

Distress Screening

Evaluating a protocol for gynecologic cancer survivors

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BACKGROUND: A gynecologic cancer diagnosis and subsequent treatment may cause significant morbidity, leading to increased distress levels and poorer quality of life (QOL) for survivors. Clinicians have explored opportunities to integrate comprehensive distress management protocols into clinical settings using existing supportive care resources.

OBJECTIVES: The aims were to improve multidisciplinary management of distress using a clinical pathway for gynecologic cancer survivors and to improve patient satisfaction with distress management.

METHODS: This study is phase II of a quality improvement initiative to assess distress using the National Comprehensive Cancer Network Distress Thermometer and Patient Related Outcome Measures Information Systems QOL tool and to evaluate the use of a clinical pathway to identify and link gynecologic cancer survivors to multidisciplinary supportive care resources. The data were compared to results from phase I of this study with data triangulation that included medical record audits.

FINDINGS: Thirty-five percent of survivors reported distress scores of 5 or greater. The use of a clinical pathway model for universal distress screening increased referrals to multidisciplinary service teams from 19 to 34, with a 32% increase in social work referrals. Patients appreciated the comprehensive approach the healthcare team used to treat cancer and help improve QOL.

KEYWORDS

distress screening; gynecologic cancer survivors; supportive care services

DIGITAL OBJECT IDENTIFIER

10.1188/17.CJON.353-361

AGGRESSIVE MULTIMODALITY TREATMENTS FOR GYNECOLOGIC CANCER may lead to costly, long-lasting side effects that negatively affect quality of life (QOL), cause distress, and affect the psychosocial well-being of gynecologic cancer survivors (Rowlands et al., 2013). The National Comprehensive Cancer Network ([NCCN], 2016) defines distress as an unpleasant experience that can affect patients' cognition, behavior, emotion, social well-being, and spirit, interfering with the ability to cope effectively with cancer, its treatment, and associated physical and psychosocial symptoms.

Background

The drive to address the psychosocial issues of cancer survivors initially stemmed from *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, which emphasized the importance of screening patients for distress as a critical first step to providing high-quality cancer care (Institute of Medicine, 2007). The American College of Surgeons (2015) Commission on Cancer and NCCN (2016) concur that comprehensive cancer centers should develop referral programs to screen and manage distress at pivotal visits.

Distress has overwhelming consequences for cancer survivors. The true incidence of distress in gynecologic cancer survivors is difficult to know because of lack of provider inquiry, perceived negative stigma of distress, shorter clinic visits with providers, and patients' reluctance to initiate conversations because of cultural or perceived barriers (Vitek, Rosenzweig, & Stollings, 2007). Cancer survivors face challenges with obtaining timely follow-up appointments, managing treatment side effects that limit the ability to work and perform daily activities, gaining access to care, and incurring increased medical care costs that persist throughout the survivorship period (Ekwueme et al., 2014; Urbaneic, Collins, Denson, & Whitford, 2014). About 40%–50% of survivors experience psychosocial distress at some point during their cancer treatment and surveillance (Mitchell, Lord, Slattery, Grainger, & Symonds, 2012). Understanding distress and providing supportive care early in the treatment trajectory will help to improve gynecologic cancer survivors' psychosocial well-being.

Distress screening instruments should be reliable and patient-friendly and should focus on QOL. The NCCN Distress Thermometer (DT) has been praised for its ease of integration into clinical practice (Juarez, Hurria, Uman, & Ferrell, 2013; Ploos van Amstel et al., 2013). Use of a generic QOL tool with consideration of disease- and/or treatment-related side effects is most valuable. A multidisciplinary management approach is essential for the psychosocial assessment of cancer survivors (Hanssens et al., 2011). Involving all