

A Psycho-Onco EMotional Anxiety (POEM) Framework and Application to Understanding Emotional and Psychological Burden of Living with Cancer

Cerner Enviza

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Introduction

- Diagnosis of cancer is a highly stressful event which involves complex emotional processes and significant life changing implications.
- Despite greater availability of treatment, even at advanced disease stages, patients at this chronic stage of cancer need to manage the ongoing anxiety tied to their illness.¹
- Cancer distress can affect patients' treatment adherence and hospitalization that impacts their quality of life.
- May lead to poorer pharmacological treatment outcomes.²
- However, psychological care of cancer remains stigmatized and less understood, especially in Asia Pacific, leading to negative impacts on quality of life and treatment compliance which increases mortality risks.
- Psychological burden consistent with a major life stress has been the case for many cancers.

Objective

- Understand the lived experiences of cancer patients and their caregivers
- Map these experiences onto the POEM framework

Methods

POEM Framework

- Adapted from 9 theoretical frameworks of cancer anxiety found in scientific literature through a systematic literature review of 1538 articles and additional literature on clinical psychology on trauma and clinical anxiety.³

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 do not 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: social support, significant others, HCP interactions, functional impact of illness, and other stressors

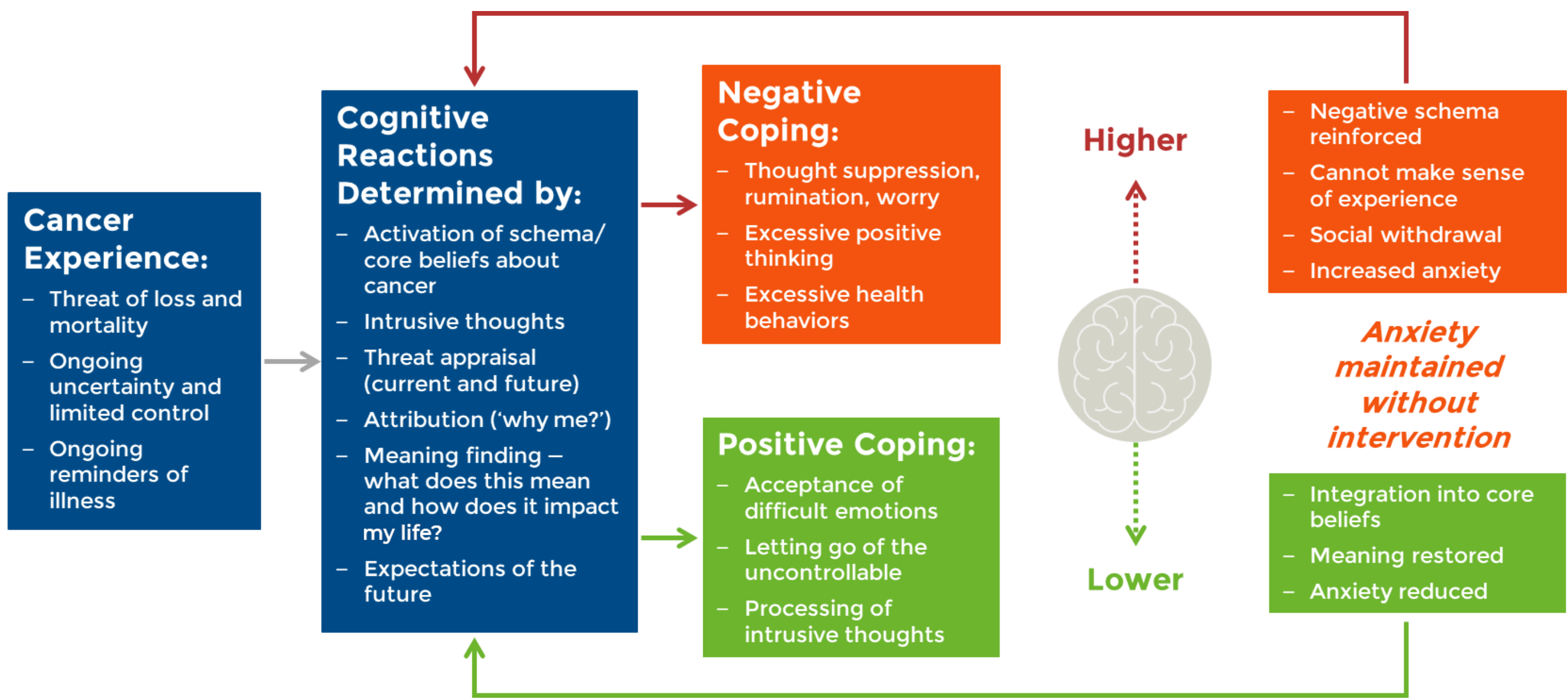


Elucidating Qualitative Themes Through Lived Experiences of Patients

- An exploratory qualitative study was done to understand the lived experiences of cancer patients and their caregivers.
- Paired narrative interviews with cancer patients and their caregivers as well as digital ethnography were conducted to holistically capture contextual, interpersonal, and intrapersonal factors impacting cancer patients' experiences.

Mapping Themes onto POEM

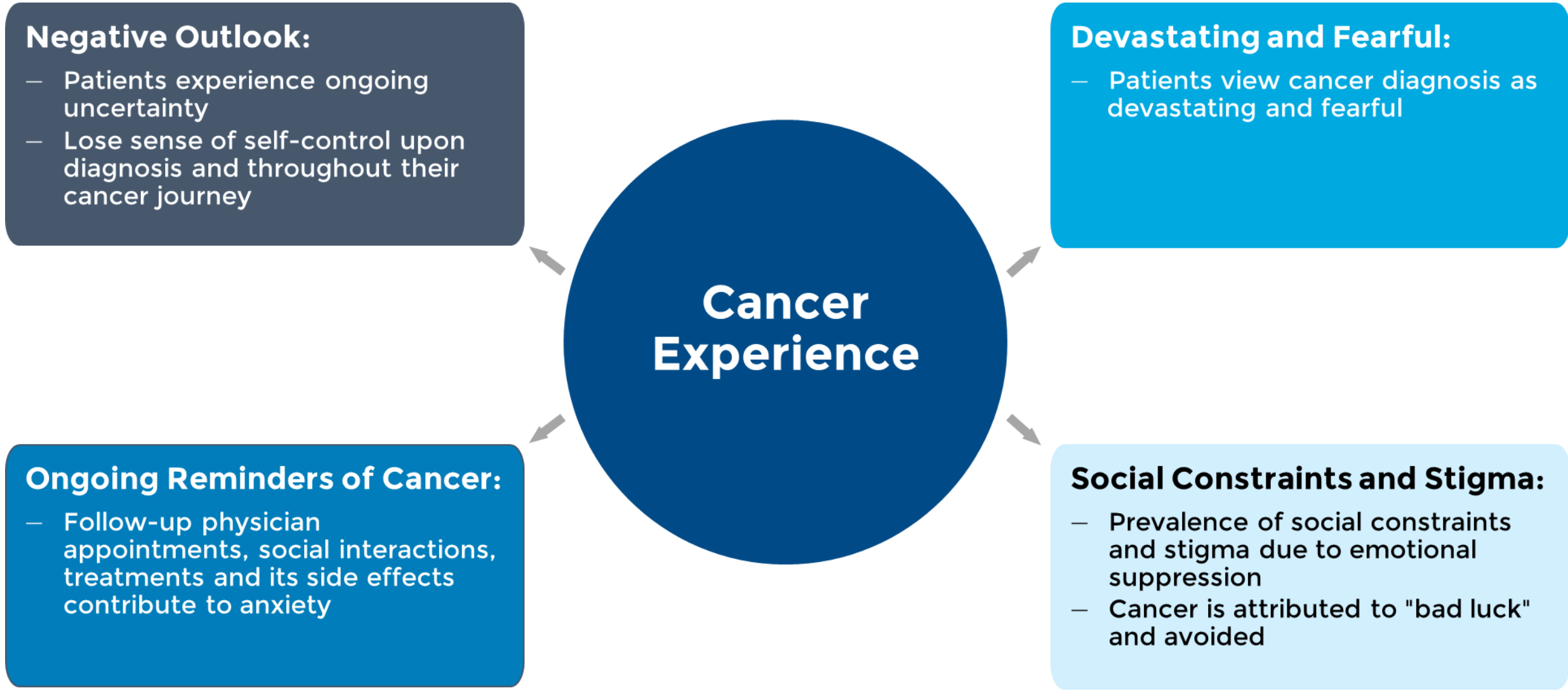
- Superordinate and subordinate themes identified from lived cancer experiences, psychological processes, and coping behavior.



Results and Discussion

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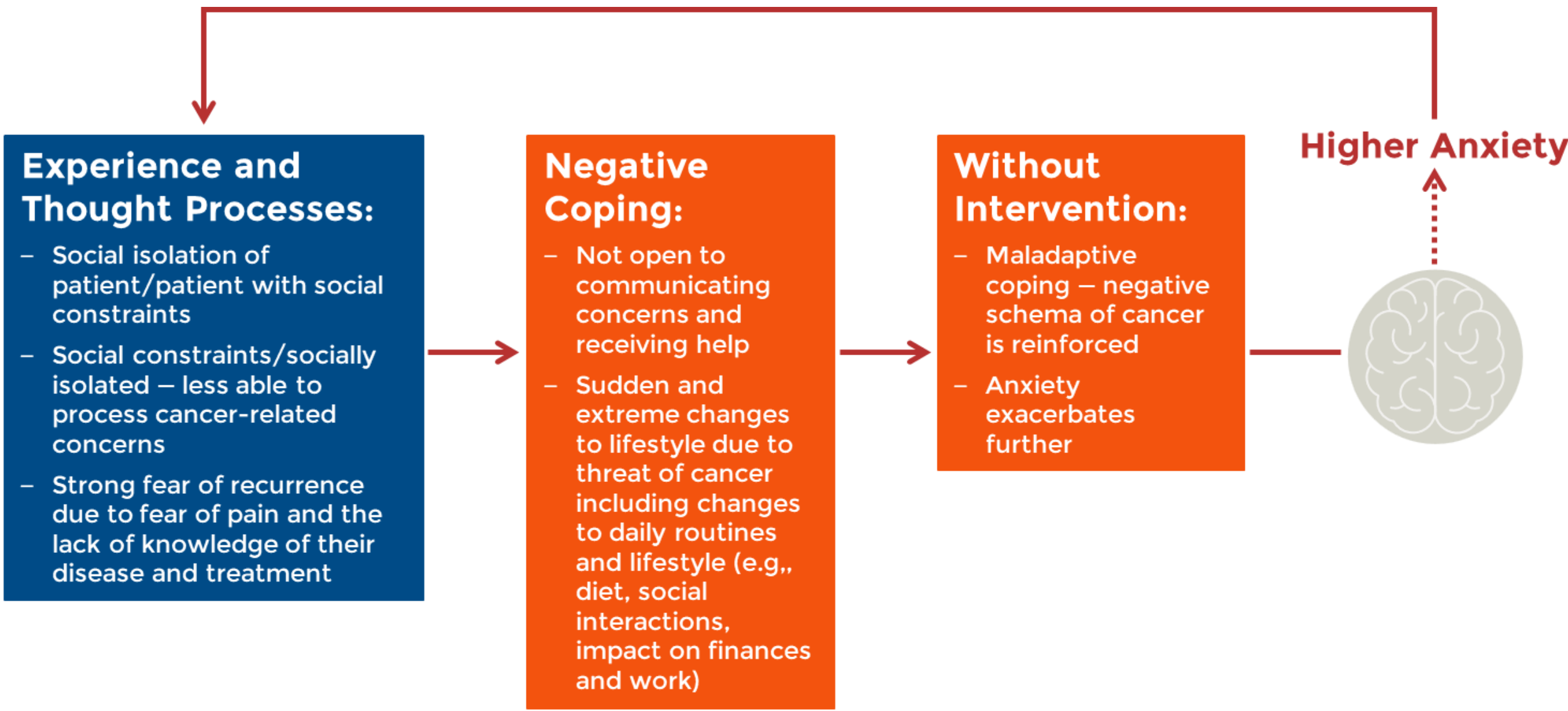
Aspects of the Cancer Experience



2

Patient Coping Mechanism

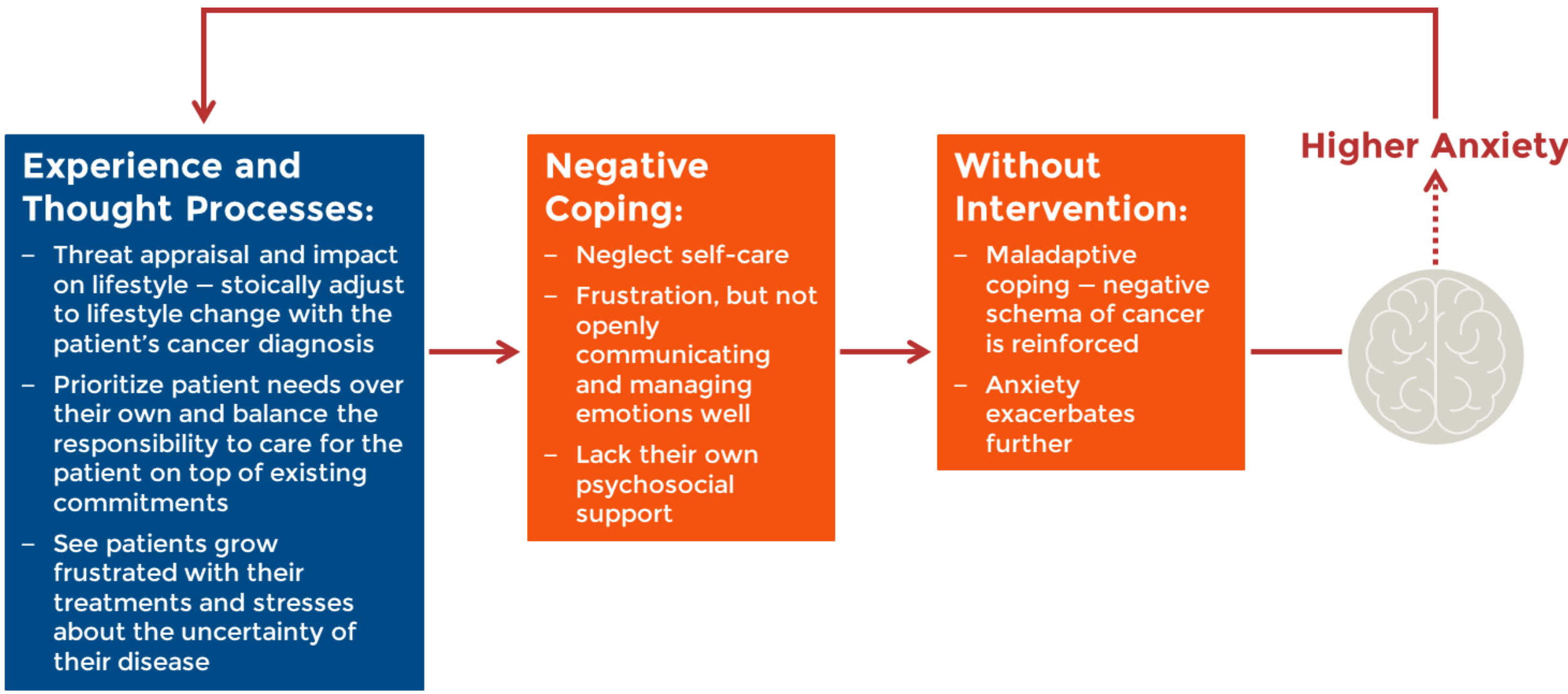
- Patients experience perceived (felt) stigma and internalized (self) stigma leading to maladaptive coping behaviors and anxiety.
 - Tumor-specific stigma – Genitourinary cancer patients are uncomfortable to talk about how their condition impacts their quality of life (e.g., physical intimacy).
 - Gender-specific stigma – Male patients often do not share openly about their pains on coping with cancer even with immediate family members, instead seeing it as something to be managed independently.
 - Lifestyle-specific stigma – Stereotypical beliefs that lung cancer is caused by smoking bring distress to both smoker and non-smoker patients who attribute cancer to their lifestyles.



3

Relational Dynamics (Caregiver Burden)

- Caregiver burden can worsen patients' anxiety.
- Some caregivers may not be able to adjust to lifestyle change of cancer patients and may go through a maladaptive coping cycle.



Conclusions

- This research has explored how people living with cancer experience anxiety along the patient journey through exploring their cancer experience, processing and coping with the threat of cancer, and caregiver burden. Findings supports prioritization of psychosocial and other interventions that truly meet patient needs and improve outcomes. Furthermore, understanding relational dynamics between patients, caregivers, family members, and clinicians can help to improve the therapeutic alliance between clinicians and patients to provide patient-centered care.
- Findings from utilizing the POEM framework can be used to highlight opportunities to improve clinical pathways and support the provision of psychotherapeutic care as an adjunct to biomedical cancer care, support HTA processes by demonstrating the pharmacoeconomics of therapies, inform potential psychotherapeutic treatments that would form the basis of future research trials, and to ultimately support pharmacotherapeutic treatment outcomes in cancer.

References
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2. Kissane DW, Mario M, Sartorius N. (2011). "Depression and Cancer."
3. Curran L, Sharpe L, Butow P. Anxiety in the context of cancer: A systematic review and development of an integrated model. *Clin Psychol Rev*. 2017 Aug;56:40-54.