Michigan Cancer Consortium

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PSYCHOSOCIAL DISTRESS SCREENING IN CANCER PATIENTS

The Michigan Cancer Consortium (MCC) Survivorship workgroup, Commission on Cancer (CoC) subcommittee recommends that psychosocial distress screening occurs for each patient at a key "pivotal" visit. The NCCN distress screening tool is a recommended method with referral to professionals for distress scores ≥ 4.

Background:

In recent years, the concept that cancer care treatment involves more than the clinical treatment of the disease has gained greater attention within the oncologic community. Increasingly, medical guidelines and recommendations are calling on cancer treatment providers to screen their patients with cancer for psychosocial concerns, such as depression and anxiety, financial issues, the lack of a support system, or other signs of distress that might affect the patient's over all well-being and quality of life.

The National Comprehensive Cancer Network® (NCCN®) defines distress in cancer as a "multifactorial unpleasant emotional experience of a psychological (cognitive, behavioral, emotional), social and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms and its treatment".[1] Patients will report a range of distress symptoms from feelings of vulnerability to problems that disrupt their daily living[2]. Twenty-nine to forty-three percent of cancer patients experience significant psychosocial distress[3]. Five percent of cancer patients have been found to meet the clinical criteria for Post-Traumatic Stress Disorder[4]. Cancer survivors have the highest levels of distress in times of transition including but not limited to, time of diagnosis, waiting for the start of treatment and the completion of treatment[3]. In 2012 the American College of Surgeons, Commission on Cancer released new Cancer Program Standards. This included standard 3.2 Psychosocial Distress Screening. The intent of this standard is to assist cancer centers in recognizing and treating distress when it occurs in cancer survivors.

Commission on Cancer Standard 3.2 – Psychosocial Distress Screening

- "The cancer committee develops and implements a process to integrate and monitor on-site psychosocial distress screening and referral for the provision of psychosocial care."
    - "Patients with cancer are offered screening for distress a minimum of 1 time per patient at a pivotal medical visit to be determined by the program."

- "Facilities select the tool to be administered to screen for current distress. Preference is given to standardized, validated instruments with established clinical cutoffs."
- "The evaluation will confirm the presence of physical, psychological, social, spiritual and financial support needs and indicate the need to link patients with psychosocial services offered on-site or by referral."

    - *Commission on Cancer, 2012*[5]

MCC Survivorship Workgroup Recommendations:

The MCC Survivorship work group is composed of physicians and nurses from 16 different health care systems, has reviewed current practice within the state and is making the following recommendations:

1. Use of a Psychosocial Distress Screening Tool to evaluate level of distress in cancer patients undergoing treatment:

    a. The NCCN® has established guidelines for Distress Management which includes a distress screening. There is no cost for the use of this tool by clinicians or patients for clinical purposes; however permission will need to be gained from the NCCN.

    Permission has been granted by the NCCN to institutions for adaptations for Electronic Medical Record with approval by NCCN. Please note that this permission is for the institution to integrate into the system. Use by an EMR vendor requires a separate license.

    b. With the NCCN Distress Thermometer, it is recommended that a distress score of 4 or more receives a referral for follow-up care.

    c. Administration of the tool should be determined by individual facilities based upon their structure. Since this is a self-assessment tool the implementation of this tool can be done by a variety of staff including medical assistants, nurses and social workers.

    d. Facilities will need to determine the most effective medical visit to assess distress. The Commission on Cancer provides examples of pivotal medical visits which include:

        i. Time of diagnosis

            - Advantage – will meet the requirement of screening all cancer patients

- Disadvantage – patient distress is typically high at time of diagnosis and it may be difficult to distinguish who needs further intervention

ii. Pre-surgical and post- surgical visits

- Advantage – is a point of contact for many cancer patients
- Disadvantage – not all cancer patients will have surgery

iii. First visit with medical oncologist or radiation oncologist

- Advantage – is a point of contact for many cancer patients
- Disadvantage – not all cancer patients will meet with medical or radiation oncologists

2. Patient Referral and Psychosocial Care:

   a. Commission on Cancer standards state that if moderate or severe distress is found (score of 4 or > on the NCCN Distress Thermometer) that the patients will need to be evaluated by their oncology team to "confirm the presence of physical, psychological, social, spiritual and financial support needs and indicate the need to link patients with appropriate psychosocial services offered on-site or by referral".

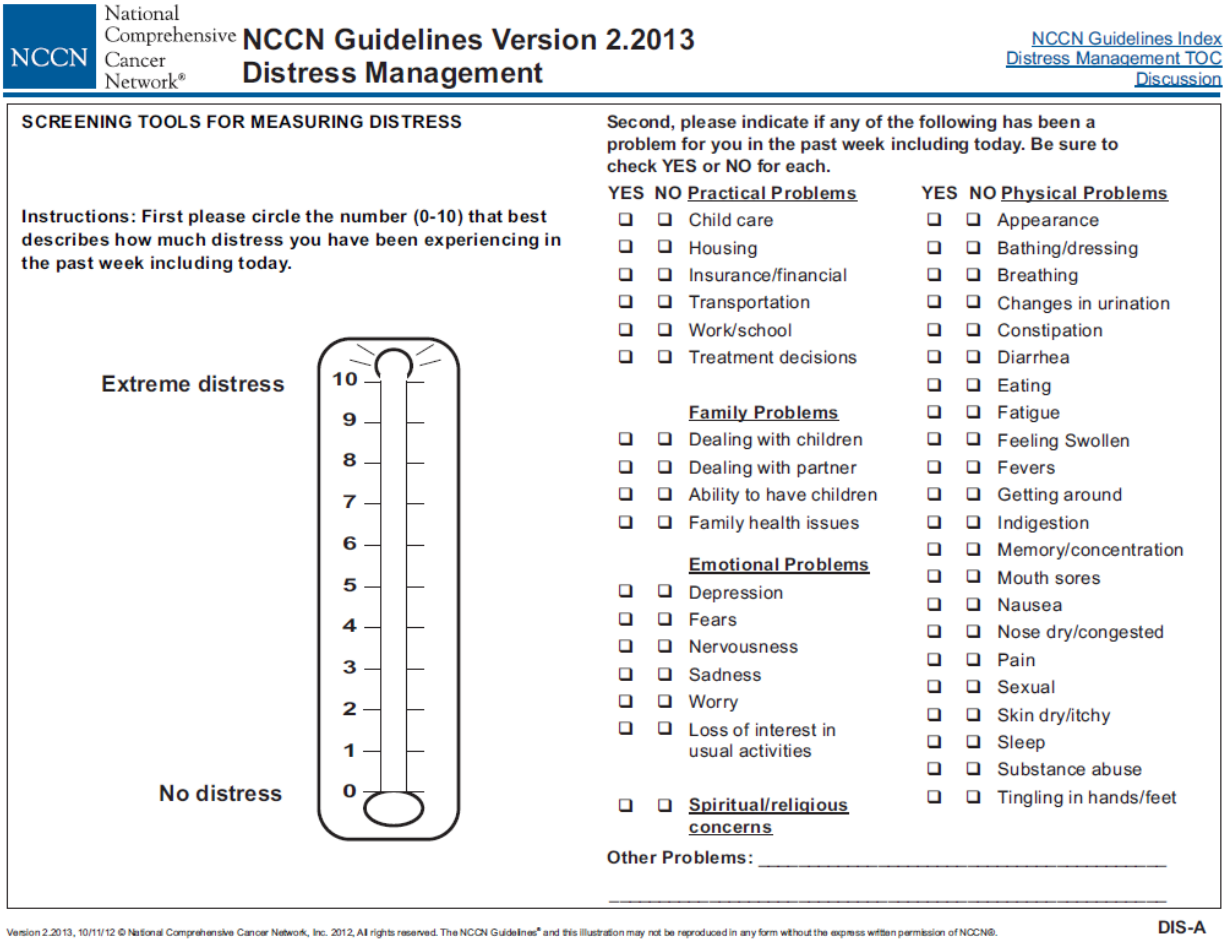
   b. The process for patient referrals to the appropriate provider (i.e. oncology social worker, psychologist, and psychiatrist) will be developed by the cancer center.

3. Other Recommendations:

   a. It is recommended that upon early implementation, appropriate personnel are identified to assess and monitor the concerns commonly exhibited by cancer patients, so specific plans can be made for common concerns i.e. child care during chemotherapy.

NCCN Permission:

To utilize the NCCN Distress Thermometer your organization needs to obtain permission from NCCN. This can be done at http://www.nccn.org/about/permissions/request_form.asp. You should include in your permission request whether or not you plan to modify the tool or integrate into an Electronic Medical Record system. If modifications are planned, explain the modifications in your written request. You should receive e-mail permission to use the tool followed by a formal letter for your records.



NCCN National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2013
Distress Management

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

10
9
8
7
6
5
4
3
2
1
0

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

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

Other Problems: _____

_____

DIS-A

Other Distress Screening Tools:

There are other tools that could be used to assess aspects of psychosocial distress. One such tool discussed by the subcommittee, is the Edmonton Symptom Assessment Tool (ESAS). This tool was developed to assist in the assessment of nine symptoms that are common in palliative care patients: pain, tiredness, nausea, lack of appetite, depression, anxiety, shortness of breath, and wellbeing. Information about this tool is available at http://www.palliative.org/newpc/proffesionals/tools/esas.html

For More information:

Mitchell, A. (2013) Screening for cancer-related distress: when is implementation successful and when is it unsuccessful. *Acta Oncologica. 52*(2)216-224.

References:

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2. Sheldon, L.K. & Barnett, M. (2011) Anxiety and uncertainty. In Lester, J. & Schmitt, P. (Eds.) *Cancer Rehabilitation and Survivorship*: *Transdisciplinary Approaches to Personalized Care* (pp. 165-174). Pittsburgh, PA: Oncology Nursing Society.
3. Institute of Medicine (IOM). 2008. *Cancer care for the whole patient: Meeting psychosocial health needs.* Nancy E. Adler and Ann E. K. Page, eds. Washington, DC: The National Academies Press.
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5. Commission on Cancer (2012) *Cancer Program Standards 2012: Ensuring Patient-Centered Care.* Chicago: American College of Surgeons.

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