March 25, 2022

American Psychological Association Comment on Research Plan for NCI’s Division of Cancer Control & Population Sciences

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Thanks very much for the opportunity to weigh in on research priorities for this important NCI division. I am responding on behalf of the American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States, comprised of more than 133,000 researchers, educators, clinicians, consultants, and students. Its mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives. Congratulations on your 25th anniversary! The Division of Cancer Control and Population Sciences is a critically important source of support for multiple subdisciplines of psychological science. Certainly knowledge derived from research on cancer control and prevention has shed light on other illnesses and conditions. The comments and suggestions we include come from expert APA members.

Beginning with the section on Emerging Opportunities, we have three comments to share. Regarding adoption and maintenance of health behaviors to reduce cancer risk and improve outcomes for survivors, it would be helpful to state interest in psychological or social factors that drive the behaviors you are interested in. These references help illustrate the point: 1, 2, 3. NCI has done important work on health behavior change and there is more to be done: we hope this document will reflect the psychological knowledge the Division embodies. The context of health behaviors is critically important.

It also looks as though there is no call for emotional or psychological variables to be studied as outcomes, relevant for disease progression and survival. This emphasis should certainly be included. We provide references for several articles that describe these sorts of outcomes including links between

distress and mortality; depression and survival; depression/biology/cancer; socioeconomic factors and mortality; and psychological factors and worsening symptoms.

Next, a focus on social determinants of health is welcome to increase knowledge about health disparities, and we know the Division has a history of research in these areas. It could be particularly useful to explore these factors in relation to cancer survivorship. As you know, in the cancer context, Black people in the United States have the highest death rate and shortest survival of any racial and ethnic group for most cancers. Investigating the influence of factors such as discrimination & stigmatization, access to technology, quality of the work and home environments, financial stability, interface with law enforcement, family structure and dynamics, loss or change in social support, trauma, pre-existing conditions in addition to cancer on cancer survivorship would make important contributions.

Regarding the section on resources, methods and measures, a general comment is to acknowledge that “new” is not uniformly better than existing methods. Many strong statistical methods exist to create greater power to study multi-level and multi-factor problems. Joint modeling has exceptional advantages for modeling continuous variables (such as emotions, behaviors) and time-to-event analyses. See these examples: Also, factors including ease of use, transparency and privacy protection of technologies like AI are enormously important. NCI should insist on the early involvement of psychologists or other social scientists in proposals to develop, test and implement these technologies to better understand the possibilities and limitations of the methods.

Accelerating the implementation of effective interventions is an important goal. However, our members commented that NCI has tended not to fund investigators that have, in hand, empirical support for their

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interventions. It seems to them that more often, funding goes to intervention trials that go directly to implementation without providing empirical support. Many intervention trials previously funded were not transitioned to the implementation phase. This could be achieved by requiring RCT data showing significant empirical support in order to be considered for an implementation grant. Another comment we heard was that grants have gone more commonly to prevention interventions rather than cancer control interventions with patients, and clearly both are important.

We want to share a couple of different comments regarding the study of training, particularly training of providers as an intervention. Uptake is only achieved when providers are sufficiently trained and supported for delivery. The document’s focus is primarily on implementation per se without acknowledgement of the factors governing a provider’s willingness/ability to adopt a new ‘behavior.’ Organizational behavior change is also influenced by psychological and institutional factors, and designing and implementing studies with those concerns in mind is necessary.

The Division has funded work on provider/patient communication. What also needs to be included, however, is provider education regarding cancer survivorship and use of empirically supported psychological treatments. Barriers to adequate cancer control treatments come from low expenditures/low support at the institutional level for such services. Consider funding studies of psychological/behavioral interventions from the perspective of lowering medical costs, reducing adverse events, etc.

We want to mention specifically the need to study psychological drivers, particularly depression, of morbidity and mortality risk. Cancer patients have the highest risk of depression compared to all illness groups. Moreover, the pathophysiology of depression includes inflammation, neuroendocrine dysfunction and dysregulation of neurotransmitters. Knowing how these biological processes are amplified in the context of cancer, worsening the depression and disease hallmarks, would be of immense scientific and clinical value. We have all heard the dismissive comments: “Of course they are depressed; they have cancer.” But NCI’s rationale to study depression in the context of cancer is strong and should not be dismissed.

Again, we thank you for all the important work done in your division that has improved health and advanced science, and trust that your next twenty-five years will be as productive as the first twenty-five. Please let me know if the APA can be of any assistance.

Sincerely yours,

Mitch Prinstein, PhD
Chief Scientific Officer