Emotion and Cancer: Treatment and Survivorship

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Outline

- Definitions and meaning of cancer survivor/survivorship
- The cancer control continuum
- The survivorship tracks:
  (1) typical
  (2) poor-functioning
- Lifecourse perspective
- Caregiving context
- Socio-cultural factors
Cancer Control Continuum “Revisited”

Risk assessment/Prevention

Screening and Detection

Diagnosis

Treatment

Survivorship

End of life/Palliative care

Adapted from Rowland and Bellizzi, 2008, *Hematol Oncol Clin North Am*
Cancer treatment and survivorship

• “Survivor”:
  – An individual from time of diagnosis onward through the balance of his or her life.
  – Friends, family members, and caregivers

• Survivorship research: focus on the physical, emotional, social, and financial outcomes among pediatric and adult survivors and their friends, families, and caregivers.

• Survivor identities (Park et al., 2009, *J Gen Intern Med*):
  – “Patient,” “survivor,” “person with cancer,” and “victim”
Two tracks...

1. **Typical**: many survivors, who have healthy levels of pre-cancer emotional functioning

2. **Poor-functioning**: those who either have preexisting psychological comorbidities or come from stressful contexts
One Dominant Emotion: Distress

- Distress definition:
  a multi-determined unpleasant emotional experience of a psychological, social and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its symptoms and treatment.

  -National Comprehensive Cancer Network, 2002
Responses to Distress

Distress level over time since diagnosis:
- **High**
- **Typical**
- **Blunted**

Events include:
- Diagnosis
- Treatment
- End of Treatment
- No Evidence of Disease
- Recurrence or progression
- Advanced Cancer or Treatment Failure
- End of Life

Graph shows fluctuations in distress levels at these key points.
Consider the Lifecourse

• Emotional response may differ for survivors and caregivers, depending on the age/developmental stage of survivor
  – Children (age 0-14)
  – Adolescents, Young Adults (AYA) (age 15-39)
  – Middle aged adults (age 40-59)
  – Older Adults (age 60+)

• Impact on family differs by age/life stage
<table>
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<tr>
<th>Risk Factors</th>
<th>Physical Outcomes</th>
<th>Emotional Outcomes</th>
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<td>Lack of sleep</td>
<td>Emotional distress</td>
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<td>Caregiver gender</td>
<td>Unhealthy &amp; irregular eating</td>
<td>Anxiety</td>
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<td>Education level</td>
<td>Fatigue</td>
<td>Depression</td>
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<td>Spirituality</td>
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<td>Disease status</td>
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<td>Coping methods</td>
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<td>Income concerns</td>
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Multiple levels of socio-cultural factors

Policy
ex. Survivorship care planning, standards of care

Community/Culture
ex. work, school, neighborhood, heritage

Healthcare Team
Healthcare providers, patient navigators

Family/Caregivers

Survivor

Adapted from Stokols, 1996, American Journal of Health Promotion
Socio-cultural perspectives on cancer survivorship

• Cancer survivorship, in terms of emotional health, entails meaning-making
  – Differs across individuals and across socio-cultural scales

• Survivorship interventions should be tested in any new population and then tailored to be relevant, sensitive, and meaningful for specific groups.

• Big need for qualitative research to understand how experiences in treatment and survivorship unfold for different cultural groups and quantitative research to expand inclusion of understudied groups
End of Life and Palliative Care

• Time of heightened emotion for survivors and their family
• Decisions to accept or decline treatment
• Elevated levels of emotion for
  – Decision to stop treatment
  – End of life care
  – Death
Summary

• Definitions and meaning of cancer survivor/ survivorship

• The cancer control continuum

• The survivorship tracks:
  (1) typical
  (2) poor-functioning

• Lifecourse perspective

• Caregiving context

• Socio-cultural factors


Extra slides for handouts
Estimated Number Cancer Survivors in the US
1971 - 2006
Projections including and excluding in situ 2007-2020

U.S. Estimated Prevalence counts (excluding in situ)
Projections including in situ
Projections excluding in situ

Warren et al., Current and Future Utilization of Services From Medical Oncologists, JCO, 2008
AXIS OF NESTED HIERARCHIES

Global-level (Geopolitical, economic and environmental dynamics)

Macro-level (National/state and large-area dynamics)

Mezzo-level (work-sites, schools, communities, healthcare)

Micro-level (groups, family, social networks, etc)

Opportunities

Constraints

Human Action/ Behavior

Embodiment

Expression

Multi-organ system level

Cellular level

Sub-cellular/molecular level

Genomic substrate (“the river bed”)

Glass & McAtee, 2006, Social Science & Medicine