PREP-4 CANCER SURGERY

CARE PATHWAY OF PSYCHOLOGICAL MANAGEMENT OF PATIENTS PLANNED FOR MAJOR CANCER SURGERY (PREHABILITATION)

All patients screened for psychological distress or depression and anxiety

UNIVERSAL
Low risk
Minimal distress on screening (e.g., PHQ-4 ≤ 2; or Distress Thermometer ≤3; or ESAS-A ≤2 and ESAS-D ≤1)
AND no clinical or demographic risk factors present
-> Generic education on psychological prehabilitation

Distress Positive

Distress identified on screening or during conversation (e.g., PHQ-4 ≥3, or Distress Thermometer ≥4, or ESAS-A ≥3 or ESAS-D ≥2)

OR 1+ clinical or demographic prehabilitation risk factors present

-> Refer to psychology prehabilitation service for triage

TARGETED
Moderate risk
Mild-moderate psychological concerns (does not meet criteria for major mental health diagnosis)
OR At risk of mild-moderate psychological effects of treatment/surgery
OR Longstanding psychological concerns with some impact on functioning
-> refer to psychology for targeted prehabilitation intervention

SPECIALIST
High risk
Moderate-severe psychological concerns
OR 1+ clinical/demographic risk factor
OR at risk of severe psychological effects of surgery
-> refer to psychology for specialist prehabilitation intervention

INITIAL PSYCHOLOGICAL CONSULTATION

ASSESSMENT

- Clinical or demographic factors that may increase risk of surgery recovery challenges
- Psychological concerns specific to surgery and recovery
- Factors that may affect prehabilitation engagement
- Mental health symptoms that may impact prehabilitation or recovery
- Existing coping skills
- Optional: assessment measures of presenting concerns to inform clinical assessment

TARGETED INTERVENTION

- Anxiety and stress management
- Solution focused therapy approaches
- Problem solving and coping strategies
- Communication skills training

SPECIALIST INTERVENTION

Tailored one-on-one psychological intervention to target presenting concerns using evidenced based psychological interventions including but not limited to CBT, ACT, problem solving skills training, relaxation skills training.

REVIEW FREQUENCY

UNIVERSAL Low risk

1 x low intensity review to reinforce strategies and provide opportunity for clarifications (e.g., phone call).

TARGETED Moderate risk

Short-term reviews based on clinical judgement. Consider review in 1-2 weeks before surgery and re-assess needs at or soon after inpatient discharge.

SPECIALIST High risk

Review frequency and length of treatment based on clinical judgment.
Consider review in 1-2 weeks before surgery when anxiety may be higher and re-assess needs at or soon after inpatient discharge.