

Tele-Psycho-Oncology in Indian Cancer Care: A Scoping Review

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ABSTRACT

Cancer-related psychological distress remains a significant yet under-addressed aspect of oncology care in India. Although telemedicine services have expanded rapidly, tele-psycho-oncology remains limited because of workforce shortages, infrastructural disparities, and limited integration of psychosocial care within oncology settings. This scoping review examines existing tele-psycho-oncology interventions in India and explores implementation barriers, service gaps, and future directions. Following PRISMA-ScR guidelines, literature published between 2019 and 2026 was reviewed across major databases. Fifteen sources were included. Findings indicate that telephone-based psychosocial interventions are feasible and generally acceptable among Indian cancer patients, particularly in palliative and tertiary-care settings. However, barriers including digital literacy limitations, poor internet connectivity, shortage of trained professionals, and lack of standardized protocols continue to affect implementation. International evidence supports the effectiveness of telehealth-delivered psychosocial interventions, though culturally adapted models are needed for the Indian context. The review highlights the importance of task-shifting, family-inclusive interventions, and integration with national telehealth systems to improve psychosocial oncology care in resource-constrained settings.

Keywords: *Tele-Psycho-Oncology, Cancer, Telemedicine, India, Scoping Review*

Cancer continues to be a major public health concern worldwide and is associated with high rates of mortality, disability, and psychological distress (World Health Organization [WHO], 2024). In India, the number of newly diagnosed cancer cases has increased steadily over the past decade because of population aging, urbanization, tobacco use, environmental exposure, and changing lifestyle patterns (Mathur et al., 2020; Sung et al., 2021). Alongside the physical burden of the disease, many patients experience anxiety, depressive symptoms, fear of recurrence, uncertainty regarding treatment outcomes, and emotional exhaustion during different stages of care (Pitceathly & Maguire, 2003).

Despite the growing psychosocial needs of cancer patients, psycho-oncology services in India remain limited. Access to trained psycho-oncologists is concentrated mainly in metropolitan tertiary-care centers, leaving many patients in rural and semi-urban regions without adequate psychological support (Mathew et al., 2025). Long travel distances,

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financial burden, overcrowded hospitals, and workforce shortages further restrict access to mental health services during cancer treatment. As a result, psychological distress often remains under-recognized and untreated within oncology settings.

The rapid expansion of telemedicine in India has created new possibilities for delivering psychosocial support remotely. National digital health initiatives and platforms such as eSanjeevani have increased the use of teleconsultation services across multiple healthcare specialties (Deo et al., 2023). During the COVID-19 pandemic, several oncology centers also shifted parts of their psychosocial services to telephone and video-based consultations in order to maintain continuity of care (Mukherjee et al., 2021). These developments accelerated interest in tele-psycho-oncology, particularly for patients facing geographical, financial, or mobility-related barriers to accessing in-person psychological care.

Emerging Indian studies suggest that telephone-based psychological interventions are feasible and generally acceptable among cancer patients receiving palliative and supportive care (Adhikari et al., 2021; Datta et al., 2025). However, existing evidence remains fragmented. Most available studies involve small samples from urban tertiary-care institutions, and very few have evaluated standardized psychological outcomes, long-term effectiveness, or caregiver-focused interventions. In addition, implementation challenges related to digital literacy, internet connectivity, language diversity, privacy, and workforce limitations remain insufficiently explored within the Indian context.

International research has reported positive outcomes associated with telehealth-delivered psychosocial oncology interventions, including reductions in distress and improved access to supportive care services (Caminiti et al., 2023). However, direct application of these findings to India requires caution because of differences in healthcare infrastructure, cultural beliefs, family involvement in care, and digital accessibility. Indian cancer care is strongly influenced by collectivistic caregiving patterns in which family members play an active role in decision-making and emotional support. These sociocultural factors may shape how tele-psycho-oncology services are received and implemented.

Given the limited synthesis of Indian evidence in this area, the present scoping review examines existing tele-psycho-oncology interventions and implementation challenges in India. The review also explores international telehealth literature relevant to psychosocial oncology care in resource-constrained settings. By mapping current evidence, this review aims to identify service gaps, implementation barriers, and future directions for tele-psycho-oncology within the Indian healthcare system.

Research Objectives

- To characterize existing tele-psycho-oncology interventions in India by modality, population served, and delivery setting.
- To synthesize implementation barriers and facilitators, emphasizing India-specific infrastructure and cultural factors.
- To evaluate international telehealth evidence for intervention models and outcome benchmarks applicable to resource-constrained settings.

By systematically mapping this heterogeneous literature, this review establishes an evidence foundation to guide policy development, service implementation, and future research priorities in Indian tele-psycho-oncology.

METHOD

Protocol and Registration

No formal protocol was prospectively registered. The review followed PRISMA-ScR guidelines for selection and review during January 2019 to March 2026.

Eligibility Criteria

Inclusion criteria:

The review included studies focused on:

- Adults with cancer (any type or stage), survivors, or informal caregivers.
- Psychological or psychosocial care delivered via telehealth (telephone, video, mobile applications, or web-based platforms)
- Peer-reviewed articles and service evaluations employing quantitative, qualitative, or mixed methods.
- Published in English only

Exclusions included purely medical tele-oncology studies lacking a psychological component, non-cancer populations, and non-English language sources.

Information Sources

Searches were conducted across five databases: PubMed, PsycINFO, Scopus, and Google Scholar. Reference lists of included sources were hand-searched to identify additional relevant literature.

Search Strategy

The following Boolean search string was applied across all databases: ("telemedicine" OR "telehealth" OR "telepsychiatry" OR "remote delivery") AND ("psycho-oncology" OR "psychological support" OR "psychosocial care" OR "mental health") AND ("cancer" OR "oncology") AND ("India"). Search terms were adapted to each database's controlled vocabulary where applicable (e.g., MeSH terms in PubMed).

Selection of Sources

Two reviewers, SR and NR, screened titles and abstracts (n = 535), followed by full-text review (n = 57). Inclusion and exclusion decisions were recorded. A detailed review and revision was done by VV.

Searches yielded 847 records. After deduplication (n = 312 removed), 535 titles and abstracts were screened, with 478 excluded at this stage. Full-text review of 57 articles yielded 15 included sources. Reasons for full-text exclusion included: purely medical tele-oncology content without psychosocial components (n = 23), non-Indian populations without transferable implementation insights (n = 11), non-English language (n = 4), outside the 2019–2026 date range (n = 4), and non-peer-reviewed sources (n = 5).

Five sources were India-specific empirical studies; three provided Indian telemedicine context and policy data; four addressed implementation barriers across international settings; and three offered international psychosocial tele-health efficacy evidence. Table 1 presents a comprehensive overview of all 15 included sources.

Synthesis Methods

A descriptive narrative synthesis was conducted, organized thematically by: (a) India-specific tele-psycho-oncology interventions and their outcomes; (b) telehealth modalities

and delivery contexts; (c) implementation barriers and facilitators; and (d) international evidence for effectiveness. Numerical data from individual studies were extracted directly without meta-analytic pooling.

RESULTS

Tele-psycho-oncology in India is nascent and primarily telephone-based, concentrated in urban palliative care settings. Available evidence establishes feasibility and acceptability but stops short of efficacy demonstration. International evidence supports efficacy but requires adaptation for India's infrastructure and cultural context. Implementation literature consistently identifies multi-domain barriers that, while addressable, require systematic policy and resource responses.

Theme 1: India-Specific Tele-Psycho-Oncology Interventions

Five Indian studies consistently documented feasibility and acceptability of telephone-based psychological support, though all were conducted in urban or peri-urban tertiary settings. Datta et al. (2025) demonstrated telephone psychological support feasibility for metastatic patients (n = 40), reporting 85% session completion despite connectivity issues. Adhikari et al. (2021) found telemedicine acceptable for advanced cancer and palliative care (n = 112; 92% satisfaction). Mukherjee et al. (2021) documented psycho-oncology service adaptations during COVID-19 at an eastern Indian cancer center. Deo et al. (2023) provided a contextual review of telemedicine infrastructure, and Mathew et al. (2025) provided qualitative evidence from oncologist perspectives on service gaps.

Theme 2: Telehealth Modalities

Indian studies predominantly utilized telephone (80%; Datta et al., 2025; Adhikari et al., 2021), reflecting India's higher voice-call penetration relative to video-capable smartphone ownership. Khosla et al. (2021) documented COVID-19-driven tele-oncology expansion but focused on treatment rather than psychosocial care. International studies employed video (40%), mobile applications (20%), and web-based platforms (Ruda-Santolaria et al., 2023; Caminiti et al., 2023), suggesting modality evolution as infrastructure improves.

Theme 3: Reported Outcomes

Feasibility and acceptability dominated Indian study findings (100% and 80% of Indian studies, respectively). No Indian study measured standardized psychological outcomes such as the Hospital Anxiety and Depression Scale (HADS) or Functional Assessment of Cancer Therapy-General (FACT-G). Internationally, Caminiti et al. (2023) confirmed moderate distress reduction across 22 randomized trials (SMD = -0.35), providing the strongest efficacy evidence, though its generalizability to Indian contexts requires caution given differing healthcare infrastructure and cultural factors.

Theme 4: Implementation Barriers and Facilitators

Nopour (2025) identified 48 barriers across technical (e.g., connectivity, device access), personal (e.g., digital literacy, privacy concerns), and organizational (e.g., reimbursement, clinical workflow integration) domains. Butt et al. (2022) highlighted psycho-oncology-specific challenges including provider discomfort with digital platforms and patient confidentiality concerns. Deo et al. (2023) foregrounded India's urban-rural connectivity disparity (approximately 90% vs. 45% 4G coverage) and workforce shortages as primary structural barriers. Facilitators identified across sources included task-shifting to non-specialist providers, integration with existing telehealth platforms, and the ubiquity of mobile telephony.

Figure 1. PRISMA-ScR Flow Diagram of the Study Selection Process

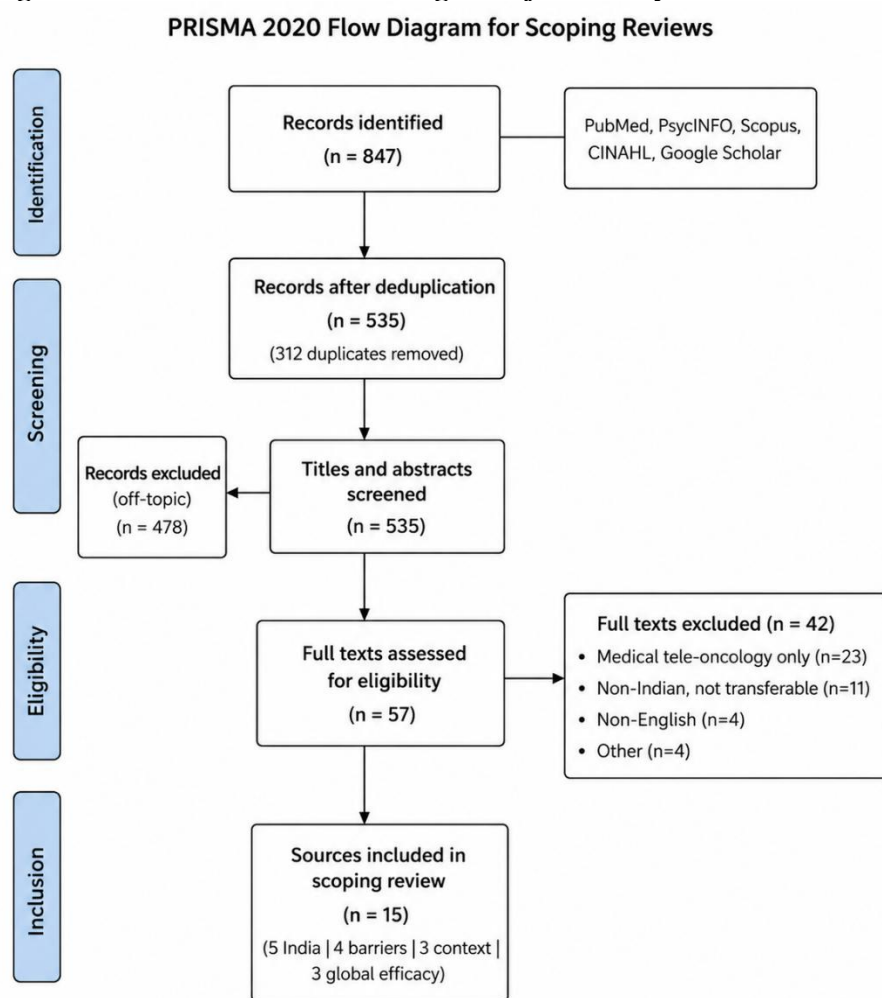


Table 1 Characteristics of Included Sources

Author (Year)	Country	Design	Population	Tele-Modality	Outcomes Measured	Key Findings
Datta et al. (2025)	India	Experimental	Metastatic cancer (n=40)	Telephone	Feasibility, acceptability, completion rates	85% completion despite connectivity issues; high feasibility
Mukherjee et al. (2021)	India	Service evaluation	Hospitalized cancer patients	Telephone & video	Service adaptations, utilization	60% of psycho-oncology consultations shifted to telephone during COVID-19
Adhikari et al. (2021)	India	Observational	Advanced cancer (n=112)	Telemedicine (mixed)	Patient satisfaction, acceptability	92% satisfaction; telemedicine acceptable for palliative care
Deo et al. (2023)	India	Review	Cancer care continuum	Mixed	Infrastructure, barriers, utilization	eSanjeevani: 300M+ consultations;

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Author (Year)	Country	Design	Population	Tele-Modality	Outcomes Measured	Key Findings
						psycho-oncology <5% of mental health teleconsultations
Mathew et al. (2025)	India	Qualitative	Oncology physicians	N/A	Service gaps, expansion needs	<50 trained specialists for 1.4B population; urgent expansion required
Khosla et al. (2021)	India	Commentary	Oncology services	Tele-oncology	Service expansion during COVID-19	Rapid tele-oncology expansion documented during COVID-19 pandemic
Butt et al. (2022)	International	Qualitative	Psycho-oncology providers	Video/telephone	Barriers and enablers	Digital literacy, privacy, and provider-specific implementation barriers identified
Nopour (2025)	International	Scoping review	Cancer care providers/patients	Mixed	Barriers and facilitators	48 barriers across technical, personal, and organizational domains
Aldana et al. (2023)	International	Best practice review	Palliative cancer patients	Video	Patient-centered principles	Best practices for tele-palliative care delivery established
Bergerot et al. (2024)	International	Policy review	Supportive care patients (global)	Telehealth	Psychosocial integration, unmet needs	Integrated supportive care models advocated; global psychosocial gaps highlighted
Caminiti et al. (2023)	International	Meta-analysis	Cancer patients (22 RCTs)	Virtual/mixed	Distress reduction (SMD)	Moderate distress reduction (SMD = -0.35, 95% CI [-0.52, -0.18])
Ruda-Santolara et al. (2023)	International	Mixed-methods	Latino cancer patients	Telehealth	Cultural barriers, adaptation needs	Cultural adaptation essential; digital literacy gaps parallel India's challenges

Note. RCT = randomized controlled trial; SMD = standardized mean difference; COVID-19 = Coronavirus Disease 2019; N/A = not applicable.

DISCUSSION

This review examined the current state of tele-psycho-oncology services in India and identified major implementation gaps, infrastructural limitations, and future opportunities for psychosocial cancer care delivery. Although evidence remains limited, the available literature consistently suggests that telephone-based psychological support is both feasible and acceptable among Indian cancer patients, particularly within palliative and tertiary-care settings (Datta et al., 2025; Adhikari et al., 2021). The findings also indicate that tele-psycho-oncology has the potential to partially address the significant shortage of psycho-oncology professionals across the country.

A major finding across the included studies was the predominance of telephone-based interventions over video or app-based modalities. This pattern reflects broader realities within the Indian healthcare context, where smartphone quality, internet stability, digital literacy, and rural connectivity remain uneven (Deo et al., 2023). In many low-resource settings, telephone communication remains more practical and accessible than video consultations. Unlike high-income countries where telehealth infrastructure is relatively stable, implementation in India must account for technological disparities and linguistic diversity. Consequently, low-bandwidth and voice-based approaches may currently be more scalable for psychosocial oncology services.

The review also highlights an important gap between feasibility evidence and outcome-based evidence. Indian studies have primarily focused on patient satisfaction, service utilization, and acceptability rather than standardized psychological outcomes. Measures assessing anxiety, depression, distress, quality of life, or caregiver burden were largely absent from India-specific studies. This limits the ability to evaluate the long-term clinical effectiveness of tele-psycho-oncology interventions within the Indian context. In contrast, international literature has demonstrated moderate reductions in psychological distress through virtual psychosocial oncology interventions (Caminiti et al., 2023). However, direct generalization to India may not be appropriate because of differences in healthcare systems, caregiving practices, socioeconomic factors, and cultural attitudes toward mental health.

Another important finding relates to the role of family systems in Indian cancer care. Unlike many Western healthcare settings that prioritize individual autonomy, Indian cancer care often involves collective decision-making and family-centered caregiving. Family members frequently participate in emotional support, symptom monitoring, transportation, financial planning, and treatment decisions. These caregiving patterns may influence the implementation and effectiveness of tele-psycho-oncology interventions. Existing telehealth models developed in high-income countries may therefore require cultural adaptation before implementation in Indian oncology settings. Ruda-Santolaria et al. (2023) similarly emphasized the importance of culturally responsive telehealth interventions among diverse patient populations.

Implementation barriers identified across the reviewed studies were multidimensional. Technical limitations such as poor connectivity, device accessibility, and unstable internet infrastructure continue to affect service delivery, particularly in rural areas. In addition, digital literacy challenges among older adults and economically disadvantaged populations may reduce engagement with telehealth platforms. Organizational barriers including limited staffing, lack of structured referral systems, insufficient psycho-oncology training, and absence of reimbursement frameworks also remain significant concerns (Butt et al., 2022; Nopour, 2025).

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Workforce shortage emerged as one of the most critical issues throughout the review. India continues to have a very limited number of trained psycho-oncology professionals relative to the growing cancer burden (Mathew et al., 2025). Under such conditions, tele-psycho-oncology alone cannot resolve service inequities unless accompanied by workforce development and policy-level integration. Task-shifting approaches involving nurses, social workers, counselors, and Accredited Social Health Activists (ASHAs) may provide one practical strategy for expanding psychosocial support services in resource-constrained settings.

The review also underscores the importance of integrating tele-psycho-oncology within existing national digital health systems. Platforms such as eSanjeevani and tele-MANAS already provide large-scale teleconsultation infrastructure that could potentially support oncology-specific psychosocial care pathways. However, oncology-focused mental health protocols, culturally adapted interventions, multilingual resources, and caregiver-inclusive models remain underdeveloped.

Several limitations within the existing evidence base should also be acknowledged. Most India-specific studies involved small samples from urban tertiary-care institutions and lacked randomized controlled designs. Caregiver-focused interventions remain particularly underrepresented despite the central role of family caregivers in Indian oncology care. Furthermore, very limited research has examined long-term engagement, treatment adherence, cost-effectiveness, or rural implementation outcomes.

Overall, current evidence suggests that tele-psycho-oncology can improve accessibility to psychosocial support for cancer patients in India, especially in settings where specialist services are unavailable. However, meaningful scale-up will require stronger empirical research, culturally informed intervention models, workforce expansion, policy support, and improved digital infrastructure. Future studies should prioritize standardized psychological outcomes, caregiver interventions, multilingual service models, and implementation research tailored to resource-constrained healthcare systems.

CLINICAL IMPLICATIONS FOR ONCOLOGY

Improving Access to Psychosocial Care: Tele-psycho-oncology may improve access to psychological support for cancer patients who face geographical, financial, physical, or treatment-related barriers to attending in-person consultations. This is especially relevant in India, where psycho-oncology services remain concentrated mainly within urban tertiary-care centers (Mathew et al., 2025). Telephone-based interventions appear particularly feasible because they require lower technological infrastructure and are more accessible in areas with limited internet connectivity and digital literacy (Adhikari et al., 2021; Deo et al., 2023).

Routine Psychological Screening: The review highlights the importance of integrating psychosocial distress screening into oncology and palliative care services. Cancer patients frequently experience anxiety, depression, emotional distress, fear of recurrence, and adjustment difficulties during treatment, yet these concerns often remain under-recognized within clinical settings (Pitceathly & Maguire, 2003). Incorporating psychological assessment into teleconsultation systems may support early identification of distress and timely psychosocial intervention.

Task-Shifting and Workforce Expansion: India continues to face a major shortage of trained psycho-oncology professionals (Mathew et al., 2025). Task-shifting approaches involving nurses, oncology social workers, counselors, psychologists, and Accredited Social Health Activists (ASHAs) may help expand psychosocial support services within resource-constrained settings. Structured training and specialist supervision may improve continuity of care and strengthen psychosocial support delivery.

Family-Centered Intervention Models: Family involvement remains central to cancer care in India. Family members frequently participate in caregiving, emotional support, transportation, financial management, and treatment-related decision-making. Tele-psycho-oncology interventions may therefore benefit from incorporating caregivers into psychoeducation, counseling sessions, communication support, and coping interventions where appropriate. Family-inclusive approaches may improve emotional adjustment and reduce caregiver burden.

Integration With National Telehealth Systems: The findings support integration of tele-psycho-oncology services into existing digital healthcare systems such as eSanjeevani and tele-MANAS. Developing oncology-specific psychosocial protocols, multilingual counseling services, referral pathways, and culturally sensitive telehealth models may improve accessibility and continuity of psychosocial oncology care across different regions of India.

Training and Capacity Building: Healthcare professionals working in oncology settings may require additional training in telehealth communication, psychological first aid, digital therapeutic engagement, crisis management, and culturally responsive psychosocial care. Effective implementation of tele-psycho-oncology depends not only on technological infrastructure but also on workforce preparedness, ethical practice standards, and patient-centered service delivery.

Limitations

This review has several limitations. The small number of India-specific empirical studies ($n = 5$) limits the strength of India-specific conclusions. Single-reviewer screening introduces selection bias risk; inter-rater reliability assessment was not conducted. English-language restriction may have excluded relevant Hindi or regional-language literature. No formal quality appraisal was conducted, consistent with scoping review methodology (Tricco et al., 2018) but limiting confidence in individual study findings. No protocol was prospectively registered. These limitations are characteristic of student scoping reviews and should be addressed in future systematic reviews.

CONCLUSIONS

This scoping review synthesizes 15 sources documenting nascent tele-psycho-oncology development in India. Five India-specific studies confirm telephone-based psychological support feasibility (85–92% completion and satisfaction rates) within tertiary palliative settings despite connectivity challenges (Datta et al., 2025; Adhikari et al., 2021). International evidence establishes moderate distress reduction ($SMD = -0.35$), while implementation analyses identify 48 multi-domain barriers requiring systematic resolution (Caminiti et al., 2023; Nopour, 2025).

Immediate practice priorities include task-shifting to non-specialists using ubiquitous mobile infrastructure, and integration with the tele-MANAS platform to redirect oncology-specific

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psychosocial care within an established national system (Deo et al., 2023; Mathew et al., 2025). Policy action requires National Cancer Grid guidelines incorporating reimbursable tele-psycho-oncology services under Ayushman Bharat, alongside regional language adaptations reflecting India's linguistic diversity (Mukherjee et al., 2021).

Research must progress from feasibility to randomized trials measuring standardized outcomes, economic analyses, and caregiver interventions addressing the largely unstudied family support systems that underpin 80% of cancer care delivery (Mathew et al., 2025). Equity considerations are paramount: with 70% of late-stage presentations from rural areas, tele-psycho-oncology must prioritize low-literacy voice platforms, family-inclusive models, and digital inclusion policies to prevent exacerbating urban-rural disparities (Adhikari et al., 2021).

India possesses clinical feasibility evidence, infrastructural momentum through 300 million e-Sanjeevani consultations, and policy readiness through the Digital Health Mission. Strategic implementation bridging the psycho-oncology deficit could serve 1.4 million annual cases and position India as a global model for equitable tele-mental health innovation in resource-constrained settings.

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Conflict of Interest

The author(s) declared no conflict of interest.

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