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

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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

Stanton, 2012; Syrjala & Yi, 2016
• 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

Lazenby, 2015; Recklitis & Syrjala, 2017
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

Brusletto, 2018; Huenchen, 2020; Reinertsen et al., 2017
Financial Toxicity

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

As a result:

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

Arastu et al., 2020; Zafar et al., 2015

- 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

Jacobsen, 2009
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!

Cunningham et al., 2015; Leano et al., 2019
Psychosocial Effects Across the Life Course

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

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

**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

**Survivorship Outcomes**

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

**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.

*Interquartile range, or the 75th percentile minus the 25th percentile. Consensus defined as ≥2 units.

*Percent 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

PDQ, 2019
Addressing Psychosocial Adjustment

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

Lazenby, 2015
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?
References