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Challenges, opportunities, and the future of psycho-oncology: The positions of the IPOS Early-Career Professionals in Psycho-Oncology Committee

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1. Introduction

Psycho-oncology is a multidisciplinary field addressing the psychological, social, and behavioral dimensions of cancer across the disease trajectory.¹ The field of psycho-oncology is a compelling field for early-career professionals (ECPs) due to the existential, ethical, and meaning-focused questions it raises.² The discipline offers diverse clinical, research, and clinician-scientist career pathways, reflecting varied training models and professional trajectories.³

Established in 2014, the International Psycho-Oncology Society (IPOS) ECPs in Psycho-Oncology Committee brings together an international, multidisciplinary group of ECPs. The Committee represents and engages ECPs across continents, providing networking, mentorship, and professional development opportunities through targeted initiatives, events, and educational activities that support the next generation of psycho-oncology leaders.

2. The central role of early-career professionals in meeting growing psycho-oncology demand

Recent estimates indicate that approximately one in two people will be diagnosed with cancer during their lifetime in high-income countries, and low- and middle-income countries are trending toward this rate.⁴ Each year, over 20 million individuals are diagnosed with cancer worldwide, and up to 40% experience a mental illness within a given year.^{5–7} ECPs in psycho-oncology are critical stakeholders in supporting current and future generations affected by cancer. ECPs bring contemporary perspectives, methodological innovation, and renewed energy to research and practice, positioning them to drive responsive, person-centered, and sustainable models of psycho-oncological care. However, ECPs in psycho-oncology also face numerous challenges in promoting and implementing psycho-oncology clinical care and research.

3. Challenges

3.1. Recognition of psycho-oncology as a subspecialty

There remain limited clarity and standardization regarding psycho-oncology as a distinct clinical subspecialty, resulting in fragmented and nontransparent training pathways for ECPs. A recent international survey reported that most countries have not formally recognized psycho-oncology as a subspecialty, contributing to variability in role definition, credentialing, and workforce development.⁸ Despite many clinical practice guidelines identifying psychosocial care as a core component of high-quality cancer care, challenges including inconsistent service provision, limited reimbursement models, and inequitable access persist, undermining the visibility and sustainability of the branch.⁹ These structural barriers often translate into insecure employment conditions, limited long-term career prospects, and reduced professional parity with other oncology disciplines, which may reduce attractiveness to ECPs.¹⁰ Compounding this, psycho-oncology research receives a disproportionately small share of cancer research funding relative to burden, constraining capacity building, implementation science, and early-career research opportunities.¹¹

3.2. Education, training, and clinical integration in psycho-oncology

High-quality, comprehensive cancer care requires the integration of psycho-oncology within multidisciplinary clinical teams. However, significant challenges remain in the availability and accessibility of specialized education and training pathways.⁸

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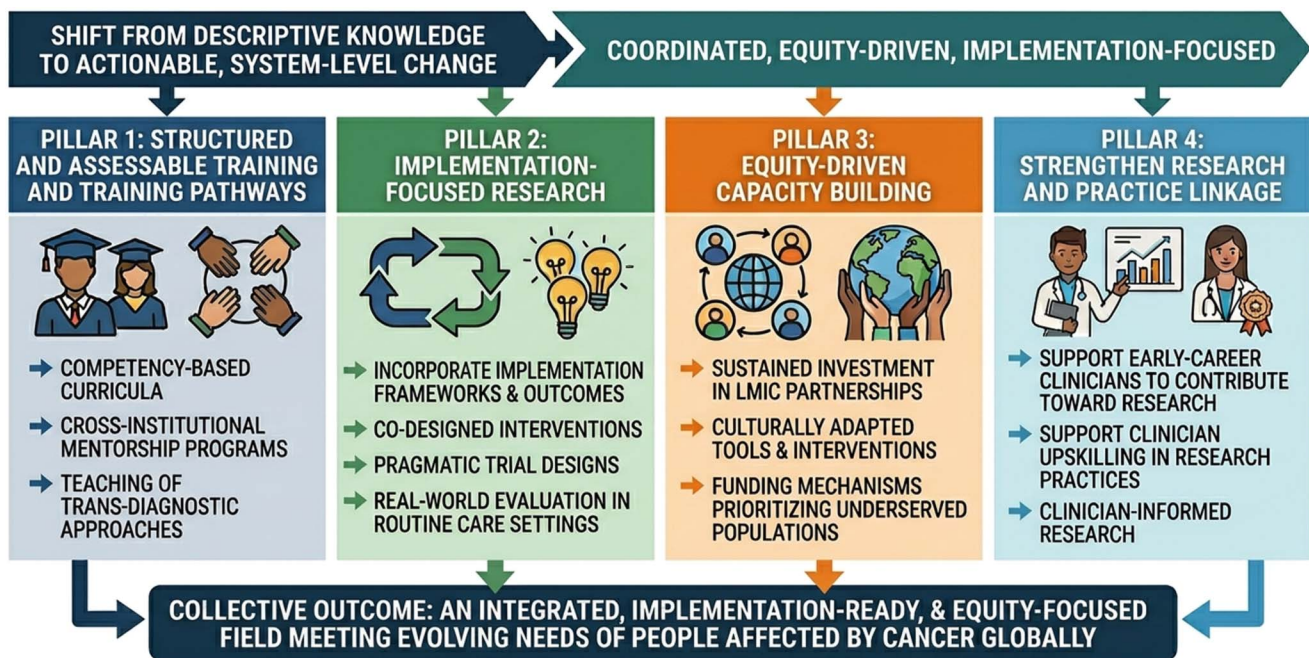


Figure 1. Strategic priorities for advancing global psycho-oncology.

Standards for education, training, and certification of psycho-oncology professionals lack international consistency.¹² Although some countries have formal ministerial criteria governing training and accreditation, others operate without specific legislative or regulatory frameworks.¹³ Additional barriers for tailored psycho-oncology education, training, and certification and clinical integration pathways include system financial constraints, variable acceptance by medical professionals, stigma associated with psychological care, and inconsistent understanding of psychosocial support among those affected by cancer.¹⁴ Collectively, these challenges restrict education and training access, workforce development, and sustainability for ECPs in psycho-oncology.

3.3. Resource inequities across high- and low-middle income settings

Psycho-oncology practice and research are profoundly shaped by global inequities in health care resources across high-income countries (HICs) and low- and middle-income countries (LMICs). Research capacity and evidence-based practice are central to modern health care, with implications for both population health and individual outcomes among those affected by cancer.¹⁵ However, substantial disparities persist in the availability of supportive care services, research infrastructure, and workforce capacity between HICs and LMICs.¹⁶ Health care priorities are often determined by clinicians' assessments of service adequacy relative to the needs of those affected by cancer, yet these assessments occur within markedly different structural contexts.¹⁷ In LMICs, psycho-oncology frequently competes with urgent challenges such as health care resource constraints, food insecurity, and inequitable access to cancer care, limiting the feasibility of specialized psychosocial services.¹⁸ Conversely, HICs may prioritize advanced innovations such as artificial intelligence and digital health in physical cancer care,¹⁹ while continuing to encounter gaps in access, trust, and uptake of

psychological support. These global disparities have direct consequences for psycho-oncology training, research agendas, and clinical implementation, particularly for ECPs navigating resource-constrained environments.

3.4. Competing demands

ECPs in psycho-oncology face substantial challenges in balancing demanding professional roles. Clinically focused ECPs often manage high workloads alongside the emotional labor inherent in cancer care and have limited opportunity for research contributions.¹⁰ Research-oriented ECPs confront strong pressures for grant success and academic productivity, contributing to role strain and time scarcity.^{20,21} These challenges are amplified in psycho-oncology, where competitive funding opportunities are limited, protected research time is scarce, and mentorship may be inconsistent.¹¹ Career-dependent funding structures may further discourage innovative or higher-risk research, constraining long-term knowledge development.²² Teaching and service responsibilities add to workload demands, often coinciding with family formation, caregiving, mobility, and other intersectional pressures. Collectively, these factors heighten burnout risk and threaten career sustainability, underscoring the need for structural, cultural, and equitable support for ECPs in psycho-oncology.^{23,24}

3.5. Entrenched models in psycho-oncology

Psycho-oncology continues to be shaped by historically dominant models of psychological assessment and intervention that are increasingly misaligned with contemporary empirical evidence and clinical realities.^{25,26} In particular, reliance on categorical, diagnosis-driven frameworks, such as the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases, may inadequately capture the dynamic, contextual, and illness-related nature of psychosocial

distress across the cancer trajectory.^{25,26} This can contribute to under-recognition of challenges and unmet needs and constrain person-centered care planning.²⁷ For ECPs, navigating these entrenched paradigms may limit methodological innovation and slow translation of contemporary psycho-oncology science into practice. These challenges are further compounded by the absence of internationally recognized core curricula and accredited training standards, underscoring the need for critical reevaluation of dominant clinical and research models within the field.

4. Opportunities

4.1. Advocacy for the recognition of psycho-oncology

As global cancer incidence continues to rise, the parallel growth in psychosocial care needs presents a timely opportunity to elevate psycho-oncology as a core component of comprehensive cancer care.²⁸ This creates strong leverage for advocating for routine distress screening, reducing mental health stigma in cancer, and embedding psychosocial oncology within cancer control plans worldwide. A strong opportunity also exists for leveraging these developments in the advocacy for the recognition of psycho-oncology as a subdiscipline. Coordinated advocacy across policy, institutional, and professional domains can capitalize on this evidence to strengthen visibility, resourcing, and sustainable implementation. Harnessing current global cancer projections⁴ offers a powerful platform to position psycho-oncology not as an adjunct, but as an essential, scalable, and equitable pillar of modern cancer care.

4.2. Co-designing psycho-oncology training

Co-designing psycho-oncology training with ECPs, senior clinicians and researchers, and individuals with lived experience of cancer offers a robust and future-focused approach to workforce development.⁸ Co-design methods enhance the relevance, acceptability, and implementation of psychosocial assessments and interventions by aligning training with real-world clinical demands and the priorities of those affected by cancer.²⁹ Active ECP involvement ensures responsiveness to evolving competencies and career-stage challenges, whereas senior experts contribute disciplinary leadership, mentorship, and standards of practice.^{8,15} Importantly, integrating lived-experience perspectives strengthens ethical integrity, person-centeredness, and translational impact, consistent with international calls for meaningful consumer involvement in cancer education and research.³⁰

4.3. Leveraging resource-stratified approaches

Recent oncology guidance increasingly recognizes global and local variability in health system resources, creating important opportunities for advancing psycho-oncology.^{16,31} Resource-stratified frameworks, such as those embedded within the World Health Organization's rehabilitation package for cancer,¹⁶ which is aligned with the IPOS Mission,³² offer a pragmatic framework for tailoring care according to available infrastructure, workforce capacity, and population need. Leveraging such approaches in psycho-oncology could enable context-appropriate models of distress screening, intervention intensity, and professional roles, rather than reliance on uniform standards that are often unattainable in low- and middle-resource settings.¹⁴ For early career professionals, resource-stratified guidance provides frameworks for designing feasible clinical services and research programs that reflect real-world constraints. Importantly, it also

strengthens advocacy for psycho-oncology as an essential, adaptable component of comprehensive cancer care across diverse health systems.

4.4. Advancing contemporary frameworks in psycho-oncology

The emergence of contemporary, empirically grounded frameworks, such as the Hierarchical Taxonomy of Psychopathology (HiTOP),³³ offer important opportunities to advance person-centered and tailored approaches in psycho-oncology research and practice.²⁶ These approaches move beyond diagnostic categories to better capture the complexity, heterogeneity, and contextual nature of psychosocial challenges.^{25,26} Personalized psycho-oncology represents a critical advancement in holistic cancer care, enabling psychological assessment and intervention to be adapted to individuals' evolving needs, values, and circumstances. Importantly, such frameworks facilitate greater recognition of, and tailored care for, historically underaddressed domains in psycho-oncology, including sexual health, somatization, and psychosis.^{34–36} Future research and translation efforts should prioritize the implementation and evaluation of dimensional, assessment frameworks to enhance clinical relevance, equity, and effectiveness within psycho-oncology.

5. Addressing barriers and realizing opportunities—an action plan

The IPOS ECP Committee advocates for a coordinated, equity-driven, and implementation-focused advancement of psycho-oncology globally. We contend that meaningful progress requires a shift from descriptive knowledge to actionable, system-level change that strengthens workforce development, research translation, and inclusive models of care.

To realize this vision, psycho-oncology must prioritize several concrete actions in concert. The field should establish structured, internationally accessible training pathways, including competency-based curricula, cross-institutional mentorship programs. Further, Research efforts should systematically incorporate implementation frameworks and outcomes, including co-designed interventions, pragmatic trial designs, and real-world evaluation in routine care settings. Equity must also be operationalized through sustained investment in capacity building, including partnerships with LMICs, culturally adapted tools and interventions, and funding mechanisms that prioritize underserved populations. Finally, early career clinicians in psycho-oncology must be supported to contribute toward research—strengthening the linkage between clinical practice and research in psycho-oncology. Across these actions, transdiagnostic and dimensional approaches, such as HiTOP, should be integrated into assessment protocols, outcome measurement, and intervention design to enable more personalized, scalable, and responsive care. Figure 1 depicts these four action pillars.

Collectively, these priority actions position psycho-oncology to move beyond traditional paradigms toward a more integrated, implementation-ready, and equity-focused field that can better meet the evolving needs of people affected by cancer.

6. Conclusion

As cancer incidence rises globally, psycho-oncology is foundational to quality cancer care. Yet persistent challenges, such as fragmented recognition, inequitable resources, outdated models,

and constrained training pathways, limit its impact. ECPs are central to addressing these challenges. With appropriate advocacy, recognition, resource-responsive guidance, contemporary frameworks, and co-designed training, the field can evolve to better meet the psychosocial needs of current and future generations. Strategic investment in early career leadership is, therefore, essential to the sustainable future of psycho-oncology.

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