The cancer in our mind: an insight into why it must be treated.

Aalapti Singh
Ph.D. Research Scholar (Psycho-Oncology)
Institute of Medical Sciences & SUM Hospital,
Siksha 'O' Anusandhan (deemed to be University),
Bhubaneswar, India

ABSTRACT

The International Agency for Research on Cancer (IARC) in the GLOBOCAN 2018 report suggests that the global cancer burden has risen to 18.1 million cases and 9.6 million cancer deaths. This calls for an exponential increasing demand for treatment- both physical and emotional. In this course, we must not forget to treat the cancer of our minds in the disease's course- from diagnosis to survivorship/palliative care. Psycho-Oncology is a practice of going beyond traditional medical treatment and serve lifestyle, psychological and social aspects of cancer. It addresses two major dimensions: (1) psychological responses of patients (families and caregivers) to cancer at all stages of the disease; (2) psychosocial factors influencing the disease process. Cancer-related distress is defined as, "a multifactorial unpleasant emotional experience of a psychological (cognitive, behavioural, emotional) social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms and treatment." It expands through a continuum from normal sadness to existential crisis, thereby, endorsed as the 6th vital sign. Evidence shows, 60%-80% cancer patients (including families/caregivers) report distress, whereas only a meagre 20% receive help. Hence, distress screening is crucial in identifying individuals to be referred for help. Psycho-oncological interventions have proven to reduce distress, enhance quality of life and increase participation in medical treatment. The most unattended group is the oncology personnel (doctors- surgical, medical, radiation oncologists; nursing staff; other

related specialists), who deal with death on a daily basis. Staff burnout is at a tipping point due to extreme stress. Distress screening for them is a necessity, with strengthening practices like open discussions, cut-off time, experience sharing, and a conducive working environment should be implemented. Cancer is, undoubtedly, a disease of the body and mind, likewise. The mind aspect of it needs equal attention and effort, as the physical part.

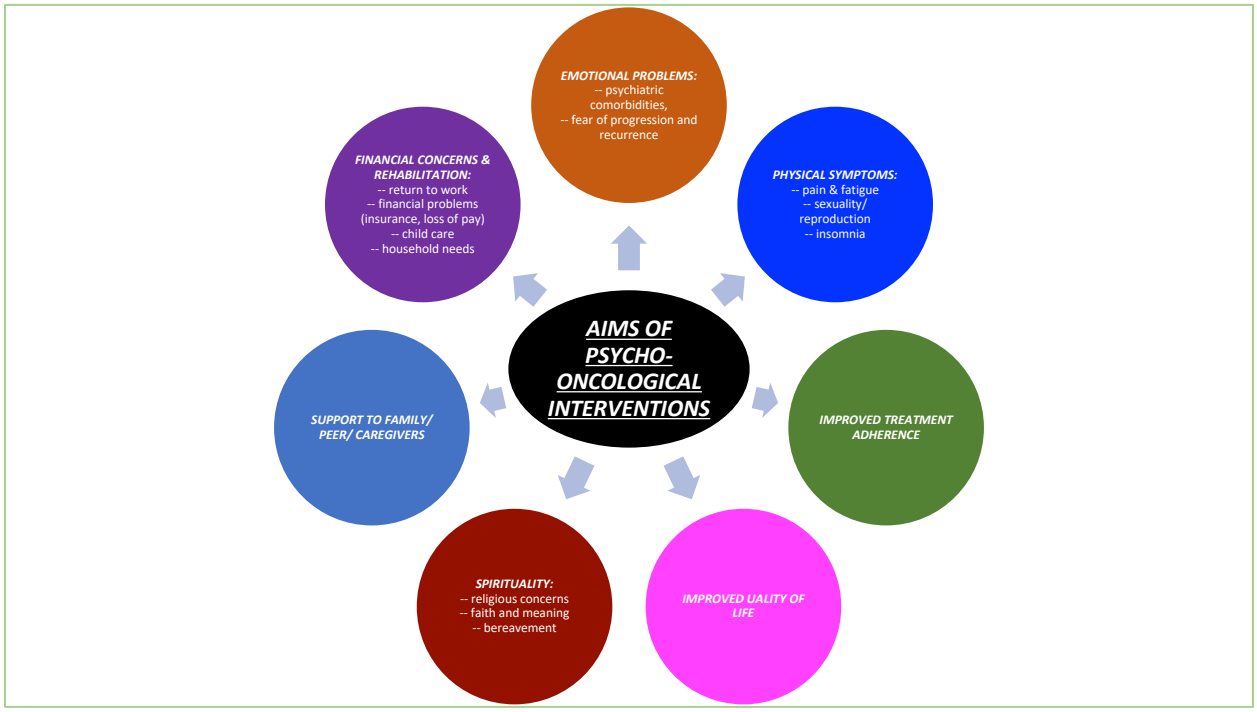


Figure 1: AIMS OF PSYCHO-ONCOLOGICAL INTERVENTIONS.

[Adopted from: Lang-Rollin, I., & Berberich G. (2018). Psycho-oncology. Dialogues in clinical neuroscience, 20(1), 13-22.]

RECENT PUBLICATIONS

1. Grassi, L., Spiegel, D., & Riba, M. (2017). Advancing psychosocial care in cancer patients. F1000Research, 6, 2083.
2. Lang-Rollin, I., & Berberich G. (2018). Psycho-oncology. Dialogues in clinical neuroscience, 20(1), 13-22.

3. Redmond, M. (2015). Screening for distress in patients with cancer. Journal of continuing education in nursing, 46(5), 201-2.
4. Drager, DL., Protzel, C., Hakenberg, OW. (2017). Identifying psychosocial distress and stressors using distress-screening instruments in patients with localized and advanced penile cancer. Clinical genitourinary cancer, 15(5), 605-609.
5. Guveli, H., Anuk, D., Oflaz, S., Guveli, ME., Yildirim, NK., Ozkan, M., Ozkan, S. Oncology staff: burnout, job satisfaction and coping with stress. Psycho-oncology, 24(8), 926-31.
6. New Global Cancer Data: GLOBOCAN 2018. https://www.uicc.org/new-global-cancer-data-globocan-2018
7. National Comprehensive Cancer Network Oncology Practice Guidelines. https://www.nccn.org/about/news/ebulletin/ebulletindetail.aspx?ebulletinid=1120

BIOGRAPHY



Aalapti Singh is pursuing Doctoral Research in the area of Psycho-Oncology in India. She focusses on reducing cancer-related distress among patients, family, caregivers and oncology staff. It was her immense passion to help cancer patients that led her to quit her job with the Ministry of Health & Family Welfare, Government of India as a Biologist. Given her unrelated Biotechnology background, it was not easy for her to delve in

an all-new field of Psycho-Oncology; especially in a country where mental health equals taboo. Nevertheless, nothing ceased her from chasing her dream to make a difference. Her work persistently focuses on de-stigmatization and awareness creation about cancer and its treatment. She is earnestly interested in distress screening and management among oncology staff to help reduce burnout. She is an Indian musician, a mental health activist and an avid traveler by the side.

E-Mail: aalapti.singh@gmail.com
Contact No: +91 95837 06347
Category: Oral

NOTES/ COMMENTS

This abstract is an introduction to Psycho-Oncology and its need. I am not aware of the level of understanding of the participants, hence I preferred keeping it general and simple for everyone to comprehend. It would have been easier to just talk figures and percentages from numerous studies, but I want to connect on a personal level as psychology and emotions do not go by numbers. Also, I have put this abstract under the “Cancer Therapy” category because, I feel, it’s about time for Psycho-Oncology to be considered as a therapeutically remedial arm for cancer treatment.