



THE BENEFITS OF MULTIDISCIPLINARY & INTEGRATED CARE IN MANAGING BLADDER CANCER



With Dr. Jeanny B. Aragon-Ching, Dr. Sam Lolak and Lauren Broschak, LCSW



Complementary Medicine and Multi-Disciplinary Care For Bladder Cancer Treatment

Dr. Aragon-Ching: Now, what are the benefits of multidisciplinary care? I've already highlighted the importance of accurate pathologic review and staging. Whenever a patient comes to the multi-D (multi-disciplinary) clinic, this is an important part of their care, so that we have appropriate staging, diagnosis and the treatment decisions are actually rendered in real time. Patients who may be equally suited to either surgery or radiation, sometimes is a matter of choice. We do have better physician and patient satisfaction to address patient's needs because their care is delivered in an integrated fashion and all the disease disciplines are there in one place.

There's also importance of complimentary medicine as well as psychosocial care. We've always known that complimentary medicine refers to treatments that are used in addition to standard of care treatments and we would like to be able to utilize it for mainstream medical care. Now, it is also a

Benefits of multidisciplinary care

Accurate pathologic review, appropriate staging, diagnosis and rendering treatment decisions in real-time

Treatment decisions more appropriately suited

Better physician and patient satisfaction to address patients' needs

Diamantopoulos L et al., Bladder Cancer, vol. 5, no. 4, pp. 289-298, 2019; Kassouf W et al., Can Urol Assoc J 2018;12(7):E281-97; Kulkarni G et al., J Clin Oncol 35 (20): 2299-2305.

Benefits of complementary medicine and psychosocial care

- "Complementary Medicine" refers to treatments that are used in addition to standard treatments.
- used together with mainstream medical care

Singh P, Chaturvedi A, Indian J Palliat Care. 2015;21(1):105-115. doi:10.4103/0973-1075.150262

very important part of the care of patients with bladder cancer, the overall psychosocial aspect of their care. With that I would like to turn to Dr. Lolak to further discuss these aspects.

Dr. Lolak: As you know, cancer not only affects your physical health, but also your emotional, spiritual and cognitive health as well. There's a benefit and a real need for multidisciplinary approach and supportive care, in addition to the standard medical oncology treatment that that patient is getting.

Cancer affects

- Physical,
- Emotional, spiritual
- Cognitive health

➤ **Need for multidisciplinary approach and supportive care**

Evidence suggests that patients with bladder cancer tend to do worse psychologically right after their diagnosis. This is especially more pronounced in muscle invasive bladder cancer. Also patients who receive a ileal conduit experience more psychological distress. This is compared to other methods of urinary diversion.

I want to talk a little bit about depression, which is one of the most common psychological symptoms in patient with cancer or it is a

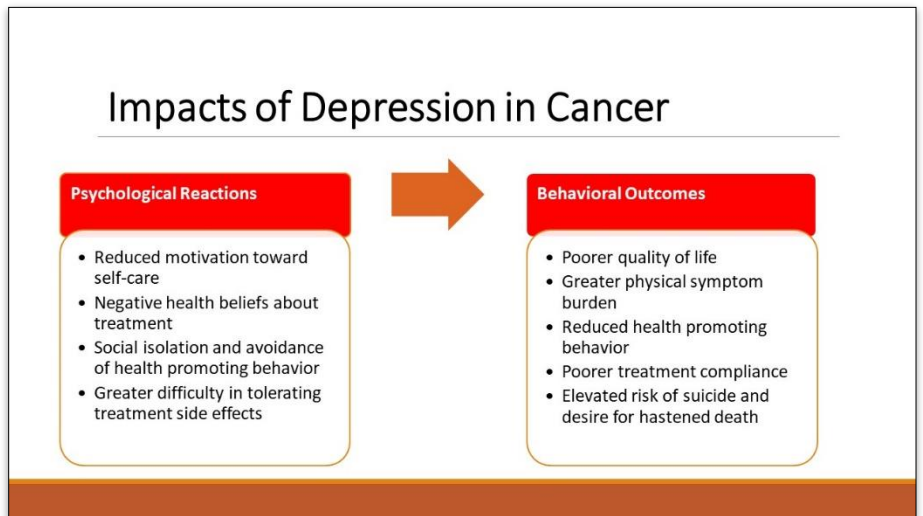
spectrum of symptoms, which may range in severity from non-pathological or normal sadness, to clinical syndromes associated with marked distress and disability. First of all, depression in cancer is very, very common. Almost 40% of cancer patients experience some depressive symptoms at some point in that cancer journey. There are many risk factors associated with depression and cancer, including more physical burden of cancer for example, functional disability at more advanced stage, higher physical symptoms and especially pain. Also, if you had diagnosed at younger age or having advanced disease when you are diagnosed, then there's higher risk of depression.

Depression in Cancer

- Depression is one of the most common psychological symptoms in patients with cancer
- May range in severity from non-pathological sadness to clinical syndromes associated with marked distress and disability

Dr. Lolak: History of early childhood adversity, loss or trauma, that also increase risk of depression in general and also depression in cancer patients. Social support- the level of social support is a big one. As you know, dealing with cancer not easy and the more support you have socially, then you tend to do better than patients who have less support. Also personal and family history of depression, just how it means, you're at risk of depression after cancer. In bladder cancer, patients who undergo radical cystectomy tend to have higher risk to develop depression.

What are the impacts of depression in cancer patients? Depression is associated with negative psychological and behavioral symptoms. For example, when you're depressed, you have less motivation towards self-care, including exercise, eating healthy, doing appropriate health promoting behavior. It might also impact your beliefs about the treatment. You tend to be more negative and pessimistic, which might impact your decisions about treatment. There's some aspect of social isolation and avoidance of health promoting behavior, healthy behaviors like exercise. Also, evidence suggests that patients with depression also have greater difficulty in tolerating treatment side effects. These can also lead to some of the negative behavioral outcomes, including poorer quality of life, greater physical symptom burden, reduced health promoting behavior, like I was mentioning, which can also impact treatment compliance and medical outcomes. Finally, it can be associated with elevated risk of suicide and desire for hastened death.



Suicide in cancer patients

- Higher risk in cancer patients in general; the highest rate of suicide is **shortly after diagnosis** of cancer
- In both general population and in BC patients, being **older, male, unmarried** carries the highest risk
- In BC patients, having **advanced cancer and high disease burden** likely increase suicide risk
- In GU cancer, rate of suicide among BC patients is one of the highest

Klassen, 2018; Pham, 2019

What about suicide and cancer patients? Well, evidence shows that cancer patient has an increased suicide risk. The highest rate of suicide happen shortly after diagnosis of cancer. Now, in both general population and in bladder cancer patients, being older, being male and being unmarried carries highest risk. If you have a combination of three of those, then your risk is probably in the highest category. In bladder cancer patients having advanced cancer and high disease burden likely increase suicide risks. Also in GU cancer, rate of suicide among bladder pain cancer patients is one of the highest.

Major Depression

For two weeks, most of the day nearly every day, 5 of these (one must be mood or interest):

- **Depressed mood**
- **Diminished interest/pleasure**
- Weight loss/ gain unrelated to dieting
- Insomnia/ hypersomnia
- Psychomotor agitation/ retardation
- Fatigue or loss of energy
- Feelings of worthlessness/guilt
- Diminished ability to concentrate
- Recurrent thoughts of death

These symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning.

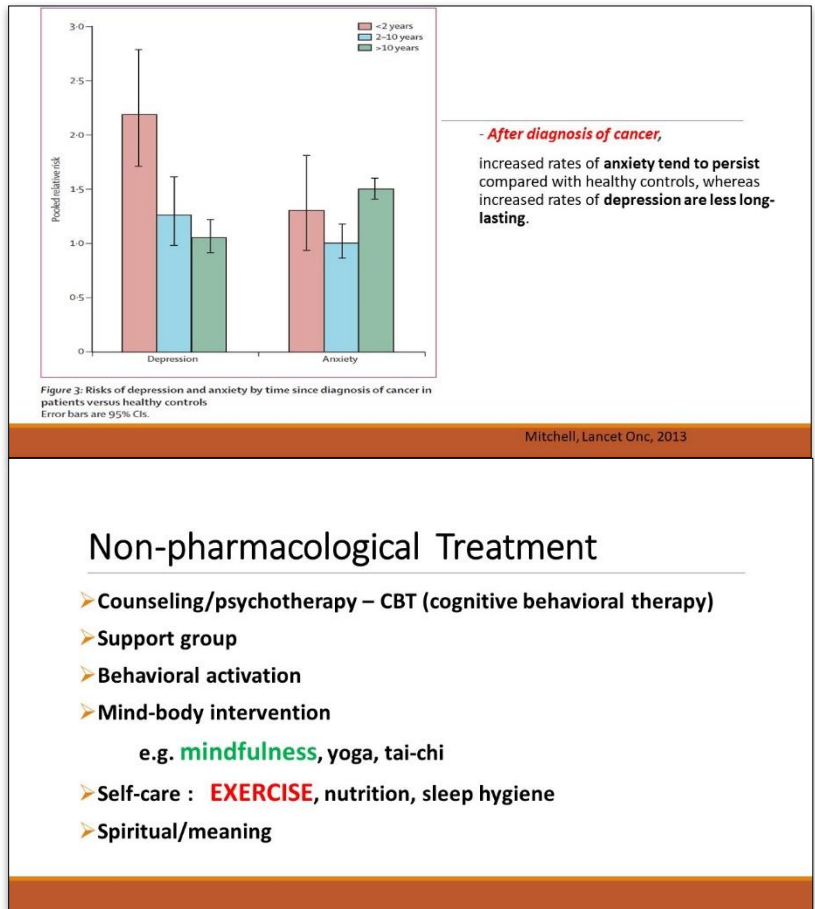
DSM V. American Psychiatric Association

Dr. Lolak: According to DSM-5 criteria by American Psychiatric Association, clinical diagnosis of what we call major depressive episode, which is a more severe clinically significant form of depression, requires following five out of nine symptoms. The symptoms happen for

at least two weeks. However, one of the symptoms has to be from the first two on the list, which is either depressed mood or diminished interest or pleasure. The symptoms are persistent and severe enough to impact one's functioning, where the social, occupational or other important areas of functioning. However, even if you have symptoms that don't quite meet the criteria, a lot of times you still would benefit from professional support and help with management.

This is the time course of depression as opposed to anxiety for 10 years after diagnosis of cancer and this is for all the cancer in general. After diagnosis of cancer, depression appears to be most significant during the first two years and then tend to decreased incidents over time compared with anxiety, which they rate 10 to two patients over the course of several years during the survivorship period.

What are treatment for depression? If the depression is mild or moderate, so we would emphasize what we call non-pharmacological treatment, which I'll talk about in the next slide. Then, in some cases, the patients might've benefited from medication treatment. In that case, the majority of patients would benefit from the medication, what we call antidepressant medication. However, antidepressant medication typically takes three to six weeks for therapeutic effects. It doesn't tend to work right away. It takes some times. However, if the depression is severe, then, usually, that medication is required or necessary. However, it's not adequate. You have to combine it with non-pharmacological treatment.



What are some of the non-pharmacologic treatment that is effective in helping depression in cancer patients? This includes counseling talk therapy or what we call psychotherapy. There are many types of talk therapy, but the one that has the most scientific evidence is a specific type of talk therapy called CBT or cognitive behavioral therapy. A support group, that's available for cancer patients that can help providing guidance support. That's a technique called behavioral activation, which is essentially strategies to force yourself to do healthy behaviors as if you are not depressed. For example, even though you don't feel like getting out of bed, or going out, or exercise, you force yourself to do that anyway and then you get that benefit from doing exercise, or going outside or socializing, which in turn will help improve your mood.

Dr. Lolak: There's strategy on intervention called mind-body intervention and Lauren will touch on this more during the next part of presentation. This may include a practice called

mindfulness, yoga or Tai Chi. That's self-care, which is a big part of treatment for a lot of symptoms, including depression. Physical exercise is one of the best thing that you can do as a cancer patient and also if you experience some depression. Nutrition, good healthy diet, sleep, or sleep hygiene or how to improve your sleep, is also essential. Then lastly, there's an area of spiritual meaning, whether that means attending church, or a group, a journaling or using art or nature, that helps you find and process your experience of having cancer.

Unfortunately, in terms of specific studies in bladder cancer patients, there are very little studies on the long-term psychological effects or changes, or the differences across age and gender, or across treatment modalities for bladder cancer patients, other than the suicide risks. However, there is some evidence that suggests that treatment options that enable patients to make minimal lifestyle changes, or reduced ostomy or catheterization requirements likely will be less harmful, at least psychologically. Then again, there are few studies on specific interventions or preventive strategies. However, we know that, not only from other cancers and also our own experience and other clinical experience, that multidisciplinary care approach helps, because it helps meet the

Psychological Distress in Patients with Bladder Cancer

- **Very little studies** on: long term psychological change, differences across age and gender or across treatment modalities other than suicide risk
- Evidence suggests that treatment options that **enable patients to make minimal lifestyle changes**, reduce ostomies or catheterization requirements likely will be less harmful psychologically (Pham, 2019)
- Few studies on specific interventions or preventive strategies
- **Multidisciplinary care approach helps** meet the patient's needs and provide support in different areas

patient's needs and also provides support in different areas.

Dealing with "Cancer Anxiety"

- Don't deny it
- Create routines and stick to it
 - Anchor your day with "healthy habits"
- Remind yourself of your priorities
- Focus on "short-term" goals but keep track of long-term ones
- Find helpful "distraction strategies", but also need to "process" the experience
- Try journaling, reading cancer memoir, art, meditation, counseling as a way to process/ make sense of your experience

Before I finish with my portion of my talk, I'd like to share some tips and then strategies on how to deal with what we call cancer anxiety, worries about cancer, which is very, very common, almost universal challenges in cancer patients, no matter what type or what stage you're in. This includes, first of all, to really accept that this is a part of the process. Don't deny it. You're going to have some anxiety when you're dealing with something as hard as cancer. You want to create routines

and stick to it. You can do this easily up by anchoring your day with what I call healthy habits. Usually, that means exercise, maybe a walk or some sort of physical exercise daily or going out and socializing, things that you feel better after you do it. You want to remind yourself of your priorities, what is meaningful for you. Focus on things, or people or issues that are high on your priorities and let go of things that are lower on your priorities.

Dr. Lolak: Focus on short-term goals, things that you can work on over the next week, next couple of weeks, or next month, or next couple of months. As a key tracker, have a long-term goal, so that you don't lose sight of it. Then find helpful distraction strategies. Distraction by itself, even though, it can be really helpful when you're having a lot of anxiety. You also want to find time to process, to make sense of the experience of having cancer. This may include

journaling or talking with a counselor, or talking in a group, or reading cancer memoir, or art, or using meditation as a way to make sense of your experience.

Then, lastly, you might consider developing personal practices to help lower your stress and to be in the present. For example, exercise, physical activities usually help. Mind-body techniques, like I mentioned, yoga Tai Chi. Gratitude practice can be a really powerful practice, easy to do, and also mindfulness practices, like I mentioned.

Dealing with “Cancer Anxiety”

- Develop personal practices to lower stress and to be in the “present”
 - Exercise and Physical Activities
 - Mind/body: breathing, yoga, tai-chi, etc.
 - Gratitude practice
 - **Mindfulness practices**



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