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# Distress Among Locally Advanced Breast Cancer Patients from Diagnosis to Follow-Up: A Critical Review of Literature

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## ABSTRACT

**Objective:** This critical review used a systematic approach to explore the prevalence of distress among locally advanced breast cancer (LABC) patients along their treatment journey. This review explored the domains of distress (psychosocial, physical and/or practical) that are significant to this patient population and determined indications for psychosocial support throughout the patients' treatment.

**Methods:** Electronic databases including CINAHL, EmBase, Medline PsycInfo, and gray literature were searched from the year 2000 to 2016, to produce relevant literature. A critical review was conducted on 73 articles meeting the inclusion and exclusion criteria. A narrative synopsis was used to summarize the findings under key themes.

**Results:** The results indicate that 16/73 studies assessed for distress in all three domains of distress throughout the treatment course. A meta-analysis was not possible due to the methodological heterogeneity of the articles, the variation of assessment tools used, timing in which the assessments were done, and the different treatment modalities. Distress was prevalent from the time of diagnosis, through treatment, and into survivorship. Sexuality, body image, age, financial difficulty, family/social support, and informational needs were common themes that emerged among the LABC population in these studies.

**Conclusions:** Comprehensive assessments incorporating all three domains of distress with the appropriate tools will assist health care professionals throughout the complicated treatment trajectory of LABC patients in taking a more proactive approach in assisting patients' concerns and preventing undue or increase in psychological distress during or after active treatment. This will encourage effective patient-centered communication and supportive care referrals for a better patient experience.

## RÉSUMÉ

**Objective :** Cet examen critique utilise une approche systématique afin d'évaluer la prévalence de la détresse parmi des patientes atteintes d'un cancer du sein localement avancé (CSLA) pendant leur traitement; d'explorer les domaines de détresse (psychosociale, physique ou pratique) importants ainsi que les indications de soutien psychosocial tout au long du traitement.

**Méthodologie :** Des recherches ont été effectuées dans des bases de données électroniques dont CINAHL, EmBase et Medline PsychInfo, et dans la littérature parallèle pour la période allant de 2000 à 2016, afin de recenser la documentation pertinente. Un examen critique a été fait sur 73 articles répondant aux critères d'inclusion et d'exclusion. Un synopsis narratif a été utilisé afin de résumer les constats selon des thèmes clés.

**Résultats :** Les résultats indiquent que 16 articles du 73 ont évalué la détresse dans les trois domaines tout au long du traitement. Il n'a pas été possible de procéder à une méta-analyse, en raison de l'hétérogénéité méthodologique des articles des variations dans les outils d'évaluation utilisés, du moment auquel les évaluations ont été faites et des différentes modalités de traitement. La détresse était présente depuis le diagnostic, tout au long du traitement et de la période de survie. La sexualité, l'image corporelle, l'âge, les difficultés financières, les soutiens de la famille et le soutien social, ainsi que les besoins d'information sont les thèmes qui reviennent le plus souvent au sein de la population CSLA dans ces études.

**Conclusions :** Des évaluations complètes dans les trois domaines de détresse, menées au moyen des outils appropriés, aideraient les professionnels de la santé à adopter, tout au long du parcours de traitement complexe des patients CSLA, une approche plus proactive des préoccupations des patientes et aideraient à prévenir la détresse

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psychologique induite ou son augmentation pendant ou après la période de traitement actif. Ceci encouragerait une communication

efficace centrée sur la patiente et l'aiguillage vers des soins de soutien, pour une meilleure expérience de la patiente.

*Keywords:* Breast cancer; locally advanced breast cancer; neoadjuvant chemotherapy; oncology; psychological distress; treatment modality

## Introduction

Breast cancer (BC) is the most common cancer among Canadian women (excluding nonmelanoma skin cancers) and is the second leading cause of cancer-related deaths [1]. It is estimated that 26,300 women will be diagnosed with BC in 2017 [1]. The incidence of BC increased in the late 1980s due to increased mammography screening and the possible use of hormone replacement therapy among postmenopausal women; however, since 2002, with a large drop in the use of hormone replacement therapy, coincidentally, incidence rates have dropped and remained mostly stable [2].

Locally advanced BC (LABC) accounts for 5%–15% of new BC cases in North America [3]. The American Joint Committee on Cancer staging system is used to stage BC using T (tumor growth), N (nearby involved lymph nodes), and M (cancer spread to distant sites) [4]. Recent guidelines from the U.S. National Comprehensive Cancer Network describe LABC as stage III BC with the absence of distant metastases and the following criteria: stage IIIA cancers rated T3N1M0 consisting of tumors greater than 5 cm with signs of positive axillary nodes, T0-3N2M0; stage IIIB involving the breast skin, chest wall or both, rating T4N0-2M0; and stage IIIC cancers spreading to a great extent within nearby lymph nodes, rating T0-4N3M0 [5]. A subset of stage IIB (T3N0M0) is also included in the LABC definition as is inflammatory BC (IBC). However, current evidence has justified a separate guideline for the workup and treatment of IBC patients [4].

The need to identify LABC patients emerged from observing higher locoregional and systemic failure rates, despite the absence of distant metastasis at initial presentation. LABC patients require multiple treatments and have complex decisions to make up-front: type of surgery, chemotherapy, and radiation treatments (RTs). In hormone-positive and HER2+ subtypes, endocrine and targeted therapies have been shown to significantly improve survival [6–13]. With so much uncertainty and the complexity of medical decisions required throughout the treatment process in LABC, it was important to assess the prevalence of psychological distress in this patient group.

Cancer programs throughout Canada have implemented screening for distress as the 6th vital sign in cancer care [14]. Appropriate tools need to be in place to assess psychosocial service needs of patients and their families [15]. The Cancer Journey Portfolio (2012) recommended standardized routine screening of all cancer patients in three domains of distress: psychosocial, practical, and physical at the point of entry and at critical time points (initial diagnosis, start of treatment, during treatment, end of treatment, post-treatment or transition to

survivorship, at recurrence or progression, during advanced disease, and during times of personal transition or reappraisal) [16]. Canadian cancer centers implemented the Edmonton Symptom Assessment Screening tool which met the requirements of the three domains [17,18] and the Screening for Distress Toolkit Working Group added the Canadian Problem Checklist asking questions that screen for emotional, practical, and physical concerns [19]. This then encompassed a holistic investigation for distress among cancer patients.

This study based the definition of distress from The National Comprehensive Cancer Network's definition of distress in cancer as “a multifactorial unpleasant emotional experience of a psychological (ie, cognitive, behavioural, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears to problems that can become disabling, such as depression, anxiety, panics, social isolation, and existential and spiritual crisis” [5]. Screening for distress became a priority area of development in a government-funded Canadian program and progressed the health care culture from being predominately biomedical in nature to more of a person-centered vision [19].

Anxiety is one of the most dominant psychological challenges associated with cancer, prevailing throughout treatment and into survivorship among female BC patients who had undergone more than one type of treatment. Undergoing a mastectomy versus a lumpectomy and having chemotherapy induced higher levels of anxiety [20]. Anxiety may also be caused by feeling unprepared for the diagnosis, prognosis, or the implications of the disease and treatment protocol [21]. Patients' views of diagnosis and treatment, body image and sexuality, threat of cancer recurrence, and the side effects from aggressive cancer treatments put enormous emotional demands on these patients [22,23]. Patients' response to neoadjuvant chemotherapy (NACT) cycles also had a direct and significant correlation with depression as did the patients' socioeconomic status, educational status, joint family, and literacy levels [24]. Trait anxiety is characterized by experiencing negative emotions such as fears, worries, and anxiety across different situations, and studies have found that trait anxiety and younger age were predictive factors for anxiety in women receiving chemotherapy [25]. Worsening psychosocial experiences may greatly impact a patient's quality of life (QOL) [26], particularly in this patient population group, contributing to “psychological distress demonstrated by affective and cognitive responses, including anxiety and depression” [27].

This literature review aimed to explore the prevalence of distress among LABC patients along their treatment journey

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