

Can Cognitive Behavioral Therapy (CBT) Intervention in Patients Diagnosed with Stage 3/4 Gastric Cancer Increase Patients' Acceptance of Palliative Care Earlier in the Cancer Continuum?

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Background and Hypothesis: Palliative care, though designed to improve quality of life in patients diagnosed with a grave illness, is widely stigmatized as an "end of life" service. Cancer diagnosis has been known to cause mental stress on patients; the added stigmatization of palliative care with death is a barrier to care, especially in gastric cancer patients whose delay in treatment can result in poor cancer prognosis and outcomes. Cognitive Behavioral Therapy (CBT) intervention is promising in this case, yet understudied in palliative oncology. Successful CBT intervention can combat guilt, denial and stigma, leading to more positive outlook on life and palliative care. We hypothesize that CBT intervention will increase stage 3/4 gastric cancer patients' acceptance to start palliative care early in their cancer treatment by decreasing associated stigma.

Experimental Design and Results: Study will be an interventional, unblinded, randomized clinical trial with an experimental and control group. A CBT video intervention will be used, preceded and followed by a pre-/post session questionnaire generated from IU's RedCap. Full intervention will have 4 sessions, with experimental groups divided into those receiving <2, 3 or full 4 sessions. All individuals age 18+ with a recent stage 3/4 gastric cancer diagnosis, who have the ability to provide consent/comprehend the CBT video will be eligible to participate in the study. A Spearman's correlation will be used to test significance of CBT. A negative trend is predicted between CBT intervention and palliative care stigma; as the number of CBT sessions increase, palliative care stigma should decrease accordingly.

Potential Impact: CBT's effectiveness in alleviating stigma faced by patients with advanced gastric cancer can suggest more psychosocial training for physicians to move away from disease centered approach to one that implements ways that eradicate social barriers to care.

Rhea Sharma is a third year medical student currently interested in alleviating suffering caused by cancer, especially as part of end-of-life care.

"Cancer has always been an emotional subject for me, as I remember watching my grandfather pass away with cancer in the refugee camps of Nepal where I was born.



The cancer had completely overtaken him. As his body rotted away in the camps, I remember myself as a little girl, about age 6, asking, "how can I help?" Years later, when given an opportunity to pursue a research project through IMPRS, I decided to put my interest in paper with a project designed to investigate ways to extend life and provide care in the palliative care setting for those with late-stage cancer. During the summer research experience, I learned that for any contribution we want to make, getting started is of most significance. This was especially important this past summer due to COVID restrictions where in-person clinical research was limited, and many of us had to find creative ways to bring forth our project into action. As it turned out, my research was limited to being a proposal, however, it brought me immense joy to formulate a plan to alleviate suffering in an area that is of great significance to me, and I'm looking forward to making a larger study from this proposal in the future."