Distress Assessment and Response Tool (DART):
Advancing Personalized Cancer Medicine

BACKGROUND:

Research shows that distress in cancer patients is highly prevalent and associated with poor health outcomes, yet remains poorly detected and inadequately managed. Leading cancer organizations internationally, have highlighted the need for consistent, standardized symptom and concern management.

Princess Margaret Cancer Centre (PM) has developed an innovative Distress Assessment and Response Tool program (DART) in response to this need. DART is a personalized cancer medicine tool, as it works to identify the unique needs of each patient, to facilitate timely focused symptom and concern management. Integration of DART into standard clinic processes and care, allows us to truly partner with our patients.

DRIVERS:

- **INTERNALLY**: Princess Margaret Strategic Plan and NRC Picker Ambulatory Oncology Patient Satisfaction Survey; emotional support domains score 60%.
- **PROVINCIALLY**: Cancer Care Ontario, Ontario Cancer Symptom Management Collaborative (OCSMC). **NATIONALLY**: Canadian Partnership Against Cancer– Emotional Distress, the 6th Vital Sign and Canadian Council on Health Services Accreditation (CCHSA): Cancer Care & Oncology Services 2008 7.9 Guidelines

ABOUT DART:

The Distress Assessment and Response Tool (DART) is a short, self-assessment to measure a patient’s physical symptoms, emotional burden and practical concerns throughout their cancer journey. DART is comprised of one or more of the following validated patient reported outcome measures (PROMs) based on the patient’s psychosocial and emotional well-being at the time of completion:

- Edmonton Symptom Assessment System (ESAS) ¹,²

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Several disease sites have disease specific PROMs integrated into DART. Personalized reports are created and discussed with the patient/health care team and sent to the patient’s electronic medical record in real time.

**PROCESS:**

Each ambulatory patient is directed to DART iPads or DART on paper upon check in. DART is completed at EVERY visit prior to seeing the nurse and/or doctor. Results are printed in real time and sent to the patient’s electronic patient record (EPR→chart review or patient review). Only items of moderate to high distress appear on the DART report. Clinicians complete secondary assessments, on the most concerning items for the patient on that day.

**INTER-PROFESSIONAL COLLABORATIVE CARE PATHWAY:**

An inter-professional collaborative care pathway has been developed to ensure the patient is provided the right care, at the right time, by the right individual. Health care professionals have been provided with a robust toolkit to support evidence based symptom management.

**LOW DISTRESS**

→ patient self-referral to community resources or provision of patient education materials or linkage to PM Classes

**MODERATE DISTRESS**

→ management in clinics with discussion of the care plan, education on symptom management or validation/normalization

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4 [http://www.partnershipagainstcancer.ca/wp-content/uploads/2.4.0.1.4.5-Guide_CJAG.pdf](http://www.partnershipagainstcancer.ca/wp-content/uploads/2.4.0.1.4.5-Guide_CJAG.pdf)


HIGH DISTRESS

may necessitate, referral to specialty clinics (pain, supportive care, palliative, dieticians, medical reimbursement specialist, fatigue clinics, survivorship)

This inter-professional collaborative care pathway is based on the evidence based Symptom Management Guides available on the Cancer Care Ontario website; www.cancercare.on.ca/toolbox/symptools.

FOR FURTHER INFORMATION:

DART External Website: http://dart.technainstitute.com/

Cancer Care Ontario: www.cancercare.on.ca/toolbox/symptool