





Head and neck cancer worldwide

Incidence: 640.000

• Prevalence psychological distress: 20%





Psychosocial care

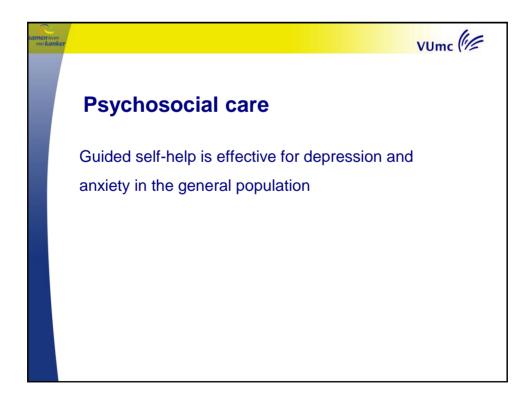
Literature

- Proven effective in cancer patients
- Head and neck cancer often not involved in research



In clinical practice

- Models of delivery of psychosocial care do not meet current demand (psychologist/psychiatrist)
- Expensive care







Purpose

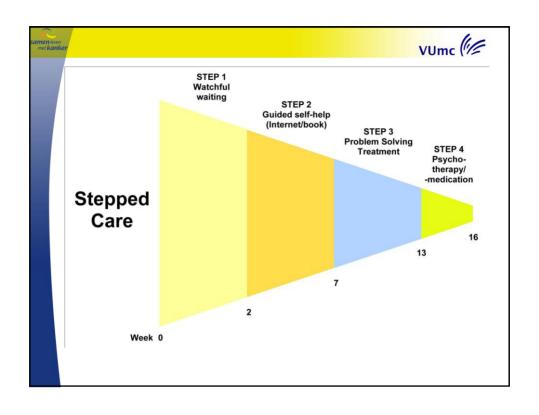
To develop and evaluate efficacy of an online guided selfhelp intervention targeting psychological distress in head and neck cancer survivors.



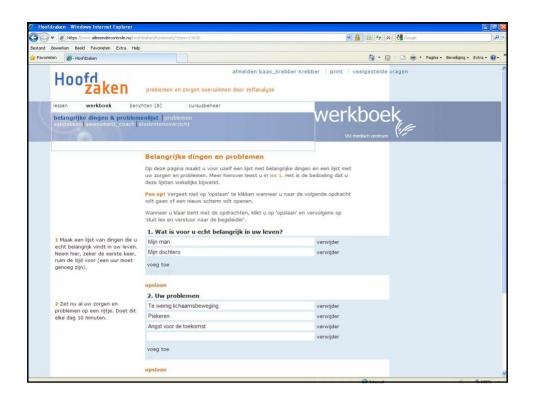


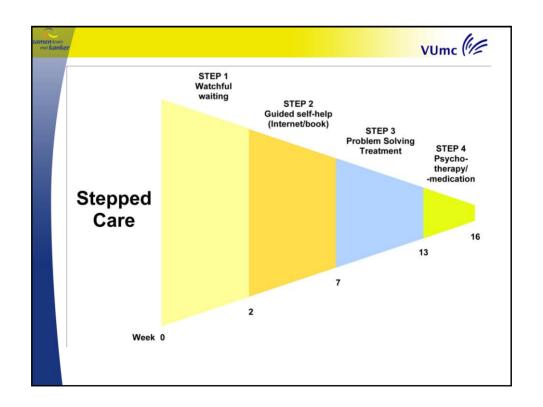
STEP-study

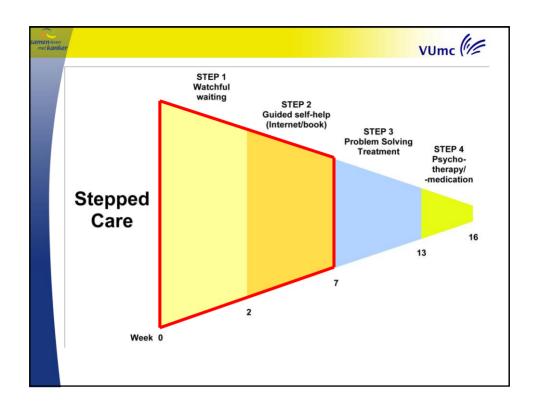
Cost-effectiveness of a stepped care psychosocial strategy to improve symptoms of depression or anxiety in patients treated for head and neck cancer or lung cancer

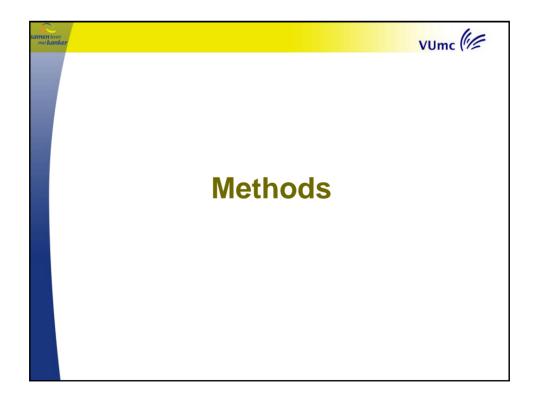










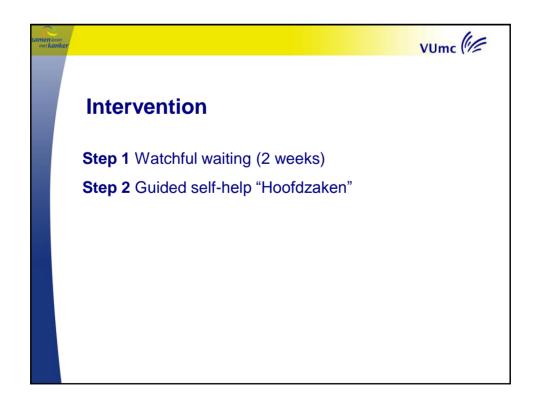


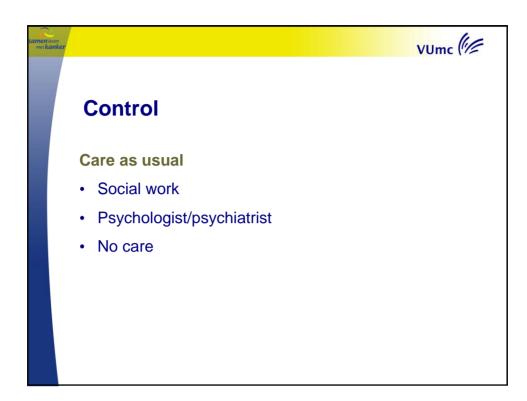


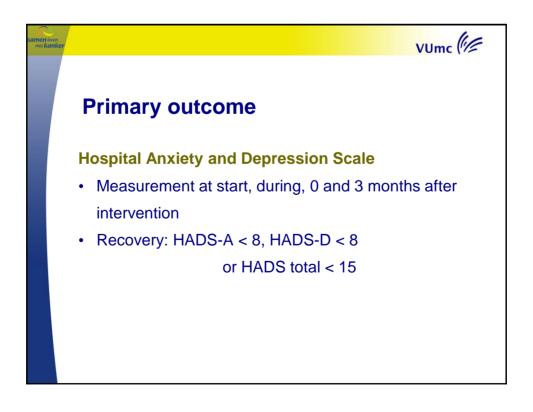
Inclusion process



- · At least 1 month after treatment
- Hospital Anxiety and Depression Scale
 (HADS-A > 7, HADS-D > 7 or HADS total > 14)
 through OncoQuest
- Randomized Controlled Trial











Secondary outcome

EORTC QLQ-C30, EORTC QLQ-HN35, EORTC PATSAT

- Measurement at start, 0 and 3 months after intervention
- Improvement: +10 points from baseline score

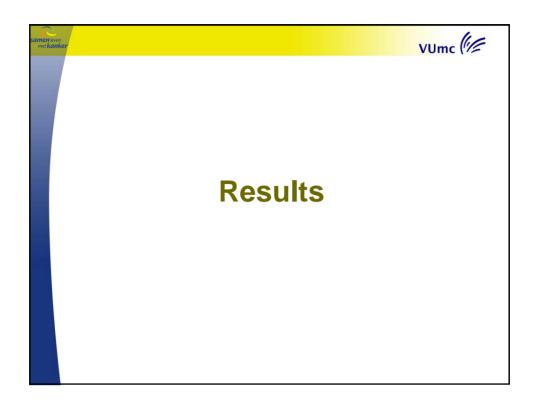


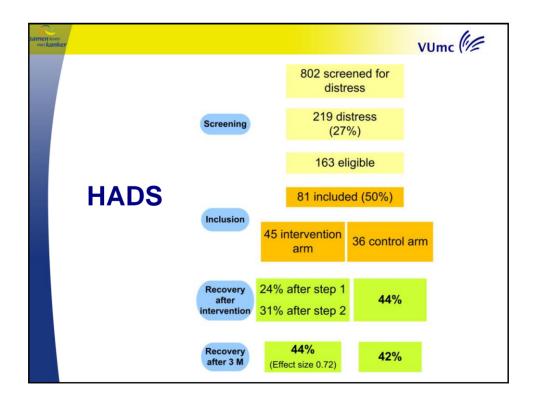


Cost utility analysis

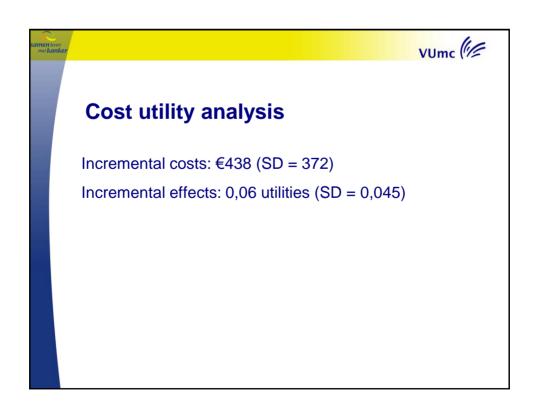
EQ-5D, TIC-P & PRODISQ

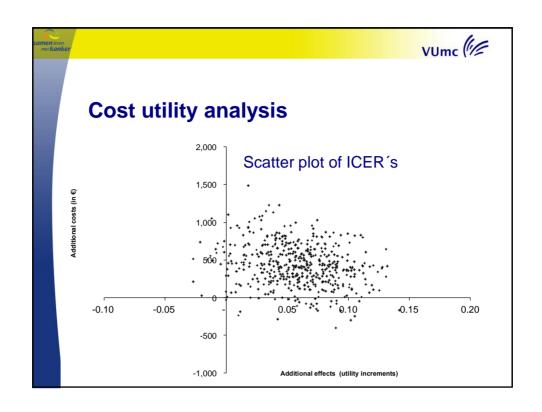
Measurement at start, 0 and 3 months after intervention

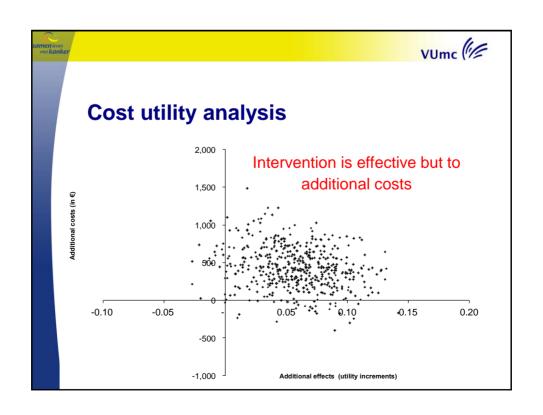


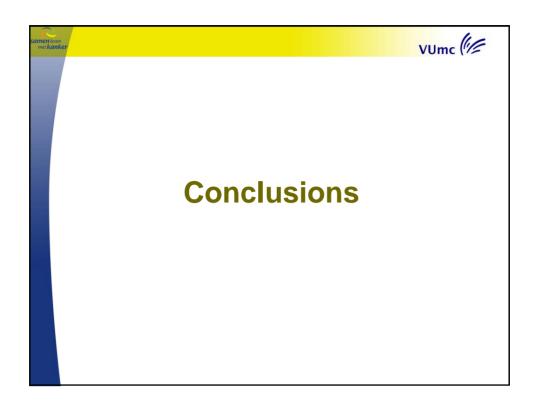


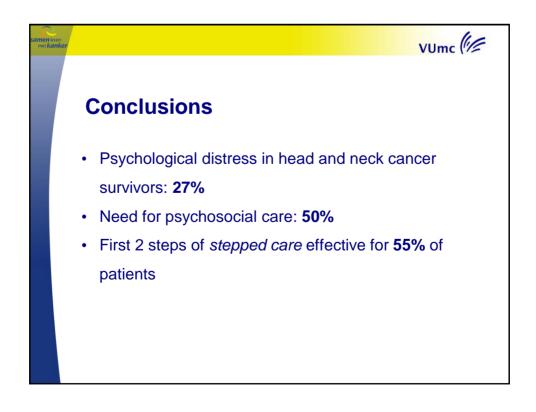
















Conclusions

- Intervention seems to speed up recovery
- Intervention is effective but to additional costs
- · Majority prefers guided self-help through a booklet

