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Self-service software for identification of sarcoma patients with psychosocial distress

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Introduction: Psychosocial distress develops frequently in patients suffering from malignant diseases. The implementation of psychosocial distress screenings might help to identify and treat vulnerable patients at an early stage. However, clinical implementation of psychosocial screenings have been limited because they are time consuming and require dedicated personnel. To overcome these hurdles, the aim of the present study was to establish a self-service software that permits distress screening of sarcoma patients while integrating seemingly into the work flow of a musculoskeletal cancer center.

Methods: All Patients with or with history of malignant musculoskeletal tumors, who presented in 2014 at the musculoskeletal cancer center were screened for psychosocial distress in a standardised fashion using a novel self-service software in combination with a simple tablet computer as screening terminal. The software was developed on a well-established and psychometrically validated questionnaire. The latter was answered by the patients using the screening terminal which was located within a dedicated space of the outpatient clinic. All results were securely stored using a personalized registration card and were retrievable for the treating physician. Patients exceeding a defined critical cut-off value were expected to require psychosocial support and a psychosocial treatment was initiated.

Results: The self-service software based distress screening was successfully integrated into the daily routine of the musculoskeletal cancer center. Hereby, the acceptance was rather high due to the intuitive software design and convenience of the setting of the screening terminal. A comparison of the self-service software based approach to conventional paper questionnaires, revealed improved feasibility. Furthermore, cooperation and integration of physicians and nursing staff was markedly enhanced. A high number of patients with malignant musculoskeletal tumors was suffering from psychosocial distress.

Conclusion: A self-service based software for distress screening in sarcoma patients was successfully implemented into a screening terminal within an outpatient cancer center. This setup integrated into the clinical work flow and was well received by physicians, nursing staff, and most importantly patients. Data suggests that the software efficiently and reliably detects distress pattern in sarcoma patients and that it holds great potential for extended screening of psychosocial distress in oncology.