

The need for psychooncological support in breast cancer patients – a longitudinal study

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Introduction

Breast cancer is frequently associated with psychooncological burden for the affected patients. However, the extent of this burden is often not readily assessable as many patients do not express their need for professional counselling.

Objectives:

The aim of this study was to identify breast cancer patients in need of psychooncological support and to monitor these patients in the long-term.

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

Methods

The QSC-R10 was to be answered by each patient at different time points during therapy:

- Survey period: 02/2012 – 10/2014
- Two participating oncological practices

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

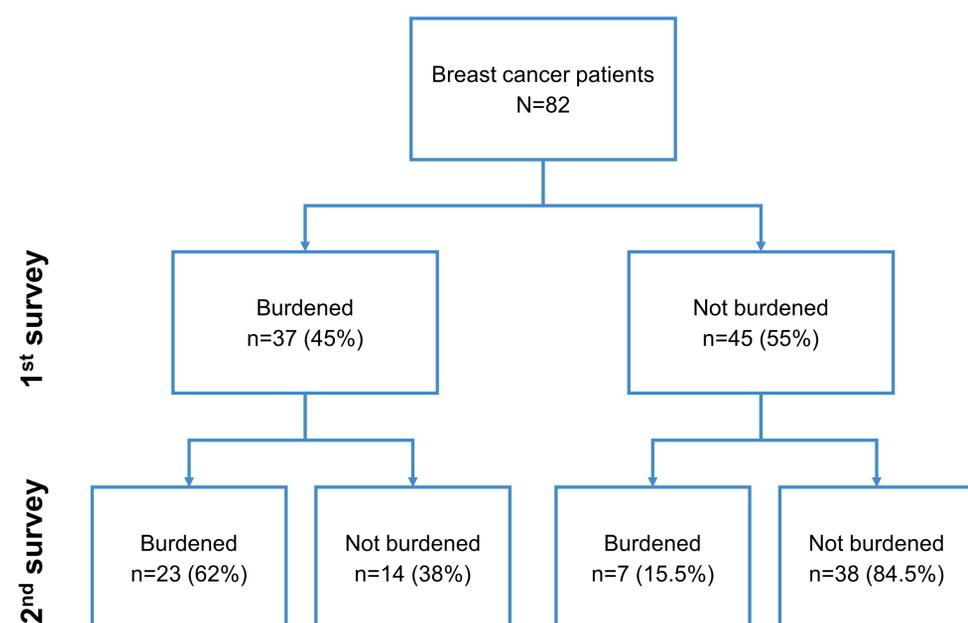
Patients were considered as *heavily burdened* if:

- ≥ 1 item was rated 5, or
- 3 items were rated 4.

A *multidimensional burden* was diagnosed at a total score of >14 .

All statistical analyses were conducted in SPSS.

Survey outcomes



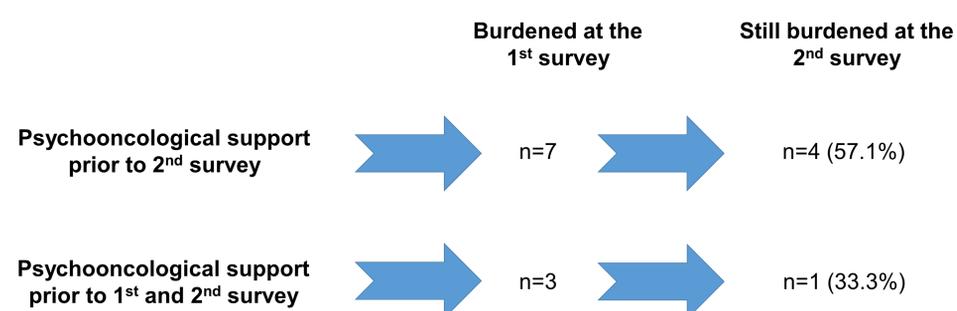
- 45% of the study population (N=82) were initially burdened.
- At the time of the 2nd survey, which was on average answered after 29 months, 62% of these patients still required psychooncological support.
- 15.5% of the initially burden-free patients were burdened according to the 2nd survey.

Psychooncological burden by treatment intention

Treatment intention	Burdened		Not burdened	
	1 st survey n/N (%)	2 nd survey n (%)	1 st survey n/N (%)	2 nd survey n (%)
Curative, N=60	26 (43.3)	15 (57.7)	34 (56.6)	29 (85.3)
Palliative, N=22	11 (50.0)	8 (72.7)	11 (50.0)	9 (81.8)

- No significant differences were observed in the proportion of burdened/not burdened patients between curative and palliative treated patients at the time of the 1st survey.
- Although a significant improvement was observed in both treatment intention groups, the majority of initially burdened patients still required psychooncological support after the 2nd survey.
- Up to 18.2% of initially burden-free patients were indicated to be burdened at the time of the 2nd survey:
 - 5 (14.7%) out of 34 curative treated patients,
 - 2 (18.2%) out of 11 palliative treated patients

Influence of psychooncological support



- Psychooncological support positively affects the patients' burden.
- However, due to the small number of patients this result can only be interpreted as a trend.

Conclusions

- Independent of treatment intention, psychooncological burden is very common in breast cancer patients.
- The need for psychooncological support persists over a long period of time.
- In the future, this time aspect has to be addressed more sufficiently.
 - In particular, to support patients after the completion of their intensive medical cancer therapy.

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

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References:

Book K, et al. *Psychooncology* 2011;20(3):287-93.

Herschbach P, Weis J. *Screeningverfahren in der Psychoonkologie*, 2. Auflage Berlin DKG, 2010.