David Cella, PhD, discovered his affinity for the field of psycho-oncology purely by accident. After receiving his doctorate in clinical psychology from Loyola University of Chicago, Dr. Cella applied for a fellowship with the pediatric psychiatry division of The New York Hospital, but was placed instead at Memorial Sloan-Kettering Cancer Center in New York. “Until that time,” he says, “I had always worked with people whose primary presenting problem was mental health, where many conditions are chronic and incurable.” Cella’s experience had taught him that most mental health conditions are chronic. Treatment could relieve his patient’s symptoms and problems, but not cure them.

The discovery that cancer patients, whose problems were specific to their situation, responded dramatically to the same tools that applied to psychiatric patients was both exciting and motivating to Cella. “It was like watching a drug that was moderately effective in your practice have a major impact in a new population,” he explains, “except, in this case the drug was psycho therapy.

Thirty years ago the prognosis for cancer patients was not as good as it is today. Few therapists worked with cancer patients, and many just, “accepted depression as coming with the territory,” says Cella. It was his mentor at Sloan Kettering, Jimmie Holland, MD, who first recognized the need to treat the emotional trauma experienced by many cancer patients and their families, and ultimately founded the field of psycho-oncology. “It was her program that
launched me into this work.”

Dr. Cella, a Professor of Psychiatry and Behavioral Science at Northwestern University’s Feinberg School of Medicine is also Cancer Control Program Leader at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University and Executive Director of the Center on Outcomes, Research and Education at Evanston Northwestern Healthcare (ENH). Additionally, he is a Research Professor at the Institute for Healthcare Studies. Most recently, he was appointed Davis Family Chair of Outcomes Research, ENH.

As the principal investigator of the Statistical Coordinating Center for the NIH Roadmap Initiative to build a Patient Reported Outcome Measurement Information System (PROMIS), Dr. Cella’s current focus is on quality of life research. “What we’re doing,” he explains, “is standardizing the measurement of several major conditions that are important to people such as fatigue, pain, physical functioning, distress, depression, anxiety and social function.” Standardizing the concepts and the way they’re evaluated will allow researchers to apply the measures across different diseases—and within diseases across treatment settings and situations. Consequently, scientists will have a common metric and be able to discuss a fatigue score or a distress score in a common language. “Right now there are so many instruments and so many different ways to measure any given concept that it’s not possible to come to a conclusion about which is the best approach or which are the best sets of questions.” One main goal of the PROMIS initiative is to develop a set of publicly available computerized adaptive tests for the clinical research community, providing all investigators with common ground.

Dr. Cella is equally enthusiastic about his work on Neuro-QOL with the National Institute of Neurological Disorders and Stroke (NINDS) and the Toolbox effort with the National Institute on Aging (NIA) to expand this standardization effort into assessing motor, sensory and cognitive function. Along with PROMIS the all rely to some degree on repositories of questions known as item banks. Instead of cash questions are deposited into the item banks, and the more that’s learned about them the more valuable they become; particularly the ones that perform well. “We can go to someone and say, “These are the best performing questions if you want to measure fatigue,”” says Cella. Someone else may ask for a different subset of questions, or they may prefer to have the computer select the questions based on the answers to previous queries. He is confident that this functionality will be available publicly within a year. PROMIS, Neuro-QOL and Toolbox “are three large inter-related projects that we think can help deal with the Tower of Babel that is patient reported outcomes today.”

It is likely that Dr. Cella developed his interest in psychology growing up in Chicago as one of eight siblings and learning how to “fit into a large group and make sense of it.” Now, as the father of five children himself, he draws upon those skills on a daily basis.