



Short report

Psycho-oncological support for breast cancer patients: A brief overview of breast cancer services certification schemes and national health policies in Europe



L. Neamțiu^{a,*}, S. Deandrea^a, L. Pylkkänen^a, C. Freeman^b, J. López Alcalde^{c,d},
A. Bramesfeld^a, Z. Saz-Parkinson^a, A. Ulutürk^a, D. Lerda^a

^a European Commission, Directorate General Joint Research Centre, Directorate F – Health, Consumers and Reference Materials, Unit F1 “Health in Society”, Via E. Fermi 2749, TP 127, I-21027 Ispra, VA, Italy

^b Cancer Epidemiology Research Programme, Catalan Institute of Oncology, Gran Via de l’Hospitalet 199-203, 08908 L’Hospitalet de Llobregat, Barcelona, Spain

^c Unidad de Bioestadística Clínica, Hospital Universitario Ramon y Cajal (IRYCIS), CIBER Epidemiología y Salud Pública (CIBERESP), Ctra. Colmenar Km. 9,100, 28034 Madrid, Spain

^d Universidad Francisco de Vitoria, Ctra. Colmenar Km. 9,100, 28034 Madrid, Spain

ARTICLE INFO

Article history:

Received 23 March 2016

Received in revised form

29 June 2016

Accepted 2 July 2016

Keywords:

Psycho-oncology

Psychosocial support

Psychological support

Breast cancer

National cancer plan

Healthcare quality

ABSTRACT

Psycho-oncology addresses the psychological, social, behavioural, and ethical aspects of cancer. Identification and proper management of the patients' psychosocial needs, as well as the needs of their caregivers and family are essential for a person-centred concept of breast cancer care. The aim of this overview is to describe how psychosocial support in breast cancer is incorporated in cancer-related policy documents, such as national cancer plans and breast cancer care certification schemes.

© 2016 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Psycho-oncology (PO) addresses the psychological dimensions of cancer—namely the psychological responses to cancer at all stages of the disease and the psychological, behavioural and social factors that may influence the disease process [1]. The

identification of patients' psychosocial needs and the recognition of psychiatric morbidity in patients with cancer are essential for adequate referral to specialised care [2]. PO services aim to prevent or reduce the emotional impact of cancer on patients and strengthen their resilience to cope with the demands of treatment and the uncertainty of the disease.

In recent years, PO support has become increasingly recognised and used as part of breast cancer (BC) care—with several guidelines recommending distress management and psychosocial cancer care [3,4]—as well as recognition by the European Partnership for Action Against Cancer (EPAAC), which provides recommendations concerning the quality of PO care [5,20]. In an effort to improve overall quality of care, the European Commission Initiative on Breast Cancer (ECIBC) [6] has set about the task of developing a voluntary European quality assurance (QA) scheme for breast cancer services. A common set of requirements and indicators for good psychosocial care at European level will help to ensure equal

Abbreviations: OECI, Accreditation and Designation Programme from Organisation of European Cancer Institutes; BC, breast cancer; BCCSs, breast cancer care certification schemes; ECIBC, European Commission Initiative on Breast Cancer; EEA, European Economic Area; EPAAC, European Partnership for Action Against Cancer; ICCP, International Cancer Control Partnership; NCPs, national cancer plans; PO, psycho-oncology; QA, quality assurance; SANITAS, Self-Assessment Network Initial Testing and Standards.

* Corresponding author. Fax: +39 0332 783858.

E-mail addresses: luciana.neamtui@gmail.com, luciana.neamtui@ec.europa.eu (L. Neamțiu).

treatment for all patients in Europe and will increase confidence in the quality of BC services.

In this overview, we aim to determine the level of PO support in existing national policy documents and breast cancer care certification schemes (BCCSs), in order to ensure that requirements for PO in the new QA scheme would be feasible.

Material and methods

A 2012 survey [8] on the organisation of breast cancer care services in Europe provided the initial background information regarding PO support. To supplement that information, publicly available policy documents and quality assurance schemes were identified and reviewed.

Websites for EPAAC, the International Cancer Control Partnership (ICCP) as well as national health ministry websites of European Economic Area (EEA) countries and Switzerland were searched for national cancer plans (NCPs) or cancer-related strategy documents published up to October 2015. Information from a previous EPAAC analysis of NCPs was also used [7]. In addition, documents and websites of BCCSs listed in a recent JRC report [8] were searched for requirements related to PO support. The terms ‘psycho-oncology’; ‘psychological support’; and ‘psychosocial support’ along with the string ‘psych*’ were used to conduct the search.

Official, publicly available documents focussing on cancer written in any language were included. Machine translations were used to evaluate the sections regarding PO and native speakers were consulted to clarify contents, as needed. Two researchers independently identified and assessed document sections related to PO support. The extent to which documents referred to PO support and PO-related recommendations were graded on a four-point scale (-/+ /++ /+++ /++++) as described in Table 1. Discrepancies in grading (n = 6/29) were discussed until general agreement was reached.

Identified requirements were categorised into six relevant dimensions proposed by the Self-Assessment Network Initial Testing and Standards (SANITAS) project [9]:

- mission, governance, management
- patient orientation
- workforce
- clinical practice and patient care
- hospital facilities management
- records and communication

Results

NCPs

Twenty-five national and four regional cancer plans/strategies were identified among the 32 countries investigated. For six countries: Bulgaria, Croatia, Iceland, Lichtenstein, Romania, Slovakia—no cancer plan, programme or strategy was identified. The need for PO support is mentioned in 28 of 29 cancer plans—with 24 plans providing recommendations for PO support. Ten cancer plans provide detailed recommendations, including indicators or guidance (Table 1). Furthermore, in one plan, specific PO support for breast cancer is described.

Certification schemes for BC services

Seven out of eight BCCSs [10–16] contain at least one requirement for PO support (Table 2), five require the presence of a professional responsible for PO support services, four assess clinical

Table 1

Extent of recognition and recommendations for psycho-oncology support in NCPs.

Country	Grade
Austria	+++
Belgium	+++
Cyprus	+
Czech Republic	–
Denmark	++
Estonia	++
Finland	++
France	++
Germany	+++
Greece	+
Hungary	++
Ireland	++
Italy	++
Latvia	++
Lithuania	++
Luxemburg	+++
Malta	++
Netherlands	+++
Norway	++
Poland	+++
Portugal	+
Slovenia	++
Spain ^a	+++
Sweden	++
Switzerland	+++
England	++
Wales	+
Scotland	+++
Northern Ireland	+++

– PO support is not mentioned in NCP.

+ The need for PO support is mentioned in NCP.

++ Specific objectives, actions or measures for general PO support are described in NCP.

+++ Specific objectives, actions, or measures for general PO support are described and indicators/audit are in place in NCP.

^a Specific PO support for BC care is included in NCP.

practice and three give details on training and management in psycho-oncology of human resources staff. Two schemes provide detailed requirements regarding documentation of psycho-oncology support [12,14], and one scheme provides a recommendation on the infrastructure needed [12].

Discussion

Although the majority of NCPs recognised the need for PO support, only one-third of them provided detailed requirements and indicators for good psychosocial care, resources required or educational needs. Specific recommendations for PO support in BC care are described in only one NCP. All seven BCCSs addressing PO acknowledge that this service should be available to patients, but none of them focus on all the aspects covered under the relevant SANITAS dimensions. However, there is some evidence that defining and assessing requirements via a certification-like process may increase the quality of cancer care services [17].

While this analysis confirms the recognition for PO services, uniform requirements and indicators are needed for consistent provision of quality care. Therefore, good clinical practice at European level, sharing BC knowledge and information, supporting joint research in oncology and psychology, committed allocation of resources for PO services in NCPs as well as support for informed decision-making throughout the disease process are essential [18,19].

Limitations

While this overview focused on information obtained from publicly available materials, the authors are aware that special

Table 2
SANITAS dimensions related to PO support identified in BCCSs.

Dimension	Requirements	Schemes
Mission, governance, management	Provision of psycho-oncology assistance	BCC, NCP, SIS/ISS, SESPM, DKG/DGS, NHSBSP, SSS
Patient orientation	Patient – family information	NHSBSP, NCP
Workforce	There is a professional profile responsible for the service	SSS, SESPM, BCC, NHSBSP, NCP
	Tasks for the profiles providing psycho-oncology service	DKG/DGS, NHSBSP, NCP
	Staffing requirements	DKG/DGS
	Education requirements	DKG/DGS, NCP
	Supervision requirements	DKG/DGS, NCP
Clinical practice and patient care	Patient screening/assessment	NHSBSP, DKG/DGS
	Definition of service levels	BCC, NCP
Hospital facilities management	Facilities for colloquia	DKG/DGS
Records and communication	Clinical documentation of psycho-oncology intervention	NHSBSP, DKG/DGS

BCC: Breast Centres Certification (European Cancer Care Certification/European Society of Breast Cancer Specialists); DKG/DGS: Certification system for breast cancer centers from the German Cancer Society and German Society for Breast Diseases (German Cancer Society/German Society for Breast Diseases); NCP: National Cancer Peer Review Programme (National Cancer Action Team); NHSBSP: Quality Assurance in National Health Service Breast Screening Programme (National Health Service National Breast Screening Programme); SESPM: National protocol of accreditation of breast cancer units (Senology and Breast Pathology Spanish Society); SIS/ISS: International Accreditation Program for Breast Centres/Units (Senologic International Society/International School of Senology); SSS: Breast Centres Certification (Anticancer Swiss League/Senology Swiss Society).

requirements for BC may be described in other documents, such as clinical guidelines, which were not covered by this overview. Furthermore, as this overview only focused on BC quality schemes, other cancer quality assessment schemes (e.g., the Accreditation and Designation Programme from Organisation of European Cancer Institutes (OECI)), may contain relevant information regarding PO support in BC care as well. It should also be emphasised that the JRC Report [8] excluded schemes published in only the country's official language; this exclusion may have resulted in the omission of data relevant to PO support. Finally, policy statements (such as [20]) were not included in the analysis, as they represent more general recommendations for implementation, while this analysis focused on how requirements regarding PO are included at national level.

Conclusions

The review of NCPs and BCCSs confirm that the need for PO services is recognised; although, the allocation of resources and personnel needed to provide these services is not specifically addressed. Given the evidence supporting the need for PO service-related requirements, it is vital that a unique set of detailed requirements and indicators for PO support be included in European breast cancer care related policy documents and assessed through quality assurance measures.

Ethical approval

No ethical approval was required as this study did not involve human subjects.

Funding

None.

Conflict of interest statement

The authors declare no conflict of interest.

Appendix A. Supplementary data

Supplementary data related to this article can be found at <http://dx.doi.org/10.1016/j.breast.2016.07.002>.

References

- [1] Holland JC. Psycho-oncology: overview, obstacles and opportunities. *Psycho-Oncology* 1992;1:1–13.
- [2] Fallowfield L, Ratchliffe D, Jenkins V, Saul J. Psychiatric morbidity and its recognition by doctors in patients with cancer. *Br J Cancer* 2001;84:1011–5.
- [3] NCCN Clinical Practice Guidelines in Oncology, Distress Management. NCCN guidelines. 2015 [accessed 07.01.16]; Available from: http://www.nccn.org/professionals/physician_gls/f_guidelines.asp#supportive.
- [4] Improving supportive and palliative care for adults with cancer. NICE guidelines. 2004 [accessed 07.01.16]; Available from: <http://www.nice.org.uk/guidance/csg4>.
- [5] Albrecht T, Borrás J, Conroy F, Dalmas M, Federici A, Gorgojo L, et al. European guide for quality National Cancer Control programmes. EPAAC Joint Action. 2013 [accessed 17.06.15]; Available from: http://www.epaac.eu/images/WP_10/European_Guide_for_Quality_National_Cancer_Control_Programmes_EPAAC.pdf.
- [6] European Commission Initiative on Breast Cancer. [accessed 04.01.16]; Available from: <http://ecibc.jrc.ec.europa.eu>.
- [7] Gorgojo L, Harris M, Garcia-Lopez E. National Cancer Control programmes: analysis of primary data from questionnaires. 2012 [accessed 17.06.15]; Available from: http://www.epaac.eu/images/END/Final_Deliverables/WP_10_Annex_7_Final_Report_on_National_Cancer_Control_Programmes.pdf.
- [8] Deandrea S, Lerdal D, Lopez-Alcalde J, Neamțiu L, Saz-Parkinson Z, Ulutürk A. Review and analysis of external quality assessment of breast cancer services in Europe. Luxembourg: Publication Office of the European Union; 2015.
- [9] Shaw C, Jelf E, Franklin P. Implementing recommendations for safer hospitals in Europe: SANITAS project. *Eurohealth Inc Euro Obs* 2012;18(2):43–6.
- [10] Ligue suisse contre le cancer, [accessed 01.03.15]; Available from: http://www.legacancro.ch/fr/acces_reserve_aux_specialistes/label_de_qualite_centres_de_senologie/label_de_qualite_centres/.
- [11] Wilson AR, Marotti L, Bianchi S, Biganzoli L, Claassen S, Decker T, et al. The requirements of a specialist Breast Centre. *Eur J Cancer* 2013 Nov;49(17):3579–87.
- [12] Kowalski C, Ferencz J, Brucker SY, Kreienberg R, Wesselmann S. Quality of care in breast cancer centers: results of benchmarking by the German Cancer Society and German Society for Breast Diseases. *Breast* 2014 Dec 13;24(2).
- [13] England National Peer Review Programme [accessed 15.03.15]; Available from: <http://www.nationalpeerreview.nhs.uk>.
- [14] Screening and quality assurance (all programmes). Public Health England; [accessed 01.03.15]; Available from: <https://www.gov.uk/topic/population-screening-programmes/screening-quality-assurance>.
- [15] Acreditación de Unidades de Mama (SAUM). Sociedad Española de Senología y Patología Mamaria; [accessed 01.03.15]; Available from: <http://www.sespm.es/unidades>.
- [16] SIS/ISS International Breast Centers Accreditation. [accessed 01.03.15]; Available from: <http://www.sisbreast.org/accreditation/ibca/>.
- [17] Singer S, Dieng S, Wesselmann S. Psycho-oncological care in certified cancer centres—a nationwide analysis in Germany. *Psychooncology* 2013;22(6):1435–7.
- [18] Pravettoni G, Yoder WR, Riva S, Mazzocco K, Arnaboldi P, Galimberti V. Eliminating “ductal carcinoma in situ” and “lobular carcinoma in situ” (DCIS and LCIS) terminology in clinical breast practice: the cognitive psychology point of view. *Breast* 2016;25:82–5.
- [19] Gorini A, Pravettoni G. An overview on cognitive aspects implicated in medical decisions. *Eur J Intern Med* 2011;22:547–53.
- [20] European Partnership action Against Cancer consensus group. Policy statement on multidisciplinary cancer care. *Eur J Cancer* 2014;50:475–80.