

Cancer-Related Distress and Unmet Needs Among Acute Myeloid Leukemia (AML) Survivors

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BACKGROUND

Individuals with AML are at risk for significant physical and psychological burden related to their illness. While overall survival rates are improving, treatments may be associated with lengthy hospitalizations, and the risk of relapse remains substantial.

AIMS

This study explores cancer-related distress and unmet needs among a community-based sample of AML survivors, as well as supportive care received from their healthcare team about those concerns.

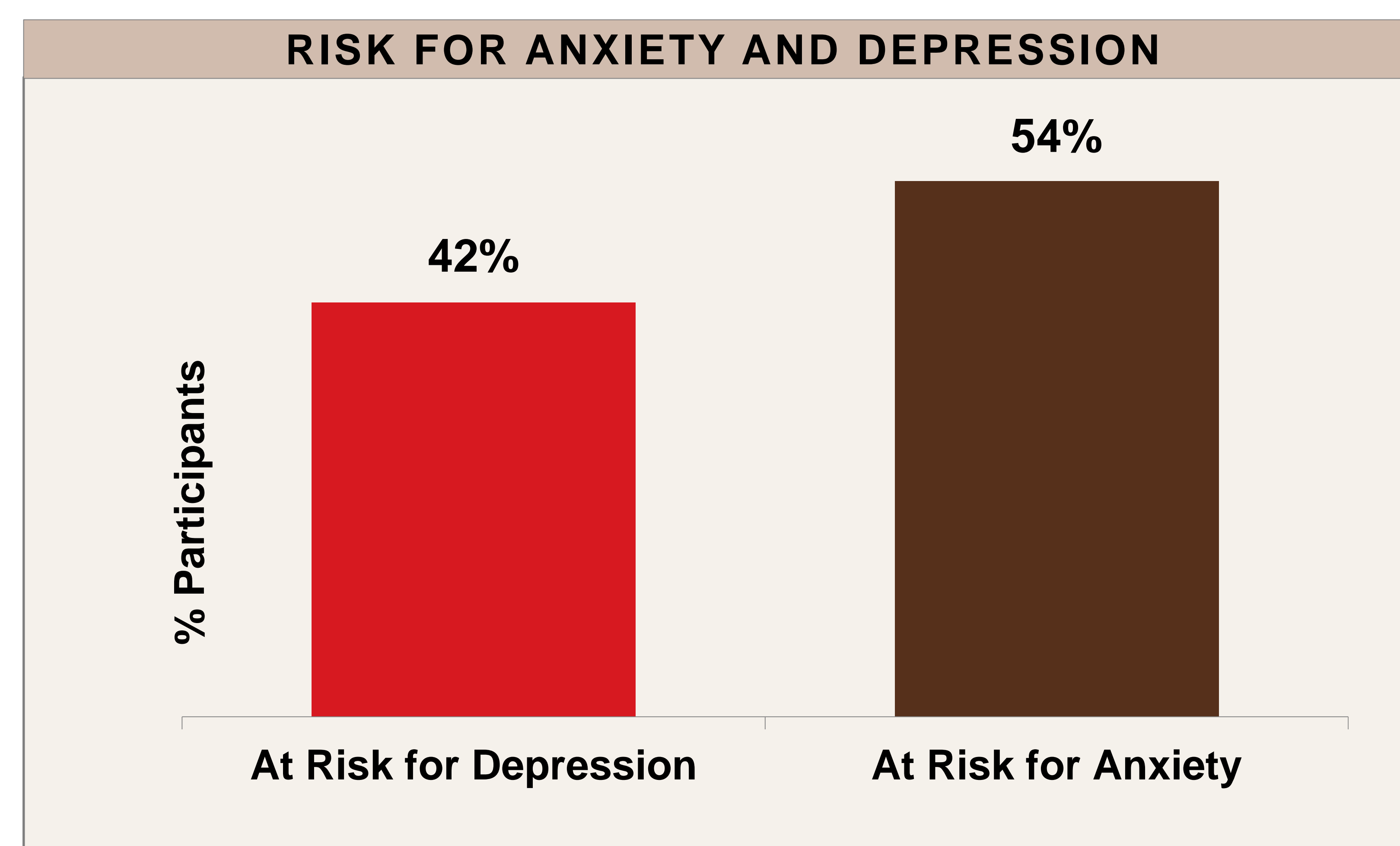
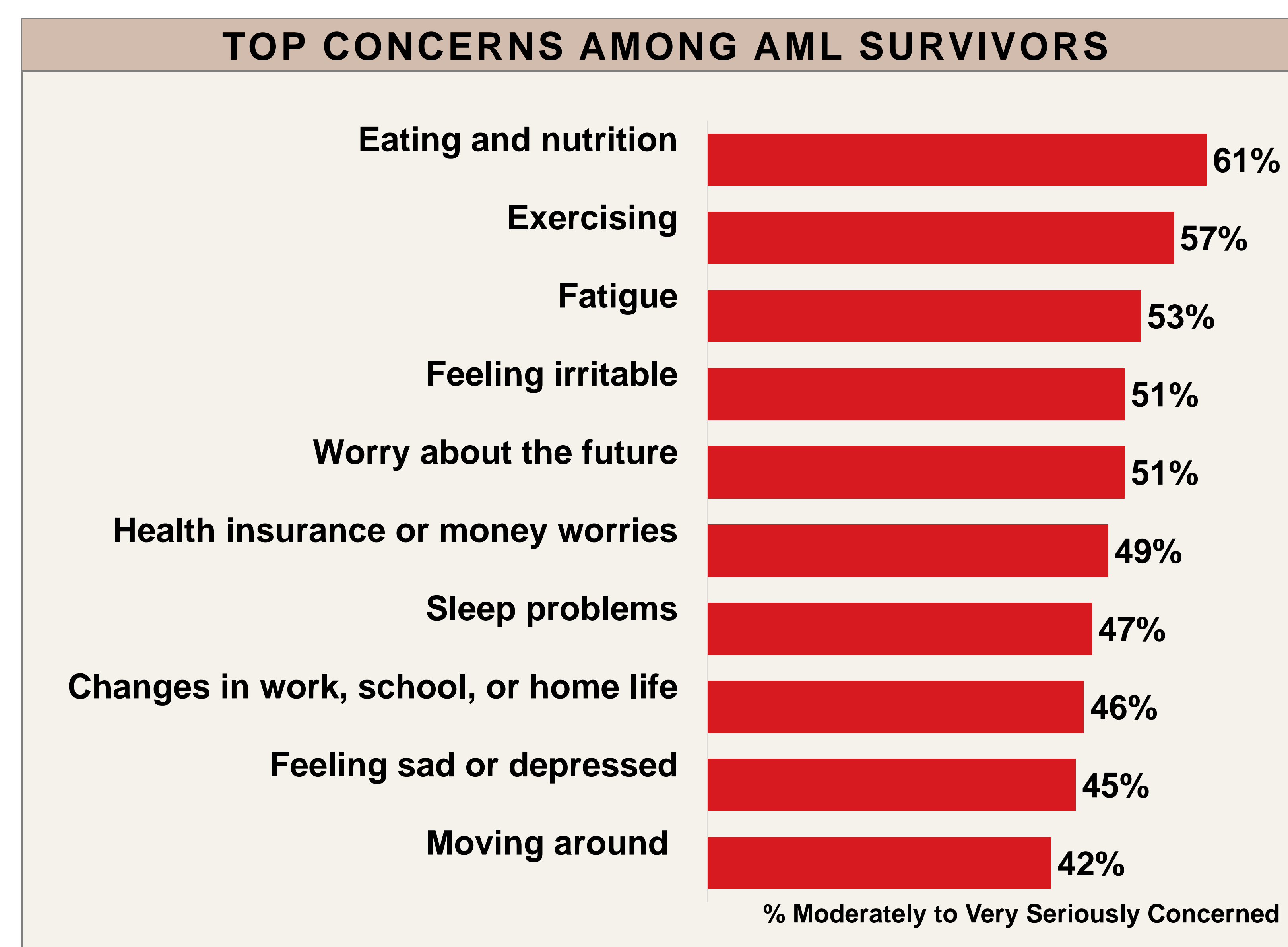
METHODS

- 58 AML patients and survivors enrolled in the Cancer Support Community's online Cancer Experience Registry.[®]
- 38 participants provided socio-demographics and reported cancer-related distress via CancerSupportSource[®] (CSS), a validated 25-item tool measuring level of concern (0-4) over 5 domains: *emotional well-being (including 2-item depression and 2-item anxiety risk screening subscales), symptom burden and impact, body image and healthy lifestyle, health care team communication, and relationships and intimacy*. Participants also reported on unmet cancer-related needs and supportive care experiences with their health care team.
- We examined frequencies of CSS concerns, unmet needs, and supportive care. We also examined risk for clinically significant anxiety and depression. Pearson's correlation coefficients were used to explore bivariate associations between sociodemographic variables and clinical history with overall distress (sum of CSS ratings).

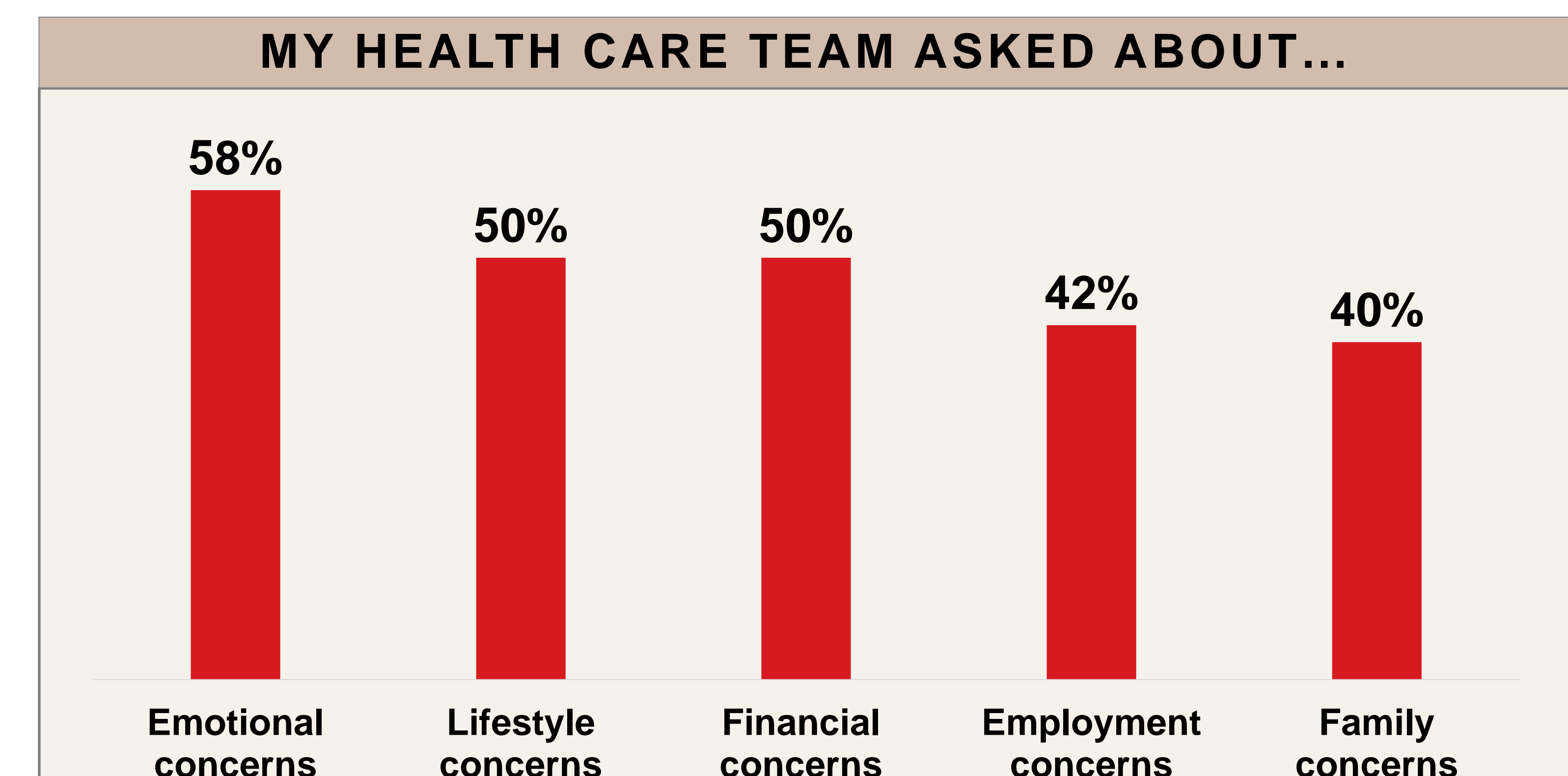
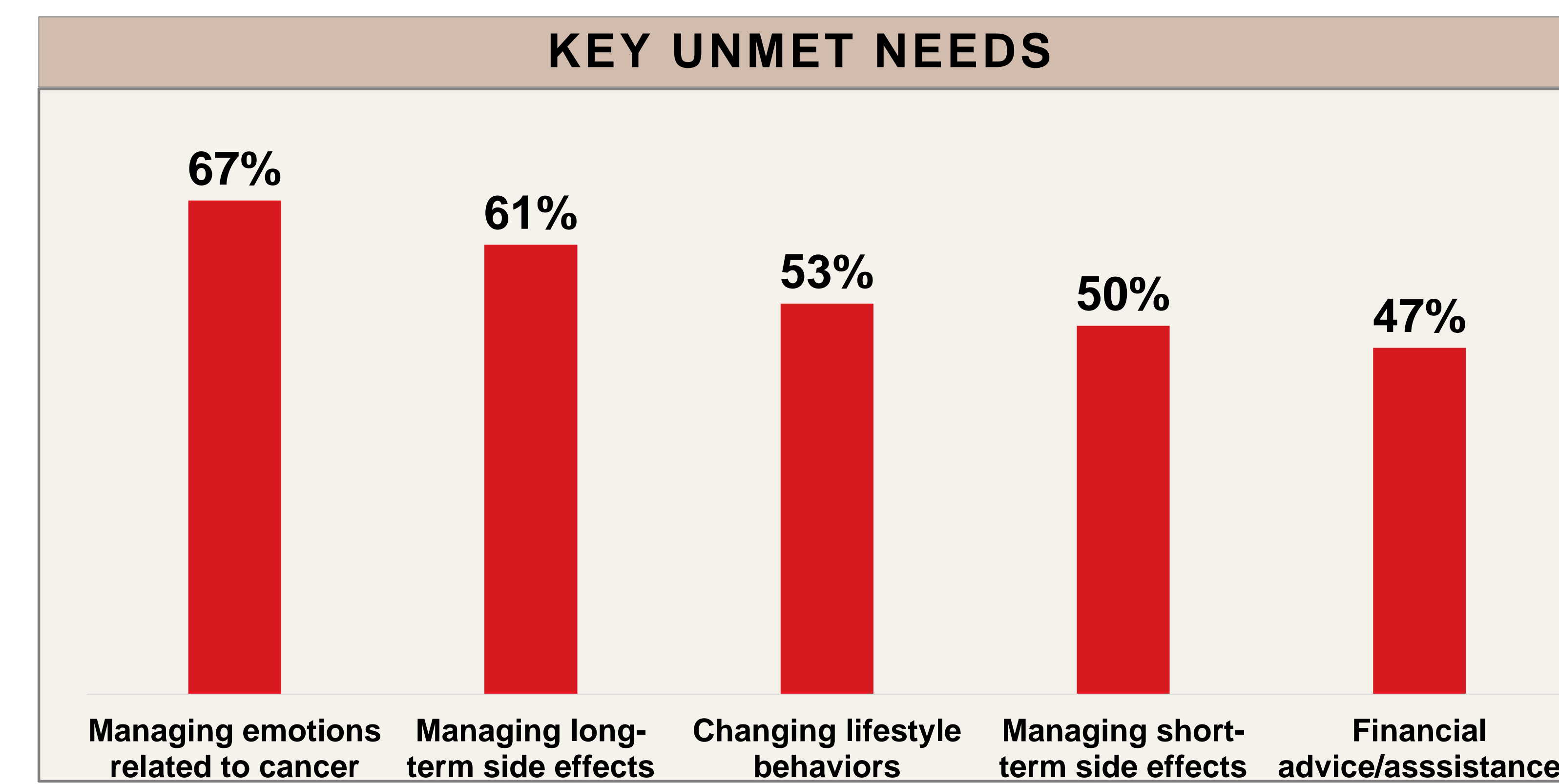
PARTICIPANTS

	M (SD)
Age in Years (n=38, range 18-77)	50 (14)
% of Respondents	
Non-Hispanic White	87%
Female	64%
Some college education	88%
Household income less than \$40,000/year	20%
Had at least one recurrence of cancer	23%
Currently receiving cancer treatment	33%

RESULTS



In bivariate analysis, greater overall distress was associated with younger age ($r = -.49; p < .01$), less education ($r = -.44; p < .01$), and lower annual household income ($r = -.74; p < .001$).



IMPLICATIONS & CONCLUSIONS

Substantial proportions of AML survivors express concerns about emotional distress, symptoms and side effects, and practical matters including finances. Many are also at risk for clinical levels of depression and anxiety. Yet, nearly half or more report they are not counseled about these concerns, and the majority wish for help to address these needs.

Our findings highlight the need to increase social and emotional support and improve access to integrated supportive care for individuals with AML, including financial counseling, to reduce the impact of illness burden and distress on quality of life.

Future multivariate research will examine clinical and individual factors that predict distress, unmet needs, and supportive care counseling among AML patients and survivors.

Acknowledgments

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