

## **Presentation 2:**

### **Implementation of routine physical and psychological symptom distress screening in cancer care**

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#### **Summary:**

Earlier detection and treatments progressively improve cancer survival, but the psychological impact remains substantial. Cancer diagnosis often leads to the experience of physical symptoms arising from the disease itself and its treatment. Our previous HMRF project documented trajectories of supportive care needs, psychological distress, and physical symptom distress among patients with colorectal cancer. Similar to our previous studies examining trajectories in adjustment with early breast cancer, mixed advanced cancer, nasopharyngeal cancer, and advanced breast cancer, most patients with colorectal cancer experience little functional disruption in response to cancer diagnosis and treatments. However, a subset of patients showed persistent symptom distress. Unmanaged symptom distress is potentially a salient issue leading to poorer long-term psychological well-being, poorer treatment adherence, slower recovery, lower patient satisfaction, and higher care costs. To prevent psychological morbidity, early identification of those who experienced symptom distress would facilitate targeted intervention. In recognition the importance of psychosocial care, many countries have incorporated psychosocial care in particularly distress screening into their national cancer care plans. Locally, within oncology centres of the HKSAR health care system, there is no routine systematic symptom distress screening and management. In collaboration with the departments of clinical oncology and surgical oncology under the Hospital Authority, we developed and piloted a nurse-led care model for implementing routine symptom assessment and management. This presentation will address our experience with the development and implementation of the nurse-led routine symptom distress screening programme.