

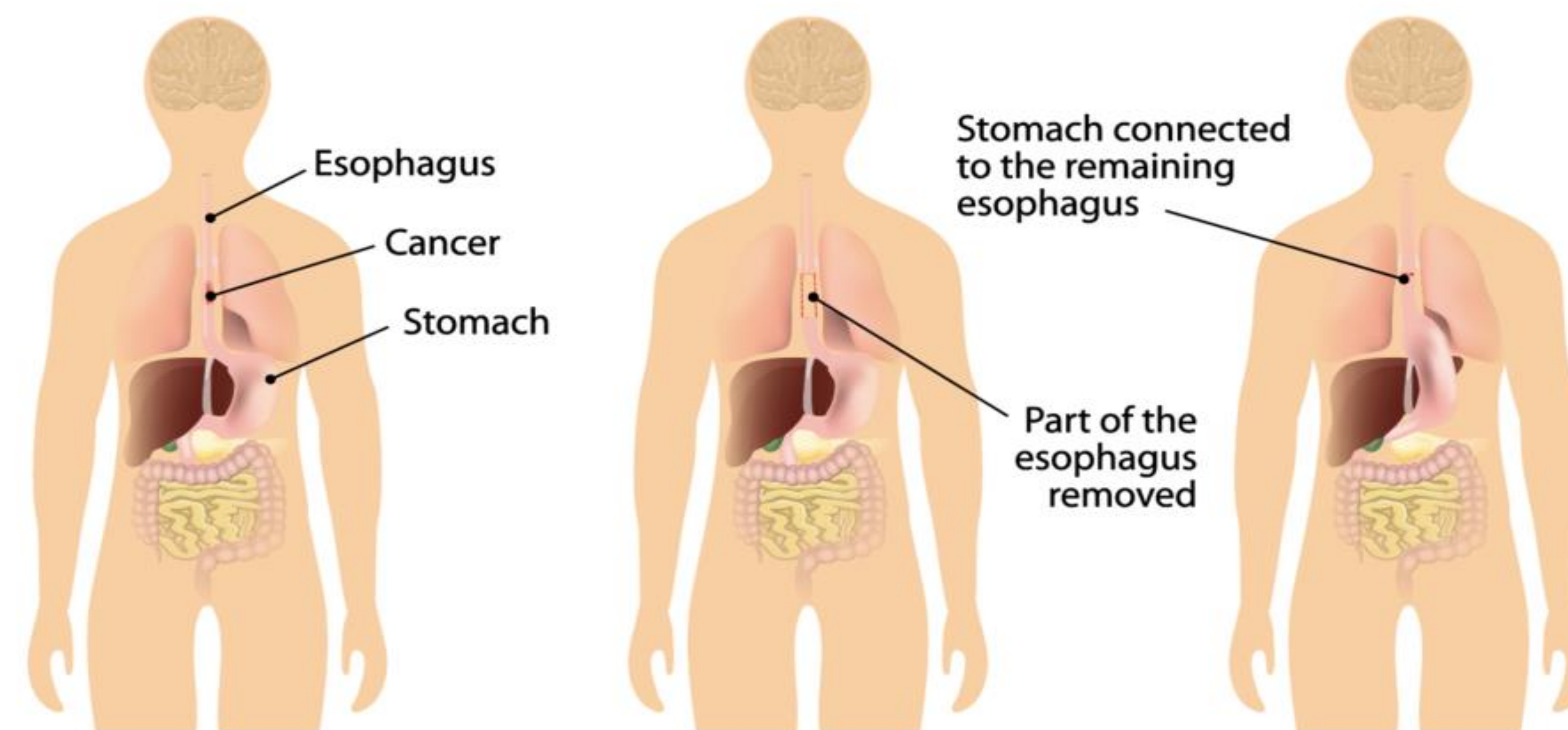
Background & Significance

- During treatment, one third of all cancer patients suffer from some type of psychiatric disorder (Singer, Das-Munshi, & Brahler, 2010)
- Studies have shown patient distress from the time of cancer diagnosis to elevated anxiety remaining up to four years (Hellstadius et. al., 2014)
- About half of patients report emotional problems following surgery and persisting even at five years post-treatment (Hellstadius et. al., 2014)
- Adjusting to a new physical self and acceptance of social challenges has psychological impact (McCorry et. al., 2009; Bouras et. al., 2016)
- Esophageal cancer in particular has poor prognosis, even after multiple treatment modalities including concurrent chemotherapy and radiation, and later, extensive surgery with the possibility of additional adjuvant therapy.
- Experiencing any postoperative symptoms other than dysphagia show an increased risk of associated anxiety and depression (Bouras et. al., 2016)
- Even new onset psychiatric morbidity following esophagectomy appears higher when compared to the general population and is associated with poorer postoperative survival (Hellstadius et. al., 2015)

Clinical Question

What are the unmet support needs of patients with esophageal carcinomas prior to surgical intervention?

ESOPHAGEAL CANCER



Proposed Methods

Esophageal Carcinoma Diagnosis

Confirm surgical candidacy

Pre-Operative Focus Group

Esophagectomy

Clinical Rationale

- To date, esophageal cancer studies primarily evaluate patients' physical consequences of the disease and treatment
- Very few studies have investigated emotional distress, specifically anxiety, among surgically treated esophageal cancer patients (Wikman, Smedfors, & Lagergren, 2013)
- No relevant studies evaluating anxiety on esophageal cancer patients were conducted in the United States of America
- Benefits of support group programs including patient and caregiver satisfaction, increased socialization, and improved mood among cancer patients have been well documented (McCorry et. al., 2009)
- Identifying the types of programs patients desire may prove to be beneficial, particularly for groups that generally have less support and carry both physical and psychosocial implications health care professionals may not be able to address
- Although evidence demonstrates even short and simple supportive care interventions promote psychological rehabilitation, to date there is no standard procedure for support in cancer patients (Zhang et. al., 2013)
- Patients must cope with the stress of a cancer diagnosis, chemotherapy, radiation, and a high-risk surgery, yet preoperative psychological support has not been accepted as standard of care as it has for other diseases

Practice Implications

- Clarify the support needs of pre-esophagectomy patients identified in focus groups
- Optimize current pre- and postoperative algorithms to enhance patient-centered care

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