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Life Sciences

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POEM

Introducing the Psycho-Onco Emotional Anxiety framework

ELICIT
Mini Series Issue 2

Creating the need:
Why the emotional distress and psychological burden of cancer care is important

Emotional distress is globally the sixth vital sign in cancer care, a core indicator of a patient's health and well-being, but is often overlooked.

Culturally, clinical aspects of cancer care are perceived to be most important and valued. Conversely, psychosocial care of cancer remains stigmatized and the least valued.

A cancer diagnosis is a life-changing event – it brings fears of intense pain, loss of control, stigmatisation and death (Holland et al. 1989). That's why emotional distress is globally recognized as the sixth vital sign in cancer care, being a core indicator of a patient's health and wellbeing (Bultz & Carlson, 2005).

Emotional distress or anxiety symptoms in cancer patients don't fit the usual clinical definitions of common mental disorders. Studies have shown that, during the time of cancer diagnosis, about 30% of patients suffer from psychological distress, and up to 70% will experience some level of anxiety or depression throughout their experience with cancer.

However, in clinical practice, psychological distress is often overlooked and undertreated (Absolom et al. 2011; Mitchell et al. 2011; Singer et al. 2010, 2013; Vehling et al. 2012). Neglecting psychological distress can lead to negative effects for patients, including significant impairment, reduction in quality of life, compliance of medical treatment, and potentially increased risk of mortality (Linden et al., 2012).

This is why cancer patients around the world are calling for psychological care to be fully recognized as a central part of cancer treatment (GarciaPrieto, 2018). It is therefore important to identify and support patients not just in clinical but psychosocial aspects. But supporting patients and carers through their cancer experience to improve pharmacological treatment outcomes requires an understanding of the trajectory of emotional distress throughout the illness.

What we offer to meet this need: **POEM framework**

A model of cancer-related anxiety to elucidate the psychological factors that drive and maintain symptoms of anxiety in the context of an ongoing cancer threat.

POEM Framework is a patient-centric model that synthesises the importance of pre-existing characteristics, aspects of the cancer experience, cognitive factors, coping attempts, and contextual factors in the development and/or maintenance of anxiety.

The cancer experience is categorised by uncertainties about prognosis, the most appropriate treatment, fear of progression/recurrence, and possible future impacts.

Among the myriad of stresses cancer brings, perhaps the biggest is an awareness of a patient's own mortality. Previously held beliefs and schema interact with these thoughts to produce anxiety-related distress. When fears of death, uncertainty and uncontrollability are high, coping strategies are used to manage concerns.

The POEM framework will help to:

- Identify and understand the specific behaviors/ aspects of the cancer experience that are causing anxiety.
- Understand a person's perception of self – their identity and roles, and how it impacts their behavior towards management and cancer care.
- Explore core beliefs, fears, threat perceptions and tolerance of uncertainty to help address and alleviate them.
- Identify communication patterns and social constraints between healthcare professionals (HCPs), patients, and caregivers to improve communication and establish trusting relationship.

A scientific model of cancer-related anxiety

Cancer patients' emotional experience and anxiety are influenced by psychological factors and processes that drive and maintain symptoms of anxiety in the context of an ongoing cancer threat.

We don't function in a vacuum and external influences impact how we relate to the illness. This model describes those external influences that impact an individual's experiences with an ongoing cancer threat.

Intrinsic vulnerabilities and beliefs about the Self, World, and Others are activated by cancer experience and guide various coping responses/behavior.

World ("where I am"): Perceptions and experiences of the world

Others ("Where I belong"): How one sees and experiences their interactions and relationships with people around them

Self ("Who I am"): What one conceives oneself to be

Contextual factors: Including social support, significant others, HCP interactions, functional impact of illness and other stressors

Adapted from: Curran, L., Sharpe, L., & Butow, P. (2017). Anxiety in the context of cancer: A systematic review and development of an integrated model. Clinical Psychology Review, 56, 40–54. https://doi.org/10.1016/j.cpr.2017.06.003

Part 1 – “Outside-in” influences (key constructs)

WORLD
“Where I am”

Outlook in life

Outlook one has about life by which the individual interprets reality and behaves. Is the world stable, predictable, and secure?

Values & beliefs

Beliefs and subjective sense of meaning tied to illness, stress, worry, death, etc. driving goals.

Past experiences

With cancer, loss, trauma, death.

Culture

Cultural worldviews-norms, moral values and/or religious beliefs practices about cancer.

OTHERS
“Where I belong”

Relational schema

Beliefs and expectations about one’s relationship with others which guides subsequent behaviour.

Social support

Psychological and material support that one receives from others.

Interaction with HCPs

Communication and exchange with healthcare professionals.

Relationship with significant others

Valuation of significant peers.

SELF
“Who I am”

Self concept

Beliefs and expectations about oneself and how one thinks, feels and acts. E.g. personality, behaviours, interests.

Mental health history

Increases vulnerability of post diagnosis distress/ anxiety.

Tolerance of uncertainty

Intolerance of uncertainty/ ambiguity, avoidance will likely result in rumination or worry to cope.

Control need

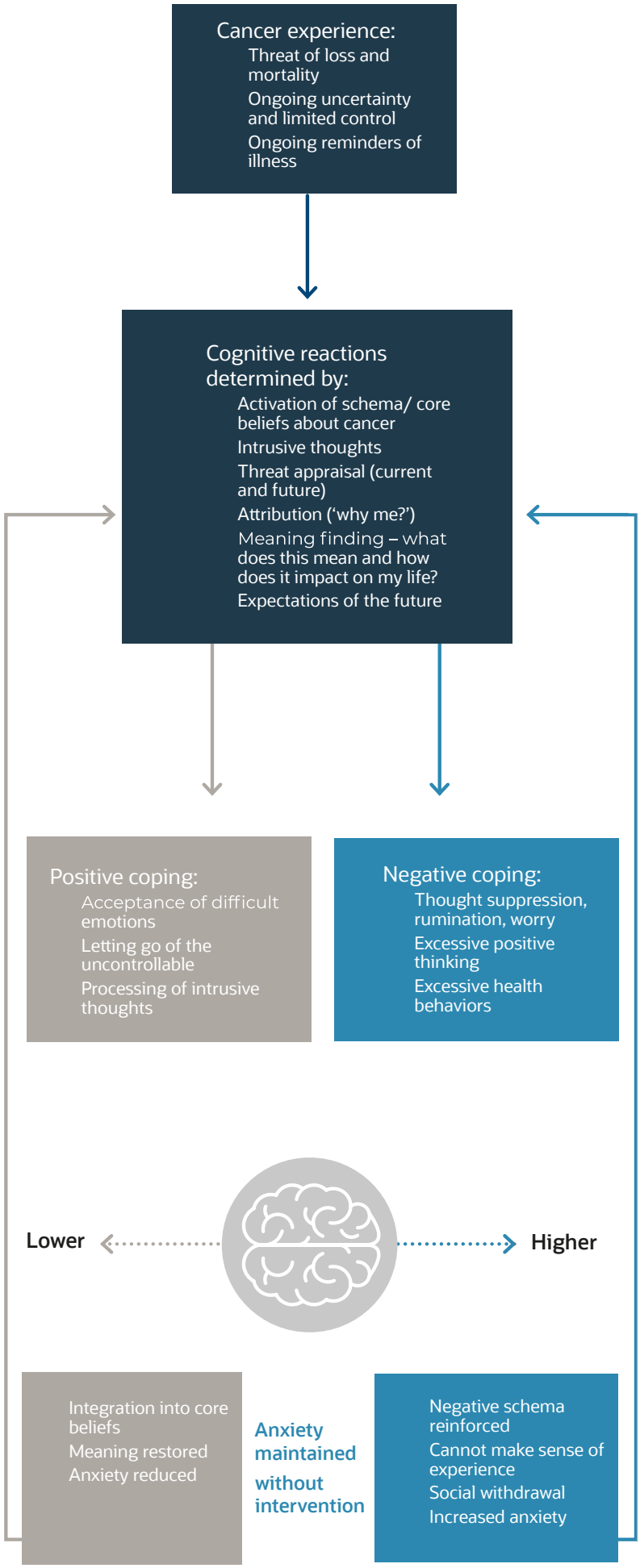
Need for control hinders adjustment to uncertainty.

Coping style

Negative/ Maladaptive or positive coping style.

Supporting patients and carers throughout their cancer experience to improve pharmacological treatment outcomes requires

Part 2 – "How I process, interpret and cope with the cancer threat" (mechanisms)



Why should pharma care?

Studying the psychological effects of a cancer diagnosis allows us to understand the cognitive response to the inherent threat of cancer, which is crucial in explaining the subsequent emotional response including anxiety. A better understanding of these effects enables prioritization and designing of better and more targeted solutions and interventions.

It also means these more targeted solutions spring from a deep understanding of the cancer patients' and carers' real-life experiences, unmet needs of living with the illness, and its impact. These insights give providers the ability to identify areas where patients and carers can be better supported.

With greater understanding comes the ability to build awareness and advocacy of the burden and impact of living with cancer stemming from evidence-based data, highlighting the opportunities to support provision of psychotherapeutic care as an adjunct to biomedical cancer care.

Application and benefits for RWE generation

POEM supports the Health Technology Assessment (HTA) process by demonstrating the pharmacoeconomic benefits of a therapy and can inform potential psychotherapeutic treatments that could form the basis of future research trials.

Application and benefits for commercialisation

POEM could prove to be vital for developing patient support activities and interventions as well as differentiating marketing and scientific communications strategy through patient-centric insights.

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