

Psychosocial Aspects of Treating Patients with Cancer of Unknown Primary (CUP): A Survey of Oncology Social Workers

Brian K. McCormick, Mark C. Erlander, bioTheranostics, San Diego, CA



Abstract

Approximately two to five percent of all cancer patients have a cancer whose primary origin is not identified (cancer of unknown primary origin, or CUP).¹ The diagnostic and clinical implications of CUP are significant for both medical professionals and patients. Given that the origin of a tumor directs physicians' therapeutic decisions and helps define patient prognosis, the inability to diagnose a patient's primary cancer creates anxiety for both patients and professionals. According to Lenzi, *et al.*, patients with CUP have a "generally unfavorable prognosis ... [however,] the psychosocial adjustment and QOL of patients with CUP has received minimal empirical attention." To better quantify the psychosocial impact associated with a CUP diagnosis, we surveyed the Association of Oncology Social Work membership during early 2009. We designed the survey to assess: how frequently OSWs encounter patients with a CUP diagnosis, the distress that this diagnosis causes for patients beyond the initial cancer diagnosis, and the degree to which OSWs feel prepared/equipped to help their CUP patients.

Introduction

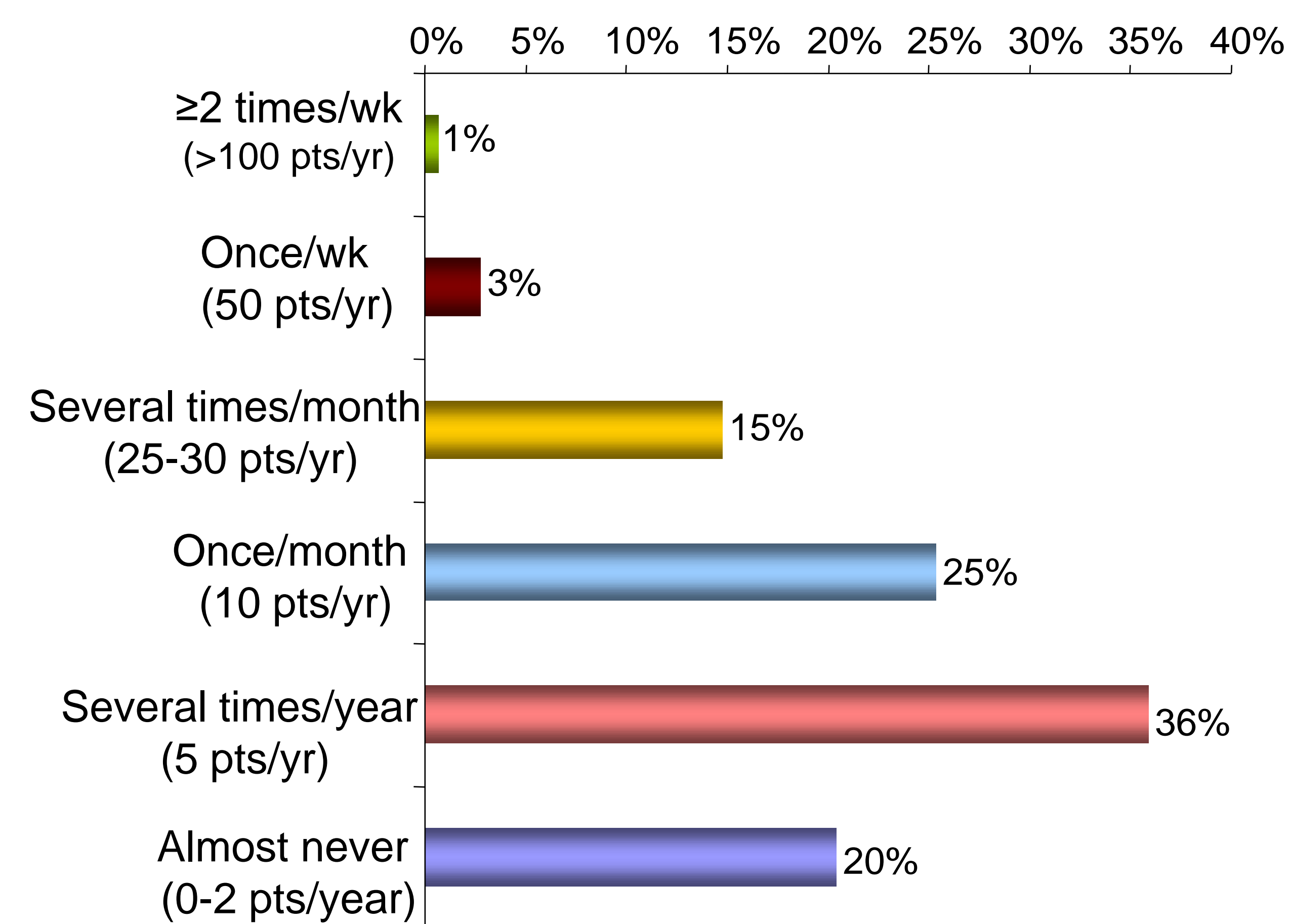
- Cancer of unknown primary origin (CUP) is among the 10 most common malignancies in the developed world¹
- Approximately 30,000 new cases of CUP are diagnosed each year in the United States²
- Lack of a specific diagnosis can compromise patients' treatment outcomes and, anecdotally, is reported to cause significant stress
- The psychological impact of CUP on cancer patients is not well defined
- The current survey was designed to define the psychological impact of CUP diagnoses from the perspective of oncology social workers

Materials and Methods

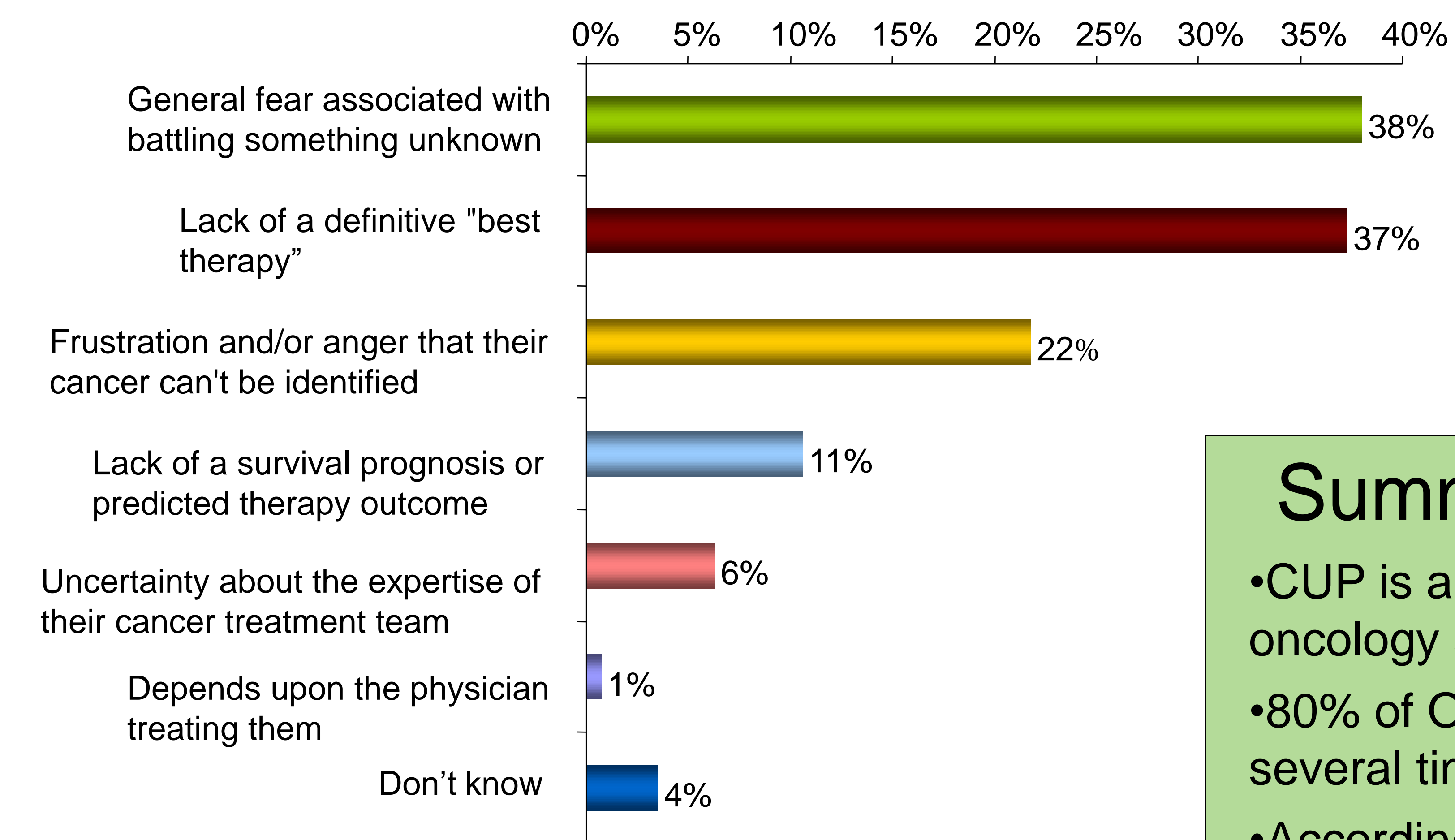
- With input from the Association of Oncology Social Work (AOSW), bioTheranostics designed an eight-question survey to assess the following parameters:
 - How frequently OSWs encounter patients with a CUP diagnosis
 - The distress that this diagnosis causes for patients beyond the initial cancer diagnosis
 - The level of comfort/knowledge OSWs have in addressing the impact of CUP on their patients
- The AOSW distributed the survey to its members
- An independent research company tabulated answers from the 142 respondents

Results

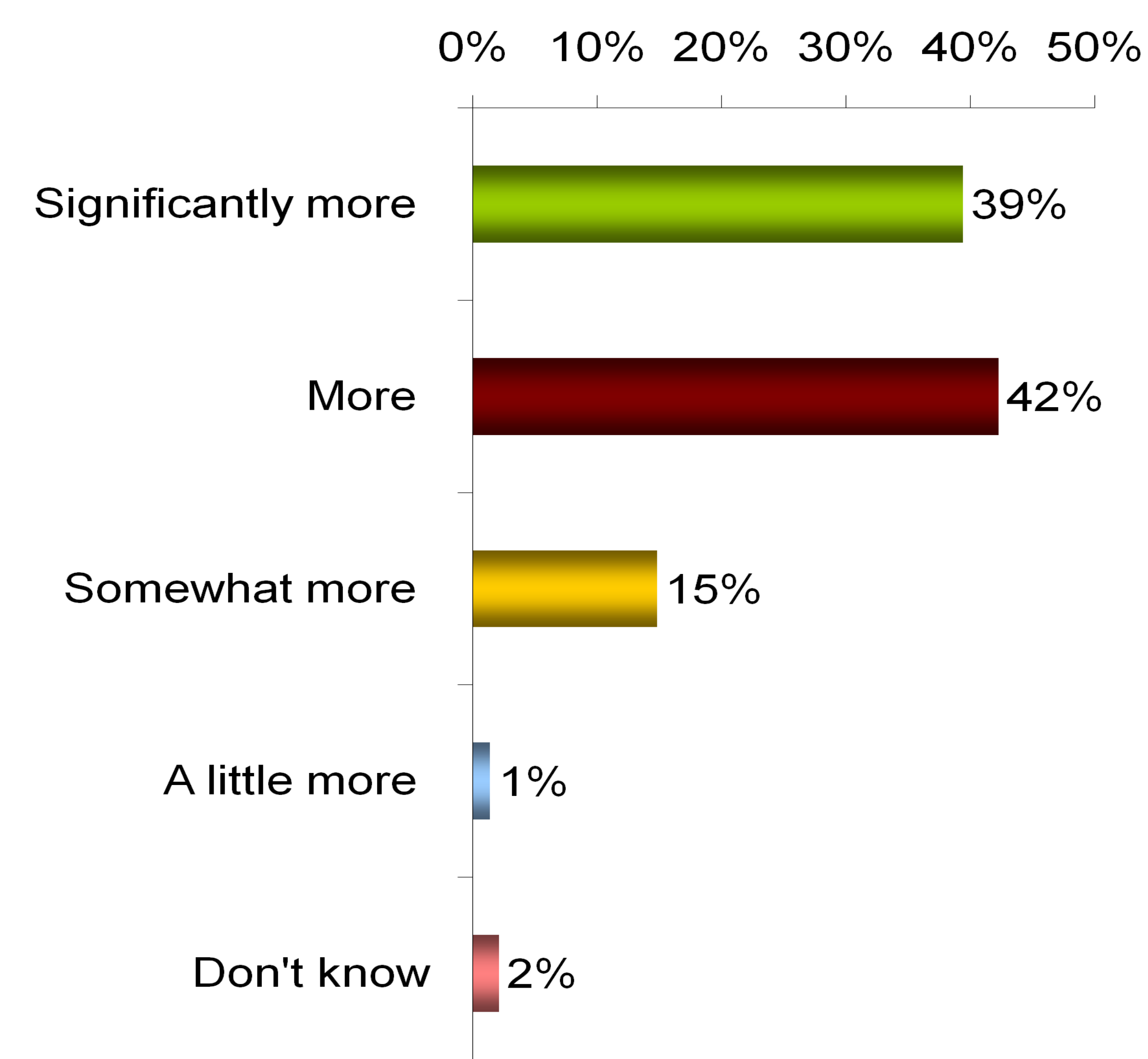
Approximately how often do you encounter patients who have been diagnosed with CUP?



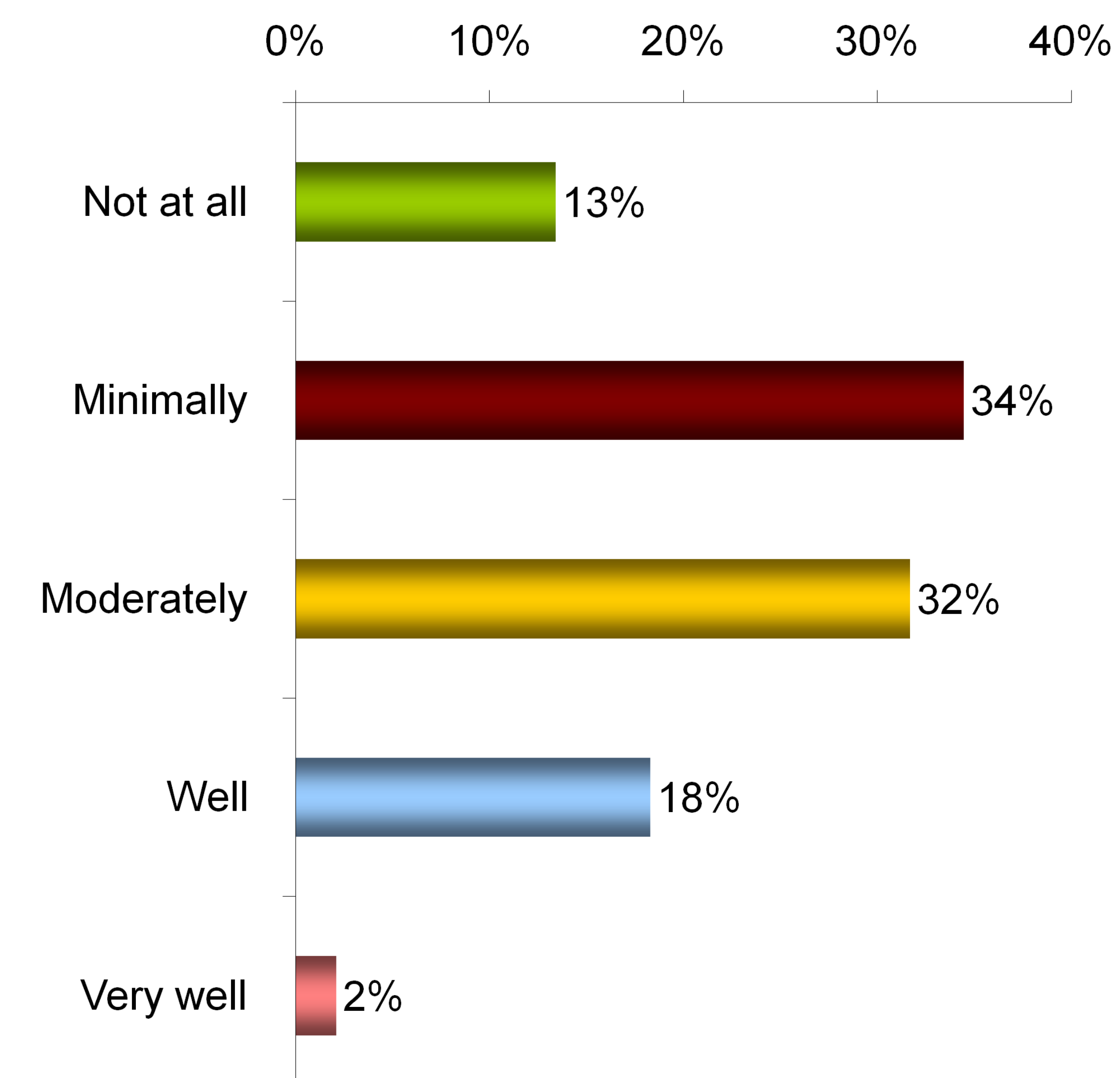
What is the greatest challenge facing patients with CUP?



Relative to the distress experienced by patients who have been diagnosed with a specific type of cancer, how distressing do you believe it is for CUP patients that they don't know their primary cancer?



How well do you feel your initial training prepared you to address the distress experienced by patients who lack a definitive cancer diagnosis?



Summary & Conclusions

- CUP is a common clinical issue for oncology social workers
- 80% of OSWs see CUP patients at least several times a year
- According to OSWs surveyed, the majority of CUP patients (81%) feel more distress than patients with a definitive cancer diagnosis
- Despite the prevalence and serious psychological impact of CUP, only 20% of OSWs feel "well" or "very well" prepared to address the distress experienced by impacted patients
- OSWs recognize the need for more patient support resources (e.g., peer programs, focused patient organizations) and clinical information on CUP
- Findings from this survey validate the need for oncology professionals to create information resources and networks that will address specific, identified gaps in psychosocial support for current CUP patients. Clinical adoption and application of emerging molecular diagnostic tools should also be accelerated to help reduce the total number of patients who receive uncertain and unknown cancer diagnoses.

References

1. Varadhachary GR, Abbruzzese JL, Lenzi R. Diagnostic strategies for unknown primary cancer. *Cancer*. 2004;100:1776-1785.
2. Jemal A, Siegel R, Ward E, et al. Cancer Statistics, 2008. *CA Cancer J Clin*. 2008;58:71-96.