COMPREHENSIVE EVALUATION OF PSYCHOSOCIAL DISTRESS AND UNMET NEEDS IN ADOLESCENT AND YOUNG ADULT CANCER PATIENTS: A CROSS-SECTIONAL STUDY

Dr Nihanthy DS*; Harisa Hilal Bhat^; Dr Rajath Govind^; Dr Arnab Gupta*

*Saroj Gupta Cancer Centre and Research Institute, Kolkata, India;

^Army Hospital (Research & Referral), New Delhi, India

INTRODUCTION

- Cancer imposes significant emotional, psychological, and physical burdens on patients, particularly within the adolescent and young adult (AYA) population.
- The National Comprehensive Cancer Network (NCCN)
 Distress Thermometer (DT) serves as a validated instrument for quantifying distress levels in oncology patients.
- This study aims to comprehensively assess distress, unmet psychosocial needs, and quality of life among AYA cancer patients receiving cancer care.

DEMOGRAPHICS

Parameter	Category	Percentage
Gender Distribution	Male	58.60%
	Female	41.40%
Age	Range: 15-39 yrs	Mean: 26.4 yrs
Treatment Intent	Curative	65.50%
	Palliative	34.50%

METHODOLOGY

- A cross-sectional survey was conducted among 250 AYA cancer patients undergoing treatment at a tertiary oncology centre in India.
- Participants completed a structured questionnaire incorporating the NCCN Distress Thermometer, along with assessments of overall health and quality of life. Clinical and demographic parameters, including gender, age, cancer diagnosis, treatment status (active treatment vs. post-treatment), and treatment intent (curative vs. palliative), were meticulously documented.
- Distress levels were analysed and correlated with these factors to delineate predictors of heightened distress and unmet supportive care needs.

RESULTS/FINDINGS

- Analysis revealed that 55% of patients exhibited moderate to severe distress (DT score ≥ 4), with significantly higher distress levels among those receiving active treatment.
- Patients with metastatic or advanced-stage disease reported lower quality-of-life scores compared to those undergoing curative therapy.
- Female patients demonstrated higher distress levels than their male counterparts.
- Furthermore, lower educational attainment was correlated with increased distress.
- Self-reported poor health status emerged as a strong predictor of both elevated distress and IMPORTANT diminished quality of life.
 Metastatic or

REFERENCES

1.NCCN_distress_thermometer.pdf [Internet]. [cited 2025 May 25]. Available from: https://www.nccn.org/docs/default-source/patient resources/nccn_distress_thermometer.pdf

2.Ownby KK. Use of the Distress Thermometer in Clinical Practice. J Adv PractOncol. 2019 Mar;10(2):175–9.

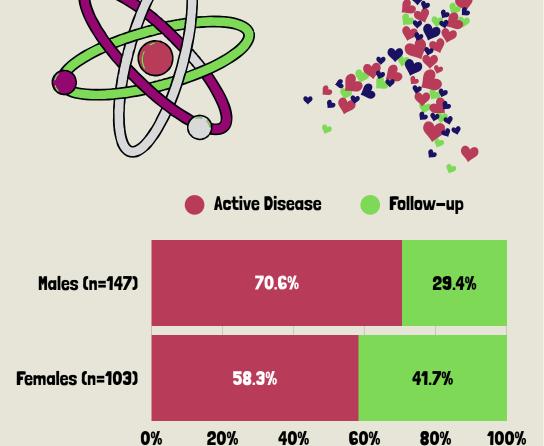
3.Donovan KA, Grassi L, McGinty HL, Jacobsen PB. Validation of the Distress Thermometer worldwide: state of the science. Psychooncology. 2014;23(3):241–50.

4.Dabrowski M, Boucher K, Lovell M, Sandre A, Bloch J, Carlquist L, et al. Clinical Experience with the NCCN Distress Thermometer in Breast Cancer Patients. J Natl ComprCancer Netw JNCCN. 2007 Feb

ANALYSIS

Cartomomi	Canadan		Prevalence	
Category Concern		Males (%)	Females (%)	
Physical Concerns	Pain	58.8%	66.7%	
	Fatigue	52.9%	66.7%	
	Sleep disturbances	41.2%	50.0%	
	Changes in eating habits	29.4%	25.0%	
	Sexual health concerns	47.1%	58.3%	
Emotional Concerns	Worry or anxiety	41.2%	58.3%	
	Sadness or depression	23.5%	33.3%	
	Loss of interest in activities	35.3%	41.7%	
	Fear	23.5%	33.3%	
	Feelings of worthlessness or being a burden	47.1%	58.3%	
Social and Practical Concerns	Work or school disruptions	41.2%	50.0%	
	Financial strain	29.4%	41.7%	
	Access to medications and treatment logistics	23.5%	33.3%	
	Difficulties in taking care of themselves or others	23.5%	33.3%	
	Transportation issues	17.6%	25.0%	
Spiritual or Religious Concerns	Concerns about death, dying, or afterlife	29.4%	33.3%	
	Change in faith or beliefs due to illness	11.8%	16.7%	
	Conflict between beliefs and cancer treatment	5.9%	8.3%	
(T!	Sense of meaning/purpose	23.5%	25.0%	

Key Findings on Distress and Unmet Needs



Diagnosis Distribution by Gender					
Diagnosis	Males (n=147)	Females(n=103)			
ALL	23.5%	16.7%			
Lymphoma HL NHL	17.6% 5.9% 11.7%	8.3% 4.2% 4.1%			
Sarcoma	11.8%	16.7%			
Germ cell tumors	23.5%	0.0%			
Breast cancer	0.0%	33.3%			
Colorectal cancer	5.9%	8.3%			
Hepatobiliary cancer	5.9%	0.0%			
CNS tumors	5.9%	8.3%			
Head and neck cancer	2.9%	0.0%			
Soft tissue sarcomas	2.9%	8.3%			
Adrenal cortical carcinoma	1.4%	0.0%			
Thymic tumors	1.4%	0.0%			
Mesothelioma	1.4%	0.0%			
Cancer of unknown primary	1.4%	0.0%			

CONCLUSION

advanced-stage

Female patients

 Lower educational attainment

disease

- The NCCN Distress Thermometer proves to be a valuable tool for identifying distress and unmet psychosocial needs among AYA cancer patients.
- The findings highlight the necessity of integrating routine distress screening into oncology care, coupled with tailored psychosocial interventions. Addressing distress proactively can substantially enhance the overall well-being and quality of life of young cancer patients, underscoring the importance of a holistic, patient-centred approach in oncological care.