

NCCN Continuing Education

Target Audience: This journal article is designed to meet the educational needs of oncologists, nurses, pharmacists, and other healthcare professionals who manage patients with cancer.

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Release date: April 10, 2026; Expiration date: April 10, 2027

Learning Objectives:

Upon completion of this activity, participants will be able to:

- Integrate into professional practice the updates to the NCCN Guidelines for Distress Management
- Describe the rationale behind the decision-making process for developing the NCCN Guidelines for Distress Management

Disclosure of Relevant Financial Relationships

None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Individuals Who Provided Content Development and/or Authorship Assistance:

The faculty listed below have no relevant financial relationship(s) with ineligible companies to disclose.

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Benjamin W. Brewer, PsyD, Panel Member, has disclosed owning equity interest/stock options in Abbott Laboratories, Amgen Inc., Biogen Inc., Eli Lilly and Company, Gilead Sciences, Inc., Merck & Co., Inc., and Pfizer Inc.

To view disclosures of external relationships for the NCCN Guidelines Panel, go to [NCCN.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels](https://www.nccn.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels)

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Distress Management, Version 1.2026

Featured Updates to the NCCN Guidelines

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Abstract

These NCCN Guidelines for Distress Management discuss the identification and treatment of psychosocial problems in patients with cancer. They are intended to assist oncology teams to identify patients who require referral to psychosocial resources and to give oncology teams guidance on interventions for patients with significant distress. These guidelines also provide guidance for social workers, certified chaplains, and mental health professionals by describing treatments and interventions for various psychosocial problems as they relate to patients with cancer. These NCCN Guidelines Insights summarize the panel's most recent recommendations regarding standards of care for distress management in patients with cancer and implementation of these standards, including application of evidence-based care delivery models, such as the collaborative care model.

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Overview

In the United States, it is estimated that more than 18 million individuals have a history of cancer,¹ with an estimated 2,041,910 new cancer cases diagnosed in 2025.² All patients experience some degree of distress related to their cancer diagnosis, as well as to the effects of the disease and its treatment, regardless of stage. Distress may arise not only from the initial reaction to a cancer diagnosis but also from the many transitions that occur across the disease trajectory, including during survivorship. Clinically significant distress occurs in a subset of patients, and its identification and treatment are of utmost importance to optimize quality of life and support patients' ability to tolerate cancer treatment.

These NCCN Guidelines Insights present a summary of the NCCN Distress Management Panel's most recent recommendations regarding standards of care for distress management in patients with cancer. The article focuses on strategies to support implementation of these standards, including the application of evidence-based care delivery models (eg, the collaborative care model) to ensure that patients receive evidence-based treatments

(eg, cognitive behavioral therapy [CBT], pharmacotherapy) that are recommended in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Distress Management.

Psychosocial Problems in Adult Patients With Cancer

Dramatic advances in early detection and treatment options have increased overall survival rates in patients of all ages with cancer. At the same time, these improved treatment options are often associated with substantial long-term side effects, such as fatigue, pain, anxiety, and depression, which interfere with patients' ability to perform daily activities. In addition, the physiologic effects of cancer itself and certain anticancer treatments can be significant contributors to distress symptoms.^{3,4} Furthermore, patients with cancer may have preexisting psychological or psychiatric conditions that affect their ability to cope with cancer. Cancer survivors are approximately twice as likely to report using medication for anxiety or depression as adults without a personal history of cancer.⁵

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*Provided content development and/or authorship assistance.

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