) reported experiencing this fear frequently, very often or always.

Concern about body image and physical appearance affects a significant proportion of survivors. 21.2% reported feeling concerned about their body image frequently.

Figure 4 Emotional discomfort and its dimensions (n=3,009)



Social and interpersonal relationships of cancer survivors

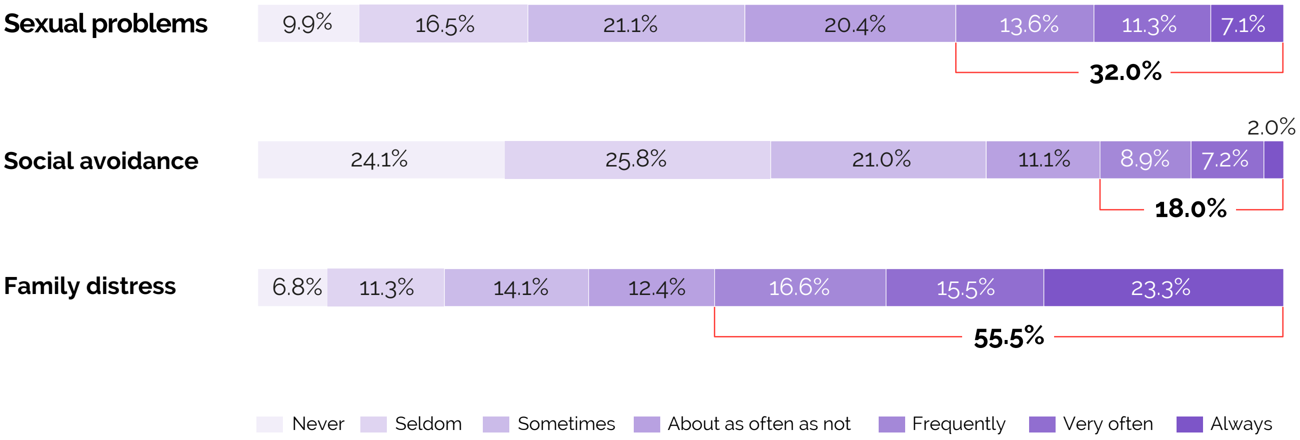
Cancer and its treatments affect the social and interpersonal relationships of people who have survived cancer (**Figure 5**).

Cancer and its treatment can significantly affect **sexuality**. 32.0% of survivors reported **sexual problems**.

Social avoidance or difficulty establishing new relationships are persistent problems that hinder full reintegration into society. In our study, 18.0% of survivors reported experiencing these problems.

Anxiety related to the health of loved ones is also a significant source of discomfort. In this regard, concern about the possible diagnosis of cancer in a family member (**family distress**) was analysed, finding that 55.5% of survivors reported feeling this concern very often.

Figura 5. Social and interpersonal relationships and its dimensions (n=3,009)



Financial and employment situation of cancer survivors

Cancer can have significant consequences on a person's financial and employment situation. With regard to financial problems, we find that 13.1% say they have experienced financial difficultiess (**Figure 6**).

Figure 6. Financial problems of cancer survivors (n=3,009)

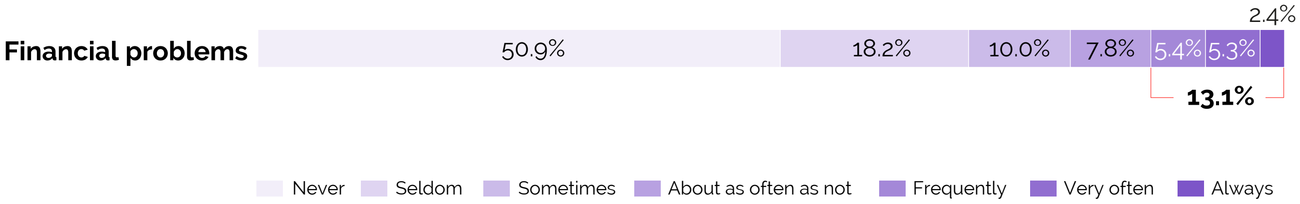
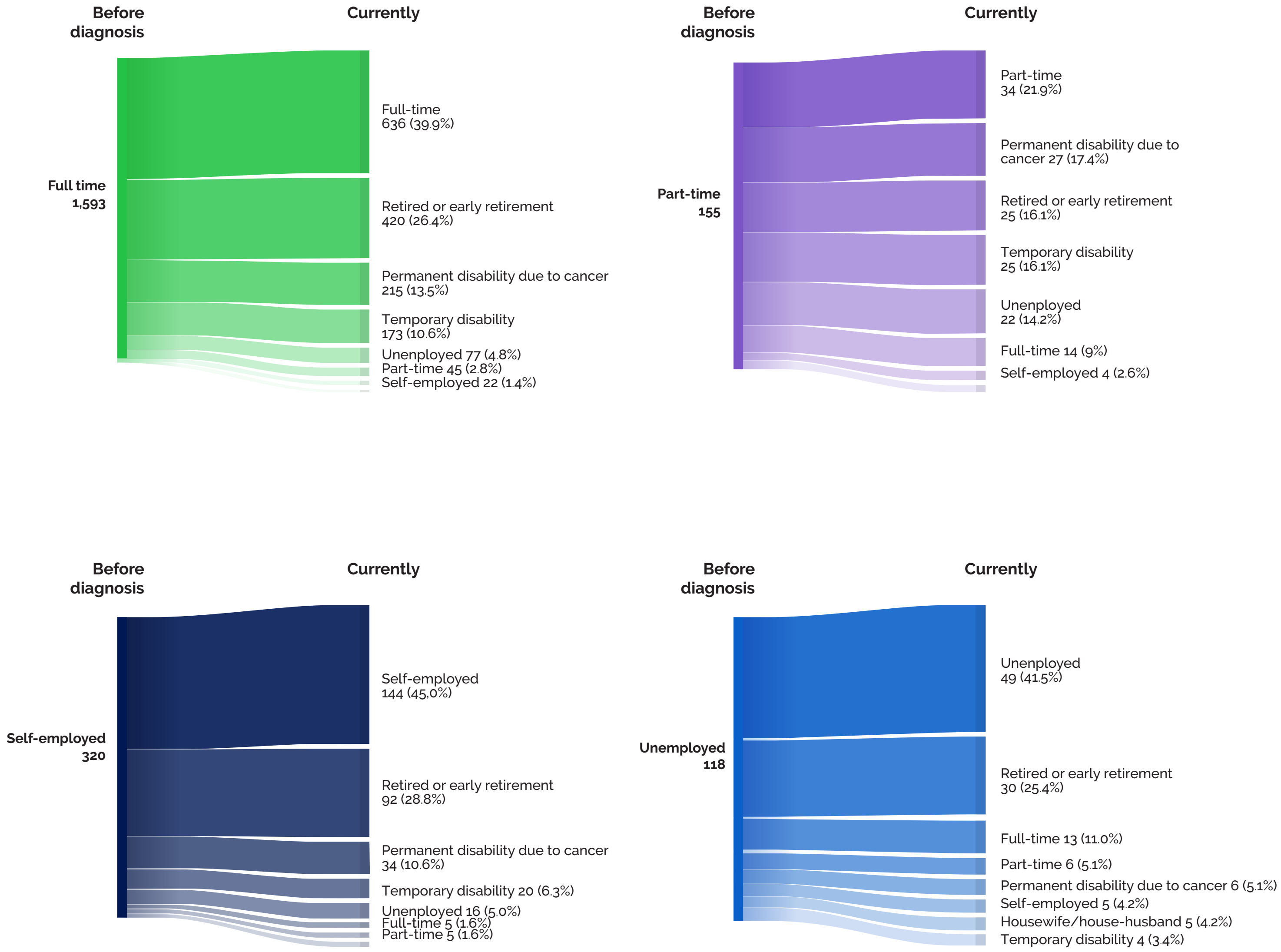


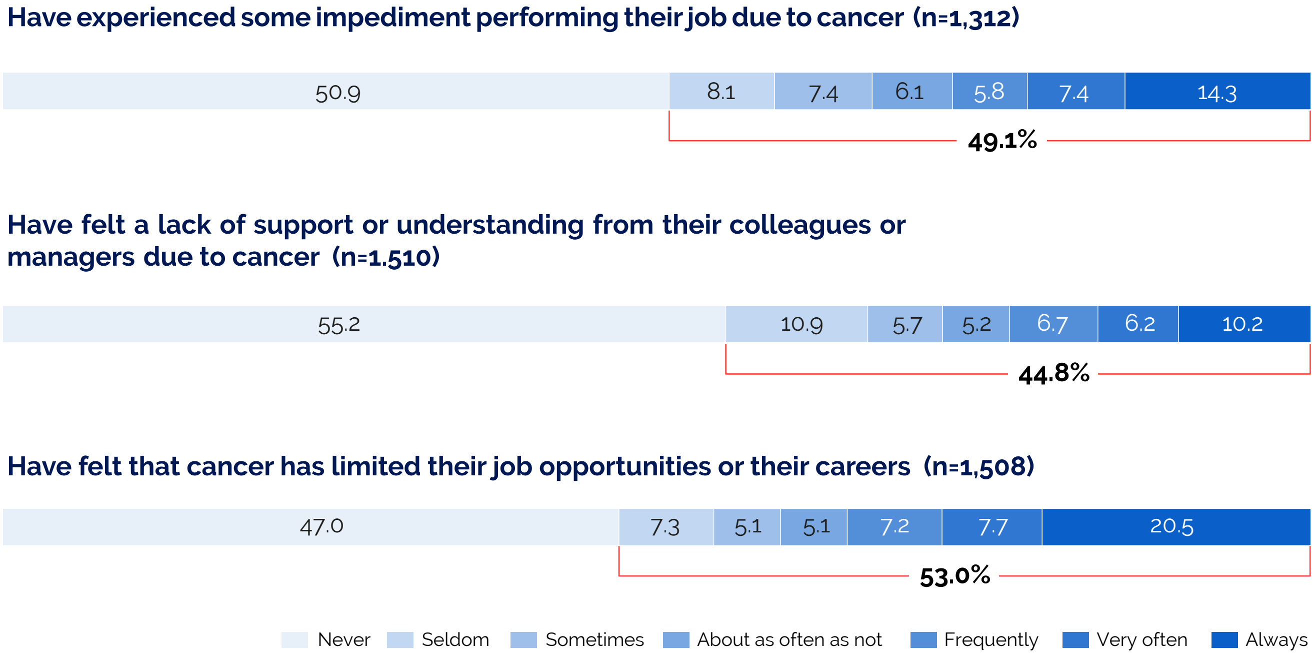
Figure 7 analyses the impact of cancer on employment status, comparing **their employment status before diagnosis with their current status** after their treatment was completed. Among those who worked full-time before diagnosis, 39.9% have returned to their previous situation. As for those who worked part-time before diagnosis, 21.9% have returned to this type of work. Of those who were self-employed before diagnosis, 45% have resumed their activity as self-employed workers. Finally, among those who were unemployed before diagnosis, 41.5% remain in the same situation.

Figura 7. Employment status of survivors before and after the disease



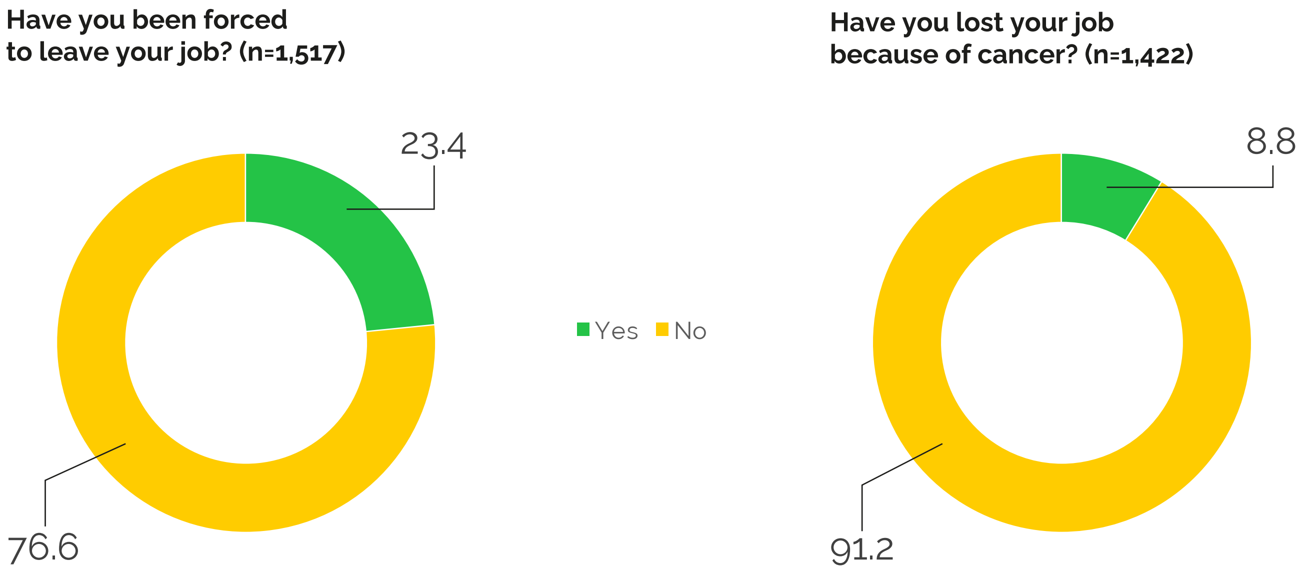
In addition to the dimensions analysed above, significant challenges related to employment status have been identified (**Figure 17**). Not everyone responded to this set of questions, as it did not apply to their situation. Among those who did respond, 49.1% reported having difficulties performing their job. Moreover, 44.8% reported experiencing a lack of support or understanding from colleagues or managers regarding their situation. Finally, 53.0% feel that cancer has limited their job opportunities.

Figure 8. Employment problems of cancer survivors



When we continued to explore the impact of cancer in the workplace, we found that 23.4% say they have been forced to leave their jobs as a result of the disease and 8.8% say they have been dismissed from their jobs as a direct result of cancer (**Figure 9**).

Figure 9. Questions about the possible impact of cancer on work (once treatment has been completed and medical discharge has been granted, etc.)



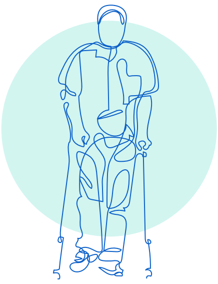
BACK TO CONTENTS

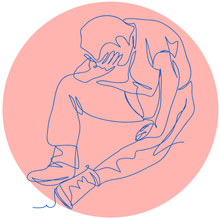
05 Conclusions

Cancer survivors in Spain face multiple challenges that have a persistent and multidimensional impact on their quality-of-life, even years after completing treatment.

Although some survivors manage to resume their lives with a certain level of normalcy, a significant proportion still face substantial difficulties. Some **16.3% reported an impaired quality-of-life, a figure that rises to 20.3% among those who have most recently overcome cancer**.

Persistent physical symptoms affect a considerable percentage of cancer survivors, even those who completed their treatment more than five years ago. Within this group of long-term survivors, between 15% and 20% reported physical symptoms that negatively impact their daily lives. This suggests the need to prioritise follow-up care for survivors in the medium and long term.





47.6% are afraid of recurrence and 55.5% are concerned about their family, these being the most intense and persistent concerns, with no differences in terms of survival time. This consolidates the **emotional dimension as a critical area** for intervention after treatment.

32% reported **sexual problems** and 18% reported difficulties in social relationships, with these percentages being higher in younger people.

13.1% face financial difficulties, 23.4% have been forced to leave their jobs, and 8.8% have been dismissed from work due to cancer, highlighting the **significant socio-economic and employment impact**. The results also reveal a consistent pattern of vulnerability: women, young people (under 44 years of age) and those who have completed treatment less than five years ago consistently showed worse mean scores in all dimensions analysed. In the **workplace, women reported more frequent difficulties** in performing their jobs, less support in their professional environment and greater limitations to their development, thus confirming the existence of a **multidimensional vulnerability profile**.

Implications and proposals

These findings highlight the need to:

1. Implement comprehensive, multidisciplinary, and longitudinal care after initial treatment aimed at improving quality-of-life, based on primary care.
2. Focus attention on detecting and treating persistent after-effects such as fatigue or tiredness, chronic physical pain and cognitive problems, as well as emotional health in the presence of distress.
3. Develop specific psychological care programmes specialising in addressing the after-effects of survivors, such as distress about recurrence, family distress and sexual problems, as well as social and employment-based care.
4. Promote policy measures that favour the implementation of adaptations in the workplace, with the aim of encouraging more people who have undergone cancer treatment to return to work.
5. Prioritise care for the most vulnerable groups and ensure fairness in access to resources and support.
6. Improve registration systems and data collection on survivors in order to design evidence-based policies and reduce fragmentation of care.

Overall, cancer survival is a specific phase that requires tailored and specialised responses from multiple parties to ensure the well-being and quality-of-life of those affected.

BACK TO CONTENTS

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