



Editorial

## Special Edition on Psycho-Oncology, *Indian Journal of Medical and Paediatric Oncology*

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Psycho-oncology was defined in 2002<sup>1</sup> by one of the founders of this discipline, Dr. Jimmie Holland, as “the psychological, social, behavioral, and ethical aspects of cancer,” incorporating:

- the psychological responses of patients, their families, and carers to cancer at all stages of the disease, and
- the psychological, behavioral, and social factors that may influence the disease process.

Psycho-oncology, by its very nature, is interdisciplinary and multifocal, with interests in many areas, including patient-centered and family-centered care,<sup>2</sup> shared decision-making,<sup>3</sup> medical ethics,<sup>4</sup> medical communication,<sup>5</sup> behavioral medicine,<sup>6</sup> psychiatry/psychology interventions,<sup>7</sup> symptom control and supportive care,<sup>8</sup> end-of-life care,<sup>9</sup> and psycho-neuroimmunology.<sup>10</sup>

The importance of psycho-oncology research and practice has been well-recognized internationally, due to the existential, physical, and psychosocial challenges of cancer diagnosis, treatment, and treatment-related side effects.<sup>11,12</sup> Such challenges result in high rates of distress, psychological morbidity (such as anxiety and depression), and suicide among the cancer population.<sup>13</sup> The largest study to date comparing mental health rates in cancer patients with that in the general population<sup>14</sup> reported a 1.3-fold increased prevalence rate for any mental disorder, and a 2–3-fold increased prevalence rate of depression in cancer patients. The suicide rate in the first 6 months after a cancer diagnosis has been reported to be seven times than that of the general population.<sup>15</sup> Practical difficulties (such as financial, travel, and work-related challenges), the need to take in a large volume of unfamiliar and threatening information and make difficult decisions in the context of uncertainty, and for some, advice to change long-held behaviors, add to this burden.<sup>11,12</sup> Furthermore, mental health challenges can extend into survivorship, in response, for example, to ongoing treatment or long-term side effects.<sup>16</sup>

Therefore, the incorporation of psychosocial assessment and management into routine cancer care has been internationally advocated, with many organizations issuing clinical practice guidelines and pathways for cancer psychosocial care.<sup>17–21</sup> Many systematic reviews<sup>22–24</sup> have concluded that psychosocial interventions are effective in reducing psychological morbidity in cancer patients, while a recent analysis of population-based data from the U.S. noted a reduction in suicide rates since the introduction of better psychosocial care into cancer centers.<sup>15</sup>

However, the majority of research papers and clinical guidelines have been published in affluent Western countries such as the United States of America, Canada, the United Kingdom, the Netherlands, and Australia. Low- and middle-income countries (LMICs) face significant additional challenges in cancer care, including low literacy and health literacy among their populations and fewer resources available for health services.<sup>25</sup> Currently in India, while a number of institutions provide professional degrees in psycho-oncology<sup>26</sup> and psycho-oncology professionals are employed in comprehensive cancer centers, pain and palliative units, and nongovernmental organizations across the country, separate psycho-oncology-focused services are still lacking.<sup>26</sup> While psychosocial care has been recognized as a priority within the palliative care subspecialty in India and other LMICs, evidence of implementation into cancer care within these countries is poor.<sup>20</sup>

Cultural differences in approaches to health care and family responsibilities may also impact the applicability of Western models of care.<sup>27</sup> For example, in India and other Asian countries, the family may be accorded cancer decisional control to protect the patient from distressing information and ensure decisions are in the best interests of the family as a whole.<sup>27</sup> Thus, the primarily patient-centered models of care used in the West may not be appropriate in India.<sup>27</sup> In the light of the differences discussed above, the current special issue on

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psycho-oncology research and practice in India and Indonesia is very welcome, to provide alternative perspectives and solutions within psycho-oncology that match the resources and cultural preferences of LMICs.

This special issue encompasses a wide range of psychosocial oncology research. It includes descriptive work documenting common mental health conditions presenting to cancer psychosocial services, and in children with cancer in Indonesia; coping styles used in response to different mental health presentations; and unmet needs in oral cancer survivors. The results of these studies can guide the provision of mental health services in India and LMIC more broadly.

Several papers focus on distress and burnout in cancer health professionals, particularly during the coronavirus disease pandemic. Overall, levels of distress and burnout were high, particularly in those with less than 10 years of experience, and who had previously experienced mental health problems.<sup>28</sup> These papers highlight the importance of supporting the supporters, and ensuring that staff have access to appropriate and destigmatized support services.

One small randomized controlled trial is reported of an exercise intervention for oral cavity cancer patients, finding it to be effective in reducing fatigue and fatigue impact. Exercise has been highlighted as an effective intervention for fatigue in randomized trials internationally,<sup>29</sup> but this impact has not been previously evaluated in India in this population.

Finally, two papers focus on the delivery of care, the first documenting the most common cancers in India mapped against the delivery of services, highlighting disparities between need and services. The second focuses on the role of integrated cancer services in providing optimal care to people with cancer presenting with complex problems. The role of allied health such as nutritional and mental health care was highlighted.

Overall, this body of work will contribute to the growing discipline of psycho-oncology in India and LMIC. Moving ahead, a focus is required on feasible, acceptable, and sustainable interventions that will make a difference to the quality of life of cancer patients and their families in LMICs.

#### Conflict of Interest

None declared.

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