Management of Anxiety and Depression in Adult Survivors of Cancer

ASCO Guideline Update

Andersen, BL et al.

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1 Background & Methodology

Introduction

- The purpose of this guideline update is to gather and examine the evidence published since the 2014 guideline by Andersen et al.[1]
- The 2014 guideline was an adaptation of a Pan-Canadian Practice Guideline on Screening, Assessment, and Care of Psychosocial Distress (Depression, Anxiety) in Adults with Cancer, [2] which addressed the following research question: “What are the optimum screening, assessment, and psychosocial-supportive care interventions for adults with cancer who are identified as experiencing symptoms of depression and/or anxiety?”
- As screening and assessment for depression and anxiety are improving, the research question was revised by the reconvened panel to focus on management and treatment only.
- Readers are encouraged to review ASCO's 2014 recommendations on screening and assessment, which the panel deemed as still relevant. [1]

Author's Note

- This guideline provides detailed and medically sound compilations of updates, insights, advice, and recommendations for depression and/or anxiety in adult survivors of cancer.
- However, they were developed in the context of mental health care being available and may not be applicable within other resource settings.
- It is the view of the Expert Panel that health care providers and health care system decision makers should be guided by these recommendations.
- However, the authors acknowledge that not all recommended interventions for management of depression and/or anxiety in adult cancer survivors are available in resource-limited environments.
- When services are not available, clinicians should opt for other accessible interventions.

ASCO Guideline Development Methodology

- The ASCO Evidence Based Medicine Committee (EBMC) guideline process includes:
  - a systematic literature review by ASCO guidelines staff
  - an expert panel provides critical review and evidence interpretation to inform guideline recommendations
  - final guideline approval by ASCO EBMC

- The full ASCO Guideline methodology manual can be found at: www.asco.org/guideline-methodology

Clinical Questions

This clinical practice guideline addresses the clinical question:

- What are the recommended treatment approaches in the management of anxiety and/or depression in survivors of adult cancer?

Although the Expert Panel also sought to evaluate the evidence for management of PTSD in cancer populations for this update, very few trials were identified. Therefore, no recommendations are made, and the identified evidence will not be discussed further.

Target Population and Audience

Target Population

- Survivors of adult cancer, defined as starting from the time of diagnosis to any time thereafter, with anxiety and/or depression.

Target Audience

- Health care providers including oncologists, psychologists, psychiatrists, psychosocial and rehabilitation professionals, integrative medicine practitioners, primary care providers, social workers, nurses, and others involved in the delivery of care for cancer survivors, as well as their family members, and caregivers.

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2 Summary of Updated Recommendations

Summary of Recommendations

Section 1.0. General Management Principles

Recommendation 1.1

- All patients with cancer and any patient-identified caregiver, family member, or trusted confidant should be offered information* regarding depression and anxiety. They should also be offered resources, such as the providers' contact information for further evaluation and treatment within or external to the facility whenever available.

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Strong

***Qualifying Statement**: *Information should be culturally informed and linguistically appropriate and can include a conversation between clinician and patient, and/or electronic or written material on depression and anxiety. Examples of materials can be found at Cancer.Net, such as ASCO Answers Anxiety and Depression.*

Summary of Recommendations

Recommendation 1.2

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Strong

- Clinicians should use a stepped-care model, i.e., selecting the most effective and least resource intensive intervention based on symptom severity when selecting treatment for anxiety and/or depression. Other variables which may inform the choice of treatment approach include the following:
  - Psychiatric history, i.e., prior diagnoses, with or without treatment
  - History of substance use
  - Prior mental health treatment response
  - Functional abilities and/or limitations related to self-care, usual activities, and/or mobility
  - Recurrent or advanced cancer
  - Presence of other chronic disease(s) (e.g., cardiac disease)
  - Member of socially and/or economically marginalized group (e.g., Black race, SES)

Summary of Recommendations

Recommendation 1.3

- Psychological and psychosocial interventions provided by mental health practitioners should derive from manualized, empirically supported treatments. Manuals for evidence-based treatments specify content, structure, delivery mode, session number, treatment duration, and related topics. Linguistic, cultural, and socioecological contexts need to guide any treatment tailoring.

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Moderate

Summary of Recommendations

Recommendation 1.4

- When making a referral for further evaluation or psychological care, clinicians should make every effort to reduce barriers and facilitate patient follow-through. Determining follow through to the first appointment is essential as is discovering any barriers that may have arisen for the patient. Thereafter, determining patient satisfaction and assisting with any new and/or continuing barriers would also be helpful.

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Moderate

Recommendation 1.5

- For patients who have symptoms of both depression and anxiety, treatment of depressive symptoms should be prioritized. Alternatively, treatment with a unified protocol (i.e., combining CBT treatments for depression and anxiety) may be used.

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
High	Strong

Summary of Recommendations

Recommendation 1.6

- For patients referred to and receiving psychological treatment, mental health professionals should regularly assess treatment response (e.g., pre-treatment, 4-weeks, 8-weeks, and end of treatment).

Evidence-based
benefits outweigh harms

Evidence Quality	Strength of Recommendation
Intermediate	Strong

Recommendation 1.7

- If pharmacologic treatment is used, the treating clinician should regularly (e.g., 4 and 8- weeks) assess using standardized validated instruments, the extent of a patient's symptom relief, side effect and adverse event occurrence, and satisfaction. If symptoms are stable or worsening, the treating clinician should re-evaluate the plan and revise.

Informal consensus
benefits outweigh harms

Evidence Quality	Strength of Recommendation
Insufficient	Strong

Summary of Recommendations

Recommendation 1.8

- After 8 weeks of treatment for depression and/or anxiety, if there is little improvement in symptoms despite good adherence, the treating clinician should adjust the regimen (e.g., add a psychological or pharmacological intervention to a single treatment; if pharmacologic, change the medication; and if group therapy, refer to individual therapy). The same considerations may apply if patient satisfaction with treatment is low and/or barriers to treatment exist.

Informal consensus benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Insufficient	Moderate

Summary of Recommendations

Author's Note.

- Current evidence supports that the recommended treatment interventions for depression and anxiety are effective therapeutic options. However, it is acknowledged that availability of mental health services, ease of access, time to service provision, and cost are important considerations that may vary across treatment settings. The choice of intervention to offer patients should be based on shared decision-making, taking into account availability, accessibility, patient preference, likelihood of adherence, and cost.

Summary of Recommendations

Section 2.0. Treatment and Care Options for Depressive Symptoms

Recommendation 2.1

- For patients with moderate to severe depressive symptoms, culturally informed and linguistically appropriate information should be provided to patients and patient-identified caregivers, family members, or trusted confidants. Information might include the following: the commonality (frequency) of depression, common psychological, behavioral, and vegetative symptoms, signs of symptom worsening, and indications to contact the medical team (with provision of contact information).

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Strong

Summary of Recommendations

Recommendation 2.2

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Strong

- For a patient with moderate symptoms of depression, clinicians should offer individual or group therapy with any one of the following treatment options:
  - Cognitive therapy or cognitive behavior therapy
  - Behavioral activation
  - Structured physical activity and exercise
  - Mindfulness based stress reduction
  - Psychosocial interventions using empirically supported components (e.g., relaxation, problem solving).

Summary of Recommendations

Recommendation 2.3

- For a patient with severe symptoms of depression, clinicians should offer individual therapy with any one of the following treatment options:
  - Cognitive therapy or cognitive behavior therapy
  - Behavioral activation
  - Mindfulness based stress reduction
  - Interpersonal therapy

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Strong

Summary of Recommendations

Recommendation 2.4

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Low	Weak

- Treating clinicians may offer a pharmacologic regimen for depression in patients without access to first-line treatment, those expressing a preference for pharmacotherapy, or those who do not improve following first-line psychological or behavioral management. Pharmacotherapy should also be considered for patients with a history of treatment response to medications, severe symptoms, or accompanying psychotic features.

***Qualifying Statement**: Despite the limitations and weak evidence for pharmacologic management, empirically there is some evidence of benefit to warrant their inclusion as an alternative option.*

Summary of Recommendations

Section 3.0. Treatment and Care Options for Anxiety Symptoms

Recommendation 3.1

- For patients with moderate to severe anxiety symptoms, culturally informed and linguistically appropriate information should be provided to patients and patient-identified caregivers, family members, or trusted confidants. Information might include the following: commonality (frequency) of stress and anxiety, psychological, behavioral, and cognitive symptoms, indications of symptom worsening, and medical team contact information.

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Strong

Summary of Recommendations

Recommendation 3.2

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Strong

- For a patient with moderate symptoms of anxiety, clinicians should offer individual or group therapy with any one of the following treatment options:
  - Cognitive behavior therapy
  - Behavioral activation
  - Structured physical activity and exercise
  - Psychosocial interventions with empirically supported components (e.g., relaxation, problem solving)

Summary of Recommendations

Recommendation 3.3

- For a patient with severe symptoms of anxiety, clinicians should offer individual therapy with any one of the following treatment options:
  - Cognitive behavior therapy
  - Behavioral activation
  - Mindfulness based stress reduction
  - Interpersonal therapy

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Intermediate	Strong

Summary of Recommendations

Recommendation 3.4

- Treating clinicians may offer a pharmacologic regimen for anxiety in patients without access to first-line treatment, those expressing a preference for pharmacotherapy, or those who do not improve following first-line psychological or behavioral management.

Evidence-based benefits outweigh harms	
Evidence Quality	**Strength of Recommendation**
Low	Weak

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3 Discussion

Discussion

- This guideline reiterates the importance of screening for mental health conditions.
- Education, screening timing, risk correlates, and stepped care remain important in this guideline.
- Regarding treatment, the prior guideline[1] listed cognitive behavior therapies and behavioral activation among the recommended options. These treatments continue to be first line treatments of choice, with added support for components (e.g., problem solving) used alone or in combination.
- Unlike the prior guideline,[1] pharmacotherapy is not recommended as a first line treatment, neither alone nor in combination.
  - Physician choice of pharmacotherapy may be considered when there is no or low availability of mental health resources, for patients who have responded well to pharmacotherapy for depression or anxiety in the past, for patients with severe neurovegetative or agitated symptoms of depression, patients with depression with psychotic or catatonic features, and/or patient preference.
- The mental health care crisis is a widespread issue that includes patients with cancer.
- Attention to regular assessment of mental health following initial diagnosis is needed.

Health Disparities

- It is important to note that many patients from socially or economically marginalized communities have limited access to medical care and may not receive guideline concordant care.[3]
- Factors such as race and ethnicity, age, SES, sexual orientation and gender identity, geographic location, and access to medical and mental health insurance are known to impact cancer care outcomes.[4]
- Patients with cancer who are members of racial and/or ethnic minorities suffer disproportionately from comorbidities, experience more substantial obstacles to receiving care, are more likely to be uninsured, and are at greater risk of receiving fragmented care or poor-quality care than other Americans.[5-8]
- Survivors who are Black consistently report poorer quality of life and physical and mental health compared to cancer survivors who are White, found in studies of breast, prostate, or colorectal cancer.[9-13]

Health Disparities

- Disparities in survivors' mental health remain even when sociodemographic and psychosocial factors are considered.[9,11]
- Additionally, cancer survivors who identify as sexual minorities have two to three times greater risk for depression and/or poor mental health compared with heterosexual counterparts among all races.[9,14-19] This disparity widens in survivors who are also from a racial or ethnic minority, underscoring the influence of intersectionality in cancer health disparities.[9,14]
- Awareness of these disparities in access to care should be considered in the context of this clinical practice guideline, and health care providers should strive to deliver the highest level of cancer care to these under-resourced populations.

Additional Resources

- More information, including a supplement and clinical tools and resources, is available at www.asco.org/survivorship-guidelines

- Patient information is available at www.cancer.net

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Abbreviations

- ASCO, American Society of Clinical Oncology
- CBT, cognitive behavior therapy
- EBMC, Evidence Based Medicine Committee
- PGIN, Practice Guidelines Implementation Network
- PTSD, post-traumatic stress disorder
- SES, socioeconomic status

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