PROVINCIAL PSYCHOSOCIAL ONCOLOGY NEWSLETTER

Cancer Care Ontario
Action Cancer Ontario

FALL 2012 6TH EDITION

A note from Esther...

As we move forward on the Psychosocial Oncology Program Work Plan, it is important to recognize the excellent work that is happening at the regional level. In this edition we invited Dr. Madeline Li and her colleagues to outline the state of the evidence related to treating depression. Madeline, Peter and Gary have posed some interesting thoughts on what we know and do not know about treating depression, an important area clinicians recognize is needed for quality cancer care. Gale Turnbull Macdonald shares her experience in leading the adaptation of the IOM Guideline on Whole Person Care; what this means for Ontario; and how to apply the recommendations. Following Gale's comments, the Psychosocial Oncology (PSO) Program work plan highlights the rationale for why this guideline is important for us to implement: to ensure that every cancer patient has access to psychosocial resources, standardized across the province and based on international best practice. I want to commend and acknowledge the tremendous work that our colleagues Carole Mayer, Diane Manii, Scott Sellick, Colleen Lynas and Lesley Moody; and the Informatics Team: Haim Secter, Ying Zeng, Ann Marie Legaspi and Elizabeth Quillam have accomplished to develop quality data reporting for the regional clinical leads to analyse as a means to review how the PSO resources are aligned with patient need. We included in this edition the 'roadmap' of whole person approach in the development of a pathway map outlining psychosocial and palliative care elements. The DPM group acknowledged that the current disease pathways have not included these essential elements that are required for comprehensive care. There is more work that will be undertaken; but this is a good beginning. One of the new elements of the newsletters is the opportunity to meet colleagues from across the province. For this edition, we are pleased that Dr. Caroline Gerin Lajoie agreed to share her role and work in the Ottawa Hospital Cancer Program. I want to thank Alysha Glazer in particular, who quickly and efficiently came into the role when our colleague Naomi Greenberg left to give birth to her son, Ethan….a little earlier than anticipated. Welcome Alysha and Zahra to the psychosocial oncology program. Finally, I want to thank Raquel Shaw-Moxam. Raquel has held various roles at CCO over the last six years, including manager of the Psychosocial Oncology Program. While we are sorry to be losing Raquel's experience, enthusiasm and positive attitude, we have appreciated her knowledge and her contributions to the team and the outcomes of the programs.

Sincerely,

Esther Green

Esther Green
Provincial Head of Oncology
Nursing and Psychosocial,
Oncology, Cancer Care Ontario

Inside this issue:

Treatment of Depression in Cancer: State of the Evidence

The April 10, 2012 issue of the Journal of Clinical Oncology represents a significant milestone for psychosocial oncology (PSO) in cancer care. This entire special series issue - Caring for the Whole Patient: The Science of Psychosocial Care – is devoted to reviewing evidence-based psychosocial interventions in cancer care. Publication of psychosocial research in such high impact primary oncology journals is a valuable first step towards achieving the new *IPOS Quality Standard (*International Psycho-Oncology Society) calling for integration of the psychosocial domain into routine cancer care, as well as satisfying Domain A: Raising Awareness, from the new Ontario PSO Framework, *Psychosocial Health Care for Cancer Patients and Their Families*.

Included in this issue is the review by Li et al., *Evidence-Based Treatment of Depression in Patients with Cancer* (JCO 30:1187-1196, 2012). While providing oncology professionals with currently available best management practices and practical guidance for prescribing antidepressants and recommending psychological interventions for depression in cancer, the review also concludes that the evidence-base for the effectiveness of both pharmacotherapy and psychosocial interventions in this population remains quite limited. The current state of research on the treatment of depression in cancer is such that open-label case series studies of standard antidepressants are still being published. Wide methodological variability and limitations confound conclusions about the effectiveness of psychological therapies, and even the phenomenological nature of depressive symptoms in cancer is being explored. Further research is required to establish the effectiveness of psychological and biological treatments for depression in cancer. In practice, a multi-component approach, in which specific psychological, social and disease-related contributing factors are addressed and combined with pharmacotherapy, for more severe depression, is likely to be the most effective. Such a combined approach to depression in this context is often needed, since it is typically a final common pathway of distress that arises from multiple interacting risk factors.

As the discipline of PSO is now gaining recognition within routine cancer care, the onus is on psychosocial researchers to establish a more solid evidence-base upon which to develop effective treatment guidelines for depression in cancer. It is important to invest in studies to establish the relative and combined efficacy of pharmacologic and psychosocial treatments in cancer patients, and their role in the treatment of sub-threshold depression and depression in palliative populations. Some research on novel therapies targeted to specific biologic and psychosocial risk factors is already underway. Such research will enable PSO to move beyond the Ontario Cancer Plan III Strategic Priority #4 (improving patient experience), and into Strategic Priority #3 (improving patient outcomes), thereby increasing the significance and full impact of PSO in comprehensive cancer care.

- Madeline Li, MD PhD,
Peter Fitzgerald, MD,
Gary Rodin, MD

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CCO Launches Strategic Focus on Patient-Centred Care

On Friday June 22nd, 2012, CCO launched its strategic focus on patient-centred care at the CCO town hall as part of its new Corporate Strategy 2012 – 2018. The town hall was used as a forum to discuss CCO's goal of partnering with patients and healthcare providers to advance a patient-centred approach. Patient- and family-centred care is an approach used to plan, deliver, and evaluate healthcare by determining the patient and family's needs and wants. Engaging patients and families throughout their involvement with the healthcare system will result in better health outcomes, wiser allocation of resources, and greater patient and family satisfaction.

The town hall featured various speakers who helped the audience understand the different components of patient-centred care. Topics addressed included:

- The importance of the patient and family voice
- The use of experience-based design in advancing patient-centred care
- The difficulties clinicians face when assessing patient experience
- The need for collaboration between patients and healthcare providers

The town hall also featured a graphic artist who captured the meeting's messages in a visually appealing infographic. The figure above is the final infographic created during the town hall.

- **Yanci Rajmohan**, Co-op Student Project Coordinator, Disease Pathway Management

A Roadmap of the Whole-Person Approach to Cancer Care in Ontario

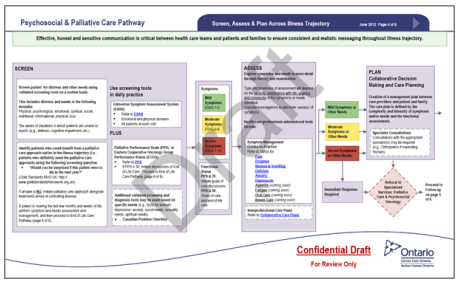
CCO's Psychosocial Oncology and Palliative Care Clinical Programs are working with the Disease Pathway Management (DPM) Secretariat to incorporate critical elements of psychosocial and palliative care into CCO's existing pathway maps of the cancer journey. The goal of this work is for the disease pathway maps to provide a picture of the whole-person approach to cancer care in Ontario.

CCO's DPM Program has developed evidence-based pathway maps of a patient's cancer journey in Ontario, for specific types of cancer, including lung, colorectal, and prostate. The pathways are meant to set regional expectations for the delivery of evidence-based care in Ontario. The disease pathway maps are available for download on the CCO website: http://www.cancercare.on.ca/ocs/qpi/dispathmgmt/disease_pathway_maps/. The existing pathways are largely "tumour-focused" and as such lack elements of psychosocial and palliative care.

Under the leadership of Esther Green and Dr. José Pereira, a team of experts has developed a pathway that depicts the recommended psychosocial and palliative care a person should receive in Ontario, regardless of the type of cancer. The pathway is meant to highlight the notion of using a psychosocial and palliative care approach early in the illness trajectory and not simply when patients are nearing the end of their lives. The pathway was developed for all health care providers involved in a patient's cancer journey, including specialists and non-specialists, and will be available on the CCO website. The pathway covers screening for distress, assessment of screening results, planning for care management, recommendations for follow-up and referrals to specialists. The pathway also includes essential elements of end of life care.

Following the completion of the Psychosocial and Palliative Care Pathway, elements of this pathway will be integrated into the existing disease-specific pathways of the Lung, Colorectal and Prostate Cancer journeys. The disease-pathway maps will then provide a picture of the whole-person approach to cancer care.

For more information about disease pathway maps, please contact Angelika Gollnow, DPM Program Manager (Angelika.Gollnow@cancercare.on.ca).



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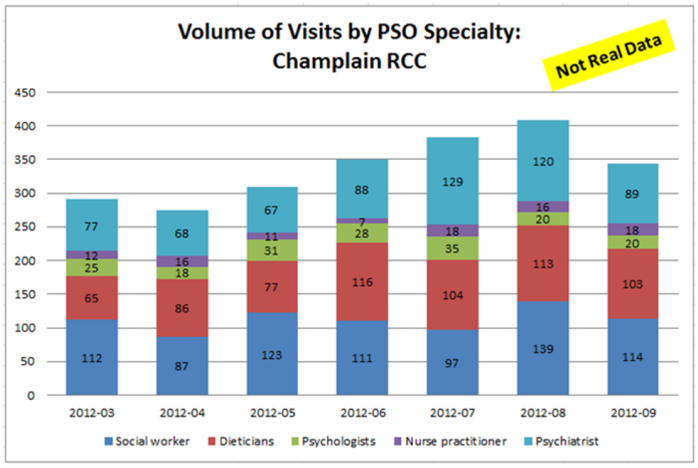
New Regional PSO Performance Reports

Beginning in the new year, psychosocial oncology (PSO) regional clinical leads will be receiving quarterly performance reports for their individual regions. Combining data from Activity Level Reporting (ALR) and the Symptom Management Reporting Database, the new PSO performance reports provide regional level analysis on PSO visits from the previous quarter. The reports will include, but are not limited to, regional level reporting on the volume of new cases seen by PSO providers, the monthly volume of visits to each PSO specialty and the symptom profile by disease site of patients seen by PSO providers. Each PSO regional lead and a secondary contact have received a secure SSL account in order to access their quarterly reports. A mockup of one of the graphs that may be found within the reports is shown. For more information, contact Alysha Glazer (Alysha.Glazer@cancercare.on.ca).



The Journey of a Psychosocial Oncology Psychiatrist

Freud introduced the term "*psychic determinism*" which asserts that our internal experience, our behaviors, our choice of romantic partners, our career decisions, and even our hobbies are shaped by unconscious forces that are beyond our awareness (Gabbard, 2000a). Whether you agree with this concept or not, I believe it is important to understand the factors that brought us to work in the field of psychosocial oncology.

It was during a Clinical Skills class in second year of medical school at the University of Ottawa, that I observed a psychiatrist interview a female patient in her 40's who was dying of a hematological cancer. Immediately after this touching session, I turned to my friend and said: "I have just seen the light; I want to become a psychiatrist". What a privilege it seemed for a physician to be trusted with this person's most private thoughts and feelings, especially as she was facing her own mortality. However, it was only during my final year of psychiatric training that I started working directly with oncology patients. I quickly became fascinated by the powerful impact of *cancer* as a trigger for many psychotherapy issues, and also by the psychopharmacology challenges in these patients.

I began my career working as a general psychiatrist at The Ottawa Hospital Outpatient Psychiatry Department. This position enabled me to provide teaching to residents, but also allowed me to continue treating oncology patients. In 2002, I married a busy physician, became the step-mother of two, and shortly after had twins and a third child, only 1.5 years apart. Yes, this brought our total to 5 children, and I would often joke that I went to work to relax, enjoy some privacy and have the illusion of control.

In 2008, The Ottawa Hospital Cancer Center finally received funding for the creation of a Psychosocial Oncology Program, and I was fortunate to become involved as its Medical Lead. I faced many challenges: working in a new program, creating a new position, and becoming familiar with the cancer center's culture. This is a transition that I could not have made without the guidance of Diane Manii, the program's Clinical Manager, who generously shared her experience and wisdom. Along the way I was encouraged and inspired by other colleagues in the province, such as Dr. Gary Rodin and Esther Green from Cancer Care Ontario. I was also grateful to be working with a psychosocial team of truly passionate and dedicated staff.

My knowledge of psychosocial oncology grew through my clinical work, teaching activities, participation in CCO committees, and presentations at various conferences (local, national, and international). It was during my preparation for a particular presentation that I made an important realization. It occurred to me, for the first time, that my interest in helping people affected by cancer was linked to my mother's experience as a child. Her father (my maternal grand-father) died at home of Hodgkin's Lymphoma at the age of 36, leaving behind a wife and 4 children. Unfortunately in those days, there were no psychosocial oncology programs. I am certain that my mother and her family would have benefited from that kind of help, compassion and support. *Hmmm…maybe Freud was right about psychic determinism after all?!!!*

In the end, the most important teachers of psychosocial oncology have been the patients and families. I am very grateful to them for the opportunity to accompany them through their cancer journey. The patients have taught me to be appreciative and grateful for the things I am blessed with, and not to take life for granted. The nature of the clinical work and certain readings, in particular, Viktor E. Frankl's book "Man's Search for Meaning", has provided me with the opportunity to reconnect with my own beliefs and values. Despite increasing pressures from the medical system such as budget cuts, increasing patient volumes, lack of resources, and my ongoing challenge of balancing career and family, I continue to feel highly privileged to work in the field of psychosocial oncology.

So, after reading this story, you should ask yourself….what brought you to psychosocial oncology, and what keeps you there?

- Caroline Gerin-Lajoie, MD, FRCPC

New CCO Oncology Nursing Program Staff!

Zahra Ismail

Program Manager, Nursing, Psychosocial Oncology, & Patient Education

Zahra.Ismail@cancercare.on.ca

Alysha Glazer

Project Coordinator, Nursing & Psychosocial Oncology

Alysha.Glazer@cancercare.on.ca

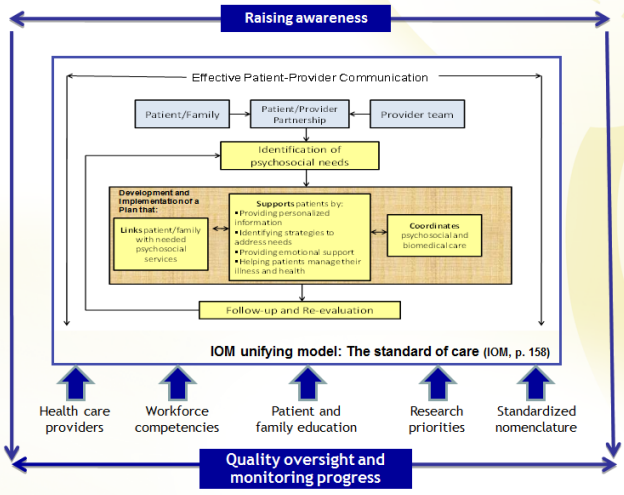
Psychosocial Oncology Framework

Psychosocial care is a whole-person approach to cancer care that addresses the social, psychological, emotional, spiritual, and functional aspects of the patient journey with an interdisciplinary team of care and service providers. While this type of care is very important to the overall experience of the patient and their family there can be barriers to attaining optimal psychosocial care.

The members of the PSO committee at CCO, whose members represent the fourteen regions throughout Ontario, recognized that a framework for psychosocial care was needed to improve the quality of comprehensive cancer care in the province. A working group including, P. Brown, J. Hatton -Bauer, M. Li, E. Green, S. Lebel and G. Turnbull Macdonald worked with Fulvia Baldassarre from the Program in Evidence Based Care to adapt the Institute of Medicine's 2008 standard, *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs* to the Ontario context. After working through the ADAPTE and practice guideline development cycle, the framework was developed containing 8 domains; 7 of which were adapted from the source document and one new domain was added to raise awareness of the need for psychosocial support for patients and their families. Within these domains, 31 recommendations were created. Recommendations are geared to administrators and health care providers.

The domains and associated recommendations address the need for all health care providers to ensure patients and their families have access to standardized care that provides appropriate psychosocial health services. The following diagram outlines the interplay between the domains to enhance psychosocial care.

Each region is working with these recommendations to identify priorities, and implement changes to enhance the provision of psychosocial care for patients and their families. For details about what is happening in your region, please connect with your regional PSO lead. To find out who your Regional PSO Lead is contact Alysha Glazer; (Alysha.Glazer@cancercare.on.ca).



Please go to the Cancer Care Ontario website at https://www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/jointcollab-ebs/ to find the full report and summary document. You can also read about the framework and its associated domains and recommendations in Current Oncology, Volume 19, Number 4 (August 2012), 209-216.

- Gale Turnbull Macdonald, MEd, MDiv

Psychosocial Oncology Services in Ontario: Achieving the 2015 Vision

We are very excited to be progressing towards the goal in the Ontario Cancer Plan III, which states that every cancer patient in Ontario will have access to psychosocial resources, standardized across the province and based on international best practices by 2015. A significant first step towards achieving this goal was the publication of the *Psychosocial Health Care for Cancer Patients and Their Families: A Framework to Guide Practice in Ontario and Guideline Recommendations.* According to this guideline, there are eight key domains which define the psychosocial oncology (PSO) framework, including: (A) Raising Awareness: Understanding and Defining Psychosocial Health Care; (B) Standard of Care; (C) Health Care Providers; (D) Patient and Family Education; (E) Quality Oversight and Monitoring Progress; (F) Workforce Competencies; (G) Standardized Nomenclature; and, (H) Psychosocial Research. The full guideline can be viewed at: http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=83597.

The next step is the regional implementation of this guideline. To begin this process, two domains have been selected for which regional guideline concordance will be measured over the next year. The two domains and examples of possible activities for regions to engage in are shown in the table below; these examples reflect some of the activities that are already taking place in the province.

The ultimate goal over the coming years is the regional implementation of the *entire* guideline. This will help meet the psychosocial health care needs of cancer patients and their families at both the provider level (psychosocial health services) and the system level (psychosocial health interventions), and will help achieve the goals set out in the Ontario Cancer Plan III.

For more information, please contact Alysha Glazer, Nursing and PSO Project Coordinator (Alysha.Glazer@cancercare.on.ca).

Domain	Domain A - Raising Awareness: Understanding & Defining PSO Care	Domain B – Standard of Care: Screening for PSO needs
Activity Examples	- Networking with and marketing to Regional Cancer Program PSO staff (including inside & outside RCC) - Trans-disciplinary PSO education session to be held opportunistically	- Training for new and existing clinic nurses for how to effectively intervene and discuss results of distress screening and assess the need for specialized PSO referral - New patient orientation sessions (including screening and services available)

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Launch of New Symptom Management Guides-to-Practice

Cancer Care Ontario is pleased to announce the release of four new Symptom Management Guides-to-Practice (SMGs). Building on the successes of the first six, Cancer Care Ontario has released SMGs for ***Loss of Appetite, Bowel Care, and Oral Care*** along with accompanying two-page Algorithms and condensed Pocket Guides for each. We are also endorsing the newly published Fatigue guideline and algorithm developed by Canadian Partnership Against Cancer.

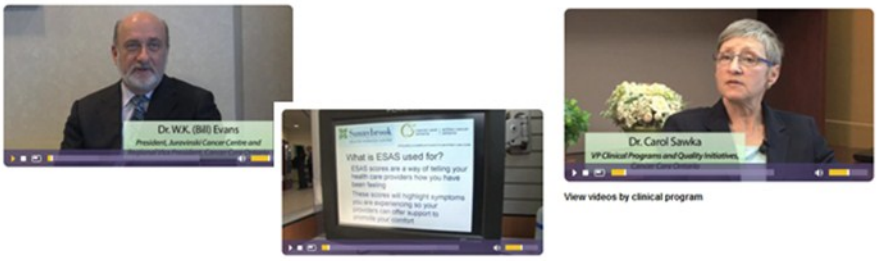
These SMGs are a follow up to the Pain, Nausea & Vomiting, Anxiety, Depression, Delirium and Dyspnea Guides originally launched in 2010.

The SMGs are clinical tools designed to assist health care practitioners with the assessment and pharmacological and non-pharmacological management of a patient's cancer-related symptoms. All the Guides have been through a rigorous interdisciplinary development and review process. They represent current evidence and best practice and replace previously published guidelines distributed through CCO.

Please feel free to download and print these guides and forward the link to others: http://www.cancercare.on.ca/toolbox/symptools/

You can also download the Symptom Management Mobile App here:
http://www.cancercare.on.ca/applibrary

To view a video highlighting how patient care is improved through Optimal Symptom Management click here:
http://www.cancercare.on.ca/ocs/qpi/ocsmc/



If you have any questions or concerns about the content of this newsletter or about the Psychosocial Oncology Program, please contact Alysha Glazer, Project Coordinator at Alysha.Glazer@cancercare.on.ca or 416.971.9800 ext. 2713.

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