



## Editorial

## Psychiatry in a new era of oncology



We are living in a historic era of new developments in the understanding and treatment of cancer. Individuals diagnosed with metastatic cancers which, only a few years ago, had median survivals of six to nine months can now sometimes live years.

While new treatments may be increasing the quantity of life, equally revolutionary developments are increasing attention to quality of life. Supportive care services are being integrated into standard oncology care, the result of a growing body of evidence, as well as new mandates for care. For example, the American College of Surgeons' Commission on Cancer now requires all accredited cancer centers to screen patients for psychosocial distress [1]. These changes are resulting in an even greater role for psychiatry and supportive care in contemporary oncology care. This issue of GHP includes four manuscripts that address three of the major developments in contemporary oncology care: emerging new cancer treatments, the expansion of palliative care, and caring for a growing number of cancer survivors. Further, they highlight issues that are not often thought of as "front and center" in cancer care yet pose significant challenges for the care team and patients alike. In fact, unaddressed, they often lead to poorer cancer care outcomes.

These novel cancer treatments bring new challenges in recognizing and managing potential neuropsychiatric complications. Two new classes of treatments have entered standard oncology care, targeted molecular therapies and immunotherapies. Targeted molecular treatments can be beneficial for some cancers with specific genotypes or gene translocations. Immunotherapies assist the body's immune system to respond to a cancer. The paper by McFarland et al., explores the association of psychological symptoms with some of these new treatments for lung cancer [2].

Palliative care is no longer reserved only for patients close to death. After clinical trials demonstrated that integrating palliative care into *initial* oncology care for patients with metastatic cancers can lead to improved quality of life, less aggressive (and expensive) medical care, and possibly greater survival, there has been enormous growth and acceptance of palliative care in oncology [3,4]. Many cancer centers now even have outpatient palliative care clinics in addition to inpatient palliative care services. Palliative care is conceptualized as helping people to live as well as possible for as long as possible, managing both physical and psychological symptoms. This issue includes two papers on topics relevant to palliative care, which are also situations in which psychiatry might be consulted. The first by Ignatius and De La Garza addresses mood symptoms and existential distress, examining depression and demoralization in a large sample of individuals with cancer

referred to an outpatient psychiatry clinic in a major cancer center [5]. The second by Yusufov and colleagues reviews the research on the rates of substance use and substance use disorders in individuals with cancer and underscores the need for more research in this area [6].

As cancer treatments are becoming more effective, more people are living longer after a cancer diagnosis and, by 2026, there will be an estimated 20.3 million cancer survivors living in the US [7]. Cancer survivors can face a variety of sequelae from cancer treatments, both physically and psychologically. While services for survivors are currently provided by many different models of care, including specialty survivorship clinics, psychiatrists can have a role in the treatment of not just psychological symptoms, but also some common symptoms like fatigue and sexual dysfunction. The article by Valpay and colleagues presents a framework for evaluating sexual health issues in women with breast cancer [8].

As cancer care continues to evolve, we expect the role of psychiatry to only grow as part of comprehensive and integrated cancer care. We hope that these four articles identify some of the developing areas in which psychiatrists can contribute.

## References

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- [7] [www.cancer.gov/about-cancer/understanding/statistics](http://www.cancer.gov/about-cancer/understanding/statistics).
- [8] Valpay manuscript in this issue.

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