

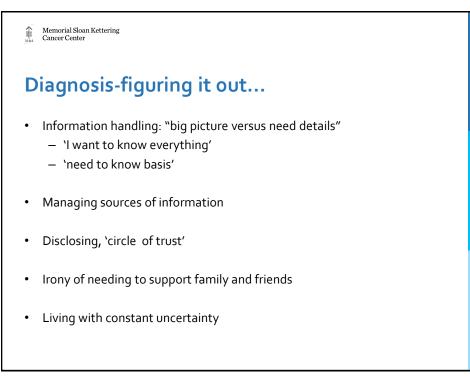
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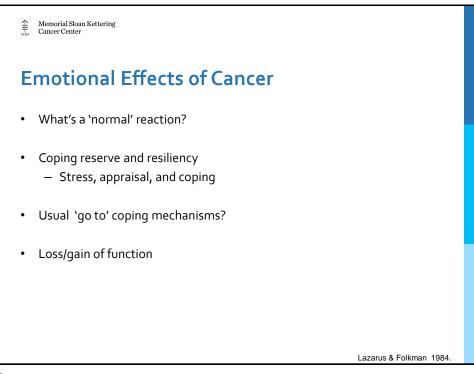
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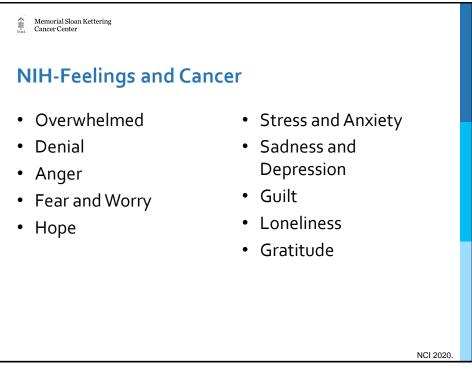
Hemorial Sloan Kettering Cancer Center

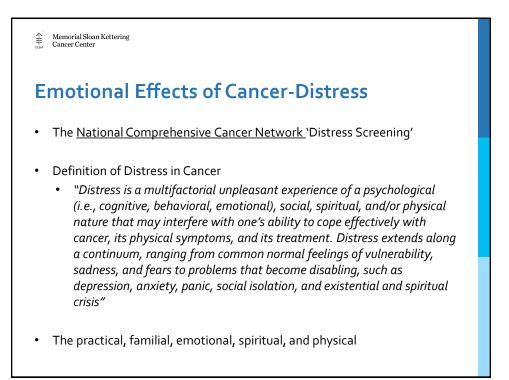
Diagnosis

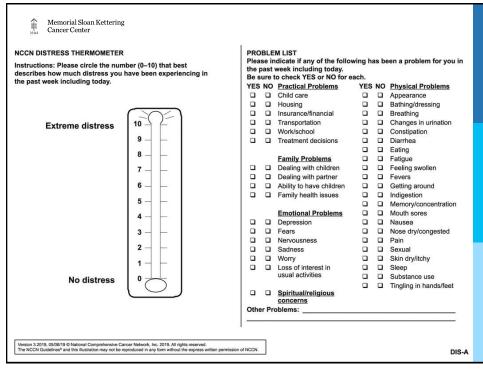
- Coming to a diagnosis...-the waiting game
 - trail of doctors, nurses, hospitals, (invasive tests), and receiving information
- Pathology
 - Molecular data
- Treatment considerations-recommended treatment best treatment trial options? etc...
- Cancer 'education'
- Lifestyle changes

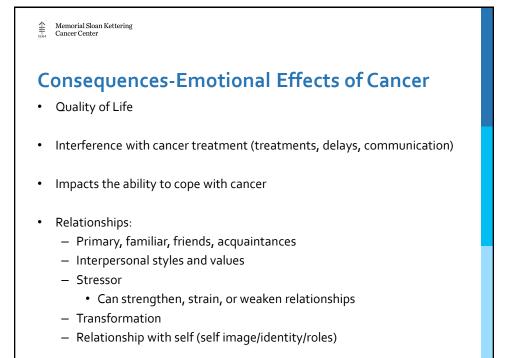












What does anxiety or depression feel like?

Anxiety

- Extra worry, can't relax and feel tense
- May notice
 - Fast heart beat
 - Headaches, muscle aches
 - Appetite disturbance or diarrhea
 - Shaky, weak, dizzy
 - Tight feeling in throat/chest
 - Sleep disturbance
 - Hard to concentrate

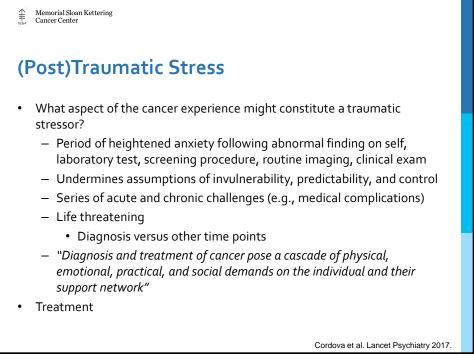
Depression

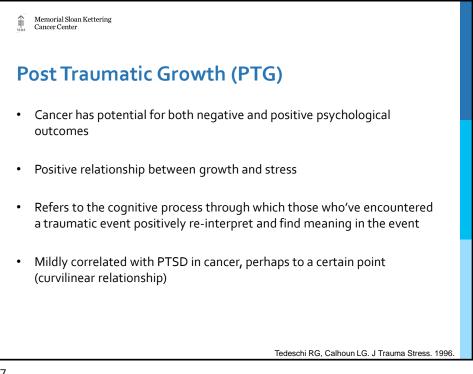
- Sadness that doesn't go away
- Emotionally numb
- Sense of guilt or feeling unworthy
- Helpless or hopeless (loss of meaning)
- Moody, short tempter, irritable
- Crying (long periods of time or many times per day)
- Focused on worries and problems
- Little or no interest, enjoyment
- Thinking about self harm

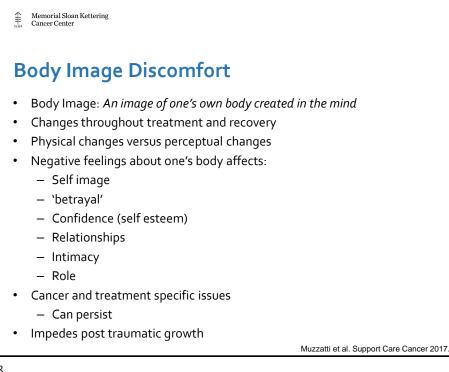
NCI 2020.



Memorial Sloan Kettering ŧ Cancer Center (Post)Traumatic Stress Disorder versus symptoms Core symptoms of PTSD Intrusive persistent negative thoughts Avoidance type of behavior Hyper-arousal and reactivity (vigilant) • Cancer is considered a traumatic event (Diagnostic Statistical Manual-V) Associated with distress, depression, other anxiety disorders Cancer – related PTSD is 12.6% while up to 20% may have symptoms **Risk factors:** - prior trauma, pre-existing psychiatric conditions, poor social support, limited financial resources - advanced disease, invasive treatments, not remembering during key cancer experiences, persistent intrusive re-experiencing Cordova et al. Lancet Psychiatry 2017. 15







Memorial Sloan Kettering ŧ Cancer Center Fear of Cancer Recurrence (FCR) The most prevalent unmet supportive care need in cancer is help with FCR Almost all patients experience some FCR; - 'scanitis' Studies have shown even higher rates in caregivers Does not always decrease with time, even when the risk is low Intrusive thinking and preoccupation with checking (for cancer) Negative impact on QOL, psychological adjustment, ability to establish goals Interventions –few validated approaches - Risk perception modification Self regulation of illness model –focuses on adaptive coping Acceptance and Commitment Therapy (ACT)-cognitive flexibility Thewes et al. Support Care Cancer. 2012. 19

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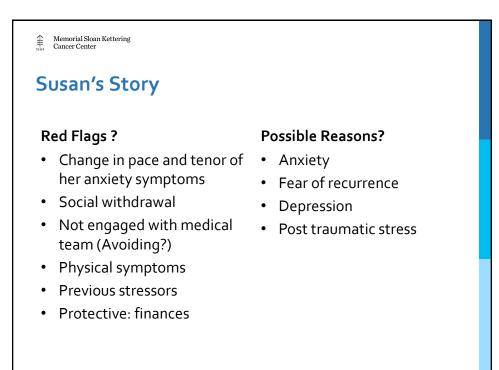
Survivor Guilt

- Connection and identification with a community and surviving a situation that others have not
- · Comparing ones' life to the lives of others who have died
- Struggle to justify existence (fairness)
- Deep sense of injustice
- Majority endorse survivor guilt
 - Distinct from depression (self esteem)
- Five themes:
 - Mentioning death of others
 - Questioning 'why not me?'
 - Role of passage of time on emotions experienced
 - Demographic and clinical characteristics
 - Strategies for managing

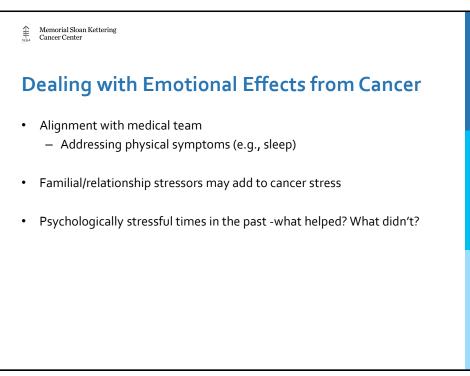
Perloff et al. J Psychosoc Oncol. 2019.

Dealing with Emotional Effects from cancer – Susan's Story

- Susan is a 75 year old retired school high school teacher. She lives alone but has several friends close by with whom she plays Bridge and two adult children who live out of the state. She underwent a stressful divorce 10 years ago but is financially secure through retirement/savings. Does not drink or use any drugs.
- She was diagnosed with CLL at age 65 and then diagnosed with Diffuse Large B Cell Lymphoma (DLBCL) 8 years later and underwent 6 cycles of R-CHOP.
- Initially, she was nervous but could garner the support she needed to get through her months of treatment. She had difficulty sleeping, eating, concentrating at times, and always felt 'on edge'. Treatment left her with fatigue and neuropathy.
- She used to only get nervous before her scans (all NED) but is now nervous and irritable most of the time. She is having trouble sleeping again but doesn't want medication or to see her doctors/nurses. She no longer enjoys playing cards, seeing friends or family and prefers solitude. Interests have diminished.



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Susan's Story
Susan's medical assessment along with a thorough/comprehensive evaluation into her recent psychological symptoms.
Susan's medical work up is fine.
On further discussion, she says that this time of year is difficult for her due to a previous loss. She is unsure of how to cope with the added stress of worrying about cancer and feels overwhelmed.



Susan's Story

- Susan starts getting better sleep with the help of Cognitive Behavioral Therapy-Insomnia in addition to as needed lorazepam
- She finds a therapist through LLS in her area and benefits from obtaining another perspective on her cancer journey. She discovers that she feels constrained about her emotions. Everyone wanted her to act 'positive' and she never had a chance to express how she was truly feeling after her diagnosis and through treatment. She harbors anger at those around her who indicated (nonverbally) that they weren't willing to listen to her feelings even though they had been present.

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Coping with Emotion and Cancer

- Express your feelings
- Look for the Positive
- Don't blame yourself for cancer
- Don't try to be upbeat if you're not
- YOU choose when to talk about your cancer
- Be as active as you can
- Look for things you enjoy
- Look at what you can control
- Find ways to help yourself relax

NCI 2020.

Spirituality

- Religion: viewed as specific set of beliefs and practices associated with organized religion or denomination
- Spirituality: recognized as encompassing experiential aspects, whether related to engaging in religious practices or a sense of peace/connectedness.
 - >90% express belief in God
 - >70% identify religion as important

- 77% think physicians should take spiritual needs into consideration
- 37% wanted religious beliefs addressed more frequently
 - Spiritual/religious needs not met by medical system
- Intensity of spiritual distress correlates with depression but not pain or perceived severity of illness.
- Affects coping and quality of life

 Less distress
- Prayer

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Hope and Gratitude

- Maintain as much normalcy as possible (routine)
- Don't limit things you like to do
- Look for reasons to have hope. If it helps, write them down or talk to others about them
- Spend time in nature
- Reflect on personal beliefs
- Listen to stories about people with cancer who are leading active lives
- The surprising solace in simplicity

