## Utilization of Mental Health and Supportive Care Resources Among Patients with Desmoid Tumors

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	BACKGRO	DUND							
•	Desmoid tumors (DTs) often affect young adults during an active and productive portion of their lives. <sup>1</sup> High levels of emotional distress have been reported in patients (pts) with DTs, whether they are undergoing systemic therapy or participating in expectant management. <sup>2</sup> Pts with DTs often struggle to understand their disease and its unpredictable course, leading to difficulty garnering the social support network often seen in pts with cancers. <sup>3</sup> Despite knowledge of these psychosocial concerns, the utilization of mental health and supportive care (SC) resources among DT pts is not well-characterized.								
	METHO								
•	Retrospective chart review of pts 2023 at a single institution with a year of follow-up. 110 patients w	End In	producti locrinolc tegrative /ledicine						
	DEMOGRAPHICS								
		N = 110	Pts with SC referral		*AYA: Adolesce **PMR: Physic ***Cancer Rel specialists incl cancer experti				
	Age – Median (range)	41 (14-76)							
	Gender - No. (%)								
	Female	74 (67%)	39 (51%)						
	Male	36 (33%)	10 (28%)						
	Race – No. (%)		40 (400())						
	Caucasian	93 (84.5%)	40 (43%)	45					
	Black	5 (4.5%)	3 (60%)	4(					
	Hispanic Arabia	5 (4.5%)	4 (80%) 2 (40%)	ts 35					
	Arabic Asian	5 (4.5%) 2 (2%)	2 (40%) 0 (0%)	atients					
	FAP Status – No. (%)	Z (Z /0)	0 (0 /0)		-	7			
	Yes	10 (9%)	6 (60%)	Ö		/			
	No	100 (91%)	43 (43%)	o 19 Z 10		7			
	Location – No. (%)				5 —				

46 (42%)

64 (58%)

34 (31%)

10 (9%)

11 (10%)

84 (76%)

16 (35%)

33 (52%)

Intra-abdominal

**Extra-abdominal** 

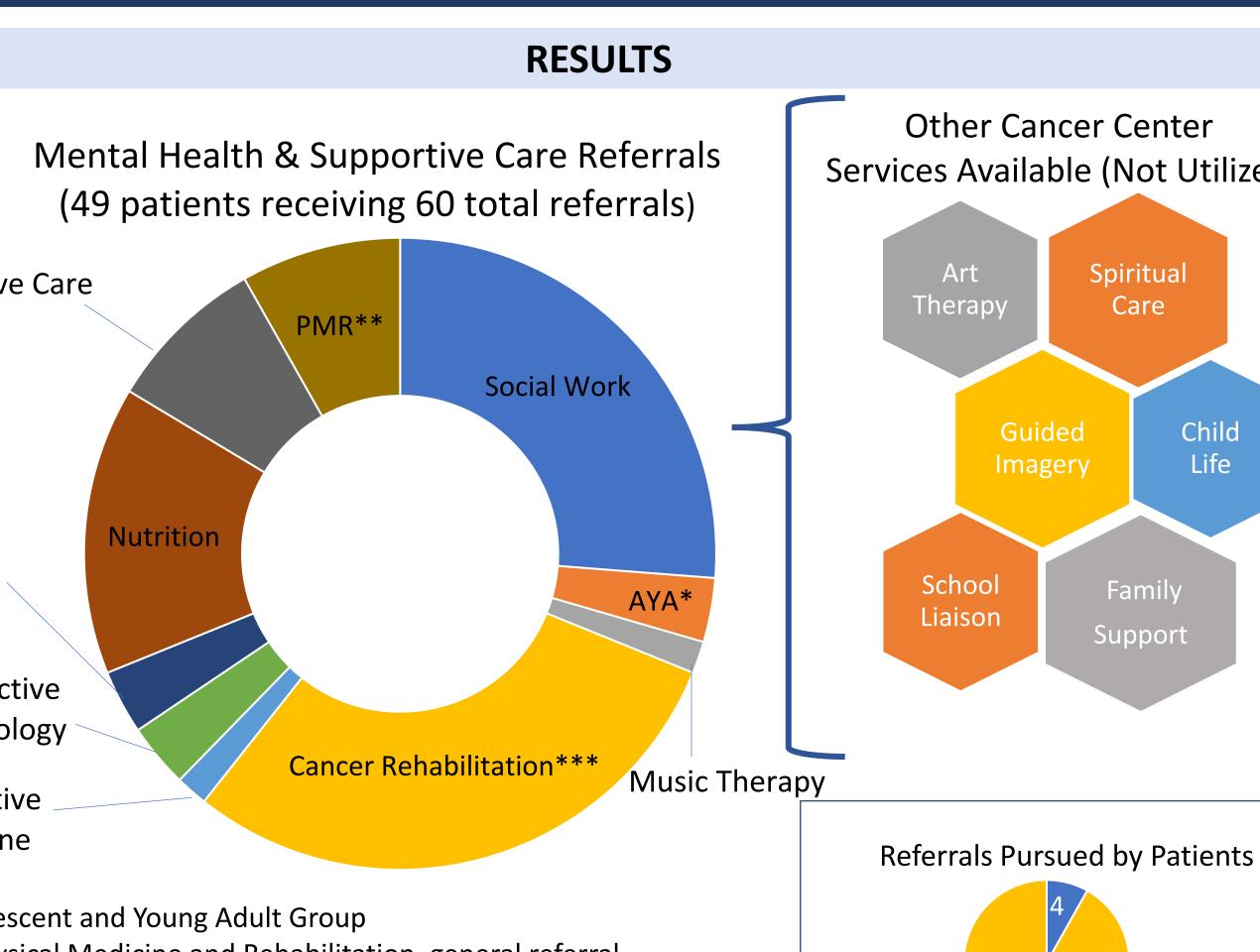
**Radiation therapy** 

Systemic therapy

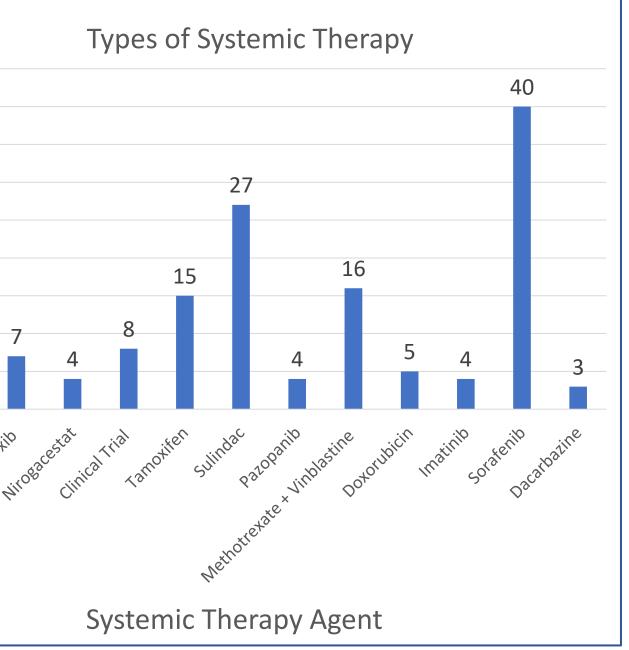
Surgery

Cryoablation

Type of Therapy (any time) – No. (%)



sical Medicine and Rehabilitation, general referral ehabilitation: Subdivision of PMR with cancer rehabilitation cluding physical and occupational therapists with specific tise



	No Follow-Up Follow-Up				
	Referral (N)	Odds Ratio			
Female Male	39 10	OR 2.89 95% CI 1.22-6.85			
Age 15-39 Age ≥ 40	29 20	OR 1.07 95% CI 0.50-2.31			
Systemic therapy	41	OR 2.14 95% CI 0.80-5.47			
No systemic therapy	8				
Abdominal DT Extremity DT	16 33	OR 0.50 95% CI 0.23-1.09			

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## **CONCLUSIONS**

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- Nearly half of pts with DTs were referred to mental health and SC services, more often in female pts and perhaps for those receiving systemic therapy while less often in those with intraabdominal tumors.
  - Extremity tumors impacting ability to work, carry out daily activities (PMR, cancer rehabilitation
- More referrals were made to specialties that focus on physical  $\bullet$ symptoms (compared to mental health services)
  - Such symptoms may be better recognized when compared to symptoms of emotional or psychological distress.
  - High rate of follow-up with referrals implies that pts with DTs are motivated to seek such services when offered.

## **FUTURE DIRECTIONS**

- Pts with DTs receiving care at a cancer center may have  $\bullet$ unique supportive care needs and may benefit from diseasespecific resources, particularly those that address mental health.
- This study will provide the rationale for incorporating available desmoid-specific mental health resources into a group-based series led by an expert clinician to be explored in a feasibility pilot study.

## REFERENCES

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<sup>3</sup>Patients & Caregivers: Mental Health Resources." Desmoid Tumor Research Foundation. <u>https://dtrf.org/patients-caregivers/patient-caregiver-</u> resources/mental-health-resources/