

# Background

- CancerSupportSource® (CSS) is a distress screening and refer program implemented at community-based cancer support organizations and hospitals nationwide
- CSS assesses distress over five key domains, and includes vali depression and anxiety risk screening subscales
- Availability of an abbreviated version of CSS may enhance opportunities for distress screening in care settings where time a patient burden considerations are significant

# Aims

 The goals of this study were to develop and examine the psychological system. properties of a shortened version of CSS

# Methods

- 2379 cancer survivors enrolled in the Cancer Support Communi Cancer Experience Registry<sup>®</sup>. Participants provided demograp clinical background, and completed the 25-item version of CSS PROMIS-29, a measure of health-related quality of life
- Item reduction was conducted with a sub-sample of 1435 surviv with reference to recommended quality indices to support item retention decisions, including external item quality (correlations) between items and PROMIS-29 scales), internal item quality (in item and inter-factor correlations, factor loadings and structure, item communalities from an exploratory factor analysis of CSS-2 and professional judgment (ranking/prioritization of items by CS developers, accounting for theoretical and practical implications
- Pearson correlations and confirmatory factor analysis were cond on a separate sub-sample of 944 survivors to corroborate psychometric properties and dimensionality of the shortened sca

# Participants

	N = 1	,435	N = 9
	Mean / n	SD / %	Mean / n
Age (years)	58.4	11.1	58.4
	Range:	Range:	
White	1291	90%	783
Female	1035	72%	651
Diagnosis			
Breast	504	35%	292
Multiple Myeloma	281	20%	18
Chronic Lymphocytic Leukemia	127	9%	10
Lung	65	5%	84
Prostate	54	4%	141
Ovarian	50	3%	38
Time since diagnosis (years)	<b>4.6</b> Range: <	<b>5.3</b>	<b>4.4</b> Range: <
Ever metastatic	302	26%	245
Ever experienced recurrence/relapse	261	22%	189
Currently receiving treatment	770	54%	481

### Acknowledgments

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### References

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- network: 2005–2008. J Clin Epidemiol, 63(11), 1179-1194.

# CancerSupportSource®-15: Development and Evaluation of a Short Form of a Distress Screening Program for Cancer Survivors

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## Results

rral	Factor Loadings and C						
Παι	ltem	<b>F1</b>					
	EMOTIONAL WELL-BEING						
lidated	Feeling nervous or afraid <sup>†</sup>	.82					
	Feeling sad or depressed <sup>‡</sup>	.77					
and	Worrying about the future and what lies ahead <sup>†</sup>	.77					
	Feeling lonely or isolated <sup>‡</sup>	.71					
	Finding meaning and purpose in life	.56					
omotrio	Worrying about family, children and/or friends	.43					
ometric	Health insurance or money worries	.39					
	Feeling irritable	.34					
	SYMPTOM BURDEN & IMPACT						
nity's	Pain and/or physical discomfort						
hic and	Moving around (walking, climbing stairs, lifting, etc.	)					
and	Feeling too tired to do the things that you need or want to do						
vors	Managing side effects of treatment (nausea, swelling, etc.)						
nter-	Changes or disruptions in work, school, or home life						
and	Thinking clearly (e.g., "chemo brain," "brain fog")						
-25), SS-25	Sleep problems						
S)	Transportation to treatment and appointments						
ducted	BODY IMAGE & HEALTHY LIFESTYLE						
	Exercising and being physically active						
cale	Recent weight change (gain or loss)						
	Body image and feelings about how you look						
)44	Eating and nutrition						
SD / %	HEALTH CARE TEAM COMMUNICATION						
12.2	Communicating with your doctor						
8 - 88 83%	Making a treatment decision						
69%	<b>RELATIONSHIPS &amp; INTIMACY</b>						
	Intimacy, sexual function, and/or fertility						
31%	Problems in your relationship with your						
2%	spouse/partner						
1% 9%	ADDITIONAL ITEMS Tobacco or substance use – by you or someone in						
15%	your household						
4%	<sup>†</sup> indicates item is part of anxiety risk screening subscale	; ‡ indicate					
6.1 1-49 26% 20%	<ul> <li>Scale refinement resulted in a 15-item short form</li> <li>At least one item from each of the five CSS-25 do including anxiety and depression risk screening s</li> <li>Additionally, one item about tobacco/substance u</li> </ul>	omains ubscale					
51%	assessment						

1. Zaleta, A. K., Miller, M. F., McManus, S., Golant, M., & Buzaglo, J. S. (2018). Factor structure and validity of CancerSupportSource®: A revised 25-item distress screening tool for cancer survivors. Journal of the National 2. Zaleta, A. K., Miller, M. F., McManus, S., Golant, M., & Buzaglo, J. S. (2018). Psychometric properties of a 4-item depression and anxiety risk screening tool for cancer survivors. Journal of the National Comprehensive 3. Cella, D., Riley, W., Stone, A., Rothrock, N., Reeve, B., Yount, S., ... Hays, R. (2010). Initial adult health item banks and first wave testing of the patient-reported outcomes measurement information system (PROMIS<sup>TM</sup>) 4. Stanton, J. M., Sinar, E. F., Balzer, W. K., & Smith, P. C. (2002). Issues and strategies for reducing the length of self-report scales. *Personnel Psychology*, 55(1), 167-194.

### **Communalities**

ED	E9		EE	וחו	Eactor #	Action
F2	<b>F</b> 3	F4	F5	IDI	Factor #	Action
				.72	1	Retained
				.73	1	Retained
				.73	1	Retained
				.70	1	Retained
				.69	1	Dropped
				.66	1	Dropped
				.60	1	Retained
				.65	1	Dropped
.77				.63	2	Retained
.74				.58	2	Dropped
.69				.74	2	Retained
.55				.63	2	Dropped
.45				.70	2	Retained
.39				.59	2	Retained
.30				.58	2	Dropped
.30				.49	2	Dropped
	.61			.64	3	Retained
	.60			.57	3	Dropped
	.53			.62	3	Retained
	.49			.45	3	Dropped
		4.0		50		
		.48		.52	4	Retained
		.43		.62	4	Dropped
			.54	.70	5	Retained
			.82	.36	5	Retained
				.28	N/A	Retained

tes item is part of depression risk screening subscale

S (CSS-15)

was retained to preserve multidimensionality, e items

s kept due to clinical significance for risk

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- **CSS-15**
- *p*<.001)

	PROMIS Subscales						
	Dep	Anx	Soc	Phys	Fat	Sleep	Pain
Total distress score (CSS-15)	.75	.72	65	52	.66	.55	.63
F1: Emotional well-being	.79	.76	56	42	.60	.52	.52
F2: Symptom burden and impact	.66	.66	72	61	.73	.54	.73
F3: Body image and healthy lifestyle	.54	.51	52	44	.53	.45	.52
F4: Health care team communication	.34	.34	31	30	.25	.26	.31
F5: Relationships & intimacy	.48	.45	31	21	.36	.32	.35

Values reported are Pearson correlation coefficients (r); \* denotes p<.001 (1) Depression; (2) Anxiety; (3) Social Function; (4) Physical Function; (5) Fatigue; (6) Sleep Disturbance; (7) Pain Interference

### Scale and Factor Inter-Correlations and Internal Consistency Reliability

	# items M/SD <sup>†</sup>		Intercorrelations				
			<b>F1</b>	<b>F2</b>	<b>F3</b>	F4	F5
Total distress score (CSS-15)	15	18.81/13.10	.93*	.90*	.81*	.54*	.68*
F1: Emotional well-being	5	1.38/1.08		.78*	.69*	.43*	.55*
F2: Symptom burden and impact	: 4	1.45/1.09			.70*	.45*	.50*
F3: Body image and healthy lifestyle	2	1.56/1.14				.39*	.51*
F4: Health care team communication	1	0.74/1.13					.25*
F5: Relationship & intimacy	2	1.06/1.13					

- was excellent ( $\alpha = .94$ )

# Conclusions

### **Confirmatory Factor Analysis**

	RMSEA (90%CI)	SRMR	CFI	TLI
	.068 (.061075)	.033	.959	.945
or analysis	s the model explained	1 59% of the v	ariance and	demonstrated

• In confirmatory factor analysis, the model explained 59% of the variance and demonstrated good fit (RMSEA=0.068, 90% CI=0.061–0.075; SRMR=0.033; CFI=0.959;  $\chi^{2}(68)=334.75$ ,

### **CSS Correlations with PROMIS Subscales**

• CSS-15 and CSS-25 total scores were strongly correlated (*r*=.986; *p*<.001) • Total distress was associated with all PROMIS subscales (*r*s=-.65-.75, *p*s<.001)

\* denotes p<.001; \* Mean/SD based on averaged factor scores, except for the total distress score, which is summed • The five factors demonstrated medium to large inter-correlations, but were not redundant • Internal consistency reliability (*measured via Cronbach's alpha*) for the full 15-item scale

• CSS-15 is a brief, reliable, and valid multidimensional measure of distress • The reduced measure retained excellent internal consistency and a stable factor structure, while correlating well with CSS-25 and PROMIS-29 • CSS-15 can serve as a practical tool to efficiently screen for distress among cancer patients and survivors, particularly those in community-based settings

> The Cancer Experience Registry is an online research initiative that captures the immediate and ongoing or changing social and emotional experiences of cancer survivors and their caregivers.

• The Registry is for all cancer survivors and caregivers, but also includes 11 disease-specific surveys. • Findings contribute toward advancing research, health care and policy.

• Over 12,000 cancer survivors and caregivers are registered in the Cancer Experience Registry.

Learn more or join the Registry at www.CancerExperienceRegistry.org