Albert L. Siu, M.D., M.S.P.H.
Chairperson
U.S. Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

Dear Dr. Siu,

On behalf of the Cancer Support Community (CSC), an international nonprofit organization that provides support, education and hope to over 1 million people affected by cancer each year, we commend USPSTF for its decision to recommend early screening for depression, to ensure that patients have access to proper treatment and follow up care as well as its recognition of the benefits to patient outcomes if this policy recommendation is fully implemented.

As the largest nonprofit employer of psychosocial oncology mental health professionals in the United States and home to the Research and Training Institute, the only entity of its kind focusing solely on the cancer patient experience, CSC has a unique understanding of the patient experience. The Research and Training Institute has contributed to the evidence base regarding the cancer patient experience through its Cancer Experience RegistrySM, publications and peer-reviewed studies on distress screening, the psychosocial impact of cancer and cancer survivorship, to name a few. This combination of direct services and research uniquely positions CSC to provide you and other policymakers with feedback based on evidence as well as real world impact.

According to the Institute of Medicine (IOM), up to one-half of all patients with cancer experience moderate to severe levels of distress and approximately twenty-five percent of all cancer patients experience the comorbid, disabling syndrome of depression. Importantly, distress in cancer patients is highly correlated with untreated depression. In some cases patients have a pre-existing mental health diagnosis, but for many their depression diagnosis is linked directly to their cancer experience. Of the sixteen percent of cancer patients who are prescribed an antidepressant, the specific antidepressant prescribed depends on a multitude of factors: the patient's symptoms, potential side effects and contraindications of the antidepressant, the patient’s individual medical history and previous response to anti-depressant drugs.

Furthermore, data from CSC’s Research and Training Institute shows that disruption of a patient’s work or family life routine is the leading cause of distress for those living with cancer. And that if offered early, psychosocial distress screening and follow-up care may provide improved patient outcomes and possibly longer survival for patients. Particularly, the 2010 study of Andersen and colleagues demonstrated that when patients participated in an every other week support group for one year they experience a reduced risk for breast cancer recurrence and a reduction in risk of dying from breast cancer if they did have a recurrence. Importantly, of the patients in this study who died, those...
participating in group lived a full 1.3 years longer than their counterparts who did not participate in the support group.

Studies show that the same effects of distress are observed in patients with other chronic illnesses such as diabetes, arthritis and heart conditions among others. Research shows that distress can negatively affect medical and psychological outcomes and obstruct advancement into long-term survivorship. Screening for psychosocial distress helps people identify their concerns and worries, and voice them with their health care team; it also provides personalized information and support to address each person’s specific concerns.

Moreover, evidence suggests that screening for depression together with proper treatment and follow up care reduce the overall cost of medical care. Research demonstrates that depressed older adults have higher health care expenses because they are more likely to visit the Emergency Department, have more frequent hospitalizations and doctor visits, and take more medications than adults without depression, according to the U.S. Surgeon General’s reportviii.

Researchers from the University of Washingtonix, analyzed Medicare claims of 14,903 participants enrolled in a pilot Medicare disease management program, Medicare Health Support. Their findings indicate that those with depression and chronic disease had significantly higher total health care costs than those with chronic disease but no depression ($22,960 vs. $11,956). Data presented about cancer patients experiencing depression identified higher health care utilization (33.66 visits vs. 18.8 visits per year for those without depression) and higher annual health care costs (an additional $8,400 per individual per year). But there are other costs of untreated depression besides monetary costs, including poor quality of life and possible suicide.

Since depression is highly correlated with psychosocial distress and the evidence regarding psychosocial intervention on improved patient outcomes and decreased overall costs underscore USPSTF’s recommendation, CSC supports total integration of psychosocial distress screening into the overall healthcare continuum. It is imperative that screening for psychosocial distress, referral and follow-up care is a fundamental element of comprehensive, quality care, and should be a required component of routine healthcare management as well as a reimbursed service. CSC also recommends the implementation of a validated protocol to routinely screen patients for depression and link them with appropriate professional and community resources.

In closing, I would like to thank you for the opportunity to comment on this important proposed recommendation and share the voice of patients living with cancer. I would be happy to speak with you further about this issue and can be reached at (202) 659-9709 or by email at linda@cancersupportcommunity.org.

Sincerely,

Linda House, MSM, BSN, RN
President
Cancer Support Community Global Headquarters
Institute of Medicine: Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs, 2008.


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