Advancing the Screening and Response to Distress

Excellent health care for our patients at the UW Carbone Cancer Center (UWCCC) involves much more than providing outstanding medical treatment. Cancer impacts patients and their families emotionally, socially, psychologically, financially, and spiritually.

The term "psychosocial distress" is used to encompass all these facets and more. Addressing psychosocial distress in conjunction with biological markers has been deemed a crucial and necessary part of providing high-quality care. Some refer to distress as the sixth vital sign. Measuring and responding to psychosocial distress is now a standard of care at the University of Wisconsin Comprehensive Cancer Center.

The National Comprehensive Cancer Network has provided the Distress Thermometer to measure levels and areas of distress. The Distress Thermometer has been validated in multiple oncology patient populations. Scoring, along with a concise, relevant treatment plan, improves patient satisfaction and the quality of patient care, increases adherence and attendance, and decreases healthcare costs.

At the UWCCC, teams of providers, managers, directors, support staff and information technology specialists have been working behind the scenes to develop and test a proactive, measured approach that can more efficiently access the services they need. An additional motivating factor for distress screening and referral is to measure our success in connecting the needs of the patient and the resources available at UWCCC and in the community.

Future planning includes integrating the use of technology for electronic screening, developing workflow to address concerns early and further involving patients and families in decision making regarding the timing and frequency of distress assessment.

Can Jill’s “exceptional” victory help other brain cancer patients?

Jill Kanersch, 32, is convinced that her victory over aggressive brain cancer is a reminder.

But her UW Carbone Cancer Center physician has another name for Kanersch: They call her an “exceptional responder.”

Today, the genetics of her cancer are being analyzed in a novel precision medicine study at the National Cancer Institute. The hope is to develop a targeted experimental medicine combination to combat the disease, and to extend her life for another 5 years by using the brain scanner to track her progress and adapt the treatment plan as needed.

“Jill is a role model to all of us,” says Dr. Joel G. Kiernan, a professor of radiology at the UW Hospital and Clinics. “Jill is one of those patients who have changed our approach to cancer treatment and the way we think about cancer care.”

Kanersch’s journey with cancer began in 2009 when she was 32 years old and living in Lincoln, Nebraska. She had been having headaches, nausea and dizziness.

“I thought I had a really bad sinus infection,” says Kanersch, a native of Billings, Montana. “But after I passed out and was taken to the hospital, the diagnosis was terminal.”

Indeed, it was. It was a rare type of tumor known as a medulloblastoma. It is among the most common pediatric brain tumors.

“I was shocked,” says Dr. Kiernan. “But the surgery went well, and she was able to go home and resume her normal life.”

Kanersch’s brain tumor was one of the two children who fully responded to the drug combination, which shrunk her tumors and even reduced the size of one.

Kanersch’s story is inspiring, and it has inspired others to consider treatment options that other children might not have considered.

“Other patients who have been diagnosed with medulloblastoma have been told that they have no other options,” says Dr. Kiernan. “But Jill’s story is different. She has shown that there are alternatives.”

Kanersch’s story has also inspired others to consider the benefits of alternative treatments. Dr. Kiernan says that he has been contacted by parents of other children with medulloblastoma who are interested in exploring alternative treatments.

“Jill’s story is a reminder that there are other options available,” says Dr. Kiernan. “And it’s important to explore all possible options before making a decision.”

Kanersch is now a second-year resident at the UW Hospital and Clinics. She is working with her team to develop a research protocol that could help other patients with medulloblastoma.

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