

Psychosocial Distress in Oncology

- Distress in oncology can be defined as unpleasant feelings that can interfere with a patient's ability to cope with or effectively manage cancer and its treatment, making it difficult to deal with changes that come with a cancer diagnosis, such as anxiety, depression, discouragement, guilt, hopelessness, sadness, or uncertainty.¹
- In a 2001 study of 4496 patients with cancer, the overall prevalence of distress was reported to be 35.1 %, which varied from 29.6 % for patients with gynecological cancers to 43.4 % for patients with lung cancer.²
- To improve the quality of cancer care, psychosocial distress management should be integrated as an essential component in cancer care. In 2009, the International Psycho-Oncology Society (IPOS) endorsed distress as the sixth vital sign in oncology to help ensure that distress is routinely monitored, after a patient's pulse, respiration, blood pressure, temperature, and pain.³
- As such, the National Comprehensive Cancer Network (NCCN), Institute of Medicine (IOM), IPOS, and the Commission on Cancer (CoC) have developed continuous quality improvement statements and/or guidelines to support distress screening and management.⁴⁻⁶
- Healthcare providers (HCPs) should be familiar with factors that contribute to cancer-associated distress and symptoms of cancer-associated distress in order to develop and implement a successful patient triaging strategy.⁶
- Distress management plans that include screening linked to a referral or intervention have been shown to improve patient outcomes.⁶

References: 1. American Cancer Society. Distress in people with cancer. http://www.cancer.org/acs/groups/cid/documents/webcontent/002827-pdf.pdf. Updated June 8, 2015. Accessed February 9, 2016. 2. Zabora J, BrintzenhofeSzoc K, Curbow B, Hooker C, Piantadosi S. The prevalence of psychological distress by cancer site. *Psychoancology*. 2001;10(1):19-28. 3. World Psychiatric Association. International Psycho-Oncology Society's (IPOS) statement on standards and clinical practice guidelines in cancer care, July 2010. http://www.wpanet.org/detail.php?section_id=7&content_id=1087. Accessed January 12, 2016. 4. Adler NE, Page AEK. *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*. Washington, DC: The National Academies Press; 2008. 5. Pirl WF, Braun IM, Deshields TL, et al. Implementing screening for distress: the joint position statement from the American Psychosocial Oncology Society, Association of Oncology Social Work and Oncology Nursing Society. http://www.apos-society.org/docs/APOS.AOSW.ONS.StmtDistressScreening.16July13.pdf. Published July 16, 2013. Accessed January 13, 2016. 6. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Distress management. Version 3.2015. http://www.nccn.org/professionals/physician_gls/PDF/distress.pdf. Accessed January 12, 2016.



Psychosocial Distress in Oncology



Psychosocial Distress in Oncology is a program for HCPs that focuses on the importance of identifying and managing patients with distress in order to improve patient outcomes. The program defines psychosocial distress, reviews how to identify psychosocial distress, discusses quality improvement initiatives that aim to improve standards in cancer-related distress, and provides an overview of interventions to manage distress. The program highlights distress screening tools and the fundamental pieces and steps to developing a comprehensive psychosocial distress screening program to meet the CoC mandate for implementation of psychosocial distress screening for accreditation.

KEY PROGRAM TOPICS

- Defining psychosocial distress
- Identifying psychosocial distress
- Improving standards in cancer-related distress
- Distress interventions

FOR MORE INFORMATION ABOUT Psychosocial Distress in Oncology, CONTACT YOUR PFIZER ACCOUNT MANAGER.

Focused on what truly matters.





