

## Background

- With improving survival, gastric cancer patients face long-term quality of life concerns, including management of persistent symptoms and maintenance of social activity

## Aims

- The objective of this study was to examine psychosocial distress and areas of concern in a national sample of gastric patients

## Methods

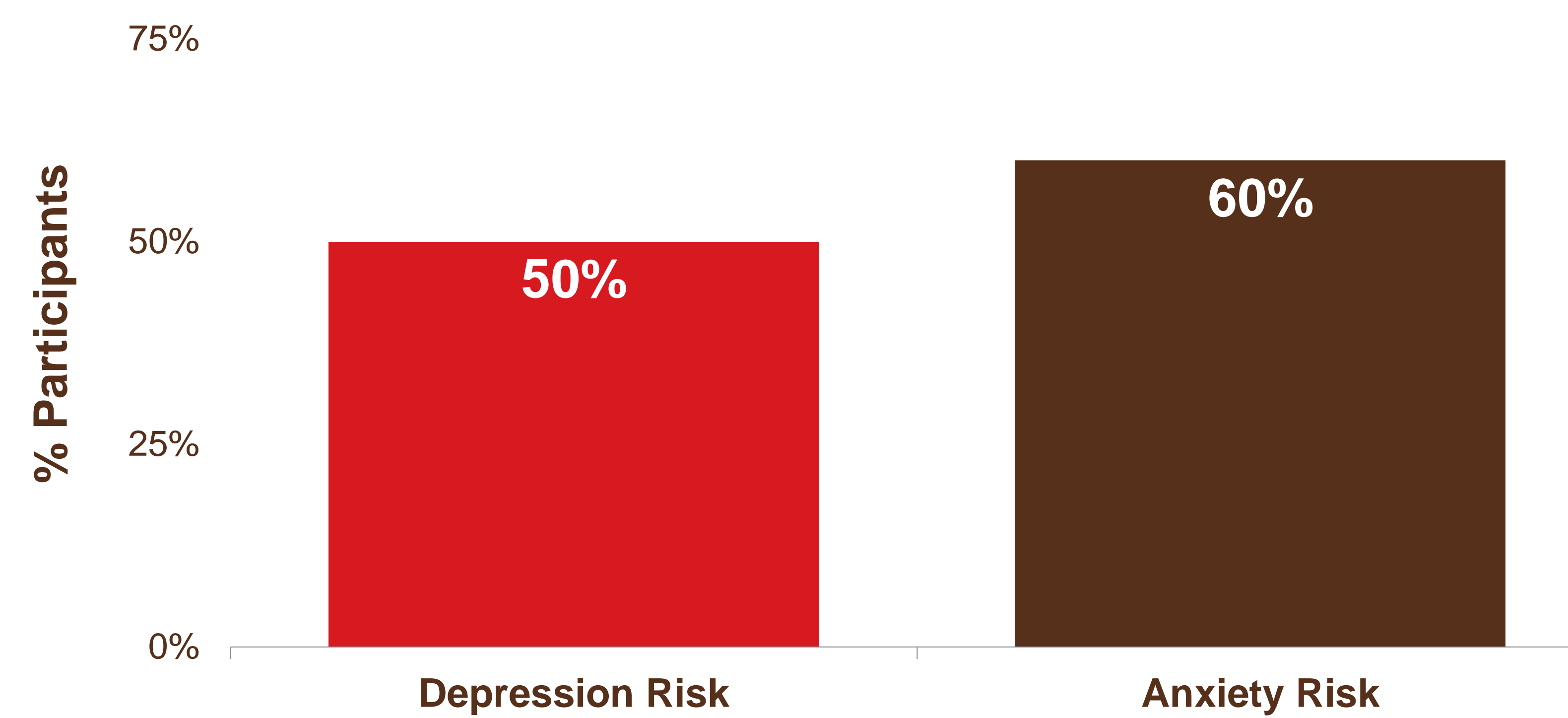
- Using data from the Cancer Support Community's Cancer Experience Registry®, our sample included 72 patients with a primary diagnosis of stomach (49%), esophageal (37%), or GIST (14%) cancer
- Participants reported cancer-related distress using CancerSupportSource®, a 25-item tool with a 2-item anxiety risk subscale, 2-item depression risk subscale, and four additional subscales measuring symptom burden, body/healthy lifestyle, healthcare team communication, and relationship concerns
- We used logistic regression to estimate which of these subscales influence risk for clinically significant anxiety and depression controlling for demographic/clinical variables that were associated with anxiety and depression risk in bivariate analysis

## Participants

	M/n	SD/%
Age (years)	58	13
	Range: 27 – 82	
Female	45	62%
White	58	80%
Time Since Diagnosis <1 year	17	24%
Ever Diagnosed with Metastatic Cancer	23	33%
Cancer Type		
Stomach	36	49%
Esophageal	27	37%
GIST	10	14%
Ever Had Surgery	40	62%

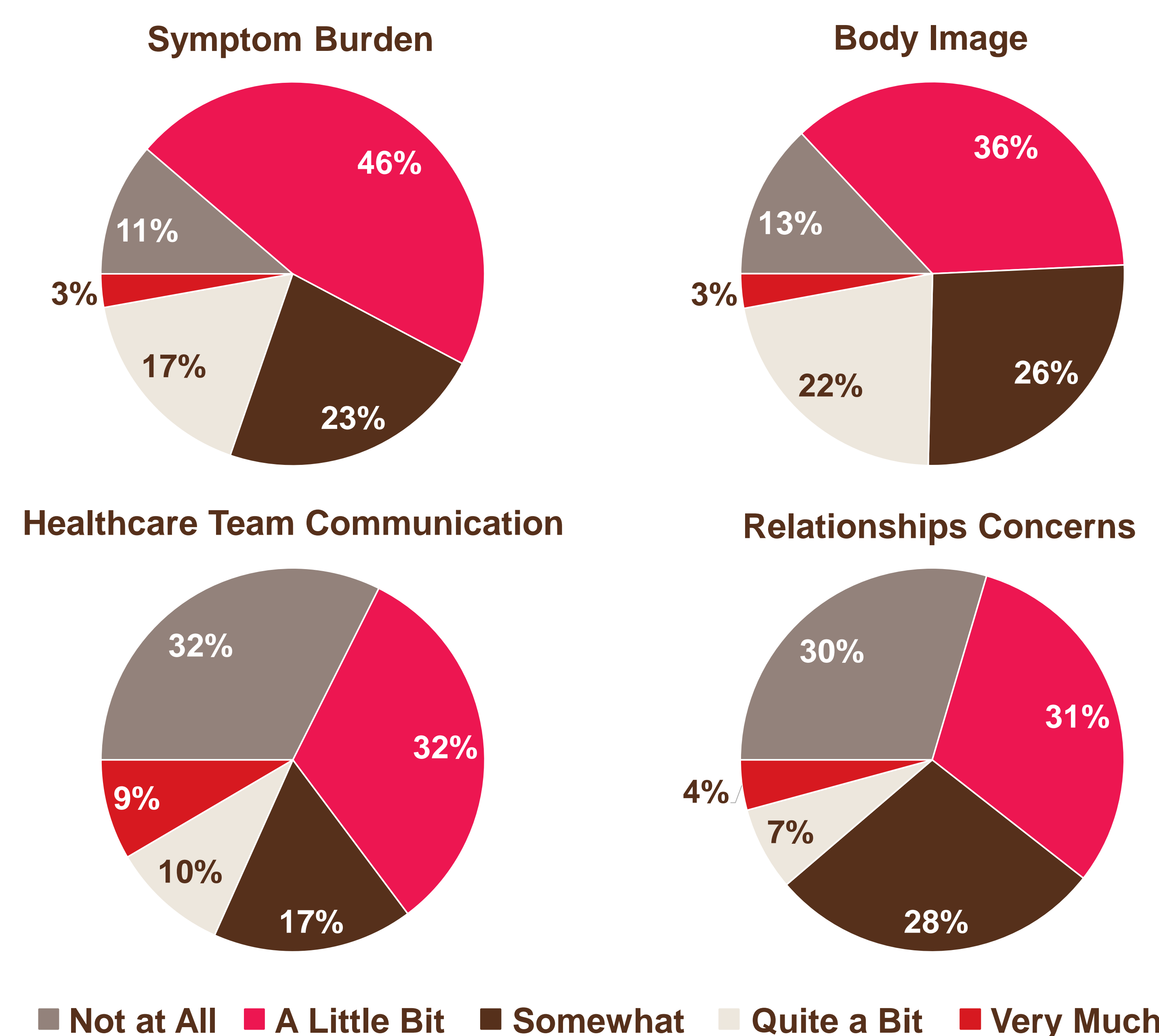
## Results

Risk for Clinically Significant Levels of Anxiety and Depression



- 60% of our sample was at risk for clinically significant anxiety and 50% for clinically significant depression

Cancer-Related Distress



Bivariate Associations with Anxiety and Depression Risk

	Anxiety Risk		Depression Risk	
	r	p	r	p
Relationship Concerns	.38	<.01	.47	<.01
Symptom Burden	.47	<.01	.57	<.01
Body Image	.35	<.01	.42	<.01
Healthcare Team Communication	.41	<.01	.36	<.01
Time Since Diagnosis <1 Year	.27	<.05	.10	>.05

- Relationship concerns were associated with anxiety risk ( $r=.38$ ;  $p<.01$ ) and depression risk ( $r=.47$ ;  $p<.01$ ) in bivariate analyses
- Symptom burden concerns were associated with anxiety risk ( $r=.47$ ;  $p<.01$ ) and depression risk ( $r=.57$ ;  $p<.01$ )
- Greater concern with healthcare team communication was associated with anxiety risk ( $r=.41$ ;  $p<.01$ ) and depression risk ( $r=.36$ ;  $p<.01$ )

Multivariate Logistic Regression Analyses Predicting Odds of Anxiety and Depression Risk

Predictor	Anxiety Risk		Depression Risk	
	OR	p	OR	p
Relationship Concerns	1.5	<.05	1.7	<.05

\* Significant associations only displayed; associations controlled for time since diagnosis and metastatic status

- In regression models, relationship concerns were significantly associated with increased odds of anxiety risk ( $OR=1.5$ ;  $p<.05$ ) and depression risk ( $OR=1.7$ ;  $p<.05$ )
- Though greater concern with healthcare team communication was associated with anxiety risk in bivariate analysis and symptom burden concern was associated with depression risk in bivariate analysis, these associations were only trends in multivariate analysis ( $ps<.1$ )

## Implications and Conclusions

- Relationship concerns predicted risk for clinically significant anxiety and depression among stomach, esophageal, and GIST patients
- Healthcare team communication and symptom burden concerns were also associated with anxiety and depression risk
- Results highlight the need for constructive patient-provider communication, particularly around relationships and symptoms

## Acknowledgments

This work is sponsored by Lilly Oncology (inaugural sponsor), Genentech Inc. and Novartis

## References

- Hellstadius Y, Lagergren J, Zylstra J, Gossage J, Davies A, Hultman CM, Lagergren P, Wikman A (2017) A longitudinal assessment of psychological distress after esophageal cancer surgery. Acta Oncologica (Stockholm, Sweden) 56 (5):746-752.
- Hu L-Y, Liu C-J, Yeh C-M, Lu T, Hu Y-W, Chen T-J, Chen P-M, Lee S-C, Chang C-H (2018) Depressive disorders among patients with gastric cancer in Taiwan: a nationwide population-based study. BMC psychiatry 18 (1):272-272.
- Thomas BC, NandaMohan V, Nair MK, Pandey M (2010) Gender, age and surgery as a treatment modality leads to higher distress in patients with cancer. Supportive Care in Cancer: Official Journal Of The Multinational Association Of Supportive Care In Cancer 19 (2):239-250.
- Nordin K, Berglund G, Glimelius B, Sjöden PO (2001) Predicting anxiety and depression among cancer patients: a clinical model. European Journal Of Cancer (Oxford, England: 1990) 37 (3):376-384