Effects of Psychotherapeutic and Education Interventions on Cancer Outcomes

Background
The effect of psychological factors on recovery from cancer has been the topic of several studies in the last three decades. Some studies have shown a relationship between psychological factors and cancer outcomes and have shown a survival advantage among those who attended a weekly support group or a series of education sessions. Other studies attempting to find a link between psychotherapeutic or educational interventions and cancer survival rates have been unsuccessful. Given the inconsistency of the findings, further research is needed.

Research Question
Is the survival rate and quality of life for cancer patients affected by participation in cognitive behaviour therapy or educational support?

Proposed Method
Participants about to begin chemotherapy for one of three cancers (breast, prostate or colon) will be randomized into one of three conditions: CBT (cognitive behaviour therapy); ES (educational support) or no additional intervention (control). Those in the CBT condition will participate in eight weekly sessions featuring instruction in coping strategies (e.g. thought monitoring, cognitive restructuring, use of coping statements, and relaxation). Those in the ES condition will participate in eight weekly sessions in which information will be provided on a particular theme (e.g., managing depression, effective communication, self-esteem, managing anxiety, etc.). Those in the control condition will not attend any sessions. Demographic information will be obtained directly from patients, while medical information will be accessed from hospital records (e.g. details of treatment and surgery, disease stage at initial diagnosis, use of medication, ongoing health indicators). Treating clinicians will be asked to provide assessments of patients’ health and activity for up to five years post-intervention to allow tracking of survival rates. Patients will be clinically assessed re: psychological state before and after attending the sessions. They will also be asked to fill out questionnaires about their quality of life and well-being after each session of chemotherapy. The questionnaires will take about 1 hour to complete each time. Participants will be paid $50.00 for each series of questionnaires completed. Requests for follow-up assessments will be made on an annual basis.

Participants (Inclusion/Exclusion Criteria)
Patients about to begin chemotherapy treatment for either breast, prostate or colon cancer.
- at least 18 years of age
- no previous diagnosis of mental disorder

Risks
There are no physical risks of being involved in the sessions. Some participants may feel uncomfortable answering questions about their well-being.

Potential Benefits
Participants in the treatment conditions (CBT or ES) may experience better quality of life due to cultivation of a more positive attitude through the information provided in the sessions. It is possible that the benefits of the sessions may result in a better survival rate for participants.

Recruitment
Clinicians with patients undergoing chemotherapy for three common cancers (breast, prostate, and colon) will be asked to identify patients eligible to participate in the study. A research coordinator will contact each eligible patient by email to alert them to the study and ask if they would like further information. Those who receive detailed study information will be asked for a consent decision. Those who indicate consent will be asked to come in for a screening appointment to confirm eligibility.

Consent Process
Patients who meet the inclusion/exclusion criteria and are deemed eligible to enter the study following the screening process will have the randomization process explained to them. They will have an opportunity to ask questions before being asked to confirm their consent.

Data Security
All participants will be identified by a code. The key to the code will be kept in a secure location by the principle investigator.

Dissemination
Analyses of the data will be included in a conference paper and submitted for publication.