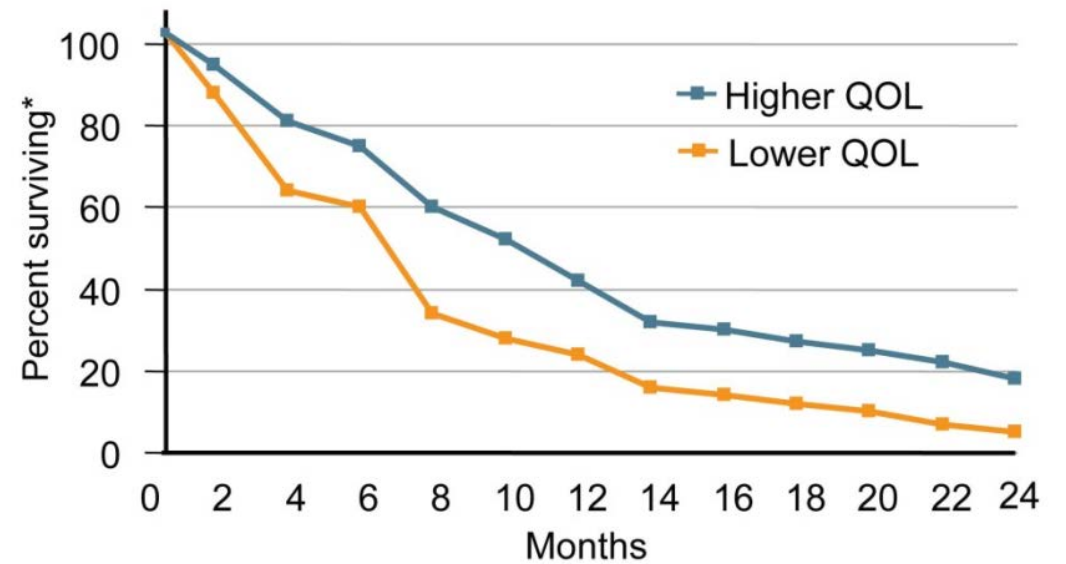
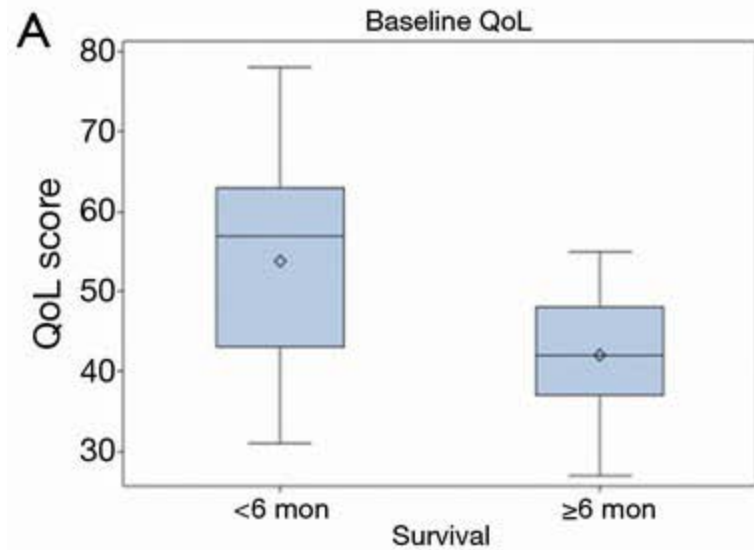
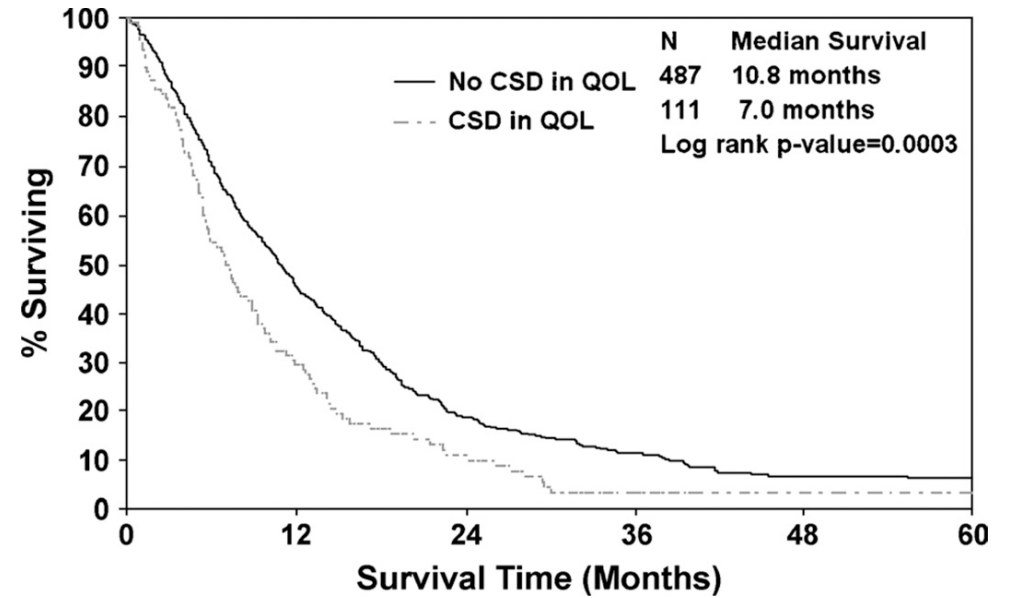
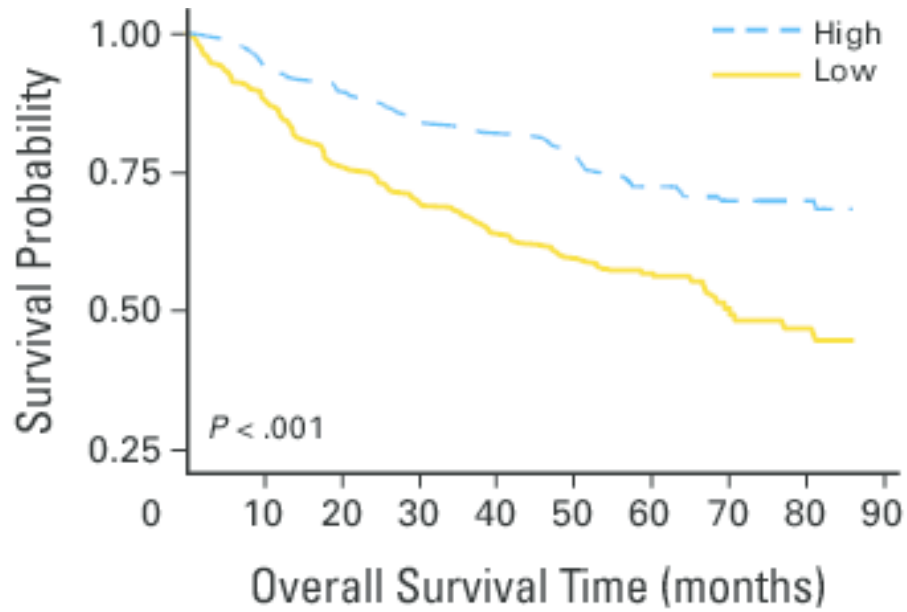


Psychosocial Care for Cancer Survivors: Identifying and managing psychological and social aftereffects of cancer treatment

Charles Kamen, PhD, MPH

Assistant Professor

University of Rochester



Objectives

- Identify key psychosocial effects of cancer treatment
 - Psychological, social, and emotional short and long term outcomes
- Manage key psychosocial effects of cancer treatment
 - Psychosocial needs across the life course and in minority/underserved cancer survivors
 - Mental health and community support specialists who can help address psychosocial needs after cancer



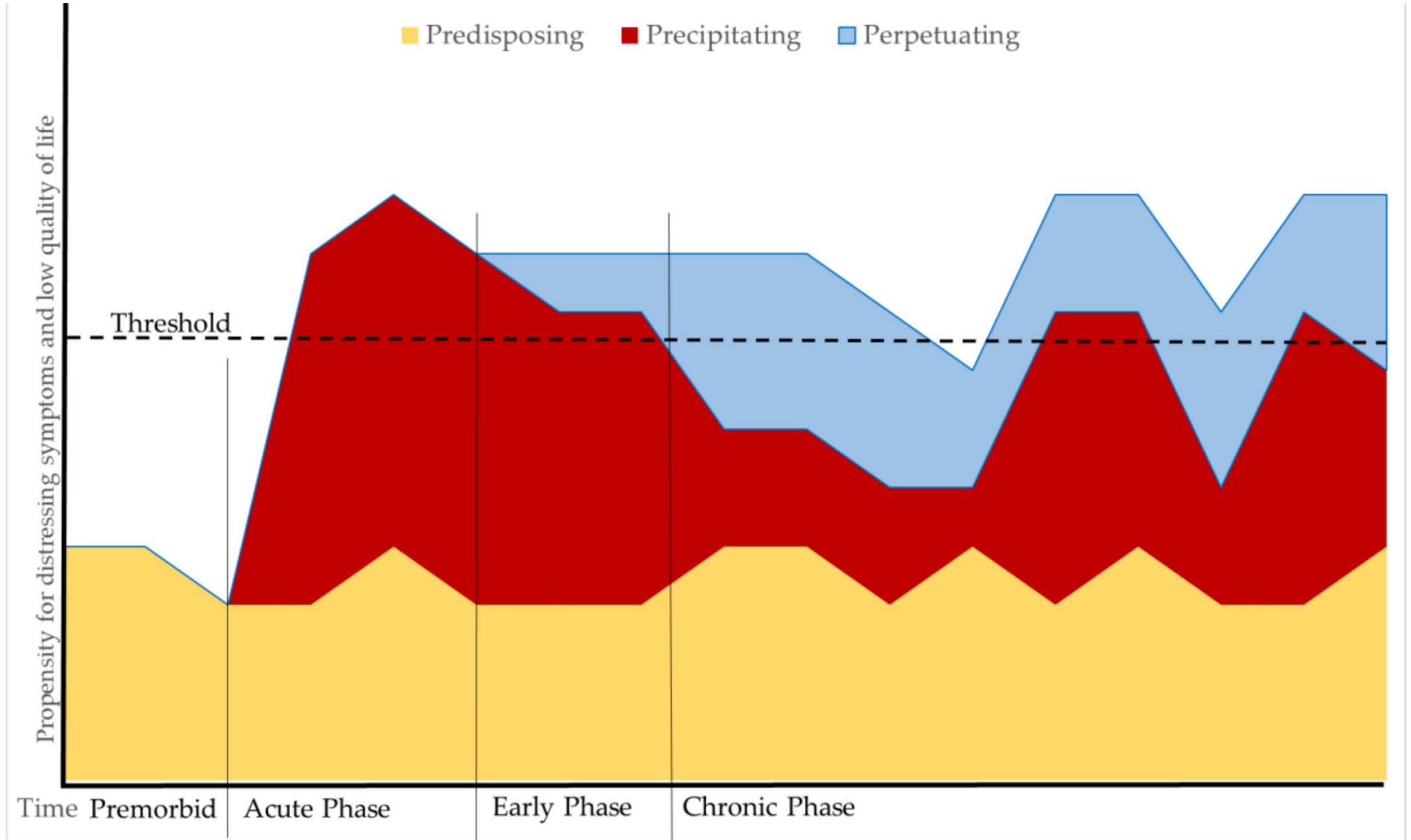
Will the cancer come back?

Will I be able to go back to work?

Will I be able to take care of my family?

Will I be able to pay my medical bills?

How will this affect my marriage or relationship?



Psychosocial Adjustment After Cancer

- Psychological distress
- Changes in role or identity
- Changes in behavior
- Mental health disorders

Psychological Distress

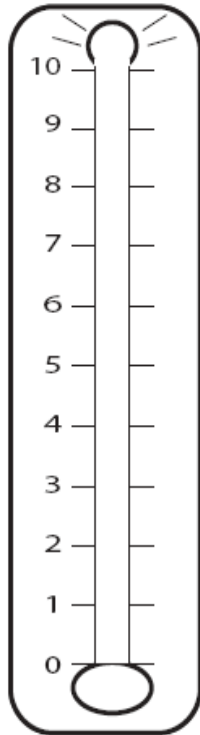
- The majority of survivors adjust well post-treatment
- Between 15% and 40% of survivors experience lasting distress
 - Fear of recurrence
 - Anxiety and depression
 - Post-traumatic stress
 - Guilt and spiritual concerns
- Typically less severe, acute, or sub-clinical issues

NCCN Distress Thermometer for Patients

SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress



No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES NO Practical Problems

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school
- Treatment decisions

Family Problems

- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

Emotional Problems

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

- Spiritual/religious concerns**

Other Problems: _____

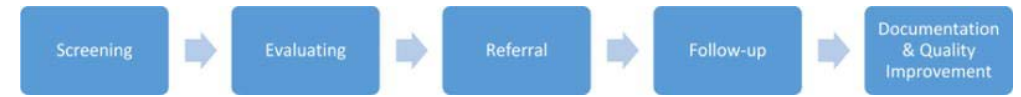
YES NO Physical Problems

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling Swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Substance abuse
- Tingling in hands/feet

- Hospital Anxiety and Depression Scale (HADS)
- Brief Symptom Inventory (BSI)
- Center for Epidemiological Studies – Depression Scale (CESD)
- Patient Health Questionnaire (PHQ9 or PHQ2)
- Outcome Questionnaire 10 (OQ10)

Managing Psychological Distress

- Perform assessments in real time
- Designate cutpoints for moving from assessment to intervention
- Establish triage pathways when a cutpoint is met
- Include psychosocial specialists in care (where possible)
- Provide access to results for survivors and other providers to improve patient–provider communication



Changes in Role or Identity



Relationship and Employment Roles

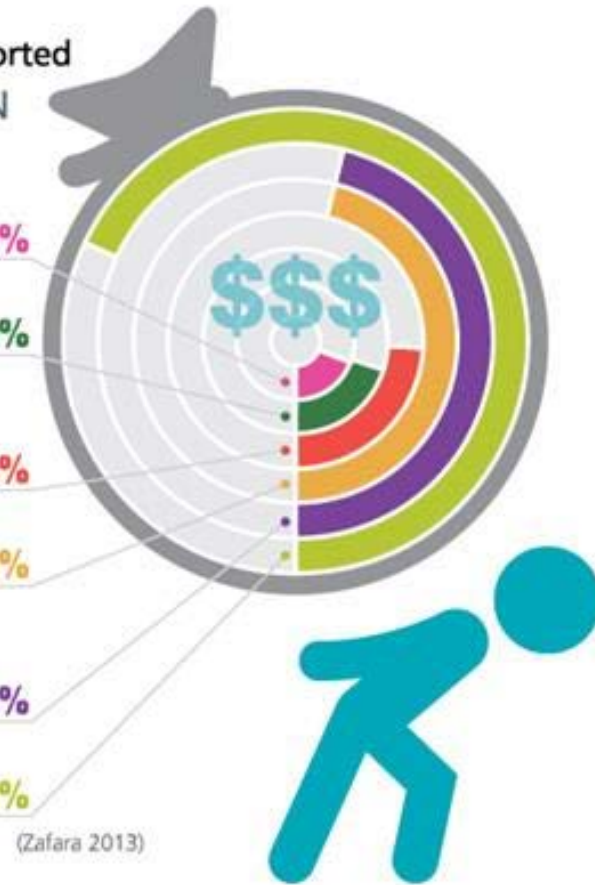
- 10-15% increased risk of relationship difficulties after cancer
 - Often due to predisposing factors
 - 33% of childhood cancer survivors and 84% of prostate cancer survivors report sexual difficulties after treatment
- 30-40% of cancer survivors have difficulty returning to work
 - 15-35% of survivors experience chronic fatigue
 - Up to 60% of survivors experience cognitive impairment 6 months after chemotherapy, with some recovery thereafter

Financial Toxicity

In one study, **42%** of participants reported a SIGNIFICANT FINANCIAL BURDEN

As a result:

- partially filled a prescription **19%**
- took less than the prescribed amount of medication **20%**
- avoided filling prescriptions **24%**
- used their savings to help cover out-of-pocket expenses **46%**
- reduced spending on food & clothing **46%**
- cut back on leisure activities **68%**



- Comprehensive Score for Financial Toxicity (COST)
- 3 item screen:
 - Ever skipped medication due to cost
 - Enough income for food and housing
 - Enough income for clothing, transportation

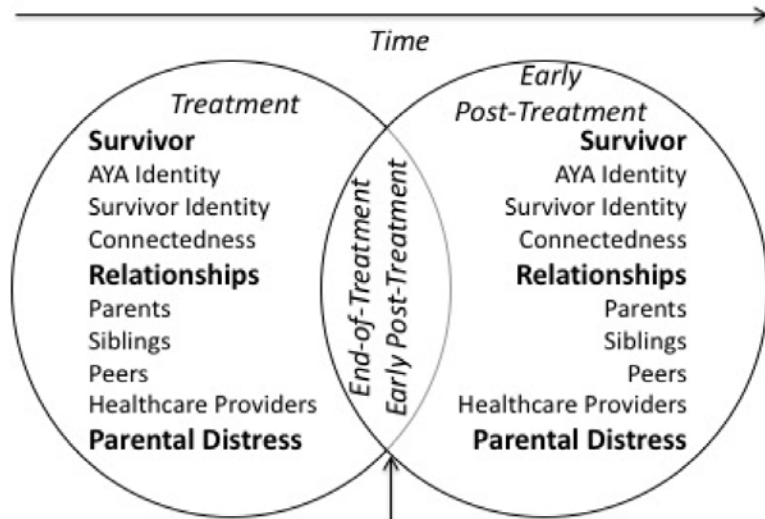
Changes in Behavior

- Teachable moment for cancer screening
- Teachable moment for other healthy lifestyle behaviors:
 - Diet
 - Physical activity
 - Smoking cessation
- Psychosocial interventions to change behavior most often tested in the survivorship phase

Mental Health Disorders

- A rare consequence of cancer and treatment
 - Up to 25% of survivors have a history of mental health diagnoses
 - Those with serious mental illness (SMI; schizophrenia, bipolar, major depression) are two to four times more likely to die from their cancer
 - Up to 22% of cancer patients experience symptoms of Post-Traumatic Stress Disorder (PTSD)
- Management of SMI
 - Involve psychiatry early and often!

Psychosocial Effects Across the Life Course



Survivorship Outcomes

- ❖ Participation in long-term follow-up
- ❖ Secondary/tertiary prevention of late effects
- ❖ Optimal Emotional-Behavioral Adjustment
- ❖ Achievement of AYA developmental outcomes

Evidence-based Issues for AYA & Parent

1. Feeling abandoned by health care providers
2. Feeling unsupported, unsafe, and unprepared for survivorship
3. Lack of knowledge & preparation
4. Fear of recurrence

Table 3 Utility of Assessment Tools for Incorporation in Geriatric Assessment That Met Consensus (N=30)

Domain	Assessment	IQR ^a	% of Panel ^b
Functional status	Both ADL/IADL	2	93%
	Gait speed	2	90%
	IADL	2	80%
	ADL	2	40%
Cognition	Mini Mental State Examination	2	80%
	Montreal Cognitive Assessment	2	80%
	Blessed OMC	3	75%
Social support	Caregiver burden/support	2	87%
	Medical Outcomes Study Survey	3	72%
	Social support from medical history	3	67%
Objective physical performance	Gait speed	2	93%
	Timed Up and Go	2	90%
	Short Physical Performance Battery	3	85%
Psychological status	Geriatric Depression Scale	3	83%
	Hospital Anxiety & Depression Scale	3	72%
Nutrition	Mental Health Inventory	2	63%
	Weight loss	1	90%
	Mini Nutritional Assessment	3	79%

Abbreviations: ADL, activities of daily living; Blessed OMC, Blessed Orientation-Memory-Concentration; CARG, Cancer and Aging Research Group; CRASH, Chemotherapy risk Assessment Scale for High-Age Patients; IADL, instrumental activities of daily living; IQR, interquartile range; VES-13, Vulnerable Elders Survey-13.

^aInterquartile range, or the 75th percentile minus the 25th percentile. Consensus defined as ≤2 units.

^bPercent of respondents that chose a utility rating of ≥7 for that item, where 0 = not at all important and 10 = the most important. Consensus defined as ≥66.7%.

Disparities in Psychosocial Adjustment

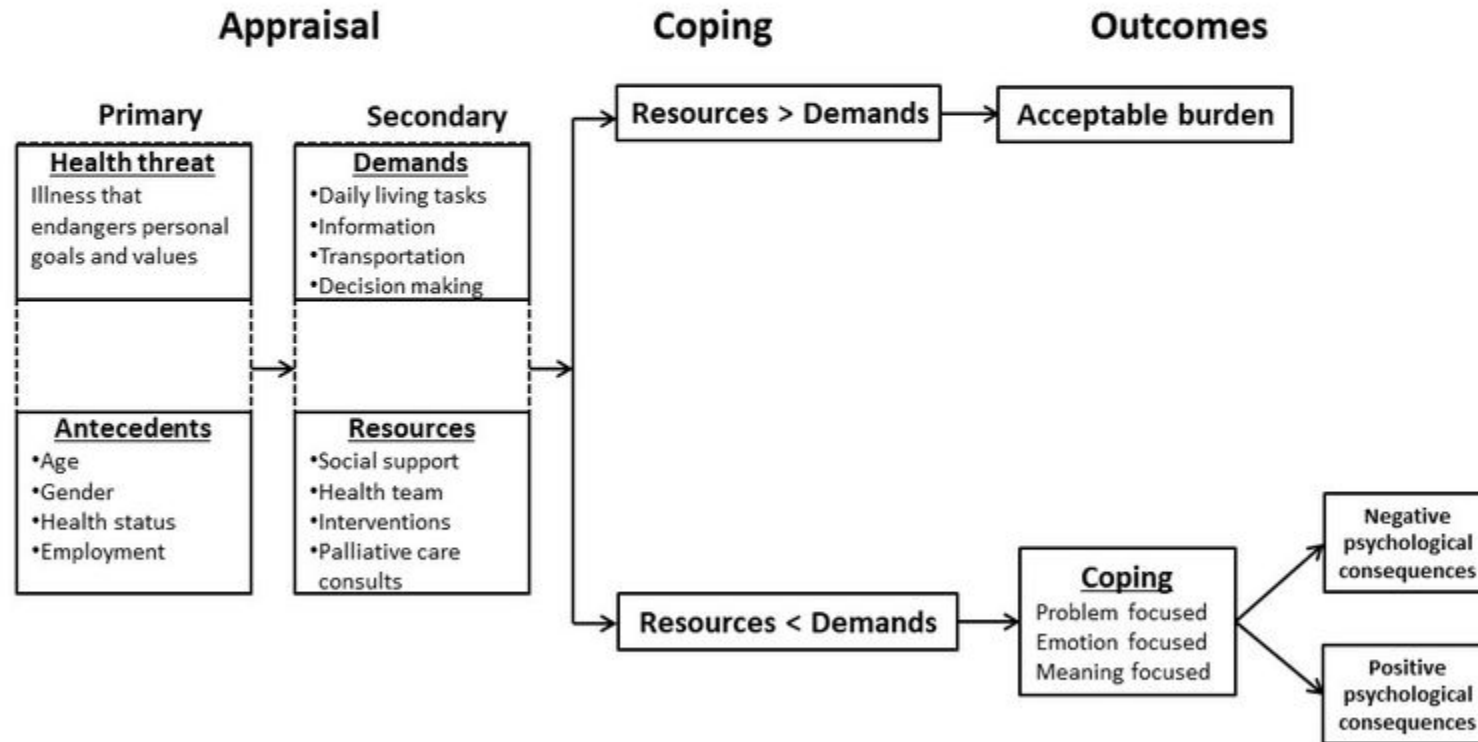


Should I talk about [having breast cancer]? Because how many things could I have? You know black, lesbian - I'm like, I can't be the poster child for everything. At least with the LGBT issues we get a parade and a float and it's a party.

— *Wanda Sykes* —

AZ QUOTES

Including Caregivers in Care



- 50% of caregivers report high distress
- Some caregivers may be more distressed than survivors!
- Different caregivers experience different stressors

Addressing Psychosocial Adjustment



1. Routine assessment
2. Risk stratification
3. Self-help recommendations
4. Referral

Including Community Resources in Care

- Understand cancer CBOs in your area
 - Gilda's Club, American Cancer Society
- Understand mental health CBOs
 - Mental Health America (MHA), National Alliance on Mental Illness (NAMI), hotlines
- Include in a resource guide

THANK YOU!

Any questions?

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