

It is imperative that the Honourable President & Members of the Senate recognise the need for, & fund accordingly, psychosocial & psychosexual care for patients & families affected by gynaecological cancers.

Optimal care of the patient with cancer should always incorporate both effective physical & psychological care.

There are currently several clinical practice guidelines available, documenting evidence related to the importance of psychosocial care of patients.

It has been well established that people with cancer suffer considerable psychosocial morbidity.

It is estimated that up to 23% of cancer patients experience significant levels of anxiety & 35% experience significant levels of depression (National Breast Cancer Centre & National Cancer Control Initiative 2003)

These disorders have a major impact on the person's functioning & that of their family. In addition, such disorders adversely impact on capacity to cope with the disease, & may reduce patient compliance with treatments.

Issues relating to self concept, body image & sexuality are common causes of distress, even affecting those whose cancer & treatment does not directly involve sexual organs.

Estimates of the proportion of patients experiencing sexual problems following the diagnosis & treatment of cancer vary from 10% - 88% depending on the cancer site & type of treatment, but the effect is significant, particularly in women with gynaecological & breast cancers

Psychosocial morbidity often goes undetected (Newell, Sanson-Fisher, Girgis & Bonaventura, 1998 ; Fallowfield, Ratcliffe, Jenkins & Saul 2001)

Level 1 evidence (National Comprehensive Cancer Network 2003) highlights the considerable physical, psychological, & economic benefits of early identification & intervention to reduce the psychosocial impact of cancer & its treatments, through the dissemination of information, emotional support & psychological interventions (individual & group)

These benefits include faster recovery, fewer post treatment complications & a greater ability to cope with difficult treatments (Mumford, Schlesinger & Glass 1982), reduced anxiety & depression & mood disorders (Devine & Westlake 1995) & improvements in quality of life & social functioning (Meyer & Mark 1995)

The Psychosocial Practice Guidelines recommend that all cancer patients should be screened for psychosocial problems at periods of increased vulnerability to ensure that those in distress are identified early & offered appropriate treatment (National Comprehensive Cancer Network 2003 ; National Breast Cancer Centre & National Cancer Control Initiative 2003)

Cancer patients continue to request more information in order to better understand the nature of their disease – it's impact on them & their families & treatment options available

Patients are only able to participate in clinical decision making if given access to appropriate information

Particularly those from rural areas & other cultural groups access to such information & services represents a major unmet need. (Clinical Practice Guidelines for the Psychosocial care of adults with cancer 2003)

In a meta analysis of 45 randomised trials in patients with cancer, those receiving psychological therapies showed significant improvements in measures of emotional adjustment, social functioning, disease related symptoms & overall quality of life compared with those not receiving psychological therapies (Meyer TJ, Mark MM Effects of psychosocial interventions with adult cancer patients : a meta analysis of randomised experiments Health Psychology 1995 ; 14 : 101 – 108

**The Clinical Practice Guidelines for the psychosocial care of adults with cancer* were produced by the National Breast cancer Centre & National Cancer Control Initiative with funding from the Australian Government, & can be downloaded from the NH&MRC website : www.nhmrc.gov.au/publications/pdf/cp90.pdf