

KEYNOTE
DISCUSSION

Conversation led by Professor Catherine Paterson with Dr Amy Comander, Trisha Marsolini, Asha Miller, and Dr Eleonora Teplinsky. April 2022.

KEY DISCUSSION
POINTS

- Holistic approaches to care are fundamentally important to ensure that patients are, and more importantly, feel, fully supported
- Individualized care should encompass every patient with their different concerns and motivations to manage the psychosocial impact of chemotherapy
- Patient-centered care has to be a multidisciplinary approach, with each specialty providing a tailored form of support

The Psychosocial Impact of
Chemotherapy Side Effects
- During Treatment and
Beyond

Cancer treatment is not only physically challenging, but chemotherapy side effects such as hair loss also affect psychological health, body image, and put limitations on participation in normal day to day activities. The fundamental shift that comes with a cancer diagnosis can send tidal waves through a patient’s life for many years. So, what can physicians do to ensure that the patient’s psychosocial wellbeing is being appropriately treated as well as the cancer?

‘WE REALLY NEED TO MAKE SURE WE’RE EMBRACING WHAT WE DON’T KNOW – WE’RE SO USED TO WHAT WE DO KNOW, AND IT’S REALLY IMPORTANT FOR US TO TAKE A STEP BACK’ – Trisha Marsolini

A cancer diagnosis causes a seismic shift in a patient’s life, so being addressed as a whole person, not a number or a diagnosis, can help patients to manage the trauma and feel more supported.

Increasingly, patients are turning to the internet for research and advice which will often make its way into the oncology office. Therefore, it is important that physicians do not dismiss this information as a knee jerk reaction, but create an

environment that encourages an open conversation, and use these circumstances as an opportunity to understand the patient’s motivations and areas of concern. More often than not, a patient presents their research because they trust their physician and are looking for validation or for reassurance. By establishing this patient-clinician relationship as a partnership, providers are able to deliver true patient-centered care and help manage the psychosocial impact of their diagnosis.

THE CHANGES ARE SO RAPID AND SO QUICK. THE MENTAL EFFECTS OF HAIR LOSS IS HUGE – THE PASSION AND THE EMPATHY FROM OUR CLINICIANS IS IMPERATIVE.’ – Asha Miller, Patient Advocate

There’s no one-stop solution to managing the psychosocial stresses of cancer treatment – it heavily relies upon providing patients with time, support, and preventative coping strategies, but also acknowledging that clinicians may not have all the answers. It is within these conversations that discussing the option for supportive options, such as scalp cooling, should take place.

‘IF YOU DON’T BRING [SCALP COOLING] UP, AND THE PATIENT IS LOOKING ONLINE OR

TALKING TO SOMEONE ELSE, AND YOU DIDN’T TELL THEM, THAT’S NOT FAIR AND ALMOST FORMS AN ELEMENT OF DISTRUST WITH THE ONCOLOGIST’ – Dr Eleonora Teplinsky

Scalp cooling can be a hugely beneficial addition to a patient’s treatment as it can provide privacy, consistency in work, helps to prevent social isolation and maintain a more positive self-image, whilst supporting their psychosocial wellbeing in their personal and intimate relationships.

Ultimately, one way of supporting a patient’s mental health and wellbeing is enabling them the chance to look in the mirror and see themselves looking back. Managing expectations and creating an education workflow on the process can significantly increase the likelihood of a patient scalp cooling through each round

of chemotherapy. However, it is also important to keep in mind that each patient will require different forms and levels of support, particularly patients of color, who may feel that scalp cooling isn’t a viable choice for them. This can also be the case for male patients, who are rarely offered scalp cooling due to preconceived notions on a man’s ability to cope with hair loss. A ‘one size fits all’ approach is not appropriate when it comes to scalp cooling.

Holistic care models focused on patient’s needs are only possible if mental health support isn’t treated as a tick box exercise, with support being consistent and long-term to manage the impact of chemotherapy both during and after the treatment period. This model could embrace many practices:

- Patients and clinicians having open and honest conversations

- Patients feeling encouraged to self-advocate and ask questions
- An environment where health care disparities are tackled with an increase in research around under-represented groups
- A scenario where financial issues don’t prevent uptake and insurance coverage becomes universal

Ultimately, what is required is a space where clinicians can carry out and act upon the conversations required to ensure all aspects of the patient is cared for during cancer treatment. It’s a long list to work on from multiple parties, but it is possible.

FURTHER READING

Paterson C, et al. *Identifying the supportive care needs of men and women affected by chemotherapy-induced alopecia? A systematic review.* J Cancer Surviv. 2021 Feb;15(1):14-28.

Lemieux J, et al. *Chemotherapy-induced alopecia and effects on quality of life among women with breast cancer: a literature review.* Psychooncology. 2008 Apr;17(4):317-28.

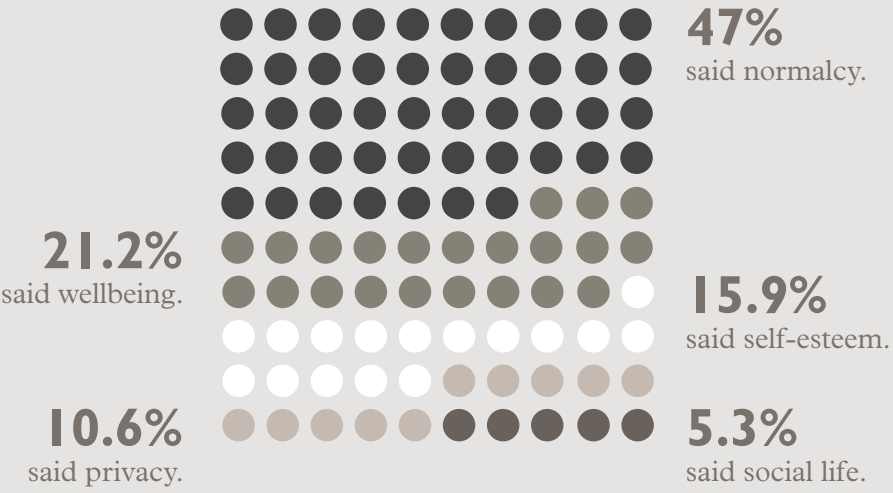
Rosman S. *Cancer and stigma: experience of patients with chemotherapy-induced alopecia.* Patient Educ Couns. 2004 Mar;52(3):333-9.

van den Hurk CJ, et al. *Impact of alopecia and scalp cooling on the well-being of breast cancer patients.* Psychooncology. 2010 Jul;19(7):701-9.

Choi EK, et al. *Impact of chemotherapy-induced alopecia distress on body image, psychosocial well-being, and depression in breast cancer patients.* Psychooncology. 2014 Oct;23(10):1103-10.

SUMMIT POLL RESULTS

We asked Summit delegates:
What is the largest motivator to scalp cool for your patients?



Scan to watch the opening discussion key points