

**INTEGRATING PSYCHOLOGICAL INTERVENTIONS IN THE
DIAGNOSIS AND TREATMENT OF RECURRENT CERVICAL CANCER:
A MULTIDISCIPLINARY APPROACH**

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Relevance

Recurrent cervical cancer remains a formidable global health challenge, with a 5-year survival rate of less than 20% for advanced stages, imposing profound physical, emotional, and social burdens on patients. The psychological impact of recurrence is particularly severe, as patients grapple with heightened anxiety, depression, fear of mortality, and existential distress, which significantly impair treatment adherence, quality of life, and overall prognosis. These psychological challenges are often compounded by socioeconomic factors, such as limited access to mental health resources, cultural stigmas surrounding cancer, and disparities in healthcare delivery, particularly in low- and middle-income countries where cervical cancer incidence is highest. Traditional oncology has historically prioritized biomedical interventions, such as chemotherapy, radiotherapy, and surgical options, while the psychological dimensions of cancer care have been inadequately addressed, leading to suboptimal patient outcomes. The emerging field of psycho-oncology underscores the critical need to integrate evidence-based psychological interventions into standard care protocols to address these gaps. Cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), and supportive-expressive group therapy (SEGT) have shown promise in mitigating psychological distress and enhancing resilience in cancer patients, yet their application in recurrent cervical cancer remains underexplored. This study is timely and relevant given the global shift toward patient-centered, holistic care models that recognize the interplay between mental and physical health. By addressing the psychological needs of patients with recurrent cervical cancer, this research aligns with World Health Organization guidelines advocating for integrated care and responds to the growing body of evidence that psychological well-being can

influence treatment efficacy and survival outcomes. Furthermore, this study contributes to closing the gap in psycho-oncology research specific to recurrent cancers, where the psychological burden is uniquely intense due to the chronic and often terminal nature of the disease. It also addresses the need for culturally sensitive interventions, as psychological responses to cancer vary across demographic and cultural contexts, necessitating tailored approaches to improve equity in cancer care. By investigating the synergy between psychological and medical interventions, this research aims to inform clinical practice, influence health policy, and advocate for the inclusion of psycho-oncology services in oncology departments worldwide, ultimately improving the quality of life and treatment outcomes for this vulnerable population.

Keywords: recurrent cervical cancer, psycho-oncology, cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), supportive-expressive group therapy (SEGT), psychological distress, treatment adherence, quality of life, multidisciplinary care, patient-centered oncology

Research Objective

The primary objective of this study is to investigate the efficacy of integrating psychological interventions—specifically cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), and supportive-expressive group therapy (SEGT)—into the diagnostic and therapeutic management of recurrent cervical cancer. The study aims to assess the impact of these interventions on patients' psychological distress, treatment compliance, quality of life, and disease-related outcomes, such as progression-free survival. Additionally, it seeks to identify specific psychological profiles that predict better responsiveness to integrated care, thereby informing personalized treatment strategies.

Methods and Materials

This mixed-methods study was conducted over 18 months at three oncology centers, involving 120 women aged 25–65 diagnosed with recurrent cervical cancer (stages IIB–IVB). Participants were randomly assigned to two groups: an intervention group (n=60) receiving standard medical treatment (chemotherapy, radiotherapy, or combined modalities) alongside psychological interventions (CBT, MBSR, and SEGT) and a control group (n=60) receiving only standard medical treatment. Psychological interventions were delivered in 12-week cycles, with CBT focusing on cognitive restructuring, MBSR emphasizing mindfulness practices, and SEGT fostering peer support and emotional expression. Data collection included:

- **Quantitative measures:** Psychological distress was assessed using the Hospital Anxiety and Depression Scale (HADS), quality of life via the Functional

Assessment of Cancer Therapy–Cervical (FACT-Cx), and treatment adherence through medical records. Progression-free survival was tracked using RECIST 1.1 criteria.

- **Qualitative measures:** Semi-structured interviews explored patients' experiences, coping mechanisms, and perceptions of integrated care.
- **Statistical analysis:** Repeated-measures ANOVA and logistic regression were performed using SPSS 27.0 to evaluate changes in psychological and clinical outcomes. Qualitative data were analyzed thematically using NVivo 12 to identify recurring themes and patient narratives.
- **Materials:** Validated psychometric tools, standardized medical protocols, and trained psycho-oncologists ensured intervention fidelity. Ethical approval was obtained from the Institutional Review Board, and informed consent was secured from all participants.

Results

Quantitative findings demonstrated significant improvements in the intervention group compared to the control group. HADS scores indicated a 35% reduction in anxiety ($p < 0.01$) and a 28% reduction in depression ($p < 0.05$) post-intervention. The intervention group reported a 22% higher quality of life score on FACT-Cx ($p < 0.01$) and a 25% increase in treatment adherence ($p < 0.05$). Progression-free survival was extended by an average of 3.2 months in the intervention group, though this difference was not statistically significant ($p = 0.08$). Logistic regression identified baseline resilience and social support as predictors of better response to psychological interventions (OR = 2.1, 95% CI [1.3–3.4]). Qualitative analysis revealed four key themes: enhanced emotional regulation, increased sense of agency, improved patient-provider communication, and strengthened social support networks. Patients in the intervention group frequently described psychological interventions as “empowering” and “essential” to coping with recurrence, contrasting with control group narratives of isolation and fear.

Conclusion

This study provides robust evidence that integrating psychological interventions (CBT, MBSR, and SEGT) into the management of recurrent cervical cancer significantly reduces psychological distress, enhances quality of life, and improves treatment adherence. While the impact on progression-free survival warrants further investigation, the findings underscore the necessity of a multidisciplinary approach that addresses both the biomedical and psychosocial needs of patients. The identification of resilience and social support as predictors of intervention success highlights the importance of personalized psycho-oncology

care. These results advocate for the inclusion of psychological support in standard oncology protocols, particularly for recurrent cancers, and call for further research into long-term outcomes and cross-cultural applicability. Policymakers and healthcare providers should prioritize training in psycho-oncology and allocate resources to ensure equitable access to integrated care models.

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