

# The need for psycho-oncological support in colorectal cancer patients during different treatment phases

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## Introduction

Colorectal cancer is frequently associated with psycho-oncological burden for the affected patients. Severity and temporal dimensions are often not readily assessable, as many patients do not express their need for professional counseling.

### Objectives

The aim of this observational study was to identify colorectal cancer patients in need of psycho-oncological support and to monitor these patients in the long-term.

For this purpose, the standardized self-rating five-point scale *Questionnaire on Stress in Cancer Patients – short form (QSC-R10)* was used (Book et al., 2011).

## Methods

The QSC-R10 was to be answered at least twice by each patient during therapy:

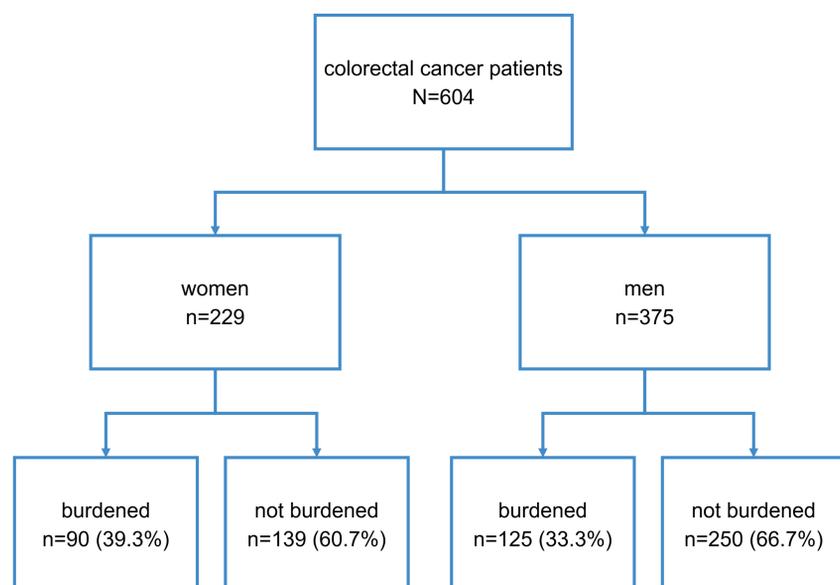
- Survey period: 11/2016 – 06/2019
- 25 hospitals or oncological practices in Germany
- All statistical analyses were conducted with SPSS.
- The median time between the 1<sup>st</sup> and the 2<sup>nd</sup> survey was 200.5 days.

**Burden classification** (according to Herschbach & Weis, 2010)

Patients were considered as burdened if:

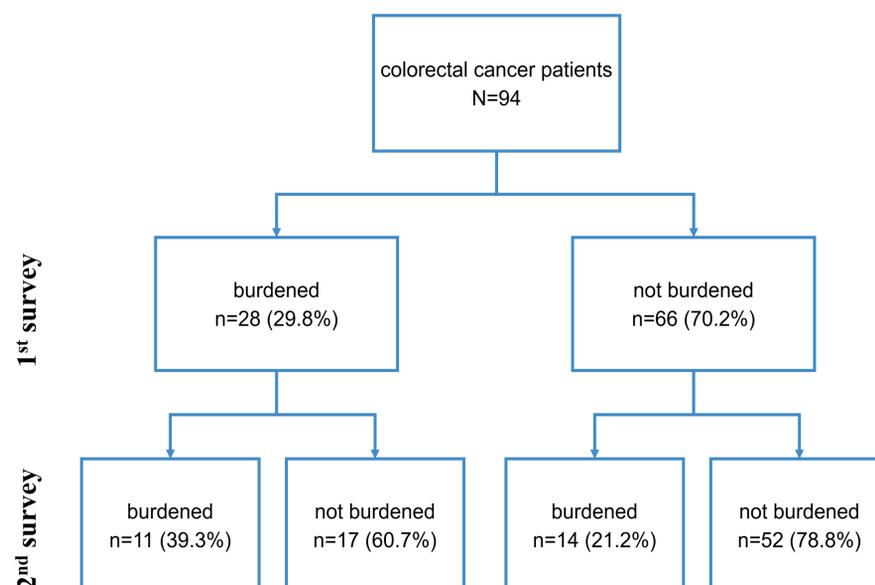
- ≥ 1 item was rated 5 or
- 3 items were rated 4 or
- if a patient was diagnosed at a total score of >14.

## Gender-specific outcomes of 1<sup>st</sup> survey



- Of the study population (N=604), 35.6% of patients (n=215) were initially burdened, no signs of stress were reflected in 64.4% of patients (n=389).
- No significant difference for the need of psycho-oncological support was revealed between women and men.
- 39.3% of the women (n=229) showed hints of distress compared to 33.3% of the men (n=375).

## Outcomes of 2<sup>nd</sup> survey



- Of 604 initial patients, 15.6% (N=94) answered the 1<sup>st</sup> and 2<sup>nd</sup> survey.
- At the 2<sup>nd</sup> survey, 39.3% of the initially 28 patients were still burdened, 60.7% of patients (n=17) no longer showed psycho-oncological impairment.
- Among 66 initially burden-free patients, 78.8% (n=52) still showed no hints of psycho-oncological distress but 21.2% (n=14) presented signs of psycho-oncological impairment for the first time.

## Questionnaire on stress in cancer patients

- The QSC-R10 was developed in 2008.
- It is the short form of the QSC-R23, which means less effort for answering and evaluation.
- It is highly accepted among professionals and patients.
- Due to high acceptance and minimal effort for answering, the QSC-R10 is suitable for the long-term monitoring of cancer patients.

Here is a list of **potentially stressful situations** which might apply in your daily life. For each situation, please decide whether the situation applies to you. If so, please indicate how serious the problem is for you by checking the box on the five-point scale "a slight problem" to "a very serious problem". If not, then check the box "not applicable".

QSC - R10	Not applicable	Applies to me and is a slight problem ..... a very serious problem				
	↓	1	2	3	4	5
1. I feel tired and weak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am in pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel physically imperfect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have too few opportunities to speak with a professional about my psychological distress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am afraid that my disease will spread/recur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It is difficult for my partner to empathize with my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My sleep is disturbed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It is harder for me to take part in recreation activities (e.g. sports) now than it was before I became ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I do not feel well informed about my disease/treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel tense and/or nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Conclusions

- Psycho-oncological burden is common in colorectal cancer patients.
- No significant difference for the need of psycho-oncological support between women and men existed.
- The QSC-R10 is an appropriate instrument to identify patients underlying distress and to reveal the need for psycho-oncological support.
- Timely initiation of adequate measures as well as long-term monitoring are necessary to meet the individual need of colorectal cancer patients.

**Long-term monitoring with the questionnaire QSC-R10 is strongly recommended!**