

Colorectal cancer is a serious health issue in Poland and worldwide. It also remains the most frequently diagnosed type of cancer in the EU member states. The process is dynamic and since 1980 there has been a nearly fourfold increase in colorectal cancer cases in men and about threefold increase in women. Therefore it is absolutely necessary that comprehensive research into medical treatment options as well as cognitive, emotional and other behavior-related factors in people struggling with cancer be advocated. Presumably these factors significantly influence survival and quality of life.

The aim of the planned study is to gain insight into the cognitive and emotional factors and their importance in adaptation to cancer. In assessing the process of adaptation, it is necessary that we focus on variables underlying patients' beliefs about illness and their health behaviours outside clinical settings. Research to date has primarily focused on patient delay from the first symptom onset of colorectal cancer to seeking a health provider. Other behaviours, which are going to be under investigation in the planned study, such as changes in eating habits, self-medication, physical activity have not been investigated so far. Until now research on adaptation to illness has pictured fear as maladaptive – an undesired response of a person. However, in patients with cancer, fear seems to be a natural response to an adverse life event and may eventually be a positive factor, guiding patients to fight the illness.

It is believed that increased fear of illness progression may regulate health behaviour change. If the study findings support the presupposition about a positive role of fear in the adaptation process, the research will provide new insight into the role of negative emotions in adaptation.

The challenge for oncology today is to provide patients with a holistic health care. And taking a holistic approach to health care means that patients are taken care of not only during their stay at a health care facility but also when they remain outside clinical settings. A question arises, however, how to assess the efficacy of pharmacological or surgical treatments in oncology when outside clinical settings patients may engage in behaviors that do not promote health and undermine treatment outcomes. For that reason, it seems important that we identify factors that may contribute to eliminating habits resulting from patients' unhealthy living. Changes in the habits and beliefs held by patients about illness will provide evidence for the undergoing adaptation. Therefore the study will be conducted twice: before the surgical treatment and six months after the surgery.

The planned study will contribute to the development of health psychology and psycho-oncology. The analysis of the relationship between the psychological factors and patients' behaviours outside clinical setting and the seeking of the mediating factors in this relationship will change our approach to patient adaptation to cancer. The knowledge on fear and its role within the discussed scope will help design and implement special and personalized therapeutic and intervention programs. Dividing patients into groups, depending on the severity of surgical interventions, will also help assess their impact on quality of life. It is also important that the planned study will result in developing a new measure for patients with colorectal cancer. This instrument will be a significant contribution to research methodology and psycho-oncology practice.