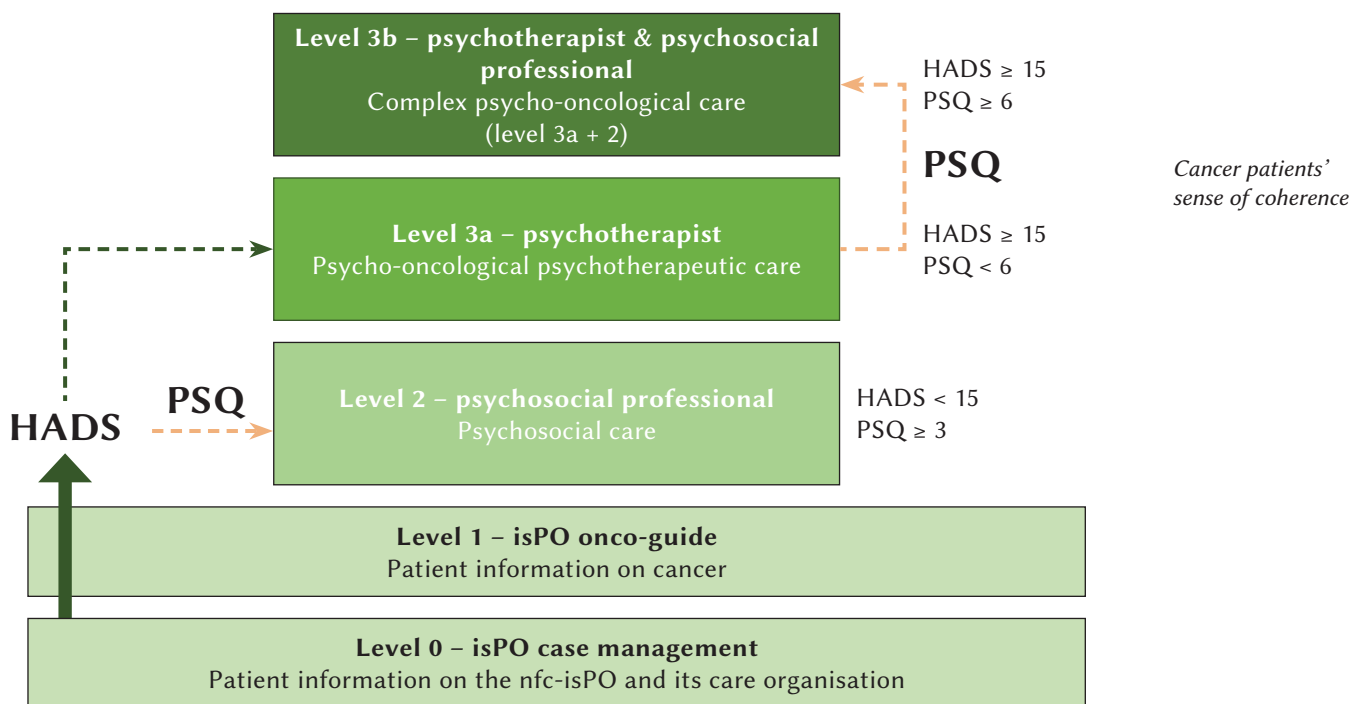


Figure A

Stepped care model of the nfc-isPO (adapted from Cecon-Stabel et al. [1] and Kusch et al. [2])



Note. HADS – Hospital Anxiety and Depression Scale; PSQ – Psychosocial Risk Questionnaire

The effect theory according to Issel [3] was the basis for the development of the stepped-care model of the nfc-isPO. It comprises one general and four minor care concepts [2]. The intervention measures are assigned to patients' care needs. Based on screening outcomes (Hospital Anxiety and Depression Scale [4] and the Psychosocial Risk Questionnaire [5]) patients are allocated to a care level from 1 to 3b (Figure A). All patients are supported by isPO-specific case management services and are offered a conversation with a so-called isPO onco-guide (trained former cancer survivor) (level 0 and level 1) [2]. Depending on the individual care needs, patients may additionally receive psychosocial (level 2) or psycho-oncological-psychotherapeutic (level 3a) care [2]. Patients with complex care needs may receive psychosocial and psycho-oncological-psychotherapeutic care (level 3b) [2]. Care services within the isPO programme are limited to one year [2].

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