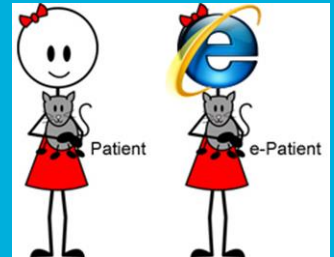


Psychological interventions for cancer survivors in a matched supportive care model



Prof.dr. Judith Prins
department of Medical Psychology
Radboud University Medical Centre
Nijmegen, the Netherlands

SMB meeting
Digital Health
20-02-2020

Clinical psychologist

Psychological interventions for distressed cancer patients and caregivers



Researcher

Cognitive behavior therapy*

Cancer related distress

Fear of cancer recurrence

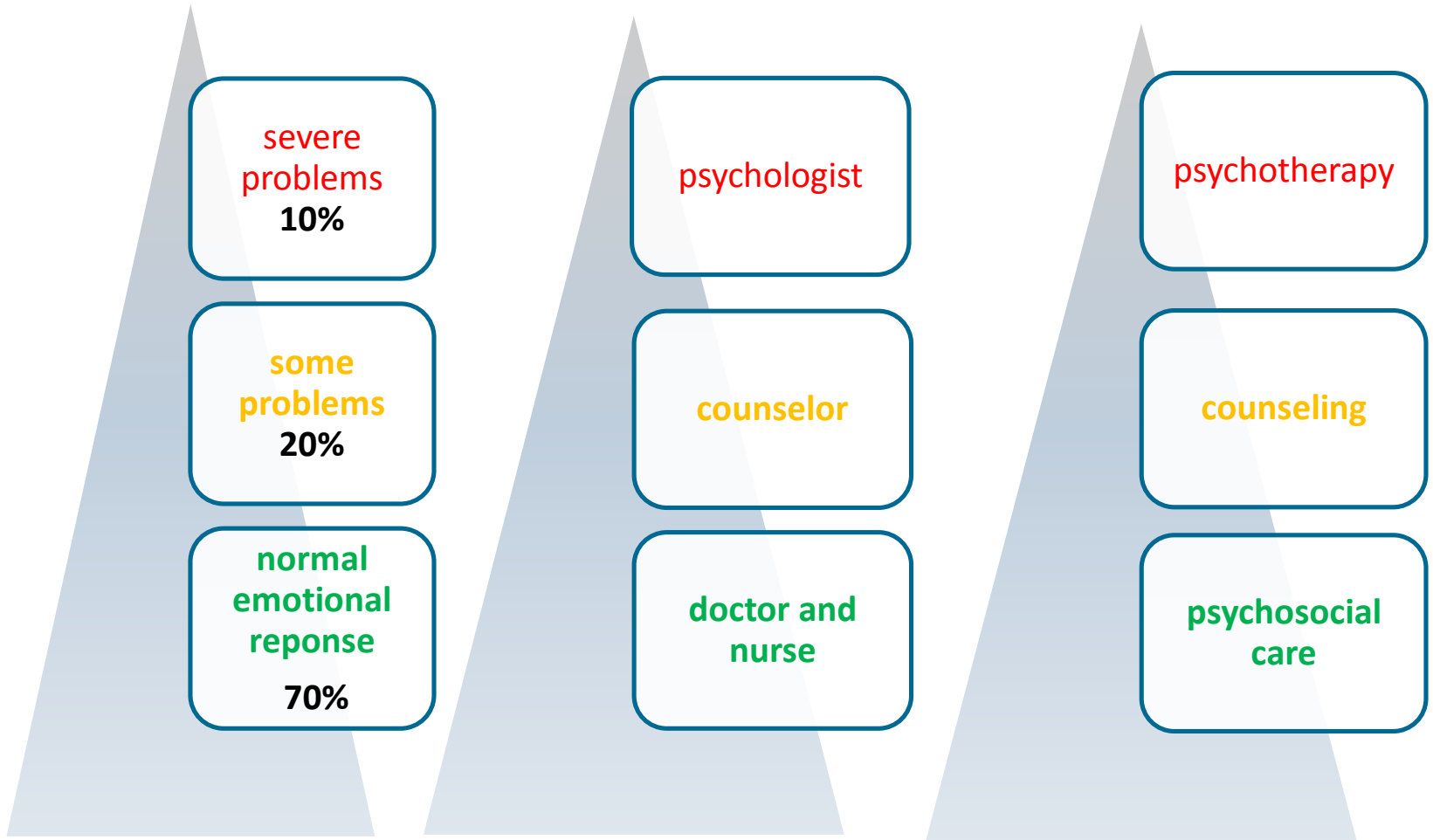
E-health interventions **



* Prins et al. CBT for CFS. Lancet 2001, 2002; Prins et al. Lancet 2006;

** van den Berg et al. JCO 2015; van de Wal et al. JCO 2017

Matched supportive care



Psychological F2F interventions for cancer patients

- Effective treatment for fatigue after cancer (*Gielissen et al., JCO 2006; 2007*)
- Effective for depressive symptoms in advanced cancer (*Akechi et al., 2010*)
- Meta-analysis: interventions effective for those with high distress (*Faller et al., 2013*)
- Reduce psychological and physical complaints as well as health care costs (23,5 %) (*Carlson, L.E., Bultz, B.D., 2004*) (*Dieng et al. 2016*)

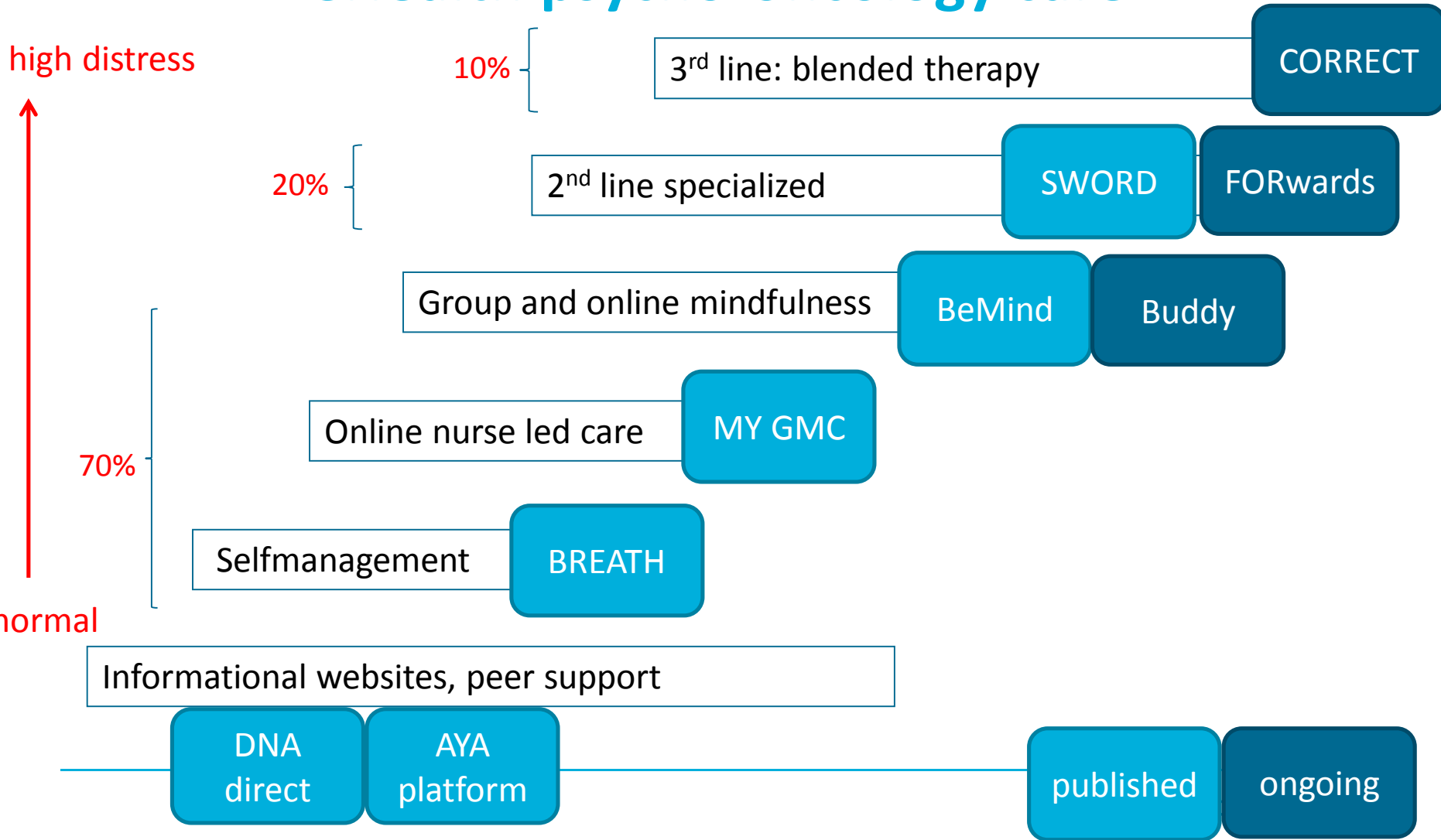
Psychological F2F interventions for cancer patients

- For cancer patients with moderate to severe psychological problems (30%) psychotherapy is best ([Faller et al., 2013](#))
 - The uptake rate for psychological interventions was lower for those who actually had a significant clinical problem than those with a non-clinical concern ([Brebach et al., 2016](#))
 - Low distressed cancer patients have unmet needs for information on emotional recovery; many patients would welcome extra help [Jansen et al. 2015](#)
- ➔ Low intensity care **a self-management website** may fulfil the unmet needs

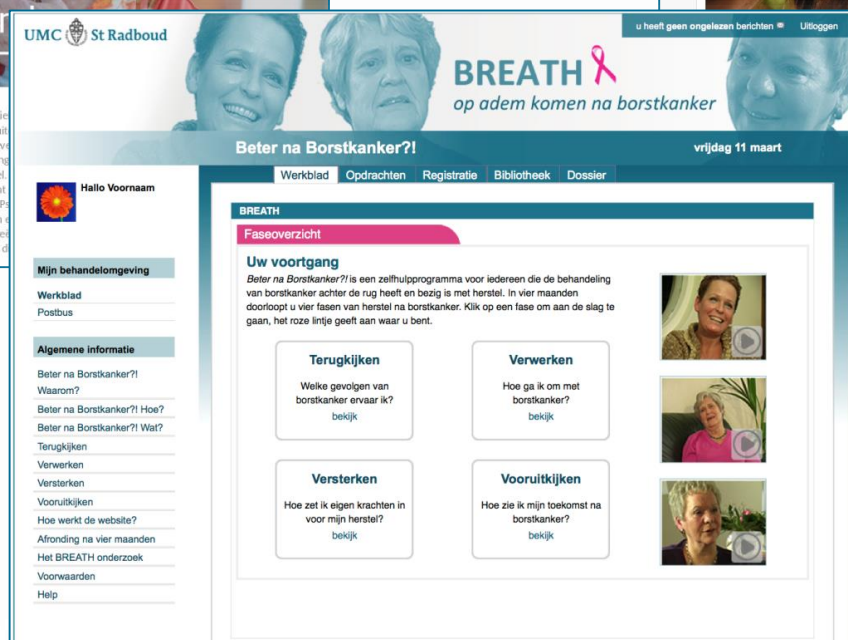
The problem for psycho-oncology

- Growing numbers of cancer survivors
- Distress is highly prevalent amongst cancer survivors
- Most psychological interventions use therapist delivery
- Access, cost & workforce issues in face-to-face (F2F) therapy
- New & effective interventions needed
- Potential role for self-management and for e-health

Radboudumc studies eHealth psycho-oncology care



Patient participation



van deWal et al. BMC Psychology 2015; JCO 2017

Kaal et al. Online support community for AYA with cancer. Patient Preference and Adherence

van der Berg et al. BMC Cancer 2012, 12(1) 394; JCO 2015

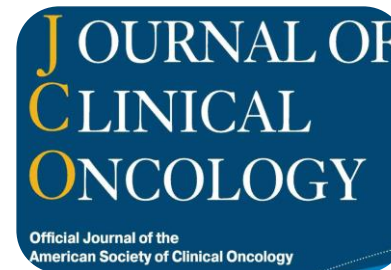
The BREATH roadmap 2009 - 2019



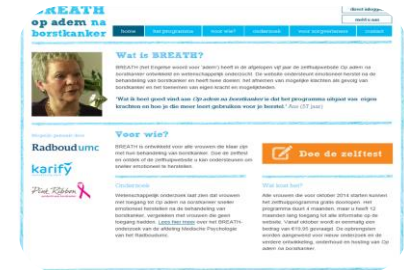
Clinical practice



Development



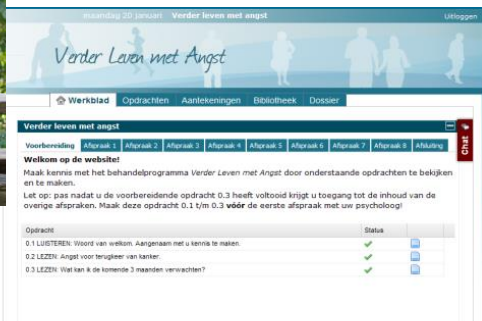
RCT evaluation



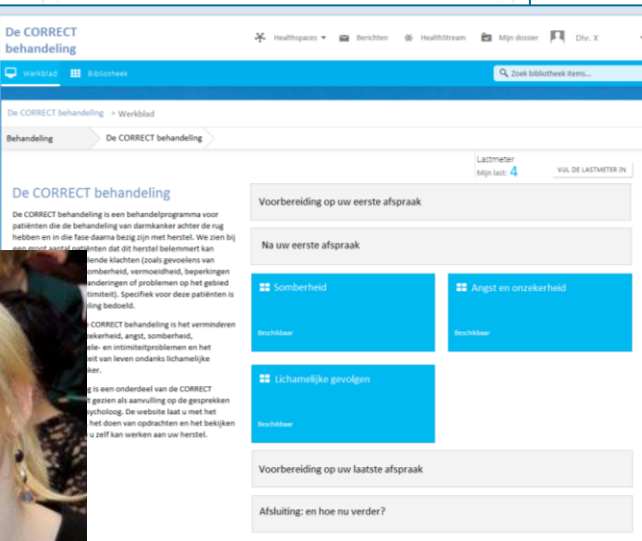
Implementation



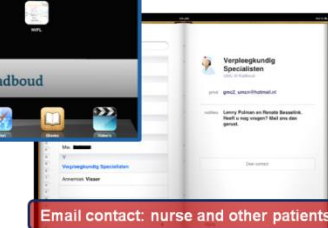
E-selfmanagement and F2F combined



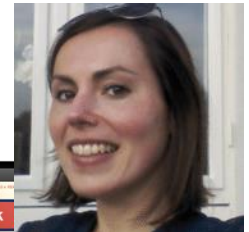
Aangepaste informatie
De behandeling Verder Leven met Angst Cognitieve gedragstherapie De SWORD studie Voor wie is de website bedoeld? Wat mag u van de website verwachten? Hoe werkt de website Toegang tot de website en afrekening Het e-consult Voorwaarden Help Gefinancierd door



Breast cancer specific information



Email contact: nurse and other patients



Evidence for e-health ?

- A review on eHealth interventions to help living with cancer supports the idea that they could be effective in changing behavior and helping cancer survivors cope ([Escriva Boulley et al. 2018](#))
- Cognitive behavior therapy: guided internet as effective as face-to-face therapy for psychiatric and somatic diseases; meta-analysis ([Andersson, Cuijpers et al. 2014](#))
- Guided iCBT: promising and effective treatment for chronic somatic conditions to improve (disease-specific) psychological and physical outcomes ([van Beugen et al. JMIR 2014](#)) → tailoring to specific patient groups



Blended therapy

- A review on systematic reviews for QoL treatments in different cancer patient populations confirms that F2F interventions are increasingly combined with telephone and online interventions
- This is called 'blended therapy'



Discussion

- Cost-effectiveness? Tate et al. 2009: lack of cost data in e-health
- ‘One size fits all’ in the era of personalized healthcare?
- Timing of selfmanagement or iCBT? follow patients’ needs?
- Positive and negative adjustment? simultaneously?
- How to relate intervention exposure to effect? dose-response questions
- Translation to other chronic somatic conditions? copy – past?

E-health in behavioral medicine

- Guided iCBT appears to be promising
- Tailoring for specific patient groups seems necessary
- Many interventions developed, few implemented
- Multiple barriers prevent psychological interventions reaching the individual cancer survivor ([Moody et al. 2015](#); [Williams et al. 2015](#))
- Multi-party wicked problem: many stakeholders, many specific patient groups, specific psychological problems, high development costs, frequent ICT updates needed

dr. Sanne vd Berg
drs. Marieke vd Wal
drs. Lynn Leermakers
drs. Floor Ploos v Amstel
drs. Harriet Abrahams
drs. Felix Compen
dr. Aisha Sie
dr. Marieke Gielissen
dr. Belinda Thewes
dr. Nelleke Ottevanger
prof. dr. Winette vd Graaf
dr. Petra Servaes
prof. dr. H. v. Laarhoven
prof.dr. Anne Speckens
prof Nicoline Hoogerbrugge
dr. Annemarie Braamse
prof.dr. Joost Dekker
Roos-Marie Tummers
Rebecca Berry + all nurses

Patient participation

All participating patients

ICT

Frank Kraaijeveld
Joris Moolenaar
Daan Pennings de Vries
Marijke Lieferink

Film productions

Pieter Wolswijk
Maanlicht Media

Participating hospitals

Radboudumc – Nijmegen
Vumc - Amsterdam
Rijnstate Ziekenhuis - Arnhem & Zevenaar
Canisius Wilhelmina Ziekenhuis - Nijmegen
Ziekenhuis Gelderse Vallei - Ede
Slingeland Ziekenhuis - Doetinchem
Jeroen Bosch Ziekenhuis - Den Bosch

Radboudumc
university medical center



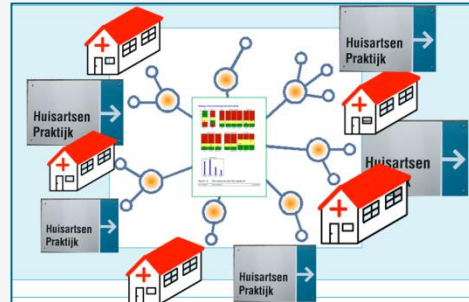
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Radboudumc

E-health and psycho-oncology care



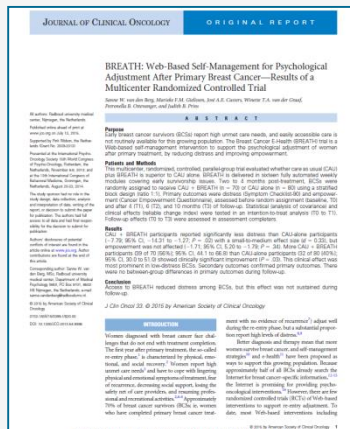
Personalized



Migration away from hospital care



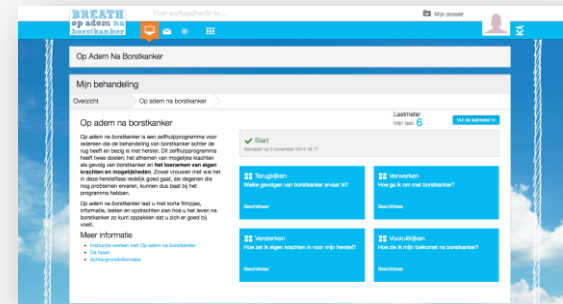
Efficacious



Evidence based



Patient in the lead



Cost effective