Career in Psycho-Oncology

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Belong to a discipline Attitudes, Knowledge, Skills Build experience

Gain competence & clinical wisdom

- Formal training & supervision essential MD, PhD
- Need knowledge of pathophysiology
- Understand the body, mind, social & cultural setting
- Comfort in your discipline excellence is required
- Enjoy and feel fulfilled by the work
- Be curious about and committed to your patients

Mentors are crucial

- Models: they inspire and advise, give wise counsell
- Need several, and they change at different phases
 of your career
- Cover varied clinical specialities
- Cover range of research expertise



Personal reflection

- MB BS (6 yr undergraduate Uni Melb)
- DObstRCOG, FRACGP (5 yr residency program)
- ram)
- 8-yr private practice with obstetrics
- MPM (4-yr P/T) & 5 yr psychiatry residency, FRANZCP
 Bessereb Destarate Followship Lestwar & Smillest
- Research Doctorate, Fellowship, Lecturer & Snr Lect (another 5 yrs)
- <u>First academic opportunity</u>: Prof/Dir Palliative Care, U Melb (1996-2003)
- Second academic opportunity: Chair Psych MSKCC, USA (2003-2012)
- <u>Third academic opportunity</u>: Monash Univ (2013-current)



INFLUENTIAL PSYCHIATRISTS







Susan Folkman

Maggie Watson



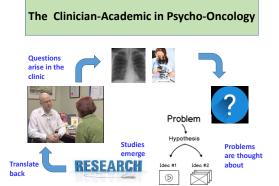


Iulia R

Dave Wellisch

Lea Baider

Joan Bloom



Research trends

- Multi-site collaborative RCTs
- Cultural issues require international collaborations
- More funding is given to teams as well as lead investigators
- Move from observational to pilot i/v's to RCTs; from efficacy studies to effectiveness to dissemination



Colleagues have diverse skills; some are direct collaborators, others as chapter authors

PALLIATIVE CARE COLLEGIAL PEERS



Interdisciplinary relationships are vital to support studies and address key questions



Inherent values: the 'goods' or virtues within the person do matter



- Hard working & committed to patients, studies & family
- · Honesty, integrity, bit obsessional
- Open to new experience, potential to change
- · Curious, thoughtful, reflective
- Respect for the other and their dignity, forgive
- Compassionate, nurturing, supportive
- · Communicate effectively & work well in teams

Some diversity to research



- "Three" streams of concurrent activity • 1) Observational work; 2) Pilot phase of future intervention; 3) Wrapping up major RCT and writing up
 - Takes 5-7 yrs to build this diversity up
 - · Openness to new ideas while collecting data on established project
 - · Keeps a supply of publications while longer studies mature

Example of NIH-Biosketch for research domains I

Research domain: Family studies

a) Dysfunctional families, FFGT and prevention of prolonged grief disorder. My initial doctoral study defined a typology of family grief and my post-doctoral work examined a screening instrument to recognise high risk or dysfunctional families in bereavement. This led to the development of a family tentagroins to so as to ophimize support and reduce morbidity. I led an initial efficacy-study RCT intervention (380 family enables) is so as to ophimize support and reduce morbidity. I led an initial efficacy-study RCT intervention (380 family members) known as Family Focused Grief Therapy (FFGT) that reduced distress and depression in the bereaved, and then an effectiveness RCT (820 members) that prevented prolonged grief disorder in bereavent. Implementation work has been proceeding reconity largeing families of patients with motor neuton disease. This work offers a model of family-centered care for families with an advanced cancer patient, and guides who to commit scarce clinical time to.

Kissane DW, et al., (1996) The Melbourne family grief study I: perceptions of family functioning in bereavement. American J Psychiatry, 153: 650-658. IF=15.3, Cita=136
 Kissane DW, et al. (2006) Family focused grief herapy: a randomized controlled trial in palliative care and bereavement. American J Psychiatry, 163: 1208 - 1218. IF=15.3, Cita=200
 Kissane DW et al (2016) Randomized controlled trial of family therapy in advanced cancer continued into bereavement. Journal of Clinical Oncology, 34:1921-1927. IF= 20.98; Citations=8

Example of NIH-Biosketch for research domains II

Research domain: Group therapy

a) Examining benefits of group psychotherapy modalities for breast cancer patients and survivors. I developed a model of group psychotherapy (Cognitive-Existential Group Therapy-CEGT) for women with arry stage breast cancer, which in an RCT (303 women) reduced anxiety/lear of recurrence, and them I led the Australian Spiegel-type replication of Supportive-Expressive Group Therapy (SEGT) for advanced breast cancer (n=227). The latter both treated and prevented depressive disorders amid other gains. Although neither of these RCTs showed a survival benefit, the benefit of the studies was their contribution in establishing group therapy in cancer care.
 •Kissane DW, et al. (2003). Cognitive-existential group psychotherapy for women with primary breast cancer: a randomized controlled trial. *Psycho-Oncology*, 22: 52: 45: 45: 44. (O, Clts=284
 •Kissane DW, et al. (2007). Supportive-expressive group therapy for women with metastatic breast cancer: Survival and psychosocial outcome from a randomized ontrolled trial. *Psycho-Oncology*, 16: (4), 227-286.IF=404, Cits=276

Example of NIH-Biosketch for research domains III

Research domain: demoralization

a) Assessment of demoralization at the end of life and its impact on treatment decision making. Following Folkman's work on meaning-centered coping, I recoprized a mental state of demoralization in my dimic patients that dir ont meet diagnostic cirteria for major depression. I devolped and validated the Demoralization Scale, which has been translated into >12 languages. Observational cohort studies have helped identify risk factors, and systematic reviews suggests a preventee of 1-31% in pallitive care: It is a stronger mediator of suicidat thinking than depression. Demoralization has been identified in other sattings, incluting drug and alcohol, postatal, Relyages, etc. We have recently used item response theory to refine the DS-III, and done piot work to show the utility of its use as a diagnostic specifier for adjustment and depressive disorders.

Kissane DW, Clarke DM, Street AF. (2001) Demoralization syndrome - a relevant psychiatric diagnosis for palliative care. Journal of Palliative Care, 17: 12:21. Citis=500 - Clarks & Kissane (2002) Demonslization – its phenometology and importance. ANZJ Psychiatry, Citations 355; - Reserved Market DW (2004) The contribution of demonalization to end-of-life decision making. The Hastings Center - Reserved Market DW (2004)

Hesene DW (2004) The community of Monor 34(0):12 (2004) The community of Monor 34(0):12 (2004) The Demonstration Scale: a preliminary report of its development and validation. Journal of Paliative Care. 20(4): 269-276. (Cite=169 Robinson S, Kitsane DW, et al. (2015) Systematic review of the Demonstration Syndrome in individuals with progressive disease and cancer: A decade of research. J Pain Sympt Manage, 49(3): 595-610. IF = 2.424. (Cite=

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Example of NIH-Biosketch for research domains IV

Research domain: Couple therapy

a) Development of Intimacy-Enhancing Couple Therapy for prostate cancer In an Australian cohort study of men with prostate cancer, we recognized that the partners developed reduced marital satisfaction over time, with loss of intimacy Honbesized as a key etiology. In collaboration with S Manne in the US, we developed an Intimacy-Enhancing Couple Therapy (IECT), with plot work confirming enhanced intimacy. We have just completed a major RCT of IECT.

Manne SL, Kissane DW, et al (2011). Intimacy-enhancing psychological intervention for men diagnosed with prostate cancer and their partners: a pilot study. J Sexual Med 8(4): 1197-1209. IF= 3.15;Cits=31.

Research domain: MaP therapy

a) Meaning and Purpose therapy for advanced cancer With my post-doctoral fellow, Dr C Lethborg, we have developed a model of Meaning and Purpose (MaP) therapy to counter demonalization with a structured intervention. An initial 4-session pilot with palliative care increasing meaning in the LAP measure initially developed for logotherapy. We are positioned to take this model to an efficacy-based RCT.

Lethborg C, ...Kissane D (2012). The advanced cancer patient experience of undertaking meaning and purpose (MaP) therapy. Palliative and Supportive Care 10(3): 177-188

Example of NIH-Biosketch for research domains V

Research domain: Communication Skills Training

a) Training of clinicians in clinical and communication skills for working with cancer patients. Establishment of the Conskil Laboratory at MSKCC built a comprehensive curiculum for communications skills training for medical, surgical and radiation conclogies, as well as nurses. Our model defined the skills we teach to create a descriptive language that the clinician can use to reflect on their communication style. Oxford University Press have brought the second edition of our book into their textbook series as a hallmark of its contribution to the field.

Kissane DW, Bylund CL, Banerjee S, et al. (2012). Communication skills training for oncology professionals. Journal of Clinical Oncology 30(11): 1242-1247. IF = 20.98; Clatatons 121.
 Elkin E, ...Kissane DW (2007). Desire for information and involvement in treatment decisions: Elderly cancer patients preferences and their physician's perceptions. *J Clinical Oncology* 25, 5275-5280. IF=20.89; Cline-320. Guoguen J..., Kissane DW (2007). Oncolucing laminity meetings in patillative care: Themes, techniques and preliminary evaluation of a communication skills module. *Pailative & Supportive Care*, 7(2):171-9. Cline-38.
 Ganegies GL, Kissane DW (2007). Colic Supriorship: Translational Behavioral Medicine, 5: 393-400.

Example of NIH-Biosketch for research domains VI

Other research

a) Other leading publications Other scholarly work includes a measure of shame and stigma from disfiguring cancer treatments evidence of screening for depression leading in an RCT to reduced depressive disorder over six months, as well as observational studies establishing the prevalence of depressive disorders in cancer care.

McLachian SA, ... Kissane DW, et al. (2001) A randomized trial of coordinated psychosocial interventions based on patient self-assessments versus standard care to improve psychosocial functioning of patients with acnet. J Unical Anockogy, 19: 4117-4125, IF-2309, Clits-246.
 Nissane DW, et al. (2004) Psychiatric disorder in women with early stage and advanced breast cancer: a comparative analysis. Australian New Zealand J Psychiatry, 38 (5):200-326. IF= 3.40; Clitations = 300; Clitation and Stage St

Engage with your discipline

· Join key societies • IPOS, European Societies

- Engage with colleges · Take role on committees
- · Be strong institutional citizen; volunteer Sit on research and IRB committees; ECR committees
- · Present your work at conferences Critical to share your work at every opportunity
- · Build national & international network of collaborators

Example of NIH bio-sketch for involvement

1992-2003	Study Section Project Grant Reviewer, National Health & Medical Research Council of Australia; Regional Grants Interview Committee & National Health Discipline Committee (1999- 2003)
1993-present	Member, President (2000-2003) & Secretary (2005–2010) IPOS
1994-present 1996-2003	Member of Clinical Oncology Soc Aust (COSA) & American Psychosocial Oncology Society Curriculum innovation & course Director for University of Melbourne's Graduate Diploma of
	Palliative Medicine & Diploma of Psycho-Oncology, 248 Diplomates, 7 Masters by Research, 5 Doctoral candidates
1997-2003 1998-present 1998-present	Training Director of Palliative Medicine Fellowship in Melbourne, 42 trainees over 6 years. Editorial Boards of Psycho-Oncology, Supportive & Palliative Care, General Hospital Psychiatry Member, American Psychiatric Association (APA)
2000-2003	Member, National Ranking of Cancer Grants, Cancer Councils of Australia, Com. D
2004-present 2007-present 2007-present 2009	Member, Multinational Association of Supportive Care in Cancer (MASCC) Member, American College of Psychiatry (ACP) Member, Academy of Psychosamatic Medicine (APM) ARRA awards, NIH Senior Behavioral Science Selection Panel

Publication rate

- Research outputs: 8 books, 338 papers, chapters, editorials & reviews. H-index 53, citations 9,600
- · What do you set as an annual target for yourself?
 - 2 peer-reviewed pubs per year?
 - 6 peer-reviewed pubs per year?
 - 10 peer-reviewed pubs per year?

How to get published & known



- Writing & editing skills
- Develop scholarship from review to theoretical model, gaps, needs, observational, interventional, therapeutic techniques, fidelity of I/V
- Plan outputs from any study for a range of journals, considering IF, disciplinary reach, educational impact
- Most work needs chapters as well as journal articles

Openness to new opportunities



My career demonstrates a move each decade Others stay put in their parent institution for life

Importance of taking up opportunities versus Need for stability for children's education

Lifestyle and family considerations

How specialized to become?



- In large CCCs, tumour specific focus
- Smaller oncology depts., broader coverage
- General psycho-oncology clinic versus tumourspecific
- Balance clinical knowledge with research expertise
- Advantages in some level of specialization





