Abstract

The overall objective of this thesis is to improve overall well-being and QOL for patients with advanced cancer undergoing anticancer treatment by optimizing psychosocial support and symptom management. In particular, the first objective of the current thesis is to study the (cost-)effectiveness of a combined screening and treatment program in reducing psychological distress in patients with mCRC receiving first line systemic treatment. In addition, we aim to increase our understanding of the relatively low use of psychosocial support during first line treatment despite high rates of patients screened positive for psychological distress. Our second objective is to critically evaluate the clinical value of QOL and toxicity reporting in oncological RCTs.

Patients with advanced cancer receiving first line systemic treatment may suffer from a variety of side effects, both emotional and physical. This thesis provides several directions to improve these broad range of effects. First, a combined screening and treatment program for psychological distress is not effective; instead, it seems that enhanced care in the form of providing emotional support, close monitoring and access to psychosocial support services may improve patients’ well-being. Second, the reporting of toxicity by patients with advanced cancer and the acknowledgement of impact of less severe but multiple side effects, may improve overall management of toxicity during treatment by clinicians. Taken together, the findings presented in this thesis indicate that even in absence of cure, clinicians may still positively and significantly influence the lives of their patients.