IPOS 2022
WORLD CONGRESS
ABSTRACT BOOKLET

REIMAGINING PSYCHOSOCIAL ONCOLOGY: EMBRACING VOICES FROM AROUND THE WORLD

TORONTO, CANADA
AUGUST 29 TO SEPTEMBER 1, 2022
# Table of Contents

## Symposium Abstracts

## Individual Abstracts

A. Equity, diversity and inclusion in cancer care and research................................................................. 31
B. Cancer care across the life span (children, adolescent & young adults, adults, and older adults)................................. 38
C. Complementary and integrative cancer care ........................................................................................................ 49
D. Community-based and volunteer cancer care services................................................................................. 54
E. Sociodemographic, culture, and sex/gender issues in cancer ........................................................................... 57
F. Digital health and cancer care .......................................................................................................................... 62
G. Exercise/pre-habilitation and rehabilitation in cancer .................................................................................. 73
H. Implementation science, knowledge translation and synthesis........................................................................ 77
I. Survivorship..................................................................................................................................................... 83
J. Palliative and end-of-life care ............................................................................................................................ 109
K. Primary, secondary and tertiary cancer prevention....................................................................................... 122
L. Innovation in psychosocial oncology interventions ....................................................................................... 124
M. Health care provider wellness ........................................................................................................................ 143
N. Cancer treatment-related symptom and toxicity management ........................................................................ 146
O. Pandemics and cancer care issues ................................................................................................................ 152
P. Adapting PSO care in LMI countries ............................................................................................................. 159
Q. Patient oriented research approaches......................................................................................................... 160
R. Development and/or testing of outcome measures........................................................................................ 167
S. Other Value-based and person-centered cancer care.................................................................................... 172

## Author Index
SYMPOSIUM ABSTRACTS

S1 | Global Psycho-Oncology: Ensuring Equitable and Culturally Relevant Access in Low Middle Income Countries
Moderator: Melissa Henry
McGill University, Montreal, Canada

This talk will cover the importance of culturally relevant guidelines for low-middle income countries (LMIC) as part of person-centred care. First, it will advance psycho-oncology as part of the International Psycho-Oncology Society’s official relations with the World Health Organization, will situate psycho-oncology within WHO programmes and the United Nations 2016-2030 Sustainable Development Goals, and will present basic components of psycho-oncological care in current clinical practice guidelines. Second, it will present cultural competency as central to patient-centred care frameworks, as well as in guiding the process of adapting guidelines to optimize cancer prevention and care. Finally, it will present an example of how guidelines and training have been adapted to LMIC contexts within IPOS educational activities.

S1: 605 | Local is Global: Connecting psychosocial care for cancer patients through the Ubuntu philosophy
Christian Nkuzimira
African Center for Research on End-of-Life Care (ACREOL), Kigali, Rwanda

Background/rationale or Objectives/purpose: Ubuntu: “I am because we are” (also “I am because you are”), or “humanity towards others” Ubuntu values life, dignity, compassion, humanity, harmony and the reconciliation. The perception of death and dying in Rwanda has changed from the pre-colonial era to the post-colonial period. Previously considered a natural phenomenon and an accomplishment under certain social conditions, death became a source of fear after the introduction of modern religion. Today, patients with cancer and other life-limiting illness suffer in many ways. Cancer, in particular, has frightening meanings; it is stigmatized in the community; it often causes pain and other distressing symptoms; and effective end-of-life care is rarely accessible. Current models for advanced care planning and end-of-life care decision-making have grown out of the Euro-American clinical and cultural experience. Ignoring social context, cultural values and the perception of caregiving by patients and family members contributes to making cancer a “bad death”. It is important to create a locally based model based on the Afro-centric philosophy of Ubuntu, relevant and community-centered for end-of-life care that ensures the dignity and well-being of patients, family members and that is consistent with available resources, local care priorities and Rwandan values.

S1: 606 | Role of cultural factors in psychosocial care of cancer patients and their caregivers
Santosh Chaturvedi
National Institute of Mental Health & Neurosciences, Bangalore, India

Background/rationale or Objectives/purpose: Cultures vary across countries in terms of economic status, education and resources, as well as by sociocultural, traditional and family values, and religious or spiritual aspects pertaining to illness and health. Appropriate cultural adaptation to providing care are important to be effective for patients and their caregivers.

Methodology or Methods: A literature search was conducted to identify cultural factors affecting psychosocial care of cancer patients and their caregivers in India, which include beliefs about health and illness, societal values, integration of spiritual care, family roles, expectations concerning disclosure of cancer information, and rituals around death and dying.

Impact on practice or Results: It was noted that culture shapes beliefs about health, illness, death, and dying; expectations concerning disclosure of diagnosis and prognosis; family decision making roles; language; and perspectives concerning complementary and alternative medicine.

Discussion or Conclusions: These cultural factors have a direct impact on psychosocial aspects of cancer care. Health care providers must be attentive and responsive to cultural factors that shape worldview, values, and ethos.

This presentation will highlight the significance of cultural factors in psychosocial care of patients and their family caregivers.

S1: 607 | Challenges of psychosocial care in cancer patients during the pandemic in Peru. Access, adaptation and cultural perspective
Roxana Aguilar Velarde1, Lourdes Ruda Santolaria2
1National Association of Psycho-Oncology of Peru, Provincia de Lima, Peru
2ANPPe (National Psycho-Oncology Association of Peru), Provincia de Lima, Peru

Background/rationale or Objectives/purpose: Peru is both a multicultural and pluricultural country, this complexity requires adapted and inclusive psychosocial cancer care that positively impacts the mental health and coping mechanisms of cancer patients. Furthermore it favors a better integration of the patient into their cancer care system. Adapted and inclusive psychosocial cancer care is still a challenge in Peru, where cancer patients have with limited to no access to this important part of their care. Covid-19 pandemic highlighted the need to develop cultural adapted and inclusive psychosocial cancer care protocols.

Objectives: Identify cultural barriers associated to cancer care and coping mechanisms that limit the access, adaptation and integration of psychosocial cancer care.

Methodology or Methods: Review of secondary information including available covid 19 psychosocial care protocols and epidemiologic data from the Instituto Nacional Enfermedades Neoplasicas. Narrative analysis of short interviews with oncologists, psycho-oncologists, and patients.

Impact on practice or Results: - Cultural diversity, beliefs and customs influence cancer care and coping mechanisms. - Centralized cancer care model with limited care outside the capital, forces patients to seek medical attention outside their cultural references with a negative impact in their mental health and treatment adherence. - Covid 19 pandemic and the associated uncertainty strengthen the cultural references thus, prioritizing popular believes over medical explanation. - Lockdown negatively impacted cancer care, frail patients were isolated as a mean of care, thus negatively impacting both the patient and carer’s mental health. - Covid 19 pandemic had a negative mental health impact (anxiety, stress, panic) in cancer patients and health care providers (HCP) generating friction in the communication and difficulties in the interactions between patient-HCP and HCP-HCP.

Discussion or Conclusions: The patient and their families are their living culture. Cultural aspects give meaning to the disease, modulates coping mechanisms, influence the relationships with health care providers

Journal of Psychosocial Oncology Research and Practice (2022) 4:S1
and with therapy, and influence their attitude towards death. In Peru, adapted and inclusive psychosocial care is yet to be integrate universally in the patient’s treatment pathway. This was underlined during the COVID-19 pandemic: highlighting the gaps in the cancer care model. Adapted and inclusive psychosocial care is paramount and center to the patient treatment as it will enable cultural perspective during patient management facilitating communication with an overall positive effect in mental health.

**S2 | Depression, Anxiety, Health Behaviors and the Risk of Cancer Incidence: A Synthesis of Meta-analyses by the PSY-CA consortium**

**Moderator: Joost Dekker**

*Amsterdam University Medical Centers, Amsterdam, Netherlands*

Depression and anxiety have long been theorized to be related to increased risk of cancer incidence. Health behaviors such as smoking may further enhance depression and anxiety as risk factors for cancer incidence (interaction), and health behaviors may constitute the mechanism explaining the association between depression and anxiety and the risk of cancer incidence (mediation).

Previous meta-analyses of published findings yielded contradictory results, but are limited by a number of methodological shortcomings. Individual participant data (IPD) meta-analysis has a number of key advantages that can make conclusions more reliable. The Psychosocial Factors and Cancer Incidence (PSY-CA) consortium performed a series of pre-planned, two-stage, IPD meta-analyses on depression, anxiety, health behaviors and the risk of cancer incidence. Health behaviors included smoking, alcohol use, overweight, physical activity, sedentary behavior, sleep duration and sleep quality. The PSY-CA study spans fourteen cohorts in the Netherlands, the UK, Norway, and Canada (N = 330,914, person years = up to 2,965,539, cancer incidences = 26,590).

We present a synthesis of the meta-analyses performed by the PSY-CA consortium. Dr. van Tuijl presents on depression and anxiety as risk factors for cancer incidence. Dr. Basten presents on the interaction between depression, anxiety, and health behaviors and the risk of cancer incidence. Dr. Pan presents on mediation by health behaviors in the association between depression, anxiety, and the risk of cancer incidence. Dr. Dekker will lead an interactive discussion on these results.

These meta-analyses provide guidance on primary prevention of cancer, focusing on depression, anxiety, and health behaviors.

**S2: 26 | Depression and Anxiety and the Incidence of Cancer: A two-stage individual participant data meta-analysis of the direct association**

*Lonneke van Tuijl*

*University Medical Center Groningen, Groningen, Netherlands*

Background/rationale or Objectives/purpose: Over the last decades, it has been repeatedly suggested that depression and anxiety may increase the risk of cancer, through mechanisms such as mutation, DNA repair, neuroendocrine processes, or unhealthy behaviors. With individual participant data meta-analyses, we aimed to test whether depression and anxiety increase the risk for all cancers, smoking-related cancers, alcohol-related cancers, and cancer of the following sites: breast, lung, prostate, and colorectal.

Methodology or Methods: Individual participant data meta-analyses were performed with 14 studies in the PSY-CA consortium. At stage one, Cox regression models were fitted in each cohort for each predictor (depression diagnosis, depression symptoms, anxiety diagnosis, and anxiety symptoms) and cancer outcome (outlined above). Two models were tested: a minimally-adjusted model (correcting for sociodemographic covariates) and a maximally-adjusted model (additionally correcting for several health behaviors and relevant cancer-specific confounders). At stage two, effect estimates (from stage one) were entered into random-effects meta-analyses.

Impact on practice or Results: Depression and anxiety were associated with the incidence of lung cancer and smoking-related cancers in the minimally-adjusted models, both for diagnoses and symptoms. These associations weakened when adjusting for health-related behaviors such as smoking in the maximally-adjusted models. Depression and anxiety were not related to any other cancer outcome.

Discussion or Conclusions: Depression and anxiety are risk factors for lung cancer and smoking-related cancers, but these associations appear to weaken when adjusting for health-related behaviors such as smoking. Further research is necessary to test whether health-related behaviors interact or mediate the association between depression/anxiety and lung cancer/smoking-related cancers.

**S2: 28 | The mediational role of health behaviors in the association between depression and anxiety and the risk of cancer: An individual participant data meta-analysis**

*Kuan-Yu Pan*

*Amsterdam University Medical Center, VUMC, Amsterdam, Netherlands*

Background/rationale or Objectives/purpose: Although the behavioral mechanism underlying the association between depression, anxiety and cancer is highly plausible, studies that empirically investigated whether the association can be explained by health behaviors have been limited. We aimed to examine the mediation of health behaviors in the association between depression, anxiety and the risk of overall cancer, and breast, prostate, lung, colorectal, smoking-related and alcohol-related cancers.

Methodology or Methods: A two-stage individual participant data meta-analysis was performed based on 14 cohorts within the PSY-CA consortium that had a measure of depression or anxiety. Health behaviors included smoking, physical activity, alcohol use, overweight, sedentary behavior and sleep. In stage one, path-specific regression estimates and their variances and covariances were obtained in each cohort. In stage two, output from each cohort was pooled using random-effects multivariate meta-analysis, and natural direct, natural indirect and total effects were calculated based on the counterfactual mediation analysis.

Impact on practice or Results: Smoking mediated a large proportion, and low physical activity and sedentary behavior mediated a small proportion, respectively, of the total effects of depression and anxiety on lung and smoking-related cancers. Although total effects of depression and anxiety on incidence of overall cancer and other types of cancer were not significant, there seemed to be mediation of health behaviors, especially smoking, lung physical activity, alcohol use and overweight, taking place in the associations.

Discussion or Conclusions: Health behaviors, especially smoking, constitute prominent mediating pathways linking depression and anxiety to the risk of cancer. Promoting healthy behaviors is warranted for persons with depression or anxiety.

**S2: 29 | Depression and anxiety and their interaction with health behaviors in relation to cancer incidence: An individual participant data meta-analysis**

*Maartje Basten*

*Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, Netherlands*

Background/rationale or Objectives/purpose: Depression and anxiety are hypothesized to increase the risk of cancer. These pathways may interact with known risk factors, including smoking and alcohol use, leading to an increased combined risk among persons with depression/anxiety and unhealthy behavior. These groups may be target for preventive intervention. We aimed to study whether depression and anxiety interact with health behaviors in relation to cancer incidence.
Methodology or Methods: Individual participant data meta-analyses were performed based on 14 cohorts of the PSY-CA consortium. Stage one: In each cohort, Cox regression models were estimated for each predictor (depression diagnosis, depression symptoms, anxiety diagnosis, anxiety symptoms) in combination with each health behavior (smoking, alcohol use, physical activity, overweight), and each cancer outcome (all cancers, smoking-related, alcohol-related, breast, lung, prostate, colorectal). We tested independent effects of each predictor and health behavior on cancer incidence and subsequently added their product term to the model to test interaction. Stage two: Effect estimates from each cohort were entered into random-effects multivariate meta-analyses. Additive interaction was examined by calculating the relative excess risk due to interaction (RERI).

Impact on practice or Results: We found no evidence of interaction: there were no models showing an independent effect of both depression/anxiety and the health behavior on cancer incidence in combination with an additive interaction effect based on the RERI.

Discussion or Conclusions: This study suggests that depression and anxiety do not interact with smoking, alcohol use, physical activity or overweight in relation to cancer incidence.

S3 | Dyadic Adaptation to Cancer: Psycho-Biological Approaches for Optimal Cancer Care
Moderator: Youngmee Kim
University of Miami, Coral Gables, USA

Cancer is a disease in the body. Thus, biological manifestations of the presence and progression of the disease and recently its psychological correlates have been the foci in cancer research and care. Many unanswered yet significant questions remain, including whether the impact of cancer is observed in family caregivers’ biological markers and has cross-over effects between patients and their caregivers. This symposium addresses these inquiries from four different angles, examining different biological markers, additional key psychosocial, cultural, and medical factors across different cancers, different study designs and scientific disciplines, and diverse analytic approaches. One angle investigates the dyadic roles of depressive symptoms in circulating cytokines, showing greater influence of caregivers’ depressive symptoms in their patients’ inflammation. A second angle extends these findings to neuroendocrine markers and quantifying affect regulation in response to an experimentally induced stress to reveal differential cross-over effects between patients and caregivers. Another angle investigates a dyadic meditation intervention that increased the synchrony of diurnal cortisol rhythm between patients and their caregivers. Final angle brings cultural influence on couples’ dyadic coping dealing with breast cancer, identifying three themes using a qualitative method. Dr. Ferrer, in her discussion, highlights directions for future research and clinical practices as well as recommendations for investigating psycho-biological mechanisms of corregulatory processes of cancer experiences and to inform effective interventions for improving quality of life among cancer patients/survivors and their family caregivers, particularly during the era of pandemic that urges rapid adaptation for optimal cancer care for patients and caregivers worldwide.

S3: 10 | Dyadic Effects of Depression on Inflammation in Patients diagnosed with Cancer and their Family Caregivers

George Diamantis1, Youngmee Kim2, Yoram Vodovoz3, Michael Antone2, Jonas Johnson1, UPMC Hematology and Oncology Associates1, Dan Zandberg1, Marci Nilsen1, David A. Geller1, Jennifer L. Steel1
1University of Pittsburgh, Pittsburgh, USA. 2University of Miami, Miami, USA

Background/rationale or Objectives/purpose: Inflammation is associated with increased risk of disease progression in those diagnosed with cancer, and with cardiovascular disease in family caregivers. Prior work in co-regulation suggests that patients’ and caregivers’ mood may be interdependent. The aim of this study was to examine the role of one’s own depressive symptoms, and their partners’ depressive symptoms, on circulating cytokines among both partners.

Methodology or Methods: Patients diagnosed with cancer and their family caregivers were administered a battery of questionnaires that included the Center for Epidemiological Studies Survey-Depression Scale. Blood was also drawn and circulating cytokines were assessed in patients and caregivers. Actor Partner Interdependence Modeling was performed to test interdependence of mood and inflammation.

Impact on practice or Results: Of the 259 dyads, 43.4% of patients and 24.2% of caregivers were male. The mean age for patients was 66.5 (SD=9.5) and caregivers was 58.4 (SD=12.4). Thirty-seven percent of patients and 35.8% caregivers reported depressive symptoms in the clinical range. Age and gender were adjusted in all subsequent analyses. Patient depressive symptoms were positively associated with caregivers’ circulating IL-1b (p=0.026) and IL-2 (p=0.001). Caregivers’ depressive symptoms were significantly positively associated with their own circulating IL-6 (p<0.001), IL-1-a (p=0.002), and IL-1b (p<0.001) levels. Greater depressive symptoms reported by the caregiver were associated with elevations in patients’ circulating IL-1b (p=0.001). A trend was also observed in that the greater the patients’ depressive symptoms the higher the levels of circulating TNF-a observed in caregivers (p=0.06).

Discussion or Conclusions: The development of dyadic interventions to improve mood and reduce inflammation to health is recommended.

S3: 11 | Impact of Cognitively-Based Compassion Training on Synchrony of Diurnal Cortisol Rhythm Between Solid Tumor Cancer Survivors and Their Informal Caregivers

Thaddeus Pace1, Alla Sikorskii2, Sally Dodds1, Terry Badger1

1University of Arizona, Tucson, USA, 2Michigan State University, East Lansing, USA, 3Emory University, Atlanta, USA, 4University of Miami, Coral Gables, USA

Background/rationale or Objectives/purpose: QOL impairments experienced by survivors are interdependent with QOL of informal caregivers (i.e., family, close friends) and may involve stress-related biological pathways, including diurnal cortisol rhythm (i.e., higher in morning to lower in evening/DCR). Although interventions have been developed to improve survivors’ and caregivers’ QOL that leverage dyadic interdependence, whether interventions affect synchrony of DCR within dyads has not been explored. Here we tested the hypothesis that solid tumor survivor-caregiver dyads randomized to an established 8-week compassion meditation intervention (Cognitively-Based Compassion Training, CBCT) would exhibit increased within-dyad DCR synchrony after intervention versus dyads randomized to a control (health education, HE).

Methodology or Methods: Dyads (∼3 months post treatments with curative intent) (N=37) collected saliva in the home immediately upon waking and again in evening over 2 consecutive days before (T1), shortly after, and 1 month after interventions (T3). Differences in associations of DCR in CBCT versus HE were assessed using general linear models relating survivor cortisol to caregiver cortisol at each time point, study group [CBCT or HE], and caregiver cortisol by group interaction.
Impact on practice or Results: At T1 dyads randomized to CBCT and HE did not exhibit within-dyad association of DCR metrics (AM cortisol, PM cortisol, or cortisol slope). However, at T3 dyads randomized to CBCT showed within-dyad associations for PM cortisol ($r=.72, p=.01$) and cortisol slope ($r=-.62, p=.06$), but dyads randomized to HE did not, with $p$-value for the interaction $<.10$.

Discussion or Conclusions: These preliminary findings suggest compassion meditation may promote biological synchrony within survivor-caregiver dyads, which may have implications for improved well-being of survivors and caregivers.

S3: 12 | Dyadic Coping with Breast Cancer: Arab Breast Cancer Survivors’ and their Spouses’ Perspectives and Beliefs in a Cultural Context
Leila Laboudi1,2, Hadass Goldblatt1, Miri Cohen1, Faisal Azaiza1
1School of Social Work, Faculty of Social Welfare & Health Sciences, University of Haifa, Haifa, Israel, 2The Holy Family Hospital, Nazareth, Israel, 3Department of Nursing, Faculty of Social Welfare & Health Sciences, University of Haifa, Haifa, Israel

Background/rationale or Objectives/purpose: Breast cancer is often a couple-related matter, wherein each partner’s reactions and coping strategies affect the other partner and their mutual coping experience. The cultural context may affect dyadic coping, especially in traditional societies that often employ unique coping strategies. Israeli Arab society represents a cultural group in transition from collectivism to individualism that has not been previously studied in the context of dyadic coping. This study examined the dyadic coping experience among Arab couples with breast cancer—e.g., couples’ communication of stress, cultural, and religious beliefs regarding the illness and its implications.

Methodology or Methods: Participants were 20 dyads of Muslim and Christian Israeli Arab breast cancer survivors and their spouses. Data were collected using semi-structured in-depth interviews, which were analyzed via thematic analysis.

Impact on practice or Results: Three main themes were identified: (a) In Cancer We Meet Again: The Multidimensional Couple’s Management of Marital Life; (b) A Kaleidoscope in the Eyes of its Beholders: The Social Context of Coping with Breast Cancer; and (c) Living with the Sword of Damocles: The Bond with the Illness as a New Bond in Marriage. The findings generated an understanding of the unique experience of Arab couples coping with breast cancer, including the complex interaction of spouses’ personal, dyadic, cultural, and religious perceptions and beliefs.

Discussion or Conclusions: Understanding the cultural context of societies in cultural transition as shaping dyadic coping with breast cancer is essential for developing and implementing culturally sensitive psychosocial interventions with couples living with breast cancer.

S4: 539 | A review of International National Cancer Control Plans: The inclusion of psychosocial objectives for cancer survivors in the post-treatment phase
Louise Mullen @EastSq1, Christina Signorelli2, Paul Jacobsen1, Larissa Nekhlyudov4, Tania Estape1, Isaiah Gitonga3, Fuchsia Howard9, Carolyn Mazario6, Cristina Sade2, Michael Jefford10
1National Cancer Control Programme, Dublin, Ireland, 2School of Clinical Medicine UNSW, Sydney, Australia, 3Healthcare Delivery Research Programme, National Cancer Institute, Bethesda, USA, 4Dept. of Medicine, Brigham and Women’s Hospital, Harvard Medical School, Boston, USA, 5Psychosocial Oncology Department, FEFOC Foundation, Barcelona, Spain, 6School of Psychology, Maynooth University, Dublin, Ireland, 7School of Nursing, University of British Colombia, Vancouver, Canada, 8The Daffodil Centre, The University of Sydney, Woolloomooloo, Australia, 9Dept. of Psychiatry, Faculty of Medicine, University of Chile, Santiago, Chile, 10Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia

Background/rationale or Objectives/purpose: National Cancer Control Plans (NCCPs) are high level policy documents that describe the current state of cancer services in a particular health system and prioritise actions to be taken to improve cancer control activities. Prioritisation can lead to increased emphasis on development, implementation, and an increase in capacity and resources. The International Cancer Control Portal, maintained by the UICC (www. ICCP-portal.org), is the most up to date repository of national cancer control plans globally.

Methodology or Methods: In phase 1, a screening tool was developed to first establish if NCCPs included psycho-oncology and/or survivorship content. In phase 2 plans with psycho-oncology and survivorship content were reviewed for clear objectives and the domain and context in which the content was found recorded. Qualitative analysis was generated on the text extracted from plans. Several plans in languages other than English were reviewed by native speakers and translated to English for analysis.

Impact on practice or Results: We conducted phase 1 screening of the 237 international NCCPs available. Of these, psycho-oncology and/or survivorship content were identified in 94 plans ($n=62$, 66% in English). To date, relevant phase 2 data have been extracted from 31/94 plans. Few plans reference psycho-oncology across the cancer continuum or specifically in the post-treatment phase, and few clearly articulate goals to improve psycho-oncology care for cancer survivors.
Discussion or Conclusions: A significant proportion of plans do not contain clear objectives for psycho-oncology in the post-treatment period. The development of resource-stratified guidance could facilitate clear goals and objectives for survivorship and psych-oncology domains of care.

S4: 540 | An international survey of psychosocial care for cancer survivors: Exploring current practice, barriers, facilitators and examples of best practice

Christina Signorelli¹, Beverley Lim Hoeg², Peter Fisher³, Inbar Lekvorch², Sharon Manne⁴, Anne Miles⁵, Anna Singleton⁶, Luzia Travado⁷, Miyako Tsuchiya⁸, Michael Jefford⁹

¹Discipline of Paediatrics & Child Health, School of Clinical Medicine, UNSW Medicine & Health, Randwick Clinical Campus, UNSW, Sydney, Australia, ²Danish Cancer Society Research Center, Copenhagen, Denmark, ³University of Liverpool, Liverpool University Hospitals NHS Foundation Trust, Liverpool, United Kingdom, ⁴Faculty of Graduate Studies, Oronim Academic College of Education, Kiryat Tu’on, Israel, ⁵Robert Wood Johnson Medical School, Rutgers, State University of New Jersey, New Brunswick, USA, ⁶Department of Psychological Sciences, Birkbeck, University of London, London, United Kingdom, ⁷University of Sydney, Faculty of Medicine and Health, Engagement and Co-design Research Hub, Sydney, Australia, ⁸Champalimaud Clinical Center, Champalimaud Foundation, Lisbon, Portugal, ⁹Division of Healthcare Delivery, Survivorship and Policy Research Institute, Centre for Cancer Control, National Cancer Center, Tokyo, Japan, ¹⁰Australasian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia

Background or Rationale or Objectives/purpose: Cancer can have a substantial impact on survivors’ psychosocial health. Various models of survivorship care exist globally, although limited attention is typically given to cancer survivors’ psychosocial needs. This survey study aims to review international psychosocial care practices in the post-treatment phase, including among low and middle-income countries (LMICs) where data is lacking, despite the well-documented challenges.

Methodology or Methods: We are conducting an ongoing online survey of psycho-oncology health professionals and researchers internationally. We aim to understand global practices in the delivery of psychosocial care for cancer survivors, specifically: i) characterizing models of care in the post-treatment phase, at a national level, ii) identifying barriers and facilitators for the provision of psychosocial aspects of survivorship care, and iii) provide recommendations/examples of best practice that might be scaled and reproduced in different settings. We aim to collect data from at least 200 international psycho-oncology representatives. Targeted sampling measures will be applied to ensure representation from LMICs.

Impact on practice or Results: Data collection is estimated to be completed in June 2022 and we aim to present quantitative and qualitative data (e.g. best practice examples), including results stratified where appropriate (e.g. by low/high income countries, by paediatric/adolescent and adult cancers etc).

Discussion or Conclusions: These data will provide a unique resource for healthcare providers, researchers and policy makers in the development and implementation of future models of care that may improve the psychosocial outcomes of cancer survivors. The data may also be used to develop resource-stratified guidelines for the psychosocial care of cancer survivors.

S4: 541 | Developing resource-stratified guidelines for optimal delivery of psychosocial care for cancer survivors globally – a facilitated discussion

Larissa Nekhlyudov¹, Beverley Lim Hoeg², Chioma Asuzu³, Isabel Centeno³, Tania Estante⁴, Wendy WT Lam⁵, Louise Mullen⁶, Joanne Shaw⁷, Paul Jacobsen⁸, Michael Jefford⁹

¹Department of Medicine, Brigham and Women’s Hospital, Harvard Medical School, Boston, USA, ²Danish Cancer Society Research Center, Copenhagen, Denmark, ³Clinical Psychology Unit at University of Ibadan, Ibadan, Nigeria, ⁴Centro de Investigaciones en Ciencias, Artes y Humanidades, Monterrey, Mexico, ⁵Psychosocial Oncology Department, FEFOC Foundation, Barcelona, Spain, ⁶School of Public Health, LSK Faculty of Medicine Jockey Club Institute of Cancer Care, The University of Hong Kong, Hong Kong, China, ⁷National Cancer Control Programme, Dublin, Ireland, ⁸School of Psychology, The University of Sydney, Sydney, Australia, ⁹Healthcare Delivery Research Program, National Cancer Institute, Bethesda, USA, ¹⁰Australasian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia

Background or Rationale or Objectives/purpose: The development of resource-stratified guidelines is an essential step in the work towards optimizing psychosocial care for cancer survivors globally. The purpose of this third session of the symposium is to bring together participants from around the world and provide them with a structured forum to provide feedback and comments regarding the study results presented in Sessions 1 and 2. The ensuing discussion among global representatives is a critical step in putting the results of our review and survey into an international perspective, in order to facilitate real change.

Methodology or Methods: We will carry out a facilitated group discussion based on a semi-structured guide. If there are a large number of participants, we will start by carrying out a 20 minute discussion in smaller groups of 4-6 participants and end with a plenary discussion. Discussions will be minuted for the purposes of capturing important feedback and comments that may be disseminated to interested participants.

Impact on practice or Results: We expect that the group discussions will generate diverse ideas and identify next-steps for potential key stakeholders and policy-makers in the field of psycho-oncology who are working on developing guidelines involving the provision of psychosocial care – both at a national-level and international-level.

Discussion or Conclusions: Results from this session will be a valuable resource for stakeholders and policy-makers in the effort to identify areas for improvement to achieve optimal delivery of psychosocial care for cancer survivors. The discussion will be a critical step towards the development of resource-stratified guidelines for the psychosocial support of cancer survivors worldwide.

S5 | Survivorship Representation at IPOS World Congress Meetings: Abstract Review 2017-2021

Moderator: Kathy Ruble

Johns Hopkins University, Baltimore, USA

Purpose: This symposium will review findings from an audit of survivorship-focused presentations at the IPOS World Congress over a 4-year period (2017, 18, 19, 21).

Methods: A panel of three members of the IPOS Survivorship Special Interest Group (SIG) and one member of the early career SIG reviewed IPOS abstracts (n=1813 abstracts) and extracted data regarding first author country, and evidence of international collaboration, patient
Abstracts

population, cancer type, number of participants, topic and study design. Inter-rater reliability checks were completed.

Results: Survivorship abstracts represented 13-21% of abstracts per year. Nearly half (48%) of first authors were from Canada, United States, Australia or United Kingdom. There were international collaborations in 12-20% of abstracts/year. Few abstracts from low and middle-income countries. Adult age (68%) and breast cancer diagnosis (32%) were the most frequent population/diagnoses, while distress/anxiety/depression (24%) and quality of life (19%) were the most frequent topics. Observational studies (44%) were the most frequent study design; with 46(14%) interventional studies, and 13(4%) randomized controlled trials.

Conclusions: As the population of cancer survivors continue to grow it is important that the psycho-oncology community grows to meet their needs. The following symposium will focus on findings from this review that can help guide IPOS and the survivorship SIG to develop strategies to support the mission of promoting global excellence in psychosocial care for people affected by cancer.

Topics will include: 1. Representation of survivorship-focused work at IPOS. 2. Alignment with research priorities. 3. Special focus on childhood, adolescents and young adults.

S5: 217 | Adult cancer Survivorship Presentations at the IPOS World Congress: Abstract Review 2017-2021

Isaiah Gitonga1, Rebecca Maguire1, Deirdre Desmond1, Fiona Schulte2, Clifton Thornton1, Michael Jefford1, Kathy Ruble1

1Maynooth University, Maynooth, Ireland, 2University of Calgary, Calgary, Canada, 3Johns Hopkins University, Baltimore MD, USA, 4University of Melbourne, Melbourne, Australia

Background/rationale or Objectives/purpose: The aim of this study was to review the survivorship-focused presentations at the IPOS World Congress between 2017-2021, with a focus on adult cancer populations.

Methodology or Methods: A total of 1813 abstracts that included the term ‘survivor’ were reviewed by independent raters affiliated with the IPOS Survivorship Special Interest Group (SIG). Data regarding the first author’s country, evidence of international collaboration, patient population, cancer type, number of participants, study topic, and study design were extracted. Inter-rater reliability checks were completed.

Impact on practice or Results: 326 abstracts met the inclusion criteria. Nearly three-quarters (73%; n=238) of the included abstracts contained content specific to adult populations. The most addressed topics included distress/anxiety/depression (36.6%), quality of life (28.6%), and health behaviors (15.5%). Breast cancer was the most frequently studied adult cancer (46.2%). Nearly half (44.6%) of the abstracts originated from Canada (13.4%), the United States (13.1%), Australia (10.1%), and the UK (8%) with few studies (4.2%) from low and middle-income countries. There was evidence of international collaborations in just 14.3% of the abstracts. Observational study designs (47.5%) were the most frequent. 15.9% of the studies were interventional with 5% utilizing RCT designs.

Discussion or Conclusions: While a good proportion of abstracts covered a variety of study designs with the majority being observational (36.8% for pediatric and 48.9% for AYA). Pediatric and AYA abstracts focused primarily on: quality of life (QOL) (31.6%, 30.0%, respectively) and stress/anxiety/depression (27.3%, 31.9%, respectively). Abstracts related to fertility (2.6%, 14.6%), finances (0%, 2.2%) and school/work (10.5%, 11.1%) were less prevalent. Abstract authors resided in Canada (26.3% pediatric, 19.1% AYA), Australia (23.7% pediatric, 10.6% AYA) and the United States (2.6% pediatric, 21.3% AYA) with limited international collaborations (34.2% for pediatric and 9% for AYA).

Discussion or Conclusions: A minority of abstracts presented at IPOS are focused on pediatric and AYA survivorship despite the extensive burden of survivorship for these vulnerable populations. There is a paucity of research focused on pediatric and AYA survivors from low-middle income countries which may reflect more limited research occurring in these countries, or a lack of access to the IPOS World Congress.

S5: 544 | The International Psycho-Oncology Society and survivorship-focused research – reflecting on the past and planning for the future – a facilitated discussion

Michael Jefford

Department of Health Services Research, Peter MacCallum Cancer Centre, Melbourne, Australia. Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia. 3. Sir Peter MacCallum Department of Oncology, University of Melbourne, Melbourne, Australia

Background/rationale or Objectives/purpose: IPOS aims to foster international multidisciplinary communication and collaboration about clinical, educational and research issues. In sessions 1 and 2 we explored the survivorship landscape at IPOS World Congress and identified gaps in (1) research focus, (2) study design, (3) geographic representation. The purpose of this third session is to provide participants with a structured forum to offer feedback regarding the audit results. The ensuing discussion among global representatives will result in actionable steps to expand and focus survivorship work within IPOS to ensure more equitable representation and expanded scope of impact in the oncology community.

Methodology or Methods: We will carry out a facilitated group discussion based on a semi-structured guide to include the following areas:
• Reflect on any misalignment between current research and identified research priorities.
• Identify topics where there are opportunities for research collaboration.
• Highlight the need for, and develop strategies to ensure greater representation at World Congress from the broader IPOS membership. If there are a large number of participants, we will start by carrying out a 20 minute discussion in smaller groups of 4-6 participants and end with a plenary discussion. Discussions will be monitored by the presenters for the symposium for the purposes of capturing important feedback that will be disseminated to interested participants.

Impact on practice or Results: Results from this session will be a valuable resource for IPOS and the Survivorship SIG to ensure greater representation from the IPOS community at World Congress. It will help determine research strengths and priorities; and prioritise high quality research methods.

Discussion or Conclusions: Results from this session will be a valuable resource for IPOS and the Survivorship SIG to ensure greater representation from the IPOS community at World Congress.

S6 | The new science of “scanxiety”: what is it, how should we study it, and what can we do about it?
Moderator: Jose Custers
Radboud university medical center, Nijmegen, Netherlands

The term “scanxiety” was coined by a patient in 2011 to define the distress and anxiety associated with cancer-related imaging tests. Since then, ‘scanxiety’ has made its way into common vernacular for patients and clinicians alike. Yet, only recently has the psycho-oncology field moved towards the systematic study of scanxiety. For the first time on the international stage, this symposium will bring together novel research methods and clinical approaches to studying scanxiety and its impact on patients’ lives. Researchers from four countries will share findings and perspectives that elucidate the characteristics, assessment, and impact of scanxiety across several cancer populations.

First, Drs. Heathcote and Johnson will share results from two studies that employed smartphone-delivered ecological momentary assessment (EMA) protocols to capture the dynamic nature and correlates of scanxiety among different populations. Together, these results support the feasibility and validity of EMA methodology to capture the complex and time-varying nature of scanxiety across the surveillance trajectory. Next, Dr. Derry-Vick will present data from a mixed-methods study of Stage IV lung cancer patients awaiting routine scan results. Along with qualitative data to characterize scanxiety, this work will highlight how feedback (i.e., patient-preferred stress management strategies) is being utilized to adapt evidence-based interventions to reduce scanxiety.

Presentations from this symposium will strive to inform research directions, clinical care and interventions on scanxiety, with potential benefits for patients across the cancer spectrum.

S6: 315 | Advanced lung cancer patients’ scan-related anxiety: Levels, perceptions, and stress management preferences
Heather Derry-Vick1, Jessica Habne2, Ashish Saxena3, Nina Glesby4, Andrew Epstein5, Wendy G. Lichtenthal6, Holly G. Prigerson7
1Center for Discovery and Innovation, Hackensack Meridian Health, Nutley, NJ, USA, 2Washington University in St. Louis, St. Louis, MO, USA, 3Weill Cornell Medicine, New York, NY, USA, 4Smith College, Northampton, MA, USA, 5Memorial Sloan Kettering Cancer Center, New York, NY, USA

Background/rationale or Objectives/purpose: Awaiting results of routine cancer scans can be anxiety-provoking. We sought to describe advanced lung cancer patients’ scan-related anxiety (scanxiety) and stress management (SM) preferences, to inform adaptation of a SM program.

Methodology or Methods: Adults with Stage IV lung cancer who were receiving first-line treatment (n = 12; Mdn age 81 yrs, IQR = 70 to 86; 67% female; 75% white) rated anxiety at baseline and approximately one week before and after a scheduled scan results discussion. They also completed a semi-structured interview about scanxiety contributors and coping and gave feedback on selected SM strategies.

Impact on practice or Results: At baseline and 1 week before a scan results discussion, 33% and 36% had clinically-significant anxiety symptoms (scores ≥ 8) on the Hospital Anxiety and Depression Scale, and 50% and 58% had Distress Thermometer ratings ≥4, respectively. Problematic worry was less frequent (8% and 18% endorsing a screening item, respectively). In semi-structured interviews (n = 9), some participants described anxiety and other negative emotions; others reported they were not anxious while awaiting scans. Qualitative data revealed clinic- and system-level factors that contributed to stress. Along with ratings of SM strategies, participants described how knowing what to expect, interacting with clinicians, and using diverse ways of coping mitigated anxiety (ranging from acceptance-based coping to distraction to pleasant activities).

Discussion or Conclusions: These findings suggest there are intervention opportunities at multiple levels for easing scanxiety. Some (but not all) advanced lung cancer patients may benefit from psychosocial...
support while awaiting scan results. This presentation will highlight how stakeholder feedback is currently being utilized to adapt an evidence-based SM program.

S6: 318 | Assessing and characterizing cancer-related worry in the days before and after a routine cancer care appointment
Jillian Johnson, Joshua Smyth
The Pennsylvania State University, University Park, USA

Background/rationale or Objectives/purpose: Despite the importance of post-treatment cancer care on survival, research characterizing psychosocial processes in everyday life are coarse – often relying upon broad retrospective over extended periods of time. To provide more granular process data, this study used ecological momentary assessment (EMA) to repeatedly assess patient experiences in the days before and after a routine cancer care appointment.

Methodology or Methods: Adult cancer survivors (N\textasciitilde40; mean age\textasciitilde57; 93.1% women, 100% white) with diverse diagnoses scheduled to attend a routine cancer follow-up appointment were recruited. Participants were on average 3.5 years post-treatment (range 3 months to 21 years), 68% had breast cancer, and 51% reported a Stage I diagnosis. Participants completed EMA surveys 6 times per day (9am-9pm) for 2 weeks (1 week before and after their appointment) assessing cancer-related worry and the interference of worry with daily functioning.

Impact on practice or Results: In the days prior to an appointment, 15.6% of EMA responses included reports of cancer-related worry. Of those moments, nearly all (98.6%) included some degree of fear or anxiety and most (68.3%) were characterized as producing some degree of interference with daily living. In contrast, only 5% of moments evinced cancer-related worry following appointments, but were also characterized by some degree of fear or anxiety (96.9%) and interference with daily living (58.5%).

Discussion or Conclusions: The frequency and impact of worry prior to routine appointments underscores the importance of post-treatment psychosocial support, even years after treatment conclusion. Predictors of greater worry and how these data inform real-time digital health approaches to intervene on cancer-related psychosocial processes will be discussed.

S7 | Recent advances in screening for clinical fear of cancer recurrence: Moving from research to clinical practice
Moderator: Ben Smith
University of New South Wales (UNSW), Sydney, Australia

Research indicates fear of cancer recurrence (FCR) affects most people living with and beyond cancer to some degree, but the reported prevalence and risk factors for clinically significant FCR vary widely. Research to date has been hampered by limited consensus regarding characteristics of clinical FCR, heterogeneity in FCR assessment, and debate regarding appropriate clinical cut-offs for commonly used measures such as the Fear of Cancer Recurrence Inventory-Short Form (FCRI-SF). Uncertainty also remains regarding the best risk factors and screening tools to identify clinical FCR in routine care, with most existing FCR measures being too long to feasibly be incorporated into routine psychosocial screening. This symposium presents global data regarding the prevalence and risk factors for clinical FCR and new tools that can be used to better assess FCR in both research and clinical contexts. First, Yvonne Luigjes will present a systematic review and individual participant data meta-analyses of global FCRI-SF data from more than 11,000 participants on FCR prevalence and risk factors. Second, Esther Deuning-Smit will address the suitability of using an existing psychosocial screening tool, the distress thermometer and problem list, to screen for FCR in routine care. Finally, Lauriane Giguère will present three new tools that map on to recently agreed upon characteristics of clinical FCR for assessing FCR in research and practice. These findings will provide a comprehensive picture of the prevalence and risk factors for clinical FCR and suitable tools for assessing clinical FCR in future research and practice.

S7: 173 | What is the prevalence of fear of cancer recurrence in cancer survivors and patients? A systematic review and individual participant data meta-analysis
Yvonne Luigjes-Huizer1,2, Nina Tauber1, Marije van der Lee3,4, on behalf of the FCR prevalence advisory board and study group5
1Helen Dowling Institute, Bilthoven, Netherlands. 2Julius Centre for Health Sciences and Primary Care, University Medical Centre Utrecht, Utrecht, Netherlands. 3Aarhus University, Aarhus, Denmark. 4Tilburg University, Tilburg, Netherlands. 5

Background/rationale or Objectives/purpose: Although fear of cancer recurrence (FCR) has been labeled the most important unmet need for cancer survivors, insight on the worldwide prevalence of FCR and associated factors is limited. We present a comprehensive overview of the prevalence and severity of FCR for cancer patients and survivors and several subgroups. We also report associations between FCR and clinical and demographic characteristics.

Methodology or Methods: A systematic review and individual participant data (IPD) meta-analysis was performed. All studies using the shortened version of the Fear of Cancer Recurrence Inventory (FCRI-SF) in adult (\textasciitilde18 years) cancer patients and survivors were eligible for inclusion.

Impact on practice or Results: Based on the systematic review, data was requested from 90 unique studies. 46 studies with a total of 11,226 participants from 13 countries shared their data. Of these, 9,311 respondents could be included for the primary analyses. On the FCRI-SF (range 0-36), 58.8% of respondents scored \textasciitilde13, 45.1% scored \textasciitilde16 and 19.2% scored \textasciitilde22. The mean score was 14.8 (95%CI 13.7-16.0). Associations were found between FCR and age and gender, with younger respondents and women reporting more FCR. FCR was found for all cancer types, on all continents and for all periods since the cancer diagnosis.

Discussion or Conclusions: FCR affects a considerable number of cancer survivors and patients. It is therefore important that healthcare providers discuss this issue with their patients and provide treatment when needed. Further research is needed to investigate how best to prevent and treat FCR and to identify other factors associated with FCR.

S7: 201 | Development and validation of three measures for clinical fear of cancer recurrence (OCFR)’s one-item screener, self-report, and clinical interview
Lauriane Giguère1, Brittany Mutsaers2, Gerald Humphris2, Daniel Costa1, Gary Kogan1, Sophie Lebel1
1University of Ottawa, Ottawa, Canada, 2University of St Andrews, St Andrews, United Kingdom, 3Sydney University, Sydney, Australia

Background/rationale or Objectives/purpose: A recent Delphi study of experts identified criteria for clinical fear of recurrence (FCR): a) high levels of preoccupation, b) high levels of worry, c) that are persistent, d) along with hypervigilance and hypersensitivity to physical sensations that result in e) functional impairment. Existing measures do not adequately capture these features.
Methodology or Methods: Three new measures (one-item screener, self-report, and clinical interview) were developed to remedy this gap using expert panels. Two rounds of pilot testing were subsequently undertaken with \( n = 30 \) survivors. Participants rated the three measures following the EORTC’s recommendations for questionnaire development. From March-May 2022, the measures will be administered to 230 mixed cancer participants along with established instruments to investigate convergent, divergent, discriminant, and incremental validity. Exploratory factor analysis will be used to test the factor structure and item response theory will be applied to streamline the number of items on the self-report measure. A subset of 50 participants will be asked to complete the interview and ROC curve analysis will be used to establish cut-off scores. Inter-rater reliability will also be assessed. Another subset of 50 participants will complete the measures a second time 2 weeks later to explore test-retest reliability.

Impact on practice or Results: The pilot study indicates that items are clear, and representative of what patients would like to be asked and what their preoccupations are. Results from the validation study will be presented.

Discussion or Conclusions: These measures will allow healthcare professionals to assess the presence of clinical FCR and therefore improve services for survivors who struggle with FCR.

S7: 236 | Evaluating the suitability of the Distress Thermometer to screen for high fear of cancer recurrence

**Esther Deuning-Smit**, Rosella P.M.G. Hermens, Linda Kwakkenbos, José A.E. Custers, Judith B. Prins

1 Radboud university medical center, Radboud Institute for Health Sciences, Department of Medical Psychology, Nijmegen, Netherlands, 2 Department of IQ Healthcare, Radboud university medical center, Nijmegen, Netherlands, 3 Clinical Psychology, Radboud University, Nijmegen, Netherlands

Background/rationale or Objectives/purpose: While fear of cancer recurrence (FCR) is an important problem amongst cancer survivors, it is often not recognized by health professionals. One reason might be that available FCR-specific screening instruments may not be feasible to be completed in routine hospital-based follow-up care. The Distress Thermometer (DT) is a widely implemented screening tool assessing cancer-related distress, but its capacity to also screen for high levels of FCR is not known. This study evaluates the screening capacity of the DT and accompanying Problem List (PL), using the Cancer Worry Scale-6 (CWS-6) as a gold-standard measure.

Methodology or Methods: Combined data from two studies including 151 breast cancer and 109 colorectal cancer survivors were used. The screening capacity of 1) the DT score; 2) the PL emotional domain score; and 3) the ‘fears’ item in the PL was evaluated using ROC analyses, sensitivity and specificity.

Impact on practice or Results: ROC analyses showed poor screening performance of the DT score in discriminating between low and high FCR (AUC = .692 95% CI:0.62-0.76, P < 0.001). The screening capacity of the emotional domain score was fair (AUC = .778, 95% CI: 0.72-0.84, P < 0.001), but there was no optimal cut-off score with acceptable sensitivity and specificity. The fears item had low sensitivity (44%) and high specificity (94%).

Discussion or Conclusions: Based on our findings, the DT is not suitable to identify people with high FCR who may benefit from treatment. This underlines the importance of brief FCR-specific screening measures to support the implementation of FCR interventions.

S8: 417 | A dyadic approach to self-management support interventions: Key lessons learned and recommendations

**Sylvie Lambert** @sylviedlambert1,2, Lydia Ould Brahim1, Katya Loban3, Janet Ellis

1 McGill University, Montreal, Canada, 2 St. Mary’s Research Centre, Montreal, Canada, 3 University of Toronto, Toronto, Canada

Background/rationale or Objectives/purpose: Self-management interventions typically focus on patients despite the critical role played by family caregivers. Dyadic interventions, which encourages both patient and caregiver participation, show promise in being more efficacious than individually focused interventions. The goal of this presentation is to give key recommendations for the delivery of dyadic self-management interventions for patients and caregivers.

Methodology or Methods: Three qualitative studies and two pilots were conducted with patients with cancer and their caregivers using two dyadic self-management interventions: Coping-Together and TEMPO. Both interventions focused on translating the best evidence on self-management in a way that is accessible to dyads to use on a day-to-day basis. Data were collected using semi-structured interviews and/or surveys; main conclusions were synthesized to identify key lessons learned and recommendations for developing dyadic self-management intervention.

Impact on practice or Results: Dyads, across studies, supported a dyadic approach to self-management, which was described as simultaneously addressing each person’s self-management needs, their
interdependence, as well as relationship functioning. The importance of each self-management area varied across dyads. Aligned with this, dyads highly valued being able to tailor interventions based on a needs assessment. Beyond specific content on self-management strategies, dyads found the introduction of generic self-regulatory skills (e.g., goal setting, self-monitoring) most useful, and appreciated the flexibility of addressing not only dyadic goals, but also individual ones. Perceived benefits from dyadic self-management interventions were often different for patients and caregivers.

Discussion or Conclusions: Dyadic self-management interventions can optimize both patients’ and caregivers’ outcomes; however, delivery must balance individual and dyadic needs and harness the relationship to enhance learning.

S8: 241 | What is the state of the science on self-management support for cancer survivors?

Cuthbert Colleen @DrCCuthbert1, Doris Howell2, Kristen Haase3, Sylvie Lambert4
1University of Calgary, Calgary, Canada, 2University Health Network, Toronto, Canada, 3University of British Columbia, Vancouver, Canada, 4McGill University, Montreal, Canada

Background/rationale or Objectives/purpose: Self-management support has been proposed as a strategy to help cancer patients optimize their health and well-being in the post treatment period (survivorship). The objective of this presentation is to summarize the current evidence with respect to self-management support for cancer survivors.

Methodology or Methods: In this presentation, a critical examination of the current evidence for self-management support for cancer survivors will be presented. Specifically, this presentation will highlight the commonly measured outcomes, the theoretical frameworks and psychoeducational contents, and the effectiveness of self-management interventions from the published research. Gaps in knowledge and future directions will be discussed.

Impact on practice or Results: Reviews have shown a bias toward breast cancer patients as participants in most self-management interventions delivered during the survivorship phase. In addition, there has been variable integration of theory, and heterogenous combinations of psychoeducational components into self-management interventions. A wide variety of outcomes have been measured across interventions and the evidence to support the effectiveness of self-management to support cancer survivors is mixed.

Discussion or Conclusions: With the global uptake of self-management support as a strategy to improve outcomes for cancer survivors, it is crucial to continue to develop the evidence base. In order to bridge the evidence to practice gap and ensure wide scale implementation into clinical practice the following limitations should be addressed. More rigorous design of these interventions following established frameworks and theories needs to occur. Patient partners, during development and evaluation phase, should be included. Finally, consensus on the short and long-term outcomes that are being measured should be established.

S8: 504 | Self-management for older adults with cancer: State of the science and future directions

Kristen Haase
University of British Columbia, Vancouver, Canada

Background/rationale or Objectives/purpose: Older adults make up the greatest proportion of individuals diagnosed with cancer globally, the majority of whom live with multimorbidity. Older adults with cancer may also experience functional decline, frailty or pre-frailty, and cognitive changes. The purpose of this presentation is to discuss the nuances of self-management experiences of older adults and their caregivers, discuss interventions available to support them, and share directions for future work.

Methodology or Methods: A synthesis of past and ongoing research using qualitative, mixed methods, and knowledge synthesis methods will be presented.

Impact on practice or Results: A growing body of literature characterizes the strengths and challenges older adults’ experience when engaging in self-management in cancer care. Challenges have surfaced related to managing cancer within the context of multimorbidity, aging, and resource-restricted health systems. Older adults also report the strengths of managing existing chronic illness, support of multidisciplinary teams, and caregivers. Few interventions have been developed to support the distinct self-management needs of older adults with cancer—although early work in this area holds promise for multi-modal interventions for both older adults and their caregivers.

Discussion or Conclusions: Building on the growing body of evidence about the experiences of older adults with cancer, interventions tailored to older adults are needed. Working with both older adults and decision makers to co-create self-management interventions will be essential to their future uptake. Increasing use of digital/virtual health solutions during the pandemic may hold promise for increasing uptake of digital self-management interventions with this population.

S9 | Engaging Patients as Partners to Improve Psycho-Oncology Research and Practice

Moderators: Fiona Schulte
University of Calgary, Calgary, Canada
Victoria Forster
The Hospital for Sick Children, Toronto, Canada

The international patient engagement (PE) movement is one of the most important recent advancements in health research. PE represents a fundamental paradigm shift in how research is conducted, moving beyond involving patients as research participants to engagement as expert members of a research team. In the context of PE, the term “patient” refers to any individual with lived experience of a health issue (past or present), including caregivers. Arguments for PE are compelling; evidence suggests that PE leads to enhanced research quality, more effective participant recruitment, better uptake of research findings, and improved clinical practice. However, there are barriers to the uptake of PE for both researchers and patients including challenges with identifying appropriate partnerships, uncertainty about the scope and value, and perceived lack of support from research teams and organizations. In this symposium, a panel of speakers will provide an overview of successes, challenges, and opportunities related to PE for improved psycho-oncology research and its implications for practice. This symposium draws on multiple perspectives (e.g., trainee, principal investigator, patient partners) to describe best practices in PE across contexts (e.g., in trainee- and principal investigator-led research, and in organizational research governance). A roadmap of opportunities for PE across the research continuum (e.g., research planning, conduct, governance, and knowledge translation) will be shared. Speakers will describe common challenges encountered and will offer recommendations for preventing and mitigating these difficulties. Special considerations related to incorporating diverse patient partner voices in research (e.g., patient partner language, age and ability) will be discussed.
S9: 405 | Lessons Learned in Patient Engagement in Psychosocial Oncology and Supportive Care Research: A Conversation between a Patient Partner and Principal Investigator

Lynn Gauthier @Doc_Peper1,2, Maxime Bouchard3
1Université Laval, Québec, Canada, 2Research Centre of the CHU de Québec-Université Laval, Oncology Division, Québec, Canada, 3Patient Partner, Québec, Canada

Background/rationale or Objectives/purpose: People with lived experience of cancer have a vital role to play as fully engaged members of research teams, to ensure that knowledge gained is directly relevant to people living with the psychosocial impacts of cancer and its treatment. However, support and resources encouraging patient partner-investigator collaboration is lacking. This presentation will describe the collaboration of a patient partner and a principal investigator within a research program aiming to improve the multimodal management of cancer pain.

Methodology or Methods: Co-presenters Maxime Bouchard and Lynn Gauthier will engage in conversation about their individual and shared experiences during their initial collaboration on a knowledge dissemination and research planning initiative to elucidate the implications of the opioid crisis on cancer pain management and develop a future research agenda to optimize pain management amidst the crisis. Their conversation will trace the evolution of their collaboration to co-production and active collaboration on new research projects.

Impact on practice or Results: Two projects will be discussed as case studies. Findings from the knowledge dissemination and research planning initiative and a separate study to improve the measurement of cancer treatment-related pain will be presented. Unique aspects of collaborating and transferring knowledge in French and English will be discussed. Challenges at the patient-partner, investigator, institutional, funding body, and professional association/society levels, and strategies to address these challenges, will be highlighted.

Discussion or Conclusions: Opportunities to enhance the ecological validity of research emerging from this program, lessons learned, and best practices from the perspectives of a patient partner and investigator will be presented.

S9: 406 | Harnessing the Potential of Patient Engagement in Trainee-Led Psycho-Oncology Research

Perri Tutelman @PerriTutelman2, Maya Stern @MayaAStern2, Christine Chambers @DrCChambers1
1Dalhousie University, Halifax, Canada, 2Patient Partner, Toronto, Canada

Background/rationale or Objectives/purpose: Interest in patient engagement in research is growing rapidly. While research trainees play a fundamental role in knowledge generation and dissemination, there has been very little discussion about the engagement of patients in trainee-led research. This is despite the fact that patient engagement in this context can present unique opportunities and challenges. Drawing on a program of doctoral research in pediatric psycho-oncology as a case study, this presentation will discuss the process of patient engagement in trainee-led research, including successes, challenges, and lessons learned.

Methodology or Methods: This presentation will be co-delivered by a doctoral trainee and childhood cancer survivor who partnered on a series of psychosocial oncology studies over a 4 year period. Examples where engagement improved the relevance, quality, and efficiency of research will be described. Obstacles that were encountered and how they were navigated will be shared from the trainee and patient perspective.

Impact on practice or Results: Opportunities for patient engagement spanned from project development, to grant writing, data collection and interpretation, and knowledge dissemination and varied based on study design (e.g., qualitative, experimental, questionnaire-based). The engagement approach evolved over time to reduce tokenism and optimize the meaningfulness of the partnership. Common patient engagement issues including compensation, authorship, timelines, and power dynamics present uniquely for trainees and require special consideration.

Discussion or Conclusions: Psycho-oncology trainees can harness the power of patient engagement to identify research questions and enhance the efficiency and quality of their research. Unique considerations for engagement in this context must be considered. Recommendations for best practice will be shared.

S9: 408 | The Role of Patient Partners in Ovarian Cancer Canada’s OvCAN Research Initiative

Donna Pepin
Ovarian Cancer Canada, Toronto, Canada

Background/rationale or Objectives/purpose: Advancements in cancer research are contingent upon sustained investment of research funds. However, public funds are finite and competition is strong. People living with cancer offer a unique perspective to funding organizations to accelerate the urgency for funding and to optimize the clinical relevance of research. This presentation will describe the role of patient partners in establishing and governing the Ovarian Cancer Canada OvCAN research initiative to advance survival and quality-of-life for individuals with ovarian cancer.

Methodology or Methods: As a patient advocate with Ovarian Cancer Canada, Ms. Pepin, along with other advocates, lobbied the provincial and federal governments to invest in ovarian cancer research. In 2019, their efforts culminated in the Canadian Federal Government awarding a first-ever, 5-year $10 million investment to Ovarian Cancer Canada for the OvCAN research initiative. OvCAN disseminates funds to scientists for ovarian cancer basic and pre-clinical research and clinical trials across 3 priority areas.

Impact on practice or Results: Patient partners were instrumental in the creation of OvCAN and are actively engaged throughout its governance and research operations. The evolving role of patient partners in OvCAN, including as members of the organization’s governing council, grant review panels, and funded research teams will be described. Experiences regarding approaches to integrate patient lived experience into OvCAN’s activities will be shared, including successes, challenges, and future directions.

Discussion or Conclusions: Patients played a crucial role in securing funds to establish OvCAN and remain engaged with overseeing the provision of research. Recommendations for best practices for the organizational engagement of patient partners will be discussed.

S10 | Cancer care for people with significant mental health difficulties: The 30-Year Mortality Gap Project

Moderator: Louise Mullen
National Cancer Control Programme, Dublin, Ireland

People with significant mental health difficulties have an equivalent incidence of cancer as the general population but a higher cancer mortality rate, which contributes to a 15-30yr gap in life expectancy. There is some evidence of later stage at diagnosis and poorer access to physical healthcare than for the population as a whole. Patient, clinician and systems factors contribute to inequities in cancer outcomes for people with...
significant mental health difficulties. Person-centered collaboration demonstrates promise to decrease barriers to care and improve cancer outcomes.

In this symposium, we will share an international perspective on designing care delivery models for this marginalised population. We plan to present research findings, share examples of best practices, and present ideas about how to implement and adapt this model for individuals with significant mental health difficulties and cancer.

To achieve these aims, the objectives of this session are to:
1. Describe the barriers and facilitators to accessing cancer care for people with significant mental health difficulties drawing from a qualitative review, narrative synthesis and patient and caregiver interviews. 2. Describe a current randomized trial of person-centered collaborative care for serious mental illness and cancer and upcoming trial examining how to modify the tumour board to increase the reach of cancer and mental health expertise to underserved communities. 3. Explore the views of cancer healthcare professionals providing care for people with significant mental health difficulty. Understanding practices, challenges, and barriers and facilitators to providing healthcare for this cohort. Present a project designed to address this challenge.

S10: 537 | Cancer care for people with significant mental health difficulties: A qualitative review and narrative synthesis and an exploration of patients’ experiences of the barriers and facilitators to accessing care
Dorothy Leahy1, Alanna Donnelly1, Kelly Irwin2, Louise Mullon1, Paul D’Alton1
1University College Dublin, Dublin, Ireland, 2Harvard Medical School, Boston, USA.

Background/rationale or Objectives/purpose: Inequalities in cancer care contribute to higher rates of cancer mortality for individuals with significant mental health difficulties (SMHD) compared to the general population. The main aim of the qualitative review was to identify and synthesise previous qualitative literature regarding the key barriers and facilitators to accessing cancer care for people with SMHD. A qualitative study explored the experiences of accessing cancer care from the perspectives of patients with SMHD.

Methodology or Methods: (1) A systematic search across five databases was conducted in January 2021 followed by a narrative synthesis of eligible studies (2) interviews with patients with SMHD from hospital settings across Ireland, based on their experiences of accessing cancer care were analysed thematically.

Impact on practice or Results: Key findings from the qualitative review and the qualitative study with patients highlighted similar barriers to accessing cancer care for individuals with SMHD including: stigmatising attitudes from staff towards individuals with SMHD and system barriers resulting from limited resources and the fragmentation of mental health and cancer care delivery across healthcare sectors. Key patient facilitators to accessing cancer care included: being connected with mental health services, providing opportunities to address mental health and physical health needs across both psychiatric and oncology settings and a stronger collaboration among healthcare professionals working across different sectors.

Discussion or Conclusions: Findings from the narrative synthesis and patient perspectives provides qualitative evidence on the importance of addressing issues around stigma and facilitating timely integrated mental health and cancer care for individuals with SMHD.

S10: 538 | Views of cancer healthcare professionals providing care for people with significant mental health difficulty
Paul D’Alton, Rachel O’Meara, Sean Langford, Zoe McDonnell, Ann Nazum, Varsha Eswara Murthy, Fiona Craddock, Clodagh Cogley, Derval McCormack
UCD, Dublin, Ireland

Background/rationale or Objectives/purpose: Despite similar rates in cancer morbidity, patients with comorbid significant mental health difficulties (SMHD) experience higher mortality rates. Little is known about how to improve cancer outcomes for patients with SMHD. The aim of this research is to explore the views of cancer healthcare professionals who provide cancer care to individuals with SMHD in Ireland.

Methodology or Methods: Semi-structured interviews were conducted with healthcare professionals (n = 28) providing care to people with SMHD and cancer. This included oncology and psychiatry consultants (n = 10); clinical nurse specialists (n = 8); clinical psychologists (n = 6); and medical social workers (n = 4). Data were analysed using thematic analysis.

Impact on practice or Results: Four overarching themes were generated from the data highlighting the challenges associated with healthcare provision for this cohort. The themes were: Fragmentation of Care, Healthcare Providers’ Understanding of SMHD, Complex Nature of Presentation, and Specialised Care Needs.

Discussion or Conclusions: The findings contribute to advancing our understanding of cancer care provision for patients with SMHD. They identify important barriers and facilitators to cancer care provision for this population from the perspective of healthcare professionals in Ireland. These findings will help to shape future research and contribute to improving the quality-of-care for people with SMHD and cancer.

S10: 543 | Person-centered collaborative care for individuals with significant mental health difficulties: Lessons learned from a randomized trial
Kelly Irwin
Massachusetts General Hospital Cancer Center, Boston, USA.
Harvard Medical School, Boston, USA

Background/rationale or Objectives/purpose: Individuals with mental health disorders experience increased cancer mortality and lack adequate access to cancer and mental health care. Despite the urgent need for innovative approaches, this marginalized population has been systematically excluded from clinical trials.

Methodology or Methods: We utilized community-based participatory research principles to adapt the person-centered collaborative care model for individuals with mental health difficulties (schizophrenia, bipolar disorder, and severe major depression) and a recent cancer diagnosis. Formulated by the Conceptual Framework for Implementation Research and exit interviews with patients, caregivers, and clinicians, we designed a pragmatic randomized trial investigating the impact of person-centered collaborative care on cancer care and patients with mental health difficulties and their caregivers. We share lessons learned to inform inclusive trial design and dissemination of the model outside of the academic cancer center. We also discuss adaptation of trial procedures during the covid-19 pandemic to engage a marginalized population with decreased access to technology.

Impact on practice or Results: Patient, caregiver, and clinician stakeholders emphasized the importance of proactive involvement of the mental health team and a team-based approach to care to decrease burden for patients and caregivers and bridge fragmented care systems. Key
strategies to design for equity included engaging a stakeholder board with patient and caregiver representation, utilizing a population-based registry to identify patents at the time of cancer diagnosis, partnering with champions at community mental health organizations, and designing inclusion criteria to promote generalizability. We utilized a verbal consent process administered by study clinicians to build understanding of the risks and benefits of the trial using concrete language, repetition and engagement of trusted allies that could be conducted remotely. The research team assessed preferences and access to technology, offered choices when possible, linked assessments to oncology appointments, and maintained connection with participants through phone, text, and videoconference. The model has also been adapted to settings that lack access to in-person psychiatry consultation.

Discussion or Conclusions: Individuals with significant mental health difficulties and a recent cancer diagnosis were able to be identified and enrolled in a randomized collaborative care trial. Pragmatic designs and investment in academic-community partnerships are promising approaches to increase the reach of psycho-oncology research for marginalized populations.

S11 | Practice of Psycho-Oncology in Latin America During the COVID Pandemic
Moderator: Rosario Costas-Muniz
Memorial Sloan Kettering Cancer Center, New York, USA

The coronavirus pandemic has had a significant impact in the practice of psycho-oncology worldwide. Little is known about the practice of psycho-oncology with Latinos around the world (Latin America, Spain and US). Examining access and receipt of psychosocial services among Latino patients, changes of practice after the pandemic, uptake of telehealth care, and the impact on the well-being of providers is critical to improving care for Latino patients. In this symposium, three speakers will present data about challenges and opportunities after the pandemic. The three studies were supported by the FIPO-Latino network. FIPO-Latino is an international collaboration, founded in 2017, aiming to connect Spanish/Portuguese-speaking clinicians and researchers interested in psychosocial oncology, behavioral medicine, supportive and palliative care from Latin America, the US, and Spain.

The first speaker will present a qualitative study with mental health providers (from Latin America, Spain and US) of Latino cancer patients documenting the opportunities and challenges of the use of telehealth with Latino cancer patients. The second speaker will present data about well-being and compassion fatigue of health providers of Latino cancer patients. The third presentation will be about a Delphi study focused on developing and refining recommendations for the use of telehealth in psycho-oncology for Latin America. These unique studies have diverse samples from Latin America, Spain and US, and use different methodologies/designs (quantitative, qualitative, Delphi study). The discussant will consider the implications for clinical practice and research priorities, highlighting the unique needs, challenges and opportunities during and after the pandemic.

S11: 444 | Recommendations for the Use of Telehealth in Psycho-Oncology for Latin America: A Delphi Study
Cristina Peña-Vargas1, Jazmin Hernandez2, Rosario Costas-Muniz2, Lourdes Ruda3, Cristina Bergerot2, Oscar Galindo-Vazquez2, Maria Montana2, Normarie Torres-Blasco2, Loida Esenarro-Valencia2, Jose Carlos Sanchez-Ramirez2, Tania Estape2
1Ponce Health Sciences University, Ponce, Puerto Rico. 2

Background/rationale or Objectives/purpose: The objective of this study was to adapt existing telehealth standards for the Latin American cancer population with the purpose of establishing appropriate culturally sensitive guidelines for the use of telehealth in psycho-oncology.

Methodology or Methods: A modified Delphi approach was undertaken, conducting two rounds of online questionnaires followed by a face-to-face workshop. A total of 24 mental health professionals from Latin American 9 countries participated. Factors not achieving agreement were iteratively developed between the two rounds of inquiry. Qualitative responses were discussed until consensus was reached about needed modifications.

Impact on practice or Results: The professionals provided feedback concerning redaction, format, and the use of culturally sensitive words. The guidelines’ structure included its definition, justification, and application. The six standards included are: 1) Standard of care in the...
provision of telehealth services, 2) Competence of the professional, 3) Informed consent, 4) Confidentiality: security, transmission and elimination of data, information and/or accounts, 5) Testing, evaluation, and intervention strategies, 6) Interjurisdictional practice. The original order of standard 1 and 2 was switched, and standards 4, 5, and 6 were integrated into one. Three appendices were included to provide informative resources: 1) technical recommendations, 2) examples of informed consent, and 3) resources list.

Discussion or Conclusions: These guidelines for the use of telehealth informed by feedback of mental health professionals, are a needed tool for mental health care of Latino cancer patients and will allow a guide in decision-making for an accessible and affordable implementation. The dissemination of telehealth guidelines will allow for better implementation of telehealth in the Latino population.

S11: 449 | Compassion fatigue, anxiety and depression among Latinx cancer healthcare providers
Normarie Torres-Blasco1, Maria F. Montana2, Ramon Negron3, Rosario Costas-Mumuz2, Elda Castro-Figueroa2, Cristina Peña-Vargas2, Loida Esenarro-Valencia2, Louredes Ruda2, Oscar Galindo-Vazquez2, Cristiane Bergeron2, Jose C. Sanchez-Ramirez2, Tania Estape3
1Ponce Health Sciences University, Ponce, Puerto Rico. 2, 3USA

Background/rationale or Objectives/purpose: During the initial COVID-19 outbreak, organizational changes were required to ensure adequate staffing in healthcare facilities. The extent to which organizational changes impacted the mental wellbeing of Latinx formal cancer healthcare providers remains unexplored. We describe three work-related stressors (access to protective equipment, changes in job functions, and patient prioritization decision-making) and mental health outcomes (depression symptoms, psychological distress, compassion fatigue, and fear of infection) in a sample of Latinx formal cancer healthcare providers.

Methodology or Methods: We conducted a cross-sectional study of Latinx formal cancer providers from Latin America, US, and Spain between February and December 2021. An online survey measured sociodemographic characteristics, work-related stressors, fear of infection, and mental health outcomes (depression [PHQ-2], anxiety [GAD-2], and Compassion Satisfaction and Fatigue Subscales– Version IV).

Impact on practice or Results: We recruited 191 Latinx formal cancer providers. Forty-four percent screened positive for anxiety, 34% for depression, and 99.5% for compassion fatigue (sub-scales: 100% burnout, 75.9% high trauma and no compassion satisfaction 67.4%). Respondents reported being more afraid of infecting their loved ones than getting infected themselves. All work-related stressors were associated with fear of infecting family members and caretaking of their children.

Discussion or Conclusions: Latinx formal cancer healthcare providers reported higher levels of depression symptoms, psychological distress, compassion fatigue, and fear of infection during COVID-19 outbreak. Implementing multilevel interventions to enhance the wellbeing of Latinx formal cancer providers in response to the COVID-19 pandemic is warranted. Other contextual needs (access to equipment, work uncertainty, appropriate workforce) that might impact their well-being need to be explored.

S12 | Reimagining survivorship care for Adolescent and Young Adults: A psychosocial approach that destigmatizes distress and emphasizes well-being in early posttreatment
Moderator: Giselle Perez
Massachusetts General Hospital, Boston, USA

Survivors of cancers diagnosed during adolescence and young adulthood (AYA) represent a unique group of survivors who are vulnerable to experiencing chronic stress and poorer health outcomes. A cancer diagnosis during adolescence and young adulthood derails critical physical and socio-emotional development. These changes become prominent after treatment ends, when AYAs are forced to grapple with a “new normal” while having limited resources to manage these challenges. Unsurprisingly, 1 of every 3 AYAs experience elevated distress; yet, psychosocial care remains an unmet need. This symposium will highlight our efforts to revolutionize the conceptualization of survivorship care by proactively introducing approaches that enhance well-being in early posttreatment. Presenters will discuss posttreatment needs and solutions for engaging AYAs in psychosocial care. Giselle Perez, Ph.D., a psychologist and researcher, will present her NCI-funded trial which introduced a mind-body intervention early posttreatment to facilitate AYA’s transition into posttreatment survivorship. She will highlight qualitative feedback and explain how these data informed her approach and intervention adaptations. She will conclude by summarizing findings and lessons learned. Ashley Camara, a study participant, will infuse the patient perspective by sharing her lived experience as a Latinx AYA. She will summarize challenges with accessing psychological support and highlight her motivation to participate in the NCI-funded trial. Her presentation will communicate critical decision-making points, intervention likes/dislikes, and strategies for optimizing AYA engagement in trials.

S12: 501 | The patient participant perspective of a mind body intervention for AYA survivors
Ashley Camara

Background/rationale or Objectives/purpose: Ashley is a 28-year-old Latinx-American cancer survivor diagnosed with Myelodysplastic Syndrome (MDS) at age 22. Diagnosed with MDS shortly after her brother passed away from the same disease, her experience with cancer has been prominent and challenging throughout her life.

Methodology or Methods: Ashley often sought resources to help manage the stressors of living through cancer, both as a survivor and a sibling. While attending a conference in 2019, she came across a Survivor-Researcher who designed a program to help young adolescents cope with life after treatment. This sparked her interest, especially because this program would provide her with the opportunity to meet other AYAs while learning stress management skills applicable to everyday life.

Impact on practice or Results: In her presentation, Ashley will describe her perspective as an AYA, how she came to join Dr. Perez’s mind-body program, lessons learned from participating in a research study, and how those lessons continue to impact her today. By sharing her perspective as an AYA, Ashley seeks to help researchers and clinicians understand how to engage and help AYAs overcome their ambivalence to participating in trials.

Discussion or Conclusions: Ashley continues to use techniques learned through the program to improve her wellbeing. After her positive experience with the study, Ashley joined Dr. Perez’s AYA stakeholder group to maintain connected to AYAs and to support research endeavors. The SMART-3RP has continued to have a positive impact on Ashley’s life, and seeks to use her experiences to inform future research endeavors seeking to help AYAs find healthy ways to resume their life after cancer.
S12: 505 | What do I do now? Challenges and solutions to helping Adolescent and Young Adult Survivors adjust to life after cancer treatment

Giselle Perez @DrGKPerez1,2, Emma Siefring3
1Massachusetts General Hospital, Boston, USA. 2Harvard Medical School, Boston, USA

Background/rationale or Objectives/purpose: Adolescent and young adult survivors (AYAs) experience poor quality of life after cancer treatment. Mind-body programs introduced early posttreatment can ameliorate the adverse psychosocial and physiological effects of stress by helping AYAs navigate the challenges of early survivorship. Yet, few interventions target this sensitive period. This presentation will discuss our efforts to design and test a virtual, 8-week mind-body group program (SMART-3RP) to facilitate AYAs’ adjustment to posttreatment survivorship.

Methodology or Methods: Using an iterative intervention development approach consisting of 1) in-depth AYA interviews (n = 18), 2) an open-pilot (n = 6), and 3) patient/stakeholder input, we adapted and assessed the feasibility of the SMART-3RP in a randomized waitlist control trial. Eligible AYAs were aged 16-29 and within 5 years posttreatment. Outcomes were collected at 3- and 6-months.

Impact on practice or Results: Qualitative findings confirmed challenges with the posttreatment re-entry period. Identified intervention targets included 1) coping with uncertainty, 2) navigating social relationships, and 3) identity re-integration. Using a multi-modal recruitment approach consisting of social media, clinician referral, and direct-to-community outreach, we enrolled a diverse cohort of AYAs from around the world. 66% (72/109) enrolled; 91.4% initiated the program; 78.6% completed 6/8 sessions; and 90% completed post-intervention surveys.

Discussion or Conclusions: Qualitative and RCT findings suggest that a mind-body program introduced in early posttreatment is feasible, relevant and can improve adjustment to life after cancer. We will discuss lessons learned with engaging AYAs in a group-based intervention that straddled multiple time zones. Discussion will review next steps and summarize exploratory outcomes, including coping, resiliency, tolerance of uncertainty, and distress.

S12: 510 | Mindful Self Compassion: An overview and its use for researchers, clinicians, and adolescent young adult cancer survivors

Amelia Coffaro @ameliaacoffaro
Ascension Columbia St. Mary’s Hospital, Milwaukee

Background/rationale or Objectives/purpose: Amelia Coffaro is a yoga therapist working with individuals across the cancer continuum. Diagnosed with breast cancer at age 27, Amelia integrated mind-body tools into her care to manage stress. After experiencing the positive impact of these modalities, she dedicated her work in mind-body medicine to support the needs of adolescent and young adult patients and survivors (AYAs).

Methodology or Methods: While attending a yoga teacher training, Amelia was introduced to Mindful Self Compassion (MSC). MSC is empirically supported and teaches that a compassionate inner voice decreases stress, cultivates resilience, and contributes to long-term well-being. Amelia integrates MSC into her yoga therapy, and she aims to understand how MSC can support AYA health and well-being.

Impact on practice or Results: Individuals who practice self-compassion are shown to embrace stressful circumstances with self-acceptance, leading them to practice healthier behaviors. MSC offers relevant and adaptable coping skills that support the psychosocial needs and emotional well-being in AYAs who experience cancer. As psychosocial needs and a young person’s life changes over time, MSC may be especially important in understanding long-term quality of life in AYAs.

Discussion or Conclusions: This presentation will review three key components of self-compassion. It will summarize research describing the benefits of self-compassion for AYAs and will guide researchers interested in integrating MSC approaches into interventions targeting AYAs. Additionally, Ms. Coffaro will demonstrate tools and techniques AYAs can use to cultivate self-compassion in daily life. She will also identify ways clinicians can integrate MSC into their practice with AYAs. This presentation will thus appeal to researchers, clinicians and AYAs.

S13 | “The Price of Caretaking” – Oncologists’ Compassion Fatigue

Moderator: Michal Braun
Hadassah Medical Center and The Academic College of Tel Aviv Yaffo, Jerusalem, Israel

In 2020, the American Society of Clinical Oncology (ASCO) published a call to action regarding burnout, compassion fatigue, moral distress, and negative well-being among oncologists. This call was published on the basis of growing interest in and evidence of the potential price of working as a healthcare professional.

Oncology is a medical subspecialty that requires special consideration in terms of burnout and compassion fatigue, given the physical and mental suffering and death of patients that healthcare providers are exposed to daily, as well as the long-term and extensive oncologist-patient relationship. This extensive exposure along with the goal of alleviating suffering and prolonging patients’ lives might lead healthcare providers to experience the abovementioned phenomena (i.e., compassion fatigue and burnout).

Indeed, burnout and compassion fatigue occur frequently among oncology clinicians. Burnout and compassion fatigue may affect oncology clinicians’ physical and mental health, their decision-making ability, their committing of medical errors, their relationships with patients and families, and the quality of care they provide. However, research in oncology is limited, especially among oncologists. The ASCO call to action stated that more studies are needed to clarify the causes and associations between burnout, moral distress, and compassion fatigue.

The current symposium will present innovative quantitative and qualitative studies from Canada and Israel on oncologists’ compassion fatigue with. We will describe this important phenomena, report on significant associations to oncologists’ predispositions and emotional states and describe an interesting intervention developed to decrease compassion fatigue and improve oncologists’ management of grief and loss.

S13: 102 | A Continuing Educational Program Supporting Health Professionals to Manage Grief and Loss

Mary Jane Esplen1, Jiabui Wong2, Mary Vachon1, Yvonne Leung1
1University of Toronto, Toronto, Canada, 2de Souza institute, Toronto, Canada

Background/rationale or Objectives/purpose: Health professionals working in oncology face the challenge of a stressful work environment along with impacts of providing care to those suffering from a life-threatening illness and encountering high levels of patient loss.
Longitudinal exposure to loss and suffering can lead to grief, which over time can lead to the development of CF. Prevalence rates of compassion fatigue (CF) are significant, yet health professionals have little knowledge on the topic.

Methodology or Methods: A six-week continuing education program aimed to provide information on CF and support in managing grief and loss and consisted of virtual sessions, case-based learning, and an online community of practice. Content included personal, health system and team-related risk and protective variables associated with CF, grief models, and strategies help manage grief and loss and to mitigate against CF. Participants also developed personal plans. Pre and post course evaluations assessed confidence, knowledge, and overall satisfaction. 189 health professionals completed the program (90% nurses).

Impact on practice or Results: Reported patient loss was high (58.8% >10 deaths annually; 12.2% >50). Significant improvements in confidence and knowledge across several domains (p<0.05) related to managing grief and loss were observed, including use of grief assessment tools, risk factors for CF, and strategies to mitigate against CF. Satisfaction level post program was high.

Discussion or Conclusions: A relatively brief continuing educational program aiming to improve knowledge of CF and management of grief and loss demonstrated benefit.

S13: 127 | The Emotional and Psychological Burdens of Providing Oncology Care: A Review of Three Studies

Leeat Granek1, Anat Laronne2, Ora Nakash3
1York University, Toronto, Canada, 2Ben-Gurion University of the Negev, Beer Sheva, Israel, 3Smith College, Boston, USA

Background/rationale or Objectives/purpose: The purpose of this presentation is to understand the emotional burdens associated with the provision of cancer care from the perspective of oncology healthcare professionals (HCPs).

Methodology or Methods: We will present three of our empirical studies that explored psychosocial aspects of the provision of cancer care. The first study involved interviews with 60 oncologists in multiple countries and looked at oncologists’ experiences with patient death. The second study included 46 interviews with oncology HCPs and explored barriers and facilitators to the integration of pediatric palliative care. The third study included interviews with 61 HCPs and explored the impact of patient suicide on HCP well-being. All studies used the Grounded Theory Method.

Impact on practice or Results: While each of these individual studies explored different aspects of patient care, the results revealed consistent patterns of emotional distress among Oncology HCPs in response to clinical situations (i.e., patient death, exposure to patient suicidality, provision of end of life care). These emotions included feelings of grief, guilt, feelings of failure, trauma, sadness, depression, worry and feeling emotionally overwhelmed.

Discussion or Conclusions: Oncology HCPs are exposed to a broad range of emotionally and psychologically challenging situations in their work that result in feelings of distress and emotional pain that significantly affect their quality of life. Despite the ubiquity of these events, oncology HCPs are provided with little education, training, or support in coping and responding to these situations. The presentation will conclude with suggestions on how to provide this support and suggest where knowledge gaps still exist and where more research is needed.

S13: 452 | Compassion Fatigue in the Oncology Setting: A complex contexture of associations

Michal Braun1-2, Ilanit Hasson Ohayon1, Rony Laor-Maayany1, Adi Englger-Gross1, Gil Goldzweig1
1The Academic College of Tel Aviv Yaffo, Yaffo, Israel, 2Oncology Breast Unit, Shearrrit Institute of Oncology, Hadassah Medical Center, Jerusalem, Israel, 3Bar Ilan University, Ramat Gan, Israel

Background/rationale or Objectives/purpose: 1. Understand the phenomena of compassion fatigue among oncologists and psycho-oncologists. 2. Explore predispositions and emotional experiences associated with compassion fatigue (secondary traumatic stress and burnout) in the oncology setting.

Methodology or Methods: We will present two quantitative empirical studies using self-administered questionnaires. study 1 examined compassion fatigue among 74 oncologists its associations to: 1. attachment orientations and the mediating role of empathy; 2. locus of control and the mediating role of helplessness, 3. grief and sense of failure. Study 2 included 60 psycho-oncologists and explored their compassion fatigue, its associations to grief and the moderating role of social acknowledgment.

Impact on practice or Results: Participant reported on high levels of compassion fatigue and grief. Identified risk factors for compassion fatigue included predispositions such as external locus of control; emotional states such as grief and helplessness and social variables such as social acknowledgment of grief. The studies also revealed variables that might protect from compassion fatigue, such as internal locus of control, secure attachment orientation and perspective taking.

Discussion or Conclusions: Oncologists and psycho-oncologists are daily exposed to suffering and death. As a result, they are at risk to develop compassion fatigue. Our studies revealed complex contexture of predispositions, emotional states and social context that might serve as risk factors for the experience of compassion fatigue and others that might protect formal caregivers who works in the oncology setting from compassion fatigue. Future intervention should consider these factors in order to help caregivers to preserve compassion care and avoid compassion fatigue.

S14 | Understudied no More: Fear of Cancer Recurrence Research in Culturally diverse patients, caregivers, and children

Moderator: Sophie Lebel
University of Ottawa, Ottawa, Canada

Fear of cancer recurrence (FCR) is a common concern faced by cancer survivors. A robust body of evidence has characterized the prevalence, course and predictors of FCR in adult survivors. Additionally, measures to assess FCR and interventions to address it have been developed. However, evidence gaps remain, including homogeneity of patient groups that have been studied. The need to reach specific populations (e.g., culturally diverse survivors, caregivers, childhood cancer survivors) has been identified as a top FCR research priority. Little is known about the characteristics of FCR in diverse populations and whether existing interventions can be effectively applied to address FCR in these groups. In this symposium, an international panel of speakers will present new, patient-oriented data on FCR in understudied populations across the lifespan. The presented studies will also span the research continuum ranging from theory to intervention development. First, Dr. Gálvez-Hernández will describe the cultural adaptation of an English language FCR group intervention developed in Canada to address FCR in Spanish-speaking breast cancer survivors in Mexico. Next, Ms. Lamarche will...
present usability data on the first FCR intervention for caregivers of adult cancer survivors from both the patient and therapist perspective. Finally, Ms. Tutelman will outline recent research on FCR in survivors of childhood cancer and their parents, including the development of a new theoretical model and psychometric validation of the first measures of FCR for child survivors and parents. Clinical implications and directions for future research for research with diverse populations will be discussed.

S14: 146 | Cultural Adaptation of FORT for Mexican Breast Cancer Survivors

Ivan Rivera-Olivera1, Christine Mahne2, Sophie Lebel3, Alejandro Mohar4, Lizette Gálvez-Hernández5,6,7

1Psychology Faculty, National Autonomous University of Mexico, Mexico City, Mexico. 2McGill University, Ingram School of Nursing, Montreal, Canada. 3School of Psychology, University of Ottawa, Ottawa, Mexico. 4Faculty, National Autonomous University of Mexico, Mexico City, Mexico. 5CONACYT- Research Fellow, Mexico City, Mexico. 6Michoacán State University, Morelia, Mexico. 7National Institute of Cancer, Mexico City, Mexico.

Background/rationale or Objectives/purpose: In Mexico, fear of cancer recurrence (FCR) is one of the primary unmet psychological needs in patients with breast cancer (BC). Fear of Cancer Recurrence Therapy (FORT) has been reported among the strong efficient interventions to decrease the FCR of BC and gynecologic cancer patients. However, like other similar interventions, FORT was developed and evaluated in sociocultural contexts different from that of Mexico. Therefore, this study aimed to describe the process of cultural adaptation of the FORT manuals (patient and therapist) to address the FCR of BC survivors online.

Methodology or Methods: An iterative process implemented by the World Health Organization (WHO) was followed for cultural adaptation, consisting of four phases: 1) translation of the intervention manuals, 2) review of translated versions, 3) cognitive interviews with patients and experts on the culturally translated intervention manuals, and 4) data collection and analysis.

Impact on practice or Results: After obtaining feedback from the 4 phases, changes were implemented in the FORT intervention manuals. Categories of change for cultural adaptation included: adding examples of hospital scenarios similar to those experienced by local patients during the BC journey (relevance); adding images, instructions, and examples to sections of the manual (acceptability); changing words to conform to Mexican Spanish and adding a glossary to aid in understanding technical words (comprehensibility); maintaining fundamental therapeutic components (treatment integrity).

Discussion or Conclusions: In addition to being an evidence-based intervention, this study showed that FORT should be culturally adapted to achieve a relevant, acceptable, and understandable version for Mexican patients with BC who report FCR to be implemented successfully.

S14: 447 | Adaptation of the Fear Of Cancer Therapy (FORT) to an Online Format for Family Caregivers: Results From A Usability Study

Jani Lamarche @LamarcheJani1, Angélica Cassson1, Rinat Nissim2, Jonathan Avery3, Jiahui Wong3, Christine Mabed4, Sylvie Lambert5, Andrea Laizner6, Jennifer Jones7, Mary Jane Esplen8, FC-FORT Advisory Board9, Sophie Lebel6

1University of Ottawa, Ottawa, Canada. 2Princess Margaret Cancer Centre, Toronto, Canada. 3De Souza Institute, Toronto, Canada. 4Research Institute McGill University Health Centre, Montreal, Canada. 5McGill University, Montreal, Canada. 6University of Toronto, Toronto, Canada.

Background/rationale or Objectives/purpose: Family caregivers (FC) of cancer patients report equal or greater levels of fear of cancer recurrence (FCR) compared to cancer survivors. While several FCR interventions have been found to be efficacious in cancer survivors, including a group intervention called Fear of Recurrence Therapy (FORT), few interventions have been adapted and offered to FC. To address this, we recently adapted the FORT intervention for FC (FC-FORT). The aim of this study was to test its usability and acceptability with FC and therapists.

Methodology or Methods: Female FC (N=6) and therapists (N=3) were recruited through community partners and social media. Eligible participants took part in a pre-therapy meeting and 7 weekly online group therapy sessions. Both FC and therapists were asked to complete session feedback questionnaires and exit interviews to evaluate the usefulness, usability, desirability, value, accessibility, and credibility of the intervention. Results were presented back to our advisory board to determine if additional changes were needed.

Impact on practice or Results: 4 of 6 FC and 3 therapists completed the study. FC participation rate was 95%. Preliminary results suggest that FC and therapists found FC-FORT useful, usable, desirable, valuable, accessible, and moderately ready. Overall satisfaction was rated as moderate. Time constraints (i.e., length of content), session “flow” (i.e., order of exercises), and practicality of some exercises were indicated as
primary concerns. Results from the upcoming advisory board meeting will also be presented.

Discussion or Conclusions: This project is one of the first intervention to address FCR in FC. The results from this study will guide this project’s upcoming pilot study.

S15 | Development of psychosocial interventions in oncology to support caregivers: what are the future directions? A methodological reflection with empirical examples

Moderator: Kristopher Lamore
Université de Lille, SCALab, Lille, France

Psychosocial interventions in oncology are valuable adjuncts to medical treatments. New interventions or programs need to be developed to address specific needs or difficulties of patients, caregivers, or healthcare professionals. However, these interventions need to be evaluated before to be implemented in clinical practice. Some gaps exist in the current approach we use to assess these interventions in social sciences. The aim of this symposium is to discuss about the methodology used in interventional research in psycho-oncology. Three presentations will be made to discuss the methodology and to provide examples of studies conducted to create an intervention or to evaluate its effects. The first presentation will be realized by Pauline Justin (PhD candidate, Université de Paris, France). In her work, Pauline has questioned healthcare professionals in France about their knowledge, attitude and practices towards young carers. This study is crucial for the future development of an intervention. The second presentation will be realized by Pr David Ogez (Université de Montréal, Canada). “Taking back control together” is an intervention dedicated to providing psychological support to parents after a pediatric cancer diagnosis. Several steps were followed to develop, refine the program and to assess its effect. The third presentation will be made by Kristopher Lamore (PhD, chairholder of the research chair in psycho-oncology and interventional research, Université de Lille, France) and will discuss the existing frameworks to conduct interventional research. Are they fully relevant and appropriated in psycho-oncology? This symposium has the ambition to stimulate the exchanges around the methods used.

S15: 202 | Do current frameworks allow us to adequately evaluate psychosocial interventions in oncology?

Kristopher Lamore, Christelle Duprez
Université de Lille, CNRS, UMR 9193 - SCALab - Sciences Cognitives et Sciences Affectives, Lille, France

Background/rationale or Objectives/purpose: Nonpharmaceutical interventions (NPI), including psychological interventions, are getting more and more common in clinical practice. They can be, for example, related to changing health behaviors (e.g., smoking), emotional management or stress management. Such as drug development, frameworks related to NPI development and evaluation are available. The aim of this presentation is to discuss these frameworks and their relevance regarding the complexity of psychosocial interventions in oncology.

Methodology or Methods: A literature review on interventional research conducted in oncology and identifying the frameworks used, as well as the difficulties met by researchers was performed. This work was enhanced by discussions with researchers conducting interventional research in Belgium, Canada, France, and Switzerland to have a broader view of commonalities and differences between countries.

Impact on practice or Results: Currently, researchers use the existing frameworks and continue to perform controlled randomized trials as a gold standard methodology. However, they frequently are confronted to the limits of these methods, such as difficulties in assessing the complexity of the intervention developed and to fully understand the impact of the intervention for their users. Furthermore, more than forty frameworks for the validation and monitoring of NPI exist (Carbonnel & Ninot, 2019), sometimes specific to a condition or used in single countries. This raises numerous difficulties for researchers.

Discussion or Conclusions: An international agreement is needed. NPI are frequently complex interventions by nature and need a more ecological approach to evaluate the impact of the intervention on their users.

S15: 213 | Design refinement of “Taking back control together”, an intervention program to support parents whose child has cancer: a mixed-method study

David Ogez, Catherine Pellet, Valérie Marcol, Daniel Curnier, Daniel Sinnett, Serge Sultan
Montreal University, Montreal, Canada

Background/rationale or Objectives/purpose: Although support for parents of children with cancer is essential, very few psychosocial services are available in French language. We therefore developed “Taking back control together”, an intervention program to support these parents after their child’s cancer diagnosis. This program was developed by referring to the intervention models of two programs supported by the evidence: Bright Ideas and SCCIP-ND. This 6-session program aims at training in problem solving and strengthening parents’ dyadic coping. Once the program was initially defined, we evaluated the program design and collect data demonstrating its acceptability and recommendations for improvement to enhance it prior to implementation and effectiveness studies.

Methodology or Methods: A mixed-methods study was conducted with parents and health professionals. They completed questionnaires evaluating the program, and then discussed its limitations, benefits, and points for improvement in interviews. A descriptive thematic content analysis of the qualitative data was then performed with NVivo11 to identify recommendations for program improvement.

Impact on practice or Results: The results showed that the program components were relevant and highlighted areas for improvement, including simplification of the manuals, ability to choose the practical modalities of the intervention (e.g., timing), and ethnic/cultural diversity issues.

Discussion or Conclusions: The acceptability study and design refinement phase of an intervention program is essential because it provides input from the end users, i.e., health professionals and parents, for a better program implementation. As a result, we redesigned the program and are now ready to study its effects in practice, expecting a reduction in the distress of parents of these young cancer patients.

S15: 221 | Exploring oncology healthcare professionals’ knowledge, attitudes, and practices regarding Young Carers: the first step before creating an intervention

Pauline Justin @Pauline Justin, Géraldine Dorard, Aurélie Untas
Université de Paris, Laboratoire de psychopathologie et processus de santé, Boulogne-Billancourt, France
Background/rationale or Objectives/purpose: Young carers (YC) are children or adolescents who provide regular and significant support to an ill or disabled relative. The high prevalence of cancer suggests that many YC are facing the cancer of a relative. However, YC would not be identified as such by health professionals. Moreover, to identify YC, professionals must be aware of these youth. This study aims to investigate the knowledge, attitudes, and practices that professionals working in oncology have about YC through a KAP survey method.

Methodology or Methods: First, 31 healthcare professionals (oncologists, health executives, nurses, nursing assistants, psychologists, and social worker) participated in a face-to-face interview. Thematic analysis of the interviews leads to the construction of a questionnaire largely disseminated online. Professionals reported socio-demographic and professional information, their knowledge and experience with YC, and their personal experience as a carer. To date, 395 professionals participated.

Impact on practice or Results: Quantitative results confirmed the qualitative ones. A large majority of professionals had already met a YC. Professionals report more positive than negative consequences to being a YC. However, these results seem to differ depending on the population being treated. Further analyses are in progress to investigate differences between professionals according to their socio-demographic characteristics, and professional and personal experience.

Discussion or Conclusions: Using both qualitative and quantitative methods allowed us to go into more details to explore knowledge, attitudes, and practices. These results will allow the development of appropriate training to increase awareness and/or help healthcare professionals to improve their ability to identify and support young carers and their families.

S16 | The experiences of patients with advanced or metastatic cancer receiving immunotherapy or targeted therapy

Moderator: Gary Rodin
Princess Margaret Cancer Centre, University Health Network, Toronto, Canada

Over the past decade, advances in immunotherapy and targeted therapy have significantly improved the overall survival rate of patients with advanced and metastatic cancer. Given the novelty of these interventions, there is a significant gap in the literature regarding the experiences and supportive care needs of this growing population of cancer survivors. This symposium will present a collection of recent and ongoing research on the experiences of advanced cancer patients receiving immunotherapy or targeted therapy from an international panel of speakers from the Netherlands, Canada, and Australia. Ms. Evie Kolsteren will present data from a recent scoping review on the psychosocial consequences of living with advanced cancer and receiving long-term systemic treatment (2000-2021). Key themes include the experience of uncertainty, fear of disease progression or death, and social impacts of living with advanced cancer. The second and third presentations will further discuss these themes in the context of qualitative studies completed with cancer patients receiving immunotherapy and/or a targeted therapy. Ms. Alanna Chu will present a community partnership study on the experiences, supportive care needs, and preferred labels of patients with metastatic non-small cell lung cancer (mNSCLC) receiving these treatments in Canada. Dr. Julia Lai-Kwon will present qualitative results of a study on the experiences of mNSCLC patients in Australia, as well as results from a cross-sectional survey assessing the quality of life of patients with metastatic melanoma who are long-term responders to immunotherapy and/or targeted therapy. The panel will discuss clinical implications and directions for future research.

S16: 207 | The Psychological Experience of Patients with Advanced Lung Cancer Receiving Immunotherapy or Targeted Therapy

Alanna Chu AlannaKChu1, Paul Wheatley-Price2,4, Rinat Nissim4, Tim Aubry5, Sophie Lebel6
1University of Ottawa, Ottawa, Canada. 2Lung Cancer Canada, Ottawa, Canada. 3The Ottawa Hospital, Ottawa, Canada. 4Princess Margaret Cancer Centre, Toronto, Canada

Background/rational or Objectives/purpose: Lung cancer is currently the leading cause of cancer-related deaths in Canada. The recent development of immunotherapy and targeted therapy drugs offer a new hope for prolonging survival and improving quality of life in patients with advanced lung cancer. However, treatment response to these drugs is variable and unpredictable. Thus, early research indicates that patients are “living in limbo”, oscillating between periods of hopeful engagement in valued life activities, and periods of uncertainty about treatment, the future, and end-of-life. This situation presents unique challenges to this population which must be better understood.

Methodology or Methods: The study design and interview guide were developed in partnership with Lung Cancer Canada (LCC) and a patient advisory board. A diverse group of patients with advanced or metastatic lung cancer receiving immunotherapy or targeted therapy will be recruited from across Canada. Qualitative interviews (n = 30) will explore their unmet needs using the Supportive Care Framework in Cancer Care (Fitch, 2008) as well as the preferred self-designations of this group (e.g., survivor, cancer patient).

Impact on practice or Results: Data will be analyzed using thematic analysis in consultation with the patient advisory board. Data collection is in progress and analysis will be completed by June 2022.

Discussion or Conclusions: This study seeks to describe the experiences and supportive care needs of this population within an evidence-based framework useful for policy and service planning. Results will be utilized to update LCC patient resources and to inform LCC advocacy efforts for adequate service provision.

S16: 212 | Laying the tracks as the train is coming: the experience of people with metastatic cancers who are long-term responders to immunotherapy and targeted therapy

Julia Lai-Kwon @julialakwun
Peter MacCallum Cancer Centre, Melbourne, Australia

Background/rational or Objectives/purpose: Advances in immunotherapy (IT) and targeted therapy (TT) have significantly improved the prognosis of a subset of people with metastatic cancers, including metastatic melanoma (MM) and non-small cell lung cancer (mNSCLC). There is now growing recognition of this emerging group of cancer survivors. We conducted 2 studies examining the concerns and unmet needs of this novel survivor group.

Methodology or Methods: A) Qualitative study involving people with mNSCLC who were long-term responders to IT/TT. Semi-structured interviews examined physical, psychological, social and functional impacts of therapy and prognosis. B) Cross-sectional survey involving people with MM who were long-term responders to IT/TT. A 72-question survey assessed physical and psychological effects, impact on lifestyle, access to information, satisfaction with care and availability of supports.

Impact on practice or Results: A) 20 participants from May-December 2019. Key themes: living long-term on IT/TT with chronic toxicities, living
with uncertainty, fear of cancer progression, smoking-related stigma and support with financial planning and employment. B) 105 surveys. Long-term toxicities included dry/itchy skin (IT 51, 74%/ TT 25, 69%), arthralgias (IT 30, 58%/ TT 23, 64%) and fatigue (IT 62, 90%/ TT 33, 92%). Psychological morbidity was common, including anxiety awaiting results (IT 50, 72%/ TT 29, 81%), fear of melanoma recurrence or progression (IT 56, 81%/ TT 31, 86%) or death (IT 44, 64%/ TT 26, 72%).

Discussion or Conclusions: Long-term responders to IT and TT experience chronic treatment toxicities and frequently report psychological concerns. They may benefit from information regarding managing long-term toxicities, tailored psychological supports and advice regarding employment and financial planning.

S16: 250 | Psychosocial consequences of living with advanced cancer and receiving lifelong systemic treatment: a scoping review
Evie Kolsteren1, Esther Deuning Smit1, Alanna Chu2, Judith Prins1, Winette van der Graaf3, Carla van Herpen4, Sophie Lebel2, Linda Kwakkenbos5, José Casters6
1Radboud university medical center, Radboud Institute for Health Sciences, Department of Medical Psychology, Nijmegen, Netherlands. 2School of Psychology, University of Ottawa, Ottawa, Canada. 3Netherlands Cancer Institute, Department of Medical Oncology, Amsterdam, Netherlands. 4Radboud university medical center, Radboud Institute for Health Sciences, Department of Medical Oncology, Nijmegen, Netherlands. 5Behavioural Science Institute, Clinical Psychology, Radboud University, Nijmegen, Netherlands

Background/rationale or Objectives/purpose: This scoping review aims to 1) synthesize psychosocial consequences of living with advanced cancer and receiving long-term systemic treatment; 2) summarize and evaluate the terminology used to address this patient group.

Methodology or Methods: The five stages of the framework of Arksey and O’Malley (2005) to conduct a scoping review were applied.

Impact on practice or Results: 141 eligible articles published between 2000 and 2021 (68.8% >2015) were included. A synthesis of the qualitative study results identified the following psychological themes: ongoing uncertainty, fear of disease progression or death, hope, loss of roles or functioning in daily life, and the social impact of living with advanced cancer and long-term systemic treatment. Partially overlapping outcomes were examined in the quantitative studies: 46.4% of studies quantified fear, 25.6% distress or depression, 3.7% hope, and few studies reported on adaptation or cognitive aspects. Global Quality of life scores were reported in 75.6% of the quantitative studies. The evaluation of terms used to refer to the patient group displayed a great variety and lack of uniformity.

Discussion or Conclusions: In qualitative studies, concepts of uncertainty, hope and loss were published, which were lacking in quantitative research using psychological questionnaires. Results of this review direct future psychosocial research on the growing group of advanced cancer patients receiving systemic treatment. Furthermore, the diversity of terminology found in literature calls for a uniform definition to better address this specific patient group in research and in practice.

Cancer-related fatigue (CRF) is a prevalent and disturbing condition among cancer patients. Growing evidence indicates that CRF shapes and is shaped by the patient’s dyadic and wider social contexts. Therefore, this warrants comprehensive treatments of CRF that are not merely directed at the patient, but also at these dyadic and social contexts. Such approaches are expected to hold additional benefits for the patient, and to also benefit the partner, couple, and community. Nevertheless, research on the needs of those affected, as well as on the development and implementation of dyadic and community interventions, is currently still scarce.

This symposium presents current work on dyadic and community interventions for CRF, covering different stages, varying from preparatory observational research (needs assessment), intervention development and evaluation, and practice and community implementation. The first presentation shows observational data of a mixed methods study assessing the needs and preferences for a dyadic approach to chronic CRF among relevant stakeholders. Interview and questionnaire data provide in-depth insight into the perspectives of patients, their partners, and their psychotherapists. The second presentation demonstrates how data from the stakeholder needs assessment study were used to develop and evaluate a dyadic internet-based mindfulness-based cognitive intervention (couple e-MBCT) for chronic CRF. The third presentation explores adapting and implementing an existing evidence-based intervention for CRF by partnering with community organizations and engaging cancer survivors. Each of the three presented studies uses e-Health, which is indicated given the growing number of cancer survivors and the high pressure on the supportive care system.

S17: 278 | Needs and preferences of cancer survivors, partners, and therapists for a dyadic approach to treat chronic cancer-related fatigue: A mixed methods study
Fabiola Mueller @FabiolaMueller1, Sophie van Dongen2, Rosalie van Woezik @ramvanwoezik2, Marije van der Lee @Marijeliesbeth1,5, Mariët Hagedoorn1
1University Medical Center Groningen, Groningen, Netherlands. 2Helen Dowling Institute, Bithoven, Netherlands. 3Tilburg University, Tilburg, Netherlands

Background/rationale or Objectives/purpose: Chronic cancer-related fatigue (CCRF) is a common symptom among cancer survivors. Current interventions target the patient alone, while evidence suggests that targeting the dyad might be more beneficial.

Methodology or Methods: In a mixed-methods study we investigated needs, preferences, and perceptions regarding dyadic interventions for CCRF. Ten patients, ten partners and four psychotherapists experienced with CCRF care were interviewed, followed by thematic analyses. A convenience sample of patients (n=172) and partners (n=55) completed an online survey.

Impact on practice or Results: Patients and partners expressed that a dyadic approach could help them to individually and jointly cope with CCRF. While all indicated that dyadic psycho-education was important, preferences differed regarding when and how the partner should be involved in exercises and therapist contacts. Also psychotherapists acknowledged the added value of a dyadic intervention. While they would appreciate regular contact with the partner, the focus on patient treatment goals should not be lost. More partners (91%) than patients (39%) reported a need for a dyadic approach. Perceived benefits included that the partner could get attention for his/her own problems related to the patient’s cancer/fatigue (72%/86%) and receive advice on coping with fatigue (66%/90%). Half of the patients were concerned about burdening their partners.
Discussion or Conclusions: Stakeholders acknowledge that a dyadic intervention for CCRF could benefit the patient, partner and couple. To accommodate divergent needs and preferences, a dyadic intervention should provide flexibility regarding the degree, intensity and type of partner involvement. Dyadic psycho-education can be used as solid starting point, help manage expectations and relief perceived barriers.

S17: 284 | Development of a dyadic internet-based mindfulness-based cognitive therapy (couple e-MBCT) targeting cancer-related fatigue
Marije van der Lee @Marijellesbeth1,2, Sophie van Dongen1, Fabiola Müller @FabiolaMueller2, Marijke Tibosch1, Rosalie van Woezik @ramvanwoezik1, Mariëtte Hagedoorn3
1Helen Dowling Institute, Biltoven, Netherlands. 2Tilburg University, Tilburg, Netherlands. 3University Medical Center Groningen, Groningen, Netherlands

Background/rationale or Objectives/purpose: Mindfulness-based cognitive therapy via internet (e-MBCT) has been shown effective in relieving chronic cancer-related fatigue (CCRF). Evidence is mounting that involving partners in therapy is desired and might increase its effectiveness. Therefore, we adapted an individual e-MBCT into a couple e-MBCT, building on results obtained in a mixed-methods needs assessment study among patients, their partners, and their psychotherapists.

Methodology or Methods: We co-designed the couple e-MBCT by systematically translating needs and preferences into treatment requirements, which we assessed in terms of underlying core values, corresponding treatment goals and potential conflicts with other requirements, and subsequently prioritized following the MoSCoW method (Must; Should; Could; Would not). A flexible approach, in which the partner can be involved to varying degrees, was a must.

Impact on practice or Results: Consistent with the original e-MBCT, the couple e-MBCT is characterized by personal contact with one assigned psychotherapist, who will involve the partner from the very first moment of contact. For partners, we added psycho-education and the possibility to perform exercises and assignments. One extra session was dedicated to the couple’s mutual relationship and communication about CCRF.

Discussion or Conclusions: The usability of the new couple e-MBCT will be pre-tested by 1-2 couples and in training sessions with psychotherapist providers. In a subsequent pilot, we will evaluate the refined version in terms of acceptability and effectiveness. Due to positive feedback on the dyadic approach so far, we expect beneficial effects for the partner and the couple’s relationship, on top of the evidence-based effect of e-MBCT on the individual patient.

S17: 308 | Why am I still tired? Adaption and Implementation of an evidence-based intervention for cancer-related fatigue in a community context
Nicole Ratkowsky nocolerutko1, Patricia Barrett-Robilard2, Sophie Lebel drosphiellebel1
1University of Ottawa, Ottawa, Canada. 2Ottawa Regional Cancer Foundation, Ottawa, Canada

Background/rationale or Objectives/purpose: Approximately a third of cancer survivors will continue to experience moderate to severe fatigue upwards of 10 years post-treatment. Given the prominence of cancer-related fatigue (CRF), guidelines for the assessment and management of CRF have been developed. Despite the availability of these guidelines and a plethora of interventions that have demonstrated effectiveness, implementation has been lacking.

Methodology or Methods: An intervention created by Canadian researchers Fillion and colleagues, was adapted and updated to the local community context in Ottawa, Canada using a Knowledge-to-Action framework, in collaboration with a community partner and patient advisory board. A hybrid effectiveness-implementation Type II was used to simultaneously evaluate whether the intervention remained effective while evaluating implementation efforts. Participants were randomized to either the group or a wait-list control and completed questionnaires at 3 timepoints (pre, post, and 3 months). The RE-AIM framework has been used to evaluate implementation efforts. Preliminary results from the first two groups will be presented.

Impact on practice or Results: This intervention aims to bridge the gap between evidence-based recommendations and community implementation. The program incorporates strategies like cognitive behavioural therapy, physical activity, and mindfulness in a virtual group setting with an allied healthcare provider, thereby reducing costs, and facilitating any future large scale implementation efforts across different community settings provincially and nationally.

Discussion or Conclusions: CRF has been reported as one of the most significant and debilitating post-treatment symptoms. Translation of knowledge to action through more widely available, sustainable, and affordable programs is paramount in meeting the needs of an increasing cancer survivorship population.

S18 | PC-PEP: The rationale and randomized trial results of men with Prostate Cancer undergoing a comprehensive six-month home-based Patient Empowerment Program
Moderator: Gabriela Ile
Dalhousie University, Halifax, Canada

One in five men surviving prostate cancer (PC) suffer significant depression and anxiety, a rate that is at least twice that of men surviving other types of cancer. Firstly, we present results of online surveys of over 30,000 Canadian PC survivors showing the high rates of side-effects (like urinary incontinence) and other concerns (like relationship difficulties). This work uncovers a silent epidemic of mental distress, loneliness and disconnect in this vulnerable population.

The second presentation focuses on the multiple other medical comorbidities suffered by PC survivors, and reviews scientifically proven physical and mental health promotion activities. Men diagnosed with PC have a higher than expected rate of cardiovascular disease (18%), diabetes and obesity, and are more likely to die of heart disease than of cancer. Androgen deprivation therapy causes multiple side effects including metabolic syndrome, osteopenia, cognitive and emotional changes. Management guidelines are reviewed.

Finally, we present a novel comprehensive six-month home-based program (PC-PEP) promoting the physical and mental health of men with PC. The program includes daily emails and videos which teach and encourage men to do exercise (aerobic and strength), kegels, meditation with biofeedback, follow a healthy diet, and connect with loved ones (‘buddy’ system and monthly videoconference included). We review a phase 3 randomized clinical trial of this program (n=128 men with PC) showing mental distress at six months is significantly improved in the intervention group compared with standard of care. PC-PEP is safe, highly endorsed (9.4/10) by the participants, and is being rolled out in Canada.
S18: 279 | Beyond Prostate Cancer Education Session: Medical Co-morbidities and Proven Health-Promotion Programs for Men Affected by Prostate Cancer

Rob Rutledge, Gabriela Ilie
Dalhousie University, Halifax, Canada

Background/rationale or Objectives/purpose: The 1.2 million men diagnosed with prostate cancer (PC) worldwide each year have a higher prevalence of cardiovascular disease (18% at diagnosis), diabetes, obesity and other medical conditions compared with matched controls. Furthermore, they fall into the high-risk category of suffering life-threatening cardiovascular events, and are more likely to die of heart disease than of cancer. Androgen deprivation therapy, a common PC treatment, causes multiple side effects including hot flushes, sexual dysfunction, metabolic syndrome, osteopenia, cognitive and emotional changes. Yet many of these effects are not addressed by the medical system.

Methodology or Methods: This educational session provides a review of the literature of the specific co-morbidities and treatment-related side effects associated with PC, along with the scientifically validated mental and physical health promotion programs. Included are the roles of aerobic exercise, strength training, pelvic-floor-muscles exercises, meditation, dietary advice, and relationship training/social support. For men starting hormone therapy, screening tools for cardiovascular risk and clinical care pathways to provide comprehensive medical care are reviewed. A review of a study showing poor compliance with recommended guidelines is included.

Impact on practice or Results: The medical system needs to screen for and address the multiple medical issues associated with prostate cancer (eg assessing cardiovascular risk and prescribing preventative treatment). In addition, health promotion systems need to developed and implemented to empower men and their partners to take an active role in their physical and mental health.

Discussion or Conclusions: Men with prostate cancer need a comprehensive health-promotion program that includes and transcends the medical system.

S19 | Engaging Different Stakeholders in Return to Work after Cancer: A Canadian Experience

Moderator: Christine Maheu
McGill University, Montreal, Canada

Although cancer diagnosis causes a life-course disruption, return to work (RTW) remains a significant step despite the overall challenges related to survivorship. Cancer survivors faced recurrent side effects of cancer or treatments (e.g., fatigue, pain, cognitive impairment) and workplace issues (e.g., discrimination, stigma, and job cessation). The state of knowledge remains that the dialogue between cancer survivors, healthcare professionals, and employers’ representatives must be
improved. Better understanding the expectations, roles, and informational needs of each discussion partner is an important starting point to enhance RTW after cancer. This symposium aims to share a Canadian perspective on the RTW experience of cancer survivors from the self-employed perspectives, employers, and primary care providers. Dr. Bilodeau will present the results of a qualitative study describing the perceptions of workplace representatives regarding the RTW support of employees affected by breast cancer. Dr. Maheu will present the perspectives of self-employed individuals affected by cancer who face the challenge of remaining and returning to their business and work. Ms. Parkinson will present an innovative continuing education program “Supporting Cancer Survivors’ Return to Work” for primary care professionals. All three topics have relevance to the international community assisting cancer survivors with RTW. The symposium will conclude with a discussion on how to engage various RTW stakeholders and apply the information, resources, and online tools available to improve the success of RTW of cancer survivors.

S19: 304 | iCanWork: A step program to return to work for cancer survivors

Maureen Parkinson @cancerandwork1, Christine Maheu @christinemabert1
1BC Cancer, Vancouver, Canada. 2McGill University, Montreal, Canada

Background/rationale or Objectives/purpose: Cancer survivors highlight that guidance with return to work (RTW) following cancer when received by healthcare professionals is helpful, although the guidance is lacking. Healthcare providers often report lack of training, knowledge and skills to advice on work related topics.

Methodology or Methods: iCanwork is an intervention developed to guide healthcare providers on providing timely support, help plan and foster a successful timely RTW of cancer survivors. iCanWork is part of and featured on the Cancer and Work website, and is the structure behind the e-course for primary care providers to support cancer survivors with RTW. iCanWork is made up of 10-steps that include: Assessment (understand factors that can impact work, assess function, understand the job demands); Addressing Challenges (identify barriers, refer to support, encourage survivors to take control); and Assist with the transition to the Workplace (identify and foster workplace supports, develop the return to work plan, prepare survivors for an imminent return to work, manage work expectations and monitor the work situation).

Impact on practice or Results: iCanWork includes how to address barriers to return to work and maintain work, and seeing how to improve work ability to enable the cancer survivor’s return to work.

Discussion or Conclusions: This session will discuss the development, rationale, research, and application of the iCanwork steps, which Psycho-Oncology providers can apply to support a successful return to work of cancer survivors.

S19: 306 | Self-employed Cancer Survivors: Remaining and Returning to Work with Cancer

Christine Maheu @christinemabert1, Maureen Parkinson @cancerandwork2, Fatima Yashmin3, Caitlin Wong1
1McGill University, Montreal, Canada. 2BC Cancer, Vancouver, Canada. 3McGill University, Montreal, Canada

Background/rationale or Objectives/purpose: Despite the divergence in employment characteristics, self-employed survivors remain an understudied population. We aim to understand the experiences of self-employed survivors with remaining or returning to work following cancer.

Methodology or Methods: This qualitative study was conducted from a vocational rehabilitation perspective. Twenty-three self-employed cancer survivors who had completed or who were near treatment completion took part in an hour interview where they responded to inquiries about the impact of their cancer and treatment on their business, meaning, and support of work in the context of cancer. The transcribed interviews were analyzed using content analysis where the data was scrutinized for meaning, similarities, and variations within the categories and sub-categories identified in major themes.

Impact on practice or Results: Four major themes were identified that relate to building compensatory strategies by the self-employed cancer survivors’ to keep their business running while learning to live with and incorporate cancer in their business. These four themes were 1) Compensatory strategies to manage the business and cancer’s treatment impact on their physical, cognitive, and functional abilities, 2) Compensatory strategies to overcome lack of healthcare and financial support; 3) Compensatory strategies to mitigate the impact of cancer on their work quality; 4) Juggling timing of return and maintain business work with cancer care.

Discussion or Conclusions: Self-employed cancer survivors had to adapt their business work to fit a cancer experience. From the minimal to the absence of support, many had to strategize for compensatory measures to minimize the negative impact of their cancer on their quality and quantity of work business.

S19: 307 | Return to Work and Breast Cancer: Perspectives from Canadian Employers

Karine Bilodeau
Université de Montréal, Montréal, Canada

Background/rationale or Objectives/purpose: Most breast cancer survivors return to work (RTW) after cancer treatment. Breast cancer (BC) is often associated with positive social images related to the desire of survivors to be healthy or to want to return to normality quickly. Considering a large number of this population and the presence of social constructs, it seems relevant to explore employers’ perspectives on managing RTW of an employee affected by BC. This presentation aims to describe the perceptions of workplace actors regarding the RTW support of employees affected by BC.

Methodology or Methods: Thirteen semi-structured interviews were conducted with representatives of organizations of various sizes (<100 employees, 100-500 employees >500 employees). Transcribed data were analyzed using iterative data analysis.

Impact on practice or Results: Four major themes emerged from the data: 1) Support the RTW at the employee’s pace; 2) Being human in its management; 3) Meeting the challenges of RTW after breast cancer, and 4) Difficulties and barriers of supporting RTW.

Discussion or Conclusions: During RTW after breast cancer treatments, employers can adopt a humanistic management style by offering flexibility and more accommodations. They may be more sensitive to this diagnosis, leading some to seek more information from their acquaintance who have experienced this diagnosis. Challenges remain to better support RTW, such as the lack of information, complaints from colleagues, and communication issues. Finally, our results highlight the sensitivity of employers to the experience of their employees. It is suggested that activities presenting testimonials from employees and situational scenarios and even simulations be added to existing training programs.
S20 | Clinical Spiritual Care for Cancer Patients and Their Families

**Moderator:** Xiaohong Liu

Hunan Cancer Hospital and The Affiliated Cancer Hospital of Xiangya School of Medicine, Central South University, Changsha, China

Clinical Spiritual Care (CSC) means to provide professional holistic spiritual and psychological care for not only cancer patients during the time of illnesses, injuries, traumas, distress, dying, etc., but also for their families, even medical staff. CSC is carried out by professional teams consisting of oncologists and nurses, clinical spiritual caregivers, psychological consultants, psychiatrists, and social workers, led by Professor Xiaohong Liu (The Chairman of Clinical Spiritual Care Management Committee of Hunan Hospital Association and The 3rd Chairman of Chinese Psychosocial Oncology Society of Chinese Anti-Cancer Association (CPOA)) since 2005 in many provinces of China. CSC usually works by art ways such as music therapy, tea culture intervention, spiritual narrative, mindfulness, spiritual and ethical consultation, and education training. CSC emphasizes the core concepts of Respecting, Communicating, Understanding and Sharing between medical staff and patients. CSC could play an important role in preventing psychological problems, as well as release patients' negative emotions, support patients' treatments, help patients to access positive resources and psychosocial support. We will invite experts to give presentations and discussions on relevant issues of CSC. The main content of the symposium includes: 1. The importance of clinical spiritual care for cancer patients; 2. Methods of implementing clinical spiritual care for cancer patients; 3. The feasibility and efficacy of online clinical spiritual care delivery for cancer patients; 4. Research, education, and clinical experience of medical staff providing clinical spiritual care for cancer patients.

S20: 45 | Clinical Spiritual Care (CSC) for Cancer Patients and Their Families

Xiaohong Liu, Feng Liu, Lemeng Zhang, Hui Yang, Wanglian Peng, Fei Tong, Desong Yang, Ran Zou, Minni Wen, Xufen Huang

Hunan Cancer Hospital and The Affiliated Cancer Hospital of Xiangya School of Medicine, Central South University, Changsha, China, Changsha, China

**Background/rationale or Objectives/purpose:** Cancer is a common chronic disease that seriously endangers people's health. Cancer patients usually have spiritual, psychological and social problems because of illness, economic and cultural troubles. We have been providing cancer patients with CSC since 2005 in many cancer hospitals in China to prevent and intervene psychosocial problems by clinical practice, research and training.

**Methodology or Methods:** Methodology (needs assessment, theoretical model, description of intervention, outcome measures). CSC means to provide professional holistic spiritual and psychological care for not only cancer patients during the time of illnesses, injuries, traumas, distress, dying, etc., but also for their families, even medical staff. CSC usually works by art ways such as music therapy, tea culture intervention, spiritual narrative, mindfulness, spiritual and ethical consultation, and education training to share Respecting, Communicating, Understanding and Sharing among medical staff, patients and their families. Different intervention ways base on clinical research, practice and assessment are provided by the team including CSC specialists, doctors, psychologists, nurses, artists, philanthropists, and volunteers. We have a lot of successful studies and cases to prove the benefits of CSC for cancer patients.

Impact on practice or Results: CSC shows its important role in preventing psychological problems, as well as releasing cancer patients' negative emotions, supporting their treatments, help them to access positive resources to get psychosocial supports.

Discussion or Conclusions: Discussion (lessons learned, future direction).

It's a good complementary way to give cancer patients psychosocial supports, but need more CSC specialists to practice in clinical.

S20: 46 | Clinical Spiritual Care Versus Conventional Psychological Health Education for Patients with Head and Neck Cancer

Feng Liu, Xiaohong Liu, Lemeng Zhang, Wanglian Peng, Hui Yang, Desong Yang, Fei Tong, Ran Zou, Minni Wen, Xufen Huang

Hunan Cancer Hospital and The Affiliated Cancer Hospital of Xiangya School of Medicine, Central South University, Changsha, China, Changsha, China

**Background/rationale or Objectives/purpose:** The study aim was to compare clinical spiritual care (CSC) with conventional psychological health education for depressive and anxiety symptoms and toxic effects in patients with locoregional advanced head and neck cancer (HNC).

**Methodology or Methods:** A total of 340 patients with diagnosis of non-metastatic locoregional advanced head and neck cancer received either CSC plus surgery + radiotherapy (CSC group, n = 170) or conventional psychological health education plus surgery + radiotherapy (control group, n = 170). Patients in the CSC group received a series of 6 CSC sessions for 6 weeks during radiotherapy. Depressive and anxiety symptoms were assessed using the Hospital Anxiety and Depression Scale (HADS) score at baseline, completion of CSC, 3, 6, 12 and 24 months after CSC. Toxic effects were also evaluated.

Impact on practice or Results: Patients in the CSC group showed significantly less depressive and anxiety symptoms compared with patients in the control group since the completion of CBT (P < 0.01). Compared with the control group, the CSC group showed significantly lower acute adverse events (anemia, fatigue, insomnia, mucositis and weight losing, P < 0.05) and late toxic effects (dry mouth, radioactive caries and skin fibrosis, P < 0.05).

Discussion or Conclusions: The addition of CSC to surgery + radiotherapy significantly reduced depressive and anxiety symptoms. CSC combined with surgery + radiotherapy is associated with considerable reduction of incidence of acute and late toxic effects in patients with locoregional advanced head and neck cancer.

S20: 84 | The Psychological Impacts and Clinical Spiritual Care for Healthcare Workers in Hunan Province during COVID-19 Pandemic

Lemeng Zhang, Xiaohong Liu, Fei Tong, Feng Liu, Hui Yang, Wanglian Peng, Minni Wen, Ran Zou, Xufen Huang, Desong Yang

Hunan Cancer Hospital and The Affiliated Cancer Hospital of Xiangya School of Medicine, Central South University, Changsha, China

**Background/rationale or Objectives/purpose:** COVID-19 pandemic is an unprecedented crisis, which leads to increased psychological disorder. The incidence and related risk factors of depression, anxiety, fear and post-traumatic stress disorder (PTSD) of healthcare workers (HCWs) in Hunan Province in China has been analyzed.

**Methodology or Methods:** Total 439 HCWs from two hospitals in Hunan province have been enrolled. An 18-item scale measuring fear based on SARS was used. Psychological distress was measured by Hospital Anxiety and Depression Scale (HADS). The Post Traumatic
Stress Disorder Checklist for DSM-5 (PCL-5) was used to assess the presence and severity of PTS symptoms. A series of clinical spiritual care (CSC) and social psychological support were used.

Impact on practice or Results: According to previous publication, the anxiety and depression rates of HCWs in Hunan Province were 21.9% and 17.1% respectively. After a series of CSC and social psychological support, the proportions of anxiety and depression were 16.7% and 10.9% respectively. And the prevalence of PTSD was 8.7%. Female HCWs were with higher fear and higher level of PTSD (P < 0.05). Nurses were with higher fear and higher PTSD compared with physicians (P < 0.05). To further analysis female HCWs, we found PTSD was higher in age group of 31-59 (P < 0.05). Married female HCWs were with higher level of anxiety (P < 0.05) and fear (P < 0.05).

Discussion or Conclusions: Female and nurses HCWs tend to develop psychological disorder. Clinical spiritual care could be implemented for the unpredictable long lasting pandemic.

S21 | Addressing unmet psychological and informational needs among Mexican patients with breast cancer

**Moderator:** Lizette Gámez-Hernández

**National Institute of Cancer, Mexico City, Mexico**

In limited-resource settings, like the Mexican public healthcare systems, cancer care predominantly focuses on providing oncological treatment, overlooking psychosocial consequences and supportive care. However, few studies have shown that the health care system and psychological domains are the most significant unmet needs (UN) reported by Mexican breast cancer (BC). Therefore, targeting BC patients’ UN is crucial due to their possible contribution to higher levels of morbidity and impaired transition towards the survivorship phase, particularly in Latinas with BC, whose low income has been correlated with more UN. The present symposium aimed to comprehend informational and psychological UN among Mexican women from different methodological approaches. The first study explores and culturally analyzes the experience of the most important psychological UN from a qualitative perspective: fear of cancer recurrence. The second study compares the cognitive mnesic performance of information types, examining their implications on information presentation format to improve unmet informational needs. Finally, the third explores the impact of two psychotherapeutic techniques on psychological UN in patients who have undergone conservative surgery diagnosed with BC, discussing its effect and clinical repercussions. This symposium pretends to provide an integrated analysis of its clinical implications in terms of UN literature, in effect and clinical repercussions. This symposium pretends to provide an integrated analysis of its clinical implications in terms of UN literature, in effect and clinical repercussions. This symposium pretends to provide an integrated analysis of its clinical implications in terms of UN literature, in effect and clinical repercussions. This symposium pretends to provide an integrated analysis of its clinical implications in terms of UN literature, in effect and clinical repercussions. This symposium pretends to provide an integrated analysis of its clinical implications in terms of UN literature, in effect and clinical repercussions. This symposium pretends to provide an integrated analysis of its clinical implications in terms of UN literature, in effect and clinical repercussions.

S21: 325 | Biofeedback addressed unmet psychological needs of patients under conservative breast cancer surgery

**Veronica Neri**, Donald Moss, Angelica Riveros, Enrique Bargallo, Edgar Salinas, Yolanda del Rio-Portilla, Lizette Gámez

1Universidad Nacional Autónoma de México, Mexico, Mexico. 2Saybrook University, USA, USA. 3Instituto Nacional de Cancerología, Mexico, Mexico. 4Universidad Pedagógica Nacional, Mexico, Mexico

Background/rationale or Objectives/purpose: Patients who have undergone conservative surgery (CS) face significant unmet psychological needs resembling the rest of patients with breast cancer (BrCa). However, biofeedback-assisted relaxation (BF-R) decreases distress in patients during chemotherapy. A patients’ unmet psychological needs undergoing CS and the effect of BF-R on it remains unknown. To analyze the differences in effect between BF-R training and psychological accompaniment (PA) on unmet psychological needs in clinical cases of BrCa undergoing CS.

Methodology or Methods: A single case, pre-post and follow-up design were conducted; six patients participated. The quality of life, anxiety, depression, perception of pain, and heart rate as a stress response were evaluated as unmet psychological needs. Patients were randomly assigned to training in BF-R or PA. Each intervention lasted three sessions. Efficacy was assessed by clinical change analysis (CC), considered significant from 0.20 (negative=decrease and positive=increase) and a Wilcoxon’s test.

Impact on practice or Results: All six patients showed unmet psychological needs before surgery with moderate levels. BF-R decreased anxiety symptoms (CC -0.5 to -0.7) and heart rate activation levels (p ≤0.01 to ≤0.001). PA increased emotional functionality (CC 0.3 to 1), decreased anxiety (CC -0.5 to -0.6), and depressive symptoms (CC -1), as well as levels of activation of heart rate (p ≤0.001).

Discussion or Conclusions: Patients before CS showed unmet psychological needs characterized by moderate emotional functioning, mild to moderate anxiety, depressive symptoms. Both interventions reduced patients’ anxiety symptoms and heart rate levels. Both therapeutic components implemented might be complementary in future interventions to meet the psychological needs of these patients.

S21: 326 | Fear of recurrence in Mexican breast cancer survivors: a qualitative study


1Universidad Nacional Autónoma de México, Mexico, Mexico. 2National Cancer Institute, Mexico, Mexico. 3University Of Ottawa, Canada, Canada. 4National School of Social Work UNAM, Mexico, Mexico

Background/rationale or Objectives/purpose: In Mexico, fear of recurrence (FCR) was described as one of the most overwhelming psychological needs. However, how patients cope with this fear is still unknown. This study aimed to explore the experiences related to FCR in Mexican breast cancer survivors with breast cancer (BC).

Methodology or Methods: A qualitative phenomenological design was used. The participants were Mexican BC survivors over 18 years of age, diagnosed by BC stages I-III, who had completed their active oncological treatment and reported FCR as an unmet need. The data were obtained through in-depth interviews, recorded and transcribed manually, analyzed with Atlas.Ti. Descriptive-interpretative analysis was used.

Impact on practice or Results: Ten women were interviewed. After analyzing the narratives, four categories emerged: 1) FCR topography (set of elements present in the FCR experience); 2) FCR triggers (stimuli that promote the development of FCR); 3) specific fears (survivors’ fears regarding cancer and its treatment and the implications for family dynamics), and 4) coping with FCR (cognitive and behavioral strategies used to cope with FCR). In addition, we found that survivors hold sociocultural beliefs that promote the development of FCR and influence their fears and coping strategies.

Discussion or Conclusions: FCR is a complex phenomenon whose characteristics are similar to those found in other cultures, although there are differences in triggers and coping with FCR that could be marked by the cultural context (customs, traditions, familyism). This study provides the first approach to the experience of suffering from FCR in the Latin American population, describing its particularities in Mexican women.
S21: 331 | Types of Information and unmet needs in patients with breast cancer: neuropsychological assessment

Erika Fabiola Martínez Esquivel1, Itzel Graciela Galán López1, Sharu Mangas Martínez2, Martha Patricia Velarde Arcos1, José Juan Contreras López1, Carmen Lizette Gálvez Hernández2

1Facultad de Psicología, Universidad Nacional Autónoma de México, Ciudad de México, Mexico, 2Instituto Nacional de Cancerología, Ciudad de México, Mexico

Background/rationale or Objectives/purpose: To compare the cognitive mnesic performance of types of information in Mexican patients with breast cancer (BC).

Methodology or Methods: A descriptive, cross-sectional study was conducted. Patients were matched for age and level of education selected from convenience sampling. To evaluate types of information were administered two measuring tools: 1) for specialized information, printed cancer materials (PCM) were selected based on identified unmet information, and 2) for daily information, a validated and standardized neuropsychological test (NT) was applied completely. Both assessments scored cognitive mnesic performance in encoding and recalling general (theme) and specific (story) information.

Impact on practice or Results: Ten patients with BC were divided into two groups: newly diagnosed (ND) and survivors. 80% were in clinical stage II-III. The median age was 46.8 years, and the mode of the level of education was 12 years. Encoding story-NT performance: both groups=62.83%; recalling-NT: 45.69% and 47.12% for ND and survivors, respectively. Survivors significantly (p=.025) decreased their recalling-NT performance. Encoding theme-NT performance: ND=84% and survivors=80%; recalling-NT: both groups=68%. NDs significantly decreased their recalling-PMC performance (p=.046). Encoding story-PMC performance: ND= 63.75% and survivors= 68.75%; recalling-PMC: ND= 56.26% and survivors= 61.25%, respectively. NDs significantly decreased their performance on story-NT recalling (p=.046). Theme-NT encoding and recalling performance: ND=92% and survivors=96%. No significant differences in any category and group.

Discussion or Conclusions: All patients have more problems retrieving specialized than daily information, characterized by a logical and sequential narrative. It was difficult recalling general information for ND patients on both assessments. Findings support the utilization of didactic resources for improving recalling of specialized information.

S22: 187 | Using Ecological Momentary Assessment Data to Study Day-to-Day Affect and Depressive Symptoms among Cancer Caregivers

Kelly Shaffer @kellymshafer11, Jillian Glazer1, Tri Le1, Matthew Reiley4, Mark Jameson5, Philip Chou1, Lee Ritterband4

1University of Virginia, Charlottesville, USA, 2Avera Medical Group, Sioux Falls, USA

Background/rationale or Objectives/purpose: Prior studies of depression among caregivers have frequently used retrospective or cross-sectional designs, offering limited information to develop more targeted interventions for caregivers. In this study of one of the first ecological momentary assessment (EMA) studies among active cancer caregivers, we report the feasibility of this prospective design among caregivers and describe how caregivers’ day-to-day affective experiences relate to their depressive symptoms.

Methodology or Methods: Participating caregivers were actively supporting a family member undergoing cancer treatment. Participants reported depressive symptoms (PHQ-8) at baseline; the following day, participants began the EMA protocol consisting of 8 prompts per day for 7 days. Prompts included 20 items measuring positive and negative affective variability. Affective variability and its relation to caregivers’ depressive symptoms was examined using a novel two-stage data analytic approach through the freeware program MIXWILD.

Impact on practice or Results: Twenty-five caregivers enrolled of 32 approached (78%). Participants completed 59% of prompts (762 of 1,286 issued prompts); completion was not associated with caregivers’ depressive symptoms (r=.02, p=.91). Two-stage location-scale mixed effects modeling showed caregivers’ higher depressive symptoms were related to their overall higher negative affect and lower positive affect (p<.01), but not to their affective variability.

Discussion or Conclusions: Results from this feasibility study of EMA among active cancer caregivers suggests this study design is feasible, even among distressed caregivers. Clinically, findings suggest the potential importance of not only strategies to reduce overall levels of negative affect, but also to increase opportunities for positive affect, to mitigate depressive symptoms among cancer caregivers.

S22: 233 | Personalizing cognitive behavioral therapy for cancer-related fatigue using EMA

Susan Harnas1, Hans Knoop1, Sanne Booij2, Annemarie Braams1

1Amsterdam University Medical Centers, Amsterdam, Netherlands, 2University of Groningen, Faculty of Behavioural and Social Sciences, Groningen, Netherlands

Discussion or Conclusions: Results from this feasibility study of EMA among active cancer caregivers suggests this study design is feasible, even among distressed caregivers. Clinically, findings suggest the potential importance of not only strategies to reduce overall levels of negative affect, but also to increase opportunities for positive affect, to mitigate depressive symptoms among cancer caregivers.

S22: 233 | Personalizing cognitive behavioral therapy for cancer-related fatigue using EMA

Susan Harnas1, Hans Knoop1, Sanne Booij2, Annemarie Braams1

1Amsterdam University Medical Centers, Amsterdam, Netherlands, 2University of Groningen, Faculty of Behavioural and Social Sciences, Groningen, Netherlands

Discussion or Conclusions: Results from this feasibility study of EMA among active cancer caregivers suggests this study design is feasible, even among distressed caregivers. Clinically, findings suggest the potential importance of not only strategies to reduce overall levels of negative affect, but also to increase opportunities for positive affect, to mitigate depressive symptoms among cancer caregivers.

EMA methods are widely used in depression and psychosis research but are currently still under-utilized in psycho-oncology. We present three studies that apply EMA to study symptom dynamics in cancer patients or caregivers: 1. Results of an EMA feasibility study (n=25), presenting the association between day-to-day affective variability and depressive symptoms among cancer caregivers. 2. Results of a case report series (n=3), presenting how predictors of cancer-related fatigue based on EMA data can personalize cognitive behavioral therapy for cancer survivors. 3. Results of a case study (n=1), presenting how network feedback based on EMA data can provide new insight into how one copes with chronic cancer-related fatigue and offer new directions for treatment.

Recommendations and challenges for research and clinical practice will be discussed.
Background/rationale or Objectives/purpose: Personalizing psychological treatments is assumed to improve treatment adherence and efficacy. A common approach for personalizing interventions is the allocation of treatment modules based on cut-off scores on questionnaires. However, this neglects intraindividual variation and temporal dynamics. The aim of this study was to illustrate how automated individual time series analyses can be applied to personalize cognitive behavioral therapy for cancer-related fatigue in cancer survivors and how this procedure differs from allocating modules based on questionnaires.

Methodology or Methods: This study was a case report series (n=3). Patients completed ecological momentary assessments at the start of therapy, and after three treatment modules (approximately 14 weeks). Assessments were analyzed with AutoVAR, an R package that automates the process of finding optimal vector autoregressive models. The results informed the treatment plan.

Impact on practice or Results: Three cases were described. From the ecological momentary assessments and automated time series analyses three individual treatment plans were constructed, in which the most important predictor for cancer-related fatigue was treated first. For two patients, this led to treatment ending after three modules. One patient continued treatment until six months, the standard duration of the treatment protocol. All three treatment plans differed from the treatment plans informed by questionnaire scores.

Discussion or Conclusions: This study is one of the first to apply time series analyses for systematically personalizing psychological treatment. An important strength of this approach is that it can be used for every modular cognitive behavioral intervention where treatment modules address specific maintaining factors.

S22: 166 | Personalizing Psychological Care for Chronic Cancer-Related Fatigue: A case study on symptom dynamics

Melanie Schellekens @MPSchellekens1-2, Tom Bootsm1,2, Rosalie van Woezik1, Marije van der Lee1-2

1 Helen Dowling Institute, Centre for Psycho-Oncology, Bilthoven, Netherlands. 2 Tilburg University, Tilburg, Netherlands

Background/rationale or Objectives/purpose: While there are evidence-based interventions for chronic cancer-related fatigue (CCRF), it remains unclear what treatment works best for the individual. Psychological network models can offer a schematic representation of interrelations among fatigue and protective and perpetuating factors for the individual. The REFINE project explored whether this network approach can help personalize psychological care.

Methodology or Methods: As part of a proof-of-concept study (n=5), a 34-year-old woman on the waitlist for psychological care for CCRF filled out an ecological momentary assessment app for 101 days, including five daily assessments of fatigue, pain, mood, activity and fatigue coping. The interplay between items was visualized in network graphs, which were discussed with the patient.

Impact on practice or Results: For example, acceptance of fatigue in the past three hours was associated with less hopelessness and less fatigue in the following moment. At the day-level, acceptance was also being associated with less fatigue, less hopelessness, a better mood, and more motivation to do things. The patient recognized these patterns and explained how unexpected waves of fatigue can make her feel hopeless. This started a dialogue on how cultivating acceptance could potentially help her handle the fatigue. The patient would discuss this with her therapist.

Discussion or Conclusions: Feedback based on individual fatigue networks can provide new insight into how one copes with CCRF and offer directions for treatment. In a subsequent implementation study, we are exploring how this approach can best be implemented in clinical practice and whether it leads to more efficient care compared to standard treatment. Preliminary findings will be discussed.

S23: 178 | Need for a blended primary care based intervention for fear of cancer recurrence; conclusions from the BLANKET trial

Yvonne Luigjes-Huizer1,2, Charles Helsper2, Marloes Gerrits3, Niek de Wit2, Marije van der Lee1,4

1 Helen Dowling Institute, Centre for Psycho-Oncology, Bilthoven, Netherlands. 2 Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, Netherlands. 3 Leidsche Rijn Julius Geszondheidscentra, Utrecht, Netherlands. 4 Tilburg University, Tilburg, Netherlands

Background/rationale or Objectives/purpose: More than half of cancer survivors experience fear of cancer recurrence (FCR). In the randomised BLANKET-trial, we aimed to investigate the effectiveness of a short, primary care-based intervention for FCR. We present challenges with recruitment and uptake, and lessons learned.

Methodology or Methods: The two armed BLANKET-RCT was designed to analyse the effect of a cognitive behavioural primary care intervention on FCR severity. Participating GPs invited all patients who finished successful curative cancer treatment between 3 months and 10 years ago.

Impact on practice or Results: Only 62 of 1368 (4.5%) invited cancer survivors chose to participate. Main reasons not to participate were not experiencing FCR (74%) and not wanting help (38%). Due to the low participation, we could not robustly evaluate the intervention’s effectiveness. Indicatively, in the per-protocol analysis, FCR decreased 3.5 points in the intervention group (n=17) and 0.7 points in the control group (n=11). Also, patients were mostly positive about the intervention.

Discussion or Conclusions: Although a high need for help for FCR has been reported in the literature, participation in our intervention was
limited. Therefore, training MHWs who could support patients across practices may be more (cost) effective than training all MHWs in all practices. To support this, a study to assess the effectiveness of providing the intervention completely online using video calls is currently being conducted. We also recommend additional research on which patients require and desire help, and what kind of help is fitting for what patients.

**S23: 206 | Barriers to use an online tool to improve information related to cancer in an old age sample: a focus group preliminary study**

*Tania Estape @TaniaEstape1, Iraida V. Carrión2, Raquel Vila1, Jordi Lori Wiener*

1 FEFOC Fundació, Barcelona, Spain. 2 University of South Florida, Tampa (Florida), USA

Background/rationale or Objectives/purpose: Old people have negative views towards cancer. We did an online tool to overcome them. Objectives: 1) Collect old people opinions about this tool 2) Have their proposals to improve information on cancer for them

Methodology or Methods: People aged 60 or over were asked to find and watch a cancer video in our web and invited to an online focus group. Topics: 1) Easy of finding; 2) Understanding content; 3) Topics learned: attitudes towards cancer, healthy lifestyles, early detection, treatment, psychosocial outcomes, research; 3) Barriers to use; 4) Proposals to improve attitudes towards cancer in the elderly

Impact on practice or Results: 10 (mean age = 71) participated in an online focus group. 7 women 3 men (more willing to participate online and easier in availability). Main results: 1) All found easy to find and access the video; 2) 9 said the content was good and understandable; 8 surprised to learn that old people is at special risk of cancer; 9 couldn’t imagine old people is underrepresented in clinical trials. 7 believed even old being is good to maintain healthy lifestyles. All agreed that at old age is not worth to undergo some treatments 3) Men found cartoons in the video unsuitable and childish,4) All agreed that the best way to reach the elderly is in person in places where they naturally gather.

Discussion or Conclusions: Our ehealth tool is easy to find and understandable, but old people prefer in person programs. This is an ongoing study that is helping us to improve our programs on cancer in the elderly.

**S23: 348 | Co-production and implementation of online patient-centred decision aids for genetic predisposition to cancer**

*Kate Morton @katemorton1-2, Kelly Kobr1, Gillian Crawford1, Lesley Turner4, Lucy Side3, Diana Eccles1, Claire Foster1*

1 University of Southampton, Southampton, United Kingdom. 2, 3 University Hospital Southampton, Southampton, United Kingdom. 4 Patient and Public Contributor, Southampton, United Kingdom. 5 University Hospital Southampton, Southampton, United Kingdom

Background/rationale or Objectives/purpose: The UK aims to identify more people with a genetic predisposition to cancer, to help inform treatment and risk management. Our team specialises in co-producing digital decision aids with patients which could compliment this move by ensuring people are supported to make informed decisions. This talk will describe the impact of introducing ‘Breast Cancer Choices’ into the care pathway on patient experiences and service delivery. We will also discuss implications for wider implementation of digital decision aids in cancer genetics.

Methodology or Methods: In order to explore optimal implementation of digital decision aids, we adopt a two-pronged approach. Firstly, we conducted a mixed-methods service evaluation of Breast Cancer Choices with patients and clinicians in real-life settings. Quantitative measures included decision aid usage, change in decisional conflict, and acceptability. Qualitative measures included semi-structured interviews with patients and clinicians to explore their experiences. Secondly, we describe our work with a patient panel and international stakeholder group to plan the implementation of a decision aid to support people already diagnosed with a genetic predisposition.

Impact on practice or Results: The evaluation demonstrated the feasibility of offering breast cancer patients an online decision aid in a range of care settings, and highlighted important barriers to implementation. The learning from this evaluation was discussed with patients and stakeholders to develop an implementation strategy to roll out other decision aids in cancer genetics.

Discussion or Conclusions: Working with champions from relevant organisations and gaining endorsement of the decision aid were important facilitators of implementation. Co-producing an implementation strategy with patients and stakeholders is recommended for wider research.

**S24 | Building an Evidence-base to Support Equity, Diversity & Inclusion in pediatric Advance Care Planning (pACP) for Children with a Serious Illness**

*Moderator: Lori Wiener*

National Institutes of Health/National Cancer Institute, Bethesda, USA

Objective: Pediatric advance care planning (pACP) is an ongoing process of clarifying personal values, goals, and preferences for care along with preparation for future medical decision making. This session will highlight the importance of community based participatory approach in the development, testing, and completion of successful trials of pACP and avenues for future clinical care and research.

(1) Dr. Needle’s presentation will focus on reducing health disparities in pediatric palliative care. She is collaborating with the SoLaHmo partnership for Health and Wellness to utilize a community-based participatory research approach to understand barriers and facilitators to pediatric palliative care, including pACP, in the Somali, Latino/a/x, Hmong, and Native American communities.

(2) Dr. DeCourcey will present on the development of a generalizable advance care planning (ACP) intervention for children, adolescents, and young adults with serious illness using a multistage, stakeholder-driven approach, named the Pediatric Serious Illness Communication Program (PediSICP).

(3) Dr. Maureen Lyon and key stakeholders developed and pilot-tested in small RCTs the 3- session intervention, FAmily CEntered pACP for adolescents with cancer (FACE-TC). Dr. Lyon will report on the outcomes from the recently completed 5-year randomized clinical trial of FACE-TC in the United States.

**S24: 83 | The Process and Impact of a Stakeholder Driven Serious Illness Communication Program for Advance Care Planning in AYAs and Parents of Children with Serious Illness**

*Danielle DeCourcey @danielledeco1-2, Andrea Schwartz3-4, Rachelle Bernacki1-2, Joanne Wolfe1-2*

1 Boston Children’s Hospital, Boston, USA, 2 Harvard Medical School, Boston, USA, 3 VA Boston Healthcare System, Boston, USA, 4 Dana Farber Cancer Center, Boston, USA

Background/rationale or Objectives/purpose: Early advance care planning (ACP) is associated with better end of life outcomes. However, ACP for seriously ill children, adolescents, and young adults (AYAs) remains uncommon. We aimed to pilot the feasibility and acceptability of
the Pediatric Serious Illness Communication Program (PediSICP) consisting of focused clinician communication training preceding an ACP communication occasion, supported by communication guides, a preparatory patient/family worksheet, and a template for electronic medical record documentation.

Methodology or Methods: Single-arm pilot study of the PediSICP in AYAs with serious illness (13+), parents of seriously ill children and interdisciplinary clinicians. The a priori feasibility threshold was 70% clinician completion of the PediSICP.

Impact on practice or Results: In 2021, we conducted 10 virtual trainings with 26 physicians, 8 nurse practitioners, 5 nurses, and 1 respiratory therapist (N=40); 62% reported no prior ACP training. Trained clinicians (n=30; 75%) conducted and documented 42 ACP conversations with 36 parents and 6 AYAs using the PediSICP; median conversation duration was 27 minutes [IQR 10-45]. All clinicians agreed that they felt prepared for the conversation and would recommend the PediSICP to colleagues, 95% reported learning something new about the family, and only 5% found it burdensome. Thirty-three parents and 5 AYAs completed the intervention and reported participation was worthwhile (80%), they felt listened to (95%) and would recommend the PediSICP to other families (90%).

Discussion or Conclusions: The PediSICP ACP intervention is feasible, acceptable, and highly valued by AYAs and parents of seriously ill children. Further evaluation through clinician, parent and patient follow-up surveys and interviews will identify candidate outcome measures for future trials.

S24: 118 | The influence of social and structural determinants of health on end-of-life decision-making among adolescent and young adult patients

Jennifer Needle
University of Minnesota, Minneapolis, USA

Background/rationale or Objectives/purpose: The purpose of this presentation is to: 1) describe personal and social factors that influence adolescent cancer patient end-of-life decision-making and 2) address social and structural determinants of health that influence the healthcare experience in BIPOC communities. Improved understanding of decision-making among pediatric patients may guide future counseling and interventions for adolescent cancer patients.

Methodology or Methods: Our research team analyzed responses to the question “can you tell me why you made that choice” about end-of-life scenarios as part of the FACE-BMT adolescent advance care planning intervention. FACE-BMT included patients ages 14-26 years who were preparing to undergo a bone marrow transplant. We also conducted focus groups with Latino/a/x and Hmong community and religious leaders as part of a research project examining BIPOC community perspectives on pediatric palliative care.

Impact on practice or Results: Adolescents strongly considered the impact of their end-of-life decisions on their family. Among these considerations were practical burdens such as the cost of care and its impact on the functioning of the family, the care-work burden, and how they would receive care if they became sicker. Housing, employment, and community support are social and structural determinants of health explicitly identified by both adolescent BMT patients and community/religious leaders as factors that influence their decision-making and healthcare experience.

Discussion or Conclusions: End-of-life decision-making among adolescent cancer patients is complex and is influenced by their relationships, family experiences, and concern for burdening their loved ones. Assessing the impact of social and structural determinants of health on adolescent end-of-life decision-making advances the goal of health equity.

S24: 138 | Who the Hell Ever Gave My Uncle Permission to Make Decisions for Me? Co-creating pediatric Advance Care Planning (pACP) using Community Based Participatory Research (CBPR) & Clinical Trials: FACE®-pACP

Maureen Lyon
Children’s National Hospital, Washington, USA

Background/rationale or Objectives/purpose: Without pediatric Advance Care Planning (pACP) most families do not know what their adolescent would want for end-of-life care. Young adults want some control in choosing who will speak for them if the worse were to happen.

Methodology or Methods: In the 1990s clinicians reported moral distress that adolescents were receiving aggressive treatment at the end of life that they did not want. In 2003 pACP surveys of adolescents/families identified discordance in end-of-life treatment preferences. In 2005 Science in a Fishbowl methodology elicited community feedback on pACP for adolescents. Community Advisory Boards of adolescents reviewed intervention ideas. Focus groups with bereaved parents and interviews with experts further refined the intervention. Transactional Stress and Coping Theory guided development. Family Centered pediatric Advance Care Planning consists of 3-weekly 60-minute sessions: (1) Lyon Family-Centered ACP Survey; (2) Respecting Choices Next Steps conversation; and (3) Five Wishes, advance directive. Primary outcome measure was Statement of Treatment Preferences. Information was shared with clinicians. Designs were a single-blinded, intent-to-treat, RCT. To control for literacy, questionnaires were administered face-to-face.

Impact on practice or Results: Adolescents aged 14 to 21 years and their families participated at rates ranging from 39% (cancer) to 50% (HIV). Across 2 pilot trials and 2 RCTs, a total of 301 patient/family dyads were randomized. Consistently, >90% attended all FACE sessions; retention was >70% at 18 months. In both RCTs, FACE pACP families had 3-6x the odds of accurately reporting their adolescents’ end-of-life treatment preferences compared to controls one-year post-intervention.

Discussion or Conclusions: FACE-TC pACP is an evidence-based intervention ready for implementation.

S25 | Seeking Assisted Dying: Psychological Problem versus Psychological Solution

Moderator: Gary Rodin
Princess Margaret Cancer Centre, Toronto, Canada

The desire for death (DD) in individuals with advanced cancer is a broad concept that may reflect demoralization and a passive wish to hasten death, or more active intentions such as depression-related suicidal ideation or well-considered requests for medically assisted dying. Paradoxically, DD has been shown to coexist with the will to live, underlining the ambiguity of intention and the importance of reflective conversations of healthcare providers with patients who express DD and careful assessment of eligibility in patients who seek assisted dying.

This symposium will overview assisted dying legislation in various global jurisdictions where it is legal. Cases from Columbia and Canada will be used to illustrate how clinicians evaluate the psychological suffering underlying DD and how these are considered in requests for assisted dying. Participants will have an opportunity to understand when medically assisted dying is an informed response for such psychological suffering. The challenge of how to assess capacity, the undue influence of psychosocial factors, and the determination of whether a decision for
assisted dying has been well considered will be discussed. The effectiveness of different legislative frameworks as safeguards to identify when assisted dying is a psychological problem rather than a psychological solution will be explored.

**S25: 601 | Euthanasia in Colombia**

Carolina Palacio Gonzalez
Instituto de Cancerología Las Américas, Medellín, Colombia

**Background/rationale or Objectives/purpose:** Euthanasia has been regulated in Colombia since 2014, with stipulated criteria to be met when requesting a procedure and strict monitoring of compliance. There is also a law that requires comprehensive access to palliative care for individuals requesting assisted dying, although there are no specified sanctions if breached.

**Methodology or Methods:** The emergence of euthanasia in Colombia began with legal case challenges for the right to die with dignity, asserting that dying with dignity is a fundamental right in Colombia. Regulations stipulate the criteria to be taken into account, which include the suffering reported by the patient, a life expectancy of less than 6 months, and the presence of a chronic, degenerative or terminal disease, with no response to specific treatment. We will present cases in which requests for euthanasia were denied by the independent case evaluation committee because they did not meet the regulation criteria.

**Impact on practice or Results:** The role of the psycho-oncologist with patients who request euthanasia is aimed at identifying the factors that underlie their decision making and that are associated with the suffering, and strategies that allow the relief and reduction of their suffering. The latter include interventions for spiritual distress to address the loss of meaning, hopelessness, beliefs related to death, the role of the family in the disease process, the understanding of euthanasia, and factors that may contribute to the ultimate decision.

**S25: 602 | MAiD: A Legislation Made in Canada**

Madeline Li
Princess Margaret Cancer Centre, Toronto, Canada

**Background/rationale or Objectives/purpose:** In trying to strike an appropriate balance between autonomy and protection, Medical Assistance in Dying (MAiD) legislation has evolved along a unique and complex course in Canada since 2016. This has resulted in a lack of clarity in the interpretation of MAiD eligibility criteria, which has left a heavy reliance on the variable judgement of individual practitioners. The 2021 expansion of MAiD to individuals without a reasonably foreseeable natural death, and the planned expansion to those with sole mental disorders in 2023, will further amplify this variability. As a result, there is now heightened interest in the careful evaluation of the desire for death in individuals with chronic disease, in order to improve the quality of MAiD practice in patients with diverse conditions and motivations.

**Methodology or Methods:** Meeting eligibility criteria is a necessary condition for an individual to receive MAiD, but may not be a sufficient condition. Clinical appropriateness should also be considered in MAiD decisions. This presentation will use challenging cases to illustrate a shared decision-making approach that has been developed to determine when MAiD may be clinically appropriate to relieve psychological suffering in cancer.

**Impact on practice or Results:** This approach has been incorporated into the Canadian MAiD Curriculum Development (CMCD) Project, a Health Canada-funded initiative to develop a standardized MAiD training curriculum, led by the Canadian Association of MAiD Assessors and Providers (CAMAP). The current status and impact evaluation plan of the CMCD Project will be presented. The goal of the CMCD Project is to enhance the consistency and safety of MAiD practice across Canada.

**S25: 603 | Capacity and Irremediability in Assisted Dying: Quandaries Inside the Legal Bounds**

Scott Kim
National Institutes of Health, Bethesda, USA

**Background/rationale or Objectives/purpose:** Assisted dying (AD), where legal, is grounded in various ways: as a purely autonomous right (Germany, Switzerland), a human right restricted to relief of medical or disability suffering (Canada), a doctor’s prerogative of necessity (the Netherlands), or an option for dying patients (US states). AD is not an inherently medical act, but a social-legal construct. Thus, it is not surprising that medical practitioners of AD will face cases in which providing AD seems at odds with, or perhaps outside of, their role as a health care provider.

**Methodology or Methods:** As most of the debate over AD has centered on legalization, such practice quandaries for active AD practitioners have received relatively little attention. But quandaries may arise in applying the legal provisions for AD, such as in the assessment of the person’s capacity to request AD. For instance, an assessor may genuinely and persistently remain unsure about a patient’s capacity. And even if a person meets some minimum threshold for capacity, the law’s purely subjective view of irremediable suffering —as in Canada—may create a moral quandary for a practitioner, i.e., complying with the patient’s ‘competent’ preference may seem, even to some good faith AD practitioners, outside the standards of medical practice.

**Impact on practice or Results:** After an analysis of these quandaries, this presentation will examine the pros and cons of the potential solutions, drawing on the current debates on conceptions of decisional capacity and on different conceptions of the relationship between medicine and AD.

**S26 | Moving towards culturally sensitive care for fear of cancer recurrence: A global perspective**

**Moderator:** Sophie Lebel

University of Ottawa, Ottawa, Canada

Fear of cancer recurrence (FCR) is the most frequently cited unmet need of cancer survivors across the disease trajectory. A recent Delphi study of FCR experts identified implementation and stepped care approaches to the management of FCR as the foremost research priorities in this field. At the same time, a systematic review of FCR in culturally diverse people living with and beyond cancer found they may be at risk of experiencing greater FCR and highlighted the need for greater research with these vulnerable groups in future. As we move towards addressing FCR globally, it is imperative we use a culturally sensitive lens to guide our research and clinical efforts. This symposium will present studies that address cultural diversity in FCR and move us closer to implementing FCR management in routine care. First, Dr. Yang will present the prevalence, risk factors, psychiatric comorbidities, and clinical management of FCR in China. Second, Dr. Smith will describe progress towards developing an evidence-based, culturally sensitive and implementation-ready clinical pathway to address FCR in Australia. Last, Dr. Centeno will outline a pilot implementation study to manage FCR in Mexican women with breast cancer. Directions for future research and implementation of FCR care with culturally diverse populations will be discussed.
S26: 598 | Fear of cancer recurrence in China, prevalence, risk factors, relationships with other psychiatric comorbidities, and clinical management
Yuan Yang
Guangdong Mental Health Center, Guangdong, China
Background/rationale or Objectives/purpose: Fear of cancer recurrence (FCR), anxiety, and depression are common psychological disturbances experienced among cancer patients, and are problems that frequently occur together. This study investigated network connectivity between FCR, anxiety, and depressive symptoms in a large representative sample of breast cancer patients.
Methodology or Methods: This was a multicenter, cross-sectional study of 803 women with breast cancer. All participants completed the 4-item FCR scale, Generalized Anxiety Disorder (GAD-7), and Patient Health Questionnaire (PHQ-9). Network analysis was conducted to investigate the network structure, central symptoms, bridge symptoms, and network stability of these disturbances.
Impact on practice or Results: The generated network model indicated that anxiety and depression communities were well-connected with each other, while FCR emerged as a distinct cluster with only a few weak links to anxiety and depression communities. Depressive and anxiety symptoms were more central than FCR symptoms were in the model. ‘Having trouble relaxing’ (#GAD4, strength = 1.147) was the most central node within the whole network, and ‘strong feelings about recurrence’ (#FCR4, strength = 0.531) was the least central node. Several anxiety symptoms (e.g., ‘feeling afraid’, ‘uncontrollable worry’, and ‘restlessness’) acted as important bridging symptoms connecting FCR, depression and anxiety communities. ‘Uncontrollable worry’ (#GAD2) had the highest nodespecific predictive betweenness value. The network stability of this model was high.
Discussion or Conclusions: Depression and anxiety symptoms are highly interactive with each other among women with breast cancer. Conversely, FCR may have attenuated relations with anxiety and depression communities and emerged as a relatively independent, unique experience. Anxiety symptoms, particularly ‘uncontrollable worry’, acted as important trans-diagnostic symptoms that connected different communities. Findings suggested interventions to alleviate excessive worries and enhance feelings of personal control might be helpful in preventing or reducing related symptoms of FCR, anxiety and depression.

S26: 600 | Introducing Fear of cancer Recurrence (FCR) care in a Mexican breast cancer women group
Isabel Centeno
Tecnológico de Monterrey, Monterrey, Mexico
Background/rationale or Objectives/purpose: Breast cancer is a major public health problem worldwide and in Mexico, with the highest incidence and mortality among women. Survivorship rates had increased very rapidly but psychosocial care hasn’t develop so much. We know that most women living with and beyond breast cancer, experience fear of cancer recurrence (FCR). People with high FCR experience more depression, anxiety translating in less meaningful lives. As a Country, intervening to reduce FCR is a commonly reported unmet need, particularly by vulnerable populations. This presentation will address the challenges and outcomes of a pilot implementation to reduce or manage FCR in a Breast cancer group.
Methodology or Methods: This research intervention is being delivered free, in an 8-week workshop (2 hrs per session). Measurements prior to start and at the end of the program will let us know its effectiveness in terms of: Distress, FCR, anxiety symptoms. The group members are breast cancer patients, different ages and different cancer stages.
Impact on practice or Results: In México there are no group interventions to address FCR after living a cancer diagnosis. Results from this group will offer innovative information to facilitate-based on research knowledge- survivor groups toward a better quality of life by decreasing fear, anxiety and increasing self-compassion. The pilot participants are breast cancer survivors and the idea is to extend our learnings to other types of cancer, ages and gender.
Discussion or Conclusions: Challenges and outcomes, improvements for next editions and the potential to extend this research to improve psychosocial care for other types of cancer.
contextualized in the macro- and meso-level. The second part outlines a theoretical model for gender minority cancer patients.

Discussion or Conclusions: This case illustrates the challenges to receiving timely and effective cancer treatment for patients with SMI. Awareness is needed to improve health equity in patients’ outcomes.

61 | The Diverse Voices of Knowledge and Beliefs about Cancer of Older Latinos/As in the USA

Iriada Carrion1, Malinee Neelamegam2, Tania Estapa3, Jorge Estapa3

1University of South Florida, Tampa, USA, 2University of North Texas Health Science Center, School of Public Health, Fort Worth, USA, 3Fundación Contra El Cáncer, Barcelona, Spain

Background/rationale or Objectives/purpose: Older Latinos/as’ knowledge and beliefs about cancer vary depending on their country of origin and gender, and as a result, they tend to be underserved in this regard.

Methodology or Methods: A survey developed and administered in Spanish using convenience sampling, 168 individuals identifying as Latino/as were surveyed in Tampa Bay, Florida. A descriptive analysis was performed to understand the characteristics of the study population. Frequencies were assessed to understand the participants’ responses to questions on cancer-related attitudes. A bivariate analysis using a chi

40 | Hurdles to Receiving Optimal Cancer Care in Patients with Severe Mental Illness

Omar Munoz1, Alexander Katz1, Zelde Espinel2, Maria Rueda-Lara2

1University of Miami/Jackson Health System, Miami, USA, 2University of Miami/Sylvester Comprehensive Cancer Center, Miami, USA

Background/rationale or Objectives/purpose: Individuals with severe mental illness SMI (schizophrenia and severe mood disorders) face multiple challenges when diagnosed with a comorbid medical condition: they are less likely to receive adequate screening and are also less likely to receive standard levels of care. When diagnosed with cancer, persons with SMI face further disparities in screening and treatment that leads to a delay in diagnosis, poorer prognosis, and survival time for their cancer.

Methodology or Methods: We present a case that illustrates these disparities. Ms. G, a 66 year-old woman with a past psychiatric history of schizophrenia and an abdominal mass presented to the emergency department complaining of abdominal pain. The psycho-oncology service was consulted because the patient was suspicious, paranoid and refusing a biopsy. The patient was found to be delusional and believed that the nursing staff were plotting against her. Collateral information obtained from the family, revealed that in the past three months, the patient had presented to two other emergency departments complaining of abdominal pain and was discharged without a thorough medical evaluation. The patient had not seen a primary care physician for five years and had not undergone a mammography, pap-smear or colorectal cancer screening.

Impact on practice or Results: The patient was started on antipsychotic medication and was referred to gynecology for a biopsy. The patient was diagnosed with breast cancer and underwent a mastectomy and chemotherapy. The patient is currently undergoing radiation therapy and is doing well.

Discussion or Conclusions: This study finds that cancer care operates according to a cisnormative logic that excludes TGNC patients and renders them invisible. Psychosocial and medical oncology professionals often unknowingly reproduce transphobic discourses, thereby compromising the care provided to TGNC individuals and undermine their identities. By implementing gender affirmative practices, the cancer care landscape can be transformed into one that better meets the needs of all patients.

13 | Understanding and Addressing the Cancer Care Needs of Transgender and Gender Non-Conforming Adults

Eden Haber

Colorectal Cancer Canada, Montreal, Canada

Background/rationale or Objectives/purpose: Due to barriers to healthcare access, transgender and gender non-conforming (TGNC) individuals tend to undervalue cancer screening, resulting in delays in diagnosis and treatment (Taylor & Bryson, 2016; Lombardi & Banik, 2015; Alpert et al., 2021). When they do access cancer care, TGNC people report that their health and psychosocial care needs are neglected or misunderstood, thereby compounding their distress (Eliason & Dibble, 2015).

Methodology or Methods: The first part of this study consisted of a review of the academic and grey literature on the barriers to access experienced by gender minority patients throughout the cancer care continuum. The second part outlines a theoretical model for gender affirming cancer care delivery.

Impact on practice or Results: Recommendations are provided to cancer care providers at the micro-, mezzo- and macroscopic level to improve the experiences of TGNC patients and establish a more gender-affirming practice. By shifting the imagery and language of cancer care, care providers can facilitate the de-gendering of oncology. In so doing, they can expand the inclusivity of existing policies and services for patients of all genders and implement specific services to meet the unique needs of gender minority cancer patients.

Discussion or Conclusions: This study finds that cancer care operates according to a cisnormative logic that excludes TGNC patients and renders them invisible. Psychosocial and medical oncology professionals often unknowingly reproduce transphobic discourses, thereby compromising the care provided to TGNC individuals and undermine their identities. By implementing gender affirmative practices, the cancer care landscape can be transformed into one that better meets the needs of all patients.
square test was done to assess the association between country of origin and gender with the participants’ cancer-related knowledge.

Impact on practice or Results: The mean age was 67.9 years, length of stay in the U.S.A. was 25.8 years, and 34.5% were male. The men (n=13, 19.4%), significantly more women believed breast cancer was the most common type of cancer (n=89, 66.9%, p<0.001). Country of origin was significantly associated with several cancer-related beliefs. Individuals of Cuban origin believed that darker skin tone protects against skin cancer (n=5, 45.5%, p<0.05). Individuals preferred using a combination of natural products to treat cancer; Preference was the highest among Mexican (n=10, 83.3%) or South American origins (n=71, 83.5%) (p<0.05). There was also a significantly higher percentage (p <0.05) from Cuban (n=19, 59.1%) and Mexico (n=6, 50.0%), who were fearful of surgical cancer interventions.

Discussion or Conclusions: Older Latinos/as’ gender and country of origin impact their knowledge and beliefs about cancer. The study addresses the current lack of relevant data in illuminating the variation of beliefs pertaining to cancer.

146 | Cultural Adaptation of FORT for Mexican Breast Cancer Survivors

Ivan Rivera-Olvera1, Christine Malhe2, Sophie Lebel1, Alejandro Mohar1, Lizette Gámez-Hernández1,2,6,7

1Psychology Faculty, National Autonomous University of Mexico, Mexico City, Mexico. 2McGill University, Ingram School of Nursing, Montreal, Canada. 3School of Psychology, University of Ottawa, Ottawa, Mexico. 4Department of Genomic Medicine and Environmental Toxicology of the Institute of Biomedical Research, National Autonomous University of Mexico, Mexico City, Mexico. 5Postgraduate of Psychology Faculty, National Autonomous University of Mexico, Mexico City, Mexico. 6National Institute of Cancer, Mexico City, Mexico. 7CONACYT- Research Fellow, Mexico City, Mexico.

Background/rationale or Objectives/purpose: In Mexico, fear of cancer recurrence (FCR) is one of the primary unmet psychological needs in patients with breast cancer (BC). Fear of Cancer Recurrence Therapy (FORT) has been reported among the strong efficient interventions to decrease the FCR of BC and gynecologic cancer patients. However, like other similar interventions, FORT was developed and evaluated in sociocultural contexts different from that of Mexico. Therefore, this study aimed to describe the process of cultural adaptation of the FORT manuals (patient and therapist) to address the FCR of BC survivors online.

Methodology or Methods: An iterative process implemented by the World Health Organization (WHO) was followed for cultural adaptation, consisting of four phases: 1) translation of the intervention manuals, 2) review of translated versions, 3) cognitive interviews with patients and experts on the culturally translated intervention manuals, and 4) data collection and analysis.

Impact on practice or Results: After obtaining feedback from the 4 phases, changes were implemented in the FORT intervention manuals. Categories of change for cultural adaptation included: adding examples of hospital scenarios similar to those experienced by local patients during the BC journey (relevance); adding images, instructions, and examples to sections of the manual (acceptability); changing words to conform to Mexican Spanish and adding a glossary to aid in understanding technical words (comprehensibility); maintaining fundamental therapeutic components (treatment integrity).

Discussion or Conclusions: In addition to being an evidence-based intervention, this study showed that FORT should be culturally adapted to achieve a relevant, acceptable, and understandable version for Mexican patients with BC who report FCR to be implemented successfully.

264 | Study on the psychological correlation status and causes of tumor patients at different stages of treatment during the outbreak of the new coronavirus

Sheng-li Yang1, Qushuang Wang1, Yating Song2, Chengrong Sha1, Jian-li Hu1

1Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China. 2Hubei Provincal Center for Disease Control and Prevention, Wuhan, China. 3First Affiliated Hospital of Huabei University of Science and Technology, Xianning, China.

Background/rationale or Objectives/purpose: To investigate the psychological state and related causes of tumor patients in different treatment stages during the new coronavirus epidemic.

Methodology or Methods: We conducted an online study during the epidemic to explore the mental state of tumor patients during this extraordinary time. A cross-sectional survey was carried out. Questionnaires were distributed through the WeChat “Questionnaire Star” network.

Impact on practice or Results: A total of 1,030 valid questionnaires were collected. Patients at the early stage of diagnosis were more affected in “concerns about the impact of the epidemic on surgery” (72.2%). As for the patients who were under treatment were the most affected crowds in the epidemic, “after the epidemic, the factors of psychological distress caused by tumor” (84.13%); “whether the disease will be serious (75.93%); “patients are nervous in the face of the closed hospital management” (64.55%) and so on. Patients in the later stage of convalescence were affected by the epidemic because the treatment plan was not finished, such as “whether they would feel serious or not” (68.52%), and “it was difficult to get medicine during the epidemic” (46.3%). Patients in the periodic review phase were less affected by the outbreak but were affected in “terms of delayed review” (61.31%).

Under the new crown epidemic situation, the relevant personnel intervention should take targeted methods according to the characteristics of patients in different stages.

Discussion or Conclusions: Under the new crown epidemic situation, patients with different stages of tumor will be affected by different degrees in different aspects (P<0.05), the relevant personnel intervention shou.
body; Day 3: face anxiety; Day 4: face change; Day 5: observe emotions; Day 6: stop confrontation; Day 7: recover confidence. The nurses in charge urged the patient to perform meditation exercises daily and confirm that the patient has no questions during the exercise, asked the spiritual carer to intervene and guide if there was confusion.

Impact on practice or Results: The psychological status of the two groups before intervention was not significant, without statistical significance (P > 0.05). After intervention, the psychological status of the observation group was significantly better than that of the control group, with statistical significance (P < 0.05).

Discussion or Conclusions: Mindfulness meditation therapy can improve the psychological status of patients with esophageal cancer after enhanced recovery after surgery in the post-epidemic era after COVID-19.

271 | Effect of Clinical Spiritual Care on mood and quality of life in patients with chemotherapy-associated nausea and vomiting

Yanwei Mi, Ailian He, Miaorui Jiao, Hongmei Lu, Funa Yang, Xiaoxia Xu
Henan Cancer Hospital/Tumor Hospital of Zhengzhou University, Zhengzhou, China

Background/rationale or Objectives/purpose: To explore the effect of spiritual care on the mood and quality of life of patients with chemotherapy-associated nausea and vomiting in the first diagnosis of lung cancer.

Methodology or Methods: Eighty patients were selected and all patients were assessed for having symptoms of nausea and vomiting and divided into the control group, the observation group according to the random number table grouping method. On the basis of routine nursing care, spiritual care was used in the observation group. The patients were treated with spiritual care at least 0.5 ~ 2h each time. The first visit: introduce the purpose and significance of spiritual care. Second visit: give patients physical and psychological care by listening, companionship. Third visit: help patients find the correct way to release stress, promote the construction of their interpersonal network. Fourth visit: guide patients to release themselves, meditation, listening to soothing music or other ways suitable for patients themselves. Fifth visit: Encourage and guide patients to evaluate themselves, recall the past. Sixth Visit: develop the next stage of treatment goals according to the patient’s recovery.

Impact on practice or Results: There was no significant difference in psychological status and quality of life before intervention between the two groups (P > 0.05). After intervention, the psychological status and quality of life in the observation group were significantly better than those in the control group, and the difference had statistical significance (P < 0.05).

Discussion or Conclusions: Spiritual Care can improve the psychological status of patients with lung cancer chemotherapy-related nausea and vomiting and improve the quality of life of patients.

273 | Mental outcomes and their predictors in cancer survivors from various ethnic backgrounds: comparative analysis of the multi-ethnic HELIUS study

Fabiola Müller @FabiolaMueller1, Linde M. Veen1, Pythia Nieuwkerk1, Henrike Galenkamp2, Anja Lok1, Jeanne Sturmmond1, Heather Jim2, Hanneke W.M. van Laarhoven1, Hans Knoop1
1Amsterdam UMC, Amsterdam, Netherlands. 2Moffitt Cancer Center, Tampa, USA

Background/rationale or Objectives/purpose: Insight into mental outcomes of cancer survivors from ethnic minority groups in Europe is scarce. We aimed to (1) compare mental outcomes of survivors from ethnic minorities to that of the majority population; (2) determine whether the impact of receiving a cancer diagnosis differs among ethnic groups and (3) investigate predictors of mental outcomes in survivors from ethnic minorities.

Methodology or Methods: Cross-sectional data were derived from HELIUS, a multi-ethnic cohort study conducted in Amsterdam, the Netherlands. Mental outcomes (MCS-12, PHQ-9) and predictors were assessed by self-report. Cancer-related variables were derived from the Netherlands Cancer Registry.

Impact on practice or Results: Of the 19147 participants, 351 had a cancer diagnosis (n=130 Dutch, n=75 African Surinamese, n=53 South-Asian Surinamese, n=43 Morroccan, n=28 Turkish, n=22 Ghanian). Survivors were mainly female (66%), on average 55 years old and 7 years post-diagnosis. (1) South-Asian Surinamese, Moroccan, Turkish and Ghanian survivors scored worse on mental outcomes than Dutch survivors. Effect sizes ranged from small to large. (2) Significant cancer*ethnicity interactions indicate that South-Asian Surinamese, Turkish and Ghanian participants had larger MCS-12 decrements when diagnosed with cancer than Dutch participants. (3) Higher health literacy, more emotional support and older age at the time of migration predicted lower depression scores (PHQ-9). Higher health literacy, more emotional support, and less frequent attendance at religious services predicted better mental health (MCS-12).

Discussion or Conclusions: Cancer survivors from some ethnic minorities have worse mental outcomes than the majority population. Receiving a cancer diagnosis can have a more negative impact on minorities. Migration-specific and generic factors are associated with mental outcomes.

321 | Carer Guide – Understanding their experiences: adapting cancer e-interventions for sexual and gender minorities

Natalie Winter Nataliw1, Anna Ugolde1, Elisabeth Coyne2, Karin Dieperink3,4, Rhonda Brown1, Patricia Livingston1
1Deakin University, Melbourne, Australia. 2Griffith University, Brisbane, Australia. 3Odense University, Odense, Denmark. 4University of Southern Denmark, Copenhagen, Denmark

Background/rationale or Objectives/purpose: To describe the type of support currently received by lesbian, gay, bisexual, transgender, queer, intersex or asexual (LGBT+) individuals affected by cancer and their caregivers.

Methodology or Methods: A mixed methods study is used, comprising surveys and semi-structured interviews. People living with cancer or family caregivers of someone with cancer who identify as being part of the LGBT+ communities, are recruited via social media ads and cancer organisations. Participants completed quantitative questions about the current support modalities used and the helpfulness of each modality. Participants were invited to complete a semi-structured phone interview to provide further information about their experience living with cancer or experience as a caregiver in particular within the LGBT+ context.

Impact on practice or Results: Recruitment is currently ongoing through cancer organisations. Preliminary findings from n=4 semi-structured interviews suggest that support is limited. People living with cancer often receive support from healthcare services and caregivers receive minimal support for their own needs. Peer support in the LGBT+ community is highly valued in allowing people to share information and emotional support with others with a similar lived experience.

Discussion or Conclusions: This study will provide important findings about how people in LGBT+ communities can be better supported in the community when faced with a cancer diagnosis. Findings will be used to
inform the adaptation of an existing web-based platform for people affected by cancer to be inclusive of people from diverse backgrounds.

382 | Advancing a national psychosocial oncology advocacy agenda: CAPO Advocacy Committee’s updates
Samar Attieb @samarattieb1, Sevap Savas @savalap2, Kimmerly Thibodeau3, Pagnniti Teresa4, Christine McIver5, Hope Gillis @novahope6, Tristan Bilash @strongthb17, Carmen G. Loiselle @LoiselleLab1
1McGill University, Montreal, Canada. 2Memorial University, St John’s, Canada. 3McGill University Health Centre, Montreal, Canada. 4Toronto, Canada. 5Kids Cancer Care Foundation of Alberta, Calgary, Canada. 6NovaHope, Nova Scotia, Canada. 7Regina, Canada

Background/rationale or Objectives/purpose: Advocacy in psychosocial oncology (i.e., ensuring relevant and timely access to cancer-related support) remains a central activity within the Canadian Association of Psychosocial Oncology (CAPO). This year, the CAPO Advocacy Committee undertook to: (1) create a comprehensive list of Canadian organizations advocating for psychosocial oncology; 2) recruit more diverse committee members in terms of age range, underrepresented communities, and geographic location.

Methodology or Methods: Various sources were used to assemble a repository of advocacy groups including Medline Ovid, Google searches, social media, grey literature, and informal feedback. Each organization’s status (e.g., NGO, charitable) and affiliation (e.g., with specific institutions) were identified. The development of a survey is underway to capture the specifics of the groups’ advocacy activities. In addition, recruitment of new committee members relied on social media, reaching out to CAPO members, and contacting patient representatives from previous CAPO conferences.

Impact on practice or Results: Fifty relevant Canadian advocacy organizations were identified, and four diverse members recently joined the Advocacy Committee. LGBTQ2S+ and young adult members were recruited with renewed efforts to further enhance diversity. Challenges included ensuring that we did not exclude any psychosocial oncology advocacy group and recruiting members from Alberta, New Brunswick, Northwest Territories, Nunavut, and Prince Edward Island. Regular committee virtual meetings (approx. 10/year) were welcome by members despite time zone differences.

Discussion or Conclusions: The CAPO Advocacy Committee strives to ensure that all equity-seeking voices are heard. By partnering with relevant advocacy organizations and having an increasingly diverse membership, CAPO is well positioned to spearhead a robust and inclusive Canadian psychosocial oncology advocacy agenda.

434 | Enhancing the Care Experiences of Black Women Along the Breast Cancer Journey: Meaningfully engaging breast cancer survivors to co-create a targeted, culturally relevant resource hub
Aisha Lofters1, Abigail Appiahene-Afriyie2, Dawn Barker3, Elaine Goulbourne4–7, Ayan Hashi1, Ruth Heisey4, Talina Higgins2, Ielaf Khalid8, Rumaisa Khan9, Debbie Pottinger3–4, Noor Rizvi1, Shireen Spencer3, Leila Springer5, Melinda Wu1
1Peter Gilgan Centre for Women’s Cancers, Women’s College Hospital, Toronto, Canada. 2Women’s College Hospital, Canada. 3St. Michael’s Hospital, Toronto, Canada. 4Queen’s University, Kingston, Canada. 5The Olive Branch of Hope, Toronto, Canada

Background/rationale or Objectives/purpose: Black women in Canada experience breast cancer differently than non-Black women. Many do not feel represented in traditional models of care, where whiteness and white breast imagery dominate. Misogynoir, a unique form of misogyny and anti-Black racism, and the lack of representation and resources, can perpetuate the erasure of Black women’s experiences. To improve the experiences of Black women, information must be trusted, targeted, and culturally relevant.

Methodology or Methods: Four Black breast cancer survivors co-created the vision and goals of an online resource hub based on their experiences with breast cancer, by engaging in bi-weekly meetings. The project team at the Peter Gilgan Centre for Women’s Cancers, in partnership with the Olive Branch of Hope, compiled clinical information and a summary of the research available for Black women in Canada. Information was presented in plain language with representative videos and imagery.

Impact on practice or Results: Every Breast Counts’ is the first comprehensive breast health resource hub created for and by Black women in Canada. The webpage serves as a reliable, trusted space for Black women to become informed around breast health, while feeling seen and heard. It provides targeted information with actionable steps around risk factors, breast awareness, screening, diagnosis, treatment, and reconstruction. A ‘Resources’ section directs users to relevant community resources. Pamphlets linking to the hub will be sent out to cancer centres nationwide.

Discussion or Conclusions: The project has been featured in national media while also sparking discussions among national breast cancer programs. Future directions will include continued partnered initiatives to improve the cancer journey.

477 | Collecting Sociodemographic Data to Advance Health Equity in Cancer Care: A Survey of Patient Perspectives
Ekaterina An @an ekat1, Eryn Tong @eryn tong1, Zhibei Amy Liu1–2, Aisha Lofters @AKLofters3, Sarah Hales1–4, Christian Schulz-Quach @Dr_SchulzQuach1–4, Andrew Pinto @AndrewDPinto2–5, Gilla Shapiro @gksghapiro1–4, Alanna Chu @alannahchu, Jonathan Avery @javer0971–7, Jacqueline L. Bender @henderjack1–2
1Princess Margaret Cancer Centre, Toronto, Canada. 2Dalla Lana School of Public Health, University of Toronto, Toronto, Canada. 3Women’s College Hospital, Toronto, Canada. 4Global Institute of Psychosocial, Palliative and End-of-Life Care, University of Toronto, Toronto, Canada. 5St. Michael’s Hospital, Toronto, Canada. 6University of Ottawa, Ottawa, Canada. 7School of Nursing, University of British Columbia, Vancouver, Canada

Background/rationale or Objectives/purpose: Sociodemographic data collection (SDC) is fundamental to advancing health equity in cancer care. However, these data remain inconsistently measured and reported. We investigated patients’ perspectives about SDC.

Methodology or Methods: Patients at Princess Margaret Cancer Centre (PM) in Toronto, Canada, completed an online survey to assess comfort with SDC by the hospital. Multivariable regression was used to examine discomfort with SDC between participant subgroups, adjusting for sociodemographic characteristics. Qualitative responses were analyzed thematically.

Impact on practice or Results: Of 549 respondents, 78% were White, 49% were women, and 69% had college/university education. Over 95% were comfortable with collection of language, birthplace, sex, gender, age range, marital status, immigration background, level of education, household income, and religious affiliation.
education, and disability. There was greater discomfort with the collection of socioeconomic (SES) status (18%), sexual orientation (9%), social support (7%), and race (6%). Discomfort levels with SDC did not differ between participant subgroups, except women were more uncomfortable disclosing SES (OR: 2.00; 95% CI: 1.26, 3.19). 33% of respondents reported feeling treated unfairly in the healthcare system due to sociodemographic characteristics; racialized people (OR: 2.63; 95% CI: 1.41, 4.91) and women (OR: 1.82; 95% CI: 1.15, 2.86) were more likely to report unfair treatment. Respondents were most comfortable (77%) with SDC face-to-face by clinicians. Common concerns about SDC were privacy, discrimination, and lack of understanding regarding relevance to care.

Discussion or Conclusions: Most respondents in this predominantly White and well-educated sample were comfortable with SDC by the hospital, with some concern about SES-related inequities. Strategies to increase awareness about the importance of SDC, protect privacy, and promote equitable cancer care are needed.

517 | ProActive PSO: Enhancing access to Psychosocial Oncology Care for Vulnerable Patients
Richa Srivastava1, Pragash Loganathan1,2, Ahliya Macedo1, Janet Papadakos1,3, Megan Wexler1, Mike Lovas1, Robin Forbes1, Lesley Moody1, Madeline Li1,4,2
1Princess Margaret Cancer Centre, Toronto, Canada. 2Institute of Medical Science, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada. 3Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Canada. 4Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto, Canada.

Background/rationale or Objectives/purpose: ProActive Psychosocial Oncology (PSO) is a quality improvement project to enhance early identification and access to PSO services for at-risk patients through the implementation of multiple health service interventions at the Princess Margaret Cancer Centre, Toronto, Canada.

Methodology or Methods: This 8-component project consists of: 1. optimizing a new patient registration workflow to identify vulnerable patients, 2. offering patients connections with peer support volunteers, 3. having patient navigators orient them and provide a psychoeducational brochure at their first hospital visit, and 4. facilitating the completion of emotional distress screening at a hospital computer, 5. creating a drop-in PSO support booth on the ground floor, 6. increasing PSO content in existing chemotherapy, radiation and transplant classes, 7. developing a complexity alert from distress screening data which predicts increased healthcare utilization and 8. providing training for nurses and oncologists to respond to the complexity alert. The Consolidated Framework for Implementation Research will guide project development. Pre-and post-implementation patient population cohorts will be compared for sub-component formative evaluation and to measure project impact outcomes.

Impact on practice or Results: We anticipate ProActive PSO will be associated with increased distress screening rates, increased patient satisfaction with emotional support, increased uptake of PSO clinical services, PSO referrals at lower levels of distress, and decreased healthcare utilization in vulnerable groups.

Discussion or Conclusions: Reactive models of PSO care largely serve patients presenting with high emotional distress, or those who are able to self-advocate. More proactive care models are required to improve equitable access to PSO services for oncology patients with increased vulnerability.

524 | Identifying and responding to the unique needs of sexual and gender diverse cancer patients and their chosen families in a Canadian Cancer Centre
Paige Law1,2, Margo Kennedy1,2, Brendan Lyvers1,2, Samantha Scime1,2, Jennifer Croke1,2,3, Lauren Squires1,4, Nazlin Jufar1,2, Raymond Dang1,2, Gilla Shapiro1,2, Christian Schulz-Quach1,2,3
1University Health Network, Toronto, Canada. 2Princess Margaret Cancer Centre Research Institute, Toronto, Canada. 3University of Toronto, Toronto, Canada. 4University of Toronto Dalla Lana School of Public Health, Toronto, Canada.

Background/rationale or Objectives/purpose: Sexual and gender diverse individuals with cancer (SGDc) and their caregivers/chosen families (CCF) are faced with unique challenges such as heteronormative models of care, barriers to disclosing sexual orientation and gender identity (SOGI) and including caregivers in their care. There is a paucity of literature evaluating the specific needs of SGDc patients and CCF in Canada. A needs assessment will be conducted to identify local SGDc/CCF needs to improve the quality and equity of cancer care services.

Methodology or Methods: Mixed methods quality improvement framework including online surveys, focus groups and individual interviews (patients, CCF, healthcare providers (HCP)). Information collected from patients & caregivers will include sociodemographic data, experiences in cancer care and results from measures such as the 2SLGBTQIA+ Minority Stress Measure. First survey data will be presented during the IPOS conference.

Impact on practice or Results: Findings will inform program development to improve patient and CCF experiences, as well as HCP training. Patient/CCF identified needs and their priorities for HCP education will inform the development of a specific SGDc curriculum.

Discussion or Conclusions: The results will provide a better understanding of the barriers and potential facilitators to achieving equitable health outcomes in SGDc and CCF. The survey results will inform program development in establishing an SGDc program at the University Health Network and provide guided direction for future program objectives to improve SGDc & CCF experiences and HCP training.

576 | Understanding and Enhancing the Care Experiences of Black Women Along the Breast Cancer Journey
Ielah Khalil1, Gayathri Naganathan2, Juliet Daniel1, Leila Springer4, Aisha Lofters3,2, Frances Wright6,2, Danielle Rodin1,2, Tulin Cil7, Miah Zammitt1, Andrea Corwell1,2,7
1Sinai Health, Toronto, Canada. 2University of Toronto, Toronto, Canada. 3McMaster University, Hamilton, Canada. 4The Olive Branch of Hope, North York, Canada. 5Women’s College Hospital, Toronto, Canada. 6Sunnybrook Health Sciences Centre, Toronto, Canada. 7UHN, Toronto, Canada.

Background/rationale or Objectives/purpose: The purpose of this exploratory qualitative study is to broaden our understanding in the Canadian context of how Black women experience breast cancer, identifying barriers and inadequacies in care.

Methodology or Methods: One-on-one qualitative interviews are being conducted with women who identify as Black/Caribbean/African in Canada and who are currently undergoing or have previously undergone treatment for breast cancer. We strive to achieve diversity among participants, with representation in disease stages, immigration status, age, ethnicity, sexuality, religion, socioeconomic status and residential location. Black women, researchers, advocates, cancer survivors, and
community organizations, such as The Olive Branch of Hope, have been involved in every aspect of this study since inception.

Impact on practice or Results: Recruitment (purposive and snowball sampling), data collection, and data analysis are ongoing. To date, interviews have been conducted with more than 20 women. Emerging themes include the lack of representation/visibility of Black women in breast cancer spaces; lack of race-specific or culturally appropriate resources; mistrust of the healthcare system and the importance of advocacy; taboo nature of cancer in the community and the importance of faith. Black women in Canada are not a monolithic group and theoretical saturation has not been achieved given the diverse experiences of the population.

Discussion or Conclusions: This study will broaden the understanding of how Black women in Canada experience breast cancer from diagnosis to surveillance. The rich narrative provided by participants will help to identify challenges, barriers, inequities, and variations in care that will elucidate the impact that sociocultural factors and the healthcare environment have on Black women.

579 | Equity, Diversity, and Inclusion Across Exercise Oncology: A Focus on LGBTQIA2S+ Living with and Beyond Cancer

Benny Rana1,2, Helen MacRae1, Lin Yang2,4,5, William Bridel1, Nicole Culos-Reed1,5
1Faculty of Kinesiology, University of Calgary, Calgary, Canada. 2Department of Cancer Epidemiology and Prevention Research, Alberta Health Services, Calgary, Canada. 3Participant Advisor, Calgary, Canada. 4Department of Health Sciences, Cumming School of Medicine, University of Calgary, Calgary, Canada. 5Department of Oncology, Cumming School of Medicine, University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: To explore preferences, barriers, and facilitators for exercise participation in LGBTQIA2S+ populations living with and beyond cancer.

Methodology or Methods: A qualitative study, using semi-structured interviews, will explore exercise preferences, barriers, and facilitators for exercise resources from the experience of LGBTQIA2S+ populations living with and beyond cancer. Grounded in Interpretive Description methodology, the data gathered from the semi-structured interviews will be analyzed using thematic description. Furthermore, a participant advisor will provide expertise throughout the study. Potential participants (adult, English-speaking, any cancer diagnosis, on- or off-treatment) will be recruited through Alberta Health Services cancer clinics and LGBTQIA2S+ cancer support groups. Interviews will be conducted in-person or online.

Impact on practice or Results: This study is work in progress.

Discussion or Conclusions: The outcomes of this project will address the critical gap in supportive cancer care for LGBTQIA2S+ populations, and how to address exercise preferences, barriers, and facilitators to enhance participation and quality of life. The knowledge gained will facilitate tailoring of exercise (education and programming) as a supportive cancer care resource for members of the LGBTQIA2S+ population who are living with and beyond cancer.

580 | Exploring Exercise Experiences of Individuals of South Asian Heritage Living with and Beyond Cancer: A Qualitative Study

Mannat Bansal @ MannatBansal, Benny Rana, Harshpreet Ghotra, William Bridel, Kathryn King-Shier, Nicole Culos-Reed @NCulosReed
University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: The purpose of this study was to understand the physical activity (PA) experiences, as well as needs, barriers, and facilitators to exercise, among individuals of South Asian heritage diagnosed with cancer.

Methodology or Methods: A qualitative descriptive design was used for this study. Individuals of South Asian heritage were recruited via a mix of convenience sampling and purposive sampling, with outreach via radio, posters in community settings, and via participants in current exercise oncology studies. Inclusion criteria included being over the age of 18; diagnosed with any cancer type and stage; pre, during, or post-treatment; able to speak English, Hindi, or Punjabi; and self-identified as South Asian. Data for this study was collected via semi-structured interviews conducted in either Hindi, Punjabi, or English. Interviews were transcribed verbatim in the original language and then analysed using conventional content analysis. The codes created through analysis were then translated and back-translated to ensure accuracy.

Impact on practice or Results: Eight participants were recruited, with 5 interviews in Punjabi and 3 interviews in English. The five categories that were created from the participant interviews include: 1) The role of family, 2) Ability to discuss cancer, 3) Religion/spirituality, 4) PA barriers, and 5) Exercise oncology program needs. Within these categories, codes included aspects of barriers and facilitators to PA.

Discussion or Conclusions: Participants’ perspectives provided insights into the PA experiences, barriers, and facilitators for people of South Asian heritage living with and beyond cancer. The results can be used to inform the tailoring of exercise oncology resources to better support physical activity for this population.

588 | Broadening participant inclusion through a decentralized model: An interim report of sociodemographic diversity in an ongoing trial of digital therapeutic interventions for cancer-related distress

Allison Ramiller1, Sean Zion @SeanRZion1, Ricki Fairley @RickiDOVE2,3, Chloe Tanb1, Lauren Heathcote @LHeathcote1, Diane Shunay @DianeSF1
1Blue Note Therapeutics, San Francisco, USA. 2Touch, The Black Breast Cancer Alliance, Annapolis, USA

Background/rationale or Objectives/purpose: Traditional, in-person oncology clinical trials have often failed to recruit diverse, representative samples. Underrepresentation in research impacts the generalizability of results and development of therapies that are effective in all populations. Decentralized Trials (DCTs) conducted online present an opportunity to recruit participants with diverse geography, race/ethnicity, and socio-economic backgrounds.

Methodology or Methods: Here, we provide an interim report on demographic diversity of the participant population for RESTORE, an ongoing virtual trial which aims to compare the efficacy of two digital therapeutics targeting distress in people with cancer.

Impact on practice or Results: Demographic characteristics of participants randomized and onboarded to RESTORE were evaluated when 46% of the minimum enrollment target was reached (n=163). Participants represented forty-one states and 17% were from non-urban areas. Participants’ ages ranged from 25 to 80 (M = 52.1, SD = 12.3) with 30% identifying as men (n=49). There was robust participation from people identifying as Black or African American (22%, n=36) but under-representation from other racial/ethnic minority groups, including Hispanic/Latinx (3%, n=5) and Asian (2%, n=3). Forty-four percent (n=72) had educational attainment up to a High School diploma or lower.
Discussion or Conclusions: Traditional oncology studies enroll majority non-Hispanic White, urban, and highly educated participants, while behavioral intervention studies and online recruitment disproportionately enroll women. The relative diversity of our sample and success enrolling some typically underrepresented subgroups demonstrate the potential for DCTs to support participant inclusivity in the development of digital therapeutics for cancer patients. More research is needed to understand the opportunities and barriers DCTs create for different groups and focused strategies to maximize representativeness.

593 | Recruiting young adult cancer survivors for longitudinal psycho-oncology research: comparing clinical characteristics and demographic diversity across online-based versus clinic-based cohorts

Sohayla Eldeeb4, Sarah Webster1, Vivek Tanna vivektanna5, Lidia Schapira5, Elisabeth Diver4, Lauren Heathcote LHealthcote6
1Stanford University School of Medicine, Stanford, USA. 2King’s College London, London, United Kingdom

Background/rationale or Objectives/purpose: Online recruitment methods are a promising tool for the inclusion of a larger and more diverse representation of cancer survivors in psycho-oncology research. This study aims to compare the demographic and clinical characteristics of a study that utilized both traditional in-clinic recruitment and online recruitment strategies.

Methodology or Methods: Young adult (YA) female survivors of breast and gynecological cancers aged 18-39 were recruited for a longitudinal study comprising online surveys administered at three-time points across four months. There were two recruitment streams: one cohort recruited via medical record screening at a comprehensive cancer center; the other cohort recruited online via Facebook advertisements and community cancer forums.

Impact on practice or Results: Out of 116 YA female cancer survivors recruited; 66 were from the comprehensive cancer center and 50 were online. 200 eligible individuals from the comprehensive cancer center (33% enrolled) and 120 interested and eligible online individuals (42% enrolled) were screened via telephone. Online participants had finished treatment more recently (t=4.07, P<.001) and reported worse overall quality of life (t=3.63, P<.001) and psychological well-being (t=2.68, P=.01) than those recruited at the comprehensive cancer center. Yet, participants recruited from the cancer center reported more physical symptoms (t=2.81, P=.01). Those recruited from the comprehensive cancer center included more participants of Hispanic, Latina/o or Spanish origin than the online cohort (t=3.89, P<.001, cancer center: 27.7%; online: 2%).

Discussion or Conclusions: Combining in-clinic and online recruitment is feasible and could be beneficial for longitudinal psycho-oncology research. Online recruitment methods may reach more in-need samples but do not necessarily lead to more demographically diverse samples.

115 | “It just made me feel better”: Perceptions of the novel Teens4Teens virtual psychosocial support program for teenagers with cancer during COVID-19 and beyond

Chana Korenblum @chanakorenblum1,2,3, Sarah Alexander1,3, Elbann Hashemi4, Tatenda Masama4, Alicia Kilfoy4, Myra Pereira4, William Liu4, Lindsay Jibb4
1The Hospital for Sick Children, Toronto, Canada. 2Princess Margaret Cancer Centre, Toronto, Canada. 3University of Toronto Temerty Faculty of Medicine, Toronto, Canada. 4The Hospital for Sick Children, Child Health Evaluative Sciences, Toronto, Canada

Background/rationale or Objectives/purpose: Cancer in adolescence is often characterized by unique and profound psychosocial disruptions including peer isolation, loss of independence, academic consequences, and body image concerns, which have been magnified during the COVID-19 pandemic. In response, the Teens4Teens weekly, virtual, psychoeducational and peer support group for teenagers was developed. This study aimed to explore the perceptions of Teens4Teens program moderators, guest speakers, and participating teenagers regarding the value of the intervention on psychosocial health.

Methodology or Methods: Participants completed audio-recorded, semi-structured interviews. Interviews were conducted until data saturation was achieved and then transcribed, coded independently in duplicate, and analyzed using thematic analysis.

Impact on practice or Results: 21 participants were interviewed—13 moderators or speakers who were clinicians or survivors and 8 teenagers who ranged in age from 15-19 years and identified as female of varying ethnicities, cancer diagnoses and stages. We identified four key outcomes for teenage participants—a sense of belonging (feeling understood, social
Abstracts

**150 | Developing Online Educational Activities for Young Adults Diagnosed With Hematological Cancer: A Co-Design Experience**

Karine Bilodeau1, Billy Vinette1, Pascale Rousseau2, Jolyane Pelletier2, Tomas Dorta3, Nicolas Fernandez1
1University of Montreal, Montreal, Canada. 2The Leukemia & Lymphoma Society of Canada, Montreal, Canada

**Background/rationale or Objectives/purpose:** Many young adults affected by hematological cancer experience psychosocial issues during cancer survivorship. It is intended to develop educational activities on these issues based on the real-life experiences of young adults. The purpose of the poster is to present our co-construction approach, including co-design, to develop educational activities on psychosocial issues for young adults affected by hematological cancers.

**Methodology or Methods:** Our approach proposes a one-day co-design workshop where participants, young adults affected by cancer (n=12), interact in plenary. The workshop activities were conducted in 5 stages of co-design: 1) reframing the problem; 2) conducting immature co-creation; 3) conducting mature co-creation; 4) discussing the work in plenary; and 5) debriefing the experience. At each stage, the subgroup discussions are structured using the key principles of the design conversation. Finally, to express ideas and work on them in sub-groups, participants have access to materials to make drawings, collages, etc. (e.g. magazines, paper, etc.).

**Impact on practice or Results:** The project developed educational scenarios to support the learning of young adult cancer survivors in the period following their active treatment. This project highlighted the relevance of adopting a novel approach to create educational activities through the integration of Design sciences and the participation of an interdisciplinary team including a non-profit organization.

**Discussion or Conclusions:** The co-design approach ensures real co-creation since from the beginning of the process with various participants (health professionals, patients, educators) who are actively involved. Ultimately, this project will allow a non-profit organization to have access to educational scenarios co-designed with young adults and adapted to their psychosocial needs.

**156 | The dyadic effects of self-efficacy on quality of life in advanced cancer patient and family caregiver dyads: The mediating role of benefit finding, anxiety, and depression**

Jiali GONG, Meizhen CHEN, Yi LIN, Qiuqing LI
Jiangnan University, Wuxi, China

**Background/rationale or Objectives/purpose:** To explore the dyadic interdependence of self-efficacy, benefit finding, anxiety, depression, and QOL in cancer patient (CP) and family caregiver (FC) dyads, and to ascertain the dyadic effects of self-efficacy on quality of life (QOL) in CP-FC dyads.

**Methodology or Methods:** Participants comprised 772 CP-FC dyads. The study surveyed participant characteristics, self-efficacy, benefit finding, anxiety, depression, and QOL. Data were analysed using Pearson’s correlation, T-test, and actor-partner interdependence mediation model (APIMeM).

**Impact on practice or Results:** CPs’ self-efficacy was positively correlated with both their own and FCs’ benefit finding and mental component summary (MCS), and negatively associated with anxiety and depression (all Ps<0.01, r=0.144–0.432). However, CPs’ self-efficacy was only positively correlated with their own physical component summary (PCS) (r=0.193), but not FCs’ PCS. The same profile was identified in FCs’ self-efficacy (all Ps<0.01, r=0.100–0.468). FCs reported higher levels of self-efficacy and PCS compared to CPs (both PS<0.001). To some extent, dyads’ self-efficacy influences dyads’ MCS and PCS through improving positive emotions (benefit finding) and relieving negative emotions (anxiety and depression).

**Discussion or Conclusions:** Study findings not only support the dyadic interdependence of self-efficacy, benefit finding, anxiety, depression, and QOL in CP-FC dyads, but confirm the hypothesis that dyads’ self-efficacy may impact their MCS/PCS via an indirect approach to improve benefit finding and relieve anxiety and/or depression in CP-FC dyads.

**199 | Social support, body image, and physical activity among adolescents and young adults diagnosed with cancer: A path analysis**

Madison Vani @madisonfv, Catherine Sabiston @sabi_catz
University of Toronto, Toronto, Canada

**Background/rationale or Objectives/purpose:** Physical activity (PA) is important for managing the acute and long-term effects of cancer treatment, yet many adolescents and young adults diagnosed with cancer (AYAs) are not engaging in sufficient PA for health benefits. Social support and body image may be two key factors that can impact PA engagement among AYAs. The purpose of this study was to examine the associations between social support, body image, and PA among AYAs.

**Methodology or Methods:** An online cross-sectional survey was used to assess self-reported body image (body-related self-conscious emotions of appearance and fitness shame, guilt, authentic pride, and hubristic pride), social support (general and cancer-specific), and PA (mild, moderate-to-vigorous, and resistance exercise) in AYAs. Path analyses were used to test the proposed associations among AYAs (N=119; Mage = 34.5 ± 5.5 years; 84.0% women).

**Impact on practice or Results:** Based on results from path analyses, body image and social support were directly associated with PA (R2 = 0.09–0.33). Social support was also directly associated with body image. However, there were no indirect effects.

**Discussion or Conclusions:** These findings offer preliminary support for the valuable role of appearance and fitness body-related emotions and cancer-specific social support on PA. Researchers and clinicians are encouraged to develop and use initiatives and strategies aimed at improving social support (e.g., facilitating cancer-specific support) and body image (e.g., cognitive dissonance-based psychoeducation, compassion-focused, and goal-achievement interventions), with the main goal of increasing PA, and improving AYAs’ overall health and well-being.
214 | Prevalence and Predictors of psychological distress among first-cycle chemotherapy patients

Shameem Varikkosdan1,2, Shijina Shajahan1, Filhda Naseem1, Narayankutty Warrier1
1MVCR Cancer Centre and Research Institute, Kozhikode, India. 2

Background/rationale or Objectives/purpose: Cancer diagnosis and treatment can cause psychological distress, which can affect patients’ emotional, psychological, and physical well-being and quality of life. Using routine clinical data, this study aims to examine the prevalence of psychological distress and the factors that contributed to increased psychological distress among first-cycle chemotherapy in-patients.

Methodology or Methods: Cancer patients (n=574) who were admitted at MVRCCRI, Kerala to receive their first cycle chemotherapy were screened for psychological distress using distress thermometer and clinical interview.

Impact on practice or Results: Among the patients who were assessed for psychological distress, 41% (n=236) reported no distress, 35.12% (n=202) mild distress, 16.7% (n=97) moderate distress, and 6.3% (n=36) severe distress respectively. Out of these, 23.29% patients (n=133) required psychological intervention to alleviate their distress. 91.9% of patients were apprehensive about chemotherapy.

Discussion or Conclusions: It was observed that patients who reported no or mild distress were aware of the chemotherapy treatment, its side effects, and how to manage them. Moderate to severe patients were either inadequately informed or did not get appropriate information regarding chemotherapy prior to commencing the procedure, causing in increased anticipation. However, anticipatory anxiety was observed to be greater in neurotic personality types. Patients who reported no or mild distress at the time of screening were said to have had severe distress prior to the procedure, which only subsided when they understood the procedure. Hence pre-chemo orientation programmes can improve quality of care and reduce physician burden.

223 | Is there a “right” way to cope with cancer? Exploring scoring approaches to assessing coping among young adults affected by cancer

Amanda Warz @amandawarz1, Anika Petrella @anika_petrella2, Joshua Tulk @jgtulk1, Catherine M. Sabiston @sabi_catz1, Fiona Schulte @schultefiona1, Jackie Bender @benderjack1, Norma D’Agostino @stormingnorma1, Sharon Hou @sharonbhoush, Geoff Eaton @geoefeaton2, Karine Chalifour @yacnom3, Sheila Garland @sgarlandphd4
1University of the Fraser Valley, Chilliwack, Canada. 2Cancer Clinical Trials Unit, University College Hospital, London, United Kingdom. 3Memorial University, St. John’s, Canada. 4University of Toronto, Toronto, Canada. 5University of Calgary, Calgary, Canada. 6Princess Margaret Cancer Centre, Toronto, Canada. 7Young Adult Cancer Canada, St. John’s, Canada

Background/rationale or Objectives/purpose: Coping is poorly understood, particularly amongst young adults affected by cancer (YA). The Brief COPE questionnaire may provide insight into this phenomenon. Yet, it can be scored variably, and the implications of each approach are unknown. We sought to describe three Brief COPE scoring approaches and to compare each with relevant mental health outcomes (i.e., distress and posttraumatic growth [PTG]) in this unique population.

Methodology or Methods: As part of the larger YACPRIME study, 622 YA (Mage at time of study = 34.2 years; SD=6.3), aged 15-39 years at cancer diagnosis, completed an online survey with questionnaires assessing coping, distress, and PTG. Three common Brief COPE scoring approaches were used and 14 original subscales, four data-driven subscales (derived via principal components analysis), and two composites (i.e., problem/maladaptive, approach/adaptive) were independently correlated with distress and PTG using bivariate correlations (Pearson’s r).

Impact on practice or Results: The 14 original Brief COPE subscales, four data-driven subscales, and two composites were significantly correlated with distress (rs=0.09-0.58, ps<0.05) and/or PTG (rs=0.09-0.58, p<0.05). Two variables (comprising the ‘self-distraction’ subscale) and four variables (comprising the ‘humour’ and ‘religion’ subscales) were omitted from the data-driven and composite approaches, respectively.

Discussion or Conclusions: Findings suggest similar patterns across the three scoring approaches with regards to the general nature of relationships between coping and distress and PTG amongst YA. However, results also underscore nuanced strategies YA might use when coping. Retaining items and considering alternative approaches for exploring and assessing coping may enhance our understanding of coping and inform strategies to better support YA and their mental health.

232 | Pediatric Thyroid Cancer Health-Related Quality of Life, Parenting Stress, and Parent Distress

Megan Perez @Perez Megan1, Stephen Halada1, Amber Isaza1, Lindsay Sisko1, Andrew Bauer1,2, Lamia Barakat1,2
1Children’s Hospital of Philadelphia, Philadelphia, USA. 2Department of Pediatrics, University of Pennsylvania Perelman School of Medicine, Philadelphia, USA

Background/rationale or Objectives/purpose: Caregiver perception of lower quality of life in their child with cancer is linked to difficult adjustment to their child’s diagnosis. Moreover, perceived child vulnerability, or susceptibility to illness/injury, is related to parenting stress (Lemos et al., 2020). Little is known, however, about parenting stress in pediatric thyroid cancer (TC), where survival rates are among the highest (American Cancer Society, 2021). This study aimed to examine the relationships between perceived youth physical and psychosocial HRQoL, parenting stress, and caregiver distress.

Methodology or Methods: Caregivers of youth (MAge=15.14) with TC completed questionnaires at diagnosis (n=62) and 2-years (n=43) as part of a clinic-based psychosocial screening program. This study focused on the PedsQL 4.0 Parent Proxy, Pediatric Inventory for Parents, and the PTSD Checklist-Civilian-6 (PTSS).

Impact on practice or Results: Biased-corrected bootstrap regression analysis revealed parenting stress mediated the relationship between psychosocial HRQoL and PTSS at baseline (IE=-.16, 95%CI[-.230,-.086]) and 2-years (IE=-.06, 95%CI[-.099,.019]), suggesting as youth psychosocial HRQoL worsens, parenting stress increases, and PTSS increases. Parenting stress mediated the relationship between youth physical HRQoL and PTSS at baseline (IE=-.10, 95%CI[-.196,.013]) but not 24-months (95%CI[-.074,.005]).

Discussion or Conclusions: Parenting stress mediated the relationship of only psychosocial HRQoL and caregiver distress at both diagnosis and follow-up, suggesting that caring for the youth’s psychosocial needs increases stress in caregiving roles. Despite high survival, caregivers experience stress in the context of childhood thyroid cancer, warranting long-term monitoring. Interventions to improve youth psychosocial HRQoL as well as those targeting parenting stress may decrease caregiver stress and PTSS.
“Walking two paths; end of life and hope for prolonged survival years” The experiences of adolescents and young adults with an uncertain and/or poor cancer prognosis: A qualitative study

Yuvian Burgers @BurgersYuvian1,2, Martijn van den Bent1, Linda Dirven1,6, Roy Lalisang6,7, Mathilde Kouwenhoven8,9, Siemone Fissken10, Simone Fissken10, Winette van der Graaf @Winette_vdGraaf211, Olga Husson1,2,11

1Netherlands Cancer Institute, Psychosocial research and Epidemiology Department, Amsterdam, Netherlands. 2Netherlands Cancer Institute-Antoni van Leeuwenhoek, Department of Medical Oncology, Amsterdam, Netherlands. 3Erasmus University Medical Center, Department of Neurology, Rotterdam, Netherlands. 4Leiden University Medical Centre, Department of Neurology, Leiden, Netherlands. 5HagaCC Medical Center, Department of Neurology, The Hague, Netherlands. 6Maastricht University Medical Centers, Internal Medicine, Division Medical Oncology, Maastricht, Netherlands. 7Maastricht University Medical Center + Comprehensive Cancer Center, GROW-school of Oncology and Developmental Biology, Maastricht, Netherlands. 8Amsterdam University Medical Centers, Vrije Universiteit Amsterdam, Department of Neurology, Amsterdam, Netherlands. 9BRAIN Tumor Center Amsterdam, Cancer Center Amsterdam, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam, Netherlands. 10AYA research partner, Netherlands. 11Erasmus University Medical Center, Department of Medical Oncology, Rotterdam, Netherlands. 12Erasmus University Medical Center, Department of Surgical Oncology, Rotterdam, Netherlands.

Background/rationale or Objectives/purpose: Increasingly more adolescent and young adult (AYA) patients with an uncertain and/or poor cancer prognosis (UPCP) are gaining life years because of novel treatments or refinement of established therapies, and sometimes even face the prospect of long-term disease control. This study aims to examine the challenges of AYAs with a UPCP in daily life to inform the development of AYA care programs.

Methodology or Methods: Semi-structured in depth interviews were conducted among AYAs with a UPCP. Since we expected differences in experiences between three AYA subgroups we aimed to interview 16 patients per subgroup: (1) traditional survivors, (2) low-grade glioma survivors and (3) new survivors. Interviews were analyzed using elements of grounded theory. AYA patients were actively involved as research partners.

Impact on practice or Results: In total 48 AYAs with UPCP participated and shared their challenges in daily life. We generated seven primary themes: (1) feeling inferior to previous self and others, (2) feeling alone, (3) not in the lead of my life, (4) constant confrontation, (5) anticipatory grief for the life I didn’t get, (6) feeling guilty for the ones who get, (6) constant confrontation, (7) loss of control over the future.

Discussion or Conclusions: The seven themes reflect that AYAs with a UPCP are walking on two paths at the same time, in which one path is focused on the end of life and the other path is full of hope for prolonged survival years. The results of this study provide input for new or adapted AYA care programs for AYAs living with a UPCP.

Understanding the Experience of Cancer in Canadian Young Adults: A review of the YACPRIME study

Sheila Garland @sngarlandphd1, Fiona Schulte @SchulteFiona2, Jackie Bender @benderjack1, Joshua Tulik @jtulik1, Amanda Wurz @amandawurz2, Anka Petrella @anka_petrella2, Sharon Hou @sharonhou2, Norma D’Agostino @stormingnorma2, Karine Chalifour @yaccmom2, Geoff Eaton @geoffeaton2

Young Adult Cancer in their PRIME (YACPRIME) study is a collaborative patient-oriented partnership between researchers and Young Adult Cancer Canada, the leading support and advocacy organization devoted to young adults (YAs) living with, through, and beyond cancer. The objective of this national survey of YAs diagnosed with cancer in Canada was to understand how cancer is different for YAs to inform research, practice, and advocacy.

Methodology or Methods: Between 2017 and 2018, the YACPRIME study recruited a cross-sectional sample of 622 Canadian YAs between the ages of 15 and 39 years who completed measures of quality of life, coping, psychological distress, fear of cancer recurrence, body image, sleep disturbance, social support, fertility, financial health, and post-traumatic growth. Matched non-cancer peer comparisons were conducted, where available, using national Canadian datasets.

Impact on practice or Results: Collectively, the data published from the YACPRIME study demonstrate that YAs with cancer report significantly poorer physical and mental quality of life, greater overall psychological distress, and worse financial well-being than their non-cancer peers. YAs with cancer experience clinically significant fear of cancer recurrence and body image concerns, both of which persist well after treatment completion. Connection with cancer peers appears to promote post-traumatic growth in those with low social support.

Discussion or Conclusions: The YACPRIME study is the largest national, cross-sectional survey to quantitatively describe the mental health of AYAs diagnosed with cancer. Results of the study have revealed important targets for intervention and identified priorities for future research, clinical, and policy initiatives.
analyses revealed that death/mortality and negative feelings are the most challenging topics to discuss and that support is associated with more openness in the family or less avoidance of cancer-related topics.

Discussion or Conclusions: Findings provide direction for an intervention to help caregivers build family communication skills. Caregivers characterize openness and support as ways to enhance family communication by promoting connectedness, honesty, disclosure, and information sharing. Family openness also contributes to caregivers' perceptions of feeling supported. Interventions should address openness and support communication skills for navigating topics found to be particularly challenging (i.e., death, negative feelings).

319 | Perceptions of Li-Fraumeni Syndrome (LFS) Are Associated with Reported Mental Health in Adolescents and Young Adults with LFS: A Mixed Methods Study

Camella Rising @Communicates1, Patrick Boyd1, Rowan Forbes Shepherd2, Catherine Wilsnack2, Alix Sleight3, Sadie Hutson4, Payal Khinchia5, Allison Werner-Lin5

1National Cancer Institute, Rockville, USA. 2University of Texas at Austin, Austin, USA. 3Cedars-Sinai Medical Center, Los Angeles, USA. 4The University of Tennessee, Knoxville, Knoxville, USA. 5University of Pennsylvania, Philadelphia, USA

Background/rationale or Objectives/purpose: Individuals with Li-Fraumeni syndrome (LFS)—an inherited syndrome with high lifetime cancer risks—incure significant screening, diagnostic, and bereavement burden. Given their formative life stage and syndrome-related stressors, adolescents and young adults (AYAs) with LFS may have unique LFS perceptions that influence mental health. Here, we describe AYAs’ LFS perceptions and examine relationships with reported mental health.

Methodology or Methods: AYAs (aged 15-39 years) recruited from the National Cancer Institute’s LFS study (NCT01443468) completed a survey (n=37) (with validated mental health and illness perception measures) and/or an interview (n=38) (11 completed both). Statistical analyses were performed using SPSS. Interview data were thematically analyzed in Dedoose.

Impact on practice or Results: AYAs reported past emotional problems (n=26, 70%), depressive/anxiety disorders (n=25, 68%), and suicidal ideation (n=16, 33%). The majority agreed that “LFS affects my life,” “LFS affects me emotionally,” and “I am concerned about my LFS.” 43% (n=16) agreed “LFS expands my life experiences” and 35% (n=11) that LFS limits them. AYAs discussed quality of life challenges in cancer survivorship as life-limiting experiences and life appreciation and clarification of its meaning as life-expanding experiences attributable to LFS. “LFS affects my life” was correlated with past emotional problems (r=0.35), depressive/anxiety disorders (r=0.44), and suicidal ideation (r=0.33). LFS concern was associated with depressive/anxiety disorders (r=0.34). “LFS limits my life experiences” was correlated with suicidal ideation (r=0.39).

Discussion or Conclusions: AYAs’ LFS perceptions and mental health appear interrelated. High rates of reported mental health challenges suggest an urgent need for comprehensive LFS- and AYA-specific care that includes psychosocial distress management.

362 | Cancer progression: capturing the concerns of patients living with cancer recurrence- study protocol of a mixed methods sequential explanatory study

Ross Stewart @RossStewart2, Gerald Humphreys @GHumphreys2, Jayne Donaldson @jayne_donaldson1, Susanne Crackshank @Sue_Crackshank1

1University of Stirling, Stirling, United Kingdom. 2University of St Andrews, St Andrews, United Kingdom. 3Royal Marsden National Health Service Foundation Trust, London, United Kingdom

Background/rationale or Objectives/purpose: The fear that cancer will recur or progress (FOP) is an important concern for people living with cancer. A certain level of FOP is to be expected and may be functional, but high levels negatively impact quality of life (QoL). FOP has been assessed and intervened for in patients across the cancer trajectory, but very little research has been carried out examining FOP after a recurrence occurs; thought to be a unique time that brings a range of unique challenges. As such it is important to gain an understanding of FOP in recurrent cancer patients in order to intervene appropriately to support individuals as they face a new trajectory of care. Additionally, with the worldwide impact of the COVID-19 pandemic it is important to capture any concerns patients may have in relation to their treatment. The protocol for a longitudinal mixed method study is described.

Methodology or Methods: Measures capturing FOP, QoL, psychological outcomes, as well as a study specific Cancer and COVID-19 Anxiety Scale will be administered to 100 patients with a recurrence of cancer via a questionnaire at three time points one month apart. A subsample of up to 20 patients will be interviewed to explore in depth their experiences of living with a recurrence and fear of progression.

Impact on practice or Results: N/A

Discussion or Conclusions: Understanding FOP in recurrent cancer patients can inform tailored interventions, as well as address the need for longitudinal research into the wellbeing of this population identified in the literature. Qualitative findings will supplement and enrich questionnaire findings.

370 | The mediating role of understanding illness in the relationship of healthcare professionals’ communication and young people’s mental health after cancer: A BRIGHTLIGHT cross-sectional analysis

Anika Petrella @Anika.Petrella1, Fern Lorna @LornaAFern1, Faith Gibson @ProfFaithG2, Rachel Taylor @standrm1

1University College London Hospitals NHS Foundation Trust, London, United Kingdom. 2Faculty of Health and Medical Sciences, University of Surrey, Guildford, United Kingdom. 3Great Ormond Street Hospital for Children NHS Foundation Trust, London, United Kingdom

Background/rationale or Objectives/purpose: Age appropriate cancer care for teenagers and young adults (TYA) is recommended, however, core elements of this concept have yet to be tested. The objective of this study was to investigate if perceived clarity of communication from healthcare professionals was directly associated with anxiety and depression, and if this relationship was mediated by perceived understanding of illness.

Methodology or Methods: Eight hundred and thirty BRIGHTLIGHT participants (Mage=20.1, SD=3.3yrs) self-reported perceptions of healthcare professionals’ communication, perceived understanding of their illness, and symptoms of anxiety and depression 4-7 months post-diagnosis. Associations were examined using path analysis, controlling for relevant personal and cancer specific variables.

Impact on practice or Results: The path coefficient between communication and understanding was significant (B=.30, CI=1.04 to 2.3), as well as understanding to anxiety (B=.13, CI = .11 to .47) and understanding to depression (B=.13, CI= .1 to .39). Understanding mediated the relationship between communication and anxiety (B=.45, CI=.19 to .9), as well as the relationship between communication and
386 | Identifying the symptoms and concerns of Adolescents and Young Adults (AYAs) with cancer in Alberta using Patient Reported Outcomes

Claire Link1, Siwei Qi2, Sarah Thompson1, Andrea Delure1, Sarah McKillop2,3, Linda Watson1,4

1Cancer Care Alberta, Calgary, Canada. 2University of Alberta, Edmonton, Canada. 3Cross Cancer Institute, Edmonton, Canada. 4University of Calgary, Calgary, Canada.

Background/rationale or Objectives/purpose: The experience of Adolescents and Young Adults (AYAs) with cancer is quite unique, due to their age and developmental stage. Identifying the distinct needs of AYAs can help ensure they are provided individualized care and can aid in creating targeted programs and system-level change. We sought to identify the key concerns of this population using data from Patient Reported Outcomes (PROs) questionnaires, which are used as part of routine care in Cancer Care Alberta.

Methodology or Methods: Retrospective data were collected for two patient cohorts who completed at least one PROs questionnaire between October 1, 2019 and April 1, 2020. The AYA cohort was aged 18-39, and the second cohort was aged 40 and older. Symptoms were compared using mean scores and multiple linear regression, and concerns were compared using counts and multivariate negative binomial regression.

Impact on practice or Results: The AYA cohort (N=2,089) had significantly higher mean scores on depression and anxiety compared to the older cohort (N=27,153). The younger cohort indicated emotional and “changes in appearance” more frequently than the older cohort, and were 3.25 times more likely to be concerned about work or school.

Discussion or Conclusions: Using PROs to identify the distinct needs and concerns of AYAs with cancer can help drive evidence-based change at all levels of the health care system to ensure comprehensive, quality cancer care for this population. AYA-specific programs and other supportive resources can help this young population manage their symptoms and concerns.

389 | Examination of Social Attainment Outcomes among Adolescents and Young Adults Diagnosed with Cancer Compared to the Canadian Population: A YACPRIME Study

Fiona Schulte1, Sharon Hou2, Mehak Stokoe3, Morgan Young-Spears1, Wendy Pelletier4, Gregory Guilcher1, Melanie Khu2, Fiona Schulte1

1University of Calgary, Calgary, Canada. 2Alberta Children’s Hospital, Calgary, Canada.

Background/rationale or Objectives/purpose: Adolescents and young adults (AYAs), 15-39 years of age, diagnosed with cancer may experience significant interruptions to achieving key developmental milestones. The aim of this study was to examine social attainment (i.e., employment, student and relationship status, living situation) in a national cohort study of AYAs diagnosed with cancer compared to the Canadian population.

Methodology or Methods: We used data from the Young Adults with Cancer in their Prime (YACPRIME) Study. 621 AYAs (13.5% male, median age 34.0, range 20-64 years; median years from treatment completion=2.0 years, range 0-47 years) reported their employment status (employed vs. not), student status (student vs. not), relationship status (single vs. not) and living situation (living with parents vs. not) as part of the YACPRIME study. A 1:3 matched comparison group on sex and age was derived from the 2017 Canadian Community Health Survey (CCHS) (n=1863, 13.5% male).

Impact on practice or Results: Chi square analyses revealed significant differences between groups for employment status (56.4% AYAs employed vs. 77% comparison group; X2=97.84, p<.001) but not for student or relationship status (p>.05). Significantly more AYAs were living with their parents than the comparison group (11.9% vs. 7.1%, respectively; X2=14.02, p<.001).

Discussion or Conclusions: Measures of social attainment are used to identify age-appropriate milestones and serve as indicators of functional status and/or predictors of socioeconomic outcomes. AYAs have significantly lower employment status, compared to the Canadian population, which has implications for their longer-term financial success and independence. Vocational counselling may be needed to help AYAs enter or return to work following their cancer diagnosis.
differences in HRQL scores were identified between malignant and non-malignant conditions at any of the six-time points.

Discussion or Conclusions: HRQL of sibling donors of HSCT improved over time in both malignant and non-malignant conditions. As the frequency of donation for non-malignant HSCT indications increases, research focusing on this population is necessary. Additionally, focusing on increased psychological support prior to and immediately following any HSCT is warranted. The development of longitudinal standardized assessment protocols that can be prospectively implemented for all donors of HSCT will support the wellbeing of this frequently overlooked population.

411 Use of Psychosocial Support Services among Patients with Young Children at a Comprehensive Cancer Center
Juliani Stall1,2, Caroline Dorfman1,2, Sarah Arthur3, Rebecca Shelby1,2, Jean Hartford-Todd2, Tamara Somers1,2, Cheyenne Corbett2
1Duke University School of Medicine, Durham, USA. 2Duke Cancer Institute, Durham, USA. 3Department of Psychology & Neuroscience, Duke University, Durham, USA

Background/rationale or Objectives/purpose: Cancer patients with children aged <18 face competing demands and unique psychosocial stressors compared to patients without young children. Many comprehensive cancer centers provide supportive care services to address patient and family needs. The rates of service utilization, barriers to service utilization, and preferences for service delivery for patients with young children are not well understood.

Methodology or Methods: Eligible patients had received a cancer diagnosis in the past two years and had one or more children aged 5-18. Patients completed a survey including items about psychosocial support service use and barriers to service utilization.

Impact on practice or Results: Patients (N=32) were M=41.6 years (SD=5.8) and most identified as Caucasian/White (87.5%). They had an average of 2 children aged <18 at home. 18.8% reported never having used available supportive care services. Patients most often utilized individual counseling (56.3%), self-image services (43.8%), and a group-based support program for their children unique to our institution (KidsCan; 34.4%). Among patients who had not previously utilized a given supportive service, participants were most interested in, KidsCan!, survivorship care planning, and family counseling services. The top barriers to service utilization included childcare (53.1%), travel distance (48.4%), and time constraints (46.9%). The top format preferences for service delivery were individual meetings (81.3%), web-based (self-directed; 48.4%), and time constraints (46.9%). The top format preferences for service delivery were individual meetings (81.3%), web-based (self-directed; 48.4%), and time constraints (46.9%).

Discussion or Conclusions: Overall utilization of psychosocial support services is low among cancer patients with young children. Program development focused on flexible service delivery and outreach with consideration for child-inclusion and childcare may help address these populations' unique needs.

438 Families Facing Cancer: Psychosocial Experience of Parents with Cancer and their Families
Sarah Arthur1,2, Caroline Dorfman1,2, Juliann Stall1,2, Rebecca Shelby1,2, Jean Hartford-Todd2, Tamara Somers1,2, Cheyenne Corbett2
1Department of Psychology & Neuroscience, Duke University, Durham, NC, USA. 2Department of Psychiatry & Behavioral Sciences, Duke University, Durham, NC, USA. 3Duke Cancer Institute, Duke University, Durham, NC, USA

Background/rationale or Objectives/purpose: Research examining cancer patients with children aged <18 and their family members is limited. This study aimed to describe patients' perceptions of family functioning after a cancer diagnosis and the impact of general psychological distress and cancer-specific distress on indicators of family functioning.

Methodology or Methods: Partnered cancer patients (N=30) with children aged <18 completed measures of family communication, family satisfaction, partner relationship quality and dyadic coping, holding back from communicating disease-related concerns, psychological distress, and cancer-specific distress.

Impact on practice or Results: Just over half of patients rated the quality of family communication as high/very high (i.e., 4 on 5-point scale), while just under 1/3 rated family satisfaction as high/very high. Dyadic coping was rated as average/above average by 70% of patients, and 70% of patients endorsed having an adjusted (vs. distressed) relationship with their partner. Some patients reported holding back 'a lot' (i.e., 5 on 5-point scale) from their children (30%), partner (17%), friends (7%), and other family members (3%) about disease-related concerns. Higher depressive symptoms were associated with greater holding back from partners and poorer family communication, family satisfaction, partner relationship quality, and dyadic coping (<.05). Patients endorsing more avoidance symptoms demonstrated poorer adjustment across all family functioning measures (<.05).

Discussion or Conclusions: Families often demonstrate resilience following a cancer diagnosis, though family functioning can be impacted. Results suggest that family functioning may be particularly impacted for patients experiencing depressive symptoms and cancer-specific avoidance. Psychosocial interventions supporting cancer patients who have young children and are experiencing psychological symptoms may positively impact the broader family system.

453 The Plus-Ones: Understanding the benefits and burdens faced by heterosexual partners of men diagnosed with testicular cancer
Caitlin Forbes @cait_forbes1, Barry D. Bultz1,2,3, Meredith Tavener3, Cindy Railton4,5, Brian Kelly3,1, Zeev Rosberger6,7,8, Igor Stukalin1,9, Chris Lloyd1, Fiona Schulte1,10
1Cumming School of Medicine, University of Calgary, Calgary, Canada. 2Department of Psychosocial Oncology, Tom Baker Cancer Centre, Calgary, Canada. 3School of Medicine and Public Health, University of Newcastle, Newcastle, Australia. 4Faulty of Nursing, University of Calgary, Calgary, Canada. 5Cancer Control Alberta, Tom Baker Cancer Centre, Calgary, Canada. 6Lady Davis Institute for Medical Research, Jewish General Hospital, Montreal, Canada. 7Departments of Psychology, Oncology, and Psychiatry, McGill University, Montreal, Canada. 8Institute of Community and Family Psychiatry, McGill University, Montreal, Canada. 9Institute of Community and Family Psychiatry, McGill University, Montreal, Canada. 10Institute of Community and Family Psychiatry, McGill University, Montreal, Canada.

Background/rationale or Objectives/purpose: Testicular cancer (TC) commonly affects men during young adulthood and has significant physical (i.e., fertility), practical (i.e., financial, work), and social (i.e., self-esteem, isolation) impacts. Partners can be an important source of support and caregiving throughout a TC experience. This research aims to understand experiences specific to the heterosexual partners of TC patients.

Methodology or Methods: Thirteen female partners of TC patients (mean age=30.8 years [SD=6.4]) participated in one of three focus groups, to talk about their experiences surrounding their partner's
493 | Younger (<45 Years) Colorectal Cancer Patient Symptom Experiences, Attributed Causes and Assets to Leverage Healthcare Utilization

Jacqueline Knight1, Laura A. Siminoff2, Maria Thomson3
1Virginia Commonwealth University, Richmond, Virginia, USA. 2Temple University, Philadelphia, Pennsylvania, USA

Background/rationale or Objectives/purpose: Incidence trends of colorectal cancer (CRC) among younger adults (<45 years) who are ineligible for screening, continue to rise (+2.3%/year). Using a secondary analysis of CRC cancer survivors we explored younger survivors’ 1) symptoms, 2) attributed causes and 3) healthcare utilization assets compared to older CRC survivors.

Methodology or Methods: Directed content analysis of semi-structured interviews collected as part of a larger CRC survivor (N=252: younger=35, older=217) cohort study quantified symptoms, attributions and healthcare assets experienced prior to a CRC diagnosis. Descriptive and chi square were used to explore the data.

Impact on practice or Results: Younger survivors were mean age 39 years (range: 25-44), 58% Black and 40% had household incomes <$30k; older survivors were mean age 61 years (range: 45-94), 44% Black and 43% household income <$30k. No differences in symptom reports were found except that older survivors more often reported weight loss (x²=4.9, p=0.03). Younger survivors believed that they were too young for symptoms to be serious (x²=15.6, p<0.01) but received more encouragement to seek healthcare from friends and family (x²=4.1, p=0.04). Older survivors more often reported having a regular source of care (x²=7.7, p<0.01).

Discussion or Conclusions: Recent modification of CRC screening-eligible age reflects changing incidence trends. Younger and older survivors experience similar symptoms, but younger survivors dismiss them as non-serious and don’t have a doctor. Expansion of CRC health communication messaging to address these issues is needed. One opportunity may be to leverage social support for education outreach as those <45 depend on healthcare consultation and not screening for diagnosis.

509 | Understanding Sleep Health in Young Adults with Cancer: Results from the YACPRIME Study

Riley Cotter1, Joshua Talk @gitalk1, Karine Chalifour @yaccmom2, Geoff Eaton @geoffeaton2, Sheila Garland @sugarlandphd3

1Memorial University, St. John’s, Canada. 2Young Adult Cancer Canada, St. John’s, Canada

Background/rationale or Objectives/purpose: A cancer diagnosis in young adulthood can negatively impact sleep health. The present study describes sleep issues in young adults (YAs) and analyzes potential demographic and clinical characteristics related to sleep health.

Methodology or Methods: Canadian YAs (n = 397) diagnosed between ages 15-39 participated in the study. Pittsburgh Sleep Quality Index (PSQI) items were examined to identify specific sleep issues that occurred 3+ times per week. Demographic, clinical, and symptom-related variables associated with poor sleep health at the univariate level were then entered into a multivariate regression model.

Impact on practice or Results: Participants were predominantly female (90%) with an average age of 32. Of the sample, 81% had a global score greater than 5, indicating poor sleep health. The sleep disturbances most often reported were waking up too early (50%), having to get up to use the bathroom (45%), and being unable to get to sleep within 30 minutes (34%). At the univariate level, greater age, earning less than $40,000 annually, having experienced a cancer recurrence, currently undergoing cancer treatment, and poorer physical and mental health were associated with worse sleep health. Gender, relationship status, and time since diagnosis were not associated with sleep health. After adjusting for covariates, only greater age (p = .003), poorer mental (p < .001) and physical (p < .001) health and earning less than $40,000 annually (p = .003) remained associated with worse sleep health.

Discussion or Conclusions: Demographic and clinical factors are associated with worse sleep health in YAs. Sleep health should be prioritized to promote function and recovery.

514 | The Experience of Family Caregivers of Patients with Acute Leukemia: A Longitudinal Observational Study to Assess and Evaluate the Occurrence of Traumatic Stress Symptoms

Stephanie Nanos1,2, Carmine Malfitano1,2, Sarah Alexander2, Lindsay Jibb2, Gary Rodin1

1The Princess Margaret Cancer Centre, University Health Network, Toronto, Canada. 2The Hospital for Sick Children, Toronto, Canada

Background/rationale or Objectives/purpose: Acute leukemia (AL) is a life-threatening cancer of the blood, which most often presents acutely and requires intensive treatment associated with severe physical and psychological symptoms. The diagnosis, progression, or recurrence of AL is likely to be highly traumatic for family caregivers (FCs), but systematic assessments of distress and approaches for its prevention and treatment are lacking. We aim to determine the prevalence, severity, longitudinal course, and predictors of traumatic stress symptoms in FCs over the first year following a diagnosis of AL in their loved one, and to understand the FCs lived experience and perceived support needs.

Methodology or Methods: This two-site longitudinal, observational mixed methods study aims to recruit 223 adult FCs of pediatric and adult patients newly diagnosed with AL at the Princess Margaret Cancer Centre or the Hospital for Sick Children in Toronto, Canada over three years. Quantitative data will be collected from self-report questionnaires at enrolment, and 1, 3, 6, 9 and 12-months after admission. Quantitative data will be analyzed using descriptive and machine learning approaches. Semi-structured qualitative interviews will be conducted at 3, 6 and 12-months and analyzed with grounded theory.

Impact on practice or Results: Since February 2022, 5 FCs have been enrolled. Analysis is ongoing; preliminary insights will be presented.
Discussion or Conclusions: This is the first longitudinal study comprehensively describing traumatic stress symptoms and the lived experience of PCs of AL patients across the life course. The findings will provide essential information to inform the development of a tailored psychosocial intervention to prevent and treat traumatic stress in this high-risk population.

518 | Evaluation of the quality of life of the pediatric oncological patients receiving supportive care at Una Nueva Esperanza (UNE, Puebla, Mexico)

Martha Eugenia Juarez-Martinez @MarthaEugeniaJ
1,2, Jesus Menezes-Hernandez1,2, Alfonso Carus-Sanchez1,2, Rosalba Yazmin Barrera-Tlapa2, Rosaura Sanchez-Berber2, Valeria Magali Rocha-Rocha1, Thomas Meruzzi1, Ma. del Rocio Banos-Lara1,2

1Universidad Popular Autónoma del Estado de Puebla, Puebla, Mexico. 2Una Nueva Esperanza, Puebla, Mexico. 3University of Notre Dame, South Bend, Indiana, USA

Background/rationale or Objectives/purpose: Childhood cancer impacts the quality-of-life (QoL) of patients physically, psychologically and socially. Whereas medical treatments have increased survival, Una Nueva Esperanza (UNE) provides supportive care with the goal of improving QoL. The objective of this project was to evaluate the QoL of pediatric cancer patients receiving supportive care at UNE, a non-profit association for children with cancer from low-income families in Puebla.

Methodology or Methods: 111 patients with cancer, ages 2 to 18 and their primary caregivers were surveyed with the PedsQL Cancer Module V3.0. Patients completed the PedsQL and caregivers completed a parental-report form of the PedsQL about the patient.

Impact on practice or Results: Generally, normed percentage scores indicated a moderate to a good level of QoL based on patients’ (59.0-75.6) and caregivers’ (53.3-74.6) overall PedsQL scores. Cognitive problems and school functioning were the most affected dimensions; on the other hand, the evaluation of pain and hurt, nauseous, and physical functioning demonstrated better QoL. Another relevant finding was that the four groups with the lowest PedsQL scores were those of 13-18 years old, in the first stages of treatment, in relapse, and those with nervous system tumors.

Discussion or Conclusions: Patients showed moderate to good QoL, confirming the objective of UNE to provide supportive care to patients and caregivers. Future programming at UNE could focus on improving domains with lower QoL scores, communication with caregivers and patients regarding discrepancies in reporting cognitive problems, and those at high risk for poor QoL.

530 | Patient-reported experiences and outcomes among older adults with cancer in Alberta: Uncovering gaps in psychosocial oncology care

Fay Strohschein @FayStrohschein1,2, Siwei Qi3, Sandra Davidson @sandra_davidson1, Claire Link1, Linda Watson1

1University of Calgary, Calgary, Canada. 2Alberta Health Services, Edmonton, Canada. 3Alberta Health Services, Calgary, Canada

Background/rationale or Objectives/purpose: Age-related health, functional, social, and existential changes have a tangible impact on cancer experiences and outcomes. In Alberta, 54% of cancer cases occur among adults 65+; however, programmatic attention is lacking. Our objective is to gain insight into needs and concerns of older Albertans with cancer by conducting secondary age-analysis of patient-reported experience measures (PREMs) and patient-reported outcomes (PROs) routinely collected within Cancer Care Alberta.

Methodology or Methods: A retrospective exploratory design was used with data from (1) 2,204 adults who completed the 2021 Ambulatory Oncology Patient Satisfaction Survey after receiving cancer treatment in Alberta in the previous six months, and (2) 29,242 adults who completed at least one routine PROs questionnaire between October 2019 and April 2020. Descriptive and multivariable analyses were used to explore patterns among older and younger adults. Open-ended responses were analyzed thematically, giving further voice to the unique concerns of older Albertans with cancer.

Impact on practice or Results: Preliminary findings highlight important differences across age groups. When all adults aged 65+ were combined, they showed higher satisfaction than younger groups. However, when older adults were divided into three groups (65-74, 75-84, and 85+), decreasing patterns of satisfaction for those 75+ and 85+ were evident across almost all dimensions of person-centered care, mirroring that of young adults (18-39). Unmet needs increased with age, significantly for social/family, financial, emotional, and sexual health issues (p<.05).

Discussion or Conclusions: Age-related needs and concerns are obscured when all older adults are grouped together. Tailored supportive care innovations are needed to improve experiences and outcomes among older Albertans with cancer.

531 | Patient-reported cancer related cognitive impairment (CRCI) in young non-CNS cancer survivors

Kaelyn McDonald1,2, Gay Pelletier3, Caitlin Forbes1,2, Fiona Schulte4,2

1University of Calgary, Calgary, Canada. 2Alberta Children’s Hospital, Calgary, Canada. 3Tom Baker Cancer Center, Calgary, Canada

Background/rationale or Objectives/purpose: Cancer related cognitive impairment (CRCI) is commonly reported by survivors of non-central nervous system (CNS) cancers. Young adults are especially vulnerable to the consequences of cognitive issues because for many, this stage of life includes education, establishment of careers, and raising families. The aims of this study are to establish the frequency of concentration/memory and sleep difficulties within this population, and to investigate a relationship between these difficulties and worsened pain, tiredness, drowsiness, depression, anxiety, and well-being.

Methodology or Methods: Data was pulled for a retrospective medical chart review of non-CNS cancer survivors aged 18-39 at time of diagnosis who have completed at least two Screening for Distress questionnaires (SDF). The SDF includes the Edmonton Symptom Assessment Scale (ESAS) and the Canadian Problem Checklist (CPCL).

Impact on practice or Results: 560 patients were included with a mean age of 31.9 (±5.5) years old. Of these participants, 6.6% (n=37) marked the check box for “concentration/memory” problems on the CPCL, and 10.7% (n=60) marked “sleep”. A chi-square test showed that patients suffering from concentration/memory problems were significantly more likely to suffer from sleep problems (p<0.001). One-way ANOVA analyses revealed that concentration/memory or sleep problems were associated with significantly worsened ESAS scores for pain, tiredness, drowsiness, depression, anxiety, and well-being (all p<0.001). Further analyses of the data will explore fluctuations in CRCI within 12 months of initial cancer diagnosis.

Discussion or Conclusions: Improving our understanding of CRCI among young adults may help guide targets for future interventions seeking to improve the general psychosocial wellbeing of this group.
Cancer worry was significantly correlated with total IES, intrusion-IES, support needs, and psychological distress. Methodology or Methods: The facilitation of the CAPO 2021 AYA Cancer Advocacy-how do we address the issue of late diagnosis workshop highlighted a number of takeaways including: the need to understand help-seeking barriers for the AYA with cancer not yet diagnosed, and the barriers and challenges Health Care Providers (HCP) face in diagnosing cancer when AYA present with symptoms. The investigation of the literature to collect identified AYA with cancer help-seeking barriers, and HCP challenges and barriers in diagnosing cancer when AYA present with symptoms.

Impact on practice or Results: A number of barriers to AYA with cancer help-seeking barriers have been identified in the literature. As well, a number of HCP barriers and challenges to early cancer diagnosis of AYA presenting with symptoms have also been identified. The conference poster will present these findings.

Discussion or Conclusions: Identifying AYA with cancer help-seeking barriers and taking steps to mitigate them may assist in improving early diagnosis rates. Addressing HCP challenges and barriers to early diagnosis of AYA with cancer has the potential to improve outcomes, reduce distress, and mitigate the current AYA with cancer mortality age disparity.

Cancer worries as an explanatory variable on relationship between unmet needs and psychological distress among daughters of women with breast cancer

Van Du Phung1,2, Su-Ying Fang1,3
1Department of Nursing, College of Medicine, National Cheng Kung University, Tainan, Taiwan; 2Department of Nursing, Hai Duong Medical Technical University, Hai Duong, Vietnam; 3Department of Nursing, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan

Background/rationale or Objectives/purpose: Cancer Worry (CW) may influence how daughters of women with breast cancer react and seek for cancer-related information and support care. This study aims to examine the moderator and mediator roles of CW in the relationship between information and support needs and psychological distress.

Methodology or Methods: Cross-sectional and correlational design with convenience sampling was used. Daughters of mothers with breast cancer responded to a standardized questionnaire including (1) Demographics; (2) Impact of Event Scale Chinese version (IES-C); (3) The Cancer Worry Scale (CWS); and (4) The Information and Support Needs Questionnaire (ISNQ). Descriptive statistics and Pearson correlation were performed for all study variables. Hayes' PROCESS macro with model 4, model 1, and 5000 bootstrap samples was used to examine the mediated and moderator role of CW in the relationship between information and support needs and psychological distress.

Impact on practice or Results: Total 194 daughters were recruited. Cancer worry was significantly correlated with total IES, intrusion-IES, avoidance-IES, unmet support need (r = .353; .518; .527; .226 respectively, p<.01), and unmet information need (r = .17, p< .05). Cancer worry also mediated the relationship between support need and total IES (bootstrapped mediate effect b =-.0954, CI: -.0251 -.1920) and moderated the relationship between information need and total IES (R² change =.0444, F =4.897, p<.001).

Discussion or Conclusions: The clinicians should consider the role of cancer worry when delivering information and support needs as well as tailor psychological interventions to release distress in this group patient.

Older adults' cancer and multi-morbidity self-management experiences: A grounded theory

Kristen Haase1, Sandeep Dhillon2, John Ollife2,3
1University of British Columbia, Vancouver, Canada; 2Department of Gerontology, Simon Fraser University, Vancouver, Canada; 3Department of Nursing, University of Melbourne, Victoria, Australia

Background/rationale or Objectives/purpose: Older adults often experience cancer concurrently with significant comorbidities. Engaging effective self-management is requisite to optimizing older adults' health outcomes. However, the experiences of older adults' self-management strategies and efforts are poorly understood. The purpose of this presentation is to share grounded theory findings that detail basic social processes underpinning actions, barriers, and facilitators for older adults engaging self-management for cancer in the context of co-existing multi-morbidities.

Methodology or Methods: We are conducting a longitudinal constructivist grounded theory study of older adults and their caregivers in two Canadian provinces (BC). An expected sample of 50-60 older adults (age >65) living with cancer and comorbidities are being recruited through community organizations, telephone survey, and snowball sampling. Data are being analyzed using a constant comparative analysis. Data collection is ongoing, and results will be presented at the conference related to the process of engaging in self-management.

Impact on practice or Results: Our preliminary interpretations suggest that the process of engaging in self-management for older adults with cancer is a fragmented, sometimes lonely, and frustrating experience. The process can be enhanced by access to, and meaningful sustainable engagement with healthcare providers, social networks, and community supports. However, the primary challenges of fragmented pathways are further interrupted and inhibited by multiple disconnected providers working in a system that can "only do so much."

Discussion or Conclusions: Our findings will guide the development of process based self-management services tailored to older adults including online peer navigation.

Mixed-Methods Assessment of Mind-Body Interventions in Young, Middle, and Older Adult Cancer Survivors

Sarbhaik Singh, Linda Carlson
University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: Cancer survivorship has negative psychosocial repercussions that differ across the lifespan, but mind-body interventions (MBIs) have not been examined for differences amongst age cohorts. The purpose of this study was to assess the impacts of MBIs on cancer survivors of different age groups. There were 2 objectives: one, to compare young, middle, and older adult survivors on changes in psychological function after an MBI, and, two, to qualitatively explore MBI experiences from the 3 age groups.

Methodology or Methods: The study followed a sequential explanatory mixed-methods design. Using data from the Mindfulness and Tai-Chi poster will present these findings.
for Cancer Health study, a repeated-measures ANOVA compared young (18-39), middle (40-64), and older (65+) adults, pre- to post- mindfulness or tai-chi intervention. The ANOVA assessed 4 psychosocial outcomes: stress, post-traumatic growth, mood, and health-related quality-of-life. Semi-structured qualitative interviews explored the experiences of participants from each age group using descriptive phenomenology.

Impact on practice or Results: All 4 outcomes increased post-intervention, but post-traumatic growth was the only outcome to show significant differences between age groups, with greater increases in middle adults. Qualitatively, 5 themes emerged: mental wellness, physical wellness, program influences, class experiences, and lasting practices. Young and middle adults found support for parenthood or career roles, whereas older adults saw help with their ailing bodies or retirement.

Discussion or Conclusions: MBIs have beneficial physical and mental effects on survivors of all age groups, and therein it is worthwhile to integrate MBI programs into broader survivorship strategies. The programs may be altered to fit the needs of different age cohorts if specific survivors want to be targeted.

582 | Older adults’ experiences of self-managing cancer

Kristen Haase1, Schroder Sattar2, Sandeep Dhillon2, Doris Howell3, John Obiffe4,5
1School of Nursing, University of British Columbia, Vancouver, Canada. 2School of Nursing, University of Saskatchewan, Regina, Canada. 3Department of Gerontology, Simon Fraser University, Vancouver, Canada. 4Department of Supportive Care, Princess Margaret Cancer Research Institute, Toronto, Canada. 5Department of Nursing, University of Melbourne, Victoria, Australia.

Background/rationale or Objectives/purpose: When living with cancer, older adults can experience significant challenges in managing their cancer treatment[s], care, and health. Although cancer self-management is much discussed in the research literature, less is known about the perceptions and experiences of older adults’, including their self-management capacities and challenges. This study explored cancer self-management barriers and facilitators faced by Canadian older adults living with cancer.

Methodology or Methods: We are conducting a population-based survey using random digit dialing across the Canadian province of British Columbia among older adults (age >65). Respondents complete a 20-item telephone survey regarding cancer self-management using open ended questions and questionnaire response items. Quantitative item response data will be analyzed using descriptive and inferential statistics; thematic analysis will be used to analyze open-ended responses.

Impact on practice or Results: Data collection is ongoing and final survey results will be presented at the conference. To date, 103 older adults diagnosed with living with cancer within the last two years have completed the survey. The majority report challenges managing their cancer diagnosis. The main barriers to self-management described included lack of personalized care, feeling alone, and receiving inadequate information/support. The main facilitators included access to/support from healthcare providers, access to caregiver support, and mindset. Most participants report that financial hardship did not impact self-management ability.

Discussion or Conclusions: Considering older adults’ cancer self-management strengths and capacities is critical due to the growing aging population. Our findings can guide the development of supports for self-management practice including tailored resources.

594 | Co-designing the Alberta Cancer Diagnosis Initiative: Gaining insight into the psychosocial needs and concerns of older Albertans facing a possible cancer diagnosis and their caregivers

Fay Strohschein @FayStrohschein1,2, Anna Pujadas-Botey1,4, Kristofer Kelly-Friese3, Paula Robson1,4, Sandra Davidson2, Barbara O’Neill3
1Alberta Health Services, Edmonton, Canada. 2University of Calgary, Calgary, Canada. 3Alberta Health Services, Calgary, Canada. 4University of Alberta, Edmonton, Canada. 5J5 Design, Calgary, Canada.

Background/rationale or Objectives/purpose: In Alberta, Canada, psychosocial supports for people facing a possible cancer diagnosis are lacking. The objective of the Alberta Cancer Diagnosis Initiative (ACDI) is to engage with Albertans to co-design a centralized, coordinated, provincial system that streamlines cancer diagnosis while strengthening support for patients and caregivers. 54% of cancer diagnoses occur among Albertans aged 65+ years. In this poster, we present insights gained concerning the psychosocial needs and concerns of older Albertans (OAs) and their caregivers during the cancer diagnosis process.

Methodology or Methods: Using a human-centred design approach, we engaged with people living in Alberta, including 5 OAs aged 65-78 years, 3 family caregivers, and 17 health system leaders/providers supporting OAs in community, acute, and long-term care settings. Interviews and think tank sessions were audio-recorded. Synthesis and sensemaking enabled articulation of ideas and concepts to inform system change.

Impact on practice or Results: For OA and caregivers, the cancer diagnosis process was characterized by stress, distress, and uncertainty. Attitudes, perceptions, and assumptions related to older adults impacted decisions related to cancer diagnosis. Differing views and situations revealed that cancer diagnosis could promote, or hinder, quality of life, highlighting the importance of early and explicit conversations related to goals of care. The importance of advocacy and empowerment was highlighted, particularly for those lacking family support.

Discussion or Conclusions: Desired psychosocial services for OA and caregivers extended beyond emotional and informational support to guidance through diagnostic decision-making, particularly for OA living with frailty. Integrating a design approach ensures that insights gained will inform development of an ACDI blueprint and implementation plan.

597 | Development and Preliminary Validation of the Child and Parent Versions of the Fear of Cancer Recurrence Inventory

Perri Tutelman @PerriTutelman
Dalhousie University, Halifax, Canada.

Background/rationale or Objectives/purpose: While research on fear of cancer recurrence (FCR) has focused primarily on adult survivors, there is growing evidence that FCR is also a concern for survivors of childhood cancer and their parents. However, evaluation of this construct been limited by the lack of validated measures for the pediatric population. This presentation will describe the adaptation of the Fear of Cancer Recurrence Inventory (FCRI) short form – the most commonly used measure of FCR in adult survivors - for childhood cancer survivors between the ages of 8-18 years (FCRI-Child) and parents (FCRI-Parent).

Methodology or Methods: The adaptation process involved: (1) review of items by a multidisciplinary panel of experts in pediatric oncology, (2) cognitive interviews with childhood cancer survivors, and (3) examination of psychometric properties in 124 childhood cancer survivors and 106 parents. Individuals with lived experience were engaged throughout the research process as active expert members of the research team.
Impact on practice or Results: Original items from the FCRI were retained for the FCRI-Child and FCRI-Parent with modified language. Examination of psychometric properties of the FCRI-Child and FCRI-Parent revealed strong internal consistency, and construct validity, and criterion validity. One factor structures best fit the data for both measures.

Discussion or Conclusions: The FCRI-Child and FCRI-Parent are psychometrically strong measures that can be used to evaluate FCR in childhood cancer survivors (ages 8-18 years) and parents. The availability of valid and reliable measures of FCR will allow for the examination of priority research questions in the pediatric population.

Final category: C. Complementary and integrative cancer care

4 | Complementary and Alternative Medicine Utilization Among Hungarian Breast Cancer Patients During the Perioperative Phase
Zsuzsa Koncz1,2, Zoltan Mattai1,2, Zsuzsa Győrfy1
1Institute of Behavioural Sciences, Semmelweis University, Budapest, Hungary, 2Department of Breast and Sarcoma Surgery, National Institute of Oncology, Budapest, Hungary

Background/rationale or Objectives/purpose: The use of complementary and alternative medicine (CAM) among cancer patients is significant. 51% of cancer patients and 45% of women with breast cancer use CAM in Europe. CAM can alter oncological treatment. Half of the patients do not discuss the topic with their oncologist. There are a few systematic researches on this topic in Eastern-Europe, especially in Hungary. Our aim was to examine the characteristics of CAM use in Hungarian breast cancer patients in relation to psychosocial and clinical factors during the perioperative phase.

Methodology or Methods: We used a self-administered questionnaire among inpatients in a cross-sectional survey. We gauged demographic, anamnestic, and psychological data. The examined psychological factors are social support, distress, coping with illness, health-related control beliefs, concepts about CAM and use of CAM. Clinical variables were fitted to the sample from the medical records. Data were collected from 146 patients.

Impact on practice or Results: 36% of respondents visited CAM providers, 71% use CAM products, 64% utilize self-help practice. There were significant differences in distress, coping strategies and health-related control beliefs between CAM users and non-users. The assessment of health status is more favorable among visitors to CAM providers and self-help practitioners.

Discussion or Conclusions: The use of CAM is widespread among Hungarian women with breast cancer. It would be necessary to involve CAM in the medical consultation, given the trust that patients build with healthcare professionals. The information they receive from experts fundamentally determines their health-related behavior. Data on psychological factors point out a greater demand for well-designed psycho-social interventions for women undergoing oncological treatment.

18 | A mixed-method intervention to improve well-being in breast cancer survivors: a pilot study
Valeria Sebri1,2, Alice Viola Giudice2, Ketti Mazzocco1,2, Gabriella Pravettoni1,2
1Department of Oncology and Hemato-Oncology, University of Milan, Milan, Italy, 2Applied Research Division for Cognitive and Psychological Science, IEO, European Institute of Oncology IRCCS, Milan, Italy

Background/rationale or Objectives/purpose: Breast cancer is a traumatic event. Survivors have to cope with physical symptoms and emotional distress, which affect their overall well-being, life activities, and relationships. Particularly, anxiety is a common psychological symptom, which causes fatigue and poor treatment outcomes. Current literature suggests that a mixed-approach intervention, such as psychological sessions and physical activities, can improve breast cancer survivors’ quality of life and illness adjustment. On one side, psychological support improves emotion regulation and problem-solving methods; similarly, sailing exerts positive effects on rehabilitation. This clinical intervention explored the effectiveness of a tailored program of both group psychological support and sailing on well-being in breast cancer survivors.

Methodology or Methods: The one-week program consisted of two-hour group psychotherapy sessions and sailing lessons daily. It was conducted between September and October 2021 and 31 breast cancer survivors participated. A battery of standardized questionnaires (The Functional Assessment of Cancer Therapy – Breast and the General Anxiety Disorder-7) was administered two times, pre and post-intervention. Descriptive analysis and a paired samples t-test were applied to compare baseline and follow-up scores.

Discussion or Conclusions: A mixed-approach intervention of both group psychotherapy sessions and sailing in a natural environment could be a safe and feasible program to promote well-being in breast cancer survivors. Future interventions may aim at tailoring other mixed-approach interventions based on the body-and-mind integration.

27 | Dispensary Personnel’s Training and Knowledge in Cannabis Therapeutics and Why it Should Matter to Oncology Teams
Ilana Braun
Harvard Medical School, Boston, USA. Dana-Farber Cancer Institute, Boston, USA

Background/rationale or Objectives/purpose: Although medicinal cannabis is legal in three-quarters of the United States, scientific research indicates that medical teams offer cancer patients little to no clinical guidance. Instead, published studies shows, cancer patients obtain the bulk of their medicinal cannabis advice (including regarding decisions about whether or not to use) from non-medical sources, chiefly cannabis dispensaries.

Methodology or Methods: The study design comprised semi-structured qualitative interviews of cannabis dispensary personnel (n=26) about their backgrounds, trainings, and experiences advising clients. The setting was cannabis dispensaries in 13 of 36 states with legalized MC. Participants were dispensary personnel in managerial or client-facing positions. Of 38 recruited, 26 (68%) completed interview. The primary outcome measure was experience with MC therapeutics training and advising. Thematic saturation was achieved and Consolidated Criteria for Reporting Qualitative Research adhered to.

Discussion or Conclusions: Findings showed statistically significant improvements in anxiety results as well as in physical and emotional well-being. Furthermore, cancer-related issues decreased after the intervention. This program evidenced the possibility of promoting well-being in breast cancer survivors.

Impact on practice or Results: Findings showed statistically significant improvements in anxiety results as well as in physical and emotional well-being. Furthermore, cancer-related issues decreased after the intervention. This program evidenced the possibility of promoting well-being in breast cancer survivors.

Discussion or Conclusions: A mixed-approach intervention of both group psychotherapy sessions and sailing in a natural environment could be a safe and feasible program to promote well-being in breast cancer survivors. Future interventions may aim at tailoring other mixed-approach interventions based on the body-and-mind integration.

Final category: C. Complementary and integrative cancer care

4 | Complementary and Alternative Medicine Utilization Among Hungarian Breast Cancer Patients During the Perioperative Phase
Zsuzsa Koncz1,2, Zoltan Mattai1,2, Zsuzsa Győrfy1
1Institute of Behavioural Sciences, Semmelweis University, Budapest, Hungary, 2Department of Breast and Sarcoma Surgery, National Institute of Oncology, Budapest, Hungary

Background/rationale or Objectives/purpose: The use of complementary and alternative medicine (CAM) among cancer patients is significant. 51% of cancer patients and 45% of women with breast cancer use CAM in Europe. CAM can alter oncological treatment. Half of the patients do not discuss the topic with their oncologist. There are a few systematic researches on this topic in Eastern-Europe, especially in Hungary. Our aim was to examine the characteristics of CAM use in Hungarian breast cancer patients in relation to psychosocial and clinical factors during the perioperative phase.

Methodology or Methods: We used a self-administered questionnaire among inpatients in a cross-sectional survey. We gauged demographic, anamnestic, and psychological data. The examined psychological factors are social support, distress, coping with illness, health-related control beliefs, concepts about CAM and use of CAM. Clinical variables were fitted to the sample from the medical records. Data were collected from 146 patients.

Impact on practice or Results: 36% of respondents visited CAM providers, 71% use CAM products, 64% utilize self-help practice. There were significant differences in distress, coping strategies and health-related control beliefs between CAM users and non-users. The assessment of health status is more favorable among visitors to CAM providers and self-help practitioners.

Discussion or Conclusions: The use of CAM is widespread among Hungarian women with breast cancer. It would be necessary to involve CAM in the medical consultation, given the trust that patients build with healthcare professionals. The information they receive from experts fundamentally determines their health-related behavior. Data on psychological factors point out a greater demand for well-designed psycho-social interventions for women undergoing oncological treatment.

18 | A mixed-method intervention to improve well-being in breast cancer survivors: a pilot study
Valeria Sebri1,2, Alice Viola Giudice2, Ketti Mazzocco1,2, Gabriella Pravettoni1,2
1Department of Oncology and Hemato-Oncology, University of Milan, Milan, Italy, 2Applied Research Division for Cognitive and Psychological Science, IEO, European Institute of Oncology IRCCS, Milan, Italy

Background/rationale or Objectives/purpose: Breast cancer is a traumatic event. Survivors have to cope with physical symptoms and emotional distress, which affect their overall well-being, life activities, and relationships. Particularly, anxiety is a common psychological symptom, which causes fatigue and poor treatment outcomes. Current literature suggests that a mixed-approach intervention, such as psychological sessions and physical activities, can improve breast cancer survivors’ quality of life and illness adjustment. On one side, psychological support improves emotion regulation and problem-solving methods; similarly, sailing exerts positive effects on rehabilitation. This clinical intervention explored the effectiveness of a tailored program of both group psychological support and sailing on well-being in breast cancer survivors.

Methodology or Methods: The one-week program consisted of two-hour group psychotherapy sessions and sailing lessons daily. It was conducted between September and October 2021 and 31 breast cancer survivors participated. A battery of standardized questionnaires (The Functional Assessment of Cancer Therapy – Breast and the General Anxiety Disorder-7) was administered two times, pre and post-intervention. Descriptive analysis and a paired samples t-test were applied to compare baseline and follow-up scores.

Discussion or Conclusions: A mixed-approach intervention of both group psychotherapy sessions and sailing in a natural environment could be a safe and feasible program to promote well-being in breast cancer survivors. Future interventions may aim at tailoring other mixed-approach interventions based on the body-and-mind integration.

27 | Dispensary Personnel’s Training and Knowledge in Cannabis Therapeutics and Why it Should Matter to Oncology Teams
Ilana Braun
Harvard Medical School, Boston, USA. Dana-Farber Cancer Institute, Boston, USA

Background/rationale or Objectives/purpose: Although medicinal cannabis is legal in three-quarters of the United States, scientific research indicates that medical teams offer cancer patients little to no clinical guidance. Instead, published studies shows, cancer patients obtain the bulk of their medicinal cannabis advice (including regarding decisions about whether or not to use) from non-medical sources, chiefly cannabis dispensaries.

Methodology or Methods: The study design comprised semi-structured qualitative interviews of cannabis dispensary personnel (n=26) about their backgrounds, trainings, and experiences advising clients. The setting was cannabis dispensaries in 13 of 36 states with legalized MC. Participants were dispensary personnel in managerial or client-facing positions. Of 38 recruited, 26 (68%) completed interview. The primary outcome measure was experience with MC therapeutics training and advising. Thematic saturation was achieved and Consolidated Criteria for Reporting Qualitative Research adhered to.

Impact on practice or Results: Findings showed statistically significant improvements in anxiety results as well as in physical and emotional well-being. Furthermore, cancer-related issues decreased after the intervention. This program evidenced the possibility of promoting well-being in breast cancer survivors.

Discussion or Conclusions: A mixed-approach intervention of both group psychotherapy sessions and sailing in a natural environment could be a safe and feasible program to promote well-being in breast cancer survivors. Future interventions may aim at tailoring other mixed-approach interventions based on the body-and-mind integration.

Final category: C. Complementary and integrative cancer care
Discussion or Conclusions: These findings carry important clinical implications: The large majority of medical teams who are referring to dispensary personnel for medicinal cannabis advising are likely relying on a workforce who views themselves as unevenly knowledgeable. High-quality opportunities in cannabis therapeutics targeting medical providers and cannabis dispensary personnel seem warranted; and medicinal cannabis clinical guidelines may be necessary to amplify and standardize the medical establishment’s approach to medicinal cannabis.

72 | Sleep Problems and Related Factors in Vietnamese Cancer Patients

Mai Do1, Huong Tran2, Anh Pham1, Quang Nguyen1

1Vietnam National Cancer Hospital, Hanoi, Vietnam. 2Hanoi Medical University, Hanoi, Vietnam. 3Vietnam National Cancer Institute, Hanoi, Vietnam

Background/rationale or Objectives/ purpose: 1. To investigate the sleep problems among adult cancer patients in Vietnam. 2. To identify the related factors of sleep problems in adult cancer patients in Vietnam

Methodology or Methods: A cross-sectional study using the Pittsburgh Sleep Quality Index (PSQI) to identify the sleep problems and related factors in 300 cancer patients aged from 18 to 80 years old at Vietnam National Cancer Hospital from July to September in 2020.

Impact on practice or Results: The average age of participants was 54 years, the ratio of female/male was 1.04. Most patients were married (89%), literate (96.7%), and working (82%). Three most common sites of cancer were colorectal (21.7%), breast (20.3%), and stomach/esophageal (19.7%). More than 60% of the cases were at a late stage (II-IV) with mean time from diagnosis of 13.44 months and nearly 50% received chemotherapy. The mean score of PSQI was 7.79 ± 4.39 with 59.67% of patients reported sleep problems. There is a statistically significant association between the sleep problems and the stage of cancer (OR = 0.717; 95%CI = 0.237 – 1.197; p-value = 0.003), and the score of depression in Patient Health Questionnaire-9 (r = 0.603, p < 0.001).

Discussion or Conclusions: The sleep problems are common in adult cancer patients and usually unrecognized clinically. These conditions may be associated with the stage of cancer and depressive symptoms among adult cancer patients. It is necessary to integrate sleep therapy and management into routine cancer care to improve the well-being of Vietnamese cancer patients.

117 | “Letting go” - Relinquishing Control of Illness Outcomes to God and Quality of Life: Peace/meaning as a Mediating Mechanism in Religious Coping with Cancer

Thomas Merluzzi1, Natalia Salamanca-Balen1, Errol Philip1, John Salasman2

1University of Notre Dame, Notre Dame IN, USA. 2Wake Forest University, Wake Forest NC, USA

Background/rationale or Objectives/ purpose: Relinquishing control (RC) of outcomes to God is a long-standing form of religious coping with serious illness. Placing cancer outcomes “in God’s hands” has been positively related to quality of life (QOL). However, the mechanisms involved in the RC-QOL relationship have not been established. A mediation model (i.e., RC-Peace/meaning-Coping Efficacy-QOL outcomes) tested whether Peace/meaning mediated the RC-QOL relationship and was related to coping and QOL.

Methodology or Methods: 552 persons with a cancer diagnosis completed the Religious Problem-Solving Scale (RPSS), FACTSp Peace and Meaning Scales, Cancer Behavior Inventory (coping efficacy), and measures of Physical/Functional (PFQOL), Emotional QOL (EQOL) and Symptoms. RC was computed by subtracting the RPSS Self-Directing Scale from the highly-correlated Deferring and Collaborating scales (r = .86): ((D + C) - SD). Higher scores indicated greater RC to God versus personal responsibility for outcomes.

Impact on practice or Results: Direct effects (RC-PFQOL, RC-EQOL, RC-Symptoms) were not significant. However, indirect effects in the mediated models confirmed that Peace/meaning-Coping Efficacy fully mediated the RC-QOL and RC-Symptoms relationships [i.e., RC-Peace/meaning-Coping Efficacy-outcomes: Indirect Effects: PFQOL: .18(.12,.28); EQOL: .48(.29,.68); Symptoms: -.05(-.10,-.01)].

Discussion or Conclusions: RC was not related directly to QOL; however, the RC-QOL relationship was fully mediated both by a sense of peace because outcomes were “in God’s hands” and a sense of coherence between the current situation and a spiritually-based meaning system. Peace/meaning was also related to coping efficacy, which indicates that, these mediating constructs may be used to inform evidence-based interventions that are sensitive to the belief systems of cancer patients and enhance QOL.

239 | Use of Photo Methods in Research Studies with Cancer Survivors and Their Caregivers: A Scoping Review

Lillian Ca1, Autumn Lanoye2,3, Maria Thomson1,2, Susan Hong2,4

1Virginia Commonwealth University Department of Psychology, Richmond, USA. 2Virginia Commonwealth University Massey Cancer Center, Richmond, USA. 3Virginia Commonwealth University School of Medicine, Department of Health Behavior and Policy, Richmond, USA. 4Virginia Commonwealth University School of Medicine, Department of Internal Medicine, Division of Hematology, Oncology, & Palliative Care, Richmond, USA

Background/rationale or Objectives/purpose: Photo methods such as photo-elicitation and photovoice have traditionally been implemented as knowledge-generation techniques; however, they have also been conceptualized as interventions. We performed a scoping review to document the use of photo methods in studies of cancer, to describe participant populations such as cancer survivors versus caregivers, types of cancers involved, as well as opportunities for future directions.

Methodology or Methods: An a priori search strategy was implemented across four health-related databases; inclusion criteria were studies involving 1) participants with a history of cancer and/or caregivers of cancer patients; 2) where the study protocol asked participants to take and/or respond to photographs 3) were published in peer-reviewed journals; 4) and written in English.

Impact on practice or Results: Eighty non-duplicative articles were identified; of these, 30 articles describing 24 individual studies were included for review. All but one (95.8%) of the studies utilized photovoice solely as a knowledge-generation technique without participant outcome measurement or analysis. Across all included studies, participants were largely women with breast cancer; other demographic and cancer-related variables (e.g., race, cancer stage) were not consistently reported. Caregivers were included in 37.5% of studies.

Discussion or Conclusions: Photo methods are an effective method for eliciting rich qualitative data in cancer populations; however, there are missed opportunities in their lack of use for intervention and systemic change. In addition, inconsistent reporting of demographics and cancer characteristics limit our ability to synthesize these data across studies.
361 | Evaluating the Implementation of a Hospital-based Service to Identify and Refer Parents Diagnosed with Cancer to Community-Based Psychosocial Support: Study Protocol

Xiomara Skrabal Ross @RossSkrabal1, Claire King2, Fiona E. J. McDonald @mc_fi1,3, Pandora Patterson @ppatternsonphd1,3, Thilo Schuler @th1loz2

1Canteen Australia, Sydney, Australia, 2Royal North Shore Hospital, Sydney, Australia, 3The University of Sydney, Sydney, Australia

Background/rationale or Objectives/purpose: In 2020, in line with national initiatives to provide patients with integrated care, Royal North Shore Hospital (RNSH), Radiotherapy Unit introduced a service to identify and refer cancer patients who are parents of children <= 25 y/o to community-based psychosocial support. Parent-patients have expressed a need for parenting support, and effective family communication is critical for positive family functioning, however, families are not routinely referred for this support. To address this gap, RNSH partnered with a community-based organization to co-design a service. This involved modifying an existing screening survey to identify eligible patients, and providing information and referrals via a Patient Care Radiation Therapist. This study will evaluate the implementation (acceptability and appropriateness) of this novel service and patients’ experience and satisfaction with the service.

Methodology or Methods: This is a mixed-methods retrospective evaluation. All eligible patients (n=181) will be invited to participate in a survey based on experiences of care and implementation frameworks. Patient factors (e.g., cancer type/stage) and referral data will be extracted from medical records. Semi-structured interviews will be conducted with children (11-25 y/o) of survey participants, to better understand the effectiveness of the referral pathway.

Impact on practice or Results: NA

Discussion or Conclusions: Findings from this study will describe the strengths and improvement opportunities for identification and referral service at RNSH, improved communication with parent-patients, and inform development of similar integrated care programs at other hospitals.

Audience Questions:
1. How can we encourage patients’ survey completion?
2. Is it feasible for all future patients be routinely invited to be part of future evaluation?

371 | The impact of the Mindfulness-Based Stress Reduction program on interception in breast cancer patients: a study protocol

Valeria Sebri1,2, Silvia Francesca Maria Pizzoli2, Chiara Marzorati1, Ketti Mazzocco1,2, Gabriella Pravettoni1,2

1European Institute of Oncology IRCCS, Milan, Italy, 2University of Milan, Milan, Italy

Background/rationale or Objectives/purpose: Mindfulness-based stress reduction (MBSR) is a useful program to promote physiological and psychological well-being for people over a broad continuum of care. Particularly, breast cancer patients have to deal with physical symptoms and emotional distress due to oncological treatments. Positive effects of MBSR intervention on patients’ well-being are documented in reducing bodily pain and mood disturbances (e.g., distress and anxiety) and enhancing interception. This protocol study will assess the effectiveness of the MBSR program to promote interception, body awareness, and emotion regulation in breast cancer patients.

Methodology or Methods: 40 breast cancer patients will be randomized between the intervention group and the waiting-list control group. Socio-demographic and standardized questionnaires (The multidimensional assessment of interception awareness, The Metacognition Questionnaire, The Dissociative Experiences Scale, The Pittsburgh Sleep Quality Index, The Hospital and Anxiety Depression Scale, The Functional Assessment of Cancer Therapy - Breast cancer, and The Objectified Body Consciousness Scale) will be administered three times: before starting the MBSR protocol (baseline), post-intervention, and 3 months after baseline (follow-up).

Impact on practice or Results: Descriptive and ANOVA repeated measures analyses will be performed to compare baseline, post-intervention, and follow-up scores. We hypothesize improvements in breast cancer patients’ bodily awareness (short-term outcome), interception, and emotional issues (long-term outcomes).

Discussion or Conclusions: Implementing the present program could be relevant to explore the possible benefits of the MBSR program in cancer care. Moreover, this study protocol may strengthen interception, body awareness, and positive emotions by leading breast cancer patients to focus on themselves.

414 | Art-based intervention for adult cancer patients: a single centre experience

Savita Goswami, Jayita Deodhar, Lekhika Sonkusare
Tata Memorial Hospital, Mumbai, India

Background/rationale or Objectives/purpose: In 2020, in line with national initiatives to provide patients with integrated care, Royal North Shore Hospital (RNSH), Radiotherapy Unit introduced a service to identify and refer cancer patients who are parents of children <= 25 y/o to community-based psychosocial support. Parent-patients have expressed a need for parenting support, and effective family communication is critical for positive family functioning, however, families are not routinely referred for this support. To address this gap, RNSH partnered with a community-based organization to co-design a service. This involved modifying an existing screening survey to identify eligible patients, and providing information and referrals via a Patient Care Radiation Therapist. This study will evaluate the implementation (acceptability and appropriateness) of this novel service and patients’ experience and satisfaction with the service.

Methodology or Methods: This is a mixed-methods retrospective evaluation. All eligible patients (n=181) will be invited to participate in a survey based on experiences of care and implementation frameworks. Patient factors (e.g., cancer type/stage) and referral data will be extracted from medical records. Semi-structured interviews will be conducted with children (11-25 y/o) of survey participants, to better understand the effectiveness of the referral pathway.

Impact on practice or Results: NA

Discussion or Conclusions: Findings from this study will describe the strengths and improvement opportunities for identification and referral service at RNSH, improved communication with parent-patients, and inform development of similar integrated care programs at other hospitals.

Audience Questions:
1. How can we encourage patients’ survey completion?
2. Is it feasible for all future patients be routinely invited to be part of future evaluation?

421 | Preliminary Findings on the Effects of Mindfulness Based Cancer Recovery (MBCR) training on cancer patients’ resilience

Jane (Jung Han) Lee1, Julie Deleemans1, Katherine-Ann Piedalue1, Mohamad Baydoun2, Linda Carlson1

1University of Calgary, Calgary, Canada, 2University of Regina, Regina, Canada

Methodology or Methods: 40 breast cancer patients will be randomized between the intervention group and the waiting-list control group. Socio-demographic and standardized questionnaires (The multidimensional assessment of interception awareness, The Metacognition Questionnaire, The Dissociative Experiences Scale, The Pittsburgh Sleep Quality Index, The Hospital and Anxiety Depression Scale, The Functional Assessment of Cancer Therapy - Breast cancer, and The Objectified Body Consciousness Scale) will be administered three times: before starting the MBSR protocol (baseline), post-intervention, and 3 months after baseline (follow-up).

Impact on practice or Results: Descriptive and ANOVA repeated measures analyses will be performed to compare baseline, post-intervention, and follow-up scores. We hypothesize improvements in breast cancer patients’ bodily awareness (short-term outcome), interception, and emotional issues (long-term outcomes).

Discussion or Conclusions: Implementing the present program could be relevant to explore the possible benefits of the MBSR program in cancer care. Moreover, this study protocol may strengthen interception, body awareness, and positive emotions by leading breast cancer patients to focus on themselves.
Background/rationale or Objectives/purpose: Resilience in cancer patients is associated with positive psychosocial health outcomes. Mindfulness-based interventions (MBI) may improve resilience in cancer patients but require further investigation. We investigated the effect of MBCR training on participants’ resilience.

Methodology or Methods: Adult cancer patients in the MBCR program participated in this mixed-methods study. Quantitative assessment for resilience (primary outcome), coping, quality of life, post-traumatic growth, and depression (secondary outcomes) occurred at baseline, week 8 (post-MBCR), and week 12 (follow-up). Individual, semi-structured interviews were conducted post-intervention. Data collection for cohort two is ongoing. Descriptive statistics, t-tests, and correlation analyses are reported.

Impact on practice or Results: Participants (N=6) were female with a mean age of 55 (+7.78) years. Mean time since diagnosis was 18 months. From baseline to post-MBCR, patients showed significant increases in resilience (p=.034, d=.94), specifically hardness (p=.031, d=.89) and regulation of emotion and cognition (p=.006, d=1.79). Emotional well-being (p=.015, d=1.28), positive reframing (p=.006, d=1.45), planning (p=.003, d=1.11), and spirituality-focused (p=.017, d=0.77) coping strategies increased significantly, while depression decreased (p=.048, d=1.04). Being in active treatment was associated with higher weekly home practice hours (r=.89, p=.019) and lower change in resilience between post MBCR and follow-up (r=-.82, p=.046). Longer time since diagnosis correlated with higher post-MBCR resilience (r=.81, p=.049).

Discussion or Conclusions: MBCR participation was associated with improved resilience and emotional wellbeing. Results from this small sample suggest both statistical and clinical improvements in psychosocial health and resilience following MBCR training in people with cancer but require further investigation with larger samples.

461 | Relationships between Orientation of Thoughts and Emotional Regulation in Women with Breast Cancer

Claudia Mc Brearty1,2,3, Léonie Sohuy1,2,3, Alexis Whitton1,2,3, Josée Savard1,2,3
1School of Psychology, Faculty of Social Sciences, Université Laval, Quebec, Canada. 2CHU de Québec-Université Laval Research Center, Quebec, Canada. 3Cancer Research Center, Université Laval, Quebec, Canada

Background/rationale or Objectives/purpose: Realistic thinking has been proposed as an effective cognitive strategy to cope with cancer; yet, research evidence is lacking on its benefits and how it compares to positive thinking. The purpose of this study was to examine whether emotional regulation (ER) strategies (expressive suppression, experiential avoidance, and cognitive reappraisal) differed according to orientation of thoughts of women treated for breast cancer.

Methodology or Methods: Seventy women with non-metastatic breast cancer were asked to complete the Acceptance and Action Questionnaire and the Emotion Regulation Questionnaire before (T1) and after (T2) radiotherapy to assess emotional regulation. They also completed the Thoughts and Anticipations about Cancer questionnaire at T1 only, which measures anticipations towards radiotherapy, and which permitted participants to be categorized into positive (PT; n=13), negative (NT; n=12), realistic (RT; n=21) thought orientations or not future-oriented (NFO; n=24).

Impact on practice or Results: Results of a repeated measures variance analysis showed no significant time or group-by-time interaction. However, expressive suppression scores were significantly higher in women with RT (14.4) than NFO (9.4), F(3,63.5)=2.99, p<0.05. Experiential avoidance scores were significantly lower in NFO (58.6) than RT (48.6) and NT (46.2) patients, F(3,27.5)=7.55, p<0.01. No significant between-groups difference was found on cognitive reappraisal.

Discussion or Conclusions: These results suggest that women who are not future-oriented are less prone to using experiential avoidance and expressive suppression, which are maladaptive coping strategies. Research is warranted to assess the influence of pre-radiotherapy anticipations on patients’ psychological adjustment and the mediating role of emotional regulation strategies.

526 | Using neurofeedback to help cancer survivors with persistent cognitive problems and fatigue: Current evidence from a program of research

Mariam Luctkar-Flude @marianlflude1, Jane Tyerman2
1Queen’s University, Kingston, Ontario, Canada, 2University of Ottawa, Ottawa, Ontario, Canada

Background/rationale or Objectives/purpose: The purpose of this presentation is to describe a novel program of nursing research exploring the potential for neurofeedback to manage persistent cognitive problems and fatigue.
Methodology or Methods: This narrative review summarizes five research studies using different research methods to address the research topic in an incremental manner: systematic review, survey of neurofeedback providers, interviews with neurofeedback providers, pilot feasibility study, and interviews with breast cancer survivors following neurofeedback.

Impact on practice or Results: Despite issues with methodological quality, results of the systematic review were positive with few reported side effects. Similarly, results of a survey of neurofeedback providers suggested neurofeedback may be a safe and effective therapy for cancer survivors. Results of interviews with both neurofeedback providers and cancer survivors supported the use of neurofeedback to improve quality of life for cancer survivors and reinforced the need to move forward with our own research. Our pilot feasibility study demonstrated the neurofeedback protocol was acceptable to cancer survivors and resulted in statistically significant improvements in perceived cognition and fatigue levels.

Discussion or Conclusions: Overall results of a series of five exploratory studies suggest that neurofeedback may be an effective, non-invasive complementary therapy to manage cognitive problems and fatigue, and improve quality of life in cancer survivors. Clinical trials with larger sample sizes are needed to corroborate our findings. Specifically, more research is needed to determine which neurofeedback systems and protocols are most effective for this population with persistent symptoms. Establishing clinical effectiveness could encourage adoption of neurofeedback into routine cancer care as well as health insurance coverage for this complementary therapy.

559 | Towards a new service delivery model to tackle sleep disruptions after cancer: Investing in patient partner training

Caroline Arbour1, Karine Bilodeau2, Danny Hjeij1, David Ogez1, Sandie Oberoi2

1Centre de Recherche de l’Hôpital du Sacré-Cœur de Montréal, Montréal, Canada. 2Centre de Recherche de l’Hôpital Maisonneuve-Rosemont, Montréal, Canada.

Background/rationale or Objectives/purpose: Background: Sleep disturbances are frequently reported in cancer survivors. Self-regulation practices such as guided imagery are recommended in these patients to limit the long-term use of sleeping pills. However, access to clinician coaching to apply this method remains limited, hence the need to involve patient partners in the process. This clinical initiative aims to explore the feasibility and acceptability of a training program on guided imagery in a cohort of patient partners, to equip them to help other patients to apply this technique.

Methodology or Methods: Based on Kirkpatrick’s theoretical model, an observational descriptive study with mixed data collection will be conducted in a patient partner cancer center in Montreal, with 6-8 adult patient in total remission who have received an 8-hour pre-validated training on guided imagery. Descriptive statistics will be performed to obtain quantitative measures of the acceptability and feasibility of this training. Qualitative documentation of the experience of participants on this subject will be carried out through individual semi-structured interviews of 45-60 minutes, with a content analysis according to the methods of Miles et al. (2014).

Impact on practice or Results: This project will be the first to document the training of patient partners in guided imagery for sleep disorders. This exercise is planned with a view to personalized continuous care and patient partner-nurse collaboration in oncology.

Discussion or Conclusions: Results will raise awareness among healthcare professionals in oncology on the importance of the involvement of patient partners in the management of sleep disorders during/after chemotherapy and the usefulness of guided imagery in this subject.

563 | Predict and act on sleep after blood cancer: the PROSLLEEP protocol

Karine Bilodeau1, Caroline Arbour2, Samantha Mayo1, David Ogez1, Josée Savard4

1Centre de recherche de l’Hôpital Maisonneuve-Rosemont, Montréal, Canada. 2Centre de recherche de l’Hôpital du Sacré-Coeur de Montréal, Montréal, Canada. 3Laurence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada. 4Centre de recherche du CHU de Québec, Québec, Canada.

Background/rationale or Objectives/purpose: Sleep disruptions and unrelenting fatigue are commonly reported after the end of blood cancer treatment. Besides its immediate relevance for patients’ tolerance to daytime activity, poor sleep could also affect their quality of life (QoL). For this reason, blood cancer patients should be provided with personalized tips and support to foster the best possible sleep after treatment. This is particularly important as drugs commonly prescribed to treat sleep complaints in cancer are not recommended for extended use. Addressing this problem, the PROSLLEEP study will provide the first thorough exploration of sleep in recently treated blood cancer patients and its relation to fatigue and QoL.

Methodology or Methods: We will recruit 68 adults with a primary blood cancer diagnosis (lymphoma, leukemia), who terminated a treatment in the last 2-4 weeks. Participants’ rest-activity cycle will be monitored for 7 consecutive days/nights at 2-4 weeks and 3 months after the end of blood cancer treatment using actigraphy, sleep diaries, and questionnaires, allowing extraction of quantitative aspects of sleep, as well as more subjective aspects, and interaction with fatigue and QoL. Those with unresolved sleep difficulties at 3 months will be invited to take part in a multimodal intervention focusing on behavioral and self-regulation skills.

Impact on practice or Results: Results will be used to further refine the intervention during participating workshops with patient partners and blood cancer association representatives in preparation for a powered RCT.

Discussion or Conclusions: This study will provide a better understanding of the complexity of sleep disorders in hematological cancer, and potential personalized, patient-centered solutions.

570 | The effectiveness of compassion-based interventions on mental health among cancer patients: A systematic review and meta-analysis

Ya-Chi Fan1, Fei-Hsia Hsiao2, Chia-Chen Hsieh1

1School of Nursing, College of Medicine, National Taiwan University, Taipei, Taiwan. 2Department of Nursing, National Taiwan University Hospital, Taipei, Taiwan

Background/rationale or Objectives/purpose: Compassion-based interventions have been applied to manage cancer patients’ psychological distress, but the effects have been inconsistent. This study aimed to examine the effects of compassion-based intervention on emotional improvements in cancer patients by using systematic review and meta-analysis of randomized controlled trails.

Methodology or Methods: This study complied with the recommendations for the latest Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). The literature search was conducted using databases such as PubMed, PsycINFO, and CINAHL. The search was limited to articles published in English and with a focus on compassion-based interventions. The selected studies were rigorously screened for eligibility, and the data were extracted and analyzed using a mixed-effects model for the meta-analysis.
and Meta-Analyses (PRISMA) statement. Eleven bibliographic databases were searched from their earliest data available date up to March 1st 2022. The databases include Pubmed, CINAHL, MEDLINE, PsyCINFO, WOS, Cochrane, EMBASE, SCOPUS, Proquest Dissertations, Airiti Library and National Digital Library of Theses and Dissertations in Taiwan.

Impact on practice or Results: Ten studies from 2015 to 2021 were included with a total of 771 cancer patients. Brief compassion-based interventions with approximately 30 minutes. Most of them were conducted after active treatment completed stage, the anxiety was the most measured outcome. Constructive compassion-based interventions with 4-12 weeks sessions. Most of them were conducted for patients who were undergoing treatment stages, the depression was the most measured outcome. The meta-analysis indicated reducing depression and increasing self-compassion after compassion-based interventions among cancer patients.

Discussion or Conclusions: This study summarized the key findings from compassion-based intervention of RCTs and the results showed that improvement of depression and increase self-compassion among cancer patients. Implications for health care provider are develop personalized interventions with different cancer treatment stages or different delivery formats. Compassion-based intervention could be an adjuvant therapy for helping patients live with cancer.

82 | Not-Just-Supper Club: A Model for a Health-promoting Cancer Care Support Program

Amy Symington1, Billie Jane Hermosura2, Meaghan E. Kavanagh3, Jaime Slavin4
1George Brown College, Toronto, Canada. 2University of Ottawa, Ottawa, Canada. 3University of Toronto, Toronto, Canada. 4Toronto, Canada

Background/rationale or Objectives/purpose: Current nutrition-related cancer research focuses on disease prevention and management. There is limited research on developing food literacy through culinary skills for cancer survivors and their caregivers. The Not-Just-Supper Club (NJSC) program delivers nutrient-dense, health-promoting, plant-based meals for members in a socially-supportive environment. The objective of this study was to explore the relationship between participation in a supper club program and participants’ food literacy, culinary skills, and well-being.

Methodology or Methods: An explanatory sequential mixed-method design with 2 phases in a purposive sample of participants (n=41) was used. Each participant completed a food frequency questionnaire and a semi-structured interview. Field notes and audio recordings were taken. Questionnaire responses were analyzed using descriptive and inferential statistics. Thematic analysis of the field notes and interview transcripts were conducted.

Impact on practice or Results: 92.6% of participants reported that NJSC had a positive impact on their lives and 65.8% reported it has positively impacted their eating habits including the increased consumption of plant-based foods. Most participants reported that NJSC had a positive impact on their lives, and improved their eating habits and some cancer-related symptoms. Emergent themes suggested that participants practically applied the nutrition knowledge they acquired through NJSC.

Discussion or Conclusions: The study suggests that participation in a supper club had a positive short-term impact on food consumption, food literacy, culinary skills, and social, emotional, and nutritional support. These findings demonstrate an opportunity to improve food literacy and positively impact those touched by cancer through cancer nutrition-focused programs.

183 | Peer-Coaching – a one-to-one peer-counselling approach for patients with cancer

Joachim Weis1, Alice Valjanow2
1Department Self-Help Research. Medical Faculty. Comprehensive Cancer Center Freiburg, Freiburg, Germany, 2Department Self-Help Research. Medical Faculty. Comprehensive Cancer Center Freiburg, Germany

Background/rationale or Objectives/purpose: In addition to psycho-oncological counselling, sharing experience with peers may be supportive for cancer patients. In a research project, we trained former cancer patients as volunteers for peer mentoring in the acute treatment phase or during rehabilitation. The primary goal of this project is the development, testing and evaluation of a peer-coaching program. We want to investigate if patients benefit from this program in terms of psychological well-being, coping, information level and quality of life.

Methodology or Methods: For our study, n=13 peer-coaches were trained in three seminars over five days in total. Main contents of the training were the concept and role of peer coaching and communication skills. In addition, the peer coaches are regularly supervised by a psycho-oncologist. Before inclusion, interested patients receive a short telephone screening with the project coordinator. Beside expectation and experienced benefit of the peer coaching, we assess quality of life, psychosocial distress and social support by questionnaires. After each session, patient and peer-coach fill in a questionnaire to evaluate the peer coaching.

Impact on practice or Results: We want to include 30 patients being mentored by the peer-coaches with a total amount of about 45 peer-coaching sessions. First results show that patients profit from this program. We expect that peer coaching be supportive for the patients dependent of the individual need.

Discussion or Conclusions: Peer-coaching could be provided as a stand-alone support or in conjunction with psychological support. After the pilot phase, the peer-coaching program will be tested in a multicentre study in Germany.


Wendy S H Hoy1, Nisia Gan2, Han Min Tan2, Cheryl Pei Ling Lian2, Chek Wee Tan2
1National University Cancer Institute Singapore, Singapore, Singapore, 2Singapore Institute of Technology, Singapore, Singapore

Background/rationale or Objectives/purpose: Patient support group plays a pivotal role in cancer care. However, studies on the effectiveness of cancer support groups are lacking in Singapore. The oneHeart support group is a voluntary patient support group that provides psychological support to Head and Neck Cancer Patients and their caregivers through various activities. This study aims to evaluate the distress levels and perceived outcomes of the members in the oneHeart support group.
Methodology or Methods: An anonymous online survey was distributed to the members via social media to gather responses on perceived outcomes and distress levels. Questions on perceived outcomes were modelled from previous literature. The NCCN Distress Thermometer and Problem List were used to assess the pre-post distress levels and identify possible causes. Fifty-two members (median age 41-50 years, 61.5% male, and 98.1% Chinese) responded to the survey.

Impact on practice or Results: Frequency of attendance was the most impactful factor with significant associations to emotional and informational support on perceived outcomes. Emotional support was the main perceived outcome for caregivers, pre-treatment support participation and longer membership duration. Additionally, high distress levels were reported before joining the support group (mean 7.00) and were associated with emotional and physical concerns such as fear and nervousness. This distress was significantly decreased after joining the support group (mean 3.00). The greatest impact was found among the nervous participants.

Discussion or Conclusions: Significant positive ratings on perceived outcomes were observed in the support group. Furthermore, the significant decline in distress and notable improvements demonstrated the effectiveness of the oneHeart support group in managing psychological distress.

323 | Changes in wellbeing of young people accessing a community-based cancer support organisation

Pandora Patterson @PPattersonPhD1,2, Fiona McDonald @Mc_Fin1,2, Richard Tindle3, Helen Bibby1

1Canteen, Sydney, Australia, 2University of Sydney, Sydney, Australia, 3University of the Sunshine Coast, Sunshine Coast, Australia

Background/rationale or Objectives/purpose: Adolescents and young adults (AYAs) impacted by their own or familial cancer (their parent’s or sibling’s) experience significant psychosocial impacts. Community based support organisations can provide services to address these concerns. This study examined the levels of distress and unmet needs over time for AYA patients, survivors, siblings, bereaved siblings, offspring and bereaved offspring within Canteen, an Australian community cancer support organisation.

Methodology or Methods: AYAs (N=684) aged 12-25 years and impacted by personal or familial cancer completed a distress measure (Kessler-10) and a needs measure relevant to their cancer experience during their initial assessment at Canteen. The measures were repeated approximately 6 months later. Analyses included Bonferroni adjusted t-tests for each cancer experience group, and assessments of clinically meaningful change.

Impact on practice or Results: At baseline between 35% (survivors) and 58% (bereaved offspring) of participants reported high or very high levels of distress. At review there were significant reductions in distress for offspring (t=5.36, p<.001) and bereaved offspring (t=3.57, p<.001), and significant reductions in needs for patients (t=4.94, p<.001), survivors (t=3.04, p=0.003), siblings (t=4.10, p<.001), offspring (t=6.11, p<.001), and bereaved offspring (t=4.61, p<.001). Between 49% and 64% of participants showed clinically significant improvements in distress, unmet needs, or both.

Discussion or Conclusions: AYAs impacted by cancer have elevated levels of distress and significant numbers of unmet needs. Community-based support can address these, significantly improving the psychosocial well-being of these young people. Clear referral pathways from acute care settings to community-based care are needed to better support young people impacted by cancer.

374 | Men’s Lived Experience of Supportive Cancer Care: Factors Influencing Service Use

Nathalie Bedrossian1, Corentin Montiel2, Alexia Piche1,3, Meghan H. McDonough7, Lise Gauvin1,3, Anika R. Petrella1, Catherine M. Sabiston1, Isabelle Dore1,3

1Centre de Recherche du CHUM (CRCHUM), Montreal, Canada, 2Université de Montréal à Montréal (UQAM), Montreal, Canada, 3Université de Montréal (UdeM), Montreal, Canada, 4University of Calgary, Calgary, Canada, 5University College London Hospitals NHS Foundation Trust, London, United Kingdom, 6University of Toronto, Toronto, Canada

Background/rationale or Objectives/purpose: Evidence suggests that many men may be socialized into masculine gender roles that value stoicism which prevents them from seeking professional support. As such, the factors associated with men’s needs, preferences, help seeking, and service use, are not well-understood, especially in the context of cancer diagnosis. We explored factors influencing service use in supportive cancer care as experienced by adult men who had received a cancer diagnosis at some point in their lifetime.

Methodology or Methods: In this qualitative description study, men (n=31, age 26 to 82 years) living in Quebec who had received a cancer diagnosis were recruited between March and May 2021. Focus groups held by videoconference or individual telephone interviews were conducted. Content analysis of transcribed verbatim discussions was used to identify main themes regarding factors influencing service use in supportive cancer care.

Impact on practice or Results: Men’s lived experience of supportive cancer care was reflected in four themes: 1) Adequacy of services with men’s needs (e.g. service characteristics, patient-provider relationship); 2) Organization of services (e.g. availability and accessibility, integration of services); 3) Service promotion and communication (e.g. message appropriateness, going towards men); and 4) Social norms and perceptions (e.g. gender roles, social perception of cancer).

Discussion or Conclusions: A better understanding of factors influencing service use in men’s lived experience of supportive cancer care will help reorient services offered and promoted to better meet the needs and preferences of men.

Data collection was supported by the SSHRC Insight Development Grant.

397 | Exploration over time of cancer survivors’ perceptions of a virtual community-based supportive program

Tyler L. Brown1, Alexandra Radd2, Carmen G. Loiselle @Loiselle_Lab1,3,4,2

1Department of Oncology, Faculty of Medicine and Health Sciences, McGill University, Montreal, Canada, 2Ingram School of Nursing, Faculty of Medicine and Health Sciences, McGill University, Montreal, Canada, 3Segal Cancer Centre, Jewish General Hospital, CIUSSS Centre-Ouest Montréal, Montreal, Canada, 4Department of Oncology, Faculty of Medicine and Health Sciences, McGill University, Montreal, Canada

Background/rationale or Objectives/purpose: Cancer survivors are an ever-growing population who face physical, emotional, and practical challenges adapting to their “new normal.” Survivors frequently report difficulty identifying supportive programs that are free, accessible and meet their needs. This service gap can be filled by community-based, volunteer-based organizations such as Hope & Cope. Through six seminars led by volunteers and experts, Focus on the Future seeks to facilitate the transition from active treatment to survivorship. This
qualitative pilot study reports on program users’ perceptions as the program evolves.

Methodology or Methods: In-depth virtual individual interviews (N=10) were conducted (T1) pre-program implementation, (T2) midway through, and (T3) at program completion. Thematic analysis was used on verbatim transcripts.

Impact on practice or Results: All participants were women ranging in age from 46 to 75 who had completed cancer treatment. At T1, participants hoped to acquire new knowledge to assist in transitioning post-treatment. They expected to connect with others experiencing similar issues. Perceptions were similar at T2 and T3, with agreement that the program progressively helped normalize their experience. At T3, the breadth and depth of content provided was appreciated. For some, content could have come earlier. Overall, virtual program delivery was seen as convenient, interactive, and efficient at delivering timely content. However, virtual connections were, at times, found to be less fluid than in-person interactions.

Discussion or Conclusions: Longitudinal program evaluation is promising as it provides opportunities to adjust content and delivery over time. Creating a virtual space whereby survivors can relate to each other and hear coping strategies from experts provides supportive and normalizing experience.

458 | Down the rabbit hole: the rationale behind the diverse landscape of walk-in centers for cancer patients and their loved ones in Belgium

Nele Van den Cruyce

Background/rationale or Objectives/purpose: In recent years, several walk-in centers have been created in Belgium aimed at supporting patients and their loved ones during their cancer journey. While these initiatives seem to share the same ambition; they are diverse both in the way they manifest themselves - ranging from dedicated hospital wings, to private houses and digital alternatives - as well as in the type of support they provide - ranging from access to complementary care, to professional psycho-social aid and the facilitation of peer support groups. Not much is known about the reasoning behind the variety of walk-in centers in the field.

Methodology or Methods: This research article, therefore, firstly, maps out the existing walk-in center initiatives in Belgium. Secondly, by means of an in-depth interview with the founders of these initiatives, it provides an insight into the rationale behind the specifics of each walk-in center. Lastly, this research aims at establishing a common ground between the different walk-in centers as a minimal viable product which can facilitate network building and official recognition of the walk-in centers in Belgium.

Impact on practice or Results: This article maps out significant differences between walk-in centers in Belgium. Elements impacting these differences are linked to a variety of elements such as the profile of the founders and the available financial and cultural capital of the board and volunteers.

Discussion or Conclusions: If you do not know where you are going, any road will get you there. However, if walk-in centers aim at becoming an integral part of support care within oncology, a more strategic and unified approach is necessary.

508 | Peer Navigation among Ethnically Diverse and Underserved Hematologic Cancer Patients: A Pilot Study of Interest and Uptake

Alyson Moadel-Robblee1,2, Brittany Miller1, Johnna Bakalar1, Israt Islam1, Amit Verma1,2

1Albert Einstein College of Medicine, Bronx, USA. 2Montefiore Einstein Cancer Center, Bronx, USA

Background/rationale or Objectives/purpose: This ongoing pilot study examines uptake and impact of peer navigation (PN) among undeserved hematologic cancer patients on psychosocial well-being and medical mistrust.

Methodology or Methods: Since October 2020, 52 patients were recruited to a prospective trial of PN at an underserved urban academic cancer center in NYC. Patients included those referred for psychosocial services (33%) and those identified through the institution’s Cancer Registry (67%). To date, 31 have completed standardized psychosocial assessments at baseline and three months.

Impact on practice or Results: The sample is African American (63%), Hispanic (33%), female (60%), foreign born (40%), and endorsing financial hardship (29%), with a Mean age of 53 (17.66 sd). Most (70%) were diagnosed within 3 years and on treatment (53%). The sample endorsed an above average rate (61%) of clinical distress and high medical mistrust (31%). Half (39%, Yes, 11% Maybe) expressed interest in being matched with a peer navigator and 59% expressed interest to volunteer as one. PN request was 56% among referred patients and 36% among the Cancer Registry sample. Those requesting PN tended to endorse more worry, live alone, be foreign born, Hispanic, female (p<0.001), younger, and not on chemotherapy. Those requesting PN demonstrated a clinically significant 20% decrease in loneliness and medical mistrust over 3 months vs non-PN patients.

Discussion or Conclusions: The pilot suggests that peer navigation is a highly desirable and potentially effective psychosocial resource for underserved hematologic cancer patients endorsing substantial psychosocial distress regardless of referral status. Implications of PN as routine cancer care are discussed. Funded by the Leukemia & Lymphoma Society

515 | Community Perspective on Research Involvement to Address Colorectal Cancer Hotspot in Rural Virginia

LaWanda Tatsum1, Katelyn Schifano2, Maria Thomson2

1Lawrenceville, USA. 2Virginia Commonwealth University, Richmond, USA

Background/rationale or Objectives/purpose: Brunswick County, Virginia is a rural county (RUCC 6) located in one of three enduring national colorectal cancer (CRC) hotspots. Residents are 9 times more likely to die from CRC compared to national US rates. The Community Cancer Programs Program (CCCP) began as a train-the-trainer community-engaged research project to increase community education about CRC and clinical trials and has become a programmatic approach to create spaces that promote bidirectionality of knowledge, information, and community access to research and services. This case study examines the successes, challenges, and lessons learned by one Community Champion who implemented this program in her community during the COVID-19 pandemic.

Methodology or Methods: In 2020-21, Massey Cancer Center (MCC) and seven community members implemented a train-the-trainer model for cancer education. With MCC support, the community champion identified the format, location, and participants for each education session.

Impact on practice or Results: The most critical lessons that helped to break through community stigma impeding conversations about health were: the leadership role of the Community Champion who was a member of the community; settings that were flexible and determined by the Champion to encourage comfort discussing health and cancer topics.
Together these increased trust and knowledge about CRC screening and clinical trials at MCC.

Discussion or Conclusions: In a small community with poor CRC outcomes, the CCCP supports the mobilization of community stakeholders to promote health and wellness. Future directions for the program include the growth of the Champions network to include partnerships with clinical and non-clinical partners to support access to care and advocacy.

527 | Metastatic Voices - stories and lessons learned from women living with metastatic breast cancer (MBC) during the pandemic

Suzanne O’Brien1, Deborah Bridgman2, Sarah Kettenbeil2, Elaine Glickman2

1Hope & Cope, Montreal, Canada. 2Patient, Montreal, Canada

Background/rationale or Objectives/purpose: Women living with metastatic breast cancer (MBC) face multiple challenges, an uncertain future and often painful and debilitating side-effects from multiple treatments over many years as their cancer progresses. For 18 years, A Montreal community-based support group, "Breast Friends" has been a resource and haven for women of all ages living with MBC. In-person meetings, social activities and retreats were casualties of the pandemic and the Breast Friends found new ways to connect and support each other through grief, loss, isolation and uncertainty.

Methodology or Methods: Members of Breast Friends will share their lessons of loss, legacy, resilience, friendship and community. The challenges and frustrations of living with pandemic restrictions, multiple lock-downs and the fear of catching COVID-19 when so immune-compromised, had a huge toll on members. The impact of isolation from family members, loneliness, delayed screenings, mental health, the loss of five members of our group, unresolved grief and delayed rituals will be highlighted, along with the strategies used to stay connected, informed and strong.

Impact on practice or Results: There were many gains and losses of living with technology. A Zoom support group allowed flexible connection times but many members found it difficult to have medical and therapist appointments by phone or Zoom and to maintain strong, trusting relationships with health professionals when not seen in-person, particularly with disease progression and changes in care decisions.

Discussion or Conclusions: Hybrid models of support are here to stay. For those living with MBC, the need for support is acute and their preferences for care must be considered and protected.

Final category: E. Sociodemographic, culture, and sex/gender issues in cancer

17 | Factors associated with fear of cancer recurrence among Korean gynecological cancer survivors

Sanga Park1,2, Chae Weon Chung1

1Seoul National University, Seoul, Korea, Republic of. 2Samsung Medical Center, Seoul, Korea, Republic of

Background/rationale or Objectives/purpose: This study aimed to explore the fear of cancer recurrence and to determine the relationship and related factors among Korean gynecological cancer survivors. This study was a descriptive correlation study of 128 gynecological cancer survivors who completed cancer treatment without recurrence at a medical center in Seoul.

Methodology or Methods: The participant’s demographics and disease characteristics were investigated. Also, fear of cancer recurrence, sense of coherence, family support was measured using self-report questionnaire. The collected data were analyzed by descriptive statistics, independent t-test, one-way ANOVA, Pearson’s coefficient correlation, and multiple regression analysis using SPSS / WIN 25.0 program.

Impact on practice or Results: The mean age of gynecological cancer survivors was 46.8 years, and 50.8% of them were unemployed. 55.4% of the participants were in stage 0-1 and the mean time since diagnosis was 26.3 months. The mean fear of cancer recurrence was 75.08 and there were significant differences according to employment status, stage of cancer, time since diagnosis, and chemotherapy. The mean family support was a significant difference in who the main caregiver was. The sense of coherence, employment status, and cancer stage were significantly correlated with fear of cancer recurrence. The factors affecting the fear of cancer recurrence among gynecological cancer survivors were employment status and sense of coherence.

Discussion or Conclusions: Based on these findings, it will be necessary to activate self-help groups for those who are within 2 years after diagnosis, which will increase the quality of life of gynecological cancer survivors.

31 | Sometimes I Can’t Look In The Mirror Recognising the importance of the sociocultural context in patient experiences of sexuality, relationship and body image after ovarian cancer

Hayley Russell1, Sally-Anne Boding2, Lesley Stafford3,4, Elizabeth Knoetz1, Victoria Wilson1

1Ovarian Cancer Australia, Melbourne, Australia. 2University of South Australia, Adelaide, Australia. 3University of Melbourne, Melbourne, Australia. 4Royal Women’s Hospital, Melbourne, Australia

Background/rationale or Objectives/purpose: Ovarian cancer (OC) can significantly change the way women feel and think about their body. However, personal accounts regarding these changes are lacking in the literature. Therefore, the aim of this research was to gain a deeper understanding of the ways in which OC can impact on relationships, sexuality, womanhood and body image.

Methodology or Methods: 98 Australian women aged 18 and over diagnosed with OC responded to questions related to their relationships, sexuality, body image and womanhood following OC treatment. Responses were analysed thematically while applying a sociocultural lens.

Impact on practice or Results: Three themes and two subthemes were identified: Perceptions of womanhood and fertility, Experiences with a changed body, and Altered relationships which comprised two subthemes, Impacts on sexual functioning and intimacy and Variability in emotional connection. These themes demonstrated that women viewed themselves and their relationships in comparison with sociocultural understandings of body normalcy. This resulted in women questioning their self-worth and place within society due to changes in fertility, sexuality, intimate relationships and bodily functioning.

Discussion or Conclusions: Reimagining psycho- oncology for this cohort means actively considering their self-esteem, sexuality and relationship health as a key aspect of their cancer experience. These results highlight a need to create an open dialogue and ensure information and support is given to reduce stigma and positively influence self-perception and body acceptance. Audiences with an interest in holistic care will be interested in these results which focus on emotional, relational and intimacy needs as well as physical health and will contribute to the literature and influence changes and improvements to support programs.
49 | Using the NCCN distress thermometer to acknowledge Sexual problems

Mary Hughes, Tamara Lacourt
UT MD Anderson Cancer Center, Houston, USA

Background/rationale or Objectives/purpose: This study was designed to evaluate the prevalence of sexual problems using the Distress Thermometer (DT) within different cancer diagnoses. Often oncology practitioners have difficulty addressing sexual issues which leaves patients feeling frustrated and too embarrassed to bring those issues up. This study will show the extent of sexual problems in people with various cancer diagnoses.

Methodology or Methods: Adult patients seen for initial consult between July 2014 and January 17 in the MDACC outpatient psychiatry oncology clinic who provided informed consent were included (n = 1221). Primary assessment tool was the yes/no “sexual problems” item on the NCCN DT. Demographic and clinical variables were abstracted from electronic medical records. Data for the initial consult and up to 3 follow-up visits were analyzed.

Impact on practice or Results: Most common cancer diagnoses (n, %) were breast (355, 30), Hematological (230, 19), head and neck (152, 12), gastrointestinal (138, 11), genitourinary (86, 7), and GYN (74, 6). Sexual problems were endorsed by 344 (28%) of patients at consult. Prevalence at follow-up visits one through three was 27% (206 out of 770 patients, 27% (149/550), and 23% (59/381). Prevalence of sexual problems at consult within the largest cancer diagnosis groups ranged between 23% (hematological) and 35% (genitourinary), with no significant difference in prevalence between groups (p = .11).

Discussion or Conclusions: Sexual problems are prevalent in patients presenting at the psychiatric oncology clinic which persist throughout psychiatric treatment. The cancer diagnosis had no effect on prevalence.

Addressing the problem lets the patient know that you paid attention to how they marked the DT which validates their concerns...

89 | Prevalence of depression in Breast Cancer Women in Georgia

Tamar Kakhabishvili1,2, Nino Okhrbelashvili2, Ivane Kiladze3, Richard Fielding4
1Multispecialty Hospital Consilium Medulla, Tbilisi, Georgia. 2Iv. Javakhishvili Tbilisi State University, Tbilisi, Georgia. 3Caucasus Medical Centre, Tbilisi, Georgia. 4The University of Hong Kong, Hong Kong, Hong Kong

Background/rationale or Objectives/purpose: The Republic of Georgia recorded 1,629 new cases of female Breast cancer (BC) in 2019, 28.3% of all newly diagnosed cancers. Depression commonly occurs in BC patients, significantly affecting quality of life (QOL). We screened Georgian women diagnosed with BC for depressive symptoms to determine prevalence and examine associations of depressive symptoms with different events.

Methodology or Methods: In a multicenter observational study we examined 177 women receiving BC treatment at three tertiary oncology hospitals in Georgia, recruited by consecutive identification from medical records. Patient Health questionnaire-9 (PHQ-9) was used for identification of depressive symptoms. Patients were stratified using basic information on age, marital status, social support, stage and pane.

Impact on practice or Results: The sample average age was 52.9 years (34 to 77). Of 177 patients, 63% had some level of depressive symptoms, fewer (23%) had scores indicating probable depressive disorder (moderate to moderately severe depression). Patients reporting pain reported significantly more depression symptoms compared to patients without pain (76.9% vs 54.5%, respectively (p = 0.002)). Depressive symptoms were associated with disease stage (metastatic stage IV 70.5% vs non-metastatic stage I-III, 60%, respectively (p = 0.22)); marital status, (married 58, 9% vs single/divorced 76.6%, (p = 0.074)). Age (<45 years, 72.9% vs = >46 years, 58.9% (p = 0.086)) did not statistically differentiate depressive symptoms.

Discussion or Conclusions: This is an interim report of the first study in Georgia focusing on mental well-being in cancer patient’s part of an ongoing study targeting a final sample size of 312 patients.

129 | Impact of Rural or Urban Status on Sociodemographic Characteristics and Cancer Treatments

Rachel Lee1, Joshua Tulk1, Sheila Garland1,2,3
1Department of Psychology, Faculty of Science, Memorial University, St. John’s, Canada, 2Discipline of Oncology, Faculty of Medicine, Memorial University, St. John’s, Canada, 3Beatrice Hunter Cancer Research Institute, Halifax, Canada

Background/rationale or Objectives/purpose: Rural cancer patients have poorer access to healthcare services, which can impact health outcomes. This study compared sociodemographic and clinical characteristics of rural and urban women with breast cancer.

Methodology or Methods: This prospective observational cohort study examined 100 women with newly diagnosed breast cancer. Chi-squared analyses and t-tests examined whether there are significant differences in sociodemographic and clinical characteristics between rural and urban women.

Impact on practice or Results: Rural women (n = 45) had a higher BMI (M = 31.59 kg/m2; t(97) = 2.41, p = .018, d = 7.02) and lower education (M = 12.66 years; t(98) = 2.61, p = .011, d = 3.56) than urban women (M = 28.16 kg/m2 and 14.46 years, respectively). Additionally, rural women received more invasive and aggressive treatments than urban women, such as a mastectomy (60% vs 38%), X2 = 4.72, p = .03, Cramer’s V = .217. In contrast, more urban women opted for a lumpectomy than rural women (55% vs 27%), X2 = 7.90, p = .005, Cramer’s V = .281. Urban women received more adjuvant therapies that rural women, such as chemotherapy (33% vs 13%), X2 = 5.10, p = .024, Cramer’s V = .226, and radiation (67% vs 38%), X2 = 8.67, p = .003, Cramer’s V = .294.

Discussion or Conclusions: Compared to urban women, rural women with breast cancer opt for more invasive and aggressive treatments, which are less likely to require follow-up treatment. Efforts are needed to address health and treatment disparity.

204 | Interconnectedness of Supportive Care Domains in Men’s Experience of Cancer: The Importance of the Social Domain

Corentin Montiel1, Nathalie Bedrossian2, Alexia Piché1,2, Anika Petrella1, Catherine M. Sabiston3, Meghan McDonough4, Lise Gauvreau1,2, Isabelle Dore1,2
1Université du Québec à Montréal, Montréal, Canada. 2Centre de Recherche du CHUM, Montréal, Canada. 3Université de Montréal, Montréal, Canada. 4University College London Hospitals NHS Foundation Trust, London, United Kingdom. 5University of Toronto, Toronto, Canada. 6University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: Fitch’s (2008) supportive care framework outlines the impacts of cancer across the physical, psychological, social, practical, informational, and spiritual domains. We provide an in-depth representation of men’s lived experience of cancer across these domains, highlighting the social domain and its
interconnectedness with other domains. We investigate: 1) impacts of cancer; 2) strategies used to cope with impacts in the different domains; and 3) strategies across various domains used to cope with impacts of other domains.

Methodology or Methods: In this qualitative study, men (n=31, ages 26–82) diagnosed with cancer and living in Québec were recruited from March to May 2021 through hospital oncology services, cancer associations, community partners, and Facebook advertisements. Men participated in virtual focus groups or in one-on-one telephone interviews. Using content analysis of transcribed verbatim discussions, we identified themes describing cancer impacts and strategies used to manage impacts.

Impact on practice or Results: Results indicate that the lived experience of cancer has extensive social impacts on men (e.g., restructuring of relationships). Men reported many social strategies (e.g., rejection of others’ inappropriate behaviours) to manage cancer impacts across various domains. Also, a wide range of coping strategies from different domains were used to manage social impacts of cancer (e.g., group leisure activities).

Discussion or Conclusions: Findings highlight the prominence of the social domain during men’s lived experience of cancer and the way its impacts and strategies interrelate with other domains of supportive care. Reorienting cancer services to buffer social impacts and support effective social coping is warranted.

302 | Communication patterns and psychological distress among couples coping with cancer: an actor-partner interdependence model of disclosure, concealment, and their synchronicity

Keren Sella1, Nimrod Hertz-Palmo2,3, Michal Braun4,5, Eshkol Rafaeli1, Reut Wertheim1, Noam Pizem2, Einat Shacham-Shmueli6,8, Ilanit Hasson-Obayon1

1Department of Psychology, Bar-Ilan University, Ramat Gan, Israel, 2Chaim Sheba Medical Center at Tel Hashomer, Ramat Gan, Israel, 3School of Psychological Sciences, Tel Aviv University, Israel, 4The School of Behavioral Sciences, The Academic College of Tel-Aviv-Yaffo, Israel, 5Breast Cancer Unit, Sharet Institute of Oncology, Hadassah Medical Center, Jerusalem, Israel, 6Sackler school of medicine Tel-Aviv university, Israel

Background/rationale or Objectives/purpose: The quality of couples’ communication while coping with cancer is related to different aspects of relationship satisfaction and each of the spouse’s well-being. The present research applies a dyadic approach, using an actor-partner interdependence model (APIM) to explore the contribution of personal and contextual communication variables of both partners and spouses, as well as their synchronicity, to their own and their partner’s depression and anxiety.

Methodology or Methods: The current study is part of a large cross-sectional study, focusing on communication and support patterns among couples coping with cancer. A total of 90 heterosexual patients-spouse dyads completed the study measurements: self-disclosure, trait and contextual self-concealment and, anxiety and depression questionnaires.

Impact on practice or Results: Generally, the APIM indicated one’s own disclosure and concealment patterns were found to impact one’s own depression and anxiety, indicating significant actor effects for both partners and spouses (β = 0.29 to 0.65, p <.029). A partner effect was also observed when the spouses’ own depressive rates were negatively related to their partners’ self-disclosure, as well as their own (β = -0.35, p <.043). In the dyadic synchronization models, patients’ anxiety was negatively associated with synchronization in all communication variables (β = -0.22 to -0.21, p <.042).

Discussion or Conclusions: The current findings strengthen the importance of dyadic communication when assessing distress among couples coping with cancer, particularly the effect of concealment behavior within the unique psycho-oncology context. Results Implicate psychological interventions focusing on dyadic coping with cancer with special attention to synchronicity between partners’ communication needs within the therapeutic setting.

330 | ‘He’s better off at home’: The relationship between gender, living arrangements and distress in AYAs with cancer

Pandora Patterson @PPattersonPhD1,2, Helen Bibby1, Fiona McDonald @Mc_Fin1,2, Norma D’Agostino3, Charlene Rae4, Daniel Costa2,5, Dan Stark6, The International AYA Cancer Distress Screening Group1

1Canteen, Sydney, Australia. 2University of Sydney, Sydney, Australia. 3Princess Margaret Cancer Center, Toronto, Canada. 4McMaster University, Hamilton, Canada. 5Royal North Shore Hospital, Sydney, Australia. 6University of Leeds, Leeds, United Kingdom

Background/rationale or Objectives/purpose: We recently demonstrated the validity and clinical utility of the AYA Psycho-Oncology Screening Tool (AYA-POST; comprising Distress Thermometer and AYA-modified Needs Assessment). This paper examines the role of key demographic variables in predicting distress in a large international sample of recently diagnosed AYAs.

Methodology or Methods: A total of 263 AYA cancer patients aged 15-29 years completed the Distress Thermometer (DT) in Australia, Canada, and England. Participants had been diagnosed in the previous three months. We investigated the relationship between distress and age, gender, living circumstances, and country using a hierarchical linear regression analysis.

Impact on practice or Results: Thirty-nine percent of AYAs scored above the DT clinical cut-off. The final regression model explained 15% of the variance in distress (F 5,242 = 9.536, p <.001). An analysis of significant predictors indicated that females were more distressed than males (Beta = -3.209, p <.001), and Canadians were less distressed than Australian and English participants (Beta = -936, p =.03). Notably, we obtained a significant interaction effect suggesting that males, but not females, derive benefit from living with their parents in terms of their distress levels (F = 8.674, p =.004). The significant effect of country was partially, but not completely explained by demographic differences between samples.

Discussion or Conclusions: The first three months after a cancer diagnosis is a time of increased distress for many AYAs. Females are at greater risk, as are males who are living away from their parents. Clinicians should consider not only living arrangements, but also their interaction with individual characteristics such as age and gender, when assessing patients’ psychosocial circumstances.

378 | #DaretoTalk campaign in Flanders (Belgium) – How do cancer patients and their partners experience a conversation about sexuality with health care professionals?

Hans Neefs

Stand up to Cancer, Brussels, Belgium

Background/rationale or Objectives/purpose: Sexual and intimacy issues are one of the most common consequences of cancer and its treatment, with an incidence ranging for a variety of cancer pathologies and treatment types from 20% to 100%. Although sexual problems are
one of the most frequent side-effects of cancer treatment and affect very
heavily patients’ quality of life, international studies reveal that this topic
is rarely addressed by healthcare professionals. This study explores how
communication about sexuality is experienced by cancer patients and
their partners in Flanders (Belgium).

Methodology or Methods: Stand up to Cancer, the Cancer league
based in Flanders, launched in June 2021 an online survey to explore
possible barriers for communication about sexual problems between
patients and healthcare professionals. 436 cancer patients and partners
responded to the survey. In addition, three focus group interviews were
conducted with healthcare professionals and patient representatives to
discuss practical recommendations to improve communication about
sexuality and intimacy during consultation.

Impact on practice or Results: Only 25% of the respondents received
information about the possible impact of proposed cancer treatment on
sexuality before the start of the treatment, and less than 50% had a
conversation about it any moment during or after treatment. Also most
patients or partners had to address the topic of sexuality themselves during
consultation. Furthermore, the open-ended questions in the survey
revealed that both many healthcare professionals and patients face
barriers that impede a thorough discussion of sexuality during
consultation.

Discussion or Conclusions: There are still many barriers for a thorough
communication about sexuality in Flemish oncology care. Practical
recommendations will be discussed.

384 | Superwoman Schema and Voluntary Uptake of
Psychosocial Support Services among Black Female Cancer
Patients in the Bronx

Brittany Miller, Alyson Moadel-Robblee
Montefiore Einstein Cancer Center, Bronx, NYC, USA

Background/rationale or Objectives/purpose: Black women are at
increased risk of prevalence and mortality of some cancers including
breast, colorectal, and cervical. Subsequently, they face disparities in
psychosocial morbidity. Understanding barriers to mental health care
utilization is critical to addressing these disparities. Black women have
identified stigma around seeking mental healthcare, and this has been
related to the Superwoman Schema (SWS; a cultural tendency and
perceived obligation to show strength). This study aims to examine the
association of SWS with voluntary uptake of cancer-related psychother-
apy and support groups among Black female cancer patients in
Bronx, NY.

Methodology or Methods: To date, 39 women identifying as Black in a
previous survey study of cancer patients participated in this optional
follow-up survey, in part comprised of the Strength, Suppress, and Help
subscales of the Giscombe Superwoman Schema Questionnaire (G-
SWS-Q).

Impact on practice or Results: Respondents were between 37 to 82
years old (M=61) with G-SWS-Q scores ranging from 7.59 (M=33);
possible scores range from 0-66). There was a significant difference in
the G-SWS-Q scores for respondents who have engaged in individual and/or
group therapy since diagnosis (M=38.50, SD=12.50) and have not
engaged (M=27.32, SD=11.81); t(37)=-2.87, p=.0007).

Discussion or Conclusions: Counter to expectation, this study finds
that Black female cancer patients who seek psychosocial support more
closely identify with SWS than those who do not. Given that expressions
of strength are influenced by cultural factors and social norms, these
findings may be unique to a metropolitan NYC sample. Future analyses
will examine cultural sub-identities towards fleshing out nuances in
strength and help-seeking.

398 | Exploring the relationships between distress and social
support in rural and urban young adults in the YACPRIME study

Joshua Tulk @jgjtulk1, Sharon Hou @sharonFhous2, Anika Petrella
@anika_petrella3, Amanda Wurz @amandawurz2, Fiona Schulte @Schul-
tefiona2, Geoff Eaton @geoffeaton3, Karine Chalifour @yaccmom7,
Sheila N Garland @SNGarlandPhD1,8,9
1Department of Psychology, Faculty of Science, Memorial University, St.
John’s, NL, Canada. 2Department of Oncology, Division of Psychosocial
Oncology, Cumming School of Medicine, University of Calgary, Calgary,
AB, Canada. 3Cancer Clinical Trials Unit, University College Hospital,
London, United Kingdom. 4School of Kinesiology, University of the
Fraser Valley, Chilliwack, BC, Canada. 5Young Adult Cancer Canada, St.
John’s, NL, Canada. 6Discipline of Oncology, Faculty of Medicine,
Memorial University, St. John’s, NL, Canada. 7Beatrice Hunter cancer
Research Institute, Halifax, NS, Canada

Background/rationale or Objectives/purpose: Geographic location
plays a significant role in the health and wellbeing of those with
cancer. This project explored the impact of rurality on distress and social support
in young adults (YAs) with cancer in Canada.

Methodology or Methods: The current study analyzed a subset of 505
participants (Mage=32.1 years, SD=4.8) from the YACPRIME study.
Participants completed the Kessler Distress Scale (K10) and Medical
Outcomes Study – Social Support Survey (MOS-SSS). Social support was
grouped into low, medium and high based on the 33rd and 66th
percentiles. Group differences were assessed with t-tests, chi-squares and
bivariate correlations.

Impact on practice or Results: Of the sample, 25% identified their
location as rural. Rural YAs with cancer reported higher levels of distress
(M=26.4, SD=7.8) compared to urban YAs (M=24.4, SD=7.7). Group
differences for social support approached significance, with rural YAs
reporting higher affectionate (p=.07) and lower tangible (p=.10)
supports. No differences were observed for emotional/informational
and positive social interaction. Distress was associated with all MOS-SSS
subscales for both groups. For rural YAs, the three strongest associations
were tangible (r=-.278), positive social interactions (r=-.275),
and affectionate support (r=-.231). For urban YAs, the three strongest
associations were emotional/informational (r=-.351), positive social
interactions (r=-.329), and tangible supports (r=-.269).

Discussion or Conclusions: Rural YAs with cancer experience higher
levels of distress than urban YAs, despite experiencing similar levels of
social support. Additional research is needed to determine how best to
understand and address distress in rural YAs with cancer.

418 | “You’ve got 38 balls in the air and you’re just hoping none
of them drop”: Insights from a mixed-methods study of
mothers with cancer

Athina Spiroupolos @AthinaSpirou6, Julie Deleemans @jundelem874, Sara
Beattie2,3, Linda Carlson @Linda_E_Carlson1
1University of Calgary, Cumming School of Medicine, Department of
Oncology, Division of Psychosocial Oncology, Calgary, Canada. 2Tom
Baker Cancer Centre, Alberta Health Services Calgary, Canada, Calgary,
Canada. 3University of Calgary, Alberta Health Services Calgary, Canada

Background/rationale or Objectives/purpose: Mothers with cancer
struggle to balance maternal roles and cancer. Strategies mothers use to
cope with multiple role demands remain unexplored. This study
investigated the roles mothers with cancer assume, coping strategies used, and their perceived ability to cope.

Methodology or Methods: We used a cross-sectional mixed-methods design. Participants included mothers diagnosed with any type or stage of cancer, in treatment or < 3 years post-treatment, experiencing cancer-related disability, with a dependent child (<18 years, living at home). One questionnaire and a semi-structured interview were completed. Descriptive statistics, correlations, and thematic inductive analyses are reported.

Impact on practice or Results: Participants’ (N=18) mean age was 45 (SD=5.50) years. 67% were in active treatment. Mothers reported retaining most of their role demands, and developed problem-focused and emotion-focused coping strategies. Self-efficacy (M=43.34, +5.62), role participation (M=42.74, +6.21), and role satisfaction (M=43.32, +5.61) were significantly lower than the general population score of 50. Role participation and role satisfaction were significantly correlated (r=.74, p<.001). Quality of life was dependent on mothers’ capacity to balance their roles. Mothers’ self-concept was related to their caregiving capacity and autonomy, which were both challenged by cancer. Mothers expressed a lack of resources for their unique needs. We developed the Role Coping as a Mother with Cancer (RCMC) model to explain mothers’ experiences coping with interacting role demands.

Discussion or Conclusions: The RCMC model is a holistic and intersectional conceptualization of mothers’ experiences that has potential research and clinical utility. Participants reported role demand challenges and expressed an unmet need for support groups as part of their care.

491 | Barriers to Cancer Screening during the COVID-19 Era among a Diverse, Under-served Urban Community

Johanna Bakalar, Brittany Miller, Tasmia Kabir, Alyson Moadel-Robbled Albert Einstein College of Medicine, Bronx, USA

Background/rationale or Objectives/purpose: A national COVID-19 crisis response formed unique barriers to cancer screenings. The Montefiore Einstein Cancer Center in Bronx, NY serves one of the most diverse and underserved constituencies in the nation. Since the pandemic, the Bronx has experienced disruption in cancer screening with drops in mammography and colonoscopy as high as 21% and 34%, respectively. This cancer outreach initiative seeks to elucidate current barriers to cancer screening and sociocultural correlates.

Methodology or Methods: Cancer survivors and pre-medical interns trained in patient navigation administered a survey evaluating barriers to cancer screening to community members at Bronx health fairs. Demographic data was subsequently collected by phone for a sample subgroup.

Impact on practice or Results: The top three barriers to screening indicated by respondents (n=194) were general lack of knowledge about cancer screenings (25.9%), lack of physician encouragement/referral (22.22%), and cost concern (20.74%). Among those who completed the demographic survey (n=75), respondents identified as Black (32%), Hispanic (34.7%), foreign-born (50.7%), non-English dominant (33%), and female (83%). Foreign-born status was significantly lower than the general population score of 50. Role participation and role satisfaction were significantly correlated (r=.74, p<.001). Quality of life was dependent on mothers’ capacity to balance their roles. Mothers’ self-concept was related to their caregiving capacity and autonomy, which were both challenged by cancer. Mothers expressed a lack of resources for their unique needs. We developed the Role Coping as a Mother with Cancer (RCMC) model to explain mothers’ experiences coping with interacting role demands.

Discussion or Conclusions: The RCMC model is a holistic and intersectional conceptualization of mothers’ experiences that has potential research and clinical utility. Participants reported role demand challenges and expressed an unmet need for support groups as part of their care.

528 | Increasing sociocultural representation in research on adolescent and young adults with cancer

Sharon Hou sharonhjhou1,2, Anika Petrella @anika_petrella1, Fiona Schulte @SchulteFiona1, Josh Tulik @gitulk1, Amanda Wurz @amandawurz2, Jackie Bender @benderjacki1, Catherine M. Sabiston2, Karine Chalifour @yaccmom8, Geoff Eaton @geoffeaton8, Sheila Garland @sngarlandphd4

1University of Calgary, Calgary, Canada. 2BC Children’s Hospital, Vancouver, Canada. 3University College Hospital, London, United Kingdom. 4Memorial University, St. John’s, Canada. 5University of the Fraser Valley, Chilliwack, Canada. 6Princess Margaret Cancer Centre, Toronto, Canada. 7University of Toronto, Toronto, Canada. 8Young Adult Cancer Canada, St. John’s, Canada

Background/rationale or Objectives/purpose: The mental health of adolescents and young adults (AYAs) diagnosed with cancer is poorer compared to their peers without cancer. However, existing work has been based on dominant populations. AYAs with cancer who are Black, Indigenous, a Person of Colour, or from other sociocultural communities have been underrepresented, which may contribute to healthcare disparities. The purpose of this work was to evaluate the sociocultural representation in research on AYAs using existing datasets to better understand the disparity in evidence for those from different sociocultural groups.

Methodology or Methods: Members of the Young Adults in Their Prime/YACPRIME study team examined cross-sectional and longitudinal published data on AYAs with cancer. Sociocultural demographic (ethnicity, age, sex, gender, socioeconomic status) and methodology (recruitment strategy, period of data collection, key variables of interest) were collected.

Impact on practice or Results: Samples collected across two cohorts of AYAs with cancer (total n = 1736) highlighted an inconsistent and limited representation of AYAs with cancer from diverse sociocultural backgrounds. Cohort 1 was comprised of Mage = 34.15 years, 55% men, and 86% White, and cohort 2 was comprised of Mage = 20.1 years 13% men, and 87% White. Other similarities and differences in methodology in relation to representation are described.

Discussion or Conclusions: Areas of strengths and needs faced by underrepresented groups and communities in AYA cancer research are examined. Identification of these components can help to shape the direction of future research, as well as the development of a collaborative partnership for AYAs with cancer from all social and cultural backgrounds to engage in this work.

583 | Cancer Pain and Psychological Distress During COVID-19 in Patients Newly Diagnosed With Cancer: A Prospective Longitudinal Study of Bio-Psycho-Social Risk Factors and Health Disparities

Haley Dandam1,2, Etienne Vachon-Presseau1,3, Melissa Henry1,2

1McGill University, Montreal, Canada. 2Lady Davis Institute for Medical Research, Montreal, Canada. 3Alan Edwards Centre for Research on Pain, Montreal, Canada

Background/rationale or Objectives/purpose: A critical part of cancer care is detecting and managing cancer pain and cancer-related distress to account when designing cancer screening outreach programs in diverse communities are critical steps to critical to addressing cancer care disparities. Culturally tailored education programs for community members and physicians paired with insurance enrollment initiatives may mitigate barriers to screening.
improve patient quality of life, as these sequelae are experienced by 50% of patients. Poorly managed distress and pain results in functional impairment, social isolation, and the cessation of therapies; impacting recovery and survival. This study investigates bio-psycho-social-contextual risk factors for developing cancer pain and distress. Of particular interest, are sociodemographic factors known to be associated with health disparities. We also investigate the novel contextual factor, the COVID-19 pandemic, which early evidence suggests exacerbated health disparities in marginalized communities.

Methodology or Methods: This study is currently recruiting, 280 patients newly diagnosed with breast, lung, or head and neck cancer, from the Jewish General Hospital and the McGill University Health Centre. At baseline, 3, 6, 9, and 12-month time-points participants complete an online questionnaire assessing sex, gender, poverty, educational and occupational status, and validated measures including the HADS, FACT-G, Impact of Events Scale, and the Brief Pain Inventory. In addition, at baseline and 3 months, a structured clinical interview for DSM-V criteria will be conducted and a stool sample will be collected for 16S analysis.

Impact on practice or Results: At the time of writing, recruitment is ongoing. Baseline and 3-month data will be analyzed by August 2022.

Discussion or Conclusions: Our approach to investigating health disparities in cancer pain and distress, using a bio-psycho-social risk factor profile, has never been done in an oncology context. This will lead to important progress in screening protocols such that at-risk patients receive resources early-on to curtail distress trajectories.

587 | “Chemotherapy”, “Death”, and “St. Jude Children’s Hospital”: How familiarity and personal experience with pediatric cancer influence cultural models of the disease
Nele Loecher LoecherNele, Dinorah Martinez-Tyson, Jennifer Tran jitrtran, Kristin Kosyluk KristinKosyluk
University of South Florida, Tampa, USA

Background/rationale or Objectives/purpose: Early diagnosis is critical for a cancer patient’s disease trajectory and survival. Inaccurate perceptions (i.e., stigma) can delay treatment-seeking and early diagnosis. While stigma is well characterized in certain cancers, stigma regarding pediatric cancer is not well understood.

Methodology or Methods: We used the anthropological approach of free listing to explore cultural models of pediatric cancer. Participants (N = 49) were asked to list as many concepts as they could think of that represented pediatric cancer. We compared how familiarity with cancer (personal v non-personal experience) informed cultural models of the disease.

Impact on practice or Results: Participants with personal experience with pediatric cancer most frequently listed chemotherapy (50.0%), sadness, death, and baldness (41.7% each), and leukemia and pain (33.3%). Participants without personal experience with pediatric cancer listed children (40%), St. Jude Children’s hospital (30%), and sadness (26.7%). Those familiar with pediatric cancer listed death more frequently than those who were unfamiliar. Additionally, those familiar with pediatric cancer tended to list more symptoms and outcomes for the child, like pain and developmental delays. In contrast, those unfamiliar with pediatric cancer tended to mention organizations more frequently, like Make-a-Wish Foundation.

Discussion or Conclusions: Although pediatric cancer has an 84% survival rate, our findings indicate that pediatric cancer is frequently associated with death, treatment, and sadness. Theory stipulates that the association with death may lead to stigmatization and avoidance of patients and survivors by the general public. Future research should specify and explore cultural models of pediatric cancer and how they may influence treatment seeking and survivorship.

Final category: F. Digital health and cancer care

8 | Supporting women’s health after breast cancer treatment using a lifestyle-focused text message intervention compared to usual care: the EMPOWER-SMS randomised controlled trial
Anna Singleton @DrAnnaSingleton1, Rebecca Raeside @RebeccaRaeside1, Stephanie Partridge @DrStephanieP1,2, Karice Hyun @KariceHyun1,3, Molly Hayes1, Clara Chou @clara_chou4,5,6, Aravinda Thagadilangam @AravindaThagai4,5,6, Kerry Sherman’, Elisabeth Elder5, Julie Redfern @JredHeart1,2,3,4
1Engagement and Co-design Research Hub, University of Sydney, Sydney, Australia. 2Charles Perkins Centre, University of Sydney, Sydney, Australia. 3Department of Cardiology, Concord Repatriation Hospital, Sydney, Australia. 4Westmead Applied Research Centre, University of Sydney, Sydney, Australia. 5Department of Cardiology, Westmead Hospital, Sydney, Australia. 6George Institute for Global Health, University of New South Wales, Sydney, Australia. 7Centre for Emotional Health, Macquarie University, Sydney, Australia. 8Westmead Breast Cancer Institute, Westmead Hospital, Sydney, Australia. 9Research Education Network, Western Sydney Local Health District, Sydney, Australia

Background/rationale or Objectives/purpose: Evaluate efficacy, feasibility, and acceptability of a co-designed lifestyle-focused text message intervention (EMPOWER-SMS) for breast cancer survivors’ self-efficacy, quality of life (QOL), mental and physical health.

Methodology or Methods: Single-blind RCT (1:1) comparing EMPOWER-SMS to usual care at six-months (intention-to-treat). Setting: public Breast Cancer Institute (Sydney, Australia). Eligibility criteria: adult (>18-years) females, <18-months since completing active breast cancer treatment (stage I-III), owned a mobile phone, written informed consent. Primary outcome: Self-Efficacy for Managing Chronic Disease Scale at six-months. Secondary outcomes: Self-reported QOL (EORTC-QLQ-C30); Depression, Anxiety, Stress Scale; Global Physical Activity Scale; BMI; 7-day endocrine therapy medication adherence. Process data: cost, post-intervention survey and focus groups.

Impact on practice or Results: Multicultural participants (N=160; mean age=±SD 55.1±11.1 years) were recruited 29th-March-2019 to 7th-May-2020 and randomised (N=80 EMPOWER-SMS: n=80 control). Baseline mean self-efficacy was high (I: 7.1 [95% CI 6.6, 7.5], C: 7.4 [7, 7.8]). Six-month self-efficacy was not significantly different between groups (I: 7.6 [7.3, 7.9], C: 7.6 [7.3, 7.9], mean difference adjusted 0 [95% CI 0.4, 0.4]). Proportion of participants who missed ≥1 endocrine therapy medication doses was significantly lower for EMPOWER-SMS than control (I: 3/42[7.1%], C: 8/47[17.0%], RR adjusted: 0.13 [95% CI 0.02, 0.91]). Other secondary outcomes: no significant differences. Text message delivery cost $15CAD/participant. Participants strongly-agreed/agreed EMPOWER-SMS was useful (58/64; 91%), easy-to-understand (64/64; 100%), motivating for lifestyle change (43/64; 67%). Focus group (n=16) themes: continuity-of-care/support, convenience/ flexibility, weblinks to helpful resources, trusted information source.

Discussion or Conclusions: EMPOWER-SMS was inexpensive, useful and acceptable for breast cancer survivors’ continuity of healthcare, with potential improved treatment adherence.
63 | Establishment of "Internet + nursing" door-to-door service quality evaluation model based on network crawler

JiaLing Peng1, Qing Yang2
1Chengdu Medical College, Chengdu, China. 2Sichuan Cancer Hospital, Chengdu, China

Background/rationale or Objectives/purpose: To construct a quality evaluation model of "Internet + nursing" door-to-door services based on web crawler technology and to provide a reference for further optimization and improvement of "Internet + nursing" door-to-door services.

Methodology or Methods: In this study, Web-based crawler technology was used to collect the relevant information about the "Internet + nursing" platform. Further, the most requested service items were clarified. An ordinal multivariate logistic regression model was used to explore the factors affecting the evaluation of door-to-door service. The association analysis involving service items, region, and service evaluation was completed according to the Apriori algorithm.

Impact on practice or Results: The top three service items in demand on the "Internet + nursing" platform were infusion (33.33%), injection (16.23%), and dressing change (9.84%). Ordinal multivariate logistic regression analysis showed that the factors affecting the evaluation of door-to-door nursing services were three items: professionalism of services, whether providers arrived on time, and service attitude (P < 0.05). Data mining using the Apriori algorithm showed that there were differences in door-to-door service evaluations between different projects in different regions.

Discussion or Conclusions: The current demand of the majority of patients for door-to-door nursing services is clearly known; focusing on improving the service professionalism, time concept and service attitude of network nurses is conducive to improving the overall service quality of "Internet + nursing"; using Apriori association rule analysis is conducive to discovering the relationship between the elements of "Internet + nursing" door-to-door service, which has important guiding significance of "Internet + nursing" services.

78 | Health utility and influencing factors of different venous access in cancer patients: based on EQ-5D-5L scale

Na Chen1, Qing Yang2
1Chengdu Medical College, Chengdu, China. 2Sichuan Cancer Hospital, Chengdu, China

Background/rationale or Objectives/purpose: The aim of this study was to obtain and compare the health utility values of different venous accesses in cancer patients and to explore the influencing factors.

Methodology or Methods: A total of 608 patients were collected by convenience sampling. The general data questionnaire and European Quality of Life Scale (EQ-5D-5L) were used to investigate the health utility of different venous accesses in cancer patients.

Impact on practice or Results: A total of 608 subjects were included in this study, of whom 69.7% were female; the mean utility was 0.93, and the mean EQ-VAS score was 84.55. Univariate analysis showed that gender, disease type, and catheterization type had an effect on health utility values (P < 0.01, P < 0.001, P < 0.001). Multivariate analysis showed that except for the anxiety/depression dimension, significant differences were reported in different types of four dimensions (P < 0.05). Tobit regression showed that gender, occupation and type of catheterization had an effect on health utility values (P < 0.001, P < 0.05, P < 0.05); gender, ethnicity, type of disease and type of catheterization had an effect on EQ-VAS scores (P < 0.05, P < 0.05, P < 0.01, P < 0.05).

Discussion or Conclusions: We obtained health utility and VAS scores of different venous accesses measured by EQ-5D-5L scale in cancer patients and learned that different types have different effects on patients' health-related quality of life, and compared CVC and PICC, infusion port has better health utility and higher VAS scores.

103 | Conducting a feasibility pilot of a web-based psychosocial program for women with metastatic breast cancer during COVID-19: Recruitment and retention to Finding My Way-Advanced

Lisa Beatty @Lisa_Beatty1, Emma Kemp1, Phyllis Butow2, Afaf Girgis3, Nicholas Hudbert-Williams4, Penelope Schofield5, Jane Turner6, Billingsley Kaambua1, Finding My Way-Advanced Steering Group1, Bogda Koczewa1
1Flinders University, Adelaide, Australia. 2Sydney University, Sydney, Australia. 3University of New South Wales, Sydney, Australia. 4University of Chester, Chester, United Kingdom. 5Swinburne University of Technology, Melbourne, Australia. 6University of Queensland, Brisbane, Australia

Background/rationale or Objectives/purpose: While digital psychosocial oncology interventions are proliferating, few have targeted patients with advanced disease. To address this gap, our group co-designed Finding My Way – Advanced (FMW-A), a 6-module self-guided CBT-based program for women with metastatic breast cancer (MBC). The present study aimed to assess the feasibility of this program.

Methodology or Methods: A single-site pilot randomised controlled trial (RCT) was conducted. Participants were recruited 27/2/2020-30/6/2021, via direct clinician approach, professional networks and social media. Eligible participants were women with MBC, with a life expectancy of 6+ months, aged 18 years or over, with internet access, and sufficient English language proficiency. Participants were randomised to either the intervention (FMW-A plus usual-care) or usual-care control (“Hope and Hurdles” kit, provided by Breast Cancer Network Australia to all women following MBC diagnosis). Feasibility was measured via recruitment indices (recruitment rates; uptake rates), and retention (program-adherence: modules completed; and attrition: the percentage of participants who did not complete post-treatment survey).

Impact on practice or Results: Recruitment was delayed because of COVID19. The final target was not reached (n=35 recruited; n=40 target; rate: 2.3 per month). Of those approached, uptake was high (n=35/55; 61%), and varied by recruitment method. Adherence was modest (M: 2.3 modules accessed per user), and research attrition was low-moderate (71% completed post).

Discussion or Conclusions: These results demonstrate the challenges of conducting a trial with this population who face symptom burden (e.g. fatigue, memory and concentration difficulty) and family stressors, amplified by the COVID-19 pandemic, and provide realistic estimates for future psychosocial clinical trials.

124 | The experience of cancer-related pain through the lens of patients and caregivers

Chiara Filipponi1,2, Mariam Chichua1,2, Marianna Mastroi1,2, Davide Mazzoni1, Gabriella Pravettoni1,2
1University of Milan, Milan, Italy. 2European Institute of Oncology (IEO), Milan, Italy

Background/rationale or Objectives/purpose: Cancer patients often experience pain. Its impact reverberates in the family context (De Laurentis et al.,2019) and may influence the emotional experiences of both patients and their caregivers. Online support groups may represent a
tool for investigating emotional needs underrepresented in traditional surveys. The current study aims to utilize this advantage.

Methodology or Methods: Comments were sourced from Reddit.com/r/cancer using a set of pain-related keywords. Two authors independently coded users’ types as patient or caregiver. Qualitative and quantitative data analyses were performed using R studio. First, text mining was conducted, followed by sentiment analysis of posts. Second, T-test analyses were performed to compare observed sentiments.

Impact on practice or Results: 674 (caregivers = 156, patients = 518) out of 783 posts between 2011 to 2021 were included. Based on analysis of most frequent words, patients used words describing physical aspects of pain and other side-effects (“nausea”, “numbness”, “soreness”), while caregivers used words related to psycho-social aspects (“memories”, “grief”, “help”). Negative sentiments were higher in both patients and caregivers (M_p=7.24, M_c=8.18; t(267.3)=1.76, p=.07, 95IC[-1.0, 1.99]) with fear and sadness being the most prevalent emotions. Compared to patients, trust, anticipation, and joy were shown mostly in caregivers’ comments (M_p=5.47, M_c=7.38; t(216.34)=3.31, p<.01, 95IC[.7, 3.11]).

Discussion or Conclusions: Patients’ and caregivers’ comments (a) covered different aspects of cancer pain and (b) used words expressing different emotions. These results emphasize the importance of including (a) both patients’ and caregivers’ perspectives to understand better the whole cancer pain experience and (b) emotions related to that experience for improving cancer pain management.

145 | Bracing for the worst? A longitudinal experience sampling study of how expectation management strategies predict scanxiety in childhood cancer survivors
Sarah N. Webster @sarahnwebster1, Emma E. Biggs1, Vishu Tanna, Elia Matthe1, Sheni L. Spunt1, Kate Sweeney1, Claudia Mueller1, Lauren C. Heathcote @LCHeathcote1,2
1Stanford University School of Medicine, Palo Alto, USA. 2University of California, Riverside, Riverside, USA.

Background/rationale or Objectives/purpose: Anxiety from anticipating oncology scans and results (i.e. “scanxiety”) is associated with reduced emotional wellbeing and quality of life. Using a novel, intensive longitudinal experience sampling design we investigated how expectation management strategies of bracing for the worst and remaining optimistic and hoping for the best influence the experience of scanxiety in childhood cancer survivors.

Methodology or Methods: 47 childhood cancer survivors (M_age=17.6 years, M=3.2 years off treatment; 53% male) completed baseline assessments of scanxiety and three validated expectation management strategies: bracing for the worst, hoping for the best, and optimism. Daily scanxiety was captured longitudinally via app-based surveys assessing fear of cancer recurrence (FCR) 3 times daily for 11 days surrounding a routine surveillance scan (33 surveys total). Linear mixed effects models examined how expectation management strategies predicted FCR across the surveillance period.

Impact on practice or Results: Bracing (r=.445, p=.002), but not hope (r=-.164, p=.282) or optimism (r=.08, p=.6), was significantly correlated with greater scanxiety at baseline. Bracing was also a significant predictor of change in daily FCR (bracing by day interaction: F(1,1150) =72.531, p<.001). Specifically, those with higher bracing showed a steeper increase in FCR before the scan results and a sharper decline in FCR following scan results. In comparison, those low in bracing showed flatter, low FCR across the surveillance period. Hope and optimism were not significant predictors of FCR during this period of stressful waiting.

Discussion or Conclusions: Bracing for the worst may negatively influence the experience of scanxiety in childhood cancer survivors and could be a helpful intervention target.

195 | Stick Together – A feasibility study of a digital dyadic intervention for younger breast cancer patients and their partners
Kira Lauritzen1, Inger Michelsen1, Nicolai Holm Faber2, Birgitte Mertz1, Henrik Flyger1, Robert Zacharias1, Maja Johannsen1, Tea Trillingsgaard1, Annamaria Giraldi1, Annika von Heymann1
1Cancer Survivorship and Treatment Late Effects (CASTLE) – A Danish Cancer Society National Research Center, Department of Oncology, Centre for Cancer and Organ Diseases, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark. 2The Danish Committee for Health Education, Copenhagen, Denmark. 3Department of Breast Surgery, Herlev- Gentofofe Hospital & Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark. 4Department of Psychology, School of Business and Social Sciences, Aarhus University, Aarhus, Denmark. 5Department of Oncology, Aarhus University Hospital, Aarhus, Denmark. 6Sexological Clinic, Psychiatric Center Copenhagen, Copenhagen, Denmark.

Background/rationale or Objectives/purpose: Few psychosocial interventions are aimed at younger breast cancer (BC) patients and their partners, despite the special circumstances and high levels of distress in this population. Couples’ dyadic coping has been shown to have significant effects on relationship quality and depressive symptoms. The study aims 1) to test the acceptability and feasibility of a digital, interactive intervention designed to improve dyadic coping for younger BC patients and their partners, and 2) to provide a preliminary evaluation of the effects on dyadic coping and mental health.

Methodology or Methods: We will recruit 20 newly diagnosed female BC patients, aged 25 to 49, and their partners at the Department of Breast Surgery at Gentofte Hospital. In 12 flexible sessions, this browser-based smartphone intervention contains interviews with other couples, psycho-educational information, and interactive exercises on themes such as dyadic coping and communication, being diagnosed at a young age, fertility and children, and life after treatment. Patient reported outcomes will be collected at baseline, mid- and post intervention, and 12-months after diagnosis, and couples’ use of intervention (frequency, duration, and content accessed) will be tracked and evaluated.

Impact on practice or Results: We are currently developing and usability testing the intervention in collaboration with former BC patients and their partners. We expect to start inclusion in the fall of 2022.

Discussion or Conclusions: The intervention will provide support tailored to this younger population. If the intervention is found acceptable and feasible, we aim to investigate the effects in a large-scale RCT.

Challenges include optimal recruitment of couples and degree of professional facilitation in self-guided intervention.

219 | Feasibility and pilot testing of the digital Pain Education after CANcer (PECAN)-program for breast cancer survivors with persistent pain: a mixed-method study
An De Groef @AnDeGroef1,2, Lorimer G. Moseley1, Mira Meens1,2, Margaux Evenepoel2, Lore Dans1, Sophie Van Dijck1, Louise Wiles1, Mark Cailey1, Anna Volgezang1, Lauren C. Heathcote @LCHeathcote1,2
1University of Antwerp, Antwerp, Belgium. 2University of Leuven, Leuven, Belgium. 3University of South Australia, Adelaide, Australia. 4King’s College, London, United Kingdom.

Discussion or Conclusions: The intervention will provide support tailored to this younger population. If the intervention is found acceptable and feasible, we aim to investigate the effects in a large-scale RCT.

Challenges include optimal recruitment of couples and degree of professional facilitation in self-guided intervention.
Background/rationale or Objectives/purpose: Up to 40% of women experience persistent pain after finishing treatment for breast cancer, and this pain is often very disabling. Contemporary Pain Science Education (PSE) has emerged as a leading tool in the clinician’s toolkit for managing pain. A new challenge now exists to translate these personalized, in-person protocols to digital mediums in order to reach a much larger population of breast cancer survivors living with pain. Therefore, a personalized digital PSE program was developed by a new international collaborative (Pain Education after CANcer; PECAN). The aim of this pilot study was to explore 1) the acceptability, comprehensibility and satisfaction with and 2) the efficacy of the digital PECAN program in a small group of breast cancer survivors with persistent pain after finishing primary cancer treatments.

Methodology or Methods: After 6 weeks of engagement in the digital PSE program, acceptability, comprehensibility and satisfaction was measured quantitatively with a self-constructed questionnaire and described qualitatively using focus groups. A joint display was used to present the meta-interferences between data. Efficacy was estimated by modeling the evolution of self-reported outcome parameters over time (up to 3 months post-baseline) via mixed effects models with repeated measures.

Impact on practice or Results: Twenty-nine women with persistent pain after breast cancer surgery participated. Overall, the PSE program was well received. Efficacy estimates showed a significant improvement in pain-related functioning, physical functioning and quality of life.

Discussion or Conclusions: A personalized digital PSE program seems valuable for persistent pain management after breast cancer surgery. A large clinical trial is needed to explore the effectiveness.

245 | Co-designing Healthy Living after Cancer Online: an online nutrition, physical activity, and psychosocial intervention for post-treatment cancer survivors

Morgan Leske @morgan leske1, Bogda Koczwara1, Jason Blunt2, Elizabeth Eakin3, Camille Short4, Tony Daly5, Jon Degner5, Lisa Beatty1

1Flinders University, Adelaide, Australia. 2Cancer Council SA, Adelaide, Australia. 3The University of Queensland, Brisbane, Australia. 4The University of Melbourne, Melbourne, Australia. 5Cancer Voices SA, Adelaide, Australia

Background/rationale or Objectives/purpose: The positive effect of physical activity and nutritional diet on cancer survivors’ quality of life are well-documented, yet many cancer survivors do not meet the recommendations for a healthy lifestyle. Online platforms are emerging as a promising delivery modality to support cancer survivors’ healthy lifestyle. The aim of the present study was to co-design Healthy Living after Cancer Online (HLaC Online), an online intervention supporting cancer survivors to set and meet their healthy living goals.

Methodology or Methods: Wireframes (PDF black and white mock-ups) of the proposed online program were presented to our stakeholder group, which consisted of cancer survivors, oncology health care professionals, and representatives from cancer support organisations, in a series of focus groups and interviews. Stakeholders were prompted for feedback on the wireframe and given end-user scenarios to encourage deeper engagement with the co-design process. Transcriptions underwent thematic analysis to determine which features of the program need change or expansion.

Impact on practice or Results: 27 participants took part in one of 8 focus groups or 10 interviews. Overall, positive feedback was received for the program. 5 themes relating to (a) website design elements, (b) promoting and maintaining long-term engagement, (c) relatability and relevance, (d) navigating professional support, (e) family and peer support were identified. Each theme included recommended changes, which have been integrated into the HLaC Online prototype.

Discussion or Conclusions: Involving end-users in the co-design process has ensured the intervention is relevant and specific to the needs of cancer survivors. Next steps include feasibility testing the prototype, prior to commencing a national Randomised Control Trial.

247 | Online Answer of Colorectal Cancer Stoma Based on Web Crawler And Text Mining

mazdn zhou1, Qiny Yang2
1Medical College of University of Electronic Science and Technology of China, Chengdou, China. 2Sichuan Cancer Hospital, Chengdou, China

Background/rationale or Objectives/purpose: Nearly 100,000 ostomies are performed in China every year, and the number is on the rise. With the rapid development of Internet medical treatment, online consultation platform is popular, but patients lack effective judgment on online consultation information.

Methodology or Methods: The data mining method was used to collect the online medical community questions related to colorectal cancer ostomy. After data cleaning and word segmentation, LDA topic model was used to mine the topic features. The hot topics of online consultation were extracted, and the topic plate of doctors’ answers was constructed to judge the professionalism and effectiveness of the answers through expert interviews.

Impact on practice or Results: Online doctor to answer the subject characteristic analysis shows that the LDA model will ask record is divided into six themes, theme a colostomy for skin care and colostomy products replacement, theme related inspection, secondly, colostomy surgery hospital three themes for colostomy surgery way and the discharge care, four themes for colostomy patients sex, theme five colorectal cancer colostomy of Chinese and western medicine treatment, Topic 6 Dietary considerations for patients with ostomy.

Discussion or Conclusions: The results suggest that the experts’ answers on surgical methods and treatment methods are more professional and accurate, and patients are more receptive to practical examples that are close to life in terms of dietary guidance. At the same time, the psychological state and intervention of patients are insufficient. For the future online consultation, we should pay attention to the psychological state of patients, and timely intervention of patients' negative emotions and psychology.

248 | Experiences of using a supported digital intervention for cancer survivors in primary care: A qualitative process evaluation

Jazmine Smith1, Rosie Essery1,2, Lucy Yardley1,2, Alison Richardson1,3, Claire Foster1, Eila Watson1, Chloe Grimmett1, Adam W.A. Geraghty1, Paul Little1, Katherine Bradbury1

1University of Southampton, Southampton, United Kingdom. 2University of Bristol, Bristol, United Kingdom. 3University Hospital Southampton, Southampton, United Kingdom. 4Oxford Brookes University, Oxford, United Kingdom

Background/rationale or Objectives/purpose: Increasing healthy behaviours (e.g. physical activity) can improve the quality of life in cancer survivors. A randomised control trial (n= 2,712) of a healthcare worker-supported digital intervention targeting multiple behaviours (‘Renewed’) found small improvements in the quality of life of cancer survivors...
Methodology or Methods: Thirty-nine semi-structured interviews explored cancer survivors’ (breast, colorectal, prostate) experiences using Renewed and their perceptions of the intervention. Data were analysed using inductive thematic analysis.

Impact on practice or Results: Four themes were developed. Overall, cancer survivors found Renewed easy and convenient to use. Some low intervention users had received enough information to make behaviour changes or were already performing the recommended behaviours, so stopped engaging. Barriers to performing behaviour changes included comorbidities and the COVID-19 pandemic. Barriers to using Renewed included perceived availability of support in participants’ social networks and joining the study for altruistic reasons such as advancing scientific knowledge.

Discussion or Conclusions: Renewed appeared to work differently across individuals. For some, modest engagement with Renewed was sufficient to change health behaviours. For others, low engagement was due to participants not needing support or because behavioural changes were hampered by poor health or constraints of the pandemic. Renewed might play a critical role in a stepped care pathway for cancer survivors, providing cost-effective support to those with less complex needs, with those in poorer health needing additional support to make changes.

257 | Developing web-based interventions to support people affected by cancer: Findings from a rapid systematic review

Samuel Cooke1, David Nelson2,3, Heidi Green1, Kathie McPeake4,5, Mark Gussy2, Ros Kane1

1School of Health and Social Care, Lincoln, United Kingdom. 2Lincoln International Institute for Rural Health (LIIRH), University of Lincoln, Lincoln, United Kingdom. 3Macmillan Cancer Support, United Kingdom. 4NHS Lincolnshire Clinical Commissioning Group (CCG), United Kingdom

Background/rationale or Objectives/purpose: To identify and explore the existing evidence to inform the development of web-based interventions to support people affected by cancer (PABC). A rapid review was chosen as there was a need for a timely evidence synthesis to underpin the subsequent development of an online digital resource (Shared Lives©: Cancer) as part of an ongoing funded project.

Methodology or Methods: A rapid review design in accordance with the guidance produced by the Cochrane Rapid Reviews Methods Group and reported using the PRISMA checklist. Keyword searches were performed in MEDLINE to identify literature on the development of web-based interventions designed to support PABC. The review included peer reviewed studies published in the English language with no limits set on publication date or geography. Key outcomes included primary data that reported on the design, usability, feasibility, acceptability, functionality, or user experience of web-based resource development.

Impact on practice or Results: Ten studies were identified that met the pre-specified eligibility criteria. All studies employed an iterative, co-design approach underpinned by either quantitative, qualitative, or mixed methods. The findings from the ten articles were grouped into the following overarching themes (1) exploring current evidence, guidelines, and theory, (2) identifying user needs and preferences, and (3) evaluating the usability, feasibility, and acceptability of resources.

Discussion or Conclusions: The findings provide novel methodological insights into the approaches used to design web-based interventions to support PABC. Our findings have the potential to inform and guide researchers when considering the development of future digital health resources.

258 | Shared Lives©: Cancer: an innovative digital health tool to support people affected by cancer by making lived experience research publicly accessible

Heidi Green1, David Nelson2,3, Samuel Cooke1, Kathie McPeake4,5, Mark Gussy2, Ros Kane1

1School of Health and Social Care, Lincoln, United Kingdom. 2Lincoln International Institute for Rural Health (LIIRH), University of Lincoln, Lincoln, United Kingdom. 3Macmillan Cancer Support, United Kingdom. 4NHS Lincolnshire Clinical Commissioning Group (CCG), United Kingdom

Background/rationale or Objectives/purpose: Shared Lives Cancer (SL:C) is a new and innovative online resource, aiming to support people affected by cancer by making qualitative lived experience research publicly accessible. SL:C is presented as a dynamic, searchable database of quotes and stories concerning individuals’ lived cancer experience. This presentation will feature an overview of the development of SL:C as well as a live demo.

Methodology or Methods: SL:C is populated utilising existing qualitative data collected from research covering a range of ages, genders, cancer types, treatment type, as well as, from informal carers. Extracted data is collated, analysed, and thematically coded before being presented as searchable quotes by a range of themes and keywords. The resource also hosts stories that provide a narrative overview of a person’s cancer experience.

Impact on practice or Results: Coding resulted in the identification of 870 unique quotes that are searchable by 40 broad themes and over 70 keywords. Results can be filtered by age, gender and cancer type and searched by keywords. For example, a search using the theme ‘medication’ would retrieve all quotes associated with the theme ‘medication’, whilst a search for a specific medication as a keyword would retrieve quotes associated with the named medication. The site currently hosts 15 patient stories.

Discussion or Conclusions: SL:C has the potential to positively influence people affected by cancer by providing a unique online user-friendly support platform. Pilot and evaluation research are currently being designed to evaluate and improve accessibility, usability, and functionality of SL:C, before launching later in 2022.

287 | Recruitment, retention and engagement in the Finding My Way UK Clinical Trial

Monica Leslie1, Lisa Beatty2, Lee Hulbert-Williams1, Bogda Koczura3, Eila Watson4, Peter Hall5, Laura Ashley6, Neil Coulson6, Richard Jackson7, Nicholas Hulbert-Williams2

1University of Chester, Chester, United Kingdom. 2Flanders University, Adelaide, Australia. 3Oxford Brookes University, Oxford, United Kingdom. 4University of Edinburgh, Edinburgh, United Kingdom. 5Leeds Beckett University, Leeds, United Kingdom. 6University of Nottingham, Nottingham, United Kingdom. 7University of Liverpool, Liverpool, United Kingdom

Background/rationale or Objectives/purpose: Finding My Way UK is a multi-centre clinical trial testing the efficacy of a web-based, self-directed, psychosocial intervention for cancer survivors. This paper reports on interim recruitment, retention and engagement data.

Methodology or Methods: We have recruited 50% of our target sample size of 294 participants from nine UK-based hospitals; recruitment
327 | Development of Psycho-oncology Telehealth Recommendations: A Delphi Consensus Study
Claire Cooper1, Jemma Gilchrist2, Lisa Beatty3, Laura Kirsten4, Nienke Zomerdiijk5, Jane Turner6, Helen Haydon7, Louise Sharpe8, Maree Grier9, Kim Hobbs10, Brian Kelly11, Haryana Dhillon12, Joanne Shaw13
1The University of Sydney, Sydney, Australia. 2Western Sydney Local Health District, Sydney, Australia. 3Flinders University, Adelaide, Australia. 4Nepean Blue Mountains Local Health District, Sydney, Australia. 5Finders University, Adelaide, Australia. 6The University of Queensland, Brisbane, Australia. 7Royal Brisbane and Women’s Hospital, Brisbane, Australia. 8University of Newcastle, Newcastle, Australia.

Background/rationale or Objectives/purpose: The COVID-19 pandemic triggered rapid implementation of use of telehealth (telephone and videoconference) in Australia. Psycho-oncology clinicians report a greater need for guidance on adapting face to face psycho-oncology therapies to telehealth. This research aimed to establish consensus on elements of psycho-oncology therapy that can be adapted for telehealth for inclusion in an educational resource incorporating clinical practice recommendations.

Methodology or Methods: Expert consultation (n=14), review of the literature and an iterative co-design process informed development of recommendations. A Delphi study is underway to confirm the relative importance and therapeutic appropriateness of content for inclusion in clinical practice recommendations.

Impact on practice or Results: The co-design approach identified key topics for inclusion in the recommendations: (1) preparation for telehealth (e.g., privacy, security, technical considerations), (2) clinical and cultural considerations (e.g., safety considerations, therapeutic alliance, working with vulnerable/disadvantaged communities), (3) adaptations to therapeutic assessment and intervention, (4) specific client considerations (e.g., working with clients in palliative care). A national Delphi consensus process involving psycho-oncology clinicians with experience with telehealth is being conducted. We will present the consensus recommendations based on the Delphi.

335 | iCare – Protocol for the development of a web-based interactive platform to improve health and wellbeing for people living with oesophago-gastric cancer
Natalie Winter NatalieL.Winter1, Anna Ugalde1, Antonina Mikocka-Waluka1, Eric O1, Cara Markovic2, Katrina Walsh3, Vicki White4, Patricia Livingston5
1Deakin University, Melbourne, Australia. 2Pancare, Melbourne, Australia.

Background/rationale or Objectives/purpose: To test the feasibility and usability of an interactive web-based portal designed for people with oesophago-gastric cancer and their carers. With no support services to address the unique set of symptoms and immense suffering experienced by people with this cancer, there is an urgent need to develop effective support services for this under-served group.

Methodology or Methods: Mixed methods study comprising surveys and semi-structured interviews. People living with oesophago-gastric cancer and their carers will be recruited from a national cancer organisation. People involved in consumer groups will be invited to participate by representatives of the cancer organisation or through distribution of recruitment flyers. Participants will be provided with a link to visit a demonstration model of the web-based platform and have the opportunity to navigate the website on their own prior to attending the interview or completing the survey. Content on the website includes cancer information, carer information, wellbeing, symptom management, supportive care services, social network, diet and nutrition, acceptance and commitment therapy, palliative care and symptom management.

Impact on practice or Results: Recruitment is ongoing. Preliminary results from semi-structured interviews (n=3) indicate that people living with oesophago-gastric cancer and their carers feel the need for a platform to support their needs while living with cancer and that the content and style of the platform is appropriate.

Discussion or Conclusions: Findings from this study will provide information about how to develop tailored interventions for people living with rare and life-limiting cancer and their carers that could lead to a paradigm shift in how to deliver much needed person-centred care.
Methodology or Methods: We employed an iterative co-design approach to re-design the PPF. Qualitative methods were used to guide in-depth feedback sessions with patient and family advisors, frontline staff and prescribers. User acceptance testing included a Human Factors review and was conducted with all stakeholders.

Impact on practice or Results: The co-design process resulted in a re-designed ePRO questionnaire called the MySymptom Report (MSR). The MSR contains the newly created and validated Revised Edmonton Symptom Assessment System for Cancer (ESAS-r Cancer) as well as a re-imagined Canadian Problem Checklist, called the MyPersonal Needs (MPN). A suit of digital PRO dashboards will facilitate further integration of PROs into clinical practice.

Discussion or Conclusions: The co-design process with patient and family advisors aligned with the person-centred approach that is embedded within CCA, not only at the point of care, but at higher levels within the organization. This mirrors the approach of clinical care teams collaborating and partnering with patients in their care, ensuring the provision of personalized and timely symptom management and supportive care.

393 | The Zamplo Mobile-Health App: Revolutionizing Patient-Reported Outcomes (PRO)
Katherine-Ann Piedalue1,2, Julie Deleemans @jdeleemans3, Shaneel Pathak1
1Hanalytics Solutions Inc., Calgary, Canada. 2University of Calgary, Calgary, Canada
Background/rationale or Objectives/purpose: Introduction: Digital health usage via smartphone applications has increased substantially. Mobile health apps allow individuals to track specific health metrics, such as diet and blood pressure. This information can support informed health decision-making. Yet, many cancer patients lack access to their personal medical health records, which can impede timely and informed decision-making.

Methodology or Methods: Methods: Zamplo was developed by patient advocates who understand the unique and diverse needs of patients and families facing cancer. Zamplo is a person-centered, globally-connected health platform where patients can track symptoms, medications/supplements and activities, upload their health documents, and record notes and questions digitally to a centralized location. When paired with Zamplo Research, Zamplo can be used in clinical studies for remote monitoring of patient-reported outcome measures (PRO) data.

Impact on practice or Results: Impact on practice: Since its launching in 2020 Zamplo has 1,243 subscribers and is being used in four clinical studies that focus on (PRO) research, such as the EXCEL trial which is an evidence-based exercise and behavior change program delivered to rural and remote cancer survivors across Canada.

Discussion or Conclusions: Discussion: Zamplo is unique as it allows users to connect privately and securely to family, friends, healthcare providers and others with a similar diagnosis. These features support and engages patients and clinicians in using PRO data to make informed decisions about the patients’ health, while researchers can seamlessly integrate PRO measures into their studies to better understand patients lived experiences with cancer.

394 | Institutional co-development of BELONG – a free cancer navigation and support platform
Samaa Ahmed @Samaa_Ahmed1,2, Karine LePage2, Renata Benč2, Guy Erez3, Alon Litvin3, Gabrielle Chartier2, Felix Prophète2, Annie Werbitt4, Nikita Boster-Fisher3, Carmen Loiselle1,2
1McGill University, Montreal, Canada. 2CIUSS du Centre-Ouest-de l’Île-de-Montréal, Montreal, Canada. 3Belong.life Inc., New York, USA. 4Hope & Cope, Montreal, Canada.

Background/rationale or Objectives/purpose: A collaboration was launched between the CIUSS du Centre-Ouest-de-Île-de-Montreal and the development team of BELONG – Beating Cancer Together: https://cancer.belong.life - a cancer navigation and support platform. The goal of the project was to add tailored content made available exclusively to patients and caregivers at the CIUSS - providing a supportive space for individuals to connect with others living with/or caring for someone with cancer, receive general information, access useful resources and tips. Herein, we report on the co-development process of the App.

Methodology or Methods: Multidisciplinary stakeholders came together to identify vision, needs, and priorities for the project: 1) A core group of nursing management and a local champion met weekly with BELONG development and customer support team to assess and refine content, 2) Finetuning was done based on feedback from patient partners as well as clinicians and community representatives who interacted with the App, 3) Administrators were added to the group to promote App implementation, 4) Troubleshooting was periodic and included last minute feedback and revisions. App implementation was delayed due to the pandemic.

Impact on practice or Results: Knowledge and engagement are expected to be amplified across the cancer trajectory. Mobile Apps in cancer care can enhance patient involvement, provide timely access to relevant information, lead to more effective communication, reduce symptom burden and distress.

Discussion or Conclusions: The key ingredient to optimal App co-development is collaboration, which includes early engagement and communication among a core group, evidence-based content updates, and multidisciplinary expertise integrated at each phase.

396 | Connecting breast cancer survivors for exercise: preliminary results for a two-arm randomized controlled trial
Erin K. O’Loughlin @OLoughlinErin1, Jenna Smith-Turchyn @Smith-Turchyn2, Madison F. Vani @madisonfv1, Catherine M. Sabiston @sabi_catz1, Behalf of the Connect4Exercise team2
1University of Toronto, Toronto, Canada. 2McMaster University, Hamilton, Canada.

Background/rationale or Objectives/purpose: Support from a fellow person living beyond a cancer diagnosis may result in increased exercise volume. Additional support from a qualified exercise professional (QEP) may be needed for optimal outcomes. The study purpose was to examine group differences among women living beyond a breast cancer diagnosis paired with a similar other (MATCH) versus paired and working with a QEP (MATCH QEP) on exercise volume, social support, and quality of life (QoL) over 10 weeks virtually.

Methodology or Methods: Women, at any stage/treatment type after breast cancer diagnosis, who currently engage in <150 min of moderate-to-vigorous physical activity (MVPA)/week were recruited (N=108). The MATCH QEP received dyadic exercise information sessions and a program tailored by a QEP for 10 weeks. MATCH did not receive any QEP support. Self-reported exercise volume, social support, and QoL were assessed pre and post 10-week intervention.

Impact on practice or Results: MATCH QEP attended 84% of the sessions. No group differences on primary outcomes were reported at baseline, and post-intervention improvements were observed in both groups. MATCH QEP reported higher self-report levels of exercise...
424 | Telehealth interventions for people with cancer that cannot be cured: systematic review and meta-analysis

Laura Ashley @Dr Laura Ashley1,2, Rebecca Jones1, Charlotte Freeman1, Amber Rithalia3, Nailah Yaziji3, Claire Hulme4, Anne-Marie Bagnall @drabagnall4

1Leeds Beckett University, Leeds, United Kingdom. 2. 3King’s College London, London, United Kingdom. 4University of Exeter, Exeter, United Kingdom

Background/rationale or Objectives/purpose: To examine the effectiveness of telehealth interventions (THI) for people with cancer that cannot be cured. Secondary objectives included examining cost-effectiveness and people’s experiences of THI.

Methodology or Methods: A systematic review of evaluations of THI (i.e., in which clinical information is transferred remotely between patient and clinician, by any type of technology) in people living with cancer that cannot be cured. The protocol was pre-registered (PROSPERO: CRD42018117232). Studies of any design, including any type of patient-related outcomes, were included. Multiple databases were searched up to July-2020. Meta-analysis and narrative and thematic synthesis were undertaken.

Impact on practice or Results: Screening of 18,084 titles and abstracts, and 2,508 full-texts, yielded 100 included studies, including 36 randomised-controlled trials (total patient N=6405, range=39-766). Meta-analysis found THI were as effective as usual care for all four intervention categories (symptom monitoring; psychological; educational; consultation) across a range of outcomes, including quality-of-life, anxiety, use of mental health services and survival at 2 years. Only 8 studies provided cost-effectiveness data, which indicated THI are potentially cost-saving compared with usual care. Themes resulting from thematic synthesis of 14 qualitative studies included: improved symptom assessment; better connections with caregivers; freedom to express difficult emotions; understanding, confidence and experience with technology; and limitations of technology.

Discussion or Conclusions: THI can be as effective as in-person care, and cost-effective, across a range of outcomes, for people with cancer that cannot be cured. Users value the convenience and increased connection with clinicians that THI can offer, though do not see THI as a substitute for in-person care-contacts, especially at certain illness stages.

430 | Total pain management in cancer patients and their families through online intervention

Jacqueline Amaral @JacqueAmaral1,2,3, Romes Sousa2

1Sociedade Brasileira de Psico-Oncologia (SBPO), Goiânia, Brazil. 2Universidade Federal de Goiás (UFG), Goiânia, Brazil. 3Academia Nacional de Cuidados Paliativos (ANCP), São Paulo, Brazil

Background/rationale or Objectives/purpose: The concept of total pain concerns the understanding of pain beyond the physical dimension, crossing social, emotional, and spiritual continuums. The online services used during the Covid-19 pandemic, in the care of patients undergoing cancer treatment and their families through information and communication technologies, aim to minimize the impacts of the pandemic on the continuity of cancer treatment.

Methodology or Methods: In this work, we will present the clinical experiences that contribute to online group consultations for cancer patients and their families and the use of integrative and complementary therapies in oncology with the objective of managing total pain. Interviews and consultations were used, as well as group meetings, through a free application that offers a message and call service with audiovisual resources.

Impact on practice or Results: In conclusion, the use of online interventions in the psycho-oncology context, promotes the continuity of health development to cancer patients and assistance to their families, greater adherence to treatment, ease of contact with the multidisciplinary team, improvement in the quality of life and total healthness of all those involved in the illness process, as well as the reduction of disabling symptoms. It is also noted that these interventions promote reception, better management of total pain, boosting mental health and the re-signification of the illness process.

Discussion or Conclusions: It was observed that the applied practices induced socialization, symptom relief and better understanding and acceptance of the illness process. It was also accounted the reduction of physical symptoms through the conduction of meditation practice and exchanges carried on group meetings.
Discussion or Conclusions: The majority of respondents were satisfied with VFC and would like VFC options after the COVID-19 pandemic. Future research should determine how to optimize VFC options for cancer patients who are distressed and who are not Internet savvy.

432 | The perspective of online psychological support for cancer patients in Russia
Evgenia Ananeva

Charity Foundation Further, Moscow, Russian Federation

Background/rationale or Objectives/purpose: There are a few problems in Russia that slow down the implementation of psychological support despite well IT technology and usability. There are only two decisions present now, both are realized by non-profit organizations: National Telephone Hot Line provided by the charity foundation where work psychologists-volunteers. Online platform Together+ provided by the charity foundation Further where clinical psychologists and medical doctors provide professional service free for patients and paid for professionals.

Methodology or Methods: Women with breast and gynecological cancer can become a resident of the center and receive access to online and offline lectures (mammologist, lymphologist, chemo-therapist, dietitian), personal counseling, group therapy, and training (psychologists). All patients are passed the screening the stress (Emotional Thermometer). The screening data collection, as well as other psychological assessments, will be used to argue the importance of psycho-social support for cancer patients and integration it into the state medical standards of cancer treatment.

Impact on practice or Results: The test of the work of the platform Together+ allows expecting that online support provides the opportunity for cancer patients to have access to important health information and psychological care everywhere without territorial restrictions. At the same time, multiple time zones make the choice of event limited by the schedule in Moscow time zone style. However, live online events may be matched with the treatment or work activity of patients or survivors.

Discussion or Conclusions: The metrics of platform Together+ show that such type of services is important and popular in patients. The need for psychological support is demanded as well as medical health information.

443 | Using Social Media to Educate Healthcare Providers on Sexual and Gender Diversity in Cancer Care (SGDc)
Brendan Lyver @PMChosenFamily1,2, Margo Kennedy @1margoken- nedy2, Lauren Squires @LaurenSquires21,3, Ray mond Dang2, Christian Schulz-Quach @1Dr_SchulzQuach1,2,4
1University Health Network Research, Toronto, Canada. 2Princess Margaret Cancer Centre Research Institute, Toronto, Canada. 3Dalla Lana School of Public Health, University of Toronto, Toronto, Canada. 4University of Toronto, Toronto, Canada

Background/rationale or Objectives/purpose: Recent evidence from the Princess Margaret Cancer Centre in Toronto, Canada, demonstrated that healthcare providers (HCPs) feel comfortable with 2LGBTQIA+ patients but require 2LGBTQIA+ specific education. The SGDc Program at the University Health Network in Toronto, Canada, aims to fulfill this need with new methods of engaging and educating HCPs. Evidence suggests that online strategies can provide a new avenue for teaching, thus we established a social media education strategy using Twitter and Instagram for knowledge transfer.

Methodology or Methods: This descriptive study evaluated the use of social media as a method of educating HCP on SGDc topics within an Education Quality Improvement (QI) framework. During the first PDSA (plan, do, study, act) cycle, Twitter and Instagram (@PMChosenFamily) were used to engage with HCP and the public through curated content on a recurrent schedule (insights on SGDc patient challenges; SGDc-specific research studies; education on pronouns, gender identity, sexual orientation, and relationship diversity). Social media statistics were used to evaluate engagement and impact.

Impact on practice or Results: In three months, our team created 37 posts and 40 tweets. Users engaged from across Canada and 5 additional countries. Tweets have been seen by >23k accounts (view per tweet range = 88-1907, engagement rate up to 24.3%). The most successful tweet had 1829 views and 222 engagements.

Discussion or Conclusions: The SGDc Program social media strategy has garnered the attention of HCPs. As views and engagement rates continue to rise, this translates to more HCPs learning about inclusive cancer care. Further PDSA cycles will explore additional optimization strategies for user engagement on SGDc content.

459 | Building community in digital psycho-ontology care: A qualitative study of a peer-facilitated group feed feature to facilitate engagement in an app-based intervention for cancer-related distress
Chloe Taub1,2, Meridith Mendelsohn1, Stacey Timanov3, Lauren Heathcote3,1,4, Sean Zion4, Allison Ramiller1, Lizzie Chadbourne2, Jennifer Feng3, Michael McKinley1, Dianne Shumay1
1Blue Note Therapeutics, San Francisco, USA. 2Northwestern University Feinberg School of Medicine, Chicago, USA. 3King’s College London, London, United Kingdom. 4Stanford University School of Medicine, Palo Alto, USA. 3HITLAB, New York, USA

Background/rationale or Objectives/purpose: Digital therapeutics are promising tools to increase access to evidence-based psychosocial interventions for people with cancer. A challenge of achieving therapeutic benefit from digital health interventions is maintaining patient engagement. This study aimed to understand how a peer-facilitated group feed feature may facilitate engagement with an app-based cognitive behavioral stress management (CBSM) intervention (attune™) for patients undergoing cancer treatment.

Methodology or Methods: Seventeen participants with breast cancer were asked to complete 5 weeks of attune™ with an in-app, rolling enrollment, asynchronous group feed feature in which participants could share text-based posts. The group feed was peer-facilitated by a cancer survivor. Subsequently, 14 participants (13 women; aged 25-52 years, M = 36 years; 6 African American, 7 Non-Hispanic White, 1 Hispanic) completed a 60-minute semi-structured interview probing their experience with the group feed feature. Interview data were transcribed and submitted to a thematic analysis. The study was designed and conducted in collaboration with two patient partners.

Impact on practice or Results: Qualitative analysis revealed three primary themes. 1) The group feed offered insights into how others implemented CBSM skills in their everyday lives. 2) Participants felt less alone seeing posts from others with shared emotions or experiences (e.g., feeling low or struggling with aspects of cancer care), enhancing feelings of connection and support. 3) The group feed added color and life to the CBSM skills-based content.

Discussion or Conclusions: An optional group feed feature within app-based digital therapeutics may facilitate engagement and perceived benefit via multiple pathways, offering a helpful approach for improved implementation within cancer care.
483 | Testing and evaluating the collection of patient-reported-outcomes in cancer care using innovative approaches: Work in progress

Angelos Kassianos @angkassianos1-2, Maria Matsangidou1, Demetrios Papaoannou1, Theodore Solomou1, Maria Krini1, Maria Karekl1, Constantinios Pattichis1

1University of Cyprus, Nicosia, Cyprus. 2Cyprus University of Technology, Limassol, Cyprus.

Abstract

Background/rationale or Objectives/purpose: In recent decades, several EU projects have tested innovative approaches to measure outcomes in cancer care, such as web-based tools to collect PROMs. This abstract aims to assess the usefulness and feasibility of collecting patient-reported outcomes (PROs) in prostate cancer care using innovative approaches, such as digital health tools.

Methodology or Methods: Methods: Methods: The Person-Based Approach to Intervention Development (PBAID) is used to inform planning, design and feasibility evaluation. The two project Implementation Phases focus on: (a) iteratively developing the prototype collecting early user data in three Focus Groups with patients, medical and nursing staff and (b) evaluating its routine use in a feasibility uncontrolled study in two large hospitals in Cyprus.

Impact on practice or Results: Results: This is an ongoing study and feedback is requested in terms of: 1. Which data are most beneficial to collect at this stage? 2. How can we optimize the implementation strategy to facilitate adoption in routine cancer care?

Discussion or Conclusions: Conclusions: Clinical Implications: ePROM can provide valuable clinical insights by monitoring patient data and contribute towards achieving viable health systems. It is also timely since digital health tools are increasingly used in oncology care but often lack robustness in development and evaluation.

507 | TrueNorth Sexual Health and Rehabilitation eTraining (SHARETraining) in Prostate Cancer: Evaluation of an Online Course for Practitioners

Andrew Matthew1, John Robinson2, Deborah McLeod3, Anika Petrella1, Lauren Walker2, Richard Wassersug1, Steven Guirguis1, Taylor Ince1, Lois MacDonald1, Dean Elterman5

1Princess Margaret Cancer Centre, University Health Network, Toronto, Canada. 2University of Calgary, Calgary, Canada. 3Dalhousie University, Halifax, Canada. 4University of British Columbia, Vancouver, Canada. 5University of Toronto, Toronto, Canada

Abstract

Background/rationale or Objectives/purpose: Sexual dysfunction (SD) is a prevalent and distressing side effect of prostate cancer (PCa) survivors. Unfortunately, most patients do not receive the comprehensive sexual healthcare needed to manage their SD. Many health care practitioners (HCPs) report a lack of training and confidence in addressing the sexual health needs of prostate cancer patients. To address this gap in care, the Movember Foundation funded the development and evaluation of a course designed to train HCPs in the delivery of PCa specific sexual health counselling: the TrueNorth Sexual Health And Rehabilitation eTraining (SHARETraining). The 12-week online course syllabus includes, SD assessment and intervention, professional ethics, unique needs of sexual and gender minority populations, and approaches to implementing sexual health programming in a healthcare setting.

Methodology or Methods: SHARETraining graduates completed a pre-course survey (n=23) and a retrospective pre-post survey (n=19). Additionally, participants completed a 3-month follow-up survey (n=19) to assess retention of relevant outcomes. Outcomes included HCP perceived knowledge and self-efficacy to conduct assessments and provide interventions for SD in PCa survivors and their partners.

Impact on practice or Results: Descriptive analysis of the pre-post survey revealed that graduate perceived knowledge of sexual health counselling improved across all measured domains. Similarly, graduate ratings of confidence to conduct comprehensive care increased from a mean of 77.16% pre-course to 88.27% post-course. The follow-up survey demonstrated participants’ self-efficacy remained high 3-months post-course at 79.75%. Graduate experience taking the course was uniformly positive.

Discussion or Conclusions: For HCPs seeking specialized sexual health care training for PCa patients, the TrueNorth SHARETraining course is an efficient and effective resource.
Development of a composite index of quality of life and well-being (QoL/WB) for cancer patients and survivors in the context of the ONCORELIEF project

Luzia Trasado1,2, Joaquim C. Reis1, Sotiris Diamantopoulos1, Charalampos Vassilou1, Fabmi Moua1, Alexander Scherrer1, Gabrielle Oesterreich2, Kity Koski3, Stefanos Venios3, Thanos Kosmidis4

1Instituto de Biofisica e Engenharia Biomedica (IBEB), Faculdade de Ciências, Universidade de Lisboa, Lisboa, Portugal. 2Champalimaud Clinical and Research Center, Lisboa, Portugal. 3Exus Software, London, United Kingdom. 4Inmosystems, Athens, Greece. 5MCS Datalabs, Berlin, Germany. 6Fraunhofer, Munchen, Germany. 7Universitaetsmedizin der Johannes Gutenberg-Universitaet Mainz, Mainz, Germany. 8Maggioli SPA, Italy. 9Suite5 Data Intelligence Solutions Limited, Cyprus. 10Care Across Ltd, London, United Kingdom.

Background/rationale or Objectives/purpose: Healthcare professionals (HCPs) and industry need to be better aware of the unmet needs, expectations and preferences of cancer patients, survivors (CP&S) and their informal carers. The objective of this study, under the ONCORELIEF Project, was to develop a composite index of QoL/WB to be included in the decision making about risks and benefits of new health interventions for CP&S, in which the different scores will provide a set of metrics to allow HCPs and stakeholders to identify and monitor different levels of cancer patient’s QoL/WB, across their treatment and survivorship process.

Methodology or Methods: The conceptual framework of this index is similar to others (e.g., Canadian Index Wellbeing, 2012). Developed specifically for CP&S has 3 levels, from global to specific, with different score for each level. The first level is the composite QoL/WB index and represents a global measure/score easily comparable within and between subjects; the second level refers to domain levels such as social, psychological, treatment impact, physical symptoms, and others, and will allow to identify the relative status of the patient in each of the diverse domains. The third level includes more specific aspects of each domain (e.g., social domain indicators: family support; satisfaction with work). This multilevel approach will provide information about what areas related with unmet needs should be improved (e.g., work conditions, psychological support).

Impact on practice or Results: Two pilots are running with colon and hematological cancer patients, and the Index tested.

Discussion or Conclusions: Preliminary results, its value and clinical implications will be discussed.

Improving adherence and health outcomes in testicular cancer survivors using a mobile health-based Intervention: Protocol for a mixed-methods pilot study

Julie Deleemans jmdeleem871,2, Katherine-Ann Piedalue KPiedalue2, Chris Lloyd OneballCharity3, Nimina Almohamed1

1University of Calgary Cumming School of Medicine, Calgary, Canada. 2Zamplo, Calgary, Canada. 3Oneball, Calgary, Canada

Background/rationale or Objectives/purpose: Testicular cancer (TC) is one of the most common cancers among men, with survival rates upwards of 97%. Post-treatment follow-up care is important for long-term survival, and monitoring psychosocial symptoms, yet TC survivors show poor adherence to post-treatment care. Mobile-health-based interventions show high acceptability in men with cancer. Our study will examine the feasibility of using the Zamplo health app to improve adherence to post-treatment care and support psychosocial outcomes in TC survivors.

Methodology or Methods: This mixed-methods, longitudinal, single-arm pilot study will recruit N=30 survivors who finished treatment within ≤ 6 months, are currently aged ≥18 years old, with a diagnosis of testicular cancer. Adherence to follow-up appointments (e.g., blood work, scans) will be assessed (primary outcome), and measures for fatigue, depression, anxiety, sexual satisfaction and function, social roles satisfaction, general mental and physical health and body image (secondary outcomes) will be completed at four time points: baseline, 3, 6, and 12 months. One-on-one semi-structured interviews will be conducted post-intervention (month 12). This study is approved by ethics (HREBA.CC-22-0016).

Impact on practice or Results: Improvements in post-treatment follow-up appointment adherence and psychosocial outcomes will be analyzed using descriptive statistics, paired samples t-tests to determine changes across time points 1 through 4, and correlation analysis. Qualitative data will be analyzed using thematic analysis.

Discussion or Conclusions: Our findings will inform future, larger trials that incorporates evaluation of sustainability and economic implications. Findings will be disseminated via infographics and presentations conducted in partnership with Oneball (TC support organization), shared on social media, at conferences, and published in peer reviewed journals.

Final category: G. Exercise/pre-habilitation and rehabilitation in cancer

Effect of standardized management on prevention of perioperative VTE in lung cancer patients

yahnua Jiang, heling Zhou, qinyue Tang, yandi Chen

Sichuan Cancer Hospital, Chengdu, China

Background/rationale or Objectives/purpose: To explore the preventive effect of standardized management on perioperative venous thromboembolism (VTE) in patients with lung cancer.

Methodology or Methods: A total of 526 patients with lung cancer who underwent surgical treatment from January 2018 to June 2019 in our department were subjected to standardized perioperative VTE management. The measures included: while in hospital, the Caprini scale was used for risk assessment of VTE (1-2 points of low risk, 3-4 points of medium risk, 5-8 points of high risk, and greater than 8 points of extremely high risk). According to the risk level, different interventions, such as health education, basic prevention, mechanical prevention, drug prevention or treatment, were given for thromboprophylaxis. The scores, incidence and related factors were analyzed.

Impact on practice or Results: Among the 526 patients, there were 24 cases(4.56%) of VTE before surgery and 431 cases (91.63%) with a Postoperative Caprini score ≥ 5 points. The 13 patients with post-operative VTE were all patients with high risk grade or above. Postoperative VTE was present in 3 patients (2.31%).One case of fatal PE was admitted to Intensive Care Unit after surgery.

Discussion or Conclusions: The application of preventive treatment and nursing intervention can effectively reduce the incidence of post-operative deep vein thrombosis in lung cancer patients. The proportion of patients with VTE before operation of lung cancer was relatively high (4.56%). Patients with postoperative Caprini score ≥ 5 had a high risk of VTE. Patients with a Caprini score ≥ 5 after surgery need to attach great importance to the standardized implementation of VTE assessment and preventive treatment measures.
99 | Psychosocial Factors Influencing the Sustainability of Exercise Programs for Cancer Patients

Isaac Fox1,2, Richard Wassersug3
1Independent Scholar, Port Moody, BC, Canada. 2North Vancouver, North Vancouver. 3University of British Columbia, Vancouver, BC, Canada

Background/rationale or Objectives/purpose: Cancer patients benefit from regular exercise, but it is difficult for patients to maintain an exercise regime. We examined two exercise programs that have proven to be self-sustaining for prostate cancer patients, with the goal of identifying shared features that may contribute to the success of exercise programs for patients with other cancers.

Methodology or Methods: We explored similarities and differences between the FC Prostata football league in Denmark and the “Butts in a Boat” dragon-boating team in Canada. Both teams have been documented as sustainable in the literature. Data were collected through interviews with officials connected to both programs.

Impact on practice or Results: FC Prostata and “Butts in a Boat” both centre on year-round, intensive exercise, and both are facilitated by trained coaches. We identified a feedback loop between exercise and socialization. Exercise—and socialization linked to that exercise—provide the opportunity to form friendships that appear to be critical to the sustainability of each program.

Discussion or Conclusions: These case studies suggest that exercise programs for cancer patients may have a good chance of being self-sustaining, if they are: 1) centred around intense exercise, 2) team-based, 3) structured to promote egalitarianism and avoid one-on-one competition between team members, yet 4) have some competitions with other teams. Our analysis suggests that the relationship between socialization and exercise accounts for the sustainability of exercise programs for both prostate and breast cancer patients, and may apply to other cancers as well.

139 | Fitness professionals’ experiences of providing and facilitating social support behaviours in online exercise classes for people living with cancer

Robby-Anne P. Craig, Meghan H. McDonough, S. Nicole Calos-Reed, William Bridel
University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: Group-based exercise programs for individuals living with cancer can facilitate social support. Many of these programs have moved to online delivery due to the COVID-19 pandemic, but there is limited knowledge about how fitness professionals can foster a socially supportive environment online. Guided by social support theory (Feeney & Collins, 2015), the purpose of this study was to examine what behaviours fitness professionals use and any barriers they experience to providing and facilitating social support in online exercise oncology classes.

Methodology or Methods: Interviews were conducted with fitness professionals (N=15) who instructed or moderated online group exercise oncology classes. Data analysis was guided by interpretive description methodology.

Impact on practice or Results: Three themes describing behaviours that facilitate, and barriers to supportive functions were identified: creating a welcoming environment, helping improve exercise ability and reach goals, and helping to socialize and form connections. Fitness professionals felt they created a welcoming environment for the group when they were comforting, engaging, open, and positive or upbeat. They helped group members improve their exercise ability and reach goals through autonomy support, mastery support, and encouragement. They also helped group members to socialize and form connections through facilitating interactions and connections, but sometimes struggled to build rapport, start or mediate conversations between group members, or provide opportunities to connect.

Discussion or Conclusions: These findings identify behaviours and barriers that can inform training for fitness professionals and strategies they can use in the online environment to foster social support, which will enhance the experiences of individuals living with cancer in exercise oncology programs.

144 | A virtual multimodal group-based prehabilitation program: assessing implementability in a real cancer care context

Alexia Piché1,2, Isabelle Doré @isab_dore1,2
1Université de Montréal, Montréal, Canada. 2Centre de recherche du Centre hospitalier de l’Université de Montréal, Montréal, Canada

Background/rationale or Objectives/purpose: Multimodal prehabilitation targets physical activity (PA), nutrition, and psychosocial support to optimize patients’ physical and psychological health between cancer diagnosis and surgery. Supervised and group-based interventions are encouraged, especially during this critical period. The main barrier to prehabilitation is accessibility and most programs are offered on an individual basis. We therefore developed a virtual multimodal group-based prehabilitation program for individuals diagnosed with cancer and aim to assess its feasibility in a real cancer care context by measuring 1) practicability, 2) acceptability, and 3) effects.

Methodology or Methods: The program includes three 90-minute weekly sessions (comprising exercise and educational components) supervised by a kinesiologist. Participants performed functional tests and completed an online questionnaire before initiating the program (T1), preceding surgery (T2) and three months post-surgery (T3). Preliminary descriptive analyses were conducted. A total of 24 participants completed the study. Practicability is characterized by recruitment capacity (28%), retention rate (98%), adherence (70%) and average number of sessions attended (mean(SD): 5.9(3.5)). Acceptability is supported by satisfaction (100%), feeling of being well prepared (87.5%), appreciation of the educational material (91.7%) and intention to maintain PA (100%). Analysis of the effects are currently ongoing and will be completed for the presentation.

Impact on practice or Results: This virtual multimodal group-based prehabilitation intervention allows to overcome PA barriers, to promote PA following diagnosis and ultimately to reach individuals living in remote areas.

Discussion or Conclusions: Implementation in a real-world clinical setting will contribute to assess the feasibility of an innovative group-based virtual prehabilitation program and future scaling-up across a variety of cancer contexts and populations.

292 | The Effect of Supportive Exercise Therapy on Psychological Distress, Quality of Life and Disability Among Cancer Survivors in Nigeria

Victor Lasebikan @LasebikanVictor1, Omirefa Bidemi2
1Department of Psychiatry, College of Medicine, University of Ibadan, Ibadan, Nigeria, 2New World Specialist Hospital, Ibadan, Nigeria

Background/rationale or Objectives/purpose: Background: Once the diagnosis of cancer is made, a significant proportion of patients develop psychological distress that continues among survivors. Objective: To
determine the effect of exercise on psychological distress, quality of life and disability among cancer survivors managed in a tertiary center in Ibadan, Nigeria.

Methodology or Methods: Methods: In this single arm non-randomized intervention study participants (N = 260), 18 years and older cancer survivors, were recruited between October 2019 and April 2020 and were assessed for psychological distress using the Hamilton Anxiety and Depression Scale (HADS), quality of life using WHO QoL BREF, and disability using WHODAS 2.0. Scores were obtained at baseline (T1), 3 months (T2) and at 6 months (T3). Intervention was 40-minutes walking at least 5 days in a week and was prescribed after baseline data were collected. Protocol fidelity was ensured by sending a video recording of the exercise on daily basis by each participant. Outcome measures were reduction in HADS scores, increase in WHO QoL BREF scores and reduction WHODAS scores at 3 and 6 months post-intervention.

Impact on practice or Results: Results: Repeated measures ANOVA with a Greenhouse–Geisser correction showed that mean HADS score significantly reduced between time points [F(1.632, 44.092) = 56.261, p < 0.001]. The mean QoL scores also significantly increased between time points [F(1.882, 52.132) = 61.261, p < 0.001]. The mean WHODAS scores also significantly reduced between the time points [F(1.567, 49.221) = 49.266, p < 0.001].

Discussion or Conclusions: Discussion: The lesson learned is that care of cancer survivors should include supportive exercise.

352 | Chemo wigs: A cost-effective and preferred intervention to enhance quality of life among cancer patients
Surendran Veeraih1, Revathy Sudhakar2, Abirami Bhooapathy3, Aravind Krishnamurthy4, Srivesi V5, Venkatraman Radhakrishnan1, Prasanth Ganesan1
1Cancer Institute (WIA), Chennai, India. 2Chennai, India. 3JIPMER, Chennai, India

Background/rationale or Objectives/purpose: Introduction: Alopecia is regarded as a traumatizing effect of cancer care, which impacts the quality of life of patients to great extent. This study attempts to investigate the awareness about hair wigs among patients, their preference and its impact on their quality of life.

Methodology or Methods: Method. Patients (N=294) aged 13 and above, receiving chemotherapy were assessed for their awareness and preference of hair wig, using an author-constructed interview schedule. Patients who preferred wigs were issued one, following the assessment of quality of life using Cancer Institute-Quality of Life Questionnaire, while 88 patients completed post assessment on completion of chemotherapy.

Impact on practice or Results: Results: The results of this study indicated that majority (94.2%) was aware of alopecia. Psychological (27.9%) and social (40.8%) appear to be the major area of concerns perceived due to alopecia. Although only 54.2% perceived the hair loss to be moderately or highly significant, 65% preferred to have wigs. There was a significant association between education and awareness about wig (p=0.001) and preference for wig (p=0.001). Preference for wig was significantly correlated with age (r=0.220; p=0.000), perceived significance of hair loss (r=0.380; p=0.000) and awareness of wig (r=0.341; p=0.000). Similarly, there was significant difference (p=0.000, t=6.856) in QOL of patients before and after usage of wig. Majority (64.7%) reported that the wig was very useful by means of attending social events, work and shopping.

Discussion or Conclusions: Conclusion: Alopecia is professed as highly significant by patients, while the use of wig enhances body image, provides a sense of normality and thus better quality of life.

387 | Exploring experiences of young adults affected by cancer in an online yoga program
Emma McLaughlin @emmaclaughlin1, Nafeel Arshad2, S. Nicole Calos-Reed @NCulosReed1,2, Kimberly Hughes3, Kelsey Ellis4, Delaney Ducheck1, Max Eisele1, Amy Chen5, Lauren Couley5, Heather Molinda6, Amanda Wurz7
1University of Calgary, Calgary, Canada. 2University of the Fraser Valley, Chilliwack, Canada. 3Cumming School of Medicine, Calgary, Canada. 4Department of Psychosocial Resources, Tom Baker Cancer Centre, Calgary, Canada. 5City University, Vancouver, Canada. 6Orenda Society, Calgary, Canada

Background/rationale or Objectives/purpose: Yoga is a supportive care tool that may enhance psychological and physical outcomes; yet, it has not been well-studied among young adults affected by cancer (YA). We created and evaluated an 8-week, online yoga program for YA. In doing so, we also explored the experiences of YA who participated to better understand potential yoga-related benefits and the processes underlying benefit acquisition.

Methodology or Methods: Ninety-two YA participated in the online yoga program, 30 consented to take part in this study, and 28 (Mage at time of study = 34.5 years; mixed cancers) completed interviews post-program (week 8). Semi-structured interviews were conducted by trained study staff and were analyzed using an inductive-deductive approach and reflexive thematic analysis.

Impact on practice or Results: Participants’ experiences within the yoga program were captured across 6 main themes: (1) I noticed some improvements in my mental and physical health; (2) I was juggling a number of challenges throughout the yoga program; (3) I learned how to practice self-care and self-compassion; (4) I was able to see what my body was capable of; (5) I was held accountable, and I appreciated that; and (6) I was able to be around similar others in a safe (virtual) space.

Discussion or Conclusions: Findings suggest that although YA were juggling competing priorities, an 8-week, online yoga program may enhance psychological and physical outcomes in this cohort. Further, results suggest that scheduled classes, practicing with other YA, engaging in self-care and self-compassion, and experiencing a greater sense of competence might underlie the benefits described.

402 | Using a digital journaling application to enhance physical activity maintenance after an exercise oncology program: a pilot randomized controlled trial
Manuel Esté @ManuelEster1, Meghan H. McDonough1, Margaret L. McNeely @MargieMcNeely1,4, Julianna Dreger1, S. Nicole Calos-Reed @NCulosReed1,2,5,6
1Faculty of Kinesiology, University of Calgary, Calgary, Canada. 2Department of Physical Therapy, University of Alberta, Edmonton, Canada. 3Department of Oncology, University of Alberta, Edmonton, Canada. 4Rehabilitation Medicine, Cross Cancer Institute, Edmonton, Canada. 5Department of Oncology, Cumming School of Medicine, University of Calgary, Calgary, Canada. 6Department of Psychosocial Resources, Tom Baker Cancer Centre, Alberta Health Services, Calgary, Canada

Background/rationale or Objectives/purpose: Physical activity (PA) provides physical and psychosocial benefits for underserved cancer
populations (in rural/remote locations or centres without exercise oncology resources), yet these individuals often have lower PA and poorer health due to increased PA barriers. Health technology (eHealth) can address some barriers to increase PA levels, yet eHealth PA interventions rarely target underserved cancer populations, nor include longer-term follow-ups to assess PA maintenance. The current study is testing the hypothesis that using a journaling app, Zamplo, will enhance PA maintenance in underserved cancer populations after an exercise program.

Methodology or Methods: A 24-week, 2-arm, cluster-randomized controlled trial (NCT04790578) is underway across Canada, embedded within the EXCEL study (NCT04478851). Individuals participate in a 12-week online, group-based exercise oncology program, with follow-up assessment at 24-weeks. Randomization (1:1 by class) occurs to the intervention, using Zamplo to monitor PA via check-ins and graphs; or to the waitlist control,! receiving Zamplo at 24 weeks. PA levels, patient-reported outcomes, and eHealth usability is collected at 0, 12, and 24-weeks, with semi-structured interviews at 24-weeks.

Impact on practice or Results: To date, 160 participants (77 control, 83 intervention) have been recruited across Canada (20 AB, 14 BC, 29 SK, 50 ON, 44 NS, 3 Other), with mean age of 57.2±13.4 years. Analyses assessing effectiveness will occur this Fall, examining between group differences in PA maintenance from 12 to 24-weeks.

Discussion or Conclusions: The Zamplo study will generate insights on the use of eHealth to address PA barriers and support PA maintenance, optimizing exercise oncology programming and ultimately improving health outcomes among underserved cancer populations.

412 | Patient activation during swallowing therapy for head and neck cancer patients undergoing radiotherapy: a qualitative study

Beatrice Manduchi1,2,3, Margaret Fitch4, Jolie Ringash5,6, Doris Howell7,8, Rosemary Martino1,6,9

1Department of Speech-Language Pathology, University of Toronto, Toronto, Canada; 2Rehabilitation Sciences Institute, University of Toronto, Toronto, Canada; 3The Swallowing Lab, University of Toronto, Toronto, Canada; 4Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada; 5Department of Radiation Oncology, Princess Margaret Cancer Centre, Toronto, Canada; 6Department of Otolaryngology—Head and Neck Surgery, University of Toronto, Toronto, Canada; 7Princess Margaret Cancer Centre, Toronto, Canada; 8Faculty of Nursing, University of Toronto, Toronto, Canada; 9Krembil Research Institute, University Health Network, Toronto, Canada

Background/rationale or Objectives/purpose: Patient activation refers to an individual's knowledge, skill, self-efficacy and confidence in managing his/her own health. Activation contributes to adherence to medical regimens, symptom self-management, and effective coping. Swallowing therapy delivered during radiotherapy (RT) for individuals with head and neck cancer (HNC) includes symptom self-management, self-directed diet adjustments, and unsupervised daily swallowing exercises. Therefore, patient activation plays a critical role in HNC patients' uptake of swallowing therapy delivered during RT. This study explored the extent of patient activation for these therapies with the purpose of understanding patient perspective.

Methodology or Methods: Patients (n=6) from the Toronto site of the ongoing PRO-ACTIVE trial participated in a semi-structured interview. Data collection and thematic data analysis were guided by the Theoretical Framework of Acceptability. Transcripts were independently coded by 3 reviewers; themes were developed through consensus discussion.

Impact on practice or Results: Patient activation was reflected in those reportedly actively engaged with their swallowing therapy. Actions demonstrating active engagement included: patients self-adjusting exercise intensity based on their changing needs; pushing their own limits by trying challenging foods; and maintaining swallowing efforts even when RT-related toxicities made it difficult. Lack of patient activation was reflected in patients reportedly giving up on their swallowing therapy. Patients expressing an understanding of swallowing therapy goals and those who acknowledged their own active role were more likely to demonstrate activation, versus those who reported being overwhelmed by overriding RT toxicities.

Discussion or Conclusions: Patients perceive their activation in swallowing therapies is influenced by knowledge, skill, and confidence. Mobilizing activation necessitates astute assessment and support aimed toward self-efficacy.

413 | Capturing the Neuro-Oncology Patient Experience in Exercise Programming

Julia T Daun @julia_daun1, Lauren C Capozzi @L_Capozzi1,2, Meghan H McDonough3, Gloria Rolland Urgoiti3, Jacob C Easae4, Margaret L McNeeley1,5, George J Francis2,3, Tanya Williamson1, Jessica Danyluk1, Emma McLaughlin1, Paula A Ospina2, Max Eiselle1, Elaine Goble1, Christopher Sellar1, Christene Lesiuk1, S Nicole Calos-Reed @NCulosReed1,7,8

1Faculty of Kinesiology, University of Calgary, Calgary, Canada. 2Department of Clinical Neurosciences, Cumming School of Medicine, University of Calgary, Calgary, Canada. 3Department of Medical Oncology, Tom Baker Cancer Centre, Alberta Health Services, Calgary, Canada. 4Department of Medical Oncology, Cross Cancer Institute, Edmonton, Canada. 5Department of Physical Therapy, University of Alberta, Edmonton, Canada. 6Department of Oncology, Cancer Care Alberta, Edmonton, Canada. 7Department of Oncology, Cumming School of Medicine, University of Calgary, Calgary, Canada. 8Department of Psychosocial Resources, Tom Baker Cancer Centre, Alberta Health Services, Calgary, Canada

Background/rationale or Objectives/purpose: Exercise as a supportive care resource to improve the physical and psychosocial well-being for individuals with neurological cancers is currently being examined in the Alberta Cancer Exercise-Neuro (ACE-Neuro) study. To fully understand exercise experiences, and thus inform the development of sustainable exercise neuro-oncology program implementation, gathering participant voices is critical. Photo elicitation within an interview setting is a powerful tool that can be used to obtain an in-depth understanding of the participant experience.

Methodology or Methods: Participants enrolled in the ACE-Neuro study have the option to participate in photo elicitation, where photographs are taken across their program engagement. After completing the 12-week program, they are invited to participate in a semi-structured interview during which they are asked to discuss memories and feelings elicited by photographs. Based on our projected sample of n=100 in ACE-Neuro, we anticipate completing 25-30 interviews for this qualitative study to capture varied perspectives. This study is guided by an interpretive description methodology.

Impact on practice or Results: Recruitment for ACE-Neuro opened in April 2021 and is expected to close in Spring 2023. Ten interviews have been completed to date (of n>40 ACE-Neuro program participants).

Discussion or Conclusions: Using a photo elicitation approach, individuals with neurological cancers are able to share experiences using
photographs as a visual aid within a semi-structured interview setting, potentially providing further understanding about their experiences in an exercise program that extend beyond fitness and patient-reported outcome assessments. Participant voices are a critical addition to informing exercise implementation as part of standard neuro-oncology care.

### 435 | Using a Participant-Oriented Research Approach to Support Implementation of the EXercise for Cancer to Enhance Living Well (EXCEL) Study

S. Nicole Calos-Reed (NCalosReed1, Juliana Dreger Wellness LabUofC1, Chad Wagones2, Mamel Ester3, Delaney Ducheck4, Margaret McNeely2, Christopher Sellar2, Daniel Santa Mina2, Daniel Sibley3, Melanie Keats4, Jodi Langley4, Joy Chiekwe4, Colleen Cathbert4, Lauren Capozzi4, George FranCIS1, Thomas Christensen4

1 University of Calgary, Calgary, Canada. 2 University of Alberta, Edmonton, Canada. 3 University of Toronto, Toronto, Canada. 4 Dalhousie University, Halifax, Canada

Background/rationale or Objectives/purpose: Exercise enhances physical and psychosocial well-being for individuals living with and beyond cancer. However, many individuals remain inactive due to barriers. The EXCEL (Exercise for Cancer to Enhance Living well) study aims to reduce barriers faced by many underserved populations, including individuals living with and beyond cancer in rural and remote areas across Canada, through improved access to exercise programming via online delivery and community-based implementation.

Methodology or Methods: EXCEL uses a participant-oriented research (POR), including a participant advisory board (PAB) and regular quality improvement (QI) questionnaires to support moving evidence to practice. The PAB includes six former and current participants from across Canada who meet monthly to discuss ongoing implementation issues. The QI questionnaires are completed by participants throughout the 12-week intervention (baseline, during, and post-intervention). Furthermore, healthcare providers (HCPs) and qualified exercise professionals (QEPs) complete QI questionnaires bi-annually.

Impact on practice or Results: Two QI cycles have been completed (Spring & Fall, 2021) and ongoing intake of information will continue to occur with a third cycle in Winter 2022 across Alberta, Nova Scotia, and Ontario. On average, 42% of participants, 65% of HCPs, and 35% of QEPs have provided QI feedback on EXCEL’s strengths and areas of improvement. PAB members, who act as “participant-champions” for EXCEL, continue to inform community outreach and work towards optimizing program implementation.

Discussion or Conclusions: Utilizing a POR approach within EXCEL is critical for moving evidence to practice and ensuring key stakeholders and end-users have a significant voice in program implementation and QI.

### 534 | Perceived autonomy support from healthcare professionals and physical activity among breast cancer survivors: a propensity score analysis

Audrey Plante1,2, Lisa Gauvin1,2, Catherine Sabiston4, Isabelle Doré1,2,4

1 Centre de recherche du Centre hospitalier de l’Université de Montréal (CRCHUM), Montréal, Canada. 2 École de santé publique de l’Université de Montréal, Montréal, Canada. 3 Faculty of Kinesiology and Physical Education of University of Toronto, Toronto, Canada. 4 École de kinésiologie et des sciences de l’activité physique de l’Université de Montréal, Montréal, Canada

Background/rationale or Objectives/purpose: The majority of women treated for breast cancer are physically inactive, yet physical activity (PA) may mitigate adverse consequences of cancer and treatment. Healthcare professionals can improve patient adherence and maintenance of PA by supporting their autonomy. However, the effect of autonomy support on PA practice is equivocal in the literature due to the variety of designs used, most of which do not allow for causal inference. Using a causal inference approach, this project examines whether or not perception of autonomy support (PSA) by healthcare professionals is associated with light, moderate, and vigorous intensity PA in women treated for breast cancer.

Methodology or Methods: Data from the “Life After Breast Cancer: Moving On” longitudinal study (n = 199) were used. PSA was measured by the Healthcare Climate Questionnaire. PA was measured using GT3X triaxial accelerometers. The association between PSA and PA was estimated using linear regressions. Adjusted estimates were obtained using inverse probability of treatment weighting based on a propensity score.

Impact on practice or Results: Results showed no association between PSA and PA of light (β|95%CI| = -0.09 (-0.68; 0.49)), moderate (β|95%CI| = -0.03 (-0.17; 0.11)), and vigorous (β|95%CI| = 0.00 (-0.03; 0.02)) intensities.

Discussion or Conclusions: Other forms of PA support should be considered to encourage women treated for breast cancer to adopt and maintain regular PA.

### 596 | Mechanisms of Multi-modal Prehabilitation Effects on Surgical Complications: A Narrative Review

Daniel Sibley1,2, Maggie Chen1,2, Daniel Santa Mina1,2, Chelsea Ann Gillis5, Andrew Matthew6, Malcolm West6, Ian Randall1,2

1 University of Toronto, Toronto, Canada. 2 University Health Network, Toronto, Canada. 3 McGill University, Montreal, Canada. 4 University of Southampton, Southampton, United Kingdom

Background/rationale or Objectives/purpose: Continuous advances in prehabilitation research over the past several decades have clarified its role in improving preoperative risk factors, yet the quality of evidence remains low in certainty. Clarifying mechanistic relationships between prehabilitation and surgical complications represents an important basis for establishing biological plausibility, developing targeted therapies, generating hypotheses for future research, and contributing to the rationale for implementation into the standard of care. In this narrative review, we discuss and synthesize the current evidence base for the biological plausibility of multimodal prehabilitation to reduce surgical complications. The goal of this review is to improve prehabilitation interventions by outlining biologically plausible mechanisms of benefit and generating hypotheses for future research.

Methodology or Methods: This is accomplished by synthesizing the available evidence for the mechanistic benefit of exercise, nutrition, and psychological intervention for reducing the incidence and severity of surgical complications reported by the American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP). Biological plausibility applied to prehabilitation research: i) informs how prehabilitation may achieve its desired benefit; ii) aids clinical decisions regarding preoperative intervention strategies that are likely to yield the greatest therapeutic benefit; and iii) outlines an opportunity for the improvement of contemporary prehabilitation designs.
Impact on practice or Results: We reveal discrepancies between biologically plausible mechanisms of benefit and empirical evidence confirming a reduction in surgical complications. Such gaps warrant improved intervention designs and methodological rigour in prehabilitation research.

Discussion or Conclusions: The current review summarizes the available evidence pertaining to the mechanisms of prehabilitation to prevent postoperative complications.

Final category: H. Implementation science, knowledge translation and synthesis

104 | Biomarkers use for better psychosocial oncology care: An overview of existing data

Jacynthe Rivest1, Véronique Desbeaumes Jodoin1, Christophe Longpré-Poirier @LongprePoirier1, Francine Aubin1, Joe T.-Martineau2
1Centre Hospitaller de l’université de Montréal, Montréal, Canada. 2HEC, Montréal, Canada.

Background/rationale or Objectives/purpose: Although most cancer patients will not present any significant distress, psychiatric comorbidities are frequent during their illness trajectory. In the past decades, biomarkers have been studied for research purpose and implemented in various medical specialties, including in cancer care. Chronic inflammation markers, such as cytokines or cortisol levels, have been linked to depression etiology and distress, including for the medically ill. To our knowledge, there is still a lack of recommendations regarding its use in psychosocial oncology practice. We overviewed the existing literature on biomarkers in psychosocial oncology care and raised the question whether biomarkers should be considered best practice.

Methodology or Methods: We conducted a scoping review of the literature between January 1st 2001 and February 1st 2022 on biomarkers use in psychosocial oncology practice.

Impact on practice or Results: Biomarkers are frequently used in cancer care to measure tumor growth, recurrence, or response to treatment. In mental health research, it has also been studied in various psychiatric disorders. Our findings showed however little data reporting that biomarkers might be helpful in delivering better psychosocial oncology care. Whether the use of biomarkers would improve psychiatric treatment response or relapse identification among patients with cancer, or if it would allow more personalized care to these comorbid patients remains an unanswered question.

Discussion or Conclusions: Based on our review, little is known about the relevance of biomarkers in everyday mental health care among patients with cancer. This topic would benefit from future research as biomarkers use are progressively implemented in psychiatry practice.

134 | Barriers and facilitators for implementation of an evidence-based blended psychological intervention for fear of cancer recurrence in routine healthcare

Esther Deuning-Smit1, Evie E.M. Kolsteren1, Linda Kuwakkenbos1, Jose A.E. Custers2, Rosella P.M.G. Hermens3, Judith B. Prins1
1Department of Medical Psychology, Radboud Institute for Health Sciences, Radboud University Medical Center, Nijmegen, Netherlands, 2Clinical Psychology, Radboud University, Nijmegen, Netherlands, 3Department of QIO Healthcare, Radboud university medical center, Nijmegen, Netherlands.

Background/rationale or Objectives/purpose: Evidence-based interventions for clinical fear of cancer recurrence (FCR) have been developed, but few are implemented in clinical practice. Knowledge about the healthcare context is crucial to bridge this research-practice gap. This study aimed to identify facilitators and barriers for implementing the evidence-based blended SWORD therapy in routine psycho-oncological care.

Methodology or Methods: Semi-structured interviews were conducted with 19 cancer survivors and 18 professionals from three healthcare settings. We categorized barriers and facilitators in six domains as described by the determinant frameworks of Grol and Flottorp: (1) innovation, (2) professionals, (3) patients, (4) social context, (5) organization and (6) economic and political context.

Impact on practice or Results: Few barriers were related to the innovation. Facilitators of SWORD included its high reliability, accessibility and relevance. An important barrier in the professional domain was that medical professionals reported lack of self-efficacy, knowledge, and skills to address FCR. Psychologists had sufficient knowledge and skills, but some were critical towards protocolized treatments, cognitive behavioral therapy or eHealth. Patient barriers included lack of FCR awareness, unwillingness/inability to actively engage in treatment and incorrect expectations of psychotherapy. Organizational barriers were inadequate referral structures to psychological services and care processes that hampered implementation. Lack of a national structure for the implementation of evidence-based interventions, and eHealth platform costs were barriers in the context domain.

Discussion or Conclusions: Strategies for implementation should be targeted at patient, professional and organizational level. Educating patients and professionals about FCR and the rationale behind SWORD, improving referral systems, and tailoring SWORD to setting-specific care processes might enhance implementation.

176 | Establishing Informed Financial Consent Processes in Cancer Services: Implementation recommendations from early adopters in Australia

Carolyn Mazzariego @CG_MazJo1, Raylene Cox2, Kate Whittaker2, Elizabeth Kennedy3, Megan Varlou2
1The Daffodil Centre, The University of Sydney, a joint venture with Cancer Council NSW, Woolloomooloo, Australia. 2Cancer Council Australia, Sydney, Australia.

Background/rationale or Objectives/purpose: Despite the known negative psychological and physical impacts financial toxicity has on cancer patients, a deficit remains in the establishment of standard processes to ensure that patient informed financial consent (IFC) is obtained within cancer care settings. Through implementation process mapping, this study aimed to understand existing pathways of establishing IFC to develop recommendations as to how IFC can be implemented in various cancer clinical care settings.

Methodology or Methods: Australian oncological health care professionals who were involved with delivery of IFC processes were invited to participate in semi-structured interviews. Participants must have had some level of IFC processes already in place, labelling them ‘early adopters.’ Guided by The Consolidated Framework for Implementation Research, existing IFC process map development was achieved through a directed content analysis.

Impact on practice or Results: To date, 10 participants have been interviewed. IFC processes varied across healthcare settings (e.g. public versus private). Unique process maps were established for differing settings identified, however, key components of IFC processes were characterised and led to the development of one central process map which provides recommendations on essential practices recommended to
ensure the minimum standards of achieving IFC are met. Key components include: establishment of centralised points of contact, consolidated information delivery, reiteration and follow-up.

Discussion or Conclusions: Our study produced examples of practical actions and recommendations for healthcare professionals and services to consider when adopting IFC processes. Exploring replicability and other implementation outcomes like feasibility and acceptability of the resulting process map would be useful for informing the integration and scale-up of IFC processes in cancer clinical settings.

205 | Smoothing the transition to follow-up care: Addressing barriers and enhancing enablers to develop implementation recommendations to survivorship care plans

Brittany Matsaers1, Tori Langmuir @torilangmuir2, Carrie Liska3, Justin Pressseau1,2,4, Gail Larocque5, Cheryl Harris2, Kednapa Thavorn4, Marie-Hélène Chomienne6, Sophie Lebel @drsofiellebel1

1School of Psychology, University of Ottawa, Ottawa, Canada. 2The Ottawa Hospital Research Institute, Ottawa, Canada. 3Department of Education, St. Francis Xavier University, Antigonish, Canada. 4Clinical Epidemiology Program, School of Epidemiology and Public Health, University of Ottawa, Ottawa, Canada. 5Wellness Beyond Cancer Program, Ottawa, Canada. 6C.T. Lamont Primary Health Care Research Centre, University of Ottawa, Ottawa, Canada

Background/rationale or Objectives/purpose: As part of a shared model of care, breast and colorectal cancer survivors transition from the Cancer Centre to follow-up care from their Primary Care Provider (PCP). Survivorship care plans (SCPs) aim to facilitate this transition, but it is unclear whether SCPs are used as intended. This study focuses on developing recommendations to address barriers and enhance facilitators to SCP use among cancer survivors and their PCPs.

Methodology or Methods: Thirty cancer survivors (11 breast, 19 colorectal) and 13 PCPs who received a SCP from the Wellness Beyond Cancer Program in Ottawa, Ontario were recruited. Interviews based on the Theoretical Domains Framework (TDF) were completed to identify barriers and enablers to SCP use. The Behaviour Change Technique Taxonomy (BCT) and the Effective Practice and Organization of Care (EPOC) Taxonomy were used to create recommendations for implementing SCPs.

Impact on practice or Results: SCPs found SCPs clear, easy to follow, and helpful for managing follow-up care (Knowledge, Capabilities). They highlighted how SCPs facilitate coordination of care with the Cancer Centre (Role, Environment). Many survivors were engaged with their follow-up care (Intention), collaborated with their PCPs (Role), used their SCP to direct their follow-up care, and as a reference to their cancer history (Knowledge, Memory). Preliminary recommendations include electronic and updateable SCPs; creating clear channels of communication to oncology specialists; and including information about resources for cancer survivors (e.g., peer support).

Discussion or Conclusions: Identifying and addressing barriers and enablers that influence SCP use will inform the development of recommendations to implement SCPs.

222 | Psychosocial interventions that facilitate adult cancer survivors reintegrating into their lives after active cancer treatment: a scoping review

Sarah Murnaghan1, Sarah Scruton1, Robin Urquhart1,2

1Department of Community Health & Epidemiology, Halifax, Canada, 2Department of Surgery, Dalhousie University/Nova Scotia Health, Halifax, Canada

Background/rationale or Objectives/purpose: With increased cancer survival, many survivors deal with the late and long-term adverse effects of cancer and its treatment. Although an important component of survivorship, cancer survivors’ psychosocial needs often go unmet. Survivorship research does not always address outcomes important to survivors. Reintegration is a concept that survivors have identified as important. It involves returning or adjusting to a new normal after cancer treatment. The objective of this scoping review is to understand the extent and type of evidence available around psychosocial supports/interventions that facilitate adult cancer survivors’ reintegration into daily life/activities after active cancer treatment.

Methodology or Methods: This scoping review follows methodology outlined by the Joanna Briggs Institute. The population of interest is adult survivors of any cancer type (18 years and older), diagnosed in adulthood. Concepts of interest include psychosocial interventions targeted toward the outcome: reintegration after cancer treatment. Interventions aimed to treat clinical depression/anxiety or physical needs that are largely medically focused are excluded. Three electronic databases were searched: MEDLINE (Ovid), CINAHL, and Embase. Searches were limited to the English language and published literature, due to feasibility. Two independent reviewers are screening studies at the title/abstract and full-text levels, and independently extracting data. Conflicts that cannot be resolved are settled by a third reviewer. The reference lists of all studies included in the review will be searched.

Impact on practice or Results: Findings will be summarized narratively and in tabular form.

Discussion or Conclusions: This study will be the first to explore what psychosocial interventions have been studied, targeted toward the outcome, reintegration.

254 | Comprehensive Genomic Profiling in Cancer Care: Good Clinical Practice regarding information and communication

Theresa Pichler1, Christoph Benedikt Westphalen1,2, Tamara Frank1,2, Andreas Dinkel1,3, Friederike Mumm1,2

1Comprehensive Cancer Center Munich, Munich, Germany, 2Department of Medicine III, University hospital, LMU Munich, Munich, Germany, 3Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, School of Medicine, Technical University of Munich, Munich, Germany

Background/rationale or Objectives/purpose: Comprehensive Genomic Profiling (CGP) displays manifold chances for cancer patients’ diagnostic and treatment. However, it also provides considerable challenges in patient management. The aim of our study is to aggregate current informational and communicational challenges in CGP and to derive consented expert recommendations for clinical practice. Therefore, we conduct a 5-step approach.

Methodology or Methods: Step 1 is a narrative review regarding challenges in information and communication towards CGP. The scope of the review will include patients’ and physicians’ perspectives and needs towards decision making, informed consent, result disclosure, and psychosocial support. Step 2 will cover the documentation of the current procedures regarding CGP diagnostic and treatment in different clinics of a Comprehensive Cancer Center (CCC) in Germany. Step 3 will comprise two short online surveys with a) n = 50 physicians who referred patients to CGP in the past and b) n= 30 psycho-oncologists. Within this, professionals perspectives towards current procedures as well as towards communicational, informational and psychosocial challenges in CGP will be investigated. Based on the results received from step 1 to step 4, in step 5 recommendations
towards information and communication in CGP procedures will be derived and consented by patients’ advocates and experts of the fields of oncology medicine, palliative care, ethics, psycho-oncology, and spiritual care.

Impact on practice or Results: First results will be available by the end of June 2022.

Discussion or Conclusions: Our results will be an important source for communicational and informational design towards CGP, such as standard operation procedures, question prompt lists for patients and communication guides for physicians.

336 | Upskilling community-based psychologists to deliver cancer-specific anxiety and depression treatment
Nicci Bartley1, Claire Cooper1, Lisa Beatty2, Laura Kirsten3, Sue Sinclair4, David McGrath5, Heather Shepherd5, Jane Turner5, Brian Kelly5, Joanne Shaw4
1Psycho-oncology Co-operative Research Group (PoCoG), School of Psychology, The University of Sydney, Camperdown, Australia. 2Finders University, Bedford Park, Australia. 3Nepean Cancer and Wellness Centre, Nepean Hospital, Kingswood, Australia. 4Ramsay Health Care, St Leonards, Australia. 5Susan Wakil School of Nursing and Midwifery, The University of Sydney, Camperdown, Australia. The University of Queensland, Brisbane, Australia. The University of Newcastle, Callaghan, Australia

Background/rationale or Objectives/purpose: Untreated, depression and anxiety among cancer patients can lead to poor health outcomes and high use of health resources. Workforce shortages and barriers to access mean many patients do not receive the psychological treatment they need. Community-based psychologists have the skills to provide therapy for patients with anxiety and depression, requiring only focused education in cancer specific presentations to broaden their role to cancer patients. This research aims to determine the effectiveness of training community-based psychologists to deliver psychological treatment for cancer patients; and evaluate the feasibility and acceptability of this model of care.

Methodology or Methods: Five community-based psychologists will participate in a psycho-oncology focused training, and ongoing fortnightly supervision over three months. Each psychologist will be referred ~four cancer patients with anxiety/depression. To determine effectiveness of the training; psychologist confidence, competence, and willingness to treat cancer patients; and patient outcomes and satisfaction with treatment, will be assessed. Semi-structured interviews with psychologists and patients will be conducted to explore the feasibility and acceptability of this model of care.

Impact on practice or Results: We will present the finding from this mixed methods research.

Discussion or Conclusions: The results of this research will inform the utility of focused training of community-based psychologists in treatment of cancer-specific anxiety/depression. This research will develop a model of care which improves access to psycho-oncology care for patients and will inform implementation of a national shared care model across Ramsay Health Care, a large private health service providing cancer services across Australia aimed at establishing collaborations between community-based psychology services and hospital-based cancer specialists.

343 | Supporting parents and patients to navigate information about precision medicine for childhood cancer
Jessica Gereis @JessicaGereis1,2, Kate Hetherington1,2, Eden Robertson @Eden_Robertson2, David Ziegler @AProfDavidZieg1,3,4, Claire Wakefield @Cerwakefield1,2
1Behavioural Sciences Unit, Kids Cancer Centre, Sydney Children’s Hospital, Sydney, Australia. 2School of Clinical Medicine, UNSW Faculty of Medicine & Health, UNSW Sydney, Sydney, Australia. 3Children’s Cancer Centre, Sydney Children’s Hospital, Sydney, Australia. 4Children’s Cancer Institute, UNSW Sydney, Sydney, Australia

Background/rationale or Objectives/purpose: As precision medicine is set to become standard of care for all Australian children with cancer, we aim to better support patients’ and families’ information needs.

Methodology or Methods: We recruited parents and adolescent patients from an Australian childhood cancer precision medicine clinical trial. Using a mixed-methods approach, we explored their perceptions of the information provided, perceived and actual understanding of the information, and factors associated with understanding. Participants completed questionnaires (after enrolment (T0) and for parents additionally following return of results (T1)), and parents participated in semi-structured interviews at T1.

Impact on practice or Results: Many parents reported satisfaction with the information, while also expressing a desire for further information, presented in a clearer format. On average, parents’ actual understanding results marginally increased between T0 and T1 (55.8/100 to 60.0/100, p=0.012). At T0, parents’ perceived understanding scores appeared higher than patients’. We found no evidence of an association between perceived and actual understanding scores (p=0.174). Our study identifies concepts parents and patients find more challenging to understand. We found lower actual understanding scores among parents from culturally or linguistically diverse backgrounds (p=0.013).

Discussion or Conclusions: Our results reveal scope to better facilitate parents’ and adolescent patients’ understanding of precision medicine. Embracing the voices of participants, our findings have informed development of animated videos which explain childhood cancer precision medicine processes and convey key themes of parents’ experiences of the journey. We anticipate our research will support the facilitation of families’ understanding of complex precision medicine processes and help accommodate families’ diverse information needs.

344 | Identifying Anxiety and Depression through implementation of a Clinical Pathway for Screening and Management of Anxiety and Depression in Cancer (ADAPT CP) within cancer services
Joanne Shaw @joanne472, Sabina Vatter1, Patrick Kelly2, Mona Faris1, Heather Shepherd1-3, Sharon He1, ADAPT Program Group1, Phyllis Butow1
1Psycho-oncology Cooperative Research Group, School of Psychology, The University of Sydney, Sydney, Australia. 2School of Public Health, The University of Sydney, Sydney, Australia. 3Susan Wakil School of Nursing and Midwifery, The University of Sydney, Sydney, Australia

Background/rationale or Objectives/purpose: Untreated mental health issues have negative consequences for cancer and mental health outcomes. The ADAPT clinical pathway for screening and management of anxiety and depression in cancer patients (ADAPT CP) was developed by the Psycho-oncology Co-operative Research Group (PoCoG) and implemented in 12 Australian oncology services for 12 months. This study examined patient anxiety and depression when routine screening was implemented as part of the ADAPT CP.

Methodology or Methods: Patients from 12 cancer services participated in routine screening as recommended by the ADAPT CP. Screening involved a two-step process. Patients completed either the Distress Thermometer (DT) or Edmonton Symptom Assessment Scale (ESAS-R).
Those who scored above thresholds on DT or ESAS-R were prompted to complete the Hospital Anxiety and Depression Scale (HADS). Referral to appropriate psychosocial services was based ADAPT CP recommendations. Services elected to re-screen between 1-3 monthly over 12 months.

Impact on practice or Results: A total of 623 patients completed 1323 screening events over the 12 months. 34.2% of screening events (n=453) resulted in HADS completion. 55.2% (n=250) of HADS-A and 35.3% (n=160) of HADS-D scores met the criteria for caseness (>8 on either HADS scale). Of these, 76% of these patients were referred to psychosocial services and 17% were referred to a GP, nursing, or allied health practitioners.

Discussion or Conclusions: Implementation of routine screening in line with recommendations within the ADAPT CP identified clinical anxiety and depression that may otherwise have gone unrecognised. The ADAPT CP facilitated referral to psychosocial treatment.

373 | First Steps in Addressing Informational Gaps and Needs During the Perinatal Period for Women with a History of Cancer

Ruth Vanstone1, Karen Fergus1,2, Ellen Warner2, Noor Ladhani2, Karen Glass3

1York University, Toronto, Canada. 2Sunnybrook Health Sciences Centre, Toronto, Canada. 3Mount Sinai Hospital, Toronto, Canada

Background/rationale or Objectives/purpose: A history of breast cancer can introduce a multitude of challenges for women of childbearing age who wish to conceive after treatment. Notably, there are significant gaps in current knowledge of how treatment and hormone replacement therapy impact women in the perinatal period. Further, previous research has shown that these information gaps are significantly distressing for this unique population.

Methodology or Methods: The current analysis reflects the first step towards a comprehensive assessment of the informational gaps and needs of women with a history of breast cancer during the perinatal period. A scoping review of the literature was conducted to identify extant knowledge in relation to conception, childbirth and postpartum for this population. These findings formed the basis for a focus group discussion with healthcare providers with established expertise in both (1) young women with breast cancer, and (2) medical oncology, onco-fertility, high-risk pregnancy, or psychosocial oncology. A thematic analysis of the focus group content was conducted and contrasted with the literature.

Impact on practice or Results: The integration of the returns from the scoping review combined with expert opinion yield a consensually derived framework with which to embark on a larger study of the needs and information gaps in this area according to this sub-group of breast cancer patients and survivors, as well as healthcare providers.

Discussion or Conclusions: This research provides the foundation for a knowledge translation tool, which will be accessible to both healthcare providers and patients. This tool will allow patients to actively engage in their care, foster collaborative decision making and lead to improved psychological outcomes.

440 | eTraining workshop evaluation of the Fear of Cancer Recurrence Therapy (FORT) intervention with international psychosocial oncology care professionals: Lessons learned for future implementation efforts

Ghizlene Sehabi1, Jani Lamarche4, Alanna Chu1, Tori Langmuir1, Lauriane Giguere1, Wassim Adlane Boudjatar4, Christine Maheie1, Sophie Lebel1

1University of Ottawa, Ottawa, Canada. 2McGill University, Montreal, Canada

Background/rationale or Objectives/purpose: Several fear of cancer recurrence (FCR) interventions have been tested in randomized controlled trials but have yet to become part of clinical care. To increase the uptake of evidence-based practices in managing FCR, we aimed to train international psychosocial oncology clinicians on the Fear Of Recurrence Therapy (FORT) intervention. FORT consists of 6 weekly group therapy sessions combining cognitive behavioural and existential therapies. FORT was recently validated in a phase III efficacy trial with women with breast and gynecological cancer.

Methodology or Methods: We delivered a two half-day virtual workshop that involved didactic training covering the six FORT sessions, interactive experiential activities, recorded videos, and training manuals. Sixty-five healthcare providers attended the workshop exceeding the target of 50 participants. The workshop was advertised through emails with the IPOS FCR Special Interest Group FORwards, and previous FORT workshop attendees. Participant demographic characteristics, occupation, and knowledge about FCR was collected prior to the training. Post workshop, a survey was collected to assess satisfaction, intended use of the FORT training, and suggestions for improvement. Evaluation data along with training material will be presented at IPOS.

Impact on practice or Results: The high level of interest expressed in this workshop likely mirrors the acceptability of training opportunities in
the management of FCR and the interest to include evidence-based FCR interventions as part of clinical care. Evaluation of the workshop will allow for refinement of future dissemination and implementation efforts.

Discussion or Conclusions: Future research should evaluate the impact of training opportunities on the implementation of FCR interventions in clinical settings.

457 | Clinical practice guidelines in psychosocial oncology: How to know if they are any good

Annett Körner1,2,3, Catherine Bergeron1, Michelle Azzi1
1McGill University, Montreal, Canada. 2McGill University Health Centre, Montreal, Canada. 3Jewish General Hospital, Montreal, Canada.

Background/rationale or Objectives/purpose: Mental health practitioners striving to ground their clinical practice in science may need to read as many as 249 papers a day to keep up with relevant clinical trials, systematic reviews, and meta-analyses. Clinical practice guidelines aim to overcome this insurmountable obstacle. As evidence-based tools they systematically synthesize the newest robust research findings into concise recommendations for clinical practice. However, poorly developed practice guidelines are little more than “opinion pieces”. This bears the question: how do we know if a guideline is of sufficient quality, should be used with caution, or better be disregarded?

Methodology or Methods: The Appraisal of Guidelines for Research and Evaluation (AGREE) instrument evaluates the process of practice guideline development and the quality of reporting. Our presentation will explain the quality appraisal across the six AGREE domains: scope and purpose, stakeholder involvement, rigour of development, clarity of presentation, applicability, and editorial independence. Next, we will illustrate the use of the comprehensive AGREE II tool and the brief AGREE GRS tool to evaluate one more optimal guideline and one guideline that cannot be recommended for use in psychosocial oncology practice.

Impact on practice or Results: Our goal is to raise awareness for the utility of clinical practice guidelines, the need to evaluate guidelines before implementing them, and provide insight into the quality appraisal process to facilitate informed decision-making regarding guideline use.

Discussion or Conclusions: This presentation will also discuss how to find psychosocial oncology guidelines and where to access existing quality appraisals of practice guidelines in psychology.

468 | Coping-Together Advanced: A Process Evaluation of a Self-Directed Coping Skills Training Intervention for People Living with Advanced Cancer and Their Caregivers

Sydney Wasserman1, Lydia Ould Brahim1, Cindy Ibberson1, Andrea Laizner2, Melissa Henry2, Christine Mahé2, Kimberly Thibodeau2, Andrea Cooke1, Vasiliki Bessy Bitzas2, Sylvie Lambert1,2
1St. Mary’s Research Centre, Montreal, Canada. 2St-Mary’s Research Centre, Montreal, Canada.

Background/rationale or Objectives/purpose: Caregivers provide over 70% of the care for adults with cancer, often without access to formal training or adequate support services. To better support these dyads, our team developed Coping-Together, a self-directed coping intervention for adults with early-stage cancer and their caregivers. To ensure these tools meet the needs of those with advanced cancer and their caregivers, the aim of this study is to evaluate the acceptability and feasibility of Coping-Together for this population.

Methodology or Methods: Qualitative-descriptive design; individual and dyadic, semi-structured interviews are being undertaken at two time-points with a purposive sample of 28 participants (adults with advanced cancer and caregivers). Thematic analysis of transcripts will be conducted to evaluate acceptability and needed modifications, and recruitment log data will be used to assess feasibility.

Impact on practice or Results: Preliminary findings from interviews with 20 participants indicate that most gained new knowledge from Coping-Together, despite having lived with cancer long-term. Specific improvement suggestions include coping skills for managing long-term symptoms, with most pressing concerns being the fear of recurrence and uncertainty related to advanced care planning and end-of-life considerations. Patient testimonials show that the intervention helped them feel that they were not alone and supported them in finding strategies to connect as patient-caregiver.

Discussion or Conclusions: Findings will help address the unique needs of people living with advanced cancer and their caregivers. Preliminary results identify the most liked aspects as well as the suggested areas for improvement, which will inform the intervention adaptation to better support this vulnerable population, with feasibility assessments highlighting the clinical implications of Coping-Together.

484 | Lessons Learned Implementing Innovative Knowledge Translation for Cancer Care for e-IMPAQc

Taylor Wasserman @eIMPAQc1, Lisa Starr1, Sydney Wasserman1, Mikaela Wasserman1, Mona Magalhaes @Mona_Magalhaes1, Sylvie Lambert @sylvieLambert1,2
1St-Mary’s Research Centre, Montreal, Canada. 2Ingram School of Nursing, McGill University, Montreal, Canada.

Background/rationale or Objectives/purpose: Knowledge translation (KT) is essential to facilitate comprehensive and collaborative engagement with patients, healthcare researchers, and clinicians within research, and to ultimately translate research findings into clinical practice. We share effective and innovative KT methods developed and executed for the e-IMPAQc project. e-IMPAQc is a research program focused on actively engaging patients, their caregivers, healthcare professionals, and researchers to deliver a high-quality, innovative, and sustainable electronic symptom screening and management program to optimize cancer care in Quebec.

Methodology or Methods: To keep team members continually engaged and to interest new collaborators, various KT activities have been implemented into the e-IMPAQc project. Among these, a social media presence was established from the beginning of the project with a website, along with other social media accounts such as Twitter, LinkedIn, and Facebook. These platforms are kept updated as information becomes apparent. Quarterly newsletters are distributed to keep the larger team apprised of project advancement. Infographics are noted as an innovative method for communicating complex information across all targeted audiences and are accessible tools for team members to use for dissemination and training.

Impact on practice or Results: Patient and caregiver feedback on e-IMPAQc’s resources reveals an appreciation for accessible, user-friendly material containing clear, purposeful and content-rich graphics. Healthcare professionals and researchers report that adapted KT resources are essential communication tools and an innovative approach to be considered in research and clinical settings moving forward.

Discussion or Conclusions: Continuedly updated KT resources enhance engagement, facilitate dissemination of pertinent research-related information and should be incorporated into research study design early on.
511 | Realist evaluation of contexts and mechanisms that affect implementation of the Managing Cancer and Living Meaningfully (CALM) intervention in Southern Alberta

Carly Sears1,2, Amanda Roze des Ordonn1,3, Grace Liu2, Fay Strohschein1, Kristen Silveira1, Melissa Wilde2, Travis Pederson2, Lisa Lamont1, Andrea Feldsman1-2, Janet de Groot1-2

1Tom Baker Cancer Centre, Calgary, Canada. 2University of Calgary, Calgary, Canada. 3University of British Columbia, Vancouver, Canada.

Background/rationale or Objectives/purpose: Introduction of evidence-based treatments into established, complex healthcare environments requires assessment of factors that promote and detract from successful implementation. We utilized realist evaluation (RE), a theory-based approach to evaluate the process of implementing Managing Cancer and Living Meaningfully (CALM) psychological intervention for persons with advanced cancer. This project is part of a multi-phase implementation study of the CALM intervention within established psychosocial and palliative care programming in Southern Alberta.

Methodology or Methods: Implementation science frameworks informed development of a script for recorded semi-structured interviews in our case study. Eighteen participants from psychosocial oncology, medical and radiation oncology, palliative care, psychiatry, and community cancer care organizations were interviewed. Realist evaluation was used for qualitative analyses of transcribed interviews to determine context-mechanism-outcome configurations (CMOs), or what works for whom in what contexts.

Impact on practice or Results: Contexts, clinicians within palliative care programs or clinicians within psychosocial programs, interacted with mechanisms to influence the outcome of integration of CALM into current programs. Clinician mechanisms that supported CALM referrals included: perceptions that CALM is beneficial; perceived acceptability of CALM’s language for patients; adequate clinical time to assess psychosocial needs and to make referrals; staff education and availability of referral materials (e.g., pamphlets). Referral barriers include busy workloads and evolving referral pathways.

Discussion or Conclusions: Identification of what works for clinicians to refer patients to CALM will support integration of CALM into current well-established oncology and palliative care referral pathways. Additional patient and supportive other interviews may further enhance knowledge translation of the CALM intervention in Southern Alberta.

535 | A systematic review on depression and anxiety in patients with breast cancer undergoing neoadjuvant chemotherapy

Majid Omari1,2, Btissame Zarrouq1,2, Lamiae Amaadour1, Zineb Benbrahim1, Nawef Mellas3, Achraf El Atri1, Karima El Rhazi4, Mohammed El Amine Ragala3,5, Karima Halim6,2, Benbrahim4, Nawfel Mellas4, Achraf El Asri1, Karima El Rhazi1, Lamont1, Andrea Feldstain1,2, Janet de Groot1,2

Department of Human and Social Sciences - Education Sciences, Sidi Mohamed Ben Abdellah University, Fez, Morocco

Background/rationale or Objectives/purpose: Breast cancer patients who are eligible for neoadjuvant chemotherapy (NACT) present a disorder of psychological variables and alterations in their quality of life. This systematic review aims to investigate depression and anxiety in breast cancer patients under neoadjuvant therapy.

Methodology or Methods: Cochrane Library, PubMed, ScienceDirect, Scopus, Web of Science and Wiley Online library represent the databases that were searched to identify relevant published articles until September 27, 2021. We have included a full-text published English article that analyzes depression and anxiety in breast cancer patients who have received NACT.

Impact on practice or Results: A total of ten studies have been included. Of those studies, two found a decrease in depression during NACT, while another found no difference in depression before and after NACT. A study showed a significant correlation between depression and response to NACT. Another study observed no significant difference between patients who received the dense dose versus the conventional dose. Two studies found that anxiety levels were high before NACT and gradually decreased after NACT. Additionally, anxiety before NACT was an independent predictor of persistent chemotherapy-induced peripheral neuropathy. In one study, patients receiving NACT reported less anxiety than those receiving surgery first.

Discussion or Conclusions: During the initial consultation and at the various stages of NACT, an assessment of depression and anxiety is crucial to detect possible alterations and to help patients cope with the psychological changes caused by NACT.

561 | What Are The Biobehavioral Processes Related With Distress That May Have Implications On The Clinical Outcomes Of Metastatic Breast Cancer Patients? Main Conclusions Of The Distressbrain Project

Luzia Travado1, Joaquim C. Reis2, Francisco Oliveira3, Elsa Seixas4, Silvia D. Almeida2, Berta Sousa1, Durval Costa1, Michael H. Antoni5,6

1Breast Unit, Champalimaud Clinical and Research Center, Champalimaud Foundation, Lisbon, Portugal. 2Instituto de Biofísica e Engenharia Biomédica, Faculdade de Ciências, Universidade de Lisboa, Lisbon, Portugal. 3Nuclear Medicine, Champalimaud Clinical and Research Center, Champalimaud Foundation, Lisbon, Portugal. 4Innate Immunity and Inflammation Laboratory, Instituto Gulbenkian de Ciência, Oeiras, Portugal. 5Department of Psychology, University of Miami, Miami, USA. 6Sylvester Comprehensive Cancer Center, Cancer Control Program, University of Miami Miller School of Medicine, Miami, USA

Background/rationale or Objectives/purpose: Metastatic breast cancer (mBC) women experience high levels of cancer-related distress, which may negatively impact on their clinical outcomes, such as survival and quality of life. But what are the biobehavioral processes involved in this relation? The DistressBrain project aimed to explore the relationships between psychosocial variables, the metabolism of specific brain regions, neuroendocrine and inflammatory processes in mBC patients.

Methodology or Methods: 60 eligible consecutive mBCa patients treated at the Breast Unit, Champalimaud Clinical Center, with no CNS impairment and 0-1 ECOG, undergoing a 18F-FDG PET/CT brain exam participated in our study. Psychosocial variables were assessed using HADS, BSI, FACT-G/SWB, and the MOCS scales; salivary samples were collected to assess cortisol and S100A8/A9 levels.

Impact on practice or Results: We found: 1) negative associations between distress and the metabolism/activity of specific brain regions
crucial for successful adaptation to stressors; 2) patients with less perceived stress-management skill efficacy have significantly greater levels of distress; 3) patients reporting greater distress had a flatter cortisol diurnal slope; 4) higher inflammation (s100A8/A9 and IL1-beta levels) were significantly associated with lower levels of social/family well-being, even after controlling for depression.

Discussion or Conclusions: These results contribute to shed some light on the biobehavioral processes related with distress on mBC women that may have implications on disease course, survival and quality of life. This adds evidence to the relevance of addressing mBC patients’ psychosocial needs and implementing psychosocial interventions to reduce their emotional burden and improve their adjusted coping and stress-management skills.


Final category: I. Survivorship

9 | Dyadic Investigation of Affect Regulation and Neuroendocrine Function in Colorectal Cancer Patients and Their Spousal Caregivers

Youngmee Kim1, Amanda Ting1, Armando Mendez2

1University of Miami, Coral Gables, USA. 2University of Miami, Miami, USA

Background/rationale or Objectives/purpose: Adult cancer patients and their caregivers are at risk for having neuroendocrine dysregulation, which has been related to several morbidities and greater mortality in this vulnerable population. Yet, less known are the degree to which individuals’ affect regulation in response to acute stressors influences their own and the partner’s daily neuroendocrine functioning.

Methodology or Methods: Colorectal cancer patients (n=73, 54.6 years old, 35.2% female, 62.9% Hispanic, 6-month post-diagnosis) and their spouses underwent an experimental session together. Positive affect (PA) and negative affect (NA) were self-reported before and after the stress onset (affect reactivity phase), and again 12-mm after the stress offset (affect recovery phase). Participants collected saliva samples, from which cortisol was assayed and diurnal slope was calculated.

Impact on practice or Results: Participants reported significant changes in affect. Only caregivers displayed significant cortisol declines over a day. Dyadic, time-lagged, multilevel modeling revealed that patients’ overall steeper cortisol decline was predicted by their caregivers’ stronger PA recovery, whereas caregivers’ was predicted by their own stronger PA recovery and their patients’ stronger NA recovery (b=.043, p=.049). On the subsequent day, caregivers’ steeper cortisol decline was predicted by their own stronger NA reactivity but weaker NA recovery (b=0.04, p=.034), and their patients’ weaker PA and stronger NA recovery (b=0.44, p<.001).

Discussion or Conclusions: Findings suggest healthy neuroendocrine functioning is affected by one’s own and partner’s affective regulatory patterns. Further investigation is warranted for the differential benefits of affect regulation for partners’ neuroendocrine functioning to develop dyadic interventions to promote health of cancer patients and caregivers.

14 | Post-treatment Psychological Distress among Colorectal Cancer Survivors: Relation to Emotion Regulation Patterns and Personal Resources

Svetlana Baziliansky, Miri Cohen

University of Haifa, Haifa, Israel

Background/rationale or Objectives/purpose: Post-treatment psychological distress among colorectal cancer (CRC) survivors is common, but changes over time. However, data on the effects of emotional factors on changes in psychological distress over time remain limited. The study sought to describe the patterns of change in psychological distress among CRC survivors in the short-term after treatment completion and to identify predictors of the change in psychological distress experienced by CRC survivors.

Methodology or Methods: A total of 153 CRC survivors, stages II-III at diagnosis, who were 4–24 months post-diagnosis (participation rate 89.5%) completed the Emotion Regulation Questionnaire, Acceptance and Action Questionnaire, Resilience Scale-14, Self-Compassion Scale-Short Form, and Brief Symptom Inventory-18 (psychological distress scale) at Time 1 (T1). Psychological distress was assessed again at Time 2 (T2), 6 months later.

Impact on practice or Results: Two patterns of change in post-treatment psychological distress among CRC survivors were identified: One group of patients experienced higher psychological distress at T1, which decreased at T2. A second group experienced lower psychological distress at T1, which increased at T2. Self-compassion and personal resilience predicted higher psychological distress at T2. Lower suppression and self-compassion and higher personal resilience increased the likelihood of being in the increased psychological distress group.
Discussion or Conclusions: Psychological distress evaluation of CRC survivors at different time-points post-treatment is warranted. In addition, awareness is needed that self-compassion may be individually related to psychological distress among participants.

32 | Psychological correlates of cancer survival
Shulmith Kreitler

Tel-Aviv University, Tel-Aviv, Israel. Sheba Medical Center, Ramat-Gan, Israel

Background/rationale or Objectives/purpose: The purpose was to identify psychological variables supporting cancer survival. The theoretical approach was the cognitive orientation health model (Kreitler) which assumes that the chances for survival are a function of psychological factors in addition to medical treatment and prognostic variables.

Methodology or Methods: A questionnaire based on the cognitive orientation theory including beliefs about oneself, reality and others, goals and norms, was first validated by comparing responses of cancer patients with different survival degrees four years post-diagnosis. The themes in the questionnaire were attitudes towards activity, interpersonal relations, handling of stress, self-control, pleasing others, etc. It was used in the major prospective study with patients (80 breast cancer, 44 melanoma, 42 colorectal), administered 2 months post-diagnosis. Survival was checked after 5 years and after 12 years. The predictors in the regression analyses were prognostic medical variables (different for the different cancers) and the four types of beliefs. The dependent variables were disease-free survival, metastases, new cancers, no-survival. Kaplan-Meier analysis was also performed.

Impact on practice or Results: The results showed that the psychological and medical variables provided a significant prediction of survival rates. All predictors had significant contributions. After 5 years the medical variables had higher contributions than the psychological ones, which turned more important after 12 years, especially beliefs about self and about goals.

Discussion or Conclusions: The conclusion is that psychological variables may contribute to survival together with medical variables. The results suggest psychological interventions designed to enhance the survival effects of medical variables especially for long-term survival.

33 | Patients' subjective perspective of their quality of life (QL) and resilience after allogeneic stem cell transplantation (ALLOSCt)—Results from a qualitative study
Andrea Schumacher1, Cristina Sauerland2, Raphael Koch2, Georg Lenz3, Matthias Stelljes1

1Dept. of Medicine A/Hematology and Oncology, University of Muenster, Muenster, Germany. 2Inst. of Biostatistics and Clinical Research, University of Muenster, Muenster, Germany

Background/rationale or Objectives/purpose: In a longitudinal study at the University Hospital Muenster, Germany, (German Clinical Trials Register, DRKS00007945) evaluating QL in 63 patients during alloSCT*, semi-structured interviews focused on patients’ perception of the factors influencing their well-being and their understanding of the concepts QL and resilience.

Methodology or Methods: One year after alloSCT, twenty patients agreed to be interviewed. Transcriptions of the interviews were categorized, qualitative content analysis was done by counting the frequencies of statements in each category. Inter-rater reliability was calculated by Cohen’s kappa = .84.

Impact on practice or Results: Only ten of the interviewed patients were familiar with the concept of resilience or were able to circumscribe the meaning. 18 patients named the social support from family, friends and medical personnel as most helpful during treatment, 11 stressed the importance of structuring one’s day on the ward. 17 patients reported the challenge of learning to live with a number of physical and psychological restrictions after the end of treatment, 11 patients complained about the loss of light-heartedness in their everyday life. Ten patients stated autonomy as central to their individual QL, seven an intact family life. Nine patients reported secondary benefits like improved personal relationships and a change in personal priorities. Being compliant was the best advice nine interviewees would give to other patients.

Discussion or Conclusions: Clinical implications: Fostering resilience might help patients to adapt to the challenges of their situation during and after treatment. Psychoeducational interventions should aim to strengthen patients’ ability to identify their resources.

37 | Understanding the lived experiences of a supportive self-management pathway for breast cancer
Rachel Starkings @RachResearcher1, Lucy Matthews1, May Teoh2

1SHORE-C, University of Sussex, Brighton, United Kingdom. 2Royal Surrey County Hospital NHS Foundation Trust, United Kingdom

Background/rationale or Objectives/purpose: The PRAGMATIC study (Patients’ experiences of a suppoRted self-manAgeMent pAtHway In breast Cancer) aimed to explore the experience of patients moving to a supportive self-management pathway following hospital-based treatment for early stage breast cancer.

Methodology or Methods: 110 participants were recruited from three centres across the Southeast of England. They completed quality of life questionnaires at baseline, 3, 6, 9 and 12 months. Thirty-two of these participated in qualitative interviews, held at the same interval schedule. These were semi-structured in nature allowing for free responses. Responses were recorded verbatim and analyzed using framework analysis.

Impact on practice or Results: There were four overarching themes of expectations and experiences, emotional wellbeing, clinical concerns and COVID-19. Patients generally expressed satisfaction with the pathway and felt the breast care nurses provided reassurance and empathy. However there was lingering anxiety about a lack of contact with healthcare professionals, spotting signs and symptoms, particularly for those who were screen-detected, and lack of clarity about who to contact for psychological wellbeing. As a result of COVID-19, patients often avoided asking for help to reduce perceived strain on the healthcare system.

Discussion or Conclusions: With increasing emphasis on self-management pathways and remote follow up for cancer, it is important to understand the patient experience to enable development of these packages. Further work needs to be conducted to ensure patients understand the rationale for self-management and the lack of evidence for long term clinic based follow up. These results reflect a local sample but issues about patient expectations and education will be pertinent across the world.

43 | What are women’s understandings and experiences of body image after being diagnosed with breast cancer: A grounded theory study
Jennifer Brunet @brunet jen1, Jenson Price1, Cheryl Harris2

1University of Ottawa, Ottawa, Canada. 2The Ottawa Hospital, Ottawa, Canada
Background/rationale or Objectives/purpose: Changes to the breast(s), hair loss, skin or fingernail discolouration, scarring, and weight gain or fluctuations are common side effects of conventional treatments for breast cancer and may have an enduring impact on women’s body image. In this grounded theory study, we explored the meaning women attribute to body image and how they understand their breast cancer experience as impacting their body image to develop a grounded theory of body image for women diagnosed with breast cancer.

Methodology or Methods: 27 women who had completed treatment for breast cancer were interviewed. Data were analyzed through a process of open, axial, and selective coding using constant comparison techniques and memo-writing.

Impact on practice or Results: Breast cancer broadened women’s definition of body image and affected how they perceived themselves. Data analysis led to the development of a grounded theory constructed around the core category body image: what it means to women, which is underpinned by 6 themes: treatment-related events can undermine or support body image; psychosocial factors can undermine or support body image; sociocultural factors can undermine body image; repertoire of strategies to manage body image; passage of time; consequences of body image. Most themes contain subthemes, yielding 17 subthemes.

Discussion or Conclusions: This theory serves to explain how women define body image and illustrates intrapersonal and interpersonal factors that undermine or support their body image, along with strategies they use to manage their body image. It offers a theoretical foundation to develop interventions seeking to mitigate the adverse effects of breast cancer on women’s body image.

50 | Treatment outcomes and its associated factors among breast cancer patients at Kitui Referral Hospital

Gobezie Temsegen Tegegne
Addis Ababa University, Addis Ababa, Ethiopia

Background/rationale or Objectives/purpose: The number of cancer survivors continues to increase due to the advancement of early detection and treatment. However, there is a paucity of data in African settings, particularly in Kenya. Hence, this study aimed at determining treatment outcomes among breast cancer patients at Kitui Hospital.

Methodology or Methods: A hospital-based retrospective cohort study design was conducted among adult patients with breast cancer. All adults with histologically confirmed breast cancer cases that were treated at Kitui Referral Hospital from January 2015 to June 2020 were eligible. A total of 116 breast cancer patients’ medical records were considered. Descriptive analysis, Kaplan–Meier survival and Cox regression analysis were performed.

Impact on practice or Results: The overall survival and mortality rates were 62.9% and 37.1%, respectively. Patients who had an advanced stage of disease had a 3.82 times risk of dying than an early stage of the disease. Besides, patients with distant metastasis had 4.4 times more hazards of dying than their counterparts.

Discussion or Conclusions: The treatment outcome of breast cancer patients was poor, and its overall mortality among breast cancer patients was higher in the study setting. In the multivariate Cox regression analysis, the tumor size was the only statistically significant predictor of mortality among breast cancer patients. Stakeholders at each stage should, therefore, prepare a relevant strategy to improve treatment outcomes.

52 | Associations Between Social Support, Spirituality, Religiosity & Psychological Symptoms in childhood cancer survivors and parents: A dyadic analysis

Carol Ochoa @ochoa cy1, Junhan Cho1, Kimberly Miller @KimMillerPhD2, Lourdes Baezconde-Garbanati1, Randall Chan1, Albert Farias1, Joel Milam2
1University of Southern California, Los Angeles, USA. 2University of California, Irvine, Irvine, USA

Background/rationale or Objectives/purpose: While limited, dyadic research demonstrates the interdependent relationship between the health and adjustment after treatment between childhood cancer survivors (CCS) and their parents. We examined interrelationships between perceived social support, religiosity, and spirituality with depressive symptomology and perceived stress in CCS-parent dyads.

Methodology or Methods: A total of 160 dyads from Project Forward completed validated questions assessing the above variables and covariates (age, ethnicity, treatment intensity). Independent bivariate associations were identified using Pearson correlation coefficients. Bidirectional associations between the variables of interest were identified with path analysis utilizing the Actor-Partner Interdependence Model (APIM), which controls for the variance explained by their partner.

Impact on practice or Results: Mean age of CCS was 20 years old, 51% female, 30% diagnosed with leukemia, and on average 7 years from diagnosis. The mean age of parents was 49 years old and 89% were mothers. There were medium ($r = -0.33$) to large ($r = 0.78$) correlations between CCS and parent-reported social support, religiosity, spirituality, depressive symptoms, and perceived stress. For both CCS and parents, perceived social support was negatively associated with their depressive symptoms and perceived stress (i.e., actor effect). Parents’ social support was not significantly associated with CCS’s depressive symptoms and stress. However, higher perceived social support by the CCS improved parents’ depressive symptoms ($\beta = -0.202$, $p<0.01$) and perceived stress ($\beta = -0.164$, $p<0.05$).

Discussion or Conclusions: Partner effects of social support among CCS-parent dyads may influence psychological distress. These findings emphasize the importance of interventions that address continued psychosocial follow-up for childhood cancer survivors and parents.

62 | Quality of life and survivorship experiences of advanced colorectal cancer: A large qualitative study

Chloe Lim @chloeyslim1, Rebekah Laidsaar-Powell1, Jane Young2,3, Daniel Steffens4,5, Prunella Blinman6, Michael Solomon7,4,5, David Yeo7,4,8, Nabila Ansari7,4,8, Bogda Koczwara9,10, Phllis Butow1
1University of Southern California, Los Angeles, USA. 2University of Sydney, Sydney, NSW, Australia. 3The Daffodil Centre, The University of Sydney, Sydney, NSW, Australia. 4Surgical Outcomes Research Centre (SOuRCe), Royal Prince Alfred Hospital, Sydney Local Health District, Sydney, NSW, Australia. 5Faculty of Medicine and Health, The University of Sydney, Sydney, NSW, Australia. 6Concord Cancer Centre, Concord Repatriation General Hospital, Sydney Local Health District, Sydney, NSW, Australia. 7RPA Institute of Academic Surgery (IAS), Royal Prince Alfred Hospital and University of Sydney, Sydney, NSW, Australia. 8Department of Colorectal Surgery, Royal Prince Alfred Hospital, Sydney Local Health
Background/rationale or Objectives/purpose: People with advanced colorectal cancer (CRC-A) have previously been considered palliative. However, prolonged survival can now be achieved through modern treatments including: cytoreductive surgery and hypothermic intraperitoneal chemotherapy (CRS-HIPEC), pelvic exenteration, liver resection, and palliative chemotherapy without surgery. Qualitative research into the experiences and needs of survivors who receive these treatments is lacking. This study therefore aims to address this gap.

Methodology or Methods: Adult CRC-A survivors who have undergone the aforementioned treatments were recruited 0.5-2 years post-surgery (or 0.5-2 years post-diagnosis of CRC-A for palliative chemotherapy participants). Participants completed a qualitative semi-structured telephone interview exploring quality of life (QoL), employment, finances, supportive care, social functioning, and COVID-19 impacts. Interviews underwent framework analysis, guided by demographic, clinical, and QoL data (assessed through: Functional Assessment of Cancer Therapy – Colorectal (FACT-C), Distress Thermometer, and Comprehensive Score for Financial Toxicity (COST)).

Impact on practice or Results: Analysis of 38 interviews revealed that treatment for CRC-A may result in side effects that can impact survivors’ physical functioning, psychosocial wellbeing, sense of identity, and ability to work. Participants reportedly manage these challenges through distraction, positive reframing, and connecting with other CRC survivors. While healthcare experiences were mainly positive, participants also reported unmet information needs regarding expectations for recovery. COVID-19 telehealth consultations were considered less personal, but convenient.

Discussion or Conclusions: CRC-A survivors face unique challenges that impact several domains of their lives. Improved care co-ordination and monitoring of symptoms throughout follow-up is needed to better support CRC-A survivors.

66 | Depression, anxiety, sexual dysfunction and associated factors in cervical cancer patients treated at Ocean Road Cancer Institute, Tanzania (DASCACX)
Mamsau Ngoma1,2,3, Nanzoke Muungo1, Alita Mrema1, Sara Kuti1, Beatrice Mushi1, Musiba Seleku1, Katherine Van Loon2
1 Ocean Road Cancer Institute, Dar es Salaam, Tanzania, United Republic of; 2University of California, San Francisco, California, USA; 3Muhimbili University of Health and Allied Sciences (MUHAS), Dar es Salaam, Tanzania, United Republic of

Background/rationale or Objectives/purpose: The diagnosis of cancer has been associated with a lot of psychological distress; cervical cancer is no different and it is the leading cancer among women in Tanzania. Currently, the burden of depression, anxiety and sexual dysfunction among cervical cancer patients in Tanzania is unknown and therefore our main objective is to determine the frequency of occurrence and associated factors of depression, anxiety and sexual dysfunction among patients with cervical cancer attending Ocean Road Cancer Institute (ORCI), Tanzania.

Specific Objectives:
- To describe the frequency of occurrence of depression, anxiety and sexual dysfunction among patients with cervical cancer attending ORCI.
- To determine the factors associated with depression, anxiety and sexual dysfunction among patients with cervical cancer attending ORCI.
- To determine the relationship between depression, anxiety and sexual dysfunction among patients with cervical cancer attending ORCI.

Methodology or Methods: A hospital based cross-sectional study, involving 191 women, 18 years old and above with cervical cancer treated at Ocean Road Cancer Institute during the study period. Convenience sampling will be used. Study period, one year. Depression and Anxiety: Will be assessed and measured using the HADS and Sexual dysfunction will be assessed by FSFI.

Impact on practice or Results: Study is currently on-going, analysis will be done by June 2022.

Discussion or Conclusions: Information from this study will shed light to magnitude of the problem and the role of potential risk factors will be further understood, in turn it will influence the introduction of screening tools for these problems and setting up of proper channels for their management.

70 | Feasibility, acceptability, and preliminary efficacy of the Lymfit intervention to motivate physical activity among young adult lymphoma survivors: A pilot randomized controlled trial
Wing Lam Tock Jessica Tock
McGill University - Ingram School of Nursing, Montreal, Canada

Background/rationale or Objectives/purpose: Grounded in self-determination theory, the Lymfit intervention (an individualized exercise program with bi-weekly kinesiology assessments and an activity tracker device) supports the psychological need satisfaction of competence, relatedness, and autonomy in engaging physical activities. The purpose of this two-phase study is to evaluate the feasibility, acceptability, and
preliminary effects of the Lymfit intervention on young adult (YA) lymphoma survivors’ motivation to engage in exercise.

Methodology or Methods: In the phase I proof-of-concept study, the research team tested the technological and logistical challenges of the intervention. In the phase II pilot randomized controlled trial (RCT), 28 YA lymphoma survivors will be randomly allocated to receive either the 12-week Lymfit intervention or be on a wait-list. Feasibility, acceptability and preliminary effects of Lymfit will be assessed using predetermined feasibility progression criteria, an acceptability questionnaire, and a set of validated, self-report questionnaires at baseline and post-intervention.

Impact on practice or Results: Twenty YA lymphoma survivors participated as patient-partners in phase I. Eighteen participants had completed the intervention and the post-intervention follow-up. The results demonstrated the research team’s capability to deliver the exercise program virtually and to capture Fitbit data through a secured server. Recruitment of the phase II pilot RCT is currently underway.

Discussion or Conclusions: The results of this study are expected to help in mapping out the optimal design of an effective exercise program for improving cancer outcomes and quality of life in YA lymphoma survivors. If the Lymfit intervention shows desired effects, it can offer an innovative care option to enhance the quality of post-treatment YA cancer survivorship care.

74 | Pilot testing of a culturally adapted ConquerFear-HK intervention on fear of cancer recurrence among Chinese cancer survivors

Danielle Wing Lam Ng¹², Catherine Tsang², Carmen Ng², Joyce Chau¹, Richard Fielding¹², Wendy Wing Tak Lam¹²
¹Centre for Psycho-Oncological Research and Training, Division of Behavioural Sciences, School of Public Health, The University of Hong Kong, Hong Kong, Hong Kong. ²HKU Jockey Club Institute of Cancer Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, Hong Kong.

Background/rationale or Objectives/purpose: A metacognition-based, manualized intervention (ConquerFear) has been found to significantly reduce fear of cancer recurrence (FCR) in Anglophone populations. Its efficacy in other populations remains uncertain. We developed a culturally-adapted intervention version (ConquerFear-HK) for Chinese cancer survivors with high FCR, and propose to evaluate its feasibility, cultural acceptability, and likely efficacy.

Methodology or Methods: Two pilot studies of cancer survivors with Fear of Cancer Recurrence Inventory-Short Form (FCRI-SF) scores ≥ 13 were conducted between 19th July, 2019 and 31st January, 2020, and between 8th October, 2020 and 24th May, 2021, respectively. In Pilot 1, the original intervention manual was evaluated by patients (N=25) and therapists. After cultural adaptation based on their perceptions of the intervention, ConquerFear-HK (N=22) was pilot-tested in a non-randomized controlled trial versus standard survivorship care (active control; N=9) in Pilot 2. Participants were assessed at baseline and post-intervention on the measures of FCR (FCRI) as a primary outcome; metacognition (MCQ-30) as a process outcome; and treatment satisfaction as a secondary outcome.

Impact on practice or Results: 17/22 (77%) patients completed the ConquerFear-HK intervention. Patients receiving the ConquerFear-HK reported significantly lower FCR (mean=-17.59, p=0.001) and maladaptive negative MCQ (mean=-3.63, p<0.001) at post-intervention; all of them were satisfied with the intervention. No difference in FCR reduction between the ConquerFear-HK (mean=-17.59, SD=17.70) and control groups (mean=-8.38, SD=14.38) was observed (p=0.21).

Discussion or Conclusions: This pilot study demonstrated the feasibility of ConquerFear-HK and its potential effectiveness in improving maladaptive MCQ and FCR among local Chinese cancer survivors. A larger randomized control trial can more precisely estimate intervention effects.

96 | Emotional Freedom Techniques as an effective strategy for treatment of self-reported cancer-related cognitive impairment in cancer survivors (EMOTICON trial)

Laura Tack¹², Tessa Lefebvre¹, Michelle Lycke¹, Christine Langenaeker¹, Christel Fontaine¹, Marleen Bomrs¹, Marianne Hanssens³, Christel Knops¹, Kathleen Meryck², Tom Botterberg², Hans Potte², Patricia Schofield², Philip Debruyne¹,⁹
¹Kortrijk Cancer Centre, a Groeninge, Kortrijk, Belgium. ²Ghent University, Gent, Belgium. ³AZ Kliin, Brasschaat, Belgium. ⁴UZ Brussel, Brussels, Belgium. ⁵Sint-Jozefskliniek, Izegem, Belgium. ⁶Independent EFT practitioner, London, United Kingdom. ⁷KU Leuven Campus KULAK, Kortrijk, Belgium. ⁸Plymouth University, Plymouth, United Kingdom. ⁹Anglia Ruskin University, Cambridge, United Kingdom.

Background/rationale or Objectives/purpose: Cancer-related cognitive impairment (CRI) is a prevalent source of comprised quality of life in cancer survivors. This study evaluated the efficacy of Emotional Freedom Techniques (EFT) on self-reported CRI score (EFT-CRI).

Methodology or Methods: In this multicentre randomised wait-list controlled study, eligible cancer survivors had completed curative treatment, were 18 years or older and screened positive for CRI with ≥ 43 on the Cognitive Failures Questionnaire (CFQ). Participants were randomised to the immediate treatment group (ITG) or wait-list control (WLC) group, based on age (< or ≥ 65 years), gender, treatment (chemotherapy or not), and centre. The ITG started to apply EFT after inclusion and performed this for 16 weeks. The WLC group could only start the application of EFT after 8 weeks of waiting. Evaluations took place at baseline (T0), 8 weeks (T1) and 16 weeks (T2). The primary outcome was the proportion of patients with s-CRI according to the CFQ score.

Impact on practice or Results: Between October 2016 and March 2020, 121 patients were recruited with CFQ ≥ 43 indicating s-CRI. At T1, the number of patients scoring positive on the CFQ was significantly reduced in the ITG compared to the WLC group (40.8% vs. 87.3% respectively; p<0.01). For the WLC group, a reduction in CFQ scores was observed at T2, comparable to the effect of the ITG at T1. Linear mixed model analyses indicated a statistically significant reduction in the CFQ score, distress, depressive symptoms, fatigue and also an improvement in quality of life.

Discussion or Conclusions: This study provides evidence for the application of EFT for s-CRI in cancer survivors.
Impact on practice or Results: Shared themes include changes in women’s career priorities and goals, their shifted sense of self-efficacy, and common factors that supported or hindered their process of returning to work. A unique theme that emerged was the importance of having a sense of belonging at work; feeling like an integral team member and being included. Belonging was an indicator of meaningful work, a motivator to return, and a key contextual factor.

Discussion or Conclusions: An extension of the CHAT model specific to a population of cancer survivors (CHAT-CS) is proposed, which details the relevant contextual barriers and supports in the working-lives of cancer survivors, including a sense of belonging at work. It serves as a consideration for clinicians and practitioners working with survivors on their career planning goals.

106 | Sexual health-related Care Needs in Young Cancer Patents and Survivors: The utilization of a systematic review
Vicky Lehmann @vicky_lehmann1, Ellen Laan2, Leah Waterman1, Brenda den Oudsten3
1Department of Medical Psychology, Amsterdam University Medical Center, Cancer Center Amsterdam, Amsterdam, Netherlands, 2Department of Sexology and Psychosomatic Gynecology, Amsterdam University Medical Center, Amsterdam, Netherlands, 3Department of Medical and Clinical Psychology, Center of Research On Psychological and Somatic Disorders, Tilburg University, Tilburg, Netherlands

Background/rationale or Objectives/purpose: Patients and survivors of cancer diagnosed in young adulthood (18-39 years; also called AYAs) have age-specific care needs, but needs related to sexual health remain poorly understood. We conducted a literature review [Lehmann, Laan, & den Oudsten, JCSU, 2021] and utilized the review results in an ongoing online survey to gain more insights.

Methodology or Methods: For the review, four major databases were screened and N=35 studies were identified. The prevalence of care needs ranged between 8.0-61.7%. Female survivors and those with more health impairments reported higher care needs. Types of sexual health-related care needs ranged between 18.0-61.7%. Female survivors and those with more health impairments reported higher care needs. Types of sexual health-related care needs ranged between 9.0-61.7%. Female survivors and those with more health impairments reported higher care needs. Types of sexual health-related care needs ranged between 8.0-61.7%. Female survivors and those with more health impairments reported higher care needs.

Descriptions of these needs remained generic and studies over-represented female patients/survivors. Therefore, an ongoing online data collection (FROSA-study) among male and female survivors of young adult cancer asks them to elaborate on these types of care needs.

Impact on practice or Results: Currently, n=68 young adult survivors completed the online survey and data collection is ongoing. Answers about the needed type of support and content will be presented. Preliminary results indicate needs regarding details on 'what to expect' (physically, emotionally) and how to cope with effects on sexuality; which should be provided in consultations where providers normalize sex, assess individual needs, and refer to specialists.

Discussion or Conclusions: The prevalence of needs related to sexual health varies among young adult patients and survivors. Types of needs center around improving the provision of information and support by providers. More specific content of needed support will be presented.

112 | Rare cancer and return to work: experiences and needs of patients and (health care) professionals
Daphne Olischläger1, Li Xiang den Boer2, Eline de Heus1,2, Desiree Dona3, Heinz-Josef Klimumen1, Christina Stapelfeldt4,5, Saskia Dutts1,2,3
1Netherlands Comprehensive Cancer Organisation, Utrecht, Netherlands, 2Radboud University Medical Center, Nijmegen, Netherlands, 3Amsterdam University Medical Centers, Amsterdam, Netherlands, 4DEFACTUM, Aarhus, Denmark, 5Aarhus University, Aarhus, Denmark

Background/rationale or Objectives/purpose: Patients with a rare cancer often face delays in their diagnostic and treatment trajectory, which may affect their work. In this study, we explored experiences and needs of: 1) patients with a rare cancer regarding return to work (RTW) and work retention, and 2) (health care) professionals (HCPs) regarding work-related support of patients with a rare cancer, throughout their disease trajectory.

Methodology or Methods: Semi-structured, in-depth interviews with working-age patients with a rare cancer (n=16), and HCPs (n=9) were conducted. During the interviews, a predefined topic list was used. Interviews were transcribed verbatim and analysed by means of thematic analysis.

Impact on practice or Results: In total, three themes emerged from the interviews: 1) Awareness in patients and HCPs as a first step towards work, 2) Being / becoming an expert is a tough job, and 3) Enhancing employability through early personalized guidance.

Discussion or Conclusions: Patients with a rare cancer are confronted with uncertainties regarding work due to an overall lack of knowledge and experience with these types of cancer. Raising awareness about rare cancer and its implications, and providing timely individualized, supportive occupational care are required to improve rare cancer patients’ ability to work.

116 | A way to prioritize solutions and improve resources to foster post-treatment participation among young pediatric brain tumor survivors (PBTS): An online mixed method survey
Marco Bonanno1,2,3, Claude Julie Bourque4,5,1,3, Ariane Lacoste-Julien6, Ariane Levesque6,2,3, Lyne-Ann Robichaud2,3, Sébastien Perrault4, Leandra Desjardins2,1,3, Serge Sultan5,1,3, Dona2, Heinz-Josef Klimumen1, Xi Zhang4,5,1,3, Li Xiang den Boer3,1,3, Dona2, Heinz-Josef Klimumen1, Xi Zhang4,5,1,3, Li Xiang den Boer3,1,3
1Sainte-Justine University Health Center, Montreal, Canada, 2Research Center, Sainte-Justine UHC, Montreal, Canada, 3Psycho-Oncology Center (CPO), Sainte-Justine UHC, Montreal, Canada, 4Department of Pediatrics, Université de Montréal, Montreal, Canada, 5Department of Psychology, Université de Montréal, Montreal, Canada

Background/rationale or Objectives/purpose: PBTS do not often use the services available to them. A previous qualitative step-analysi identified solutions among PBTS to resume daily activities. The present study further interrogates these solutions and aims to evaluate the effectiveness of each solution with a larger sample.

Methodology or Methods: We conducted a mixed-method online survey with 68 participants (PBTS=43, 15-39 years; PBTS’ Parents=25) recruited from hospital and patient/family organizations. We collected information about participants’ health, and school/work experience in aftercare. We then asked participants to evaluate the utility of previously identified solutions, which respond to three domains of aftercare needs: transition to daily life, support, and information. We used Likert scales and open-ended questions to gather data which were then treated quantitatively and qualitatively.
Impact on practice or Results: Participants prioritized services where professionals provided evaluation, counseling, and ongoing follow-up care to help PBTS understand post-treatment needs, access adapted services, and have timely information about resources for (re)entering school/work. The open responses pointed to the gap between professionals’ recommendations and available services at school/work. Participants seemed less interested in receiving advice on relationships, romance, and sexuality, or in participating in group counseling to assist social (re)integration.

Discussion or Conclusions: These results will help refine solutions for PBTS through the formulation of key elements leading to their implementation in practice. Ongoing consultations with PBTS can help target solutions and foster patient engagement. Translating this into concrete action will require further work involving professionals and decision-makers.

120 | Challenges and controversies patients and (health care) professionals experience in managing vaginal, vulvar, penile or anal cancer: the SILENCE study

Jessy van Dongen1, Elne de Heus1,2, Lauren Eickholt3, Marga Schrieks1, Ilaniek Zantingh1, Oscar Brouwer4, Maake Oonk1, Brechtje Grotenhuis1, Nicole Ezendam1, Saskia Duits1,6

1Netherlands Comprehensive Cancer Organisation, Utrecht, Netherlands, 2Radboud University Medical Center, Nijmegen, Netherlands, 3Dutch Federation of Cancer Patients Organisations, Utrecht, Netherlands, 4Netherlands Cancer Institute, Amsterdam, Netherlands, 5University Medical Center Groningen, Groningen, Netherlands, 6Amsterdam University Medical Centers, Amsterdam, Netherlands

Background/rationale or Objectives/purpose: Patients with vaginal, vulvar, penile or anal cancer experience deteriorated psychosocial functioning and decreased Quality of Life (QoL). As current psychosocial care does not meet these patients’ needs, the aims of this study were to explore: 1) the challenges and controversies patients experience in managing vaginal, vulvar, penile or anal cancer, their unmet needs, and how this affects their psychosocial functioning, and 2) the gaps health care professionals (HCPs) experience in providing psychosocial support, and potential improvements in care.

Methodology or Methods: Semi-structured interviews with patients with vaginal, vulvar, penile or anal cancer and HCPs were conducted. Interview guides were used during the interviews. All interviews were transcribed verbatim and thematically analyzed.

Impact on practice or Results: Fourteen patients (86% female; mean age 55.5 years) and twelve HCPs (75% female; mean age 46.4 years) participated. Four main themes were identified: 1) recognizable symptoms, but unfamiliar diagnosis, 2) ‘double hit’ has severe impact on psychosocial functioning, 3) personal and tailored information is important, but not guaranteed, and 4) all-encompassing care to improve psychosocial functioning and QoL.

Discussion or Conclusions: Patients with vaginal, vulvar, penile or anal cancer face many challenges and controversies throughout the disease trajectory. This is mainly due to a lack of awareness and knowledge about these rare cancer types, difficulties regarding communication, and long-term changes in body image and sexuality. Every patient should be referred to a center of expertise, awareness of symptoms should be raised, and psychosocial care should be offered on a structural basis to help patients manage challenges and controversies.

125 | Relationship between Depression, Symptom Severity and Cognitive Function among Patients with Colorectal Cancer

Hui-Ying Yang1, Shio-Chung Shun2, Shio-Chung Shun2

1National Taiwan University, Taipei, Taiwan, 2National Yang Ming Chiao Tung University, Taipei, Taiwan

Background/rationale or Objectives/purpose: To examine the relationship between depression, symptom severity, and cognitive function in patients with colorectal cancer (CRC).

Methodology or Methods: A cross-sectional study was conducted at a medical center in Northern Taiwan. CRC patients aged 40-75 years old and diagnosed stage I to III within 5 years post chemotherapy were recruited. The Center for Epidemiologic Studies Depression Scale, Symptom Severity Scale, Functional Assessment of Cancer Therapy-Cognitive Function, and Montreal Cognitive Assessment (MoCA) were used to collect data. Mann-Whitney U test, Chi-squared test and Spearman correlation test were used to compare mean difference of depression, symptom severity and cognitive function, and examine correlation between these variables in two groups (MoCA≥26 and MoCA<26).

Impact on practice or Results: 51 participants were recruited. Patients in MoCA≥26 group had lower scores in subjective and objective cognitive functioning. Those MoCA≥26 group had higher scores in depression and symptom severity. Patients in MoCA≥26 group, the level of depression was positively associated with symptom severity and negatively associated with subjective cognitive functioning; however, the level of symptom severity was positively associated with objective cognitive functioning. In MoCA<26 group, the level of depression was positively associated with symptom severity and negatively associated with subjective cognitive functioning.

Discussion or Conclusions: CRC patients with depression symptoms should be paid more attention due to negatively affect symptom severity and perceive cognitive ability. Additionally, patients with normal objective cognitive functioning may be more sensitive to the severity of symptom distress. Early assessing and managing depression and symptoms distress plays an important role to improve cognitive function for this population.

126 | Type D personality, Self-Efficacy and Spiritual Well-Being in Patients with Colorectal Cancer

Shio-Chung Shun1, Hui-Ying Yang2, Yun-Jen Chou1

1National Yang Ming Chiao Tung University, Taipei, Taiwan, 2National Taiwan University, Taipei, Taiwan, 3Chang Gung University, Taoyuan, Taiwan

Background/rationale or Objectives/purpose: This study aims to explore the relationship between type D personality traits (negative affectively and social inhibition), self-efficacy and spiritual well-being, and further explore the significant factors associated with spiritual well-being in CRC patients.

Methodology or Methods: A cross-sectional study was conducted to recruit CRC patients who were diagnosed within 5 years in surgery clinics at 2 medical centers in northern Taiwan. The Type D Scale-14, Cancer Behavior Inventory, Functional Assessment of Chronic Illness Therapy Spiritual Well-Being were used to collect data. Multiple regression was used to examine the relationships between type D personality traits (negative affectively and social inhibition), self-efficacy and spiritual well-being after controlling other confounding factors (demographic and clinical disease variables).

Impact on practice or Results: Totally, 416 patients were recruited. The level of spiritual well-being was negatively associated with negative affectively (r = -0.361, p < 0.001) and social inhibition (r = -0.178, p < 0.001), and the level of self-efficacy was negatively associated with
negative affectively (r = -0.394, p < 0.001) and social inhibition (r = -0.300, p < 0.001). Lower level of negative affectively (β = -0.197, p = 0.001) and higher level of self-efficacy (β = 0.181, p < 0.001) had better spiritual well-being status.

Discussion or Conclusions: Both negative affectively and social inhibition were crucial factors negatively affecting self-efficacy and spiritual well-being status in CRC patients. Therefore, Type D personality may allow to better understand the inner CRC patient’s experience and improve communication between patient and healthcare provider to provide suitable intervention to help them have better spiritual well-being in following survivor life.

140 | Exploring women’s body image and sexual health after gynecologic cancer: An interpretative phenomenological analysis

Jenson Price @JensonPrice2, Jennifer Brunet
University of Ottawa, Ottawa, Canada

Background/rationale or Objectives/purpose: Hair loss, persistent fatigue, urinary incontinence, medically-induced menopause, vaginal dryness or constriction, and loss of flexibility in the pelvic/groin area are common side effects of conventional treatments for gynecologic cancer. The impact of these side effects on women and their relationships is far-reaching, especially if they hold unfavourable beliefs about their bodies. Indeed, reduced body image and sexual health are prevalent and predictive of impaired quality of life. In this interpretative phenomenological analysis study, we explore how gynecologic cancer contributes to women’s body image and sexual health.

Methodology or Methods: 15 women diagnosed with gynecologic cancer (Mage=50.1±13.5 years; Mmnedx=2.9±3.1 years) were interviewed. Data are analyzed by line-by-line coding of experiential claims, concerns, and understandings through iterative and inductive cycles focused on identifying emergent patterns emphasizing commonalities and nuances.

Impact on practice or Results: Preliminary results suggest gynecologic cancer affected women’s thoughts, feelings, and perceptions of their bodies’ appearance and functionality, as well as their sexual interactions and relationships with their partners. Women’s perceptions of their appearance interconnected with their perceptions of their functionality; although women consciously valued their functionality more. Decreased sexual and physical functioning often detracted from quality of sexual interactions, straining women’s relationships with their partners. A cyclical pattern emerged for some women: reduced quality of sexual interactions led to decreased body image, further reducing quality of sexual interactions.

Discussion or Conclusions: Women diagnosed with gynecologic cancer highly value their bodies’ functionality. We propose that fostering women’s sexual and physical functioning may lead to positive outcomes (e.g., body image, sexual health).

148 | Feasibility and Acceptability of a Group-Based and eHealth-Delivered Psychosocial Intervention for Young Adult Cancer Survivors: A Pilot Trial

Laura Oswald1, Lisa Gudenkauf2, Madison Lylorehr2, Grace Armstrong3, Danielle Tometich4, Stacy Sanford2,4, Heather Jim1, Damon Reed1, David Victorson2,4, Rina Fox1,6,2

1Moffitt Cancer Center, Tampa, USA, 2Northwestern University Feinberg School of Medicine, Chicago, USA, 3Northwestern University, Evanston, USA, 4Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, USA, 5University of Arizona College of Nursing, Tucson, USA, 6University of Arizona Cancer Center, Tucson, USA

Background/rationale or Objectives/purpose: Young adult cancer survivors (YA-CS) report worse quality of life (QOL) than older survivors. Yet, evidence-based QOL interventions for YA-CS are critically lacking. YA-CS have specified preferences for intervention delivery (i.e., group-based to facilitate peer support, eHealth-delivered for convenience). This single-arm pilot trial tested the feasibility and acceptability of a 10-week group-based and eHealth (i.e., videoconference)-delivered QOL intervention developed for YA-CS.

Methodology or Methods: Participants were 18-39 years old, English-speaking, and completed treatment for non-metastatic cancer in the past 5 years. Weekly intervention sessions lasted 2 hours and included elements of cognitive-behavioral therapy, relaxation training, and health education. Feasibility was assessed with a priori benchmarks for recruitment (≥50%), average attendance (≥6 of 10 sessions), and retention (≥70%). Acceptability was assessed with a priori benchmarks for positive average weekly and post-intervention satisfaction ratings (>2 on a 0-4 scale).

Impact on practice or Results: Of 19 eligible YA-CS approached, 58% enrolled (N=11, k=2 intervention groups, M=28 years old). Average attendance was 6 sessions, and 82% of participants were retained (n=9). Average weekly and post-intervention satisfaction ratings were all >3. Most participants agreed or strongly agreed that the intervention content was relevant (89%) and helpful (78%), they will continue using the intervention skills (89%), and they would recommend the intervention to other YA-CS (89%). Length of the weekly sessions was a barrier for some YA-CS.

Discussion or Conclusions: The group-based and eHealth-delivered QOL intervention was feasible and acceptable among YA-CS. A future optimization trial will address intervention barriers and reduce burden. Evaluation of the intervention effects on theorized outcomes will inform clinical practice.

149 | Survivorship care plans use in urban versus rural settings: A qualitative analysis

Dina Balbeker1, Brittany Mutsaers2, Tori Langmuir3, Carrie MacDonald-Liska4, Justin Pressneau2,5,6, Gail Laroque7, Cheryl Harris3, Kednapa Thavorn8, Marie-Hélène Chomienne8, Sophie Lebel2

1School of Interdisciplinary Health Sciences, University of Ottawa, Ottawa, Canada, 2School of Psychology, University of Ottawa, Ottawa, Canada, 3The Ottawa Hospital Research Institute, Ottawa, Canada, 4Department of Education, St. Francis Xavier University, Nova Scotia, Canada, 5The Ottawa Hospital Research Institute, Ottawa, Canada, 6Clinical Epidemiology Program, School of Epidemiology and Public Health, University of Ottawa, Ottawa, Canada, 7Wellness Beyond Cancer Program, The Ottawa Hospital, Ottawa, Canada, 8C.T. Lamont Primary Health Care Research Centre, University of Ottawa, Ottawa, Canada

Background/rationale or Objectives/purpose: Survivorship care plans (SCPs) are used to aid cancer survivors transition to follow-up care with their Primary Care Providers (PCPs). Evidence suggests that SCPs need to be tailored to the needs of different populations of survivors. Our research investigated SCPs in urban and rural settings within Canada.

Methodology or Methods: We recruited 11 breast and 19 colorectal cancer survivors (13 from small communities) who received their SCPs from The Ottawa Hospital Wellness Beyond Cancer Program and who lived in large and small communities in and around Ottawa. The participants were interviewed about their use of SCPs for 30-45 minutes using an interview guide. Qualitative analysis using NVivo-12 was conducted to examine differences in how SCPs are used in urban and rural contexts.
Impact on practice or Results: Survivors living in small communities indicated that they received support from their families during their follow-up care and felt more connected with their communities. They highlighted the distance to the cancer center for follow-up tests required planning and having access to a car. They expressed greater closeness and trust with their PCPs. Survivors living in urban settings described being less trusting of their PCP and indicated a lack of community support.

Discussion or Conclusions: These results suggest that SCPs could be tailored based on where patient will receive their follow up care.

151 | Return To Work and Breast Cancer: Using Co-Design To Develop An Intervention

Karina Bilodeau¹, Marie-Michelle Gouin², Alexandra Lecours³, Valérie Lederer⁴, Marie-Josée Durand⁵, Kelley Kilpatrick⁶, Lauriane Ladouceur-Deslauriers⁶, David Lepage⁶, Asma Fadhlaoui⁶, Tomas Dorta⁶
¹University of Montreal, Montreal, Canada. ²University of Sherbrooke, Longueuil, Canada. ³Université du Québec à Trois-Rivières, Trois-Rivières, Canada. ⁴Université du Québec en Outaouais, Gatineau, Canada. ⁵McGill University, Montreal, Canada. ⁶CIUSSS Est-de-l’île-de-Montréal, Montreal, Canada

Background/rationale or Objectives/purpose: Return to work (RTW) after cancer is complex due to the issues of various stakeholders (cancer survivors, employers, health professionals and insurers). Collaboration among stakeholders is essential to ensure the return and maintain at work. The purpose of this poster is to present a co-design approach, involving all RTW stakeholders, for the development of an intervention supporting RTW after breast cancer.

Methodology or Methods: An online co-design workshop was held with 11 participants (cancer survivors, employers, health professionals and insurers). The workshop activities were conducted in 5 stages of co-design: 1) reframing the problem; 2) conducting immature co-ideation; 3) conducting mature co-ideation; 4) discussing the ideas; and 5) debriefing the experience. At each stage, the subgroup discussions are structured using the key principles of the design conversation. Finally, to express the experience. At each stage, these results suggest that SCPs could be tailored based on where patient will receive their follow up care.

Discussion or Conclusions: This project will develop a program to support RTW for a vulnerable population and ensure continuity of services following breast cancer treatments. This project also allows for the development of methodological knowledge thanks to the innovative approach used.

158 | Fear of cancer recurrence in Mexican parents of childhood cancer survivors

Fatima Sagrario Espinoza-Salgado @FaEspinoza14891, Rebeca Garcia-Robles¹, Sébastien Simard², Rocio del Socorro Cardenas-Cardos², Marta Margarita Zapata-Tarres²
¹Oncology Service, National Institute of Pediatrics, Mexico City, Mexico. ²Faculty of Psychology, National Autonomous University of Mexico, Mexico City, Mexico. ³Center for Research in Global Mental Health, Direction of Epidemiological and Psychosocial Research, National Institute of Psychiatry, Ramón de la Fuente, Mexico City, Mexico. ⁴Department of Health Sciences, University of Quebec at Chicoutimi (UQAC), Quebec, Canada. ⁵Research coordination at the IMSS Foundation, Mexican Social Security Institute, Mexico City, Mexico

Background/rationale or Objectives/purpose: Fear of cancer recurrence (FCR) is a common problem in cancer survivors and have several consequences on their quality of life. Caregiver cancer survivors also suffer from it, particularly the parents of child cancer survivors. However, they have only a few studies on this topic and none of the Mexican population.

Methodology or Methods: For the purpose of the study, the Fear of Cancer Recurrence Inventory (FCRI) was translated and adapted in Mexican Spanish language. After, 200 parents of Mexican childhood cancer survivors were recruited from a specialized hospital to complete it and the Beck Anxiety and Depression Inventory too, battery application was mixed (online and face-to-face).

Impact on practice or Results: Among participants, 86.5% were mothers of the child survivors. The average age of the participants was 38.56 years (SD = 8.06) and the average survival time of their child was 7.55 years (SD = 3.04). The FCRI Mexican version showed a good internal consistency (α = 0.950; 95% CI: 0.939 - 0.959). The mean score of the total FCRI was 58.71 (SD = 27.99), 37% of parents showed high to severe levels of FCR. As expected, moderate relationship was obtained between severity of FCR and anxiety r = 0.65 (p < .001) as well as depression r = 0.50 (p < .001).

Discussion or Conclusions: This study offers preliminary data on the importance of FCR in Mexican parents of childhood cancer survivors, evidencing the need for care, because those parents must continue with parenting tasks typical of childhood.

159 | A statewide survey to understand current cancer survivorship care practices of public hospitals in Victoria, Australia

Tegan Nash @TeganNash,¹, Nina Broun¹, Fiona Gallagher¹, Kate Cridland @CridlandKate¹, Helana Kelly @HelanaKelly¹, Katherine Lane @KatherineLane86², Michael Jefford @M Jefford1,3,4
¹Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia. ²Cancer Council Victoria, Melbourne, Australia. ³Department Of Health Services Research, Peter MacCallum Cancer Centre, Melbourne, Australia. ⁴Sir Peter MacCallum Department of Oncology, University of Melbourne, Melbourne, Australia

Background/rationale or Objectives/purpose: Little is known about current survivorship care (SC) practices in Australia. This study aimed to understand SC practices across Victorian public hospitals.

Methodology or Methods: A survey was sent to 20 Victorian hospitals assessing current practice and challenges delivering SC, screening post-treatment, use of SC plans (SCP), availability of referral services, and collection of outcome data. Impact on practice or Results: All sites returned surveys (18 covering all 20 hospitals, 3 combined as a precinct). Hospitals self-rated their SC as initial (n = 11) or well established (n = 9). 13/18 (72%) hospitals reported not having a SC policy. In addition to traditional follow-up care, 11/18 (61%) hospitals provide nurse-led follow-up. Dedicated SC clinics are provided at 9/18 (50%) hospitals. 8/18 (44%) hospitals reported ‘frequently’ or ‘always’ screening for physical effects post-treatment, while 7/18 (39%) do so for psychological and 6/18 (33%) for practical and social effects post-treatment. SCP use was low. 12/18 (67%) hospitals reported providing SCPs to 0-25% of patients. Hospitals reported limited service availability to support post-treatment issues.
including financial toxicity (14/18, 78%). Services for pain and fertility (7/18, 39%) were more available. The most commonly collected survivorship outcome data was new cancer diagnosis (9/18, 50%).

Discussion or Conclusions: This study provides baseline SC data in Victoria, which can inform design of SC programs. There are opportunities to support improved SC, statewide, including by instituting consistent policy around survivorship care, developing guidance around needs assessment, appropriate models of care and use of SC plans, and outcome measures beyond survival and recurrence, including QOL and other PRO measures.

160 | User testing the expansion of an online survivorship care plan generator, mycareplan.org.au

Shariffah Aliumied @ShariffahAlium1, Nicole Kimmane @nicolekimmane1, Ngin Tseng Goh1, Tze Lin Chai @tlinnutrition1, Helana Kelly @HelanaKelly1, Michael Jefford @MJefford123, Colin Wood1, Victoria White2, Karla Gough3, Elica Ristevski3, Kate Webber4, Colin O'Brien O'Brien5, Nikki Davis5, Raymond Chan @raychan6, Karolina Lisy @karolinaLisy6, Michael Jefford @MJefford789

1Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia. 2Department Of Health Services Research, Peter MacCallum Cancer Centre, Melbourne, Australia. 3Sir Peter MacCallum Department of Oncology, University of Melbourne, Melbourne, Australia. 4Monash Health, Melbourne, Australia. 5Consumer and Community representative, University of Melbourne, Melbourne, Australia. 6Monash University, Warragul, Australia. 7Sir Peter MacCallum Department of Oncology, University of Melbourne, Melbourne, Australia. 8Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia. 9Monash University, Melbourne, Australia.

Background/rationale or Objectives/purpose: In 2021, www.mycareplan.org.au, an online survivorship care plan (SCP) generator for people treated for early stage breast, colorectal and prostate cancer was expanded to include early stage melanoma, uterine (endometrial) cancer and diffuse large B-cell lymphoma (DLBCL), guided by expert reference groups of subject matter experts (SMEs) including consumers. User testing assessed usability, functionality and content gaps.

Methodology or Methods: Targeted user testing recruited 1 (survivors with the particular cancer types, or carers and (2) SMEs including health professionals with experience in the specific cancer. Users were requested to create a SCP on the test site and provide feedback via anonymous online survey.

Impact on practice or Results: 65 users participated, response rate 67% (65/97); melanoma (11 consumers, 11 SMEs), endometrial (10 consumers, 14 SMEs), DLBCL (9 consumers, 10 SMEs). User testers reported the site to be easy to use (100%, 65/65), easy to understand (97%, 62/64), would recommend the site to others (94%, 60/64) and were highly satisfied with the SCP generated (91%, 58/64). Supportive services (97%, 60/62), treatment side effects (92%, 55/61) and wellbeing recommendations (92%, 57/63) were deemed relevant. Feedback resulted in content refinement, addition of optional inclusion of staging information, and links to primary and community-based services. Free text responses underscored the value of SCPs. Usage data indicates mycareplan.org.au is being used internationally.

Discussion or Conclusions: Consumers and SME users responded favourably to the expanded SCP generator, now available for six common cancer types. The expanded website is well received and can be used to develop SCPs for survivors, worldwide.

161 | Variations in experience of financial costs, information and support in Australian cancer survivors

Colin Wood1, Victoria White2, Karla Gough1, Elica Ristevski3, Kate Webber4, Colin O’Brien O’Brien5, Nikki Davis5, Raymond Chan @raychan6, Michael Jefford @MJefford789

1Peter MacCallum Cancer Centre, Melbourne, Australia. 2Deakin University, Melbourne, Australia. 3Monash University, Warragul, Australia. 4Monash Health, Melbourne, Australia. 5Consumer and Community representative, Melbourne, Australia. 6Finders University, Adelaide, Australia. 7Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia. 8Department Of Health Services Research, Peter MacCallum Cancer Centre, Melbourne, Australia. 9Monash University, Melbourne, Australia.

Background/rationale or Objectives/purpose: Although Australians have access to universal healthcare they may experience out of pocket costs. This study aimed to assess incurred costs, information about costs, and financial support, and understand associations with less positive experience.

Methodology or Methods: A 2018 online and paper-based cross-sectional survey of Victorian cancer patients. Experience with financial aspects of care from diagnosis to follow-up were assessed via 9 items. Responses were recoded to more or less positive experience. Chi-square tests examined associations between experience of care and patient characteristics.

Impact on practice or Results: 4998 / 10662 (47%) surveys were returned; 4342 had received treatment. 1210 / 4190 (29%) reported less positive experience with costs; more frequently in females, those aged <70, from lower SES, receiving chemotherapy, and recently diagnosed. 715 / 1683 (42%) had less positive experience regarding being informed about costs associated with treatment; more frequently in those aged <70, higher SES, receiving chemotherapy, non-English speaking and with more common cancers. 919 / 4157 (22%) reported less positive experience offering of financial support; more frequently with females, aged <70, higher SES, those receiving chemotherapy, with poorer general health, recently diagnosed, metropolitan areas and with less common cancers.

Discussion or Conclusions: Significant numbers of patients report out of pocket costs, receive inadequate information about costs and are not referred for financial supports. More needs to be done to address these deficiencies in care.

162 | Unequal experience of follow up care in Australian cancer survivors

Colin Wood1, Victoria White2, Karla Gough3, Elica Ristevski3, Kate Webber4, Colin O’Brien O’Brien5, Nikki Davis5, Raymond Chan @raychan6, Karolina Lisy @karolinaLisy6, Michael Jefford @MJefford789

1Peter MacCallum Cancer Centre, Melbourne, Australia. 2Deakin University, Melbourne, Australia. 3Monash University, Warragul, Australia. 4Monash Health, Melbourne, Australia. 5Consumer and Community representative, Melbourne, Australia. 6Finders University, Adelaide, Australia. 7Department Of Health Services Research, Peter MacCallum Cancer Centre, Melbourne, Australia. 8Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia. 9Monash University, Melbourne, Australia.

Background/rationale or Objectives/purpose: Patient experience is an important cancer survivorship outcome measure. This study aimed to understand patient experience of follow up care and determine whether sociodemographic and clinical characteristics impact patient experience.

Methodology or Methods: A 2018 cross-sectional survey of cancer patients treated in Victorian public hospitals. Responses to 10 follow-up care experience items were recoded to more or less positive experiences, and a composite index of follow-up care was computed. Chi-square tests examined associations between follow-up experience and patient characteristics. Multivariate regression explored associations between experiences during treatment and the composite index of follow up care.
163 | Evaluation of a revised online cancer survivorship course for health professionals

Tze Lin Chai @tlinnutrition1, Tegan Nash @TeganNash_1, Kate Cridland @CridlandKate1, Helana Kelly @HelanaKelly1, Michael Jefford @M Jefford1,2,3
1Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, Melbourne, Australia. 2Department Of Health Services Research, Peter MacCallum Cancer Centre, Melbourne, Australia. 3Sir Peter MacCallum Department of Oncology, University of Melbourne, Melbourne, Australia

Background/rationale or Objectives/purpose: The Australian Cancer Survivorship Centre (ACSC) developed and launched a free online cancer survivorship educational course for health professionals in 2014 (https://education.eviq.org.au/courses/supportive-care/cancer-survivorship). In 2020-21, ACSC updated and re-designed the existing six-module course then evaluated users’ perceptions of and experiences with the updated course.

Methodology or Methods: User feedback was gathered between October 2020 and April 2021 via evaluation surveys at the end of each module. Surveys evaluated usability, perceived knowledge and confidence in providing survivorship care.

Impact on practice or Results: The six modules: survivorship fundamentals, models of survivorship care, a multidisciplinary approach, survivorship care plans, self-management and wellbeing were accessed 1,012 times during the evaluation period. 162 (16%) surveys were completed. The majority of respondents were oncology nurses (35%, 56/162) and allied health professionals (20%, 33/162). Mean overall rating was 4.5/5 across all modules. 96-98% were satisfied with module length, content and navigation. 99% (160/162) reported increased knowledge, 97% (158/162) reported increased confidence providing survivorship care, 97% (158/162) considered the course applicable to their role and 98% (159/162) said they would need the modules to a colleague. Minor updates were made based on user feedback, including adding additional case studies and practical tips for clinicians.

Discussion or Conclusions: The revised online survivorship course is highly rated by health professionals as a relevant and easily accessible tool to improve knowledge and confidence in cancer survivorship. It may be appropriate for survivorship education for a broad range of health professionals, internationally.

167 | Prospective Surveillance for Breast Cancer-Related Lymphedema: A multicenter randomized controlled trial (PROTECT)

Bolette Rafn @BoletteRafn, Sandra Jensen, Stine Flensburg Hansen, Christoffer Johansen
Department of Oncology, Copenhagen University Hospital Rigshospitalet, Copenhagen, Denmark

Background/rationale or Objectives/purpose: Breast cancer-related lymphedema (BCRL) continues to be a major problem which negatively impacts survivors’ mental and physical well-being. In Denmark, there is no streamlined approach for measurement and management of BCRL due to paucity of evidence into effective, scalable and accessible surveillance programs. This trial will establish the efficacy of prospective surveillance and early intervention on the development of chronic BCRL.

Methodology or Methods: This is a multicenter trial with patients at high-risk for BCRL comparing the outcomes of the prospective surveillance program (PS) vs usual care (UC). Participants are assessed with bioimpedance spectrography and self-measured arm circumference (CIR) at pre-surgery and 24 months post-surgery. In addition, the PS group perform self-measured arm CIR at home every three months. When arm volume increase or symptoms of BCRL is evident, PS participants are referred to lymphedema therapists and provided with a compression garment. The primary outcome is prevalence of chronic BCRL at 24-months post-surgery.

Impact on practice or Results: Recruitment is ongoing at five University Hospitals in Denmark with 59 and 62 randomized to PS and UC, respectively. Recruitment will continue until the target sample of N=250 is reached. Recruitment and baseline characteristics will be presented at the conference.

Discussion or Conclusions: Development and testing of evidence-based self-management programs is imperative to reduce the number of women who develop chronic BCRL. It has significant value to identify BCRL early and thereby potentially prevent the progression to avoid irreversible changes that require life-long management with the subsequent physical, emotional, and financial impact.

177 | Patient reported needs for coping with fear of cancer recurrence

Yssonne Luigjes-Huizer1,2, Marije van der Lee1,3, Carol Richel1, Roel Masselink1, Niek de Wit1, Charles Helsper2
1Helen Dowling Institute, Bilthoven, Netherlands. 2Julius Centre for Health Sciences and Primary Care, University Medical Centre Utrecht, Utrecht, Netherlands. 3Tilburg University, Tilburg, Netherlands. 4Dutch Federation of Cancer Patient Organisations, Utrecht, Netherlands

Background/rationale or Objectives/purpose: Introduction: Fear of cancer recurrence (FCR) is experienced by many cancer patients and survivors. Evidence suggests support for FCR is their largest unmet need. Although effective psychological treatments exist, it is unclear if they fit patients’ needs. Therefore we assessed which help, by which provider, is needed by which (former) cancer patients.

Methodology or Methods: Methods: Together with the Dutch Federation of Cancer Patient Organizations (NFK) a survey was sent out online.

Impact on practice or Results: Out of 5,323 respondents, 812 never had fear and were excluded. Among those with fear, 94% indicated a need for help. The types of help that were selected the most were talking about fear (69%) and fun activities for distraction (56%). Psychological help or counselling were desired by 40%. Most respondents want to talk...
about fear and enjoy fun activities for distraction with non-professionals (68% and 77% respectively), although 41% also wants to talk to professionals. Other types of help, respondents most want from professionals. 85% of respondents received at least one type of help they wanted. Practical tips and additional medical check-ups were most often missed.

Discussion or Conclusions: Conclusion: Most patients who experience FCR want to talk about it or seek distraction by doing enjoyable activities; a substantial part indicated a need for psychological help, information, tips, medication or additional medical check-ups. While most received some help, there is still room for improvement. We recommend discussing FCR and sharing more information about the types of help that are available with patients.

188 Long-term breast cancer survivors’ transition processes and persistent difficulties identified through a thematic analysis

Thierry Mathieu, Sarah Cairo Notari, Sadegh Nasbat, Nicolas Favez
University of Geneva, Faculty of Psychology and Educational Sciences, Geneva, Switzerland

Background/rationale or Objectives/purpose: Breast cancer survivors undergo a transition phase from the end of the treatments to the return to “normal” life. During this phase, they may face several psychological, physical, and social difficulties. Some survivors overcome these difficulties, while others seem to stay stuck in a crystallized phase. The processes involved in this transition were scarcely studied. The aim of the study is to better understand these processes, by investigating the lived experience of long-term breast cancer survivors.

Methodology or Methods: Eleven women aged from 40 to 50 years (m = 47.5, sd = 3.1) have been recruited five to seven years (m = 7.1, sd = 0.8) after surgery. Individual semi-structured interviews were realized and analyzed through a thematic analysis using NVivo.

Impact on practice or Results: Five themes related to survivorship were highlighted: 1) physical impact (disruption in self body image and in physical functionalities), 2) social impact (feeling isolated, less desirable or discredited), 3) identity changes (feeling different and need to adapt the self-definition), 4) behavior and values changes (modification of the goals and activities), and 5) vision of future and fear of death (insecurity which impact agency and future perception).

Discussion or Conclusions: The five themes allow to describe a transitional pathway of survivors and to better understand the difficulties related to the return to a “normal” life. These categories should however not be considered separately. They all may contribute to a crystallization of the transition process. We suggest to further analyze these transition processes through a quantitative survey to assess how widespread they are in breast cancer survivors.

190 A new landscape in illness uncertainty: A systematic review of the experience of uncertainty in patients with advanced cancer receiving immunotherapy or targeted therapy

Tori Langmuir @torilangmuir1, Alanna Chu @alannachu2, Sophie Lebel @dsophelebel2
1Ottawa Hospital Research Institute, Ottawa, Canada. 2University of Ottawa, Ottawa, Canada

Background/rationale or Objectives/purpose: Immunotherapy (IT) and targeted therapy (TT) are significantly prolonging the life expectancies for a growing population of advanced and metastatic cancer patients. However, the prognosis for patients receiving these novel therapies is uncertain. Uncertainty in illness, including cancer, has been found to result in adverse emotional impacts such as anxiety and depression. This systematic review explores the experience of uncertainty in patients with advanced and metastatic cancer receiving IT or TT.

Methodology or Methods: Electronic searches articles published between 2000 and 2021 of Medline, PSYCInfo, CINAHL and EMBASE were conducted. Inclusion criteria included: 1) Participants were adults with advanced or metastatic cancer 2) receiving immunotherapy or targeted therapy; and 3) qualitative or quantitative data on uncertainty, hope or worry. Reference lists of identified articles were also searched manually. Articles were independently evaluated by two reviewers.

Impact on practice or Results: Seventy-two unique articles were identified, 51 were excluded during title screening, and 21 were excluded after full-text review. Twelve articles were included in the review. Thematic narrative analysis was used to identify themes related to uncertainty. Uncertainty was described by participants as “cyclical” or “living in limbo”. Preliminary results indicate that the experience of uncertainty had consequences across social/relational/familial, financial, practical issues, and emotional domains. Coping strategies used by participants include acceptance, compartmentalization, and information-seeking.

Discussion or Conclusions: This was the first review of uncertainty in this population. It highlights the lack of existing research which explores the experience of uncertainty in patients receiving IT or TT for advanced or metastatic cancer.

196 Associations between Mental and Physical Health and GI Symptoms in Cancer Survivors: A Secondary Analysis from the Chemo-Gut Survey Study

Julie Delemans jmdelem871, Kirsti Toivonen KirstiToivonen22, Raylene Reimer1, Linda Carlson Linda_E_Carlson1
1University of Calgary Cumming School of Medicine, Calgary, Canada. 2Thunday Bay Regional Health Sciences Centre, Department of Adult Mental Health, Thunder Bay, Canada. 3University of Calgary, Faculty of Kinesiology, Calgary, Canada

Background/rationale or Objectives/purpose: Health behaviours are modifiable lifestyle factors that can affect the gut microbiota and may contribute to gastrointestinal (GI), physical and mental health outcomes in cancer survivors. We investigated associations between health behaviours, specifically diet, exercise, probiotic and antibiotic medication use, and GI, mental and physical health outcomes in adult cancer survivors.

Methodology or Methods: A cross-sectional survey with patient-reported outcomes was used. Cancer survivors (N= 317) aged ≥18 years, living in Canada, who completed cancer treatments were included. Descriptive statistics, correlation, and linear regression analyses are reported.

Impact on practice or Results: Most survivors considered their diet to be “moderately healthy” (58.9%), exercised 3 to 5 hours per week (37.8%), and rated their exercise as “low-intensity” (57.9%). In the past 2 years or less, 37.8% used probiotics and 47% used antibiotics. Better ratings of diet health correlated positively with better mental and physical health (p< .001). Antibiotic use correlated negatively with physical health (p< .001). Probiotic use was associated with more belly pain, gas and bloating, and GI symptom interference (p< .01). Antibiotic use was associated with more belly pain and greater GI symptom interference (p< .01).
.02). Poorer diet health was associated with more diarrhea, gas and bloating, and GI symptom interference (ps ≤ .03).

Discussion or Conclusions: Participant’s self-rated better diet health is associated with GI symptoms, and better mental and physical health. Both probiotic and antibiotic use are associated with GI symptoms. Integrative, nutrition-based therapies may be best suited to address GI symptoms in cancer survivors.

197 | Exploring survivorship experiences among youth affected by acute lymphoblastic leukemia and their caregivers

Sara Cho sarakcho1, Brianna Henry1, Andrew Tran1, Jenny Duong1, Amanda Wurz amandawurz2, Fiona Schulte schultefiona1
1University of Calgary, Calgary, Canada. 2University of the Fraser Valley, Fraser Valley, Canada

Background/rationale or Objectives/purpose: Cancer initiates a difficult experience for youth diagnosed with acute lymphoblastic leukemia (ALL) and their caregiver’s that extends beyond treatment. Yet, little is known about how the cancer experience, and the memories associated with the experience, impact survivorship. Thus, we explored the experiences of youth living beyond treatment for ALL and their caregivers.

Methodology or Methods: Youth living beyond ALL, and one of their caregivers, were recruited through the Alberta Children’s Hospital. Youth and their caregivers completed a demographic survey and semi-structured, private, one-on-one interview. Descriptive information was analyzed using descriptive statistics and interviews were transcribed verbatim and analyzed using reflective thematic analysis at the level of the individual and dyad (i.e., youth and caregiver).

Impact on practice or Results: Insights from youth (N=19; Mage=15.3 years) and their caregivers’ (n=19; Mage=45.4 years) were captured and organized into two unified main themes: (1) It took a village to get through and (2) Cancer still weighs on our minds, and two themes contingent on role (i.e., youth, caregiver): (3) It’s hard to recall the details of my treatment and (4) We did as much as we could to manage our child’s cancer experience.

Discussion or Conclusions: Findings from this study extend prior work and highlight the varied ways that cancer impacts youth and their caregivers. Results also suggest several factors (e.g., social support, memory) influence the way that youth and their caregivers coped with ALL. Further efforts are needed to minimize the long-term impacts of ALL among youth and their caregivers.

206 | Using visual arts to reimagine experiences of a good life with cancer-related impairments

Alysson Rheault @soCADRE, Roanne Thomas @roanne_thomas, Josée Boudanger, Jinane El Hage
University of Ottawa, Ottawa, Canada

Background/rationale or Objectives/purpose: Despite nearly half of Canadians experiencing impairment, current understandings of a good life often presuppose an absence of impairment. As such, people’s experiences of a good life with impairment are often rendered invisible. To address this, our team aimed to document and describe how creative practices (visual arts) can contribute to new understandings of a good life while living with impairment.

Methodology or Methods: Building upon our previous research program in community settings, an arts-based cancer researcher and a visual artist facilitated two series of virtual art workshops to 10 women living in the Ottawa Region who had experienced cancer. During the workshops, participants created artwork representing their experiences of a good life after cancer. Data consisted of: (1) video recordings of the workshops; (2) photographs of participants’ artwork; and (3) individual follow-up interviews. Workshops and interviews were transcribed verbatim and analyzed thematically in NVivo (qualitative data analysis software).

Impact on practice or Results: Our preliminary analysis highlights the value of the artmaking process to explore elements of a good life. These demonstrate the importance of camaraderie, play/exploration, and nature. Additional themes include pleasure, joy, and energy.

Discussion or Conclusions: Our findings may impact health practices, supporting the shift from cure-focused and deficit-based discourses to approaches capturing a more comprehensive range of experiences related to impairment. Importantly, making visible that a good life with impairment is possible may support the development of a personal image of living well with impairment. As well, innovative approaches to generating knowledge may enhance qualitative research.

210 | Caregiver’s perspectives on psychosocial supports following cancer treatment

Robin Uqubah @UqubahRobin1,2, Sarah Murnaghan1, Cynthia Kendell1
1Dalhousie University, Halifax, Canada. 2Nova Scotia Health, Halifax, Canada

Background/rationale or Objectives/purpose: Caregivers play an important role in a person’s recovery beyond cancer. This study sought to explore caregivers’ perspectives on, and experiences with, psychosocial needs and supports after a loved one has completed cancer treatment.

Methodology or Methods: We conducted a descriptive qualitative study using semi-structured interviews of family/friend caregivers of people who had been diagnosed with, and completed treatment for, cancer. Data analysis used techniques commonly employed in descriptive qualitative research, including coding, grouping, detailing, and comparing the data.

Impact on practice or Results: Seven family/friend caregivers participated. All were women; three were <40 years of age, three were between the ages of 40-65, and one was >65 years. Cancer types included breast, ovarian, urethral, colorectal, prostate, and blood cancers. Four main themes emerged, specific to the post-treatment experience: (1) limited supports are available for survivors outside of the physical walls of a cancer centre; (2) a lack of caregiver-directed communication and information; (3) the caregiving experience is different than that of the patient/survivor, and is an overwhelming and all-consuming experience; and (4) caregiver-specific interventions should be provided in addition to those provided to the cancer patient/survivor.

Discussion or Conclusions: Caregivers often experience a considerable physical and emotional toll while caring for a loved one with cancer. This study demonstrated that the emotional toll does not end with treatment completion and that caregivers desire supports well into their loved one’s survivorship period.
220 | Theory of Mind in Pediatric Brain Tumor Survivors versus Healthy Controls

Laurianne Baron1, Marco Bonanno2, Hallie Colton3, Caroline Laverdière4, Sébastien Perreault2, Serge Sultan2, Leandra Desjardins2, Marnu Barrera5, Ute Bartsel6, Meng-Chuan Lai7, Jacob Vorstman1

1Université de Montréal, Montréal, Canada. 2CHU Sainte-Justine, Montréal, Canada. 3The Hospital for Sick Children, Toronto, Canada

Background/rationale or Objectives/purpose: Social competence has emerged as a significant area of impairment for pediatric brain tumor survivors (PBTS). Yet, there is limited knowledge on the underlying mechanisms of those challenges. One potential mechanism needing further study is Theory of Mind (ToM). ToM allows us to interpret thoughts and behaviours of others, and thus to understand the social situations we are in and how to respond appropriately. The current study aims to examine ToM in PBTS compared to healthy controls (HC), and to examine its association to PBTS social adjustment and their friendships.

Methodology or Methods: 40 PBTS and 40 HC aged 8 to 16 and their primary caregiver will be recruited at the Sainte-Justine hospital pediatric brain tumor clinic. Recruitment will take place March 2022 until December 2022. Children participants will complete the Developmental Neuropsychological Assessment-Second Edition (NEPSY-II) Theory of Mind subtest. Caregivers will be asked to complete the Child Behaviour Checklist (CBCL) Social Problem subscale which acts as a scale of social adjustment problems and includes a question about the number of friends the child has (ranging from zero to four or more).

Impact on practice or Results: Preliminary multiple linear regression analysis results will be presented. We expect that PBTS will have lower ToM scores compared to HC, and that lower ToM will be associated with both lower social adjustment and a higher likelihood of having no friends.

Discussion or Conclusions: This study will contribute to an enhanced understanding of one potential underlying mechanisms of social competence difficulties in PBTS, which could help the efforts toward targeted remediation of these deficits.

225 | Social connectedness as a buffer against fear of cancer recurrence among adolescent and young adult survivors of childhood cancer

Elia Mattke1, Emma Biggs2, Sarah Webster2, Vivek Tanna3, Sheri Spunt1, Claudia Mueller2, Lauren Heathcote3

1Stanford University, Palo Alto, USA. 2Stanford Childrens Hospital, Palo Alto, USA. 3King’s College London, London, United Kingdom

Background/rationale or Objectives/purpose: Fear of cancer recurrence (FCR) is a primary unmet need among adolescent and young adult (AYA) cancer survivors and is associated with maladaptive health behaviors and poorer quality of life. There has been little investigation of factors buffering against FCR in AYA survivors, which could point towards interventions. This study employs a longitudinal ecological momentary assessment (EMA) design to investigate how social connectedness buffers against daily FCR during a particularly fear-provoking period of survivorship care; routine surveillance scans.

Methodology or Methods: 46 AYA survivors of childhood cancer (M age= 17.6 years, 53% Male, 46% Lymphoma) self-reported FCR once per day for 11 days surrounding routine surveillance scans, using an app on their smartphone. Three times per day, participants reported feelings of social connectedness and their number of social interactions.

Impact on practice or Results: Using a multilevel generalized mixed-effects model, controlling for time since treatment and treatment intensity, social connectedness [β(±SE)=0.12(±0.06), t=1.83, p=0.06] and interaction [β(±SE)=0.09(±0.04), t=1.93, p=0.05] were only marginally significantly associated with daily FCR. There was a significant interaction of social interaction with FCR depending on social connectedness level [β(±SE)=-0.04(±0.02), t=-2.32, p=0.02]. Follow-up tests indicated a negative relationship between social interaction and FCR for high social connectedness, a pattern which was reversed for low social connectedness [z=2.30, p=0.02].

Discussion or Conclusions: Findings suggest that social interactions may buffer against FCR so long as they are accompanied by feelings of social connectedness. Building social connectedness could be a helpful intervention target for FCR in AYA cancer survivors.

249 | Understanding the gendered experiences of female partners of prostate cancer survivors to inform psychosocial support: a systematic review and themat synthesis

Anna Green @anmargreen1, Natalie Winter2, Michelle DiGiacomo @mdigiac3, John L. Oliffe3,4, Nicholas Ralph @Nicholas_Ralph5,6,7, Jeff Dunn6,8,9, Suzanne K. Chambers @ChambersInOz5,9,10

1IMPACCT (Improving Palliative, Aged and Chronic Care through Clinical Research and Translation), Faculty of Health, University of Technology Sydney, Sydney, Australia. 2School of Nursing and Midwifery, Faculty of Health, Deakin University, Melbourne, Australia. 3School of Nursing, University of British Columbia, Vancouver, Canada.

Background/rationale or Objectives/purpose: Fear of cancer recurrence (FCR) is a primary unmet need among adolescent and young adult (AYA) cancer survivors and is associated with maladaptive health behaviors and poorer quality of life. There has been little investigation of factors buffering against FCR in AYA survivors, which could point towards interventions. This study employs a longitudinal ecological momentary assessment (EMA) design to investigate how social connectedness buffers against daily FCR during a particularly fear-provoking period of survivorship care; routine surveillance scans.

Methodology or Methods: 46 AYA survivors of childhood cancer (M age= 17.6 years, 53% Male, 46% Lymphoma) self-reported FCR once per day for 11 days surrounding routine surveillance scans, using an app on their smartphone. Three times per day, participants reported feelings of social connectedness and their number of social interactions.

Impact on practice or Results: Preliminary multiple linear regression analysis results will be presented. We expect that PBTS will have lower ToM scores compared to HC, and that lower ToM will be associated with both lower social adjustment and a higher likelihood of having no friends.

Discussion or Conclusions: This study will contribute to an enhanced understanding of one potential underlying mechanisms of social competence difficulties in PBTS, which could help the efforts toward targeted remediation of these deficits.
259 | Recovery of health and wellbeing in UK cancer survivors from rural areas: A secondary analysis of qualitative interview data

Florence Graham1, Ros Kane2, Mark Gussy3, David Nelson1,4
1Lincoln Medical School, College of Science, Universities of Lincoln & Nottingham, Lincoln, United Kingdom. 2School of Health and Social Care, University of Lincoln, Lincoln, United Kingdom. 3Lincoln International Institute for Rural Health (LIIRH), University of Lincoln, Lincoln, United Kingdom. 4Macmillan Cancer Support, United Kingdom

Background/rationale or Objectives/purpose: Rural cancer survivors have been shown to have poorer experiences and health outcomes when compared to their urban counterparts. There is limited qualitative research in the UK on the post-treatment experiences of cancer survivors who reside in rural areas. This research aimed to gain an understanding of the specific challenges and opportunities faced by rural cancer survivors and to provide insight into how rurality influences experiences following treatment.

Methodology or Methods: Secondary analysis of in-depth interview transcripts (n=16) from a qualitative study on self-management in post-treatment cancer survivors. An adapted version of Foster & Fenlon’s recovery of health and wellbeing in cancer survivorship framework was used to support thematic analysis of the data.

Impact on practice or Results: Participants’ subjective health and wellbeing were interrupted by a variety of problem incidents, and the subsequent steps to recovery were influenced by pre-existing, personal, environmental, and specific healthcare factors. A prominent theme from the data was support, both from the local community and family as well as from healthcare professionals, with many feeling that their rural setting had a positive influence on their health and wellbeing. Close relationships with local GPs were seen as fundamental to supporting recovery from cancer. Access to healthcare was frequently mentioned as a challenge with an emphasis on lengthy travel times and a lack of tailored follow up support in rural areas.

Discussion or Conclusions: Future interventions should consider working with local communities and their existing resources given these are an important component of the rural environment.

261 | Evaluating the burden of symptoms patients develop after treatment for colorectal cancer

Darren Fernandes1,2, David Nelson1,4, Niro Siriwardena2, Graham Law5, Jervoise Andreyev1,6
1The Department of Gastroenterology, United Lincolnshire Hospitals NHS Trust, Lincoln, United Kingdom. 2Community and Health Research Unit (CaHRU), School of Health and Social Care, University of Lincoln, Lincoln, United Kingdom. 3Lincoln International Institute for Rural Health (LIIRH), University of Lincoln, Lincoln, United Kingdom. 4School of Health and Social Care, University of Lincoln, Lincoln, United Kingdom. 5Macmillan Cancer Support, United Kingdom. 6The Biomedical Research Centre, Nottingham Digestive Diseases Centre, School of Medicine, University of Nottingham, Nottingham, United Kingdom

Background/rationale or Objectives/purpose: Colorectal cancer (CRC) survival is improving rapidly due to advances in treatments that involve radiotherapy, chemotherapy and novel biological agents in addition to surgery. This comes at the price of living with chronic symptoms. There is good evidence that for many patients these symptoms become part of everyday life and are tolerated even when severely limiting daily activities. Clinicians often fail to appreciate the impact of these problems, as the focus of follow up tends to be on cancer recurrence. The aim of this research is to understand further the different symptoms that colorectal cancer patients develop post treatment and how these are addressed in follow up consultations in secondary care. Using this information, a new questionnaire will be developed for specific use with this patient cohort that is hoped will lead to earlier access to specialist services.

Methodology or Methods: (1) A systematic review of the non-gastrointestinal symptoms colorectal cancer patients develop and how these are assessed or recorded. (2) A qualitative study of patients’ perceptions of post-colorectal cancer treatment symptoms and their management. (3) A post-colorectal cancer treatment symptom questionnaire development and piloting.

Impact on practice or Results: This study will address the gap in the literature on understanding the symptom burden in CRC patients and lead to future work that will focus on the investigation pathway and management of these patients.

Discussion or Conclusions: The research is novel in its aim of developing a questionnaire/tool aimed at identifying patients with symptoms following CRC treatment, a resource that currently does not exist.

263 | A rural-urban comparison of the barriers and facilitators to self-management in post-treatment cancer survivors in the UK: A qualitative interview study

David Nelson1,2, Ian McGonagle3, Christine Jackson1, Mark Gussy1, Ros Kane3
1Lincoln International Institute for Rural Health (LIIRH), University of Lincoln, Lincoln, United Kingdom. 2Macmillan Cancer Support, United Kingdom. 3School of Health and Social Care, University of Lincoln, Lincoln, United Kingdom

Background/rationale or Objectives/purpose: To explore and compare the barriers and facilitators to self-management in people living with cancer following treatment from rural and urban areas in the UK.

Methodology or Methods: Qualitative interviews were conducted (n=34) between Oct 2017 – Jul 2018 with post-treatment cancer survivors from the East Midlands of England. Interviews were conducted face-to-face (n=25) and via telephone (n=9). Residency was defined using the UK Office for National Statistics (ONS) RUC2011 Rural-Urban Classifications. Data were digitally recorded and transcribed verbatim. The findings were analysed thematically in NVivo software.

Impact on practice or Results: The mean age of participants was 63.88 ± 11.19 (range 39-85), fifty-six per cent were female (n=19) and forty-four per cent male (n=15). Forty-seven per cent (n=16) resided in a rural area and fifty three per cent from urban areas (n=18). With regard to barriers that prevented participants from engaging with self-management, there were three themes (1) location (2) relationship based and (3) personal. In relation to facilitators to self-management there were also three themes (1) effective communication and information (2) informal and peer support and (3) motivation. The identified barriers and facilitators were prevalent in both the rural and urban setting, however, some aspects were more explicit in either of the respective environments.

Discussion or Conclusions: The barriers and facilitators that were identified were not always unique to the rural or urban environment suggesting that residency and place is not as unequivocal as some of the extant literature on rural-urban health would suggest.
Abstracts

270 | The role of social sharing of emotions to explain well-being in a cohort of long-term survivors of childhood acute lymphoblastic leukemia

Camille Bourdeau1,2, Sarah Lippé1,2, Émilie Rondeau2, Majia Krajmonic2,2, Daniel Sinnett2,1, Caroline Lavendiere2,3, Serge Sultan1,2,3
1Department of Psychology, Université de Montréal, Montreal, Canada, 2Research Centre, Sainte-Justine University Health Centre, Montreal, Canada, 3Department of Pediatrics, Université de Montréal, Montreal, Canada

Background/rationale or Objectives/purpose: Emotion regulation (ER) and social support (SS) have been associated with resilience in cancer survivors. Given that ER is primarily deployed in social contexts, it is relevant to study the joint effect of SS and ER, i.e., social sharing of emotions (SSE), on resilience. To explain why a subgroup of long-term childhood cancer survivors fare well despite health challenges, we aimed to 1) analyze the contribution of four ER strategies to well-being in a cohort of long-term childhood acute lymphoblastic leukemia (CALL) survivors, and 2) explore these effects in the context of social support.

Methodology or Methods: Ninety-one long-term CALL survivors (51% female, mean age 24.2±7 years) were administered self-report measures: well-being (WHO-5), health status (15D), social support (SSQ-6), cognitive reappraisal and expressive suppression (ERQ), and emotional processing and emotional expression (EAC). The odds for high well-being (WHO-5 cut-off point of 50) were modeled by adjusting for health status in four logistic regressions, one for each ER strategy, using bootstrapping techniques (PROCESS). Social support was entered as a moderator.

Impact on practice or Results: Among the four ER strategies, emotional processing contributed significantly to high well-being (OR=2.08, 95% CI=1.11-5.09). The interaction between expressive suppression and SS was significant (OR=4.2, 95% CI=1.14-8.1) when SS counted 23 people or more. Probabilities of high well-being increased dramatically when expressive suppression was low (95.97%).

Discussion or Conclusions: Results suggest that social support is more beneficial when expressive suppression is low. Clinical implications. If the expressive suppression was low (95.97%), or more. Probabilities of high well-being increased dramatically when emotional processing and emotional expression (EAC) were modeled by adjusting for health status in four logistic regressions, one for each ER strategy, using bootstrapping techniques (PROCESS). Social support was entered as a moderator.

Impact on practice or Results: Among the four ER strategies, emotional processing contributed significantly to high well-being (OR=2.08, 95% CI=1.11-5.09). The interaction between expressive suppression and SS was significant (OR=4.2, 95% CI=1.14-8.1) when SS counted 23 people or more. Probabilities of high well-being increased dramatically when expressive suppression was low (95.97%).

Discussion or Conclusions: Results suggest that social support is more beneficial when expressive suppression is low. Clinical implications. If the expressive suppression was low (95.97%), or more. Probabilities of high well-being increased dramatically when emotional processing and emotional expression (EAC) were modeled by adjusting for health status in four logistic regressions, one for each ER strategy, using bootstrapping techniques (PROCESS). Social support was entered as a moderator.

310 | Supportive care needs of Australian melanoma patients and their family members

Iris Bartula1,2, Jake Thompson1,2, Hong Fu1, Victoria Beedle4, Robyn Sau1,2,3, Frances Boyle2,6, Victoria Atkinson1, Kerry Sherman6
1Melanoma Institute Australia, Sydney, Australia. 2The University of Sydney, Sydney, Australia. 3Princess Alexandra Hospital, Woolloomooloo, Australia. 4Melanoma Patients Australia, Woolloomooloo, Australia. 5Royal Prince Alfred Hospital, Sydney, Australia. 6Mater Hospital, Sydney, Australia. 7Macquarie University, Sydney, Australia

Background/rationale or Objectives/purpose: Improvements in melanoma survival rates have led to increased consideration of patients' supportive care needs. This study aimed to investigate the prevalence and predictors of unmet needs reported by Australian melanoma patients and caregivers.

Methodology or Methods: Participant recruitment was conducted by medical staff at Princess Alexandra Hospital and Melanoma Institute Australia (MIA), and through Melanoma Patients Australia and MIA social media posts and email lists. This anonymous, cross-sectional survey included validated measures of unmet needs, quality of life, fear of cancer recurrence (FCR), and depression, anxiety, and stress symptomatology. Multiple linear regression was used to assess the relationship between supportive care needs, and demographic and psychological variables.

Impact on practice or Results: A total of 179 patients (60% female, mean age 59.2 years) and 37 caregivers (87% female, mean age 54.7 years) were recruited. A substantial proportion of patients reported unmet psychological (65%), informational (50%), physical (45%) and healthcare-related (35%) needs. A majority of caregivers reported unmet work and social (97%), psychological and emotional (81%), healthcare-related (76%), and informational (73%) needs. Patients’ unmet needs were associated with lower quality of life (β=-0.78, p<0.01), increased FCR (β=0.82, p<0.01) and shorter time since diagnosis (β=-0.35, p<0.05). Caregivers’ unmet needs were associated with younger age (β=-0.99, p<0.01) and higher depression symptomology (β=2.73, p<0.01).

Discussion or Conclusions: Melanoma patients and caregivers reported extensive unmet needs across physical, psychological, informational, and healthcare domains. Unmet needs should be routinely assessed in clinical practice and evidence-based support options readily available, especially for patients following melanoma diagnosis and for younger caregivers.

320 | How do survivors’ needs after treatment impact their health care utilization during survivorship?

A survey-administrative health data linkage study

Robin Urquhart @UrquhartRobin1,2, Cynthia Kendell2, Jessica Vickery1, Julia Kaal1,2, Lynn Lethbridge1
1Dalhousie University, Halifax, Canada. 2Nova Scotia Health, Halifax, Canada

Background/rationale or Objectives/purpose: To examine how cancer survivors’ (1) ongoing physical, emotional, and practical needs and (2) receipt of psychosocial services and supports after treatment impact healthcare utilization in the survivorship period, including discharge from oncology to primary care.

Methodology or Methods: The “Cancer Transitions Survey” is a population-based survey examining survivors’ experiences and needs after completing cancer treatment. It was administered by the Nova Scotia Cancer Registry (NSCR) as part of a national study, the largest of its kind in Canada. Respondents included Nova Scotian survivors of breast, melanoma, colorectal, prostate, hematologic, and young adult cancers who were 1-3 years post-treatment. Survey responses were linked to cancer registry, physicians’ claims, hospitalization, and ambulatory care data. The data linkage provided a full four years of healthcare utilization data for each cancer survivor, beginning one year after their cancer diagnosis.

Impact on practice or Results: 1557 survivors responded to the survey and had their data linked. Collectively, breast, colorectal, and prostate cancer survivors represented 78.5% of survey respondents. Most respondents (63.5%) were 65 years of age or older and 69.8% had an existing co-morbid condition. Regression analyses are now being conducted to investigate whether the type and magnitude of post-treatment needs, and whether the services and supports received (e.g., support groups, counselling), impact health care utilization in the survivorship period, including transition to primary care.

Discussion or Conclusions: This study represents a unique opportunity to link self-reported needs and use of non-physician services and supports to routinely collected administrative health data. Findings will inform more personalized approaches to follow-up care.
Are Fear of Cancer Recurrence and Fear of Progression Equivalent Constructs?

Daelin Coutts-Bain1, Louise Sharpe @LSharpeUSYD1, Poorva Pradhan1, Hayley Russell1, Lauren Heathcote2, Daniel Costa1
1The University of Sydney, Sydney, Australia. 2Kings college London, London, United Kingdom

Background/rationale or Objectives/purpose: The predominant definition of fear of cancer recurrence (FCR) conflates FCR with fear of progression (FOP). However, this assumption has never been tested. Importantly, if FCR and FOP are distinct and have different predictors, existing interventions for FCR may not be equally effective for survivors who fear progression rather than recurrence of their disease. The present study aimed to determine whether FCR and FOP are empirically equivalent; and whether they are predicted by the same theoretically derived variables.

Methodology or Methods: Three-hundred and fifty-four adults with a history of breast or ovarian cancer were recruited. Exploratory factor analysis was conducted on the items of the FCR Inventory severity subscale and short-form FOP Questionnaire together. Structural equation modelling was conducted to predict FCR and FOP and determine whether theoretical models accounted equally well for both constructs, and whether models were equally relevant to those with and without current disease.

Impact on practice or Results: The factor analysis demonstrated that the FCR Inventory severity subscale and the short-form FOP Questionnaire loaded onto distinct, but related, factors which represented FCR and FOP. Structural modelling indicated that risk perception and bodily threat monitoring were more strongly associated with FCR than FOP. However, both FCR and FOP were associated with metacognitions and intrusions.

Discussion or Conclusions: These findings suggest that whilst FCR and FOP are related with some overlapping predictors, they are not the same construct. Hence, it is necessary to ensure that in clinical practice and research these constructs are considered separately.
341 | Designing longitudinal research for AYA cancer survivors: A multi-method, multi-informant approach
Fiona McDonald @McFin1,2, Cindy Kok1, Helen Bibby1, Natalie Bradford1,2, Tayhya Ryder1, Pandora Patterson @PPattersonPhD1
1Canteen, Sydney, Australia, 2University of Sydney, Sydney, Australia, 3Queensland Children’s Hospital, Brisbane, Australia, 4Queensland University of Technology, Brisbane, Australia

Background/rationale or Objectives/purpose: Longitudinal research is needed to understand the ongoing impacts of cancer on adolescents and young adults (AYA) survivors. We used a multi-method, multi-informant process to design a longitudinal study that: addresses literature gaps; is relevant to consumers/professionals; and can be expected to have a meaningful impact on care.

Methodology or Methods: We conducted a systematic review to identify psychosocial outcomes examined in previous longitudinal studies, and barriers/facilitators to participation. We also surveyed 74 international stakeholders (AYA survivors, parents, clinicians, academics, policy makers) about their priorities. Finally, 25 stakeholders attended workshops to advise on recruitment, data collection, and retention.

Impact on practice or Results: We identified 13 previous studies, all conducted in Europe or North America. Primary outcomes were related to physical functioning/health (n=10), psychology (n=4), identity/spirituality (n=3), sexuality/fertility (n=2) and education/work (n=1). None mentioned consumer involvement in development, and there was little discussion of participation barriers/facilitators.

Stakeholders (27 consumers and 47 professionals from 7 countries) prioritised psychological distress, physical functioning/health and social issues, with ongoing physical symptoms, adjustment to late effects, and loneliness among the highest rated outcomes. Workshop attendees recommended: co-designing materials with AYAs; user-friendly study information; multimodal data collection; and regular participant feedback.

Discussion or Conclusions: Our longitudinal study will focus on key physical, psychological, and social outcomes for AYA survivors, incorporating elements of co-design. A multi-method, multi-informant approach to research design maximises the likelihood of obtaining findings that positively impact care and outcomes for AYA survivors.

- What are your AYA recruitment/retention tips?
- What data collection methods work best for AYAs?

350 | Posttreatment experiences: Bringing adolescents’ experiences following the completion of cancer treatment into different view
Andrea Johnson1, Grant Charles1, Paul Rogers2
1University of British Columbia, Vancouver, Canada, 2BC Children’s Hospital, Vancouver, Canada

Background/rationale or Objectives/purpose: This study explored the posttreatment experiences of adolescents treated for cancer. Posttreatment is often perceived to be within the experience and definition of cancer survivorship, yet increasingly, it is being recognized in research as a unique period of time. Posttreatment has been historically studied through the lenses of psychological distress and mental health. Although important frameworks, this has narrowed the understanding of this complex period of time. The primary objective of this study was to explore the posttreatment experiences of adolescents treated for cancer.

Methodology or Methods: This study used applied hermeneutics as its research method. Applied hermeneutics is an interpretive methodology and strives to identify and explore new ways of understanding a topic. This methodology is well-utilized by practice disciplines, such as nursing and social work. This study involved thirteen adolescents ages 13-19 from a tertiary Canadian pediatric hospital. Participants were interviewed and interviews were analyzed aligned with hermeneutic research practices.

Impact on practice or Results: Adolescents’ experiences were grouped into the following thematic categories: 1) adolescents confronted sudden disorientation in their bodies and experienced posttreatment as a time of embodied losses 2) posttreatment was experienced as liminality: a state of flux and suspended time between social states, and 3) posttreatment was a time where they felt both near and far within their relational connections.

Discussion or Conclusions: Although often unitarily understood, posttreatment experiences for adolescents are much more diverse and complex than are expressed within the current research base of cancer survivorship. This research offers new portals to understanding these experiences in order to support these young cancer survivors.

353 | Life after Cancer- A Study on Fear of Cancer Recurrence, Cognitive Impairment and Distress among Cancer Survivors from Adult Survivors Clinic in a Tertiary Cancer Centre
Revathy Sudhakar @RevaPsyOnc1, Surendran Veeriah1, Durya Rajkumar1,2, Jayachandran P.K.1, Nikita Mehra1, Parathan Kannakaran1, Venkatraman Radhakrishnan1, Swaminnathan Rajaraman1
1Cancer Institute (WIA), Chennai, India, 2Indian Cancer Society, Chennai, India

Background/rationale or Objectives/purpose: The range of physical, social, psychological and existential stressors associated with a cancer diagnosis and its treatment, extends to the survival of an individual, thereby intruding their normalcy and well-being. The present study was carried out with the objective of assessing the prevalence of fear of cancer recurrence (FCR), cognitive impairment and its association with distress among cancer survivors.

Methodology or Methods: This cross-sectional study included the assessment of FCR, cognitive impairment and distress of 198 cancer survivors, above 18 years at present. The assessments were done using Fear of Cancer Recurrence Inventory-SF, Mini Mental Status Examination and NCCN Distress Thermometer respectively. The data was analysed with descriptive statistics and chi-square test.

Impact on practice or Results: The mean age of the survivors was 42.8 years (range= 18-75 years). While 35.8% of the survivors reported moderate to severe levels of distress, 15.9% experienced mild to severe levels of cognitive impairments and 15.2% reported significant levels of FCR. Survivors reported practical (26.8%), familial (22.7%), emotional (24.7%) and physical problems (15.2%) as reasons for distress. FCR was significantly associated with distress (p<0.01).

Although FCR was not significantly associated with any demographic variables, 70% who reported significant FCR were literate with secondary or graduate levels and 40% had less than 2 years of disease-free survival.

Discussion or Conclusions: Survivors experience FCR along with concerns regarding work efficiency, ability to normalize and uncertainty. Further research could focus upon addressing the disparities and developing best practices for effective transitioning of the survivors to normalcy.
355 | Cognitive bias modification for interpretation (CBM-I) in management of fear of cancer recurrence/progression in women with breast and ovarian cancer

Poorna Pradhan1, Louise Sharpe1, Phyllis Butow1, Jemma Todd2, Wendy G. Lichtenthal2, Courtney Beard3, Hayley Russell4
1School of Psychology, The University of Sydney, Sydney, Australia, 2Department of Psychiatry and Behavioral Sciences, Memorial Sloan Kettering Cancer Center, New York, USA, 3Department of Psychiatry, McLean Hospital, Harvard Medical School, Boston, USA, 4Ovarian Cancer Australia, Queen Victoria Women’s Centre, Melbourne, Australia

Background/rationale or Objectives/purpose: The aim of this study is to investigate the efficacy of two types of cognitive bias modification for interpretation (CBM-I) in reducing fear of cancer recurrence (FCR). We compared CBM-I focused on reducing interpretation of ambiguous stimuli as indicative of health-related risks (generic) or CBM-I specifically related to interpreting physical symptoms as likely indicators of recurrence. The aims of this study were to assess (a) whether CBM-I was more effective in reducing FCR than placebo in women with breast and ovarian cancer; and (b) whether a generic or specific CBM-I was most efficacious.

Methodology or Methods: This is a double-blind randomised controlled trial. We randomised 174 women with breast or ovarian cancer to specific CBM-I (n=61), generic CBM-I (n=57) or placebo (n=56). Participants completed four training sessions over 2 weeks and outcomes were assessed at post-treatment and 2 weeks later. The co-primary outcomes were fear of cancer recurrence and fear of progression. We also measured pain, anxiety, depression and quality of life.

Impact on practice or Results: Considering the fully online nature of the study, we had excellent completion rates. We will conduct a series of linear mixed model regressions (LMMR), based on intention to treat in order to test our hypotheses that CBM-I reduces FCR more than placebo; and that specific CBM-I is more efficacious than generic CBM-I.

Discussion or Conclusions: CBM-I was delivered entirely remotely and completion rates of nearly 70% were observed. If effective, CBM-I could be a highly scalable intervention that could form the first stage of a future stepped care approach to FCR.

357 | Fear of cancer recurrence (FCR), perceived impact of cancer and psychological flexibility among sarcoma patients in the United Kingdom (UK)

Anika Petrella1, Lesley Storey2, Nick Huibert-Williams3, Lorna Fern4, Rachel Taylor5
1University College London Hospitals NHS Foundation Trust, London, United Kingdom, 2Birmingham City University, Birmingham, United Kingdom, 3University of Chester, Chester, United Kingdom

Background/rationale or Objectives/purpose: Fear of cancer recurrence (FCR) is a persistent concern among those living with cancer and is associated with a variety of negative psychosocial outcomes. However, sarcoma patients have been underrepresented within this area of research. This study aimed to determine prevalence of FCR among sarcoma patients in the United Kingdom (UK) and explore associated factors specific to perceived impact of cancer and psychological flexibility.

Methodology or Methods: Sarcoma patients (N=56). Participants completed four training sessions over 2 weeks and outcomes were assessed at post-treatment and 2 weeks later. The co-primary outcomes were fear of cancer recurrence and fear of progression. We also measured pain, anxiety, depression and quality of life.

Impact on practice or Results: Survivors across all five cancers had more contacts with both GP (range: RR=1.18 to 1.76) and hospitals (range: RR=1.55 to 4.03) than comparisons. Survivors with long education had less contacts over time with GP and hospitals compared to survivors with short education (GP range: RR=0.79 to 0.87, hospital range: RR=0.86 to 0.91).

360 | Social inequality in healthcare utilization among survivors from breast, prostate, lung, colon or rectum cancer (ongoing study)

Anne Katrine Grandal Levinsen1, Trille Kristina Kjaer1, Michael Borre2, Peer Christiansen3,4, Ismail Gogenur5,6, Erik Jakobsen7, Christoffer Johansen8,9, Susanne Oksbjerg Dalton1,10
1Survivorship and Inequality in Cancer, Danish Cancer Society Research Center, Copenhagen, Denmark, 2Department of Urology, Aarhus University Hospital, Aarhus, Denmark, 3Danish Breast Cancer Group Center and Clinic for Late Effects, Aarhus, Denmark, 4Breast Surgery, Aarhus University, Aarhus, Denmark, 5Dept. Surgery, Center for Surgical Science, Zealand University Hospital, Koge, Denmark, 6Institute for Clinical Medicine, Copenhagen University, Copenhagen, Denmark, 7Department of Thoracic surgery, Odense University hospital, Odense, Denmark, 8Cancer late effects, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark, 9Psychological Aspects of Cancer, Danish Cancer Society Research Center, Copenhagen, Denmark, 10Danish Research Center for Equality in Cancer, Department of Clinical Oncology & Palliative Care, Næstved, Denmark

Background/rationale or Objectives/purpose: To examine healthcare utilization among Danish cancer survivors and the impact of socioeconomic position on healthcare utilization.

Methodology or Methods: Using data from Danish national clinical databases, a cohort of 150,791 survivors from breast (from 1997), prostate (from 2010), lung (from 2003), colon and rectum (from 2005) cancer and 753,828 matched cancer-free comparisons were formed and followed until Dec 2018. Socioeconomic position defined as highest attained education (short, medium and long) and healthcare utilization was extracted by linkage to national social and health registries. Healthcare utilization 1-5 years after diagnosis was measured as contacts with general practitioner (GP) and in- and outpatient contacts to hospitals. Cancer-related control visits were not included. The differences in healthcare utilization among survivors and comparisons and by education within each cancer population were calculated as rate ratios (RR) using Poisson regression models.

Impact on practice or Results: Survivors across all five cancers had more contacts with both GP (range: RR=1.18 to 1.76) and hospitals (range: RR=1.55 to 4.03) than comparisons. Survivors with long education had less contacts over time with GP and hospitals compared to survivors with short education (GP range: RR=0.79 to 0.87, hospital range: RR=0.86 to 0.91).
Discussion or Conclusions: Survivors with short education had more contacts with both GP and hospitals 1-5 years after cancer diagnosis compared to survivors with long education. This social inequality in healthcare utilization suggest a higher disease burden, especially among cancer survivors with low socioeconomic position. This highlights the importance of targeted follow-up among survivors.

387 | Psychosocial Outcomes of Pediatric Cancer Survivors from After Completion Therapy Clinic, South India
Diwya Rajkumar1, Surendran Veeraiah1, Venkatraman Radhakrishnan1, Vandana Dhamankar2, Purna Kurkure2
1Cancer Institute (WIA), Chennai, India, 2Indian Cancer Society, Mumbai, India

Background/rationale or Objectives/purpose: The transformation from cancer patient to a survivor is challenging as it encompasses various physical and psychosocial concerns. Optimisation of survivorship care for pediatric cancer survivors is essential post cancer treatment. The present study is a report of the psychosocial concerns of pediatric cancer survivors.

Methodology or Methods: Pediatric cancer survivors (2-18 years), completed 2 years of disease free survival, reporting for follow up at After Completion Therapy clinic of the medical oncology outpatient department in a regional cancer centre during June 2019-January 2022 were assessed for psychosocial concerns using a structured interview schedule.

Impact on practice or Results: Of the pediatric cancer survivors (N=421), 293 were male and 128 were female with mean age of 18 years (SD=7.821) and median survival of 5 years. While 84.1% were hematolymphoid survivors, 15.1% were survivors of solid tumors. In total, 274 survivors were studying, while 147 were working. Of the survivors, 59.8% reported psychosocial concerns during the first visit to the ACT clinic. The concerns comprised temperamental issues (12%), psychological distress (10%), future health apprehensions (9%), fear of cancer recurrence (7%), marital concerns (5%), and financial concerns (4%). Age at diagnosis (p=0.010), age at present (p<0.000) and present education (p=0.010) were significantly associated with types of psychosocial concerns reported.

Discussion or Conclusions: Pediatric cancer survivors experience significant psychosocial and emotional concerns that are modifiable with appropriate intervention. Psychosocial survivorship care for pediatric survivors is a vital tool to monitor, evaluate and address tangential concerns and enable better adjustment to normalcy post treatment.

389 | Development of cancer survivorship web resources for patients and primary care providers
Claire Link1, Andrea Delure1, Linda Watson1,2
1Cancer Care Alberta, Calgary, Canada, 2University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: Provincial cancer programs are increasingly becoming overcrowded as both the incidence and survival rates of cancer are rising. To create capacity for new patients, post-treatment cancer survivors can be transitioned back to the community to receive follow-up care and surveillance through their primary care providers. There are knowledge gaps for patient and primary care providers regarding survivorship care and where to find information and resources. We set out to develop effective and accessible web resources to help fill these gaps.

Methodology or Methods: Two working groups were struck, one with primary care physicians across the province and one with patient and family advisors with varying demographic backgrounds. Although Cancer Care Alberta currently has patient and provider-facing webpages, the working groups identified considerable gaps in information and well as usability issues. Through monthly meetings, an iterative design process was undertaken, with different content options drafted, reviewed, and revised to ensure tools were useable, clear, and logical.

Impact on practice or Results: The webpages are available to all patients and primary care providers. The content has been discussed and agreed upon by each working group, and disease-specific information is based on provincial guidelines. These webpages help fill the knowledge gap in the survivorship phase and provide easy-to-find, user-friendly information and resources.

Discussion or Conclusions: While this initiative focused on the post-treatment phase, patients and primary care providers need to be able to easily access information at all time points. Additional work to enhance challenges that diminish quality of life have become apparent with increased survival time. There is a paucity of lymphoma-focused evidence to guide development of new interventions and supportive care guidelines. There is an urgent need for real-world data to guide clinical approaches, ensuring the right interventions are delivered at the right time, to the right individuals based on need.

Methodology or Methods: We are establishing a multi-site cohort of 288 adults diagnosed with NHL of any stage, with psychosocial and functional changes studied prospectively at four time points throughout the early survivorship period (2 years). Fluctuations in global quality of life, psychosocial and functioning aspects (physical, emotional, social, role and cognitive) over time from diagnosis will be characterized. The influence of environmental (social support, financial difficulties) and personal factors (gender/sex, age, positive affect, self-efficacy, resilience) will also be examined. Data collection will comprise patient-reported outcome measures, neuropsychological testing and health-related data extracted from medical charts. Process outcomes, including recruitment and retention rates, will inform future expansion of the cohort.

Impact on practice or Results: The present study is funded by the Canadian Institutes of Health Research, with enrollment commencing in Spring 2022.

Discussion or Conclusions: This study will identify targets for future interventions in order to optimize psychosocial and functional outcomes for people diagnosed with NHL. Results will contribute to practice changes needed to address the unique multi-dimensional needs of this growing population.
Abstracts

403 | German AMLCG-Survivorship Study: Quality of Life and Life Satisfaction in AML Long-Term Survivors

Eva Telerow1, Dennis Görlich2, Cristina Sauerland2, Anna S. Moret1, Maja Rothenberg-Thürley1, Friederike H. A. Mumml1, Susanne Amler1,2, Wolfgang E. Berdel3, Bernhard Wörmann3, Utz Krug4, Jan Brass5, Pia Henns6, Wolfgang Hiddemann1, Karsten Speckermann1, Klaus H. Metzeler6

1Department of Medicine III and Comprehensive Cancer Center (CCC Munich LMU), University Hospital, LMU, Munich, Germany, 2Institute of Biostatistics and Clinical Research, University of Münster, Münster, Germany, 3Current address: Friedrich Loeffler-Institut, Federal Research Institute for Animal Health, Greifswald, Germany, 4Department of Medicine A, Hematology and Oncology, University of Münster, Münster, Germany, 5Charité University Hospital Berlin, Berlin, Germany, 6Department of Medicine 3, Hospital Leverkusen, Leverkusen, Germany

Background/rationale or Objectives/purpose: An increasing proportion of patients with Acute Myeloid Leukemia (AML) become long-term survivors. Somatic and psycho-social outcomes are therefore becoming increasingly important, but little is known about long-term effects of the disease and its treatment.

Methodology or Methods: We collected data from AML long term survivors (AML-LTS). The primary aim of this study was to compare their quality of life and general and health-related life satisfaction with normative data of adults not diagnosed with AML.

Impact on practice or Results: 427 former AML patients participated 5-18.6 years after diagnosis. Median age was 61 and 56% were female. Unexpectedly, quality of life and general life satisfaction summary scores were significantly higher in AML-LTS compared to “healthy” adults. However, these differences were small and likely not clinically relevant. No difference was found for health-related life satisfaction.

Notably, a subgroup of participants (26%) reported poor physical well-being (i.e. >1 SD below normal), overall QoL was impaired for 13%. Associated with poorer QoL were younger age, male sex, lower educational level, shorter time since diagnosis and altered financial situations. No influence was found for other characteristics including treatment or previous relapse.

Discussion or Conclusions: Our large study establishes that overall QoL in AML long-term survivors is comparable to the general population, with further improvement from five years post diagnosis onwards. Importantly, disease- and treatment-related factors are not associated with overall QoL. However, we delineated a subgroup of patients that may still have a need for targeted psycho-social interventions ≥5 years after an AML diagnosis.

404 | Fatigue as a risk to cognitive dysfunction in childhood acute lymphoblastic leukemia survivors

Alice Mochon1, Stacey Marjerisson2, Sarah Lipsé1, Maja Krajnović1, Caroline Lavérière1, Bruno Michon2, Philippe Robaey3, Daniel Simnett1, Serge Sultan1

1Université de Montréal, Montreal QC, Canada, 2McMaster University, Hamilton ON, Canada, 3CHU de Québec, Québec QC, Canada, 4University of Ottawa, Ottawa ON, Canada

Background/rationale or Objectives/purpose: The present study aims to (1) explore interrelationships between neurocognitive dysfunctions and fatigue in a well-characterized cohort of long-term survivors of childhood acute lymphoblastic leukemia (CALL) and (2) estimate the risk of presenting cognitive dysfunctions across levels of fatigue.

Methodology or Methods: Survivors from the PETALE PSY-ALL cohort completed the DIVERTG test battery and the PedsQL Multidimensional Fatigue Scale (MFS) (N=285). We conducted advanced multiple factor and cluster analyses to identify proximities between domains, and logistic regressions to assess the risk of a survivor to have cognitive difficulties (<1.5 SD) or deficits (<2.0 SD) based on their fatigue adjusting for known risk factors.

Impact on practice or Results: 66% percent presented at least one cognitive difficulty across the DIVERTG scales. Participants showed levels of fatigue comparable to other normative samples, with rest/sleep fatigue being slightly higher in younger ones (+7%). Preliminary analyses indicate that neurocognitive dysfunction and fatigue symptoms clustered within two symptom groups suggesting differential effects of fatigue across neurocognitive function in CALL. The risk for participants to present cognitive difficulties was increased with higher fatigue levels. For 10% more general fatigue, we found +12% median risk of presenting difficulties through the DIVERTG tests (median OR = 0.989 for 1 point of fatigue). The level of risk due to fatigue was maintained when ORs were adjusted for known risk factors.

Discussion or Conclusions: The results suggest that fatigue and mood may contribute to cognitive dysfunction in general. General and sleep/rest fatigue may have differential effects across cognitive abilities and should be systematically measured when assessing late-effects.

410 | Objective Cognitive Function in a sample of Cancer Survivors with Insomnia and Cognitive Complaints

Samlau Kutanga, Joshua Tulib, Sheila Garland SNGarlandPhD
Memorial University of Newfoundland, St. John’s, Canada

Background/rationale or Objectives/purpose: Cognitive impairment is a common concern for cancer survivors. Experiencing insomnia may worsen actual or perceived cognitive function. We compared the short and long-term memory, verbal fluency, and working memory of cancer survivors with insomnia and subjective cognitive impairment to published normative data.

Methodology or Methods: Pre-treatment data from an ongoing clinical trial investigating whether treatment of insomnia in cancer survivors can lead to improvements in subjective cognitive impairment was used. Short- and long-term memory were assessed using the Hopkins Verbal Learning Test: Revised (HVLT-R) total and delayed recall scales, respectively. Verbal fluency was assessed using the Controlled Oral Word Association Test (COWAT). Working memory was assessed using the three digit-span subscales (forward, backward, and sequencing) of the Weschler Adult Intelligence Scale: Fourth Edition (WAIS-IV).

Impact on practice or Results: Participants (N = 79; 70.9% women) were a mean of 58.1 years old with 16.1 years of education. The most common cancer diagnosis was breast (44.3%). Cancer survivors were not significantly different than normative samples on verbal fluency. Compared to norms, cancer survivors did not differ on the WAIS-IV forward digit span subscale but they had significantly lower scores on the backward digit span (p<.001) and digit span sequencing (p<.001).

Journal of Psychosocial Oncology Research and Practice (2022) 4:S1
subsets. Cancer survivors also had significantly lower HVLT-R total recall (p = .007) and delayed recall (p = .018) scores compared with the normative sample.

Discussion or Conclusions: Cancer survivors with insomnia and complaints of subjective cognitive impairment demonstrate objective deficits in working and long-term memory relative to normative samples. Additional research is needed to determine whether interventions for insomnia would improve cognitive performance.

**415 | Associations between gut microbiota and psychosocial health outcomes in a cross-sectional sample of young adult cancer survivors: Findings from the Chemo-Gut study**

Julie Deleemans içindeleem871, Faye Chlelar2, Raylene Reimer1, Mohamad Baydoun MoBaydoun14, Katherine-Ann Pielalue KPielalue1, Dana Lowry1, Jan-Willem Hemmeng1, Linda Carlson Linda_E_Carlson1

1University of Calgary Cumming School of Medicine, Calgary, Canada, 2Stanford University, School of Medicine, Department of Genetics, Palo Alto, USA, 3University of Calgary Faculty of Kinesiology, Calgary, Canada, 4University of Regina Faculty of Nursing, Regina, Canada

Background/rationale or Objectives/purpose: Chemotherapy adversely affects the gut microbiota and negatively impacts gastrointestinal (GI) and psychosocial function during treatment, but little is known about the long-term effects or how these factors are related.

Methodology or Methods: This cross-sectional pilot study investigated gut microbiota, GI and psychosocial outcomes in cancer survivors aged 18-39 years old who were ≥5 years post-treatment and healthy controls. Gut microbial diversity and composition was assessed from stool samples using 16S rRNA gene sequencing.

Impact on practice or Results: Survivors (n = 17) and healthy controls (n = 18) participated. Mean age at diagnosis was 31 (±5.3) years. Mean time off treatment was 16.9 (±16.4) months. Survivors had significantly more severe GI and psychosocial symptoms (p < .05) compared to controls. Correlation analysis revealed that in survivors, lower abundance of Lachnospiraceae was associated with more anxiety (rho = -.63), PTSD symptoms (rho = -.59), and higher cognitive function (rho = -.56) (p < .05). Lower Ruminococcaceae abundance correlated with more depressive functional interference (rho = -.82) and social isolation (rho = -.70), while lower Intestinibacter abundance was associated with poorer cognitive function (rho = -.73), but more depressive functional interference (rho = -.64) (p < .05). More diarrhea symptoms were associated with higher abundance of Lachnospiraceae (rho = .61, p = .03). Differential associations were observed in healthy controls.

Discussion or Conclusions: This small exploratory study provides evidence of more severe GI symptoms and worse psychosocial health in survivors, and potential longer-term gut microbial dysbiosis, which may be associated with psychosocial symptoms. Larger trials examining gut microbiota, GI and psychosocial outcomes in cancer survivors are needed.

**420 | Launching an Effective Psycho-oncology Protocol to Increase Probability of Survival Among Sudanese Cancer Patients: A Case Study of Two Female Cancer Patients**

Mona Omran

Jazan University, Jazan, Saudi Arabia

Background/rationale or Objectives/purpose: This study was carried out in the National Cancer Institute (NCI) hospital, Sudan. The institute of cancers and their hospitals do not provide established psycho-oncology service to patients and their families.

The study problem is represented by the inadequacy of health care model used to provide psycho-social care together with the curative services for cancer patients. The study aimed at providing psycho-oncology care.

Methodology or Methods: An experimental study was conducted that intervened to launch a psycho-oncology care protocol that use different techniques and tools were used including, interviews, case studies. The scales used included the Hospital Anxiety and Depression Scale (HADS) and Distress Thermometer (DT).

Two cases of cancer patients at NCI were very much affected by the New Intervention used by the researchers.

Impact on practice or Results: The first case study was a librarian; admitted 2002, stage 3 of Naso-pharyngeal carcinoma. In 2006 the study introduced the bibliotherapy as a pioneer new technique in the hospital in Sudan. She supported the patient. Now she is a cancer survivor and succeeded in building a large hospital library.

The second one was a female engineer in 2007 with "stage 1" breast cancer and received an integrated medical treatment. She was suffering psycho-social stress. After receiving the support, she was able to confront the disease. Now the patient completed her PhD study.

Discussion or Conclusions: A significant result was the evident success of integrating psycho-oncology care into the practiced treatment protocol of cancer. there for should established psycho-oncology centers in Sudan.

**423 | Perceived susceptibility to depression among Danish women with newly diagnosed breast cancer**

Anna von Heymann1, Birgitte Mertz2, Lars Kessing3, Christoffer Johansen1,4

1Cancer Survivorship and Treatment Late Effects (CASTLE) – A Danish Cancer Society National Research Center, Department of Oncology, Centre for Cancer and Organ Diseases, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark, 2Department of Breast Surgery, Herlev- Gentofole Hospital & Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark, 3Psychiatric Center Copenhagen, Copenhagen, Denmark, 4Psychological Aspects of Cancer, Danish Cancer Society Research Center, Copenhagen, Denmark

Background/rationale or Objectives/purpose: Women with breast cancer are at significantly increased risk for depression, compared to the background population. Little is known about whether women perceive themselves to be susceptible after their cancer diagnosis, and whether prior experience with and beliefs about depression are associated with perceived susceptibility.

Methodology or Methods: We consecutively invited all women newly diagnosed with primary breast cancer at the Department of Breast Surgery at Rigshospitalet and Herlev Hospital between April and October 2021 to complete a questionnaire assessing depressive symptoms (major depression inventory), perceived susceptibility to depression, prior experience (own or close relatives’ prior depression), and beliefs about depression (based on the Health Belief Model). We analyzed the prevalence of elevated depressive symptoms, and the proportion of women who perceived an elevated risk for depression after their diagnosis. We plan to investigate associations between perceived susceptibility and depressive symptoms, beliefs about depression, and prior experience in regression analyses.

Impact on practice or Results: Of 464 eligible women, 246 (53%) participated. Thirty-five women (14%) reported mild to severe levels of depressive symptoms. Almost half of the women (N = 122, 50%) perceived their susceptibility to depression to be increased after the cancer diagnosis. Results of regression analyses are ongoing.
Discussion or Conclusions: Although women with breast cancer have significantly greater risk for developing depression than the background population, women may overestimate this risk. We will present further results, relating women’s perceived susceptibility to beliefs about depression.

Questions include how we should interpret these data, how perceived susceptibility should be understood and whether brief interventions to address excess worry might be needed.

**433 | Symptom screening is just the beginning: Experience-based co-design of patient-reported and caregiver-reported outcome (PRO-CRO) survivorship screening programs**

*Sylvie Lambert @sylvie.lambert1, Rosana Faria @Rosana.Larosebo, Mona Magalhaes @Mona_Magalhaes1, Anne-Sophie Gignac2, Linda Tracey @Ltrace1, Nancy Latulippe3, Marie-Andrée Fortin5,6, Mark Yaffe3,1, Dominique Tremblay7, Christine Bouchard8

1McGill University, Montreal, Canada, 2St. Mary’s Research Centre, Montreal, Canada, 3St. Mary’s Hospital Center, Montreal, Canada, 4Centre Hospitalier Universitaire de Montreal, Montreal, Canada, 5Hôpital de la Cité-de-la Santé, Laval, Canada, 6Université de Montréal, Montreal, Canada, 7Université de Sherbrooke, Sherbrooke, Canada, 8McGill University Health Centre, Montreal, Canada

Background/rationale or Objectives/purpose: We know from two decades of research that patient-reported outcome (PRO) screening programs can facilitate symptom management. To date, most of these screening programs have focused on the active treatment phase; none have been developed specifically for survivors or attend to family caregiver-reported outcomes (CROs). This study aimed to identify the content and features that cancer survivors, caregivers, and stakeholders want in PRO-CRO survivorship screening programs.

Methodology or Methods: PRO-CRO screening programs are being developed using the experience-based co-design (EBCD) methodology. A sample of 28 survivors, 9 caregivers and 10 stakeholders were recruited at four hospital centers in Montreal for participation in workshops to determine the content of the screening programs. Qualitative data analysis, using constant comparison, was applied to identify emerging themes.

Impact on practice or Results: Patients and caregivers agreed that, beyond PRO-CRO screening, results must be linked to education materials focused on normalizing their experiences and that translate the best evidence on self-management strategies for symptom management (e.g., fatigue), healthy habits (e.g., physical activity), and getting the support you need. Most patients and caregivers lacked this information, leading not only to frustration, but also burden because they needed to undertake self-directed searches. Stakeholders perceived PRO-CRO programs would save them time by being able to target specific patients and their needs, potentially leading to improved communication and follow-ups for both patients and their caregivers.

Discussion or Conclusions: PRO-CRO screening programs need to extend to the survivorship phase, and their focus requires a particular shift to self-management training, including the behaviour change support that is involved in integrating healthy habits.

**442 | Associations between Central Nervous System (CNS) Directed Treatment, Affective Problems, and Social Problems among Pediatric Cancer Survivors**

*Dana Garcia1, Anna Olaszsky2, Valdeoso Patterson1, Jessica Ralph1, Kathryn Vannatta1,2, Bruce Compas3, Cynthia Gerhardt1,2

1The Research Institute at Nationwide Children’s Hospital, Columbus, USA, 2The Ohio State University, Columbus, USA, 3Vanderbilt University, Nashville, USA

Background/rationale or Objectives/purpose: Central nervous system (CNS) directed treatments can cause social and emotional problems in childhood cancer survivors. However, limited work has examined how these unfold over time. We examined: a) whether social problems at 3-year follow-up (T2) mediated the association between CNS-directed treatment and affective problems at five-year follow-up (T3), b) if mediation varied with age at diagnosis, and c) a competing model with affective problems as the mediator and social problems as the outcome.

Methodology or Methods: Data were from a longitudinal study of children with cancer ($M_{AgeAtDiagnosis}=7.87, \text{SD}=2.25$). Children ($n=55$) were grouped by whether they received CNS-directed treatment ($n=20$) within the first year (T1). Mothers ($n=55$) completed the Child Behavior Checklist at T2 and T3.

Impact on practice or Results: Mothers reported non-clinical levels of social and affective problems at T2 and T3, which were intercorrelated (p<.001). The indirect effect of T2 affective problems on the association between T1 CNS-directed treatment and T3 social problems varied based on age at diagnosis (95% CI [0.09-0.66]). For children diagnosed at older ages, T1 CNS-directed treatment was associated with greater T3 social problems through higher T2 affective problems (95% CI [0.30-2.40]). Post-hoc probing revealed the association between CNS-directed treatment and T2 affective problems was significant only for children older than 8.19 years (p<.05). The indirect effect of T2 social problems was nonsignificant.

Discussion or Conclusions: Older children receiving CNS-directed treatment may experience long-term social problems due to earlier affective problems. Interventions should target emotional adjustment in older children to minimize later social difficulties. Replication with larger, diverse samples is needed.
Background/rationale or Objectives/purpose: A new Cancer Transitions Model describes critical stages in the cancer journey: Stage 1 (diagnosis/treatment); Stage 2 (termination of active treatment); Stage 3 (adjusting to change post-treatment); Stage 4 (equilibrium/new normal). The objective was to analyze cancer patients’ narrative descriptions of Stages 1/2 and Stages 3/4 in order to assess the Cancer Transition Model in terms of emotional expressions in natural language and their relationship to standardized measures of emotional well-being.

Methodology or Methods: 42 female breast cancer patients wrote narratives about their thoughts and feelings about Stage 1/2 and Stage 3/4. Additionally, the patients completed standardized measures of fear, anxiety, and depression. Narratives were analyzed using Linguistic Inquiry and Word Count (LIWC) language analysis software to detect differences in frequency of select word categories in Stages 1/2 compared to Stages 3/4 and to validate those differences against standardized measures.

Impact on practice or Results: The LIWC count of positive tone words was higher for Stages 3/4 versus Stages 1/2 and this difference was inversely related to fear of cancer recurrence and anxiety. A decrease in anger from Stage 1/2 to Stage 3/4 was associated with less fear of cancer recurrence and anxiety. Greater focus on past was associated with greater fatigue and lower levels of coping. Finally, greater focus on present was associated with less negative feelings, fatigue, and depression.

Discussion or Conclusions: The observed relationships between stage differences in positive emotional tone, anger, and time orientation with standardized measures (1) supported the Cancer Transition model, and (2) have important implications for screening patients for distress.

478 | The Effectiveness of Healthcare Professional Training on the Legal Issues Impacting Individuals Diagnosed with Cancer to Improve Patient Quality of Life

Madison McMahon Ward, Joanna Morales, Monica Bryant
Triage Cancer, Chicago, USA

Background/rationale or Objectives/purpose: A cancer diagnosis may carry with it a variety of legal issues, including accessing and navigating insurance coverage, working through treatment or taking time off, and consumer rights. These legal issues can cause people unnecessary anxiety and stress, impact physical health, and contribute to the financial burden of a cancer diagnosis. The Insurance & Finance Intensive provides healthcare professionals tools to proactively identify the presence of cancer-related legal issues facing their patients and make appropriate referrals.

Methodology or Methods: During the eight-hour comprehensive training, healthcare professionals were provided with substantive information about cancer-related legal issues, such as identifying health insurance options, navigating health and disability insurance and appeals, balancing work and cancer, and managing finances. There was an increase in self-reported knowledge of finances and insurance after attending the Intensive.

Impact on practice or Results: A follow-up survey was sent to all past 2020 and 2021 Intensive attendees (n=1,069) to measure its longer-term effectiveness. Eighty-nine percent of respondents (n=142) strongly agreed or agreed that the Intensive’s information helped them reduce the stress and anxiety of their patients and their families. Ninety-one percent of respondents strongly agreed or agreed that the Intensive’s information improved the quality of life of their patients and their families.

Discussion or Conclusions: The Insurance & Finance Intensive successfully provided healthcare professionals with valuable information on cancer-related legal issues that reduced stress and anxiety and improved the quality of life for their patients and their families. It is recommended that more healthcare professionals participate in this training to improve the quality of life of their patients beyond diagnosis.

480 | Where have all the lung cancer support groups gone? Results of a mid-pandemic survey

Maureen Rigney, Miranda Goff
GO2 Foundation for Lung Cancer, Washington DC, USA

Background/rationale or Objectives/purpose: Compared with other cancers, people diagnosed with lung cancer have greater unmet emotional needs and higher levels of distress. Support groups can address such needs, and research shows the lung cancer community prefers disease-specific groups.

At the advent of the pandemic, support groups across the world stopped meeting. To date, lung cancer groups in the United Kingdom, typically run by RNs, have yet to restart. We conducted a survey to assess pandemic impact on lung cancer support groups in the United States, which both professionally and lay facilitated.

Methodology or Methods: A 48 question survey was sent to 85 lung cancer groups. Of the 44 responses, 35 groups were still meeting, either virtually or by telephone. In addition to current status, the survey collected tips and guidance for those starting or maintaining virtual lung cancer groups.

Most virtual groups met by Zoom, although the majority did not require attendees to join on camera.

By and large, virtual groups increased access, with most expanding to an entire state and some welcoming anyone in the country to join.

Impact on practice or Results: With the pandemic, attending a support group became more difficult in some ways but virtual groups also allowed the lung cancer community more access than ever before.

Discussion or Conclusions: Our prior research showed that compared with lung cancer groups in the UK and Australia, those in the US are facilitated by a wider range of professionals and lay people, including survivors. It is likely US groups pivoted more successfully due to this diversity, with lay facilitators a protective factor.

486 | Is fear of cancer recurrence in breast cancer survivors related to perceived support during cancer journey?

Tania Estapé @TaniaEstape1, Estapé Jordi @FEFOC_org1,2, Nuria Gondón3
1FEFOC Fundació, Barcelona, Spain. 2. 3Hospital Espai Sant, Santa Coloma de Gramenet, Spain

Background/rationale or Objectives/purpose: Perceived support by cancer (BC) patients during their cancer journey is related to outcomes in coping with illness. One of the currently more outstanding issue in cancer survivors is fear of recurrence (FCR) as a factor that can interfere with a good adaptation after the end of treatment. Our purpose is to analyze perceived support from family, friends and couple in breast cancer survivors with the hypothesis that those with higher FCR will have a poorer view of it.

Methodology or Methods: 140 BC survivors with no active illness currently (end of treatment>3 months) participated in a survey including questions on their survivorship and Hospital Anxiety and Depression scale. FCR was rated in a single item from 0 (not at all) to 10 (maximum “I can bear”).

Impact on practice or Results: 140 BC agreed to participate, mean age: 57 years old (SD=10,61). Means of main outcomes were: FCR=6,08.
Methodology or Methods: A qualitative descriptive approach using thematic analysis was chosen to conduct one-on-one semi-structured interviews with program participants, who were patients at the Princess Margaret Cancer Centre in Toronto, Canada.

Impact on practice or Results: A total of 6 interviews were completed, with 5/6 participants identifying as women. Ages ranged from 24-35, and various cancer types and treatment status (active treatment, survivorship, palliation) were represented. Results pinpoint advantages and disadvantages with the virtual format. Delivering the program virtually enhanced accessibility, allowing participation from AYA’s own home or hospital bed, reducing anxiety associated with extra cancer centre visits or absence due to illness. However, internet connectivity issues at times impeded connection with music to help cope. As well, participants felt vulnerable sharing personal experiences for the song-writing exercise, in person done anonymously to protect privacy. Overall, participants felt the program was beneficial because of the accessibility.

Discussion or Conclusions: Virtual group psychosocial interventions may continue to be offered long after the pandemic. Our results identify benefits and drawbacks, to be explored further in the next offering of our program. These lessons could inform how other online interventions are delivered to the AYA population and beyond.

497 | Music Meet Up virtual edition: The pivot to an online music therapy group for adolescent and young adults (AYA) with cancer

Jonathan Avery, Serena Uppal, Karuna Sehgal, Sarah Rose Black, Chana Korenhm

University of British Columbia, Vancouver, Canada, Princess Margaret Cancer Centre, Toronto, Canada

Background/rationale or Objectives/purpose: The COVID-19 pandemic has heightened the unique emotional and social needs expressed by AYA with cancer. To help address this, we adapted an in-person developmentally tailored group therapy intervention that uses music as a coping tool to a virtual format. The purpose of this study was to explore the acceptability of the online version.
516 | Breast Cancer Survivors’ Perspectives on Social Support for Physical Activity in Peer-Matched Partnerships
Serena S Peck @peck_s.s1, Madison F Van @madisonfe2, Jemma Smith-Turchyn @smithturchyn2, Catherine M Sabiston @MPARC, @sabi_catz2
1Institute of Medical Science, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada, 2Faculty of Kinesiology and Physical Education University of Toronto, Toronto, Canada, 3School of Rehabilitation Science, McMaster University, Hamilton, Canada

Background/rationale or Objectives/purpose: Physical activity (PA) can mitigate physical and psychosocial challenges that women may experience following a breast cancer diagnosis. However, PA levels among women living beyond a cancer diagnosis remain low. Optimizing social support provided in a peer-matched setting may increase PA. Unfortunately, factors that create an ideal peer-match are not well understood. The purpose of this study was to identify and explore social support factors for PA engagement among newly formed peers of women living beyond a cancer diagnosis.

Methodology or Methods: In an ecological momentary assessment study, women were matched with a peer and provided with a Fitbit activity tracker. Social support was measured using 21-daily surveys and a follow-up survey. Descriptive statistics were calculated. A content analysis was used to analyze open-ended survey data were based on (i) social support types (informational, tangible, esteem, and emotional support); and (ii) women’s post-study reports of match quality.

Impact on practice or Results: On most days, women (Mean age=42 ±7.6 years; 89.2% stage I-III breast cancer) connected (58.1%) and exercised (77.1%). Three quality participant profiles were generated: good (63%), neutral (20%), or poor (17%) match. Women in a good match were more likely to report receiving support across support themes. The most frequently documented support received was esteem support (i.e., checking in with partner, discussing goals, exercise encouragement, general support).

Discussion or Conclusions: Findings describe the social support partner characteristics important to women for facilitating PA. This study provides valuable insight that can inform the development of partner-based PA interventions for women living beyond a cancer diagnosis.

525 | Exploring associations between insomnia, mood disturbance, and subjective cognitive impairment among cancer survivors
Rachel Howells1, Margaret Tran1, Joshua Tulk1, Sheila Garland2
1Memorial University of Newfoundland, St. John’s, Canada, 2Beatrice Hunter Cancer Research Institute, Halifax, Canada

Background/rationale or Objectives/purpose: Cancer survivors struggle with perceived cognitive impairment (PCI) and insomnia post-treatment. This study explored the degree to which insomnia severity and mood disturbance are associated with PCI.

Methodology or Methods: Cancer survivors with cognitive complaints and insomnia completed the Hospital Anxiety and Depression Scale (HADS), Insomnia Severity Index (ISI), and the Functional Assessment of Cancer Therapy - Cognitive Function (FACT-Cog). Correlations assessed relationships between insomnia severity, mood disturbances, and FACT-Cog subscales: perceived cognitive abilities (Cog-PCA), perceived cognitive impairments (Cog-PCI), and impact on quality of life (Cog-QoL). A hierarchical regression was used to identify variance in FACT-Cog scores accounted for by insomnia severity after adjusting for age, education, depression, and anxiety.

Impact on practice or Results: Participants (N = 79; 71% women) were an average of 58 years old with a mean of 16 years education. Worse PCA was associated with greater insomnia severity (r = -0.29, p = .014.), but not with depression (r = -0.096, p = .42) and anxiety (r = -0.055, p = .64). PCI was not associated with insomnia, depression, or anxiety. QoL was associated with greater depression (r = -0.29, p = .013) and anxiety (r = -.30, p = .050), but not insomnia. Age and education explained 0.85% of the variance in PCA (p = .74), while mood disturbance accounted for an extra 1.31% (p = .63). Insomnia accounted for an additional 9% of the variance in PCA (p = .011).

Discussion or Conclusions: Insomnia contributes to worsened perceptions of cognitive abilities, after adjusting for age, education, and mood disturbance. Improving sleep may alter this perception.

549 | An examination of depression, anxiety, and fear of recurrence among cancer survivors who participated in a virtual, cognitive behavioural therapy (CBT)-based telephone coaching program
Patricia Nguyen1,2, Ruth Heisey1, Camille Quenneville1, Elaine Goulbourne1, Rumaisa Khan1, Emma Rinaldo1, Helen Chagigorgis3, Rebecca Shields4, Carol Toansley
1Women’s College Hospital, Toronto, Canada. 2. 3Canadian Mental Health Association Ontario, Toronto, Canada. 4Canadian Mental Health Association York Region and South Simcoe Branch, Newmarket, Canada

Background/rationale or Objectives/purpose: Depression, anxiety, and fear of recurrence (FOR) are prevalent among cancer survivors, and it is recommended that they have access to supportive services and resources to address psychosocial needs during follow-up care. This study examined the impact of a virtual, cognitive behavioural therapy (CBT)-based telephone coaching program (BounceBack®) on depression, anxiety and FOR.

Methodology or Methods: Through the After Cancer Treatment Transition (ACTT) clinic at Women’s College Hospital (Toronto, Canada), eligible participants were identified, consented, and referred to the BounceBack® program. Program participation involved completion of self-selected online workbooks and support from trained telephone coaches. Measures of depression (PHQ-9), anxiety (GAD-7), and FOR (fear of cancer recurrence inventory, FCRI) were collected at pre-intervention (baseline) and post-intervention (6-mon and 12-mon time points). Paired t-tests compared mean scores for each symptom between study time points. Participant experiences and perceptions were collected through a survey.

Impact on practice or Results: Measures of depression and anxiety significantly improved among participants from pre-intervention to post-intervention. Scores for PHQ-9 and GAD-7 decreased from moderate to mild levels. Measure of FOR also significantly improved; while FCRI subscale scores significantly improved for 5 of the 7 factors that characterize FOR (triggers, severity, psychological distress, functional impairment, insight). Participants rated the intervention a mean score of 7 (out of 10), indicating a moderate level of satisfaction and usefulness.

Discussion or Conclusions: This study suggested that a virtual CBT-based telephone coaching program can be an effective approach to improving depression, anxiety, and fear of cancer recurrence in cancer survivors.
590 | Dating in the digital era: Experiences of young adults in Canada seeking long-term intimate partners online

Lucy Adhiambo
Memorial University, St. John's, Canada

Background/rationale or Objectives/purpose: The role of the internet and technology in romantic relationships has been given much attention in the general population. However, among young adults living with cancer-related challenges remain a critical area that research has thus far inadequately addressed. This is unfortunate as the world is today a global village, and many single adults are searching for long-term intimate relationships from different parts of the world. Conversely, online dating thrives on perfectionism. The more an individual’s profile reflects certain ‘ideals,’ the higher the profile clicks or requests for connections. The big question is, how does a cancer diagnosis impact young adults seeking long-term intimate relationships in this digitalization era?

Methodology or Methods: The study is qualitative. Participants (N= 30) will be purposefully recruited through a collaborative process with stakeholders. Single young adults between 18 and 39 diagnosed with cancer who have had an experience with online dating will be recruited irrespective of the year of diagnosis. Additional sampling will be done through snowballing. The data will be collected using semi-structured interviews which will then be transcribed using the NVivo and analyzed thematically using a computer-assisted qualitative data analysis software named ATLAS.ti. The interpretation will use both the deductive and inductive approaches.

Impact on practice or Results: A poster of my proposed study

Discussion or Conclusions: The study hopes to set the research agenda, in the evaluation of the existing online dating suitability for those with medical diagnoses such as cancer.

**Final category: J. Palliative and end-of-life care**

15 | Diagnostic Accuracy of the NCCN Distress Thermometer for the Assessment of Psychosocial Distress among Filipino Patients with Cancer

Dean Marvin Pizarro
St. Luke’s Medical Center, Quezon City, Philippines

Background/rationale or Objectives/purpose: The study aimed to assess the validity of the National Comprehensive Cancer Network Distress Thermometer (NCCN-DT) for determining psychosocial distress, as applied to Filipino patients with cancer.

Methodology or Methods: We conducted a cross-sectional descriptive study that included adult patients with cancer undergoing treatment at a tertiary private hospital. The NCCN-DT was administered to the patients together with the Patient Health Questionnaire-8 (PHQ-8) as the gold standard diagnostic test for psychosocial distress. Receiver Operating Characteristic (ROC) analysis was done to determine the accuracy of the NCCN-DT as a screening tool.

Impact on practice or Results: We included 114 Filipino adults with cancer. The ROC analysis showed an Area Under the ROC Curve (AUC) score of 0.98 for the NCCN-DT against the PHQ-8. The cut-off score of ≥7 showed a sensitivity of 100% and specificity of 89.3% for detecting distress. The positive predictors for distress were identified: sadness (P<0.001), fear (P=0.001), depression (P=0.002), worry (P=0.02), childcare (P=0.03), fatigue (P=0.03), treatment decisions (P=0.04), loss of interest in usual activities (P=0.04), and memory/concentration (P=0.04).

Discussion or Conclusions: The NCCN-DT had satisfactory diagnostic accuracy in agreement with PHQ-8 for screening of psychosocial distress among Filipino cancer patients. A cut-off score of ≥7 using the NCCN-DT gave the highest sensitivity and specificity for detecting distress in this population. The findings of this study can be used as validation of the NCCN-DT screening tool for a prospective application.

38 | Inclinations to Strive for Quality and Length of Life among Patients with Advanced Cancer and a Poor Prognosis

Naomi van der Velden1, H.W.M. van Laarhoven2, P. Nieuwkerk3, D.W. Sommeijer1,2, P.B. Ottevanger3, H.B. Fiechter4, S.E. Dohmen5, G.J. Creemers6, F.Y.F.L. de Voos7, I. Henselmanns1

1Amsterdam University Medical Centers, Amsterdam, Netherlands. 2Hevo Ziekenhuis, Almere, Netherlands. 3Radboud University Medical Center, Nijmegen, Netherlands. 4Isala Klinieken, Zutelve, Netherlands. 5BovenIJ Ziekenhuis, Amsterdam, Netherlands. 6Catharina Ziekenhuis, Eindhoven, Netherlands. 7University Medical Center Utrecht, Utrecht, Netherlands

Background/rationale or Objectives/purpose: When deliberating palliative cancer treatment, insight into patients’ inclinations to strive for quality of life (QL) and length of life (LL) is essential. We investigated 1) inclinations of advanced cancer patients to strive for QL and LL and whether these change over time, and 2) characteristics associated with patients’ inclinations to strive for QL and LL.

Methodology or Methods: We used audio-recordings of decision-making consultations about palliative systemic therapy and surveys at baseline (T0), shortly after the consultation (T2), at three and six months (T3, T4). Patients (n = 173) had advanced cancer, median life expectancy of <12 months without anticancer treatment and median survival benefit of <6 months.

Impact on practice or Results: Overall, patients’ inclination to strive for QL decreased over six months (p = .007); the inclination for LL did not change significantly. Within individuals, 28-29% showed a changed (≥0.8 SD) inclination to strive for QL over time (T2-T3, T3-T4), 24-34% did so for LL. Inclinations to strive for QL were associated with more helplessness/hopelessness (p<.001), less fighting spirit (p = .028), less state anxiety (p<.001) and more observed SDM (p = .015). The association with helplessness/hopelessness was strongest at T4 (p = .023).

Inclinations to strive for LL were associated with lower education, less helplessness/hopelessness, more fighting spirit and more state anxiety (p<.001).

Discussion or Conclusions: It is important for oncologists to explore patients’ inclinations to strive for QL and LL repeatedly over the course of treatment, and consider patients’ coping style and emotions during SDM about palliative systemic therapy.

42 | Characteristics of Patients with Advanced Cancer Preferring Not to Know Prognosis

N.C.A. van der Velden1, H.W.M. van Laarhoven1, J.A. Burgers2, I.E.L. Hendriks1, F.Y.F.L. de Voos1, A.M.C. Dingemans3, J.M.W. van Haarst4, J. Dits5, E.M.A. Smets1, I. Henselmann1

1Amsterdam University Medical Centers, Amsterdam, Netherlands. 2Antoni van Leeuwenhoek Ziekenhuis, Amsterdam, Netherlands. 3Maastricht University Medical Center, Maastricht, Netherlands. 4University Medical Center Utrecht, Utrecht, Netherlands. 5Erasmus University Medical Center, Rotterdam, Netherlands. 6Tergooi Ziekenhuis, Hilversum, Netherlands. 7Franciscus Gasthuis en Vlietland, Rotterdam, Netherlands

Background/rationale or Objectives/purpose: For some patients with advanced cancer not knowing prognosis is essential. Yet, in an era of
informed decision-making, the protective function of unawareness is easily overlooked. We investigated the 1) proportion of advanced cancer patients preferring not to know prognosis; 2) reasons underlying patients’ prognostic information preference; 3) characteristics associated with patients’ preference not to know prognosis; 4) concordance between physicians’ perceived and patients’ actual prognostic information preference.

Methodology or Methods: We conducted a cross-sectional study. Patients from seven Dutch hospitals (n = 524) with metastatic/inoperable cancer and an expected median survival of ≤12 months and their treating physicians completed a structured survey.

Impact on practice or Results: Twenty-five percent of patients preferred not knowing a life expectancy estimate; 28-31% preferred not knowing 5-, 2- or 1-year survival rates. Patients preferring not to know prognosis (1-year survival) agreed significantly more strongly with reasons for wanting limited information (optimism, avoidance, comprehension) and less strongly with reasons for wanting complete information (sense of control, autonomy, anxiety, expectations of others) compared to patients preferring to know. Females (OR = 1.67, 95% CI [1.12, 2.48], p < .05), patients receiving a further line of systemic treatment (OR = 2.66, 95% CI [1.33, 5.26], p < .01) and patients with strong fighting spirit (miniMAC-subscale, OR = 1.22, 95% CI [1.13, 1.33], p < .001) were more likely to prefer not knowing prognosis. Among patients preferring not to know, 50% had a physician accurately reporting their information preference. Concordance between physicians’ perceived and patients’ actual prognostic information preference was poor (κ = 0.066).

Discussion or Conclusions: Our results highlight the relevance of explicitly exploring patients’ prognostic information preferences and the underlying reasons, ensuring tailored communication.

47 | Accelerating the Pan-Canadian Interdisciplinary Palliative Care Competency Framework into Action
Kristen DeCarka1, Deborah Dudgeon1, Jeffrey Moat2, Raquel Shaw-Moxam1, Andrea Coronado1, Jeffrey Moat2
1Canadian Partnership Against Cancer, Toronto, Canada. 2Pallium Canada, Ottawa, Canada

Background/rationale or Objectives/purpose: Canadians want highly skilled providers who can address their palliative care needs, whenever and wherever those skills are required. However, many Canadians don’t receive high-quality palliative care. In response to calls for better access to palliative services, Health Canada developed a Framework and an Action Plan on Palliative Care in Canada which called for the development of a pan-Canadian palliative care competency framework.

Methodology or Methods: The Canadian Partnership Against Cancer in collaboration with Health Canada, Canadian Society of Palliative Care Physicians, BC Centre for Palliative Care and Pallium Canada recently adapted competency documents developed by Nova Scotia, Quebec, Ontario, Alberta and British Columbia to produce the Canadian Interdisciplinary Palliative Care Competency Framework. This Framework sets out competencies for nurses, physicians, social workers, personal support workers, and volunteers who care for people with life-limiting conditions.

Impact on practice or Results: The Framework serves as a guiding document for jurisdictions that lack an explicit set of palliative care competencies, and as high-level guidance for provinces that have built their own competency frameworks. The Framework includes skills’ self-assessments that individuals can complete to identify gaps in their own competencies and address with supplemental educational and training resources. Pallium Canada is building a Learner Journey Application that will aid healthcare workers to identify, plan, and achieve their palliative care learning goals.

Discussion or Conclusions: As the practice of palliative care changes across Canada, the Framework will evolve to meet future needs and reflect other members of the interdisciplinary team, such as spiritual care, physical and occupational therapy, volunteer coordinators, and others.

48 | The Spiritual Dimensions of Medical Assistance in Dying
David Maginley @RevMaginley
Nova Scotia Health, Halifax, Canada

Background/rationale or Objectives/purpose: While MAID conversations have focused on medical and legal aspects, spiritual issues inform the heart of this debate, since the main reason people request MAID is not physical suffering but existential or spiritual distress. This psycho-spiritual dynamic deconstructs our ego-identity in the reverse order that it was formed as a calibration for transcendent states of consciousness, as exhibited by nearing-death awareness and deathbed visions. Unless we address this, we are using MAID as a medical procedure to treat a spiritual condition. Appropriate interventions for spiritual distress with be explored along with cultural challenges for the role of spiritual care.

Methodology or Methods: Dignity and meaning-centred therapy will be applied through Maslow’s theory of consciousness. Compassion and meditation are employed to facilitate shifts in ontological imagination. The Spiritual Well-Being Scale is used to determine existential equanimity.

Impact on practice or Results: Consideration of the role of spiritual care and the significance of spirituality at the end of life are brought to the forefront of MAID discussion. The challenges of integrating this in MAID assessment will be better appreciated. Practitioners and patients will be invited to consider the deeper dynamics behind MAID requests and how to address them.

Discussion or Conclusions: Spirituality is at the heart of MAID requests while remaining unidentified by patients and practitioners due to confusion of the role of spiritual care. MAID is an opportunity to clarify this while exploring the nature of meaning, the role of compassion, and the mystery of who we are as we leave this world.

76 | Existential Considerations for Improved Neuro-Oncology Care
Ashlee Loughan @Ashlee-Loughan1, Morgan Reid2, Kelcie Willis1, Alexandria Davies3, Rachel Bouette4, Sarah Barrett4, Karen Lo1, Kristen DeCarka1
1Virginia Commonwealth University, Richmond, USA. 2Rush University, Chicago, USA

Background/rationale or Objectives/purpose: Patients with brain tumors (PwBT) report an overwhelming sense of uncertainty and distress over the course of their terminal disease. While previous research documents a high prevalence of death-related distress, little is known about the specific content of PwBT existential experiences or how best to support them through their distress. Further understanding of existential considerations could aid in the charge towards patient-centric neuro-oncology care.

Methodology or Methods: A qualitative study used semi-structured focus groups of PwBT (N = 15) to elicit feedback pertaining to neuro-oncology care needs with emphasis placed on quality-of-life and distress reduction. Six themes were explored using thematic content analysis (NVivo). The current investigation will explore the Existential Considerations theme (Mkappa = .93), including frequencies for top codes and representative quotes that best capture the sentiment of this theme.
Impact on practice or Results: The Existential Considerations theme included ten codes. Codes were classified into three categories: Fear (30%; initial shock, cancer recurrence, future uncertainty, heredity), Purpose (37%; meaning of life, milestones of future), and Resilience (33%; acceptance of diagnosis, enhanced spirituality, hope for a cure, advanced care planning).

Discussion or Conclusions: Given the high prevalence of death-related distress in PwBT, a patient-centric neuro-oncology program should include psychosocial services to address existential considerations. Programmatic interventions should focus on managing initial diagnosis shock, reducing fears related to recurrence and future uncertainties, and discussing adjustments in life’s meaning and purpose. Resiliency strategies might include emphasizing hope in a terminal diagnosis, acknowledging the importance of spirituality, and positively reconstructing the script of advanced care planning.

79 | A Study of Cognitive Attitudes of the Patients with Malignant Tumor towards Living Will

Longxia Hu, Deying Hu, Yilan Liu
Union Hospital affiliated to Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China

Background/rationale or Objectives/purpose: This study aimed to analyze the cognitive attitudes of cancer patients towards living will, to investigate the factors related to the cognitive attitudes of cancer patients towards living will, and to explore the methods and strategies to promote living will among cancer patients.

Methodology or Methods: 213 cancer patients who were hospitalized in a tertiary hospital from January 2021 to June 2021 were selected as the survey subjects by the method of convenience sampling, and one-to-one on-site survey was conducted using the questionnaire above, and the results of the survey were analyzed by chi-square test and regression analysis.

Impact on practice or Results: A total of 213 cancer patients were effectively surveyed in the questionnaire survey. The percentage of patients who indicated that they were willing to sign living will documents was 58.69%, which was associated with literacy (P < 0.05). Cancer patients had higher needs on these items: “I want my family and friends to resume normal life as soon as possible after my death” (85.45%), “I want my body to remain clean and odor-free all the time” (61.50%), and “I don’t want pain and I want to be given enough medication for pain” (65.26%).

Discussion or Conclusions: The level of awareness and acceptance of living will among patients with high literacy level was higher than that of patients with low literacy level. Cancer patients had a higher need for cleanliness and comfort and pain-free at the end of life.

80 | Pre-loss grief and attachment style among caregivers of terminally ill cancer patients: A longitudinal study

Jia-Lian Lee1, Wan-Lin Lee1, Yun-Jou Fang1, Chih-Tao Cheng2, Yi-Chen Ho2, Yau-Sheng Lin3
1Department of Clinical Psychology, Fu-Jen Catholic University, Taipei, Taiwan, 2Department of Psychiatry, Koo Foundation Sun Yat-Sen Cancer Center, Taipei, Taiwan, 3Department of Psychology, National Taiwan University, Taipei, Taiwan

Background/rationale or Objectives/purpose: Pre-loss grief is defined as “grief symptoms in caregivers before death.” (Nielsen, 2017). Grief before death involves the loss of a loved one who is still physically present, thus it is slightly different from post-loss grief. While there has been rich research evidence related to post-loss grief, little is known about the mechanism of pre-loss grief and how it affects the bereaved caregiver’s post-loss adjustment. The present study aimed at understanding the relationship among pre-loss grief, attachment style, and post-loss adjustment of caregivers of terminally ill cancer patients.

Methodology or Methods: The study had a longitudinal design. Data were collected from a follow-up study in hospice care of one cancer center in North Taiwan. 56 bereaved caregivers have both finished the pre-loss and post-loss questionnaire. Questionnaire during pre-loss phase included: Hogan grief reaction checklist (HGRRC) pre-loss version, pre-loss growth, attachment style with patients before death, and relational closeness with the patient before death. Questionnaire finished after 6 months death included: HGRRC, post-loss growth, continuing bonds scale, and relational closeness with the patient after death.

Impact on practice or Results: Relational closeness before death and pre-loss growth were significantly negative associated with post-loss grief (relational closeness: r = -0.35, p < 0.05; pre-loss growth: r = -0.36, p < 0.05). While avoidant attachment style had no significant correlation with post-loss grief, anxious attachment style had a positive but not significant correlation with post-loss grief.

Discussion or Conclusions: The present study has provided preliminary evidence that palliative care programs should consider the relationship between caregivers and patients.
95 | Integrating a Palliative Approach to Care in Oncology
Marianne Aral, Cheryl Tschupruk
Nova Scotia Health, Halifax, Canada

Background/rationale or Objectives/purpose: Evidence shows that early integration of the palliative care approach is associated with better end of life outcomes, including but not limited to, “reduction in depressive symptoms, longer survival rates, and less aggressive care at end of life.” (Nevin et al., Journal of Palliative Medicine 2019, p. 151).

Methodology or Methods: 1. 100% of identified cancer patients (non-curative, aggressive, or metastatic disease) will receive aspects of a quality palliative approach to care.

Intervention: ACP Social worker to integrate palliative approach with referred patients

Outcome measures – current state assessment (chart audit) prior to pilot to determine baseline data, number of patients referred, PPS score, symptom screening, documented goals of care discussions, patient experience feedback

Impact on practice or Results: Pilot showed how a dedicated position can increase the number of patients with documented goals of care, completed personal directives, and support staff, through education and mentorship, to engage patients in serious illness conversations. While health care providers are often hesitant to initiate discussions about palliative care and ACP, patient experience feedback clearly demonstrates the value and importance they place in having these discussions.

Discussion or Conclusions: Practice change takes time, important to integrate new clinical roles into practice in as many ways as possible, important to integrate aspects of the palliative approach into oncology social work role, ongoing education and mentorship for front line staff.

107 | From Hospice Admission to 13-Months Post Death: A Bereavement Support Program at a Home Hospice NGO in a Limited Resource Setting
Zeina Ramadan @ZeinaMKR, Farah Demachkieh, Chantale Khadra
SANAD - The Home Hospice Organization of Lebanon, Beirut, Lebanon

Background/rationale or Objectives/purpose: Aligning with palliative care standards, SANAD Hospice adopted Hall and colleagues’ (2012) guidelines to develop a Bereavement Support Program that is preventative and needs-based, starting from hospice admission to 13-months after death. Since April 2021, SANAD has continued implementing, evaluating, and adapting the program. This abstract focuses on two of the program’s interventions.

Methodology or Methods: At three months, caregivers are invited to an information session of debriefing, psycho-education, and a risk assessment of prolonged grief using the Prolonged Grief (PG)-13 tool. At 4-5 months, caregivers are invited to support groups for eight weeks. So far, we conducted 5 information sessions with 57 attendees, and implemented 2 support groups with 11 participants. Qualitative and quantitative data has been collected. Preliminary quantitative data shows that caregivers with moderate risk decreased from 27.2% to 9.09% post-intervention, while no changes were found in severe risk. Preliminary qualitative data shows that caregivers felt safe, hopeful, empowered, supported, and informed about grief post-intervention.

Impact on practice or Results: Our aim from this presentation is to share our lessons with key stakeholders interested in implementing similar programs.

Discussion or Conclusions: Of the key lessons learned are the differing expectations of caregivers of the information session, the usefulness and limitations of the PG-13 as a risk assessment tool, the importance of interacting with others experiencing similar pains, the themes that were reported to be most useful by the caregivers in the support groups, and the profile of caregivers who continue exhibiting complex clinical pictures despite group interventions.

109 | In-hospital bereavement services as an act of care and a challenge: An integrative review
Charlotte Boven1, Let Dillen1, Lieve Van den Block2,3, Ruth Pier1, Nele Van Den Noortgat1, Liesbeth Van Humbeeck1
1Ghent University Hospital, Ghent, Belgium. 2VUB, Brussels, Belgium.

Background/rationale or Objectives/purpose: In Western countries, people most often die within hospitals. Hence, healthcare providers are often confronted with dying persons and their bereaved relatives. The aim is to investigate current in-hospital bereavement care (operational definition, implementation, relatives’ satisfaction, and barriers or facilitators) and the extent of responsibility hospitals carry in offering this.

Methodology or Methods: An integrative review was conducted by searching four electronic databases, from January 2011 to December 2020, resulting in 47 articles. Different study designs were included and results were reported in accordance with the theoretical framework of Whittemore and Knafl (2005). The quality of all included studies was assessed by using the Mixed Methods Appraisal Tool.

Impact on practice or Results: Only four articles defined bereavement care: two as services offered solely post loss and the other two as services offered both pre and post loss. Although different bereavement care services were delivered surrounding the time of death, the follow-up of bereaved relatives was less routinely offered. Relatives appreciated all bereavement services, which were rather informally and ad-hoc provided to them. Healthcare providers perceived bereavement care as important, but the provision was challenged by numerous factors (such as insufficient education and time).

Discussion or Conclusions: Current in-hospital bereavement care can be seen as an act of care that is provided ad-hoc, resulting from the goodwill of individual staff members. A tiered or stepped approach based on needs is preferred, as it allocates funds towards individuals-at-risk. Effective partnerships between hospitals and the community can be a sustainable and cost-effective strategy.

110 | Healthcare providers’ experiences regarding the interaction with family during a euthanasia process: A qualitative study (BE-CARED)
Charlotte Boven1, Liesbeth Van Humbeeck1, Aurelie Lust2, Hannah Van Kesteren3, Lieve Van den Block3,2, Ruth Piers1, Nele Van Den Noortgat1, Let Dillen1
1Ghent University Hospital, Ghent, Belgium. 2VUB, Brussels, Belgium.

Background/rationale or Objectives/purpose: In 2019 a total of 2655 people died in Belgium due to euthanasia, of which 62.5% had cancer. Recent studies underscore the importance of a patient/healthcare provider/family triad in euthanasia care. As such, our aim was to explore
how healthcare providers (HCPs) experience the interaction with family of cancer patients in euthanasia care.

Methodology or Methods: 46 semi-structured interviews with Flemish HCPs (15 physicians, 17 nurses and 14 psychologists), working in hospitals and/or homecare. Transcripts were analyzed using the Constructivist Grounded Theory approach.

Impact on practice or Results: Participants had diverse experiences regarding the interaction with family, which can be visualized as a continuum ranging from negative to positive. The achieved degree of serenity is the main contributor in determining their position on the aforementioned continuum. To create this serene atmosphere, HCPs take actions underpinned by two attitudes (wariness and meticulousness), which are guided by different considerations. These considerations are subjected to a learning process (of trial-and-error) and can be categorized into three groups: 1) ideas about a good death and its perceived importance, 2) having the situation well under control and 3) self-reassurance.

Discussion or Conclusions: In Belgium, relatives do not have a legal mandate in the decision-making process of euthanasia. Nonetheless, the interviews and previous literature show that HCPs acknowledge relatives as important actors within euthanasia care as they want to ensure that family can cope with the loss. These insights may shape family-centered care in the context of euthanasia and can substantiate existing clinical guidelines for HCPs.

111 | Relatives of cancer patients' experiences regarding the interaction with healthcare providers during a euthanasia process: A qualitative study (BE-CARED)

Charlotte Bosven1, Let Dillen1, Lieve Van den Block2, Ruth Piers1, Nele Van Den Noortgat1, Liesbeth Van Hambeck1
1Ghent University Hospital, Ghent, Belgium. 2

Background/rationale or Objectives/purpose: Recent studies underscore the importance of a patient/healthcare provider/family triad in euthanasia care. As such, our aim was to explore how family experiences the interaction with healthcare providers (HCPs) during a euthanasia trajectory.

Methodology or Methods: 22 semi-structured interviews with family members of cancer patients. Transcripts were analyzed using the Constructivist Grounded Theory approach (Charmaz et al., 2014).

Impact on practice or Results: The moment participants are informed about the euthanasia request of their loved one, they become part of the journey towards the euthanasia execution. During this period participants place their loved one's needs central, while their own needs are put aside. At first, most relatives are not immediately on board with the request and try to find peace with it whether or not with the help of HCPs. During this process they can move from understanding why the patient requests euthanasia to comprehending the request, so they can give him/her permission to let go. Being part of this process is described as a 'rollercoaster of emotions', where the mixed feeling of relief and sadness is commonly experienced.

Discussion or Conclusions: Participants find it important to be involved in the euthanasia process as early as possible. However, they describe this as an intense and uncertain period. They appreciate being guided through this process with the help of HCPs before the loss but most of them have little or no expectations regarding follow-up contact. These insights emphasize the importance of family-centered care in the context of euthanasia and can substantiate existing clinical guidelines.

128 | Hospice care for a young patient with breast cancer in the end-of-life stage: a case study

Zhenli Rao, Xin Peng, Deying Hu, Jiaqing Wang, Yi Dai, Fang Chong Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China

Background/rationale or Objectives/purpose: Summarize the clinical practice experiences of hospice care for a young patient with breast cancer in the end-of-life stage.

Methodology or Methods: Integrate humanistic care into clinical nursing practice, and applied the concept, knowledge and skills of hospice care to the nursing practice for the patient. Assess the patient’s “physical, mental, social and spirit”, use Dignity therapy and Heart to Heart cards guide the patient to express her wishes and views on death, through symptom management, comfort care, psychological and social support, the patient’s pain, edema, abdominal distension and other painful symptoms were relieved. Communicating with family members on the basis of trust and empathy, carrying out death education. Guiding the family members participate in the care of the patient, to complete her wishes, implement the funeral period guidance after the patient dies.

Impact on practice or Results: The patient passed away peacefully, without pain, her wishes fulfilled. Family members could accept the leave of the patient had no regrets, smoothly go through the funeral period, and return to the normal life and work.

Discussion or Conclusions: The concept of hospice care is applied to the clinical nursing practice, combined with the traditional Chinese culture, customs, view of life and death, for the comprehensive care of “physical, mental ,social, and spirit” for terminal patients, and the goals are helping them finally achieve their wishes and making their family members keep going on their lives. Boosting the theme “Leave no one behind-equity in access to palliative care” to provide reference for the development of hospice and palliative care in China.

180 | Medical Assistance in Dying (MAiD) in Canada: A Scoping Review of the Concept of Suffering

Melissa Henry1, Bisson-Gervais Vanessa1, Ali Alias1, Jun Liu1, Luc Darguz1, Lynn Gauthier1, Diane Tapp2, Brian Greenfield2, Mishara Brian2
1McGill University, Montreal, Canada. 2Universite du Quebec a Montreal, Montreal, Canada. 3Universite Laval, Quebec, Canada. 4Laval University, Quebec, Canada

Background/rationale or Objectives/purpose: The aim of this study was to understand how the Canadian scientific (SL) and grey (GL) literature approached the concept of suffering in terms of its definition, assessment and management within the practice of MAiD.

Methodology or Methods: A scoping review was conducted based on PRISMA-ScR guidelines, including data from June 2016 to August 2021 using an a-priori search strategy. Data was collected from a review of 6 databases for the SL (n=570) and from the provinces of Quebec, Ontario and British Columbia for the GL (n=537). Collected documents were analyzed in NVivo with coding by two-raters and regular team discussions.

Impact on practice or Results: Findings indicated the use of a multidimensional definition of suffering, akin to the concept of total pain. The assessment of suffering was considered subjective to the patient, creating a layer of ambiguity due to the lack of objective tools and structured care pathways. Notably, screening for distress, depression or other symptomatology were not comprehensively covered. Interventions to address suffering were minimally described, with active listening
proposed as primary tool and an emphasis on the physical. The interdisciplinary team is generally mentioned but not integrated.

Discussion or Conclusions: Our scoping review underlines a lack of structure around how suffering is addressed in MAiD. This may reflect underlying values to the legislation and intent to render the practice accessible to Canadians, contrasting with the practice of end-of-life care, which offers evidence-based interventions and clinical practice guidelines to alleviate suffering in patients.

Abstracts

191 | The relationship between medical assistance in dying (MAiD) and palliative care services in Canada: A national study of key stakeholders’ attitudes and perspectives

Gilla Shapiro @gillasapiro1,2, Eryn Tong @eryntong1, Rinat Nissim1,2, Camilla Zimmermann @ZimmTeamLab1,2,3, Sara Allin @allin_sara4, Jennifer Gibson @GibsonJennifer5, Madeline Li @madli81,2,3, Gary Rodin @gary_rodin1,2,3
1Department of Supportive Care, Princess Margaret Cancer Centre, Toronto, Canada, 2Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC), University of Toronto, Toronto, Canada, 3Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto, Canada, 4Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada, 5Joint Centre for Bioethics, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada

Background/rationale or Objectives/purpose: Medical assistance in dying (MAiD) was legalized in Canada in 2016 for individuals with grievous and irremediable medical conditions. Eligibility criteria for MAiD and palliative care overlap, but policies to ensure optimal collaboration in service delivery are under-developed. This qualitative study was conducted to understand the perspectives of key MAiD and palliative care stakeholders across Canada regarding the optimal relationship between these services.

Methodology or Methods: Key stakeholders (i.e., leaders in government, health systems, and academia) were purposively sampled to ensure diversity in geographic location and leadership expertise in MAiD and palliative care. Virtual semi-structured interviews were conducted with 35 stakeholders between April 2021 and January 2022. Interview transcripts were coded independently by two researchers and reconciled to identify key themes using content analysis.

Impact on practice or Results: Many respondents emphasized that principles of patient-centered care and of patient autonomy are central to both services. However, identified challenges to the relationship between MAiD and palliative care included the perceived “competition” for resources and concerns about stigmatizing palliative care. Better coordination of MAiD and palliative care was observed to be associated with shared multidisciplinary teams, collegial respect, clear system-wide governance, leadership, and enhanced training in both areas of practice.

Discussion or Conclusions: Key stakeholders identified the need for relationship-building and educational resources on both MAiD and palliative care. Findings have implications for improving MAiD policy development and clinical practice across Canada and can inform MAiD policy in other jurisdictions.

203 | Young Children of a Family Member Requesting Medical Assistance in Dying (MAiD) or Deep Continuous Palliative Sedation (DCPS): How to Intervene?

Marie Solange Bernatchez, Kimberley Tibudeau, Marc Hamel
McGill University Health Centre, Montréal, Canada

Background/rationale or Objectives/purpose: The introduction of BILL C-14 in 2016, has led to important changes in end-of-life care in Canada. MAID and DCPS challenge families in a unique way. MAID, in particular, confronts families who are faced with the death of a loved one that is scheduled as opposed to occurring naturally. Some families may find it challenging to navigate through some of the processes and discussions arising from end-of-life options such as a MAID and DCPS. Additionally, families may struggle with specific issues such as how to prepare themselves to a death that is timed. Our challenge as health care professionals is how best to support families when a parent of a young children (≤12 year-old) is requesting MAID or DCPS?

Methodology or Methods: This presentation will present common risk and protective factors that often affect families and their young children when coping with the loss of a loved one by MAID or DCPS. We will also offer interventions based on our clinical experience. A case vignette will be used to help highlight these points.

Impact on practice or Results: By the end of the presentation, participants will appreciate the importance of including young children in the process of MAID and DCPS which in turn can help them and their families adjust to loss and prevent complex bereavement symptoms.

Discussion or Conclusions: MAID and DCPS can increase family distress particularly when young children are involved. Our interventions need to pay particular attention to certain factors that can help these families adapt more easily to their loss.

215 | Bereavement and Growth at End-of-Life Care: A Qualitative Study on the Family Perspective on Loss of a Parent/Spouse due to Cancer

Aishwaryya Chakraborty
Kolkata, India

Background/rationale or Objectives/purpose: To explore the process and nature of the phenomenon of collective cancer bereavement, meaning making and growth on perceived continuity or change in child-parent interaction with additional focus on the interaction between individual family and immediate socio-cultural setup.

Methodology or Methods: This will be a longitudinal study employing purposive sampling. Study units will be divided into two groups- a) Bereaved child group (age range 10-18 years) and b) Bereaved parent/spouse group (age range:40-60 years), followed over 2-6 months, 8-12 months and 1-2 years after bereavement. Data will be collected from a phenomenological stance. Study units will be interviewed individually as well as jointly in pairs. Sessions will be audio recorded and other forms of data (e.g., in-person session notes following topic list, legacy notes left by patient etc.) will be used. Written consent to be taken. Data to be collected till saturation of themes and analyzed using Interpretative phenomenological analysis by Smith, Flower and Lerkin (2009).

Impact on practice or Results: The current endeavor expects to understand the modern outlook of death and growth as deeply “individualistic”, tethered to a vision of the self as independent. It expects to highlight issues like relationship characteristics, individual and family needs by gaining more insight into the complexities of collective bereavement and growth.

Discussion or Conclusions: Knowledge on the social dimensions of grief should be expanded. People/families may differ in their coping.

Keyword: Cancer death; Collective bereavement; Collective growth; Family perspective; Bereaved parent-child interaction.
218 | Dignity Therapists' Experience of Conducting Dignity Therapy with Terminal Cancer Patients in Mainland China: A qualitative study

Junyi Lin, Qiaohong Guo
School of Nursing, Capital Medical University, Beijing, China

Background/rationale or Objectives/purpose: Dignity therapy (DT) is a brief, individualized psychotherapy aiming to relieve psychological and spiritual distress of terminal patients. Previous studies have focused on the effects of DT; however, little is known about dignity therapists' experience of conducting DT. This study aims to investigate dignity therapists' experience of conducting DT for terminal cancer patients in the traditional Chinese cultural context.

Methodology or Methods: This is a descriptive qualitative study. Online semi-structured interviews were used for data collection. Data were analyzed using content analysis.

Impact on practice or Results: Fifteen trained dignity therapists from across mainland China participated this study. Two primary categories emerged. First, participants reported a number of challenges they encountered in the process of conducting DT, including difficulties in patient recruitment, insufficiency of supported resources, and unexpected technical and emotional challenges during implementation. Second, they also reported benefits of conducting DT, such as improved personal growth and life attitudes, and changed daily lifestyle by learning from the stories and wisdom of the patients; and improved working philosophy and health care providers-patients relationship.

Discussion or Conclusions: The Chinese culture of death taboo and introversion adds more difficulties to DT conduction, but the perceived benefits indicate that DT have positive impacts on the therapists' personal and professional life. DT training should address cultural impacts on DT implementation and the therapists' practical ability to deal with various challenges. In addition, a more standard and resources-saving treatment pathway would be significant for DT implementation.

226 | PALLIUM: from symptom to search for meaning

Christina Marie Sanson1, Samantha Serpentini2
1Independent, Stockholm, Sweden. 2Veneto Institute of Oncology IOV-IRCCS, Padova, Italy

Background/rationale or Objectives/purpose: With a focus on the management of existential problems and expectation of death, this work is presented as a lesson of profound meaning through the observation of human nature in the search for meaning - in that given to Time, knowledge, relationships, existential values, as bridges between one’s past and present - leading to the affirmation of an attention and care addressed first to the person and then to the disease.

Methodology or Methods: Mixed method based on spontaneous and systematic observation.

The sample is collected on a daily sequential scan of all hospice patients, for one semester (July-December 2021), then followed by a detailed assessment of the psycho-social, behavioral and clinical characteristics of each hospitalized person.

The evaluation was carried out in agreement with the medical team.

Impact on practice or Results: 20 stories collected (13 male and 7 female patients) categorized into age groups (35-54 years; 55-64; 65-74, 75-84; ≥85), specifying the pathology, comorbidities and main common problems detected: information level on diagnosis and/or prognosis, total pain, existential suffering, unsolved problems, family relationships, transgenerational, psychological or psychotherapeutic intervention, impact from SARS-CoV-19.

Discussion or Conclusions: Psycho-oncology and early palliative care are writing a common story, joining together in an ever-evolving interdisciplinary model and looking at the whole complex existential path of a chronic cancer patient, from diagnosis to the end of life. The testimony of cancer patients is qualitatively fundamental because it's a contribution that allows to broaden the understanding of the needs in the various stages of the disease and the integration of psycho-oncological palliative care.

Further in-depth research is needed.

229 | Compassionate communication and advance care planning to improve end of life care in treatment of hematological disease (ACT) - a cluster randomized controlled trial among patients and caregivers (study protocol)

Cecilie Borregaard Myhrøj1, Annika von Heymann2, Stine Norup Clemmensen3, Mary Jarden4, Christoffer Johannsen5
1Department of Hematology, Rigshospitalet, Copenhagen, Denmark, 2Cancer Survivorship and Treatment Late Effects (CASTLE) – A Danish Cancer Society National Research Center, Department of Oncology, Centre for Cancer and Organ Diseases, Rigshospitalet, Copenhagen, Denmark

Background/rationale or Objectives/purpose: In order to support the implementation of serious illness and goals of care conversations in hematology, a new conversation intervention “Advance consultations Concerning your life and Treatment” (ACT) has previously been developed and pilot tested. ACT was found to improve patient-caregiver communication regarding end-of-life wishes, increase empathy and equality in communication from clinicians and help to prioritize and manage life with serious illness.

The present study aims to investigate the effect of ACT-conversations on use of chemotherapy and quality of end-of-life care in patients with hematological malignancy. It is hypothesized that ACT will prepare patients and caregivers for difficult end-of-life decisions, decrease use of futile chemotherapy, and improve quality of end-of-life care.

Methodology or Methods: The study is designed as a nationwide 2-arm cluster randomized controlled trial randomizing 40 physicians and 80 nurses across seven different hematological departments in Denmark to either standard care or ACT intervention. A total of 400 patients and their caregivers will be included. The ACT-intervention includes preparatory material for patients, caregivers, and clinicians, clinician training, ACT conversations, coaching, and organizational changes including dedicated timeslots and templates for documentation. Data will be collected from medical records, patient-reported outcomes, and self-reporting data from clinicians.

Impact on practice or Results: The study is currently in its preparation phase. Clinician recruitment will begin in spring 2022 and patient inclusion in fall 2022.

Discussion or Conclusions: This study may contribute to bridging the evidence- and practice-gap in end-of-life care and improve the end-of-life experience for patients and their families.

Challenges include optimal recruitment of patients and distribution of clusters on sites.

235 | Cross Country Comparison of Expert Assessments of the Quality of Death and Dying 2021

Eric Finkelstein1, Afsan Bhadelia2, Cynthia Gob (deceased)3, Drishti Baid4, Ratna Singh5, Sushma Bhatnagar6, Stephen Connor @sconnor7
1Duke-NUS Medical School, Singapore and Duke University Global Health Institute, Singapore, Singapore. 2Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, USA. 3National Cancer Centre Singapore, Singapore, Singapore. 4University of Southern California, Los Angeles, USA. 5Lien Centre for Palliative Care, Duke-NUS Medical School, Singapore, Singapore. 6Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi, India. 7Worldwide Hospice Palliative Care Alliance, London, United Kingdom

**Abstract**

Background/rationale or Objectives/purpose: To score, grade, and rank countries (and Hong Kong and Taiwan) on the quality of EOL care based on assessments from country experts using a novel preference-based scoring algorithm.

Methodology or Methods: We fielded a survey to country experts around the world, asking them to assess the performance of their country on 13 key indicators of EOL care. Results were combined with preference weights from caregiver-proxies of recently deceased patients to generate a preference-weighted summary score. The scores were then converted to grades (from A–F) and a ranking was created for all included countries.

Impact on practice or Results: The final sample included responses from 181 experts representing 81 countries with 2 or more experts reporting. The 6 countries who received the highest assessment scores and a grade of A were United Kingdom, Ireland, Taiwan, Australia, Republic of Korea, and Costa Rica. Only Costa Rica (upper middle) is not a high-income country. Not until Uganda (ranked 31st) does a low-income country appear on the ranking. Based on the assessment scores, twenty-one countries received a failing grade, with only two — Czech Republic (66th), and Portugal (75th) — being high income countries.

Discussion or Conclusions: This study provides an example of how a preference-based scoring algorithm and input from key stakeholders can be used to assess EOL health system performance. Results highlight the large disparities in assessments of the quality of EOL care across countries, and especially between the highest income countries and others.

242 | The status quo and countermeasures of death education by nursing staff to cancer patients and their families: A qualitative research

Meijie Cai1, Deying Hu2, Yilan Liu2, Minge Wu2, Jiaying Wang3
1Cancer Center, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, wuhan, China. 2Nursing Department, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, wuhan, China. 3Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, wuhan, China.

Background/rationale or Objectives/purpose: To understand the nursing staff’s cognition, attitude, behavior and obstacles in implementing death education for cancer patients and their family members, and to put forward strategies for providing reference for the implementation and promotion of death education for cancer patients and their family members.

Methodology or Methods: Using descriptive phenomenological research method, semi-structured in-depth interviews were conducted with 15 oncology nurses, and the data was analyzed with Colaizzi 7-step analysis method.

Impact on practice or Results: A total of 5 themes and which branched into 17 sub-themes were extracted. The 5 themes are as follows: (1) the cognition of death education for cancer patients and their families, (2) attitudes towards death education for cancer patients and their families, (3) the behavior of nurses carrying out death education for cancer patients and their families, (4) obstructive factors in the death education of cancer patients and their families, (5) strategies for nursing staff to implement death education for cancer patients and their families.

Discussion or Conclusions: Oncology nurses have some knowledge about implementing death education for patients and their families, but still cannot meet clinical needs for some reason. It is necessary to improve relevant policies, integrate social resources, enhance public awareness and participation in death education, strengthen training, optimize human resources and provide supportive resources to improve nurses’ ability of death education and provide good death education for cancer patients and their families.

265 | Clinical Spiritual Care for Advanced Cancer Patients at Home

Wanglian Peng

Hunan Cancer Hospital / The Affiliated Cancer Hospital of Xiangya School of Medicine, Central South University, Changsha, China

Background/rationale or Objectives/purpose: For patients with advanced cancer at home, there are multiple problems including physical, psycho-social and spiritual, and it is urgent to give them holistic care.

Methodology or Methods: Founded in 2008, hospice unit of Hunan Cancer Hospital is a charitable home hospice care institution providing free analgesics, clinical spiritual care and psycho-social support for “at-home, poor, terminal, cancer” patients. The spiritual care for advanced cancer patients at home and their families is mainly dignity treatment and grief counseling on the basis of analgesia. For dignity therapy, we guide patients to review their life, their highlights, review the things and people that impressed him, the unfinished relationship, and the people who need to thank, say goodbye, express love and apologize. This is also part of the antipathetic grief counseling for family members. When patients leave, family members’ grief counseling is an important work for us. We follow up the family members by phone or face to face interview, to assess their grief level and provide services. In 2021 we provide clinical spiritual care for 456 patients.

Impact on practice or Results: After receiving spiritual care, a third party telephone survey showed that 100 percent of respondents reported pain relief and 96 percent reported relief from family financial stress. 100% of the respondents indicated that the family psychological pressure had been relieved, and 100% of the respondents had a satisfaction rating of 9 or above.

Discussion or Conclusions: Clinical spiritual care provides professional and holistic psycho-social support and help for patients with advanced cancer at home, effectively improve their quality of life.

332 | Preliminary evaluation of the Double Awareness Scale in patients with advanced cancer receiving outpatient palliative care

Melissa Mijanoeski1, Athena Li1, Mairead McConnell2, Breffni Harmon1,2, Camilla Zimmermann1,2, Gary Rodin1,4
1Department of Supportive Care, Princess Margaret Cancer Centre, University Health Network, Toronto, Canada. 2Department of Psychology, University of Arizona, Tucson, USA. 3Department of Medicine, University of Toronto, Toronto, Canada. 4Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto, Canada

Background/rationale or Objectives/purpose: Individuals with advanced cancer are challenged with remaining meaningfully engaged in life,
while also preparing for end-of-life. Sustaining this duality, or “double awareness,” may reflect optimal psychological adaptation, however, no validated measure exists. The aim of this study was to conduct a preliminary evaluation of a newly developed measure of double awareness, the Double Awareness Scale (DAS).

Methodology or Methods: 132 patients with advanced cancer were recruited from an outpatient palliative care clinic. Self-reported measures assessed double awareness and related constructs. Exploratory factor analysis and tests of construct validity and internal consistency were performed.

Impact on practice or Results: The items of the DAS loaded onto two domains, Life Engagement (LE; Cronbach’s $\hat{r}=0.89$) and Death Contemplation (DC; Cronbach’s $\hat{r}=0.72$). LE comprised of two subdomains, Joy/Connection (9 items; Cronbach’s $\hat{r}=0.87$) and Apathy/Life Constriction (7 items; Cronbach’s $\hat{r}=0.81$). DC also comprised of two subdomains, Legacy Remembrance (4 items; Cronbach’s $\hat{r}=0.75$) and Death-related Thoughts (5 items; Cronbach’s $\hat{r}=0.77$). LE demonstrated convergent validity with quality of life (QUAL-EC; $r=0.62$) and life completion (QUAL-EC Subscale; $r=0.66$), but not with satisfaction with life (SWLS; $r=0.47$). DC demonstrated discriminant validity with death anxiety (DADDs; $r=-0.17$) but did not show convergent validity with preparation for end-of-life (QUAL-EC Subscale; $r=0.47$).

Discussion or Conclusions: The results of this preliminary evaluation are encouraging and formal evaluation of the DAS will be conducted after collection of the complete dataset. A validated measure of double awareness could be used in clinical settings to assess adaptation to advanced disease and in research to determine the responsiveness of this capacity to therapeutic interventions.

334 | Developing a person-centred bereavement care service for health professionals working with diverse communities
Nicci Bartley$^1$, Laura Kirsten$^2$, Cindy Wilson$^3$, Betsy Sajish$^2$, Claire Cooper$^1$, Joanne Shaw$^1$

$^1$Psycho-oncology Co-operative Research Group (PoCoG), School of Psychology, The University of Sydney, Camperdown, Australia. $^2$Nepean Cancer and Wellness Centre, Nepean Hospital, Kingswood, Australia.

Background/rationale or Objectives/purpose: Evidence-based bereavement care is not routinely provided or delivered by trained staff in Australian hospitals. Nepean Blue Mountains Local Health District (NBMLHD) is responsible for providing health care to ~350,000 residents, including Indigenous, culturally and linguistically diverse and socioeconomically disadvantaged communities. NBMLHD requires an evidence-based bereavement model of care that identifies all aspects of bereavement processes and incorporates recommendations for their diverse communities. The aim of this research is to develop a bereavement clinical pathway that identifies all aspects of bereavement processes: screening, education, training, follow-up and care provision.

Methodology or Methods: This systematic approach to the development of the bereavement clinical pathway will involve: 1. Systematic review of the literature to identify international frameworks and implementation factors of relevance to the Australian context; and 2. Qualitative interviews with NBMLHD health care professionals who provide bereavement support to explore current routine practice, gaps in services and resources, and identify barriers and facilitators to implementing a bereavement clinical pathway.

Impact on practice or Results: We will present the findings of the systematic review and qualitative analysis, as well as describe the NBMLHD bereavement clinical pathway.

Discussion or Conclusions: The bereavement clinical pathway developed from this research will be implemented into practice within NBMLHD and future research will involve an evaluation of the model to determine key implementation outcomes for feasibility, acceptability, and adherence. Further, the results of this research will inform the development of a brief education resource based on a train the trainer model to build capacity for nurses/volunteers that covers identified knowledge gaps.

407 | Enablers of early palliative care: qualitative analysis of comments from a national survey of palliative care physicians
Anna Sorensen$^1$, Samantha Lo$^1$, Rachel Sue-A-Quan$^1$, Ashley Pope$^1$, Nadia Suand$^2$, Gary Rodin @gary_radin$^{1,2}$, Breffni Hannon @HannonBreffn$^{1,2}$, Kirsten Wentlandt$^{1,2}$, Camilla Zimmermann @ZimmTeamLab$^{1,2}$

$^1$University Health Network, Toronto, Canada. $^2$University of Toronto, Toronto, Canada.

Background/rationale or Objectives/purpose: Early palliative care (EPC) is widely recommended but may be challenging to implement. The aim of this study was to qualitatively describe Canadian palliative care physicians’ opinions about conditions necessary to provide EPC.

Methodology or Methods: A survey assessing attitudes and opinions on EPC was distributed to physicians providing primary or specialized palliative care, as identified by the Canadian Society of Palliative Care Physicians. The survey included an optional final section for respondents’ general comments; we screened these for relevance to our study aims and conducted a qualitative thematic analysis of relevant comments.

Impact on practice or Results: Of 531 completed surveys, 129 (24%) respondents provided written comments, of which 89 were relevant to our study aim. Four key categories were identified: (1) Needs-dependent referral—palliative care referral should be “tied to symptom needs rather than prognosis” and based on the referring physician’s palliative care skills; (2) Optimization of teamwork—family physicians should be empowered to provide primary palliative care, while “linking community nurses better with primary care,” and providing referral to palliative care teams for “difficult cases”; (3) Provision of adequate resources—EPC “cannot be done without proper resources,” and attempting this could “totally overwhelm palliative care programs”; (4) Rebranding palliative care—some respondents favoured renaming palliative care ‘supportive care’ to decrease referral barriers, while others suggested instead “better education about the role of the palliative care team.”

Discussion or Conclusions: Changes are necessary at the level of palliative care referral systems, providers, resources and policy to enable implementation of EPC.

437 | Pediatric Palliative Care: Equity and Service Provision in Ontario, Canada
Deborah Goldberg, Leot Granek
York University, Toronto, Canada.

Background/rationale or Objectives/purpose: The goal of pediatric palliative care (PPC) is to address the physical, psychological, social, and spiritual suffering of children and families with a life-limiting illness (LLI). We assessed PPC service provision in Ontario, Canada to highlight gaps that exist in PPC service provision. Specific obstacles that contribute to a delayed or absent referral to PPC in Ontario were explored.
Methodology or Methods: We conducted a systematic review of the literature to assess PPC resource availability. We surveyed existing grey literature for supporting sources. The themes that arose in the literature review were highlighted and used to assess the PPC landscape in Ontario.

Impact on practice or Results: There has been a significant increase in the number of children accessing pediatric palliative care in Ontario. A pattern of late referral to PPC is common and many children do not receive the full benefit of PPC services. Access to PPC may be influenced by the distribution of health care resources in the province. Adolescents emerged as a population with unique barriers to evaluating their access to PPC resources.

Discussion or Conclusions: Earlier and broader implementation of PPC services would help reduce the burden of LLI on the family and children impacted by LLI. Many children who could benefit from PPC still do not receive PPC resources and of those who do it is often implemented late in the course of disease. Future research is necessary to examine why later referrals to PPC persist and explore existing gaps in PPC for adolescents as well as adequacy of service provision in rural areas.

445 | Palliative care for survivors of humanitarian crises: A scoping review

Jacob Lang1,2, Theoneste Maniragaba3,4, Nicole Andersen1, Nicky Dadé5, Brian Kelly @KellyByk23367.8, Christian Ntizimira @ntizi-mira9,10, Annett Körner1,2,11, Melissa Henry12,2

1Department of Educational and Counselling Psychology, McGill University, Montreal, Canada, 2Lady Davis Institute for Medical Research / Segal Cancer Centre, Jewish General Hospital, Montreal, Canada, 3Rwanda Cancer Centre, Rwanda Military Hospital, Butaro, Rwanda, 4School of Medicine and Health Sciences, University of Rwanda, Kigali, Rwanda, 5Department of Psychology, McGill University, Montreal, Canada, 6School of Medicine and Public Health, University of Calgary, Calgary, Canada, 7Camning School of Medicine, University of Calgary, Calgary, Canada, 8John Hunter Hospital, Newcastle, Australia, 9African Centre for Research on End-of-Life Care (ACREOL), Kigali, Rwanda, 10Palliative Care Centre for Excellence in Research and Education (PaC), LKC School of Medicine, Singapore, 11McGill University Health Centre (MUHC), Montreal, Canada, 12Gerald Bronfman Department of Oncology, McGill University, Montreal, Canada

Background/rationale or Objectives/purpose: Models of palliative care (PC) for patients and families who have endured collective trauma, and studies of needs, experiences, and outcomes, have never been compiled. In light of a mobilized recovery from civil war and genocide (1990-94) and an interdisciplinary spirit in its new PC program, Rwanda is positioned to lead a movement towards trauma-informed practice. A PRISMA-ScR scoping review was conducted through a novel Rwanda-Canada-Australia research program aiming to: (1) Compile models conceptualizing the role of disaster survivorship in patients’/families’ experiences of PC; (2) Identify survivors’ needs, experiences and outcomes, permitting us to generate a model on which to build studies to improve care in Rwanda.

Methodology or Methods: 27 peer-reviewed articles were included after database searches and eligibility screening. Monitoring inter-rater agreement, eligibility, methodological quality appraisals (JBI), and content analysis were completed by two researchers individually with meetings to resolve discrepancies.

Impact on practice or Results: Studies included PC patients and families with lived experiences as refugees, veterans/former PoW, and second-generation members of a persecuted group with n’s ranging from 1 - 143,215, published 2001-21. Quasi-experimental and cross-sectional studies scored consistently well on JBI checklists. Case reports and qualitative studies were of mixed quality, with the strongest illustrating treatment models and demonstrating self-reflexivity. Analysis revealed 30 content categories concerning treatment needs, processes, preferences, interventions, prevalence, systemic issues, and care recommendations.

Discussion or Conclusions: This presentation offers a conceptual model of factors implicated in PC to meet the unique needs of communities who have endured collective trauma. Clinical perspectives from oncology practice in Rwanda will be discussed.

446 | Palliative care and end-of-life: a look at the health professional

Jacqueline Amaral @JacqueAmaral1,2,11, Hélène Teixeira2, Maria Carolina Gomes4

1Sociedade Brasileira de Psico-Oncologia (SBPO), Goiânia, Brazil, 2Academia Nacional de Cuidados Paliativos (ANCP), São Paulo, Brazil, 3Universidade Federal de Goiás (UFG), Goiânia, Brazil, 4Instituto de Câncer Dr. Arnaldo (ICAVC), São Paulo, Brazil

Background/rationale or Objectives/purpose: Throughout education, health professionals are taught and trained to “save lives” and to preserve it at all costs, especially with the advances of medical technologies. However, it is common for professionals to encounter threatening and life-prolonging situations, ethical dilemmas, high suffering, overload, complex social, family, psychic and spiritual issues, which often cause moral distress and generate psychopathological disorders. Thus, it became a challenge for these professionals to act in situations in which it is known that perhaps the desired cure will not be achieved. However, when it is not possible to cure we continue to care. But, what about when this care hurts and generates Suffering?

Methodology or Methods: We present the experience of individual psychological support to health professionals who suffer the impact of dealing with end-of-life processes of their patients together with their families and/or caregivers. We use the phenomenological perspective allowing those assisted to freely report their feelings and emotions.

Impact on practice or Results: The interventions carried out resulted in self-care improvement, psychoeducation, strategies for managing and venting their emotions, mutual support among co-workers, enhanced communication skills, better communication with other teams and also greater perception of situations that could potentially generate conflicts in the work in palliative care.

Discussion or Conclusions: In the interventions carried out, it was observed that health care professionals need support and often they neglect their self-care and invalidate their anguish. There is a need for safe spaces for them to share their silenced pains addressing the importance of new meanings that allow for grief and mourning in the work setting.

450 | Deep and continuous sedation until death: what do professional caregivers experience?

Yasmine Chemrouk1,2, Delphine Peyrat-Apicella3, Marie-Frédérique Bacqué4

1Laboratoire SULSoM, Université de Strasbourg, Strasbourg, France, 2Institut Gustave Roussy, Paris, France, 3Laboratoire U.T.R.P.P., UR 4403Université Sorbonne Paris Nord, Villetaneuse, France
Background/rationale or Objectives/purpose: Sedative practices are diverse across countries. There are few international qualitative studies on the effects of palliative sedation on professionals, although it is increasingly used in different countries.

Methodology or Methods: Our exploratory qualitative research follows a quantitative study conducted in a conventional oncology hospitalization service in France. Semi-structured interviews according to interpretative phenomenological analysis were conducted by a psychologist-researcher with two volunteer caregivers from each profession (health caregivers, nurses, Physicians).

Impact on practice or Results: Despite the size of the sample, the interviews highlight different representations concerning the implementation of the DCSUD. Its accompaniment and its consequences according to the profession are assessed too.

- Physicians emphasize the ethical issue and the collegial process.
- Physicians report a decrease in their workload once the process is underway.
- Nurses and health caregivers find difficulties in accompanying families during the sedation period.
- Nurses and health caregivers express the need to continue their work despite the sedation.

Discussion or Conclusions: Although the interviewed team members are used to working interdisciplinary and supporting these situations, there is a lack of homogenous discourse between the different professions. It seems necessary to offer a space for discussion outside of the collegial procedure and afterwards to allow everyone to better understand the challenges of this sedative practice within the health teams.

454 | Palliative care in hematology. An impossible anticipation?
Yasmine Chemrouk1,2, Boris Lassagne1, Marie-Frédérique Bacqué1
1Laboratoire SuLiSoM, Université de Strasbourg, Strasbourg, France.
2Institut Gustave Roussy, Paris, France

Background/rationale or Objectives/purpose: Palliative care proposes an early involvement in the management of patients. This early intervention seems difficult to implement in practice. Hematology benefits from therapeutic innovations that push it towards a constant dynamic of “cure”. These new treatments take away the specter of death, at least symbolically. Our qualitative study proposes to identify the obstacles to the collaboration between hematology and palliative care.

Methodology or Methods: We conducted interviews with 12 paramedics working in a hematology intensive care unit. Our all-female cohort consisted of 6 nurses’ aides and 6 nurses. How do they experience these therapeutic advances? How do they tolerate the transition to palliative care? We analyzed the mentalization process according to Bateman and Fonagy as well as the defense mechanisms.

Impact on practice or Results: We used an interpretive phenomenological analysis to capture the meaning that paramedics get from their experience of being a caregiver in such a transition.

- The paramedics present unconscious defenses expressed through action, doing.
- The projective identification central among all, allows a relational regressive care necessary to the psychic survival in the sterile sector, where the patient is isolated.
  - Level of mentalization is low
  - Giving affective care is lived as a guarantee of recovery.

Discussion or Conclusions: Spontaneous reactions of caregivers humanize the relationship. The anticipation of death would be experienced as an abandonment of the patient to his or her own finitude, or even an abandonment of the ‘fight’ against the disease. Offering clinical supervision as such Balint groups would offer a mental reconsideration of what is at stake in the caregiver/patient relationship.

460 | The psychologist’s role in palliative care
Jacqueline Amaral1 @JacquelineAmaral1,2, Helleine Teixeira2, Maria Carolina Gomes3
1Sociedade Brasileira de Psico-Oncologia (SBPO), Goiânia, Brazil.
2Academia Nacional de Cuidados Paliativos (ANCP), São Paulo, Brazil.
3Universidade Federal de Goiás (UFG), Goiânia, Brazil. 4Instituto de Câncer Dr. Arnaldo (ICAVC), São Paulo, Brazil

Background/rationale or Objectives/purpose: Discovering a life-threatening diagnosis is frightening and creates an emotional impact in the lives of patients, their families or caregivers. There is a psychic vulnerability that generates intense suffering. In this sense, a psychologist needs to encompass all the dimensions of suffering so to be able to offer interventions and specific managements to relieve suffering in different dimensions.

Methodology or Methods: We present the experience of psychologists who perform consultations in Palliative Care and the experience of psychoeducational lectures given to multidisciplinary teams, which deal with the impact of experiencing the end-of-life process in a hospital or home environment.

Impact on practice or Results: The interventions carried out resulted in actions that favored greater inclusion of the actions of this professional in the teams to promote the relief of suffering for patients, family members or caregivers, as well as the multidisciplinary team that made referrals and inclusion of this professional in interdisciplinary actions. It stands out as some actions taken, better communication and possibilities of expression of desires.

Discussion or Conclusions: As for the performance in Palliative care and the final phase of life, it is necessary to have specific training to work in this area, where the psychologist has technical and theoretical knowledge in Palliative Care, also in order to be able to demystify this issue. The professional should be able to work in primary, secondary, tertiary care and home care. The psychologist who works in Palliative Care, must have management in the contexts that require action and interventions related to bioethics, assessment scales, communication skills and teamwork.

471 | Quality of Life (QOL) and End-of-Life (EOL) Care in Couples Facing Stage IV Non-Small Cell Lung Cancer: Role of Psycho-spirituality and EOL discussions
Juliet Kroll, Morgan Jones, Eduardo Bruera, Kathrin Milbury
The University of Texas MD Anderson Cancer Center, Houston, USA

Background/rationale or Objectives/purpose: As patients live longer with metastatic lung cancer, understanding how the patient-spoil caregiver psyche-spiritual and interpersonal experiences during treatment may impact eventual end-of-life (EOL) care is increasingly relevant yet remains relatively unexplored.

Methodology or Methods: We conducted secondary analyses of baseline assessments of couples facing stage IV non-small cell lung cancer and examined prospective associations with EOL care. Patients and caregivers separately reported mood (CES-D), spirituality (FACIT-SP), and discussions around fear of death and disease progression. Patients additionally reported symptom burden (MDASI) and QOL (QUAL-E). For deceased patients, EOL care metrics were extracted from the electronic health record including hospital deaths and systemic cancer treatment within last 30 days of life.

Impact on practice or Results: Of the baseline sample (n=75 patients), 32% remained alive. For deceased patients (n=51, age mean=65.3, non-
Background/rationale or Objectives/purpose: Adolescent and young adults (individuals between 15-39 years of age) experience unique challenges when diagnosed with advanced/metastatic/recurrent cancer. The study purpose was to illuminate how AYAs live day-to-day with their diagnosis and identify potential strategies to incorporate supports to enhancement their ability to adapt.

Methodology or Methods: This qualitative social constructivist grounded theory study involved one-on-one semi-structured virtual interviews with AYAs from across Canada who were recruited via convenience and purposeful sampling and with help from community partners. Data were analyzed using constant comparative techniques.

Impact on practice or Results: A sample of 21 AYAs (age range 25 – 39 years; 17 women, 4 men) with varying types of cancer participated. The AYAs described the experience of living with an advanced/metastatic/recurrent cancer as oscillating between two points: 1) accepting the uncertain but incurable nature of their disease; 2) having a glimmer of hope of living with no evidence of disease for periods of time. Oscillating between acceptance and hope was described as living in a liminal space wherein it was difficult to make sense of their circumstance. Lack of understanding of their disease, poor communication between AYA and their oncology team, and progression/regression of their disease influenced the rate of oscillation. Slowing the rate of oscillating by enhancing timely access to information and supportive care helped AYAs adapt and live meaningfully from one day to the next.

Discussion or Conclusions: This data will serve as the foundation for designing and testing supportive cancer care for AYAs living with advanced/incurable cancer.

**492 | A Longitudinal Study of Medical Assistance in Dying (MAID) in Patients with Advanced Cancer**

Kyle Fitzgibbon @KyleFitzgibbon1, Anne Barbeau1, Robin Graham1, Roberta Y. Klein1, Athena Li1, Aliza Panjwani1, Gilla Shapiro1,2, Gary Rodin1,2,3, Anne Rydall1, Madeline Li1,3

1Department of Supportive Care, Princess Margaret Cancer Centre, University Health Network, Toronto, Canada
2Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC), University of Toronto and Princess Margaret Cancer Centre, Toronto, Canada
3Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto, Canada

Background/rationale or Objectives/purpose: This longitudinal study is designed to determine the prevalence, predictors, and experience of the desire for death (DD) and MAID in patients with advanced cancer.

Methodology or Methods: In this CIHR-funded 5-year study (CIHR #PJ7 15946; Co-Principal Investigators: Madeline Li, Gary Rodin), a cohort of 600 patients with advanced cancer are being recruited at the Princess Margaret Cancer Centre in Toronto, Canada, to a mixed methods study. Patients are assessed at baseline and every 6 months for medical status, quality of life, physical and psychological distress, attitudes about the DD and MAID, communication with physicians, advance care planning, and use of psychosocial and palliative care interventions. Preliminary results of quantitative baseline data are reported.

Impact on practice or Results: To date 91 patients have consented to participate in the study, with baseline data available for 55 patient participants. Patients are 86% Caucasian, 62% female, 74% married, and 59% university educated. 69% have received mental health services. Overall, 51% of the sample reported MAID is something they would consider for themselves and 64% of the sample reported it is appropriate for healthcare providers to raise the topic of MAID, while 18% of the sample had discussed MAID with their healthcare provider. We will examine relationships between attitudes toward MAID and distress outcomes.

Discussion or Conclusions: Preliminary data from this study suggest normalization of interest in MAID among patients with advanced cancer. These findings may assist healthcare providers in their initial conversations with patients about MAID.

**522 | End-of-Life Care for Young Adults with Cancer: The Role of Psychologists in Death with Dignity**

Dannelle Miller asmillerr1,2, Maureen Sessa1

1Ball State University, Muncie, USA
2Kean University

Background/rationale or Objectives/purpose: Young adults with cancer face a variety of psychosocial consequences throughout treatment, such as conflict within intimate relationships, body image, and emotional distress, as well as a strong desire for individualized services to support these consequences (Sawyer et al., 2017). Much of the literature surrounding end-of-life concerns in cancer patients centers on the older adult population, despite similarly poignant experiences young adults face. Previous research indicates that timely and exhaustive discussion of end-of-life considerations is crucial for young adult cancer patients to engage in autonomous decision-making (Upshaw et al., 2021). Because of this, it is important to consider how clinicians can best serve young adults with cancer. Treating young adults with terminal illness may feel challenging for practitioners, often experienced as burnout (Hoelscher & Ravert, 2021) and compassion fatigue (Crocker & Joss, 2017). Despite the heavy burden and negative emotions experienced by practitioners, patients continue to rely on them for quality end-of-life care.

Methodology or Methods: Open discussion with clinicians and various providers regarding end-of-life care for young adults with cancer. This
methodology is advantageous in sparking conversation on quality patient care.

Impact on practice or Results: The proposed oral presentation will highlight relevant clinical considerations for practitioners within psycho-oncology and palliative care, such as how to best address the unique needs of the young adult cancer patient population within an interdisciplinary care team, and how to truly promote death with dignity and comprehensive patient care.

Discussion or Conclusions: Future directions include increased awareness of professional quality of life in palliative care and providing patient-centered and empathic treatment to young adults.

529 | Effects of Cognitive Therapy for Depression on Insomnia in Women with Metastatic Breast Cancer

Claudia Mc Breaty1,2,3, Samuele Dallaire-Habel1, Josée Savard1,2,3

1School of Psychology, Université Laval, Quebec, Canada. 2CHU de Québec-Université Laval Research Center, Quebec, Canada. 3Cancer Research Center, Université Laval, Quebec, Canada

Impact on practice or Results: The probability of obtaining a clinical insomnia score (ISI ≥ 8) decreased significantly from pre- to post-treatment, F(1,31.84) = 5.69, p < 0.05 (PRE = 83%; POST = 52%). The mean insomnia severity score differed significantly between groups at posttreatment, F(1,32.3) = 8.02, p < 0.01 (intervention = 8.6; control = 13.2) and the ISI score decreased significantly from pre- to post-treatment, F(1,30.1) = 7.33, p < 0.05 (PRE = 12.6; POST = 9.1). However, group-by-time interactions were not significant. Analyses were performed pooling both groups together after WLC patients received CT. The proportion of patients with a clinical level of insomnia, F(3,67.58) = 5.58, p < 0.01 (PRE = 78%; POST = 28%; FU3 = 48%; FU6 = 22%), and the mean insomnia score significantly decreased over time, F(3,43.7) = 17.08, p < 0.0001 (PRE = 12.14; POST = 5.26; FU3 = 8.38; FU6 = 5.80).

Discussion or Conclusions: CT for depression was not associated with a significantly greater reduction of insomnia as compared to a WLC condition. A concomitant treatment that directly targets insomnia should have a significantly greater reduction of insomnia compared to a WLC condition, and may not be the best approach when working with Chinese immigrant families.

Methodology or Methods: Focus groups were conducted with 34 Chinese patients and their caregivers. Among the participants who were diagnosed with cancer, they are at different stages of treatment.

Impact on practice or Results: Within the Chinese community, conflicting cultural traditions and practices make it difficult for adult children to bring the subject up successfully with their parents. Regardless of some other research findings, Chinese elders in our focus group prefer to discuss advance care planning issues with peers first, to learn their opinions generally, before discussing with family. They are not eager to discuss serious illness and end of life care with their adult children. However, Adult children are motivated to figure out how to start the conversation with their elders.

Discussion or Conclusions: Unfortunately, many Chinese immigrants misunderstand AD as Do-Not-Treat, others feel that once they appoint proxies or indicate their healthcare instructions, they will lose control of their own care. If utilized properly and executed accordingly, AD can enhance quality of life and the option of utilizing hospice care if cancer survivors experience recurrence of cancer that is not treatable.

560 | Report of the Portuguese Validation of the CALM Therapy Model For Advanced Breast Cancer Patients: A Project Supported by the UICC/SPARC MBC Challenge Grant

Luzia Travado1, Helena Gouveia1, Isabel Manita1, Sarah Hales2, Gary Rodin2

1Breast Unit, Champalimaud Clinical and Research Centre, Lisbon, Portugal. 2Department of Supportive Care, Princess Margaret Cancer Centre, University Health Network, Toronto, Canada

Impact on practice or Results: We recruited 30 ABC patients, of whom 18 (60%) completed the intervention. Quantitative and qualitative data were collected.

Methodology or Methods: We conducted a Phase II single-arm CALM-only clinical trial, with ABC patients treated at the Breast Unit, Champalimaud Clinical Centre, Lisbon. CALM therapy consisted of 3 to 6 individual sessions, that cover 4 critical domains: 1) symptom management and communication with healthcare providers; 2) changes in self and relations with close others; 3) spiritual well-being and the sense of meaning and purpose in life; 4) preparing for the future, sustaining hope and facing mortality. Outcome assessments were conducted at baseline, 3 months, and 6 months with: PHQ-9/depression; QUAL-EC/quality of life near end-of-life; DADDS/death anxiety; ECR-M16/attachment style; and CEQ/perceived benefit from CALM.

Impact on practice or Results: We recruited 30 ABC patients, of whom 18 (60%) completed the intervention. Quantitative and qualitative data were collected.

Discussion or Conclusions: Data will be presented and limitations discussed from a cultural perspective.
573 | A Mixed-Methods Educational Needs Assessment of Medical Assistance in Dying among Canadian Clinicians

Aliza Panjwani1, Heather Braund2, Nancy Dalgarno2, Cassandra Graham2, Stefanie Green4, Gordon Gubitz3, Kate Hunt1, Gilla Shapiro1,6, Sarah Stevens4, Seline Thevasahayam4, Madeline Li1,7

1Princess Margaret Cancer Centre, University Health Network, Toronto, Canada. 2Queen’s University, Kingston, Canada. 3Toronto Western Hospital, University Health Network, Toronto, Canada. 4Canadian Association of MAiD Assessors and Providers (CAMAP), Toronto, Canada. 5Dalhousie University, Halifax, Canada. 6Global Institute of Psychosocial, Palliative and End-of-Life Care, University of Toronto and Princess Margaret Cancer Centre, Toronto, Canada. 7University of Toronto, Toronto, Canada

Background/rationale or Objectives/purpose: Medical Assistance in Dying (MAiD) is the clinical responsibility of physicians and nurse practitioners in Canada. However, there is no standardized curriculum for MAiD training. The Canadian Association of MAiD Assessors and Providers (CAMAP) conducted a needs assessment to better understand the educational needs of clinicians for MAiD practice.

Methodology or Methods: A cross-sectional mixed methods needs assessment was distributed to members of national physician and nurse practitioner regulatory organizations using an online survey between Dec/21 to Apr/22. Content analysis of open-text responses was conducted using a thematic approach.

Impact on practice or Results: Preliminary descriptive analyses of 196 respondents (66% physicians, 26% nurse practitioners) indicated that 41% were involved in MAiD assessment and/or provision. Among those not engaged in MAiD, 21% reported that they may become involved with MAiD in the near future. Endorsed by over 60% of respondents, commonly reported educational needs included assessing depression and neuropsychiatric symptoms in the context of MAiD eligibility. Content analyses identified a need for guidance in ethical and legal concerns. Barriers to becoming involved with MAiD were often related to practical concerns, such as clinical workload, scope of job description and lack of logistical supports, rather than lack of knowledge. Among factors that would encourage MAiD involvement, peer support for complex cases was endorsed most frequently (36%) and clinician emotional support least frequently (15%).

Discussion or Conclusions: Conclusions: Canadian clinicians identified education on assessing psychiatric disorders and addressing practical concerns as key unmet needs in MAiD practice. These findings will inform the development of CAMAP’s Canadian MAiD Curriculum Development Project.

592 | A Longitudinal Study of the Influence of Primary Caregivers on the Desire for Death and Requests for Medical Assistance in Dying (MAiD) in Patients with Advanced Cancer

Anne Barbeau1, Robin Graham1, Kyle Fitzgibbon1, Roberta Y. Klein1, Athena Li1, Aliza A. Panjwani1, Gilla K. Shapiro1,2, Gary Rodin1,2,3, Anne Rydal1, Madeline Li1,3

1Department of Supportive Care, Princess Margaret Cancer Centre, University Health Network, Toronto, Canada. 2Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC), University of Toronto and Princess Margaret Cancer Centre, Toronto, Canada. 3Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto, Canada

Background/rationale or Objectives/purpose: Little is known about the influence of primary caregivers on the desire for death (DD) in patients with advanced cancer. This longitudinal study will determine the influence of caregiver characteristics on the DD and requests for Medical Assistance in Dying (MAiD) in patients with advanced cancer.

Methodology or Methods: In this CIHR-funded 5-year study, a cohort of 600 patients with advanced cancer and their primary caregivers are being recruited to a mixed methods study at the Princess Margaret Cancer Centre in Toronto, Canada. Participants are assessed at baseline and followed at 6-month intervals to assess physical and psychological factors, the DD, and attitudes about MAiD. Caregivers are assessed for relationship quality and caregiving experience.

Impact on practice or Results: To date, 47 caregivers have consented to participate in the study. Baseline data is available for 28 patient-caregiver dyads to date. Among dyads, 46% of the patients reported that they would consider MAiD for themselves. Data on the influence of caregiver depression, attachment style, marital satisfaction, social support, religiosity and caregiving experience on the DD in patients will be presented.

Discussion or Conclusions: Findings from this study will shed light on the impact of caregiver factors on the DD and attitudes and requests for MAiD in patients with advanced cancer. These findings can inform supportive care interventions for patients with advanced cancer and their primary caregivers.

16 | How do we reach the well AYA population with cancer awareness and early detection messages?

Lorna Larsen @TeamShan

Team Shan Breast Cancer Awareness for Young Women (Team Shan), Huntsville, ON, Canada

Background/rationale or Objectives/purpose: The well Adolescent and Young Adult (AYA) population has been identified as a stakeholder population for cancer awareness for over 15 years. Reports have outlined their early detection needs and recommendations have been made to fill the awareness gap for this population at risk of developing cancer throughout their lifespan.

Methodology or Methods: Canadian AYA cancer care advocates have responded to AYA cancer symposiums and online Tweet chats focused on late diagnosis, the distress caused and the need for both AYA and HCP awareness and education. The AYA population with cancer frequently expresses their concerns at AYA cancer national meetings and on social media.

Key take home messages from the AYA Cancer Advocacy: How do we address the issue of late diagnosis? workshop at CAPO 2021 included the need to address the awareness needs for the well AYA population, Primary Care Providers (PCP), and the public at large; challenges and barriers to early cancer diagnosis need to be identified; and AYA patient and family voices need to be heard. Participants also articulated that teens and young adults with cancer who are not diagnosed are also part of the AYA cancer community even if the community of care doesn’t know who they are yet.

Impact on practice or Results: The presentation will review the identified awareness and education needs for the well AYA population and their HCP, outline recommendations made to address unmet awareness needs, and share some current best practice examples.

Discussion or Conclusions: Possible future actions to address AYA population cancer awareness and early detection needs will be identified.
113 | Findings from Breast Cancer Awareness Campaigns Targeting Young Women on Post-Secondary School Campuses Across Western Canada

Lorna Larsen @TeamShan

Team Shan Breast Cancer Awareness for Young Women (Team Shan), Huntsville, ON, Canada

Background/rationale or Objectives/purpose: Short: To facilitate a multi-faceted breast cancer awareness campaign on post-secondary school campuses across Western Canada and evaluate the effectiveness of the campaigns and knowledge transfer of campaign messages to young women on campus.

Long: To increase early detection and help improve outcomes for young women diagnosed.

Methodology or Methods: Complete literature reviews and environmental scan on breast cancer in young women to inform campaign messages, focus test campaign marketing materials, pilot and evaluate campaign tailored to reach young women, replicate successful pilot on post-secondary school campuses and complete campaign evaluations using a pre-post design with young women (17-29 years) on campus (n=1,674).

Impact on practice or Results: Vast majority of respondents saw or heard campaign ads. Media marketing were the most commonly seen or heard and public transit ads the most commonly observed. Majority of respondents understood their breast cancer risk, planned to take action and close to half shared campaign information. Respondents reported an increase in their knowledge level of breast cancer facts, symptoms, risk factors and self care messages post campaign and an increased number of respondents felt they were well informed post campaign.

Campaign feedback was incredibly positive, respondents acknowledged the importance of the campaigns, asked for more and made suggestions for future campaigns. The use of a young woman diagnosed and her tragic story resonated with young women and helped communicate campaign messages.

Discussion or Conclusions: Team Shan was successful in developing an effective health promotion strategy to reach thousands of young women across Western Canada with their breast cancer risk and breast health information.

185 | Cancer prevention and the implementation of gender-neutral school-based HPV vaccination programs: Evidence from a natural experiment in Canada

Gilla Shapiro @gkshapiro1,2, Ovidiu Tatar3,4, Bärbel Knäuper5, Gabrielle Griffin-Mathieu6, Ben Havard2, Patricia Zhu2,3, Samara Perez4,2, Zeev Rosberger2,3

1Department of Supportive Care, Princess Margaret Cancer Centre, Toronto, Canada, 2University of Toronto, Toronto, Canada, 3Lady Davis Institute for Medical Research, Jewish General Hospital, Montreal, Canada, 4Research Center-Centre Hospitalier de l’Université de Montréal (CRCHUM), Université de Montréal, Montreal, Canada, 5Department of Psychology, McGill University, Montreal, Canada, 6Departments of Oncology, Psychology, and Psychiatry, McGill University, Montreal, Canada

Background/rationale or Objectives/purpose: Despite being an effective strategy for cancer prevention, reaching human papillomavirus (HPV) vaccine uptake targets has been challenging. Reasons for this challenge are not well understood. The present study was a natural experiment that examined the impact on HPV vaccine uptake of adding boys to existing, publicly funded school-based HPV vaccination programs for girls, while concurrently examining other important sociodemographic, psychosocial and policy factors.

Methodology or Methods: Data were collected from a national, longitudinal sample of Canadian parents of children aged 9–16 years during August-September 2016 (T1) and June-July 2017 (T2). Participants completed an online questionnaire measuring sociodemographic characteristics, vaccine knowledge and attitudes, healthcare provider recommendation, and HPV vaccine uptake. Using logistic regression analyses, jurisdictions (provinces) with HPV vaccine funding for boys at both time-points were compared to those with funding at neither time-point, and those that introduced funding between time-points.

Impact on practice or Results: The sample included parents of boys (n=716) and girls (n=843). In multivariable analyses, jurisdictions with funding for boys at both time-points had higher odds of vaccination (OR, T1=10.18, T2=11.42; 95% CI, T1=3.08–33.58, T2=5.61–23.23) than jurisdictions without funding at both time-points; however, jurisdictions that newly introduced funding for boys did not have higher odds of vaccination than jurisdictions without funding at both time-points. Vaccination was also associated with child’s age, healthcare provider recommendation, perceived vaccine harms, and perceived vaccine affordability.

Discussion or Conclusions: Findings highlight the interplay of sociodemographic, psychosocial, and policy factors that can improve HPV vaccination. Publicly funded school-based programs and healthcare provider recommendation are impactful strategies to increase HPV vaccination.

395 | Understanding Canadian women’s cervical cancer screening preferences: A pilot study using Best-Worst Scaling (BWS) survey methods

Ovidiu Tatar1,2, Gabrielle Griffin-Mathieu2, Ben Havard3, Patricia Zhu1,3, Samara Perez2,3, Zeev Rosberger2,3

1Research Center, Centre Hospitalier de l’Université de Montréal (CRCHUM), Montreal, Canada. 2Lady Davis Institute for Medical Research, Montreal, Canada. 3McGill University, Montreal, Canada. 4McGill University Health Centre (MUHC), Montreal, Canada

Background/rationale or Objectives/purpose: Canadian provinces are transitioning towards HPV-based screening for the prevention of cervical cancer, which implies longer screening intervals and a later age of screening initiation compared to Pap screening. Other countries’ experience suggests that an insufficient understanding of women’s views are a barrier to implementation. This study aimed to understand Canadian women’s preferences regarding HPV-based screening.

Methodology or Methods: Underscreened (> 3 years since last Pap test), and adequately screened (< 3 years since last Pap test) Canadian women completed an online survey in fall 2021. Using Best-Worst Scaling (BWS) methodology, preferences were examined for different screening intervals (i.e., 3; 5; and 10 years) and various ages of screening initiation (21; 25; and 30 years) while also considering multiple screening strategies (i.e., Pap, HPV, co-testing, and HPV self-sampling). Preferences were estimated using conditional logistic regression models in both subgroups.

Impact on practice or Results: In adequately screened women (n=503) the most preferred method of screening was co-testing. Preferences for co-testing were higher for a three versus five-year interval (OR = 3.63) and for initiation at 21 years versus 30 years (OR = 3.17). Underscreened women (n=524) preferred either self-sampling at a three-year interval (versus five years; OR = 1.42) or co-testing initiated at 21 years (versus 30 years; OR = 1.52).

Discussion or Conclusions: The most preferred screening modalities were co-testing and self-sampling with shorter screening intervals and earlier ages of screening initiation. As current HPV testing guidelines suggest a later screening initiation age (25 years+) and longer screening intervals (5 years after a negative test), policy implementation must account for the discordance between women’s preferences and guidelines.
7 | Death anxiety and fear of cancer recurrence – a bifactor approach

Pia Berlin, Pia von Blanckenburg
Philipps-University of Marburg, Marburg, Germany

Background/rationale or Objectives/purpose: Death anxiety in oncology patients is strongly related to fear of cancer recurrence or progress (FCR) and generally discussed as possible transdiagnostic construct. The aim of the present study was to provide the first psychometric validation of a bifactor structure with death anxiety as general and FCR as specific group factor.

Methodology or Methods: Prior to participation in an online micro-intervention, oncology patients (N=121) provided socio-demographical, medical and psychological information that included death anxiety (DADDS-G) and FCR (FOP-Q-SF). We confirmed construct structure with confirmatory factor analysis and modified models based on modification indices and theoretical basis. Structural equation modeling was used to identify bifactor structure.

Impact on practice or Results: The bifactor model with death anxiety as general and FCR as group factor with residual correlations was of best model fit: $\chi^2(173)=207.74$ ($p<.05$), $SB=1.538$, relative $\chi^2=1.2$, $rRMSEA=0.035$, $SRMR=0.07$, $CFI=0.94$, $AIC=7543.60$. Death anxiety as transdiagnostic construct explains the majority of shared variance with FCR.

Discussion or Conclusions: Psychological interventions to reduce FCR need to focus additionally on existential threat. Already existing exposure or cognitive strategies may profit from inclusion of meaning making, focus on acceptance and psychological flexibility. Acknowledging certainty of death while continuously finding a purpose in life may address distal defense mechanisms of death anxiety and result in reliable adaptive coping behaviors. In order to further target factors with primary impact on FCR (e.g. family burden or working ability), tailored interventions are needed to individually identify topics of relevance and specific fears about death and dying.

25 | The effects of the lung cancer patients’ caregivers dyadic depression program of body-mind-spirit with mindful compassion

Fei-Hsiau Hsiao1,2, Chia-Chen Hsieh1
1National Taiwan University Hospital, Taipei, Taiwan. 2National Taiwan University Hospital, Taipei, Taiwan

Background/rationale or Objectives/purpose: This study aims to examine the effects of dyadic lung cancer patients-caregivers depression program on depressive symptoms for both patients and caregivers, and the patients’ QOL, caregiver stress, patients’ and caregivers’ mindfulness status, self-compassion, meaning in life, compassions from others.

Methodology or Methods: In this RCT study, the patients who are diagnosed as non-small cell lung cancer, being within one month of treatment initiation were recruited. Their family caregivers were also invited. The contents of depression support group for the experimental group, the patients and their caregivers join in dyadic group and practice the communication skills together in group while in control group, only the patient join group while their caregivers receive information at home. The program consisted of Holistic body-mind-spirit (BMS) skills and mindfulness and compassion-focus skills. Moreover, a mobile application was also provided to guide daily practice and offer information, social, emotional support to both breast and lung cancer patients.

Impact on practice or Results: For patient-reported outcome variables, in comparison to baseline, the higher score of compassion from others were more likely to occur in the dyadic group as compared to patient-only group. For caregiver-reported outcome variables, in comparison to baseline, the lower scores of depressive symptoms and caregiver stress were more likely to occur in the dyadic group as compared to the patient-only group.

Discussion or Conclusions: The dyad program mainly improves lung cancer patients’ compassion competency and caregivers’ depression and caregivers’ stress.

44 | Chronic Pain Management in Cancer: An exploratory analysis of electroencephalograph activity during virtual reality pain distraction therapy

Bernie Garrett1, Henry Fu2, Gordon Tao1, Elliott Cordingley1, Zabra Ofoghi2, Crystal Sun1, Teresa Cheung2, Tarnia Taverner1
1University of British Columbia, Vancouver, Canada. 2Simon Fraser University, Vancouver, Canada

Background/rationale or Objectives/purpose: This presentation explores the recording and analysis of electroencephalogram data (EEG) during virtual reality (VR) pain distraction therapies in cancer patients with chronic pain associated with cancer and its treatment. Experimental design, recruitment, recording, and analysis of EEG signals and findings will be discussed.

Methodology or Methods: A single-subject design study was used to explore EEG activity during the VR therapy, and pain levels pre and post exposure. Participants were purposively selected, completing or had completed cancer treatment and had ongoing cancer or cancer-treatment related chronic pain. Sixty-four channel EEGs were recorded during an 8-minute pre-exposure rest, 30-minute VR therapy, and 8-minute post-exposure rest. The power of EEG waveforms was compared between each condition using cluster-based permutation testing. A topographic analysis and coherence exploration was performed to identify the variations in power and coherence in different cortices of the brain.

Impact on practice or Results: A power increase in the beta and gamma bandwidths during the VR therapy was observed with significance ($P<.025$). Coherence changes during meditation were observed predominantly between the frontal, parietal, and occipital cortices and in the theta, alpha and gamma bands ($P<.0025$). No significant relationships between pain scores and EEG power variations were observed.

Discussion or Conclusions: The study demonstrates specific EEG changes during the VR therapy, and provides novel EEG recording and analysis methods that can be used to investigate neurophysiological changes in VR pain applications. These approaches may guide further studies to explore and identify brain regions and wave bands with respect to VR therapies for cancer patients.

55 | An evaluation of psychotherapy alone versus concurrent psychotherapy and psychiatric care for depression and anxiety in cancer patients: A naturalistic study

Nathan Spitz @nathan_spitz1, Martin Kutlughian III1, Arwa Aburizik3
1University of Iowa Holden Comprehensive Cancer Center Behavioral Oncology Clinic, Iowa City, USA. 2University of Iowa Holden Comprehensive Cancer Center Behavioral Oncology Clinic University of Iowa Holden Comprehensive Cancer Center Behavioral Oncology Clinic, Iowa City, USA. 3University of Iowa Holden Comprehensive Cancer Center Behavioral Oncology Clinic
Background/rationale or Objectives/purpose: Presently, there is a paucity of naturalistic studies that directly compare the effectiveness of psychotherapy versus concurrent psychotherapy and psychiatric care for the treatment of depression and anxiety in cancer patients. Informed by previous clinical trials examining the efficacy of concurrent approaches, this study sought to test the hypothesis that a combined approach would result in the greatest reduction of depression and anxiety symptoms.

Methodology or Methods: Data for this study consisted of 433 adult cancer patients with 252 receiving only psychotherapy and 181 receiving concurrent psychotherapy and psychiatric care at the University of Iowa Hospitals and Clinics. Longitudinal PHQ9 and GAD7 data was analyzed between both groups using latent growth curve analyses.

Impact on practice or Results: After controlling for treatment length and provider effects, results indicated that concurrent care was more effective than psychotherapy alone for depressive symptoms ($p = .012$, $p = .037$). Specifically, the simple slope for concurrent care was $-0.25$ ($p = .022$) and the simple slope for psychotherapy alone was $-0.13$ ($p = .006$), suggesting that patients receiving concurrent care experienced a greater reduction in depressive symptoms compared to patients receiving psychotherapy alone. In contrast, there were no significant differences between psychotherapy alone and concurrent psychotherapy and psychiatric care in the reduction of anxious symptoms.

Discussion or Conclusions: Overall, as both psychotherapy and psychiatric care may address unique aspects of mental health conditions, in addition to potentially providing synergistic support to each other, a combinatorial approach to mental healthcare for cancer patients may improve outcomes.

56 | Follow-up for patients with risk of suicide: a review of progress

Jeang Wang1, Deying Hu2, Yidan Liu3, Xiaoping Ding1, Yuying Zhang1, Ming Wu1, Yan Zhang1
1Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.

Impact on practice or Results: After controlling for treatment length and provider effects, results indicated that concurrent care was more effective than psychotherapy alone for depressive symptoms ($p = .012$, $p = .037$). Specifically, the simple slope for concurrent care was $-0.25$ ($p = .022$) and the simple slope for psychotherapy alone was $-0.13$ ($p = .006$), suggesting that patients receiving concurrent care experienced a greater reduction in depressive symptoms compared to patients receiving psychotherapy alone. In contrast, there were no significant differences between psychotherapy alone and concurrent psychotherapy and psychiatric care in the reduction of anxious symptoms.

Discussion or Conclusions: Overall, as both psychotherapy and psychiatric care may address unique aspects of mental health conditions, in addition to potentially providing synergistic support to each other, a combinatorial approach to mental healthcare for cancer patients may improve outcomes.

67 | French validation of the Psychosocial Assessment Tool (PAT): To implement psychosocial screening for family at risk in pediatric oncology

Lisa-Sarah Brunier1, Émilie Trudel2, David Ogez2, Serge Sultan2, Laëdria Desjardins2
1Centre hospitalier universitaire Saint-Justine, Montreal, Canada.

Background/rationale or Objectives/purpose: The psychosocial assessment tool (PAT) is a brief screening tool completed by parents which aims to detect families at risk of experiencing psychosocial difficulties in pediatric oncology. This study aims to validate the first French version of the psychosocial assessment tool (PAT 3.0). Here we focus on the first qualitative phase of the study.

Methodology or Methods: The PAT tool underwent forward and backwards translation, following the instruction of the Center for Pediatric Traumatic Stress. Then, minor modifications were made following interviews lasting 40 to 120 minutes with doctors, nurses, and pediatric oncology psychologists at the Sainte-Justine University Health Center ($N = 5$) as well as parents of children diagnosed with cancer ($N = 4$).

Impact on practice or Results: Issues were encountered in the translation process, including the use of ethnicity terms that did not comply with APA recommendations. Non-gender terms have been favored in the French translation by using term such as latinx instead of latino. It also has been that the questionnaire will have to be adapted to Quebec, by adding Cegep in the schooling status, removing Head Start in daycare status and adding collective insurance for health care coverage.

Discussion or Conclusions: Finally, in the second quantitative phase, the validity of the translation of the tool will be verified by administering the final version and measures corresponding to PAT subscales. We will recruit 75 francophone parents of children newly diagnosed with cancer. The validation of the PAT in French will allow more widespread implementation of psychosocial screening in pediatric oncology and equitable access to necessary psychosocial care.

71 | Cancer-Related Bereavement Services: The Healing Hearts Group

Ceinwen Cumming1,2, Salvatore Durante3,4, Junot Castelyn1,2, Pascal Wallace1,2, Jesse McElheran1,2, Jill Turner1,2
1Alberta Health Services, Edmonton, Canada.

Background/rationale or Objectives/purpose: The focus of this presentation is intervention for adults who experienced a cancer-related death in the family. In a comprehensive cancer center in Western Canada, multi-session bereavement groups were offered in the past. Currently, a single psycho-educational group session entitled Healing Hearts is now available for newly bereaved adults. Before the session, one of the two facilitators screens (over the telephone) potential group members. Key concepts such as bereavement, grief, and mourning are defined and provided to individuals participating in Healing Hearts. Symptoms which may be experienced are also described. An integrative model for Healing Hearts is used in the group. It centers on the work of Wolfelt (2003, 2018) and Worden (2008). A supportive environment is developed. Self-care strategies supported by written materials are also taught (AHS, n.d.). Seasonal stressors are acknowledged and strategies for coping are taught when salient. An important aspect of the group is the provision of a list of exploring the essential component of follow-up, and pay attention to avoid bias caused by the situation of that some subjects in the control group are affected by the intervention group.
community resources for grief intervention. This list is updated before every group. Presently, there has not been a formal program evaluation. A brief description of proposed mixed methods research is provided.

References
AHS, Grief, Trauma & Adjustment: Resources for Professionals. Grief Support Program, Richmond Road Diagnostic & Treatment Centre, Calgary, AB.


Methodology or Methods: N/A
Impact on practice or Results: N/A
Discussion or Conclusions: N/A

75 | Learning from Those with Brain Tumors: Adaptations for Psychotherapeutic Interventions in those with Emotional and Cognitive Dysfunction
Ashlee Loughan @AshleeLoughan1, Kelcie Willis2, Autumn Lanoye2, Sarah Braun1, Amber Fox1, Chris Kleva1
1Virginia Commonwealth University, Richmond, USA. 2VCU, Richmond, USA

Background/rationale or Objectives/purpose: Many patients with brain tumors (PwBT) experience double vulnerability, significant emotional distress and cognitive decline following diagnosis and treatment, that often prohibits inclusion in psycho-oncology interventions. The high rate of exclusion in this population has created scientific and clinical gaps for those who need support most. Therefore, the current investigation explored how future trials can accommodate the needs of PwBT so that they may effectively participate in psychotherapeutic interventions.

Methodology or Methods: In a recently completed Phase 2a proof-of-concept trial, PwBT (N = 12) participated in a 3-month psychotherapeutic intervention, Managing Cancer and Living Meaningfully (CALM). During exit interviews, participants reported whether evidence-informed accommodations could support their participation. Additionally, trial interventionists identified which accommodations were used in sessions.

Impact on practice or Results: PwBT recommended several accommodations in their exit interviews (n = 9): appointment reminders and topic refreshers (100%), visual handouts, prior session summaries, and time for consolidation (78%), transcription notepads (56%), and questionnaire completion assistance (22%). Interventionists documented using the following accommodations in approximately half (~50%) of sessions: appointment reminders, topic refreshers, prior session summaries, and time for consolidation. Visual handouts, notepads, and questionnaire assistance were rarely used or needed.

Discussion or Conclusions: Accommodations that were both recommended and utilized included: (1) appointment reminders, (2) topic refreshers to encourage engagement and support memory, and (3) additional time during communication to assist with slower processing and thought consolidation. Ensuring maximal support for those with double vulnerability is vital when promoting PwBT inclusion in psycho-oncology interventions and addressing the psychosocial needs in an underserved population.

90 | Effects of two modes of therapies in the reduction of psychological burden among caregivers of cancer patients in the South-West, Nigeria
Chioma Asuzu1, Ikechukwu Awusa1
1University, Ibadan, Nigeria.

Background/rationale or Objectives/purpose: This is to determine the effects of Stress Inoculation Therapy (SIT) and Psycho-education Therapy (P-eT) in the reduction of PB of caregivers of cancer patients in the South-West, Nigeria

Methodology or Methods: Pretest-posttest control group quasi experimental design with a 3x2x3 factorial matrix were adopted. The multi-stage sampling procedure was utilized. Three cancer treatment centres (University College Hospital – UCH, Lagos State University Teaching Hospital – LASUTH, and University of Lagos Teaching Hospital – LUTH) with functional facilities were purposively selected. The Mental Well-being Scale (α = 0.78) was used for screening caregivers for psychological burden and those who scored below a threshold level of 24 were selected.

The participants in the centres were randomly assigned to SIT (19), P-eT (20) and control (20) groups. The instrument used was Caregiver Burden Inventory (α = 0.94). The treatment lasted eight weeks. Descriptive statistics, analysis of covariance and Bonferroni Post-hoc test analysis were used at 0.05 level of significance.

Impact on practice or Results: The participants’ age was 36.4±15.9 years, and 58.0% were males. There was a significant main effect of treatment on psychological burden (F2;47 = 27.78; partial η2 = 0.54).
The participants in the SIT group had the lowest post mean scores (5.96), followed by those in P-cT (38.18) and Control (65.22) groups. This implies that SIT was very effective.

Discussion or Conclusions: Stress inoculation and psycho-education therapies reduced psychological burden of caregivers of cancer patients in the South-West, Nigeria, particularly among female caregivers. Clinical psychologists and psycho-oncologists should adopt these therapies to reduce caregivers’ psychological burden.

108 | Mindfulness based stress reduction and diversional therapies in the reduction of psychological distress among cervical cancer patients in southwest, Nigeria

Chioma Asuzu, Afusat Azeez
University of Ibadan, Ibadan, Nigeria

Background/rationale or Objectives/purpose: Psychological distress is not uncommon among women diagnosed of the cancer of the cervix. This study aimed at examining the effects of MBSR and DT in the management of psychological distress among cervical cancer patients in southwest Nigeria.

Methodology or Methods: The study adopted a mixed design, using a pre-test-post-test, control group, quasi-experimental design with a 3x2x3 factorial matrix. Two stage sampling technique was utilized in selecting 61 participants for this study. The purposive sampling technique was utilized in selecting three teaching hospitals. The participants were screened with distress thermometer scale (a=0.75) and those who scored high against the threshold of 4 totaling 10 were selected. The participants in the hospitals were randomly assigned to MBSR (24) DT (21) and control (16) groups. The instrument used were Kessler psychological Distress Scale (K10) (a=0.81); The intervention lasted for eight weeks. Data were analyzed using Analysis of Covariance and Duncan post-hoc test at 0.05 level of significance

Impact on practice or Results: The participants’ age were 27±72 years. There was a significant main effect of treatment in psychological distress among cervical cancer patients in Lagos and Ibadan, Nigeria (F(2 44) =79.72, P <0.5, h2 =.71) The participants exposed to MBSR (17.96) had the lowest psychological distress mean score, followed by the DT group (20.76) and control group (43.19).

Discussion or Conclusions: MBSR and DT reduced psychological distress among cervical cancer patients in Lagos and Ibadan, Nigeria. It is therefore recommended that cervical cancer patients should be exposed to these therapies along the cancer care continuum.

119 | Intranasal Ketamine for Depression in Patients with Cancer Receiving Palliative Care (INKeD-PC): A Phase II, Open-label Clinical Trial

Joshua Rosenblat @JDRosenblat, Gary Rodin, Roger McIntyre, Breffni Hammon, Zoe Doyle, Christian Schul-Zauch, Aida Al Kindy, Froukje deVries, Madeline Li
University Health Network, Toronto, Canada

Background/rationale or Objectives/purpose: Ketamine has been shown to have rapid and robust antidepressant effects, however, has yet to be adequately evaluated in palliative care. Our objective was to evaluate intranasal ketamine for depression in palliative care.

Methodology or Methods: We conducted an open label pilot trial to evaluate the feasibility, safety and antidepressant efficacy of intranasal ketamine for major depression in participants with terminal cancer. Participants received three doses of intranasal ketamine (escalating, flexible dose 50-150mg) over a one-week period. The primary outcome was change in depression severity as measured by the Montgomery–Åsberg Depression Rating Scale (MADRS) comparing baseline to the day 8 primary endpoint.

Impact on practice or Results: Twenty participants were enrolled from 2018-2021. The mean MADRS score decreased from the 31 at baseline to 11 at the day 8 primary endpoint (mean reduction 20; standard deviation 8; p < 0.00001). Day 8 response criteria (MADRS decrease >50%) was met by 14/20 participants (70%) with remission criteria (MADRS <10) met by 9/20 (45%). The day 14 mean MADRS score was still significantly lower than mean baseline MADRS (baseline = 31 versus day 14 = 14; p < 0.0001), suggesting that antidepressant effects may have been partially sustained 7 days after the last ketamine dose. The all-cause dropout rate before the primary day 8 endpoint was 4/20 (20%) with no serious adverse events observed.

Discussion or Conclusions: Intranasal ketamine was associated with rapid, robust and partially sustained antidepressant effects with adequate tolerability. Therefore, evaluating intranasal ketamine for depression in patients with terminal cancer in a larger, randomized, placebo-controlled trial is merited.

121 | ‘Resilient Caregivers’: a randomised trial of a resilience-based intervention for psychologically distressed partner caregivers of patients with cancer

Peter Genter1, Beverley Lim Hoeg2, Camilla Jensen Hamre3, Elisabeth Anne Wreford Andersen4, Susanne Oksbjerg Dalton5, Bjorn Ribiers6, Pernille Envold Bidstrup2

1Cancer Counseling Center, Danish Cancer Society, Copenhagen, Denmark. 2Psychological Aspects of Cancer Research Group, Danish Cancer Society Research Center, Copenhagen, Denmark. 3Herlev Cancer Counseling Center, Danish Cancer Society, Copenhagen, Denmark. 4Statistics and Data Analysis, Danish Cancer Society Research Center, Copenhagen, Denmark. 5Survivorship and Inequality in Cancer Research Group, Danish Cancer Society Research Center, Copenhagen, Denmark. 6Department for the Study of Culture, University of Southern Denmark, Odense, Denmark

Background/rationale or Objectives/purpose: Intimate partners of patients with cancer often experience distress, but there is a lack of knowledge on evidence-based psychological interventions that specifically target this population. ‘Resilient Caregivers’ is a novel resilience-based intervention for distressed partner cancer caregivers. The intervention was developed according to a resilience framework focusing on meta-reflective skills, coping strategies and values clarification. The aim of this study is to evaluate the effectiveness of this intervention in a randomised trial.

Methodology or Methods: Eighty participants will be invited and randomised to either the intervention or usual care. Participants are eligible if they are partners (married or unmarried) of patients diagnosed with cancer and experience distress (>4 on the distress thermometer).

‘Resilient Caregivers’ consists of seven manualised group sessions (2.5 hours each), focusing on resilience in relation to being a partner caregiver of a patient with cancer. The primary outcome is symptoms of anxiety, while secondary outcomes include feasibility, participant satisfaction, distress, depression, quality-of-life and resilience. Data will be collected at baseline, 3, 6 and 12 months, and analysed using mixed models for repeated measures. Trial registration number NCT04610034.

Impact on practice or Results: The study will contribute knowledge regarding supportive interventions for distressed partners. If found to be effective, the program will be extended to other cancer counseling centers in the Danish Cancer Society and other relevant organisations.
Discussion or Conclusions: We have currently recruited 37 participants and expect to complete recruitment by August 2022. We will present the intervention protocol and feasibility results on recruitment sample, participant satisfaction, adherence to and acceptability of the intervention.

133 | Coping with cancer and COVID-19: Using virtual care to support affected individuals
Andrew Durand1,2, Samar Attieh1, Marika Monarque1, Karine Lepage3, Gabrielle Chartier1, Tiziana Vadacchino1, Nathalie Leon1, Carmen Loiselle1
1McGill University, Montreal, Canada. 2Concordia University, Montreal, Canada. 3Jewish General Hospital, Montreal, Canada.

Background/rationale or Objectives/purpose: Individuals diagnosed with cancer are at increased risk for acute side effects, complications, and psychosocial issues such as anxiety, isolation, and distress. A concurrent COVID-19 infection tends to aggravate these issues. As a result, patients become even more vulnerable requiring timely monitoring, assessment, and sustained support. The Segal Cancer Center in Montreal, Quebec, recently initiated a remote (virtual) program for dually diagnosed individuals. Nurse navigators offer remote daily support and monitoring during patients COVID-related isolation period (ranging from 5 to 10 days). Midway through the pandemic, our research team joined this initiative to begin to document patient reported outcomes and satisfaction with the program.

Methodology or Methods: Individuals with cancer and COVID-19 (targeted sample size, N = 75) continue to be recruited for the study. Following e-consent, participants complete, via Qualtrics, a series of self-reported e-measures including distress, quality of life, and satisfaction with the remote program.

Impact on practice or Results: Study implementation met with delays due to rapidly changing COVID-19 treatment-related recommendations, type of COVID variant, length of isolation etc. In this presentation, challenges and opportunities will be discussed within the broader scope of conducting psychosocial oncology research using remote means.

Discussion or Conclusions: Findings will provide key insights into potential benefits and pitfalls of remote patient assessment and support during a pandemic.

135 | Virtual oncology camp improves childhood cancer patient’s psychosocial functioning: a pilot study
Nathan O’Keefe1, L. Kris Gowen2, Gillian E White3, Greg D Wells3, Sarah L West1,2
1Trent University, Peterborough, Canada. 2Campfire Circle, Toronto, Canada. 3SickKids Research Institute, Toronto, Canada.

Background/rationale or Objectives/purpose: Childhood cancer patients experience adverse psychosocial effects including diminished social connection and negative self-perception, underscoring the importance of identifying experiences to foster developmental growth for this group. We examined whether attending a one-month virtual oncology camp (VOC) improved psychosocial health in childhood cancer patients/survivors.

Methodology or Methods: Childhood cancer patients/survivors (7-18 years old) enrolled in VOC were invited to participate in an online anonymous survey three times: prior to VOC (T1), immediately (T2) and 3-months post-VOC (T3). The survey included the Snyder’s Children’s Hope Scale (CHS) and the Child and Youth Resilience Measure (CYRM). Cohen’s d was used to determine the magnitude of differences of CHS/CYRM scores by time point.

Impact on practice or Results: Five responses were recorded at T1 and T2, and four at T3. Compared to T1, at T2 CHS scores increased (20.8 ± 4.76 vs. 28.6 ± 6.77; P = 0.07, d = 1.33). CYRM scores also increased from T1 to T2 (57.2 ± 7.82 vs. 65.4 ± 8.35; P = 0.15, d = 0.86). Compared to T2, at T3 CHS and CYRM scores decreased (28.6 ± 6.77 vs. 26.0 ± 2.16 P = 0.49, d = 0.49; and 65.4 ± 8.39 vs. 64.3 ± 8.66; P = 0.83, d = 0.14, respectively). However, both CHS (P = 0.09, d = 1.34) and CYRM (P = 0.24, d = 0.86) scores remained higher at T3 than T1.

Discussion or Conclusions: Our study demonstrates that children post-VOC had improved CHS (indicative of better self-efficacy, motivation to work towards a goal and social functioning) and CYRM scores (indicative of better resilience). Improvements were maintained 3-months post-camp highlighting the benefit VOC for childhood oncology patients. Future research confirming the findings of this pilot study are needed.

137 | Virtual oncology camp does not change self-reported parental stress: a pilot study
Nathan O’Keefe1, L. Kris Gowen2, Gillian E White3, Greg D Wells3, Sarah L West1,2
1Trent University, Peterborough, Canada. 2Campfire Circle, Toronto, Canada. 3SickKids Research Institute, Toronto, Canada.

Background/rationale or Objectives/purpose: The diagnosis of childhood cancer is a significant stressor for parents and/or caregivers. Stressors may include the child’s potential for a shortened life, reduced quality of life, activity limitations that children experience because of cancer and its treatment, and financial burden. Virtual oncology camp (VOC) may offer childhood cancer patients and their families some respite from day-to-day routines. This pilot study examined changes in parental/caregiver stress before and after their child attended a 1-month VOC.

Methodology or Methods: Parent/caregivers whose children were enrolled in VOC were invited to participate in an online anonymous survey three times: prior to VOC (T1), immediately (T2) and 3-months post-VOC (T3). The survey included the Pediatric Inventory for Parents (PIP). Cohen’s d was used to determine the magnitude of differences of PIP scores by time point.

Impact on practice or Results: Twelve responses were recorded at T1, fourteen at T2 and fifteen at T3. Participant ages ranged from 30-51 years, and most participants (79%) identified as female. There were no changes to PIP scores between time points measured: T1 vs. T2 (219.5 ± 81.0 vs. 228.7 ± 92.5; P = 0.79, d = 0.11), T2 vs. T3 (228.7 ± 92.5 vs. 227.0 ± 79.1; P = 0.98, d = 0.02), and T1 vs. T3 (219.5 ± 81.0 vs. 227.0 ± 79.1; P = 0.81, d = 0.09).

Discussion or Conclusions: Our results suggest that parent/caregiver stress does not change by their child attending VOC. Influencing parental stress may require a more intensive approach such as attending in-person camp or participating in individual and/or group therapy. More fine-tuned impact measurements may also be needed. Future research is warranted.

142 | Understanding problem-solving and emotional distress in parents of children with cancer: The role of perceived control and self-efficacy
Ariane Levesque2, Julieanne Béliveau1,2, David Oge2,3, Valérie Marcil2,4, Daniel Curnier5,6, Catherine Pelouquin1, Serge Sultan1,2,6
1Department of Psychology, Université de Montréal, Montreal, Canada. 2Research Center, Sainte-Justine University Health Center, Montreal, Canada. 3Department of Anesthesiology, Université de Montréal, Montreal, Canada. 4Department of Nutrition, Université de Montréal, Montreal, Canada. 5Department of Kinesiology and Physical Activity Sciences, Université de Montréal, Montreal, Canada. 6Department of Pediatrics, Université de Montréal, Montreal, Canada.
Background/rationale or Objectives/purpose: Parents of childhood cancer patients face psychological challenges that can result in significant distress. It has been suggested that problem-solving (PS) could mitigate emotional distress (ED) in this population, but mechanisms of this relation are poorly understood. This study aimed to assess whether there was a link between PS and ED through perceived control and self-efficacy.

Methodology or Methods: We included 119 parents (67 mothers, 52 fathers, including 50 couples) whose child was diagnosed with cancer. We evaluated a model placing perceived control and self-efficacy as intermediary variables in the relationship between PS and ED in the subsample of couples and in the total sample.

Impact on practice or Results: In the subsample of couples, we found that PS was associated with perceived control (Mothers: $\beta = 0.43$, $p < 0.01$; Fathers: $\beta = 0.45$, $p < 0.01$), which was associated with ED (Mothers: $\beta = -0.58$, $p < 0.01$; Fathers: $\beta = -0.48$, $p < 0.01$). PS was also associated with self-efficacy (Mothers: $\beta = 0.29$, $p < 0.05$; Fathers: $\beta = 0.24$, $p < 0.01$), but self-efficacy was not associated with ED (Mothers: $\beta = -0.14$, $p = 0.17$; Fathers: $\beta = -0.15$, $p = 0.17$). In the total sample, we found that there was a significant relationship between PS and ED through both perceived control and self-efficacy.

Discussion or Conclusions: The mitigating role of PS on ED could be better explained by enhanced control than by improved self-efficacy. These findings could help develop more targeted interventions to address parental ED by addressing PS through control.

152 | “Live Fully with Cancer”: Development of an Acceptance and Commitment Therapy and Compassion-Based Virtual Group Intervention for Diverse Cancer Patients
Chun Tao, Cynthia Stormnington
Mayo Clinic Arizona, Scottsdale, USA

Background/rationale or Objectives/purpose: Acceptance and Commitment Therapy (ACT) has demonstrated considerable benefits on individuals’ quality of life, psychological flexibility, and amelioration of psychological distress following a cancer diagnosis. Most existing ACT-based groups tailor to a unique cancer population or specific cancer stage (e.g., women with metastatic breast cancer), which may limit the accessibility of resources for individuals with rare cancer diagnoses. This project aims to develop an ACT and compassion-based virtual group that promotes adaptation for individuals across diverse cancer diagnoses and stages.

Methodology or Methods: Proposed is a 6-week virtual intervention with 6-10 members in each group. We introduce the ACT principles with incorporation of metaphors and experiential, mindfulness, self-compassion, and meaning-centered exercises. The group aims to facilitate openness to unwanted experiences, promote mindfulness and self-compassion, and increase engagement in values-congruent activities for individuals experiencing increased distress and experiential avoidance in the context of cancer and associated uncertainty.

Impact on practice or Results: Technology-supported group-based interventions expand access to patients who cannot engage in-person due to geographic distance or infection-vulnerability and foster much needed interpersonal connections and validation. We hypothesize that widening the scope will not diminish the benefits of ACT intervention seen in more restricted settings and populations.

Discussion or Conclusions: There can be unique challenges with facilitating a group with diverse presenting concerns and on a virtual platform. We are interested in discussing optimal practices to 1) focus on most beneficial ACT-based conversations for group design; 2) how the diversity amongst participants can be leveraged to reinforce the aims of the group; and 3) empirically respond to individual participants’ unique circumstances.

154 | The effect of CALM therapy in Chinese advanced cancer patients: a preliminary analysis from a randomize-control study (RCT)
Ying Pang, Lili Tang, Yening Zhang, Lili Song, Jintiang Li, Shuangli He, Bingmei Wang
Department of Psycho-Oncology, Key Laboratory of Carcinogenesis and Translational Research (Ministry of Education/Beijing), Peking University Cancer Hospital & Institute, Beijing, China

Methodology or Methods: Patients completed the baseline assessment were allocated randomly in the intervention group (IG) accepted CALM therapy and the control group with usual care. Two follow-up assessments were conducted at the end of 3 months and 6 months after the baseline assessments. Patient Health Questionnaire-9 (PHQ-9), Death and Dying Distress Scale (DADDS) and other scales were used. The patients in IG were also asked to give qualitative and qualitative comments about CALM therapy.

Impact on practice or Results: Forty-eight patients completed 2 follow-up assessments, including 23 patients in the IG and 25 in the CG. 85% (41/48) of the patients are female, the average age was 47 years old. In IG, the total score of PHQ-9 (11.9 ± 5.8 VS. 9.0 ± 5.3 VS. 8.2 ± 5.7, $P = 0.035$) and DADDS (30.2 ± 16.3 VS. 23.2 ± 15.7 VS. 22.8 ± 16.4, $P = 0.131$) showed decline among the 3 times assessments in IG, while there was no downward trend found on any measures in CG. However, no statistical significances were found between two groups, because of the limited sample size. Most patients in IG reported the CALM therapy helped them a lot, but a few patients reported uncomfortable feelings about death-related topics.

Discussion or Conclusions: The study showed CALM therapy is potentially acceptable and effective in Chinese advanced cancer patients, but further study with a larger sample is needed.

165 | Improving Truth-telling Through Online Communication Skills Training for Pediatric Cancer
Woung-Ru Tang1,2, Shib-Hsiang Chen2,1, Chung-Chib Lin4
1School of Nursing, College of Medicine, Chang Gung University, Taoyuan, Taiwan. 2Department of Pediatrics, Division of Pediatric Hematology, Chang Gung Memorial Hospital, Taoyuan, Taiwan. 3College of Medicine, Chang Gung University, Taoyuan, Taiwan. 4Computer Science and Information Engineering, College of Engineering Chang Gung University, Taoyuan, Taiwan

Methodology or Methods: A pre- and post-experimental study was conducted with 50 HCPs, and 17 pairs of children and their family...
members. Based on their preferences toward truth-telling, an interactive online picture book was designed to facilitate truth-telling regarding children with leukemia. Additionally, an online CST program was developed for HCPs working in pediatric oncology wards. Important outcome variables, such as HCPs’ self-confidence and truth-telling ability and quality of life (QOL) among children and their parents were collected using structured questionnaires before and after the intervention.

Impact on practice or Results: A significant improvement was found in HCPs’ confidence (t=−10.67, p<0.001), truth-telling ability (t=−5.52, p<0.001), and pediatric patients’ QOL (t=−3.06, p=0.007). However, there was no difference in the family members’ QOL (t=1.14, p=0.268). Pediatric cancer patients and their family members supported the use of the interactive online picture book to improve their understanding of leukemia and its treatment.

Discussion or Conclusions: The research results demonstrated a positive effect of online CST on HCPs and pediatric cancer patients. It is recommended to incorporate the interactive online picture book during the truth-telling process and provide CST for HCPs caring after children with cancer.

169 | Improving the psychological outcomes of cancer caregivers through involvement in follow-up care after breast cancer – results from the MyHealth randomized trial

Beverley Lim Høeg1, Lena Saltbæk2, Randi Valbjørn Karlsen1, Christoffer Johansen1,4, Susanne Oksbjerg Dalton1,5,4, Pernille Envold Bidstrup1,4

1Danish Cancer Society Research Center, Copenhagen, Denmark. 2Zealand University Hospital, Roskilde, Denmark. 3Copenhagen University Hospital, Copenhagen, Denmark. 4University of Copenhagen, Copenhagen, Denmark. 5Zealand University Hospital, Næstved, Denmark

Background/rationale or Objectives/purpose: Informal cancer caregivers such as spouses or family members are at increased risk of adverse health and psychological outcomes. We examine whether involving caregivers in a patient intervention during follow-up care after breast cancer (BC) treatment improved caregiver outcomes.

Methodology or Methods: We used data from the MyHealth randomized trial testing a novel nurse-led follow-up after BC (NCT02949167). Patients were asked to invite a caregiver of their choice to participate with them. The intervention consisted of 3-5 individual sessions with a nurse trained in the Guided Self-Determination method to promote patient life-skills, systematic collection of patient-reported outcomes and needs-based consultations. Caregivers in the intervention group attended one session with the patients, focusing on symptom education, symptom management and illness communication. In the control group, patients received biannual appointments with an oncologist without involvement of caregivers. Caregiver data was collected at baseline and at 6 months using validated scales assessing anxiety, depression, caregiver burden, dyadic coping, health literacy and health behaviors.

Impact on practice or Results: A total of 503 BC patients and 340 caregivers were randomized to either the nurse-led arm (n=251 patients; n=170 caregivers) or control arm (n=252 patients; n=170 caregivers). We are currently analyzing the caregiver data and will present results of the effect of the intervention on the above-stated outcomes. As the trial was powered to detect effects on patient rather than caregiver outcomes, our results must be considered exploratory.

Discussion or Conclusions: Involving informal caregivers in cancer follow-up may not only benefit the patient, but also the caregiver’s health and psychological well-being.

187 | Using Ecological Momentary Assessment Data to Study Day-to-Day Affect and Depressive Symptoms among Cancer Caregivers

Kelly Shaffer @kellymshaffer1, Jillian Glazer3, Tri Le1, Matthew Reiley1, Mark Jameson2, Philip Chow1, Lee Ritterband3

1University of Virginia, Charlottesville, USA. 2Avera Medical Group, Sioux Falls, USA

Background/rationale or Objectives/purpose: Prior studies of depression among caregivers have frequently used retrospective or cross-sectional designs, offering limited information to develop more targeted interventions for caregivers. In this study of one of the first ecological momentary assessment (EMA) studies among active cancer caregivers, we report the feasibility of this prospective design among caregivers and describe how caregivers’ day-to-day affective experiences relate to their depressive symptoms.

Methodology or Methods: Participating caregivers were actively supporting a family member undergoing cancer treatment. Participants reported depressive symptoms (PHQ-8) at baseline; the following day, participants began the EMA protocol consisting of 8 prompts per day for 7 days. Prompts included 20 items measuring positive and negative active and deactive affect. Affective variability and its relation to caregivers’ depressive symptoms was examined using a novel two-stage data analytic approach through the freeware program MIXWILD.

Impact on practice or Results: Twenty-five caregivers enrolled of 32 approached (78%). Participants completed 59% of prompts (762 of 1,286 issued prompts); completion was not associated with caregivers’ depressive symptoms (t=.02, p=.91). Two-stage location-scale mixed effects modeling showed caregivers’ higher depressive symptoms were related to their overall higher negative affect and lower positive affect (ps<.01), but not to their affective variability.

Discussion or Conclusions: Results from this feasibility study of EMA among active cancer caregivers suggests this study design is feasible, even among distressed caregivers. Clinically, findings suggest the potential importance of not only strategies to reduce overall levels of negative affect, but also to increase opportunities for positive affect, to mitigate depressive symptoms among cancer caregivers.

192 | A Framework and Staffing Formula for Psychosocial Oncology Programming

Carole Mayer1,2, Marianne Arab3, Kimberly Thibodeau4

1Health Sciences North Research Institute, Sudbury, Canada. 2Division of Psychosocial Oncology, Cumming School of Medicine, University of Calgary, Calgary, Canada. 3NS Health, Cancer Care Program, Halifax, Canada. 4Psychosocial Oncology (PSO) services, McGill University Health Center, Montreal, Canada

Background/rationale or Objectives/purpose: The purpose of this presentation is to provide participants with an overview of the work undertaken by the Canadian Association of Psychosocial Oncology to encourage and establish minimum benchmarks in hiring practices for
PSO programming in Canada. This presentation will highlight the framework and an on-line calculator available to determine staffing ratios.

Methodology or Methods: Members of the Clinical Advisory Committee for CAPO reviewed the literature and met over two years with leaders in the field to gain consensus on various factors to be considered for hiring PSO professionals. Ten factors shape the framework using the example of MSWs working in tertiary cancer centres. What makes the framework unique is the inter-connection between the scope of practice, work setting, recognition of distress in PSO care and pragmatic factors such as allocation of time and cancer cases that informs the number of PSO professionals to be hired. The presenters will also review how to access the online calculator to input data to arrive at a recommended staffing ratio. The framework is fluid, continues to evolve and can be adapted for other disciplines.

Impact on practice or Results: Feedback from participants will be encouraged as they reflect on their own work environments. The ultimate goal is to create synergies to continue evolving the framework for international consensus ensuring cancer patients and families have access to psychosocial oncology services that meet their needs with positive and desired outcomes.

Discussion or Conclusions: There are varying practices for hiring PSO professionals in psychosocial oncology. Ultimately all people impacted by cancer should have access to PSO services.

209 | A HEART-WARMING EXPERIENCE: Benefits of psychoeducational workshops for parents coping with mourning due to pediatric cancer

Lucila Boncompagni
Fundacion Mateo Esquivo, santa fe, Argentina

Background/rationale or Objectives/purpose: The loss of a child and childhood cancer are one of the main causes of stress in parents and it requires a specific and sustained approach. Workshops are a good resource to accompany parents in the mourning process.

Methodology or Methods: Narrative review through updated bibliography and analysis of semi-fixed interviews to parents who are in the mourning process, due to childhood cancer.

Impact on practice or Results: The results were:
- Workshops as a learning tool: the topics were about how to return to life by communicating with other parents and talking about de mourning, in a genuine context, without any judging and while transmitting a love message.
- The most frequent emotions: they coincide on the varied and intensive emotions such as confusion, anxiety, sadness. Moreover, there exist some feelings of love to their children and spirituality, that give them a sense to those feelings.
- Importance of the perceived emotional support: coincides on the importance of receiving attention during the treatment and mourning as a continuum. Parents consider the professional a person to trust in, who knows about their history. They also value the professional’s personalized support, who focuses on their needs to express feelings.

Discussion or Conclusions: Workshops are a key tool to foster learnings of personal, psychological and social resources. Those tools help to improve the quality of life of parents and tight familiar bonds. The psycho-oncologist could consider the importance of using this therapeutic resource so as to improve the quality of life of parents in mourning process.

211 | Developing “Mind Your Memory”: A Multi-Disciplinary and Modern Intervention for Cancer-Related Cognitive Impairment

Kristen Silvera1, Marie De Gruzan Wilding2, Kelsey Kenway2, Stephanie Krug1, Sarah Glinski4, Tracy Smith1, Gay Petleiti4
1Cancer Care Alberta, Psychosocial and Rehabilitation Oncology, Tom Baker Cancer Centre, Calgary, Canada. 2Cancer Care Alberta, Rehabilitation Medicine and Oncology, Central Alberta Cancer Centre, Red Deer, Canada. 3Nutrition Education Resources, Provincial Initiatives & Integrated Services, Nutrition Services, Calgary, Canada. 4Cancer Care Alberta, Nutrition Services, Cross Cancer Institute, Edmonton, Canada

Background/rationale or Objectives/purpose: Commonly referred to as “chemo brain” and “brain fog”, cancer-related cognitive impairment (CRCI) encompasses cognitive problems reported by cancer patients before, during, or after treatments. CRCI affects a broad range of cognitive domains, is best captured by subjective measures, and is thought to be caused and modified by a bio-psycho-social set of factors; therefore, it is amenable to a holistic rehabilitation approach – including education, compensatory cognitive strategies, and lifestyle modification.

Methodology or Methods: Within Alberta Health Services, a stepped model of care is being refined. Currently, a first-line intervention is “Mind Your Memory” (MYM) – a 90-minute group class delivered online and synchronously throughout Alberta during the COVID-19 pandemic. MYM is facilitated by a multidisciplinary team comprised of a psychologist, an occupational therapist, and a dietitian. MYM content has been updated in 2022 to reflect CRCI best practices. Preliminary outcomes assess feasibility and acceptability of MYM and include participants’ attendance, demographics, cancer history, and feedback about how and whether MYM meets their needs.

Impact on practice or Results: This clinical project informs first-line interventions for CRCI in Alberta, including future offerings of MYM as well as prioritization of content for a pre-recorded video series.

Discussion or Conclusions: Significant aspects of the updated content are highlighted. Future directions include evaluation of subjective cognitive and mental health symptoms. Suggested questions for conference attendee feedback are: (1) What are imperative aspects of content in CRCI interventions? and (2) What are the most effective first-line intervention formats (e.g., lecture or discussion-based classes, individual sessions, reading or video materials)?

224 | The Effect of Spiritual Care Training on Improving the Spiritual Well-Being of Nurses in Cancer Hospitals

Miao-ru Jiao1, Lin Zhang1, Yi-zhuo Wang1, Fang Fang1, Yan-zi Mi1, Yan-li Hu2, Yan-li Liu1
1Henan Tumor Hospital, Zhengzhou, China. 2College of Nursing, Jilin University, Jilin, China

Background/rationale or Objectives/purpose: To explore the influence of spiritual care training program on nurses’ spiritual well-being.

Methodology or Methods: A total of 80 nurses working in a provincial cancer hospital were recruited to participate in this study. They were randomly divided into experimental group (40 people) and control group (40 people). The experimental group received the specially designed spiritual care training twice a month for 6 consecutive months on the basis of regular vocational studies. The main forms included expert lectures, group interventions, providing spiritual care for cancer patients, and clinical case reporting. The control group participated in the business learning organized by the hospital for 6 consecutive months.
Impact on practice or Results: After 6-month intervention, results showed that the overall score and every dimensions of nurses’ spiritual health in the experimental group was better than that in the control group and the difference was statistically significant (<0.01). In the spiritual health average score increased by 16.13, and the difference was statistically significant (<0.01). After the intervention, the total score and every dimensions score of nurses’ perceived occupational benefit, score of psychological resilience, score of the “cognitive reappraisal” of emotional regulation in the experimental group were higher than those in the control group, and the difference was statistically significant (<0.01). There was no statistically significant difference in the “expression inhibition” dimension score of emotional regulation level between the two groups (≥0.05).

Discussion or Conclusions: The spiritual care training program based on the concept of self-growth with patients can improve nurses’ spiritual health, sense of perceived professional benefits, emotional regulation and psychological resilience level.

227 | A Hybrid Cancer Coaching Certificate Training Program Combining Self-Directed and Online or In-Class Learning to Build Healthcare Professionals Capacity to Support Behaviour Change Across the Cancer Continuum for Global Reach

Doris Howell1,2, Maya Obadia1,4, Marianne Koh2, Odette Valero Gomez2, Tania Xerri2

1 Princess Margaret Cancer Centre Research Institute, Toronto, Canada. 2 York University, Toronto, Canada. 3 University of Guelph-Humber, Toronto, Canada. 4 Princess Margaret Cancer Centre, Toronto, Canada.

Background/rationale or Objectives/purpose: Cancer patients require self-management support to manage the complexities of cancer, treatment and apply self-management skills and behaviours to reduce morbidity and optimize health. We developed the first International Cancer Coaching Professional Certificate education program for healthcare professionals at the Health Leadership and Learning Network, York University, Ontario, Canada. The program is accredited for 47 continuing education units by the National Board for Health and Wellness Coaching.

Methodology or Methods: The Cancer Coaching program was developed based on the theoretical underpinnings of self-determination, readiness to change, health promotion, self-efficacy and a strengths-based model of cancer coaching. The program includes a hybrid of self-directed online learning and online or in-class live sessions. The program goal is to enable participants to effectively engage and motivate cancer populations by facilitating self-management and healthy behaviours across the continuum. Person-centred communication and motivational interviewing processes are emphasized with skills consolidation through practice simulation with actors in small groups and individualized skills assessment at program end.

Impact on practice or Results: Students describe learning skills of motivational interviewing and how to empower the client to make behaviour change. Students valued the peer to peer interaction and simulated learning with actors and described a “shift” in their practice from “telling patients what to do” to leveraging patients’ strengths and intrinsic motivation for health behaviour change.

Discussion or Conclusions: A whole person approach to cancer coaching and consolidation of skills through case-based learning and practice with patient actors is critical for cancer coaching education programs. We hope to extend capacity for cancer coaching on a global scale.

228 | 1000 allograft patients followed over 10 years, what lessons for the future

Patrick Ben Soussan1,2, Yolande Arnault1, Didier Blaise1,2,3, Norbert Vey1,2,3

1 Institut Paoli-Calmettes (IP : National Cancer Institute), MARSEILLE, France. 2 AMU (Aix-Marseille University), MARSEILLE, France. 3 INSERM-CNRS-CRCM, MARSEILLE, France.

Background/rationale or Objectives/purpose: Many international scientific articles discuss and analyze the short and long term psychological impact of HSCT. But most of these studies are based on questionnaires or research interviews with researchers outside the institution and without caring involvement. This communication aims to propose, basis on 10 years of psychological interviews (2009 to 2019) with 1000 patients from the same BMT Unit, in Marseille, France, new lines to redesign the BMT patients’ psychosocial support and the taking care of medical and paramedical BMT teams.

Methodology or Methods: 1000 patients have been recruited and followed for 10 years (2009 to 2019) in the same BMT unit by the same clinical psychologist. Patients and his relatives take systematically part in a psychological interview during the pre-HSCT assessment. Each patient is personally met during his hospitalization for HSCT through in-depth interviews, then when he leaves the BMT Unit and on D100.

Impact on practice or Results: These 10 years of psychological practice confirm many works in this field but also reveal some original elements of care such as the importance of psychological pre-habilitation, the systematic proposal of complementary care such as osteopathy or sophrology. They also show that distress and depression are part of the normal BMT process and have not to be systematically treated with psychotropic drugs. They also taught us that among BMT patients, positive psychological constructs are not systematically associated with improved HRQoL and other health outcomes as previously believed.

Discussion or Conclusions: Prevalence of psychological morbidity in BMT patients is always high and stable: strong awareness of their psychosocial issues is needed.

272 | Correlation between mental resilience and family function in gynecological tumor patients

Yan Zhang1, Deying Hu2, Xiaoping Ding1, Yingying Zhang1, Minge Wu1, Jiapeng Wang1, Jie Chen1, Su Zhou2

1 School of Nursing, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China. 2 Union Hospital, School of Statistics, Huazhong University of Science and Technology, Wuhan, China.

Background/rationale or Objectives/purpose: To explore the influence of family function on the mental resilience of gynecological tumor patients.

Methodology or Methods: A questionnaire survey was conducted on 190 inpatients with gynecological oncology who met the inclusion criteria of this study using the Family APGAR Index (APGAR) and the Connor-Davidson Resilience Scale (CD-RIS). To analyze the correlation between mental resilience and family function in gynecological cancer patients.

Impact on practice or Results: The mental resilience level of gynecological cancer patients was at a low level, with a total score of (47.70±13.16) points. The family care degree of gynecological cancer patients was moderately lacking, with a total score of (7.07±2.8877) points. There were 80 cases of good family function (42.1%), and 110 cases (57.9%) of family dysfunction. The scores and total scores of each dimension of resilience in the family dysfunction group were lower than those in the patients with good family function (P<0.05). Correlation

Impact on practice or Results: The mental resilience level of gynecological cancer patients was at a low level, with a total score of (47.70±13.16) points. The family care degree of gynecological cancer patients was moderately lacking, with a total score of (7.07±2.8877) points. There were 80 cases of good family function (42.1%), and 110 cases (57.9%) of family dysfunction. The scores and total scores of each dimension of resilience in the family dysfunction group were lower than those in the patients with good family function (P<0.05). Correlation
analysis showed that APGAR score was positively correlated with CD-RIS in gynecological tumor patients (r = 0.413, P < 0.01).

Discussion or Conclusions: The mental resilience level of gynecological tumor patients is low, which is closely related to family function. Medical workers should pay attention to the construction of mental resilience of patients, improve the family function of patients, and take targeted intervention measures to improve the level of mental resilience.

293 | Implementation of Cognitive Behavioral Therapy-Insomnia (CBT-I) for Individuals with Primary Brain Tumor: Feasibility, Acceptability, and Lessons Learned

Kellie Willis1, Autumn Lanoye2, Amber Fox3, Scott Rarities4, Jaclyn Sadicario5, Ashlee Loughban6

1Virginia Commonwealth University, Richmond, USA. 2Virginia Commonwealth University School of Medicine, Richmond, USA

Background/rationale or Objectives/purpose: Sleep disturbance is among the most common symptoms endorsed by patients with primary brain tumors (PwPBT), yet many report that their sleep-related symptoms are not well-managed. The front-line treatment for insomnia, Cognitive Behavioral Therapy for Insomnia (CBT-I), has yet to be evaluated in this population; thus, it is unknown whether CBT-I is feasible or acceptable for patients in neuro-oncology.

Methodology or Methods: Adult PwPBT meeting DSM-V criteria for insomnia were eligible to enroll in a 6-week, group-based telehealth intervention of CBT-I. Sessions were led by clinical psychology doctoral students. A neuro-oncologist evaluated the safety of the protocol/intervention, given the high rate of seizures and ongoing, aggressive nature of neuro-oncology treatment. Eligibility and consent rates, session attendance, retention, adverse events, perceived benefit, adherence, and satisfaction were tracked throughout the study.

Impact on practice or Results: Since opening for accrual (9 months), 67 participants have been referred, 38 screened for eligibility, and 32 enrolled in the intervention. Two participants withdrew prior to initiating treatment and three following treatment due to timing and suitability. No adverse events were attributed to the intervention. Participant perceived benefit (7.5/10.0), adherence (7.8/10.0), and satisfaction (4.8/5.0) were high, such that 94% would complete the program again and 100% would recommend it to others. Though not formally assessed, physician satisfaction was notable.

Discussion or Conclusions: Though the current trial demonstrates strong preliminary feasibility and acceptability, the intervention could be improved in the following ways for PwPBT: adding disease/treatment related education, simplifying/digitalizing the daily sleep diary, using an individualized, stepped-care approach to adjust intensity, and increasing caregiver participation.

294 | Feasibility and Acceptability of a Virtual ‘Coping with Brain Fog’ Intervention for Young Adults with Cancer

Dhasni Mathurumuni1, Ian Scott2, Harvey Max Chochinov1, Alyson Mahar1,2, Sheila N Garland3, Fiona Schulte4, Heather Palmer5, Sapna Oheroi6

1Department of Psychiatry, Max Rady College of Medicine, University of Manitoba, Winnipeg, Canada. 2Department of Psychosocial Oncology, CancerCare Manitoba, Winnipeg, Canada. 3CancerCare Manitoba Research Institute, CancerCare Manitoba, Winnipeg, Canada. 4Department of Community Health Sciences, Max Rady College of Medicine, University of Manitoba, Winnipeg, Canada. 5Department of Psychology, Memorial University of Newfoundland, St. John’s, Canada. 6Department of Pediatric Oncology, Division of Psychosocial Oncology, Cumming School of Medicine, Calgary, Canada. 7Maximum Capacity Inc, Bradford, Canada. 8Department of Pediatrics and Child Health, Max Rady College of Medicine, University of Manitoba, Winnipeg, Canada. 9Section of Pediatric Hematology-Oncology, CancerCare Manitoba, Winnipeg, Canada

Background/rationale or Objectives/purpose: Perceived cognitive deficits related to cancer treatment are common among young adults diagnosed with cancer between 18-40 years. This study’s primary objective was to determine the feasibility and acceptability of a novel virtual psychoeducational ‘Coping with Brain Fog’ intervention among this population. The secondary objectives were to explore the effect of this intervention on cognitive functioning and psychological distress.

Methodology or Methods: This pilot study involved eight weekly, 90-minute virtual group sessions (November-December 2021). The intervention focused on memory skills, task management, and psychological well-being. Feasibility and acceptability were evaluated through attendance (>60%; not missing two consecutive sessions), questionnaires, and exit interviews. Cognitive functioning (FACT-Cognitive Function Scale) and symptoms of distress (PROMIS Short Form – Anxiety/Depression/Fatigue) were measured before, after, and 6-8 weeks following the intervention.

Impact on practice or Results: Twelve participants (mean age 33.3 years; range 24-40 years) were consented and enrolled; 4 (33%) were receiving cancer treatment, and 8 (66%) were post-cancer treatment. Of the 12 participants enrolled, one withdrew after two sessions, 7 (58%) attended all sessions, and 5 (42%) missed one session. The pre-and post-intervention questionnaires and exit interviews are complete, and data analysis is in progress.

Discussion or Conclusions: The initial data demonstrate the feasibility of the intervention. Analysis of participants’ experiences and self-reported cognitive function and psychological distress will provide preliminary data on acceptability and effectiveness. If a signal of efficacy is demonstrated, this intervention will be tested in a larger clinical trial to improve the cognitive function and psychological distress of young adults with cancer experiencing cognitive deficits.

297 | nEvaluation of the Healthy Communication Practice™ Intervention for Caregivers of Parent with a Blood Cancer

Carla Fisher1, Gemme Campbell-Salome2, Allison Applebaum3, Samantha Page4, Kennan DeGruccio4, Easton Wollney1, Elisa Weiss5, Maria Sae-Hui6, Tithi Amin1, Carma Bylund1

1University of Florida, Gainesville, USA. 2Geisinger, Danville, USA. 3Memorial Sloan Kettering Cancer Center, New York, USA. 4Columbia University, New York, USA. 5The Leukemia & Lymphoma Society, Rye Brook, USA

Background/rationale or Objectives/purpose: Caregivers of parents with cancer face challenges navigating online information seeking, clinical communication, and communicating with family. These challenges may be intensified by the chronic nature of hematologic (blood) cancer. We developed and pilot tested the Healthy Communication Practice™ online program for caregivers of parents with blood cancer. The program helps participants learn and implement communication skills central to caregiving.

Methodology or Methods: We recruited caregivers through The Leukemia & Lymphoma Society. Eligible participants completed a pre-program survey. Participants had two weeks to complete the 2-part, 90-minute online program and completed a post-program survey that included program evaluation items and the acceptability of intervention
(AIM) scale using a 1-5 rating (5 = strongly agree). Participants also set goals for implementing communication skills.

Impact on practice or Results: Of 50 caregivers who expressed interest, 34 consented and 30 completed the program and both surveys. Caregivers had a mean age of 45 years (SD = 11.76) and provided care for parents who had a mean age of 71 years (9.22). Caregivers were primarily female (n = 22). Overall, caregivers strongly agreed that the program met their needs (M = 4.4, SD = .71). Scores on the four AIM items were high (4.41-4.60). Caregivers most frequently identified goals to initiate conversations with family about challenging topics (70%) and help their parent to improve clinical communication (60%).

Discussion or Conclusions: We demonstrated the feasibility and acceptability of the Healthy Communication Practice TM program for caregivers of a parent with blood cancer. Future studies will examine the effectiveness of the program on communication skills and goal achievement 3 months post-intervention.

298 | Exploring the Experience of Breast Cancer Patients: A Qualitative Study Using an Expressive Writing Approach

Sofia Paiva Cabral1, Catarina Ramos2, Pedro Alexandre Costa3, Isabel Leal1

1ISPA-Instituto Universitário, Lisbon, Portugal. 2LabPSI, Centro de Investigação Interdisciplinar Egas Moniz, Instituto Universitário Egas Moniz, Almada, Portugal. 3WJCR – William James Center for Research, ISPA – Instituto Universitário, Lisbon, Portugal

Background/rationale or Objectives/purpose: The purpose of this study was to explore the impact of using the expressive writing in the experience of women with breast cancer. The main objectives of the current study are to understand the emotional and cognitive content that is present in each individual experience of breast cancer women and to understand the subjective experience of posttraumatic growth (PTG) which may occur in women’s reports.

Methodology or Methods: This is a qualitative study using a thematic analysis with bottom-up method. The sample consists of 59 women (Mage = 52.46; DP = 8.744) who have written their experiences with breast cancer, within the scope of the expressive writing technique that was applied during a group intervention to facilitate PTG. The participants were users of the Oncology Units of some hospitals in Greater Lisbon and Oporto, Portugal.

Impact on practice or Results: The reactions to the experience of cancer are exactly related to the three different phases: 1) Experiencing breast cancer – subjective breast cancer experience; 2) Reflection of the impact of breast cancer – integration of the cancer experience into the life narrative; 3) Before and after cancer – reflection on the gains and losses that were obtained during the breast cancer process. In this phase it is possible to find reports of PTG.

Discussion or Conclusions: This qualitative study allowed us to understand that the stages of the disease are more associated with the subjective experience of cancer than with the different treatments. An approach more focused on the individual experience of each woman is suggested to be applied within multidisciplinary interventions.

309 | Use and Impact of Social Media Platforms for Peer Support by Young Adults Living with Cancer: A Systematic Review

Riley Martens1, Mary Hoa2, Susan Isherwood2, Alison Hunter-Smith3, May Lynn Quan2, Colleen Cuthbert1

1Faculty of Nursing, University of Calgary, Calgary, Canada. 2Cumming School of Medicine, University of Calgary, Calgary, Canada. 3St Helen’s & Knowsley Teaching Hospitals NHS Trust, Liverpool, United Kingdom

Background/rationale or Objectives/purpose: Young adults (YA) with cancer have unique psychosocial needs and challenges. Peer support is often lacking in this group. Our aims were to determine: 1) the structure of social media peer support interventions; 2) the outcomes measured; and 3) the effects of the interventions in the YA cancer population.

Methodology or Methods: Our systematic review followed PRISMA guidelines. We searched Cochrane Central Register of Controlled Trials, CINAHL, Embase, and Medline databases. We included articles about online peer support interventions for YA cancer survivors between the ages of 18 to 40 years old.

Impact on practice or Results: We identified n = 2773 articles for primary screening. Two independent reviewers screened each article and obtained a consensus for 12 articles for inclusion. We qualitatively synthesized the results. Overall, 6 studies demonstrated a correlation between peer support interventions through social media and the wellbeing of participants. The overarching themes highlighted from this review included: 1. All in Moderation – results favored moderated vs. unmoderated support groups, 2. Supplementing in person support – online support can be used to supplement in person support, 3. Heterogeneity – a variety of interventions and outcomes were measured, and many different social media platforms were used.

Discussion or Conclusions: From our review, we concluded that while the literature exploring social media as peer support is heterogeneous, the results demonstrate overall benefits. We believe this systematic review provides essential beginning information for the development of future peer support programs for YA cancer survivors with the ultimate goal of addressing an unmet need in this population.

312 | Development and acceptability testing of a decision-aid for patients with anxiety and depression in cancer making decisions about psycho-oncology treatment options

Rebecca Raynor, Caroline Hunt, Joanne Shaw @joanne472

School of Psychology, The University of Sydney, Sydney, Australia

Background/rationale or Objectives/purpose: Despite availability of effective psychological and pharmacological treatments, there remains a large gap between rates of psycho-oncology referral and uptake. Research suggests underlying attitudes and low mental health knowledge contribute to treatment decisions. Patient decision aids (PDAs) are evidence-based resources designed to support informed decision-making by providing balanced information about treatment alternatives and relative risks and benefits. This study aimed to develop and assess the acceptability, feasibility and usefulness of a psycho-oncology PDA.

Methodology or Methods: PDA content was developed based on psycho-oncology literature, clinical practice guidelines and in consultation with a Clinical Advisory Group (n = 10) in accordance with the International Patient Decision Aids Standards. Cognitive interviews informed by the Ottawa Acceptability measure provided feedback on the PDA’s acceptability and suggested improvements.

Impact on practice or Results: PDA content includes: purpose of the PDA, understanding anxiety and depression, psychological and pharmacological treatment options, including risk-benefit information and values clarification exercises. Twenty-one cancer patients/survivors participated in cognitive interviews. Participants confirmed the PDA was acceptable, content was clear and helpful in making treatment decisions. However, participants reported lack of clarity related to the format and content of the values clarification exercises.

Discussion or Conclusions: Eliciting patient treatment preferences is the cornerstone of informed decision-making. This research is the first step
in the development and evaluation of a psycho-oncology specific PDA to guide patient anxiety and depression treatment decisions in the context of cancer. Further research to amend the values clarification exercises will be undertaken prior to piloting the PDA with patients referred to psycho-oncology.

328 | Switching from in-person to an innovative live online contemplative self-healing program for breast cancer survivors during COVID maintained engagement, gains in quality of life (QOL) and traumatic symptom reduction

Anne Moore, Joseph Loizzo, Rosio Ramos, Mary Charlson
Weill Cornell Medicine, New York, USA

Background/rationale or Objectives/purpose: Women recovering from breast cancer experience heightened stress, post-traumatic stress disorder-like symptoms and reduced mental health and QOL. A survivorship program in contemplative self-healing offered since 2013 has been shown to improve well-being and quality of life while reducing post-traumatic symptoms. The COVID 19 pandemic compounded the chronic stress of survivorship, adding fears of life-threatening infection and social isolation. To address this challenge, we offered the program online instead of in person.

Methodology or Methods: Like the pre-pandemic program, the online program consisted of 10 weekly 2 hour sessions, 4 initial and 6 final. The average attendance of 25 was comparable to pre-pandemic and was maintained over time. Pre- and post- outcome measures including the Functional Impact of Cancer (FACT-G) and Impact of Events (IES) were collected. Live meetings were recorded for participants to review if desired and a robust online learning platform was also available.

Impact on practice or Results: Between initial and final sessions, well-being (FACT-G) increased by 2.4 points and traumatic stress (IES) decreased by 5.0 points. Qualitative data was overwhelmingly positive, for example: “It helped reduce stress in difficult situations”; “The sense of community was unexpected and great”; “Zoom facilitated attendance.”

Discussion or Conclusions: The online contemplative self-healing program improved access while maintaining engagement and impact. Going forward, we plan to continue in fully online or hybrid format.

329 | Examining engagement in a self-in-relationship observation exercise by young couples coping with breast cancer: Preliminary findings of a mixed-methods integrative study

Sami Harb1, Karen Ferguson1,2
1York University, Department of Psychology, Toronto, Canada. 2Sunnybrook Health Sciences Centre, Odette Cancer Centre, Patient and Family Support Program, Toronto, Canada

Background/rationale or Objectives/purpose: To determine whether and how becoming more aware of relationship enhancing and eroding behaviours, through a self-in-relationship-observation-exercise, may relate to positive relationship adjustment in the context of a larger online intervention for couples facing breast cancer.

Methodology or Methods: Participants were 30 couples (50 years) facing breast cancer. Data were collected following an exercise in which partners independently observed and textually described interactions deemed to contribute to closeness or distance with their partner. Data included partners’ qualitative and quantitative exercise feedback of perceived liking, benefitting, and learning; number of tracked interactions; and Revised Dyadic Adjustment Scale (RDAS) score at baseline and 8-weeks-post-baseline. Analysis-I: linear-mixed-model regressing couples’ RDAS-change-score on predictors ‘like’ and ‘benefit’ score; and identified low/high engagement themes in feedback of 6 couples selected based on outlying score configurations, which informed adding to the prior model a predictor ‘number of interactions’ as a proxy for degree of effort enacted. Analysis-II: thematic analysis of feedback (N=60) to identify engagement processes; rate partners for evidence of themes; linear-mixed-model regressing couples’ RDAS-change-score on predictor ‘theme-rating-derived-composite-score’.

Impact on practice or Results: Preliminary findings show couples’ ‘benefit’ score and number of interactions, but not ‘like’ score, were trending towards a positive relationship with RDAS-change-score. Early thematic analysis findings suggest potential indicators of exercise engagement and type of benefit: (1) raised appreciation and motivation for opportunities to connect with partner; (2) afforded partners a language for dyadic reflection; (3) stimulated conversation about relationship dynamics.

Discussion or Conclusions: This study may clarify how couples’ relationship adjustment could be influenced by their mindful attending to particular relationship interactions.

337 | The Parent Support Worker: Impact of a Novel Cross-Sector Service for Parents with Cancer and their Adolescents and Young Adult Children

Xiomara Skrabal Ross1, Fiona McDonald mc_fiu2,3, Stephanie Konings1,4, Elena Schiena1, Jo Phipps-Nelson jophippsnelsi5, Fran Hudson6, Pandora Patterson PPattersonPhD1,2
1Canteen Australia, Sydney, Australia. 2Faculty of Medicine and Health, University of Sydney, Sydney, Australia. 3Clinique Saint-Jean, Brussels, Belgium. 4Cliniques Universitaires Saint-Luc, Brussels, Belgium. 5Peter MacCallum Cancer Centre, Melbourne, Australia. 6John Hunter Hospital, Newcastle, Australia

Background/rationale or Objectives/purpose: Parental cancer poses psychosocial challenges for parents and their adolescent and young adult (AYA) children. Parents’ confidence in their parenting ability and communication about cancer with their AYA children are areas of concern. To address this, a novel cross-sector service (Parent Support Worker; PSW) to support parent patients, their partners and AYA children was implemented and evaluated in three Australian hospitals. This presentation focuses on the impact of the PSW service on parents.

Methodology or Methods: In this mixed-methods study, parents’ psychosocial outcomes (parenting concerns, cancer self-efficacy in helping their children, distress, and quality of life) were assessed at pre and post-service (3 months) (N=28). Also, satisfaction with the service (N=36) and changes in the number of referrals for AYA children to community organizations were explored.

Impact on practice or Results: Significant decreases were found in levels of stress associated with the situations parents identified as wanting to change (p < 0.01) and levels distress related to parenting (p = 0.01 and p = 0.01). Confidence in parent’s ability to help their child with cancer-related concerns (p = .002) significantly increased at post-service. A higher number of AYA were referred to community services from the three hospitals after the implementation of the PSW service (monthly average number 1.9 vs 9.5).

Discussion or Conclusions: The novel cross-sector service improved parents’ psychosocial and parenting outcomes, and access for AYA offspring to community services to support their cancer needs. These findings demonstrate the need for integrated care in supporting families impacted by cancer well.
359 | Truce: A pragmatic controlled trial of a seven-week Acceptance and Commitment Therapy program for young people who have a parent with cancer
Pandora Patterson @PPattersonPhD1,2, Fiona McDonald @Mc_Fin1,2, Helen Bibby1, Joseph Ciarcio1, Danielle Tracey7, Nick Hubbard-Williams5, Stephanie Konings1,2, Kimberly Allison1
1Canteen, Sydney, Australia. 2University of Sydney, Sydney, Australia. 3Australian Catholic University, Sydney, Australia. 4Western Sydney University, Sydney, Australia. 5University of Chester, Chester, United Kingdom. 6Clinique Saint-Jean, Brussels, Belgium

Background/rationale or Objectives/purpose: Truce is a 7-session Acceptance and Commitment Therapy (ACT) group program for adolescents and young adults (AYAs) whose parent has cancer. In this pragmatic controlled trial, we compared Truce to a wait-list control to examine its impact on psychosocial unmet needs. Secondary analyses focussed on variables which might relate to the effectiveness of the intervention: ACT-related concepts (cognitive inflexibility and mindfulness), distress, family functioning, and demographics.

Methodology or Methods: Young people (N=101) aged 13-23 years completed the Offspring Cancer Needs Instrument (OCNI), the Avoidance and Fusion Questionnaire for Youth (AFQ-Y8), the Child and Adolescent Mindfulness Measure (CMMM), the Kessler Psychological Distress Scale (K10), the Family Relationship Inventory (FRI) and other variables of interest at pre-treatment, post-treatment, and follow-up. Linear mixed model analyses compared the intervention (n=55) and control (n=46) conditions over time, and mediation and moderation analyses explored the role of demographic and process variables.

Impact on practice or Results: Truce participants experienced significantly greater improvements in unmet needs over time than controls (F=4.34, p=.040). Age (p<.001), gender (p=.046), employment (p<.001), treatment status (p=.004), and prior counselling (p=.023) all predicted unmet needs over time. For the intervention group, participants experienced greater improvements if they had higher distress (t=2.36, p=.022) and/or were less mindful (t=2.07, p=.044) at baseline.

Discussion or Conclusions: These results demonstrate the benefits of the ACT-based group program Truce for AYAs who have a parent with cancer, which may be particularly useful for highly distressed participants with little experience of mindfulness.

354 | Interventions to improve self-efficacy in colorectal cancer patients and/or caregivers: A systematic review and meta-analysis
Jiali Gong, Qiaoping Li
Wuxi School of Medicine, Jiangnan University, Wuxi, China

Background/rationale or Objectives/purpose: High levels of self-efficacy (SE) in colorectal cancer (CRC) patients and/or caregivers enable patient coping with cancer, reduce caregiver burden, and promote quality of life (QOL) in both patients and caregivers. This article aims to explore the existing interventions targeting SE improvement for CRC patients and/or caregivers in terms of conditions by SE sources, contents, theoretical framework, effects, and outcome, to guide the development of future SE interventions.

Methodology or Methods: Using five electronic databases - CINAH, Cochrane Library, Embase, PsyCINFO, and PubMed - a systematic search was performed in April 2021 to identify English or Chinese literature that studied improving SE interventions for CRC patients and/or caregivers.

Impact on practice or Results: A total of 18 studies were found to be suitable and included in this review. Of the 18 studies that were included, 10 randomized controlled trials (RCTs) studies with 917 participants were eligible for the meta-analysis. Interventions provide support for SE from different sources. Performance accomplishment (PA) is the key source, with vicarious experience (VE) and verbal persuasion (VP) assisting in improving PA. Reducing negative emotional arousal (NEA) and improving positive emotional arousal (PEA) are also indispensable factors in improving SE. The meta-analysis results show that interventions based on the SE theory can bring about positive effects for CRC patients and/or caregivers.

Discussion or Conclusions: Positive intervention outcomes that focused on improving SE for CRC patients and/or caregivers were identified and highlighted. It is recommended that future SE interventions should focus on improving PA, supplemented by increasing VE, while reducing NEA and providing useful VP.
Background/rationale or Objectives/purpose: For cancer couples, enhanced dyadic coping may be the core of couple-based interventions to help them better adapt to cancer. The purposes of this study were to systematically summarize the specific characteristics of existing cancer couple-based interventions in terms of dyadic coping; to identify the overall effectiveness of interventions on the dyadic coping of couples; and to provide useful recommendations for future research.

Methodology or Methods: Eligible articles published in English or Chinese were retrieved from the establishment of five electronic databases (MEDLINE, PubMed, EMBASE, Cochrane Library, and PsycINFO) to December 2021. The literature references were also reviewed for additional studies that met the criteria. Review Manager software and Stata software were used to perform meta-analysis of randomized controlled studies.

Impact on practice or Results: A total of 20 studies were included in this study, eight of which were available for meta-analysis. Most interventions used clear theoretical frameworks to guide the intervention design and were conducted by experienced interventionists through multiple delivery forms. These interventions were similar in content, which mainly included psycho-education and skills training. Overall, the interventions positively improved the communication and positive dyadic coping of cancer couples, with effect sizes ranging from 0.29 to 0.49. However, this study did not find a significant intervention effect on negative dyadic coping.

Discussion or Conclusions: Based on the methodological characteristics and effectiveness of cancer couple-based dyadic coping interventions summarized in this study, more dyadic coping-targeted interventions could be promoted for cancer couples. Additionally, more research is still needed to further determine intervention designs that benefit cancer couples.

359 | The ARC clinic: Applying psychological insights to personalising early rehabilitation and support in ‘treatable-not-curable’ cancer
Alex King1, Julian Jayasingh-Jacob2, Lizzie Jones1,2, Catherine Urch1, Clair Le Boutillier3,4
1Imperial College Healthcare NHS Trust, London, United Kingdom. 2Maggie’s, London, United Kingdom. 3Imperial College London, London, United Kingdom. 4King’s College London, London, United Kingdom

Background/rationale or Objectives/purpose: Personalisation of cancer support, in the context of advanced disease and on-going treatment, requires focused attention to the psychological processes of adjustment and self-efficacy. We designed a ‘one stop’ AHP-led clinic built on research and psychological science, to offer an innovative approach to personalised care planning of early rehabilitation and supportive care in ‘treatable-not-curable’ cancer.

Methodology or Methods: The ARC clinic was piloted with patients with metastatic breast or prostate cancer, and myeloma, who were 6-12 months into their treatment. A face-to-face reflective consultation, underpinned by the Adversity, Restoration, and Compatibility (ARC) framework (1) was offered by a Rehabilitation Practitioner. The outcome was a Holistic Needs Assessment (HNA) and collaborative care plan. A 1-month follow-up call gathered adherence and patient experience data. We compared patients HNA concerns, distress scores and care plans at time of diagnosis, at the ARC clinic and at follow-up.

Impact on practice or Results: Compared to initial HNA and care plan completion rates of 55% and 11%, ARC clinic achieved 95%, an average of 12 new concerns were identified per patient, and 96% of patients were guided to achieve at least one of their goals. Patients valued the space for reflection, active personalisation and follow-up, and clinicians valued the collaborative and coherent approach to meeting patients’ needs.

Discussion or Conclusions: In the context of ‘treatable-not-curable’ cancer, the ARC clinic provides a valuable opportunity for guided reflection, validation of the person’s strengths and efforts, psycho-education on the adjustment process, and setting achievable plans that align with personal values.

376 | Qualitative Assessment of Needs and Preferences for a Smartphone App to Treat Insomnia in Cancer Survivors
Samlau Kutana, Sheila Garland @SNGarlandPhD
Memorial University of Newfoundland, St. John’s, Canada

Background/rationale or Objectives/purpose: Insomnia in cancer survivors is highly prevalent, long-lasting, and associated with reduced satisfaction with quality of life and poorer objective health outcomes. Although research supports cognitive behavioral therapy for insomnia as the recommended treatment for insomnia, it remains inaccessible for many Canadians due to a lack of trained providers.

Smartphone apps represent a promising treatment-delivery route to bridge this gap between research and practice. However, existing insomnia treatment apps do not adhere to evidence-based guidelines, and none are tailored to cancer survivors.

iCANSleep will be an evidence-based insomnia treatment app tailored to cancer survivors, developed according to the principles of User-Centered Design. The goal of this research is to understand the needs and preferences of cancer survivors for an insomnia treatment app.

Methodology or Methods: Assessment of user needs will comprise a series of interviews with a purposive sample of cancer patients (n=30). Interview topics will cover past experiences with cancer and insomnia, preferences for insomnia treatment, and perceived barriers/facilitators to engaging with an insomnia treatment delivered via smartphone app. Emergent themes will be identified from interview transcripts through a qualitative process of thematic analysis and translated into a set of functional requirements and design guidelines that will be used to create the prototype.

Impact on practice or Results: Development of iCANSleep will increase access to evidence-based insomnia care for cancer survivors, improving quality of life and health outcomes.

Discussion or Conclusions: In alignment with user-centered design principles, future research will refine the usability of this prototype through iterative testing among a group of target end users.

419 | Characterizes of family caregivers referred to the Caregiver Clinic at the Princess Margaret Cancer Centre
Rinat Nissim
Princess Margaret Cancer Centre, Toronto, Canada

Background/rationale or Objectives/purpose: Family caregivers make significant contributions to the overall care of cancer patients and can be seen as the “invisible backbone” of the health care system. Consistent evidence shows that family caregivers are not only our partners in care, but that they may be patients in their own right. A dedicated Caregiver Clinic was launched in 2017 at the Princess Margaret Cancer Centre in Toronto, Ontario, Canada. The aim of this presentation is to describe the characteristics of the family caregivers referred to the Caregiver Clinic in 2021.

Methodology or Methods: As part of an ongoing Quality Improvement project, we are conducting a chart review of all family caregivers who were referred to the Caregiver Clinic in 2021, in order to identify demographic characteristics of family caregivers referred to the Caregiver Clinic at the Princess Margaret Cancer Centre.
characteristics (e.g., gender, age, employment status, relationship to patient) and clinic characteristics (e.g., referring source, number of sessions attended).

Impact on practice or Results: Results will help identify high-need caregivers who may benefit from proactive distress screening as well as help identify resource allocation needs for future sustainability/expansion plans of the Caregiver Clinic at the Princess Margaret Cancer Centre and inform other institutions interested in providing support for caregivers.

Discussion or Conclusions: As our health care systems ask caregivers to shoulder more and more responsibilities, it is increasingly recognized that complete care of the cancer patient includes the family caregiver. Our result will inform the implementation of a clinical service for family caregivers within our hospital, and encourage other institutions to consider the psychosocial well-being of the family caregiver as a legitimate focus of hospital cancer care.

422 | Mujer Serena: A self-compassion and FCR based group intervention for Breast Cancer patients

Isabel Centeno @IsabelCentenoS
Hospital Zambrano Hellion, Monterrey, Mexico. Tecnológiode Monterrey, Monterrey, Mexico

Background/rationale or Objectives/purpose: Mexican women are culturally driven to take care of their parents, their family and their work. When diagnosed with breast cancer, they struggle to take care of themselves or accept help from others. Those attitudes and the myths about being vulnerable, increase FCR, anxiety and depression during treatments.

Methodology or Methods: We created a pilot group to test our hypothesis. The intervention included teaching some relaxation and mindfulness techniques, self-compassion information and sensibilization, as well as practices related with fear and worries.

The programme included 8 virtual sessions, two hours each and were led by a psycho-oncologist and a co-facilitator.

The participants were breast cancer patients who have been diagnosed with any type of breast cancer from 5 years to the date.

Baseline measures were related to FCR, Anxiety and depression.

Impact on practice or Results: The group is in the last 2 sessions and so far had reported benefits in terms of cohesion, self-acceptance and improved relations with others. We will have our final evaluations to report our findings.

As psychosocial support for cancer patients in México is not easily available, this intervention aims to be groundbreaking in terms of group support, fears reduction, self-compassion and quality of life.

Discussion or Conclusions: We have learned how relevant these group interventions are in order to offer psychosocial care to patients who have lived or are facing a cancer diagnosis. The pilot has been an opportunity to impact self-compassion, self-care and its outcomes in the most common psychological struggles as anxiety, fear and depression.

448 | Reconnecting young adults affected by cancer through nature and adventure interventions – A case study

Marie-Michelle Paradis1, Annik Gagne2
1On the Tip of the Toes Foundation, Chicoutimi, Canada. 2CISSS-Chaudières-Appalaches region, Lévis, Canada

Background/rationale or Objectives/purpose: Escoumins River, Quebec, July 2021. After three years of planning, a pandemic and lots of detours, a group of nine young women affected by cancer took part in an innovative therapeutic adventure project: an intervention based on the learning and practice of fly-fishing in an expedition context. Organized by the On the Tip of the Toes Foundation, the Connection project aimed to foster sharing between young adults with a similar background related to cancer and to allow participants to experiment the benefits of contact with nature on wellbeing.

Methodology or Methods: The elaboration process (literature review, needs assessment), adaptations to COVID (alternative online program), proceedings on the field (intervention tools), psychosocial evaluation tools (field observations, appreciation questionnaire, psychological rating scale), and qualitative as well as quantitative outcomes will be presented. A personal testimony from a participant will enrich the discussion.

Impact on practice or Results: This presentation will enlighten the pertinence of nature and adventure as intervention tools for young adults affected by cancer. More specifically, the expedition context as a social catalyst and the natural environment’s benefits on physical, emotional and social wellbeing will be addressed.

Discussion or Conclusions: Additionally, an outlook on the approach from an oncology nurse perspective and its relevance within the treatment continuum will be exposed.

462 | An adaptive dyadic self-directed coping and self-management skills training intervention for caregivers of individuals with cancer: A Pilot Sequential Multiple Assignment Randomized Trial (SMART) Design

Sylvie Lambert @sylviedlambert12, Jane McCasker1-2, Erica Moodie1, Cheryl Harris1,2, Cindy Ibberson Candra1,2, Manon de Raad2, Tori Langmuir1,3, Mary Jane Esplin1,2, Doris Howell1-5, Laizer Andrea1-7
1McGill University, Montreal, Canada. 2St. Mary’s Research Centre, Montreal, Canada. 3The Ottawa Hospital Research Institute, Ottawa, Canada. 4University of Ottawa, Ottawa, Canada. 5University of Toronto, Toronto, Canada. 6Ontario Cancer Institute, Toronto, Canada. 7McGill University Health Centre, Montreal, Canada.

Background/rationale or Objectives/purpose: Despite recognition that high-quality cancer care depends on family caregivers, most caregivers do not receive the support they need and there are not enough health care resources to meet their needs. A self-directed format is cost-effective and can provide the support needed by most caregivers. However, adherence to self-directed interventions remains a challenge. We conducted a pilot Sequential multiple assignment randomized trial (SMART) to develop a time-varying dyadic self-management intervention that follows a stepped-care approach.

Methodology or Methods: 34 patients with cancer and their caregivers were first (i.e., Stage 1) randomized to: (a) a booklet-based, self-directed, dyadic self-management intervention called Coping-Together or (b) Coping-Together + non-professional, telephone coaching. At 6 weeks, intervention response was assessed, and non-responding dyads were re-randomized to either (i.e., Stage 2) (a) continue with Stage 1 interventions or (b) begin motivational interviewing. A priori benchmarks for acceptability, feasibility, and clinical significance were assessed via surveys and exit interviews.

Impact on practice or Results: Our SMART pilot was overall feasible: 1.3 dyads enrolled/week (amidst COVID-19), with 21% refusal rate, enrolment ratio 42 men: 58 women, no protocol infringement, and missing data < 10%. For acceptability, response rates for self-directed Coping-Together was 67%, and for Coping-Together + coach 58%; attrition rate was 3%, and more than half tried a new self-management skill. Magnitude and direction of effect sizes were generally in the expected direction.
Discussion or Conclusions: This SMART pilot is developing and evaluating the first adaptive self-directed dyadic, self-management intervention and address a significant research gap by documenting its acceptability, feasibility, and clinical significance.

463 | Cancer Coach: jumping on the bandwagon?
Nene Van den Cerven

Background/rationale or Objectives/purpose: A plethora of people, stemming from different backgrounds, position themselves as cancer coaches on the Belgian market. All are (cl)aiming to support cancer patients throughout their cancer journey. Cancer coaches make up a relatively new profession within the psycho-oncological care setting. It is, however, unclear which unmet needs are specifically addressed by these cancer coaches, how the profession is positioned amongst other psycho-oncological professions, and in what aspect do they improve the experience of cancer patients throughout their cancer journey?

Methodology or Methods: A Delphi method was set up amongst existing psychosocial care professionals, cancer coaches and coachees in Belgium. This in order to clarify the defining aspects of the cancer coaching profession, establish a better view on its position within the oncological care framework and determine the manner in which it adds value to the cancer patient journey.

Impact on practice or Results: This research demonstrates that it is insufficiently established what the precise difference is between cancer coaching and the services provided by existing psychosocial professionals. Although coaches and coachees report to be content about the effect of cancer coaching, the question can be raised whether cancer coaching is indeed a new profession or rather a methodology used by different stakeholders. A specific attention point about the overlap between the patient and cancer coach is raised.

Discussion or Conclusions: Some policy recommendations and several implications for the clinical practice are discussed.

464 | An innovative approach to mHealth app development: Using a multidisciplinary and family-centered method in the pediatric hematopoietic stem cell transplant population
Jessica Ralph @JessicaRalph_BA1, Parishma GIatto1, Enme Seggor2, Rajinder Bajwa3, Kathryn Vannatta1-4, Cynthia Gerhardt1-4, Micah Skeens1

The Abigail Wexner Research Institute at Nationwide Children’s Hospital, Columbus, USA. 2IT Research and Innovation, Nationwide Children’s Hospital, Columbus, USA. 3Nationwide Children’s Hospital, Columbus, USA. 4The Ohio State University, Columbus, USA

Background/rationale or Objectives/purpose: Medication non-adherence rates in children are reported at 50-80%. Complexity of treatment regimens and forgetfulness are common causes of non-adherence. Due to multifaceted outpatient regimens, children receiving hematopoietic stem cell transplant (HCT) are at high risk of non-adherence, which can be life threatening. A paucity of research has examined the benefit of implementing digital health applications with HCT families to increase adherence. We report the development and usability of a mobile health app (BMT4me) to improve adherence to immunosuppressants in outpatient HCT.

Methodology or Methods: A multi-step development approach was followed to create a mobile app prototype to improve adherence. First, parent/child dyads (n=16) completed 1:1 qualitative interviews regarding app wireframes. Then, healthcare providers, including physicians (n=7), nurses (n=13), and advanced practice nurses (n=3), participated in focus groups, used the prototype, and evaluated the usability of the BMT4me app via the System Usability Scale (SUS).

Impact on practice or Results: Thematic analysis resulted 3 major themes: engagement, ease of use, and safety. The mean SUS score from focus groups was μ=82.4, which exceeded the average expected usability score (68). Findings helped identify highly usable features and refine the app functions to improve its utility for families, patients, and providers.

Discussion or Conclusions: Multi-stakeholder engagement is essential to the development of a usable mHealth intervention. Using participant feedback, additional app features were added. Pilot feasibility testing with caregivers is underway. Future research should continue examining the use of digital interventions and their efficacy on clinical outcomes in children with complex treatment regimens.

469 | Emotion and Symptom-focused Engagement for Caregivers (EASE-CG): A Pilot Study of a Psychosocial Intervention for Family Caregivers of Children Newly Diagnosed with Acute Leukemia
Ally Yu1-2, Stephanie Nanos1, Carmine Malfitano3, Sarah Alexander3, Camilla Zimmermann4, Lindsay Jibb5, Gary Rodin1
1Princess Margaret Cancer Centre, Toronto, Canada, 2University of Toronto, Toronto, Canada, 3The Hospital for Sick Children (SickKids), Toronto, Canada

Background/rationale or Objectives/purpose: Acute leukemia (AL) is the most common childhood cancer, characterized by rapid symptom onset, urgent hospitalization, intensive treatment and significant traumatic stress for family caregivers (F-CGs). We developed the Emotion and Symptom-focused Engagement for Caregivers (EASE-CG) intervention to prevent and treat distress in these F-CGs. EASE-CG is an individual or couple-based psychotherapeutic intervention delivered by trained therapists. The proposed study will test its feasibility and acceptability.

Methodology or Methods: This is a mixed-methods pre-/post-test pilot study. Approximately 40 F-CGs of children newly diagnosed with AL will be recruited at the Hospital for Sick Children in Toronto, Canada. Participants will receive <12 sessions over 3 months, based upon feasibility and perceived need. Outcome measures completed at baseline and at 1, 3, 6, 9 and 12 months will assess traumatic stress, depression, perceived caregiver burden, and satisfaction with care. Feasibility will be assessed by study accrual and attrition, intervention adherence, and proportion of outcome measures completed. Semi-structured interviews will be conducted in a subset of caregivers to assess acceptability, perceived benefits and limitations of the intervention.

Impact on practice or Results: Findings from this pilot study will inform the development of a subsequent larger randomized controlled trial.

Discussion or Conclusions: The results of this study will enhance our understanding of the potential effectiveness of a proactive psychotherapeutic intervention to prevent and relieve traumatic stress in F-CGs of children with AL. This research has the potential to build on the evidence base for the value of proactive psychotherapeutic interventions in F-CGs and other high-risk populations.

472 | An “Early Adopter” of CPQR’s Patient Reported Outcome (PRO) Initiative: Lessons Learned Through Implementation of an Electronic PRO Platform Across A Multi-Center Radiation Oncology Department
Marianne Arab1, Sue Chisholm1, Natasha McMaster2, Randal McKnight1, Amanda Caisse2
1Nova Scotia Health Cancer Care Program, Halifax, Canada, 2Department of Radiation Oncology, NSCC/Dalhousie University, Halifax, Canada, 3Horizon Health New Brunswick, Saint John, Canada
Background/rationale or Objectives/purpose: Patient reported outcomes (PRO) play a critical role in oncology symptom management and survivorship. Although considered standard of care, PRO analysis is challenging for radiotherapy (RT) centres lacking electronic PRO (ePRO) infrastructure. In 2019, three DRO centres were awarded CPAC funding to implement ePROs. Launch began in September 2021 with a phased approach across centres/tumour sites. This work outlines the implementation of the ePRO program and its lessons learned.

Methodology or Methods: Patient uptake measurements (Activation rate, Response rate) indicate if patient education is adequate. Clinician acceptance on both the screening workflow and/or ePRO tool is consistently measured via change management process and feeds into training needs for staff. Resulting clinical actions taken from PRO assessments is documented and reportable for future analysis. Patient satisfaction with the screening process is surveyed at the end of treatment.

Impact on practice or Results: Multi-disciplines are involved in this ongoing workflow - Administration, Radiation Therapists RT(T), Nursing and Radiation Oncologists for patient registration, review and treatment assessment activities respectively. The collection of ePRO provides insight to the prevalence and severity of patient symptoms and this data can be easily combined with other Dosage, Demographic data for example, for retrospective analysis of treatment and care.

Discussion or Conclusions: Multi-centre implementation of an ePRO program has been complex and time intensive. It is hoped that our lessons learned may benefit those RT centres aiming to transition from paper-based to ePRO systems. With critical electronic infrastructure now in place, we await data to analyze ePRO amongst other patient outcomes in ongoing RT Big Data initiatives.

473 | Feasibility and Thematic Analysis of Narrative Visualization Materials with Physical Activity Monitoring Among Breast Cancer Survivors

Jason Bentley1, Xiaoying Yu2, Amol Karmarkar3, Brian Downer2, John Prochaska2, Elizabeth Lyons2
1University of Houston - Clear Lake, Houston, TX, USA, 2University of Texas Medical Branch, Galveston, TX, USA, 3Virginia Commonwealth University, Richmond, VA, USA

Background/rationale or Objectives/purpose: Engaging in routine physical activity (PA) can reduce health risks for breast cancer survivors; however, PA levels are low among this population. Narrative visualization (NV) is a technique that uses drawings, photographs, and text to contextualize data, which may increase integrated regulation, or motivation related to personal values and identity. This study determined whether scrapbooking activities could successfully be used as an NV strategy for older (55+) breast cancer survivors.

Methodology or Methods: For 7 days, participants used workbooks, wearable electronic activity monitors, instant cameras, and art supplies including a variety of stickers (e.g., emojis, affirmations). The workbook pages prompted participants to re-draw their daily activity graphs from the monitor’s mobile app, then annotate them with text, photographs, stickers, etc. to reflect what the data meant to them. Hybrid thematic analysis and content analysis were used to identify emergent themes and investigate material usage, respectively.

Impact on practice or Results: Of the 20 consented women (age 67±5 years, 45% non-Hispanic White), 17 participants used 945 stickers over 7 days, most of which were emojis. Participants took a mean of 9 photos and completed all workbook questions regarding current PA and PA goals. Themes within the photos included family, specific locations, everyday objects, religion, and friends. Themes within the written portions of the workbook included family, chores and obligations, health, personal reflections, hobbies, and shopping.

Discussion or Conclusions: The materials provided allowed breast cancer survivors to successfully use NV techniques to reflect on their PA data and behavior. These techniques show promise for promoting integrated regulation in activity monitoring interventions.

479 | Parenting Concerns and Intervention Needs in Couples Coping with an Incurable Cancer while Parenting Young Children

Meagan Whisenant1, Su Jin Ann-Yi2, Victoria Necroto1, Stella Snyder3, Mason Allen1, Kathryn Milbury1
1The University of Texas Health Science Center at Houston Cizik School of Nursing, Houston, USA, 2The University of Texas MD Anderson Cancer Center Department of Palliative, Rehabilitation, & Integrative Medicine, Houston, USA, 3The University of Texas MD Anderson Cancer Center Department of Behavioral Sciences, Houston, USA

Background/rationale or Objectives/purpose: Evidence-based interventions addressing the needs of parents facing an incurable cancer diagnosis are lacking. Thus, this cross-sectional mixed-methods study seeks to identify intervention needs and delivery preferences of metastatic cancer patients who parent a minor child and their spouses/co-parents.

Methodology or Methods: 25 couples completed quantitative measures of cancer-related parenting concerns, parenting efficacy, dyadic adjustment, and service needs as well as individual semi-structured interviews.

Impact on practice or Results: Patients (mean age = 45 yrs, 46% female, 70% non-Hispanic White, 26% marital distressed) and spouses (mean age = 46 yrs, 54% female, 58% non-Hispanic White, 29% marital distressed) reported significantly lower parenting self-efficacy post-diagnosis compared with pre-diagnosis (P < .001). Parenting concerns were generally high with patients revealing concerns particularly regarding the practical impact of the cancer on the child. Spouses rated concerns about co-parent significantly higher (P < .0001) than patients. Dyadic adjustment was inversely associated with parenting concerns (P < .001). Themes identified through qualitative interviews include deciding how to disclose the cancer diagnosis to children, sharing important information related to diagnosis, treatment, and symptoms with children, concerns about discussing prognosis with children, difficulty accessing mental health services for the entire family, and accessing support network to meet day-to-day family needs. All patients and 89% of spouses would like to receive parenting-related education/services; 52% of couples preferred targeted, self-led readings without therapist support; and 48% desired counseling sessions indicating preference towards dyadic and video-conferenced intervention delivery.

Discussion or Conclusions: In both patient and spouses, parenting concerns are prevalent and parenting efficacy is relatively low. While almost all couples wanted targeted education, only half desired therapist-led, dyadic services.

498 | Sexual Healthcare in Oncology: Description of a Sexual Health Clinic Utilizing an Innovative Blended Model of In-person and Facilitated Virtual Care

Andrew Matthew1, Dean Elterman2, Sarah Pelz3, Leah Jammicky1, Sarah Ferguson2, Jennifer Croke2, Steven Guirguis1, Taylor Incze3
1Princess Margaret Cancer Centre, University Health Network, Toronto, Canada, 2University of Toronto, Toronto, Canada, 3Mackenzie Health, Richmond Hill, Canada, 4Princess Margaret Cancer Centre/Sinai Health Systems, Toronto, Canada

Abstracts www.ipos-journal.com
Background/rationale or Objectives/purpose: Sexual health is compromised by the treatment of virtually all cancer types, frequently impacting the quality of life of survivors. Consequently, the Princess Margaret Cancer Centre (Toronto, Canada) is establishing an innovative Sexual Health Clinic (SHC) dedicated to assisting cancer patients/couples in re-establishing optimal sexual function, satisfaction and relational intimacy.

Methodology or Methods: The SHC evolved from a fusion of the Prostate Cancer (Sexual) Rehabilitation Clinic (in-person care) at Princess Margaret, and the TrueNorth Sexual Health And Rehabilitation e-Clinic (virtual care). The SHC is theoretically founded in a biopsychosocial framework and utilizes a blended model of in-person and facilitated virtual care. The SHC virtual visits are tailored to the patient via modules based on gender, cancer type, and treatment type. The modules, videos, animations, virtual library, and symptom trackers empower participant self-management. The SHC virtual platform also allows for chat-based synchronous and asynchronous facilitation with highly trained sexual health counsellors. A Hybrid Type 3 Implementation Research Design will be used as a methodological framework for evaluating the implementation of the SHC, combined with preliminary non-inferiority analyses to determine intervention effectiveness.

Impact on practice or Results: Despite the prevalence of SD and its impact on HRQoL, SHCs are the exception in cancer care. In response to this gap in care, the SHC proposes an innovative model of care with the potential to generalizability to additional national and international cancer centres.

Discussion or Conclusions: The systematic process evaluation of developing the SHC will provide real-world data in establishing an empirically-based implementation and treatment pathway in oncosexology.

519 | A Virtual Reality Guided Mindfulness Intervention for Chronic Pain in Cancer Survivors: Preliminary Finding
Zen Gajtani1, Mohamad Baydoun2, Kathryn Birnie1, Linda Carlson1, Linda Carlson2
1 Cumming School of Medicine, University of Calgary, Calgary, Canada, 2 Faculty of Nursing, University of Regina, Regina, Canada

Background/rationale or Objectives/purpose: Chronic cancer-related pain (CRP) adversely affects cancer survivors’ well-being. Virtual reality (VR) provides an immersive environment and may be an effective medium for delivering mindfulness, which has been shown to reduce chronic pain but remains unexamined in cancer survivors. We investigated the feasibility of a VR guided mindfulness (VRGM) intervention for adult cancer survivors with chronic CRP.

Methodology or Methods: This mixed-methods feasibility study uses a single-arm, pretest-posttest design with semi-structured interviews. Cancer survivors (N=15) participate in the 6-week, home-based intervention consisting of 10-15 minutes VRGM practice daily. Feasibility and psychosocial outcomes (i.e., pain, sleep, depressive and anxiety symptoms, fatigue, quality of life, mindfulness) are assessed at 3 time points. Semi-structured interviews are conducted post-intervention.

Impact on practice or Results: Participants (N=10) have a mean age of 50 years and 90% are female. Diagnoses include breast (42%), hematologic (25%), uterine (17%), ovarian (8%), and prostate (8%) cancers. Survivors report pain severity ranging from moderate to severe, with pain duration lasting from 1 – 6 years post-treatment. The most common types of chronic CRP reported are muscle, joint, bone and headache pain. 50% of survivors also reported symptoms of anxiety, fatigue and/or sleep disturbance. Data collection is ongoing. Post-treatment outcome data will also be presented.

Discussion or Conclusions: Survivors experience moderate to severe chronic pain with comorbid psychosocial problems. This novel intervention provides a potential alternative treatment to opioid analgesics. Results from the present study will inform the development and implementation of a larger VGRM trial for chronic CRP and ultimately help to reduce suffering in people with cancer.

553 | Impact of Spiritual Orientations, Illness Beliefs, and Perceived Locus of control on the Quality of Life of Head and Neck Cancer patients
Dr. Ravindra Singh
Graphic Era University, Dehradun, India

Background/rationale or Objectives/purpose: In addition to adverse physiological effects, patients of head and neck cancer report problems related to their appearance and psychosocial adjustment. The quality of life of these patients, therefore, is a major concern for those involved in its treatment and rehabilitation. Researchers have indicated various individual factors that buffer the negative impacts of the disease.

Methodology or Methods: This study investigated 60 head and neck cancer patients to explore if spiritual orientation, illness beliefs, and perceived locus of control predict the quality of life of these patients. They were administered standard psychometric questionnaires to measure their spiritual orientations, illness beliefs, and perceived locus of control and general and disease-specific quality of life.

Impact on practice or Results: Results suggested an important role of illness perceptions and locus of control in maintaining the quality of life of patients while spiritual beliefs have been seen to have a differential impact on male and female cancer patients.

Discussion or Conclusions: Results suggested an important role of illness perceptions and locus of control in maintaining the quality of life of head and neck cancer patients along with spiritual beliefs among male and female cancer patients. However the in-depth research will help clinicians to develop more comprehensive psycho social rehabilitation for such group of clients.

557 | Wellbeing After BMT: An online information and support group for people recovering from Bone Marrow Transplant
Keven Bloom1, Jessica Ford2
1 Social Work Department, Royal North Shore Hospital, Sydney, Australia, 2 Nutrition Department, Royal North Shore Hospital, Sydney, Australia

Background/rationale or Objectives/purpose: People recovering from Bone Marrow Transplant (BMT) have complex care needs. In NSW, BMT long term follow up guidelines recommend multidisciplinary team (MDT) follow up across psychosocial domains including emotional, nutritional and functional health. This project was initiated by Allied Health clinicians at our centre who identified a gap in psychosocial support after BMT.

Methodology or Methods: An MDT working group was formed and conducted a literature review focused on existing programs and interventions post BMT.

Previous patients were consulted by survey regarding their support needs, interest in attending an information and support group and preferred topics and group format.

Drawing on psychoeducational and peer support theoretical models, a group program was designed and piloted, with participant feedback used to further develop the program.
Impact on practice or Results: Since June 2021 regular four monthly online groups have been facilitated and well attended. Participants reported benefit from increased access to holistic MDT follow up as well as peer support after transplant.

Clinicians reported benefit of reaching more patients after transplant and the opportunity to draw on participants’ lived experience as part of the psychoeducational process.

Discussion or Conclusions: This project has been a true interdisciplinary collaboration and utilized patient feedback to continue to improve the group to meet patient needs. Patient feedback continues to emphasize the importance of sharing experiences, including peers who may be further along in their recovery after BMT.

The online group is now an established part of the BMT patient care program with regular strong attendance and MDT clinician involvement and support.

566 | Together: Navigating a New Direction for Patient Care
Eric Pitters1,2, Pamela West RN(EC)3
1Hearth Place Cancer Support Centre, Oshawa, Canada, 2Leukemia and Lymphoma Society Canada, Toronto, Canada, 3Hearth Place Cancer Support Centre, Oshawa, Canada

Background/rationale or Objectives/purpose: 1. To educate and support patients to confidently share in their cancer care, and similarly encourage others. 2. To enable clinicians/researchers to more effectively use their time to support more patients. 3. To establish a blueprint to impact patient throughput and reduce wait times.

Methodology or Methods: Catapulting from passenger to co-pilot takes courage, curiosity and work. As a long-time cancer survivor, I serve as patient representative, advocate and supporter. Care today has changed to an active process, involving the patient. Boarding the plane at diagnosis, feeling frightened, I soon joined the crew (support group), gradually feeling more confident. I studied the manual: learned, questioned, attended conferences, liaised with ‘pharms’ and read educational materials. Moving up the ranks, I learned to advocate for myself and then, support and coach others. Qualifying for a clinical trial, I came to understand the treatment, side effects, efficacy and tolerability of drugs, etc. Asked to join a research team to ensure a funded study was grounded and met the needs of patients (70 and over), I sealed my role as ‘co-pilot.’ Internationally, there are countries where patient support groups align with the medical profession (UK, Israel, Italy). These support groups educate the newly diagnosed. The job of the pilot physician, then, is to tailor the specific information to the prescribed treatment regimen. This frees the pilot physician to fly further, and chart new directions with new crews (patients/passengers). This poster will share several different methods to get involved and impact practice. It is focused on life experience; not based on a theoretical framework. It is hoped clinicians will see different ways patients can be supported to help fly the plane: patients will see different ways to board and share in their care to make a difference to everyone’s cancer journey.

Impact on practice or Results: Empowers patients to play a supporting role with their cancer team.

Discussion or Conclusions: Successful education and patient participation frees the clinician/researcher to treat or study cancer, knowing the patient will be looked after with the involvement of support groups, health agencies and other resources.

572 | Randomised Controlled Study of a Single-Session Mindfulness-Based Swinging Technique (MBST) versus Cognitive Disputation (CD) Intervention among Women with Breast Cancer (BC): A pilot study examining the effects of 8-week follow-up results
Ozan Bahcivan @ozanbahcivan1, Jose Gutierrez-Maldonado1, Tania Estape @TaniaEstape2
1Barcelona University, Department of Clinical Psychology and Psycho biology, Barcelona, Spain, 2EFOC Fundació, Barcelona, Spain

Background/rationale or Objectives/purpose: Participating to psychotherapy sessions regularly may not be feasible for Breast-Cancer (BC) patients who currently receive an active cancer treatment, due to medical-treatments’ side effects and unpredictable nature of their medical-condition. Therefore, shorter psychotherapy-sessions are desirable. This inspired intervention of a 20mins-long mindfulness-technique (MBST) is developed for BC-patients to evaluate its efficacy for 8-weeks.

Methodology or Methods: 149 BC-patients were randomly assigned into two groups (equal-mean-age, p = 0.262). The participants in the Control-Group (CG, n = 73) received the Cognitive-Disputation (CBT -CD) for 20mins, and Intervention-Group (IG, n = 76) received MBST intervention. No additional psychological interventions were given between the week-1 and week-8.

Impact on practice or Results: Outcomes of 8-week post-treatment follow-up exhibited significant higher-improvement in all evaluated-measurements for CG, and some for IG with large-effect-size in the following: anxiety (CG p < 0.05, r = 0.57; IG p < 0.05, r = 0.44) and depression-levels (CG p < 0.05, r = 0.43). It increased self-efficacy for managing-disease (CG p < 0.05, r = 0.49; IG p < 0.05, r = 0.41) as-well-as hopefulness (CG p < 0.05, r = 0.59; IG p < 0.05, r = 0.46) and saturation-level measured by pulse-meter/oximeter (CG p < 0.05, r = 0.49; IG p < 0.05, r = 0.32).

Discussion or Conclusions: Both CBT-CD and MBST are found to be efficacious interventions to shorten the psychotherapy duration for reducing clinical anxiety and hopelessness as well as increase self-efficacy for BC-women. This may have a distinct clinical importance for supporting BC patient’s adherence-to-treatment since CBT-CD could be an alternative technique to MBST

585 | Ecological validity of the fort program to cope with fear of cancer recurrence (FCR): testing cultural differences from mexican spanish to european spanish for breast cancer patients (BC), preliminary report
Tania Estape @TaniaEstape1,2, Núria Gondón1,3, Ivan River4, Lizette Galvez4,5, Sophie Lebel @DrSophieLebel6, Christine Maheu @christinemahieu7
1Special interest group on Psycho-Oncology, College of Psychologists of Catalonia, Barcelona, Spain, 2EFOC Fundació, Barcelona, Spain, 3Fundació Hospital de l’Esperit Sant, Santa Coloma de Gramenet (Barcelona), Spain, 4Posgrado de la Facultad de Psicología, Universidad Nacional Autónoma de México, Mexico City, Mexico, 5Instituto Nacional de Cancerología, Mexico City, Mexico, 6School of Psychology, University of Ottawa, Ottawa, Canada, 7School of Nursing, McGill University, Montreal, Canada

Background/rationale or Objectives/purpose: FCR is a common problem among survivors. Maheu and Lebel has developed FORT
program to overcome it. Reactions to cancer have a highly cultural component, we need to adapt programs. Galvez and Rivera did it for FORT to Mexican Spanish (MS), we want to test ecological validity to European Spanish (ES).

Methodology or Methods: Two psycho-oncologists examined separately the "Group Interventionist’s Workbook" of MS FORT. After, a consensus was undertaken to identify differences.

Impact on practice or Results: This is a first step to adapt FORT to ES. The workbook was easy to understand but many differences were found, some of them outlined here:

The items proposed by Bernal, to test ecological validity of psychosocial programs were rated separately and agreement was rated with kappa index for every dimension: Language (0.8), Persons (0.8), Metaphors (1), Content (0.8), Concepts (0.8), treatment goals (1), Methods (0.8), Context (0.8). Comments were added after consensus related to persons, content, concepts and context (about details that may need further analysis regarding cultural differences, more than language ones).

The items proposed by Bernal, to test ecological validity of psychosocial programs were rated separately.

Discussion or Conclusions: This is the first step towards ecological validation. Currently BC are analysing the patient’s workbook.

589 | Protocol for a Scoping Review of the Therapeutic Potential of Psychedelics in the Treatment of Cancer-Associated Psychosocial Distress

Haley Mather, Linda Carlson, Julie Deleemans
University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: Enhanced psychospirtual well-being has been shown to buffer against hopelessness, depression, and anxiety in cancer patients and survivors. As existential-related approaches form the basis for emerging novel therapeutics to meet this growing need, studies show promising trends toward decreased psychosocial distress using psychedelic-assisted therapies. Thus, we will conduct a scoping review to examine: 1) quantitative and qualitative research evaluating psychedelic-assisted psychotherapy for cancer patients and survivors, and 2) current and pending legislative and regulatory requirements.

Methodology or Methods: This scoping literature review will use Arksey and O’Malley’s template, which will allow us to outline different types of evidence in the area of psychedelic-assisted therapy and the current regulatory landscape. Five databases (PubMed, MEDLINE, CINHAL, PsychINFO, Web of Science) will be searched for studies (i.e., quantitative, qualitative, commentary papers, government documents, and reviews) using psychedelic-based interventions (e.g., psilocybin, ayahuasca, ketamine and LSD) to treat psychosocial concerns (e.g., distress, anxiety, depression) in cancer patients or survivors (i.e., off active treatment), published in peer-reviewed journals from 2000 to present. Grey literature may also be used to assess current and pending regulations globally.

Impact on practice or Results: This review aims to synthesize the current literature on psychedelic-based therapy for cancer patients and survivors, as well as current legislative considerations.

Discussion or Conclusions: This study seeks to understand the extent of the current evidence base, through a scoping review of the literature on psychedelic-assisted therapy, regarding potential effects on symptoms of psychosocial distress associated with the cancer experience. Further, it will clarify the regulatory climate to facilitate research and clinical applications.

Final category: M. Health care provider wellness

21 | How to manage psychological distress in patients with familial hepatocellular carcinoma: A qualitative study from the perspective of their spouses

Ruifang Zheng, Yanhui Wang, Xin Li
Tianjin Medical University Cancer Institute & Hospital, Tianjin, China

Background/rationale or Objectives/purpose: Psychological distress is common in cancer patients; however, little is known about spouses’ experience of managing their beloved cancer patients’ psychological distress after being diagnosed with familial hepatocellular carcinoma (HCC) due to a family history of hepatitis B virus (HBV). Thus, the purpose of this study was to explore how the spouses managed the psychological distress of cancer patients diagnosed with HCC.

Methodology or Methods: This study adopted a descriptive, qualitative design. The data were collected via individual interviews with 15 HCC patients’ spouses in a cancer center from Tianjin, mainland China between May 2021 and December 2021. Thematic analysis method was used to analyze the data.

Impact on practice or Results: Five themes emerged from the data, including taking full care of HCC patients’ daily life, serving as gatekeepers to disclose prognosis and health conditions, never talking about dying or death issues with HCC patients, playing a decision-maker role, and insisting on active treatment.

Discussion or Conclusions: To manage psychological distress in HCC patients, spouses play a key role in caring for their beloved HCC patients and reduced their psychological burden by disclosing little bad information and talking about death-related topics. Spouses should be provided more specific information on how to manage psychological distress in HCC patients but mentioning bad information and discussion of end-of-life care issues.

92 | Psychological distress and stressors among healthcare providers in oncology during the COVID-19 pandemic in Japan

Masako Okamura1, Masako Fujimori1, Shinichi Goto1, Narikazu Boku2, Rika Nakahara3, Yousuke Uchimoto1, Tatsuya Suzuki4,5, Tomohiro Matsuda6
1Division of Supportive Care, Sanshukai and Translation Research, National Cancer Center Institute for Cancer Control, Tokyo, Japan. 2Department of Gastrointestinal Medical Oncology, National Cancer Center Hospital, Tokyo, Japan. 3Department of Psycho-Oncology, National Cancer Center Hospital, Tokyo, Japan. 4Department of Hematology, National Cancer Center Hospital, Tokyo, Japan. 5Strategic Planning Bureau, National Cancer Center, Tokyo, Japan. 6Division of International Health Policy Research, National Cancer Institute for Cancer Control, Tokyo, Japan

Background/rationale or Objectives/purpose: The mental health of healthcare providers (HCP) has been reported to have deteriorated during the pandemic. However, little is known about psychological distress and
stresses among HCP in oncology during the COVID-19 pandemic. The objectives of this study were to describe the impact of COVID-19 on the psychological distress of oncology HCP in different occupations and to explore their stresses.

Methodology or Methods: A cross-sectional survey was conducted among HCP (doctors, nurses, allied health professionals, researchers, and office workers) in the two campuses of National Cancer Center, Japan. We assessed psychological distress using the Hospital Anxiety and Depression Scale (HADS) and stressors in April and May 2020 which was the first wave of the epidemic period.

Impact on practice or Results: Of 3,900 HCP, 566 (14.5%) responded. The participants’ median age was 43 years (range, 21-68 years) and 354 of them were female (62.5%). Three hundred and eighty-five participants (68.0%) scored above the cutoff value for HADS. Nurses and allied health professionals had higher prevalence of psychological distress (OR=4.20; 95% CI=1.98-8.90; p<0.001, OR = 3.16; 95% CI = 1.67-5.98; p<0.001) and participants in their 30s had lower prevalence (OR=0.41; 95% CI=0.21-0.81; p=0.01). More than half of them felt stressful due to the risk of contracting and transmitting COVID-19 to others.

Discussion or Conclusions: A high prevalence of psychological distress was found among HCP in oncology during the COVID-19 pandemic. The study suggests that mental healthcare should be available to HCP in oncology.

**98 | Individual resilience of professionals at work in oncology: what is the state of science?**

Émilie Giordano1•2, Dominique Tremblay1•2

1Université de Sherbrooke, Longueuil, Canada, 2Centre de recherche Charles-Le-Moyné, Longueuil, Canada

Background/rationale or Objectives/purpose: Resilience is becoming a buzzword in these challenging times. However, the resilience at work of cancer care providers suffers from a lack of research attention. This study explores the state of scientific knowledge on individual resilience of professionals in oncology.

Methodology or Methods: We conducted a scoping review, using the Joanna Briggs Institute approach, of studies published in electronic databases between 2005 and 2020. A 3-step screening process (title, abstract, full text) identified antecedents, attributes and consequences associated with the concept of individual resilience at work in oncology settings. Data were extracted using a descriptive-interpretative approach, with an open-ended grid based on the EnRiCH Resilience Framework for High-Risk Populations.

Impact on practice or Results: Nine of 195 articles were retained after screening. Participants in these studies were healthcare professionals. Only two studies provided an explicit definition of individual resilience at work. Sociodemographic and contextual factors (education level, type of adversity, intensity of professional demands) were identified as antecedents. Three main attributes of individual resilience at work emerged from our analysis: (1) a process to prevent negative effects of difficult situations, (2) it is reflected in action, (3) it relates to learning and perseverance. Well-being, health, personal growth and protection emerged as positive consequences of successfully developing resilience at work. No negative consequences were identified in the literature.

Discussion or Conclusions: Although resilience has become a popular concept, more intervention research is needed to clarify its application with oncology professionals. This is one of the essential steps to maintaining the provider health and well-being necessary for the provision of quality care.

**100 | Building team resilience in oncology: ways to promote health and well-being at work**

Dominique Tremblay1•2, Émilie Giordano1•2, Sylvie Lessard2, Marie-France Vachon1

1Université de Sherbrooke-Campus Longueuil, Longueuil, Canada, 2Centre de recherche Charles LeMoyne, Longueuil, Canada, 3Centre hospitalier de l’Université de Montréal, Montréal, Canada

Background/rationale or Objectives/purpose: Oncology teams are at the forefront to face adverse situations inherent to the growing cancer burden and the COVID-19 pandemic. This presentation reports concrete actions from team members to build resilience at work.

Methodology or Methods: Our pilot study used the “SHOWeD” guide for photovoice participatory approach to depicting ways to managing, mending and minimizing adversity. Oncology team members were from an urban academic hospital. Group discussion leader invited participants to choose one out of 19 photos related to resilience at work and describe what is seen related to their practice and what could be done. Audio recorded group discussions were analysed using a descriptive-interpretive approach outlining current actions and identifying improvement opportunities.

Impact on practice or Results: Oncology team members demonstrate enthusiasm to engage in the photovoice participatory approach. Three photos describing actions of higher importance for the oncology team appear related to resilience at work: “caravan in the desert” going in the same direction for patient centred care, but not in straight line, sharing objectives with new members joining the team, optimizing internal and external team resources; the “monkey mother with her baby” taking care of each other, have a warm and respectful attitude and empathy for colleagues and patients; “communication channels” throughout planned multidisciplinary team meeting, co-development debriefings to learn from difficult situations, visibility of managers.

Discussion or Conclusions: Our results support photovoice approach original and rigorous approach to engage team to learn from practice to improve team resilience at work. This approach fosters reflexive discussions on concrete actions to promote health and well-being of oncology team members.

**141 | Clinician Burnout Initiative: Evaluating a 6 week wellbeing initiative to promote and practice self-care tips for Oncology health care providers**

Lisa Koeljesa1•2, Heather Bussey1•2, Karyn Perry1•2, Aneeqa Mateen1•2

1Trillium Health Partners, Mississauga, Canada, 2Mississauga Halton Central West Regional Cancer Program, Mississauga, Canada

Background/rationale or Objectives/purpose: The COVID 19 pandemic has exasperated clinician burnout, illustrated in numerous pre pandemic studies. This phenomenological initiative, reinforced the need to promote self-care and wellbeing to circumvent further burnout; thereby, improving outcomes of patients. This initiative was conducted to assess clinicians’ awareness and integration of practical self-care strategies into their daily activities.

Methodology or Methods: Pre and Post Surveys, were disseminated to oncology professionals within four Ontario hospitals, establishing a baseline and evaluation of health care professionals’ level of wellbeing and knowledge of wellbeing resources. Over a six week period, weekly tips were distributed via email, newsletters and social media. These activities were facilitated and practiced at staff huddles and meetings by various initiative champions.

Impact on practice or Results: With improving sense of wellbeing, healthcare professionals, are able to respond compassionately within rapidly changing practice settings. The authors acknowledge the value of individual self-care strategies; however, systemic structural changes to healthcare is one tenet required to prevent clinician burnout.
Discussion or Conclusions: Staff were eager to receive the weekly tips and actively engaged in the self-care activities in the midst of turbulent times in healthcare. Initial responses included 155 healthcare professionals, indicating that almost 70% of the staff knew where to find resources to support their wellbeing; yet only 40% accessed their known resources. At the time of abstract submission, full analysis has yet to be completed. Albeit, preliminary anecdotal feedback is positive and suggests that participants are experiencing an improving sense of wellbeing.

153 | Burnout and Distress in Chinese Oncologists/Nurses during COVID-19

Zhongge Su

Peking University Cancer Hospital & Institute, Beijing, China

Background/rationale or Objectives/purpose: This study aims to gain a better understanding of the burnout associated with demographic and psychological factors among Chinese oncologists/nurses during the COVID-19 pandemic.

Methodology or Methods: Participants were recruited and assessed via the hospital information system from Beijing Cancer Hospital (N = 524). Oncologists and nurses were assessed by Maslach Burnout Inventory Human Services Survey (MBI-HSS), the 9-item Patients Health Questionnaire (PHQ-9), the General Anxiety Disorder-7 (GAD-7), the Insomnia Severity Index (ISI), and the COVID-19 International Survey.

Impact on practice or results: There were 6.9% (n = 36), 14.3% (n = 75), and 16.8% (n = 88) of participation reported a high level of "emotional exhaustion", "depersonalization", a low level of "personal accomplishment", respectively, and 15.1% (n = 79) were reported with burnout (high EE and high DP); 32.5% (n = 170) were reported with depression, 22.8% (n = 119) with anxiety, and 21.2% (n = 111) with insomnia. The top impacted factors about COVID-19 were items "my relationship with family members I live with has improved" (21.3%) and "I have had my job hours cut/lost income" (16.3%).

The emotional exhaustion, depersonalization, and personal accomplishment of burnout were significantly correlated with depressive status (r = 0.670; r = 0.571; r = 0.314, ALL p < 0.001), anxiety (r = 0.714; r = 0.605; r = 0.305, ALL p < 0.001), and insomnia (r = 0.530; r = 0.429; r = 0.254, ALL p < 0.001) respectively.

Discussion or Conclusions: Chinese physicians’ burnout level and psychological distress are not too high at the cancer hospital during COVID-19 quarantine. Physicians’ psychological distress and insomnia are significantly associated with their burnout levels. Overall, studies on interventions for improving psychological well-being among Chinese oncologists and nurses are needed.

194 | Evaluation of the provision of individual clinical supervision by an external clinical psychologist to a hospital specialist palliative care team

Frances Goodhart1, Ulrike Gillon2, May Evans2

1London, United Kingdom. 2

Background/rationale or Objectives/purpose: There is evidence that emotional depletion [in staff] impacts the quality of patient care (1). “Exposure to end of life illness...may put palliative healthcare professionals’ wellbeing at risk” (2). Imperial NHS Trust, London, UK, has a specialist palliative care team - 10 doctors and 16 nurses (3 on maternity/sick leave), working across 3 hospitals. Individual supervision, instead of group supervision, has been provided to this team for support. It continued through the pandemic via MSTeams but is now in person. Staff are offered one hour of individual supervision a month.

Methodology or Methods: A research assistant sent an electronic survey link to the team. Supervises were asked questions including how they value supervision, their use of sessions, the importance it is individual and external. They also completed the Brief Resilience Scale (3). 100% response rate (n = 23).

Impact on practice or Results: 96% report supervision in palliative care is extremely important/important. “We face a lot of death so talking about the fears of patients, families and our own is hugely helpful”. “Prevents my burnout” Use:

- Reflect on professional development.
- Explore personal well-being.
- Reflect upon patient/family care.
- Building self-care skills.

External supervisor: 94% Extremely important/important. “no conflict of interest”. Individual: 100% Extremely important/important “consider my vulnerabilities”. 80% accessed remote supervision during pandemic: “couldn’t have coped without it”. Brief Resilience Scale Scores: Average 3.38. Range 2.3-4.5. 80% normal 7% high resilience.

Discussion or Conclusions: Individual external supervision supports staff in their professional development, patient care and personal well-being. This model could be presented to other services to follow.

428 | Writing Cancer Stories: The Healing Power of Personal Narrative

Charles Hayter @HayterCharles

University of Toronto, Toronto, Canada

Background/rationale or Objectives/purpose: “Writing is more than just a method to tell stories. It’s a way to find healing, and to healing others.” - M. Kirin

In this presentation, writer and oncologist Dr. Charles Hayter will describe the process of writing his forthcoming book, Cancer Confidential: Backstage Dramas in the Radiation Clinic (University of Toronto Press, September 2022). Shortly after he graduated as a radiation oncologist, his father was diagnosed with terminal cancer. As with many doctors, he found that his medical training did not prepare him for his personal anguish and that of his patients, and their loved ones. In the book, he weaves his personal story of dealing with his father’s terminal cancer with stories inspired by encounters in his practice, and shows how people deal with cancer and death often through subterfuge, denial, and conflict, but also as shining examples of quiet courage, resilience, and humor.

Methodology or Methods: Using passages from the book as examples, Dr. Hayter will show how writing about his father’s illness not only helped him deal from that trauma, but also gave insight into the reactions and behaviour of his patients, and thus enabled him to be a better healer.

Impact on practice or Results: Writing honestly about emotional responses: 1. promotes reflection and understanding; 2. improves caregiver self-awareness and stress; 3. leads to more compassionate patient care.

Discussion or Conclusions: Cancer programs should consider ways of integrating writing into wellness strategies for caregivers.

558 | Implementing a Narrative Medicine Curriculum during the residency training period in Oncology

Agustina Sirgo1,2,3, Ines Cabezas4, Felix Muñoz4, Monica Arguis5, Beatriz Rubio1, Marc Grifoll1, Lola Delamo1, Josep Guma6

1Psychooncology Unit Institut d’Oncologia de la Catalunya Sud University Hospital Sant Joan de Reus, Reus Tarragona, Spain. 2Universidad Rovira Virgili, Tarragona, Spain. 3Institut d’Investigació Santària Pere Virgili (IISPV), Tarragona, Spain. 4Medical Oncology Department Institut d’Oncologia de la Catalunya Sud University Hospital
Background/rationale or Objectives/purpose: Residency training can be a stressful experience for future oncologist. Some studies reflect high levels of burnout, anxiety and depression, especially in their third year. Frequently, more time is reserved to learning technical and physical issues, but less to relational, professional identity and emotional issues regarding the medical practice.

Methodology or Methods: Concerned with the difficulties clinicians find during their learning period, in a CCC that develops a residency program for medical and radiotherapy oncologist we designed a pilot Program for teaching relational skills and professional identity, using the Narrative Medicine (NM) model as a framework. 12 medical residents take part in the Program during four years, according with the length of the residency period. 8 theoretical sessions implemented through two academic years every trimester, and repeated the following two years, regarding: Communication, Emotions, Attachment, Burnout and Self-care will be presented. Also 16 sessions, designed according with the NM model will be conducted after the theoretical sessions, along the trimesters. A pre-test evaluation (T1) and an every 12 month evaluation (T2 to T5) will be conducted. An open-ended semi-structured interview regarding motivations, expectations, career orientation will be done. Maslach Burnout Inventory and Quality of Life Scale will be administered.

Impact on practice or Results: We hypothesize this accompanying Program will reflect low levels of burnout, high self-confidence with communication-skills, development of professional identity and enhancement of the capacity to keep relations in the clinical setting also with strong skills for collaborative team work, along the training period.

Discussion or Conclusions: We hypothesize high levels of participation and satisfaction with the Program.

51 | Mindfulness is Longitudinally Associated with Severity of Peripheral Neuropathy and Related Patient-Reported Outcomes among Colorectal Cancer Patients

Cynthia Bonhofs, Lonneke van de Poll-Franse, Ignace de Hingh, Gerard Vreugdenhil, Floottie Mols

1 Tilburg University, Tilburg, Netherlands. 2 Netherlands Comprehensive Cancer Organisation (IKNL), Eindhoven, Netherlands. 3 The Netherlands Cancer Institute, Amsterdam, Netherlands. 4 Catharina Hospital, Eindhoven, Netherlands. 5 Maastricht University, Maastricht, Netherlands. 6 Maxima Medical Center, Veldboven, Netherlands

Background/rationale or Objectives/purpose: Despite the detrimental impact of chronic (chemotherapy-induced) peripheral neuropathy (CIPN) on patients’ lives, treatment options remain limited. We examined the association between mindfulness and chronic (CIPN) symptom severity and impairments in related patient-reported outcomes (PROs) among colorectal cancer (CRC) patients up to two years after diagnosis.

Methodology or Methods: Newly diagnosed stage I-IV CRC patients from four Dutch hospitals were eligible for participation. Patients (N = 536) completed a questionnaire on mindfulness (MAAS) at one year after diagnosis, and questionnaires on sensory (SPN) and motor peripheral neuropathy (MPN) (EORTC QLQ-CIPN20), anxiety and depressive symptoms (HADS), sleep quality (PSQI), and fatigue (EORTC QLQ-C30) before initial treatment (baseline) and one and two years after diagnosis.

Impact on practice or Results: At 1-year follow-up, 115 patients (34%) and 134 patients (40%), respectively, reported SPN or MPN symptoms. In multivariable regression analyses, higher mindfulness at 1-year follow-up was associated with less severe MPN and fewer anxiety and depressive symptoms, better sleep quality, and less fatigue. Of the patients with SPN or MPN at 1-year follow-up, symptoms had not returned to baseline level at 2-year follow-up in 59 (51%) and 72 (54%) patients, respectively. In this subgroup, higher mindfulness was associated with less severe SPN and fewer anxiety symptoms, depressive symptoms, and fatigue at 2-year follow-up.

Discussion or Conclusions: Mindfulness was associated with less severe (CIPN) and better related PROs among CRC patients with chronic (CIPN).

130 | Impact of Poor Sleep on Fatigue among Women with Non-Metastatic Breast Cancer

Rachel Lee, Joshua Tulk, Sheila Garland

1 Department of Psychology, Faculty of Science, Memorial University, St. John’s, Canada 2 Discipline of Oncology, Faculty of Medicine, Memorial University, St. John’s, Canada 3 Beatrice Hunter Cancer Research Institute, Halifax, Canada

Background/rationale or Objectives/purpose: Fatigue is one of the most prevalent and persistent side effects of a cancer diagnosis and treatment. Women respondents agreed they had received satisfactory symptom management. 54% Women with breast cancer present to emergency departments with symptom distress. Common barriers of accessing health care included time constraints, providing accurate information via telephone, knowledge of symptom distress, and language barrier.

Discussion or Conclusions: Fatigue, impaired well-being, and anxiety were commonly seen in breast cancer treatment. Increase in frequency of emergency visits for relieving breast cancer symptom distress were observed.

There is a need for developing a cost-effective framework for breast cancer distress screening, assessments, and guidelines for improved patient reported outcome measures.
Insomnia may cause or worsen fatigue. This study examined the fatigue trajectory and the impact of poor sleep on fatigue among women with breast cancer.

Methodology or Methods: Forty women completed assessments at the time of diagnosis and 4, 8, 12, and 24 months later. Fatigue and sleep were measured using the Multidimensional Fatigue Symptom Inventory-Short Form (MFSI-SF), Insomnia Severity Index (ISI), and Pittsburgh Sleep Quality Index (PSQI). A RM-ANOVA was used to examine change over time. Women were grouped based on clinically significant increases in fatigue (8.6 point change on MFSI-SF) over the two years. T-tests were used to compare those who did and did not experience a clinically significant increase in fatigue.

Impact on practice or Results: Fatigue change was cubic with significantly increases from diagnosis (M = 3.26) to its peak at 24 months (M = 12.95), p = .005, n² = .09. Increases were observed for general (p = .016), physical, (p < .001), and mental (p = .015) fatigue. Women with a change score of 8.6 or more (N = 18) had higher scores on the ISI (11.83 vs 6.86, p = .03, d = 6.69) and PSQI (9.78 vs 6.82, p = .01, d = 3.63) than women with a lower change score.

Discussion or Conclusions: Women with breast cancer experience significant fatigue two years after their diagnosis. Poor sleep is associated with greater fatigue. Interventions that target these comorbid symptoms are needed.

147 | Executive Function Alterations During the First Year of Breast Cancer Treatment
Josua Tulk @jgjtulk1, Rachel M. Lee1, Sheila N. Garland @SNGarlandPhD1,2,3
1Department of Psychology, Faculty of Science, Memorial University, St. John’s, NL, Canada, 2Discipline of Oncology, Faculty of Medicine, Memorial University, St. John’s, NL, Canada, 3Beatrice Hunter Cancer Research Institute, Halifax, NS, Canada

Background/rationale or Objectives/purpose: Treatment of breast cancer (BCa) is associated with deficits in various cognitive domains. This study sought to understand the longitudinal trends in self-reported executive functioning and examine factors associated with poorer executive function.

Methodology or Methods: Women with newly diagnosed early-stage BCa completed the Behavior Rating Inventory of Executive Function –Adult Version (BRIEF-A) at the time of diagnosis, 4, 8, and 12 months. BRIEF-A subscales include a behavioral regulation index, metacognition index, and an overall composite score. Participants also completed measures of anxiety, depression, vasmotor symptoms, fatigue, and insomnia severity. A repeated-measures MANOVA analyzed change in executive function over time. A multiple linear regression explored factors associated with poorer executive functioning at 4-months post-diagnosis.

Impact on practice or Results: Women (N = 74) had mean age of 59 years (range = 29-83). There was a significant quadratic effect of time on metacognition, F (2,638, 189.954) = 4.258, p = .009, = .056. Problems with metacognition peaked at 4 months before improving, but did not return to pre-treatment level. No differences in behavioral regulation or the overall composite score were observed. After adjusting for age, education, menopausal status, and comorbid illnesses (e.g., diabetes, hypertension, arthritis), poorer metacognition was associated with worse insomnia symptoms (β = .332, p = .016) 4-months post-diagnosis.

Discussion or Conclusions: Women with breast cancer can expect issues generating ideas and problem solving after beginning cancer treatment, which is associated with insomnia symptoms. Early detection and management of sleep problems may help mitigate the cognitive effects of breast cancer treatment.

155 | Genetic Predisposition to Depression Impacts Symptom Burden in Patients With Head and Neck Cancer: A Longitudinal Study
Melissa Henry1, Raphael Harvey1, Thù Thú Thao Nguyen2, Meaney Michael1, Lawrence Chen1, Han-Tin Kao1, Celia Greenwood1, Zeew Rosberger1, Saul Frenkel1, Michael Hier1, Anthony Zeitouni1, Karen Kost1, Alex Mlynarek1, Keith Richardson1, Kieran O’Donnell1
1McGill University, Montreal, Canada. 2Douglas Hospital, Montreal, Canada. 3Yale University, New Haven, USA

Background/rationale or Objectives/purpose: The purpose of this study was to investigate the contribution of genetic predispositions to depression and inflammation on symptom burden and survival in head and neck cancer patients.

Methodology or Methods: Prospective longitudinal study of 223 adults (72% participation) newly diagnosed with a first occurrence of primary head and neck cancer, paired with genetic data (Illumina PsychArray), validated psychometric measures, Structured Clinical Interviews for DSM Disorders (SCID-I), and medical chart reviews.

Impact on practice or Results: Symptom burden at 3 months was predicted by (R2 adj. = .38, p < .001): a baseline SCID-I Anxiety Disorder (p = .009), baseline levels of HADS anxiety (p = .003), the polygenic risk score (PRS) for depression (p = .049), and cumulated dose of radiotherapy (p < .001). When controlling for factors known to be associated with cancer survival, patients with a higher polygenic score associated with anti-inflammatory cytokines presented higher risk of death at 24 months (p = .007).

Discussion or Conclusions: Our results outline three potential pathways of symptom burden in patients with head and neck cancer: a genetic predisposition towards depression; an initial anxiety disorder upon being diagnosed with cancer or high levels of anxiety upon diagnosis; and a dose-related response to radiotherapy. One may want to investigate early interventions in these areas to alleviate symptom burden in patients with head and neck cancer, as well as consider treating genetic predisposition towards inflammation implicated in survival. The high prevalence of distress in patients with head and neck cancer represents an opportunity to study genetic predispositions, which could potentially be broadly generalized to other cancers.

157 | The Relationship Between Physical and Psychological Symptoms and symptoms management status in Hospitalized Patients With Advanced Cancer-A Multicenter Study
Yi He
Beijing cancer hospital, Beijing, China

Background/rationale or Objectives/purpose: The management of physical and psychological symptoms of cancer patients is an important component of cancer care. The purpose of this study is to evaluate the physical and psychological symptom burden and management status of hospitalized patients with advanced cancer in China.

Methodology or Methods: 2930 hospitalized patients with advanced cancer (six types of cancer) were recruited from 10 centers all over China. Patient-reported MDASI, HADS and PHQ-9 scales and symptom management related problems were collected and matched with the patient’s clinical data. We describe the proportion of patients reporting moderate-to-severe symptoms and whether they are currently well managed. Multiple regression analysis models were created to determine the factors related to symptom management.
Impact on practice or Results: About 27% of patients reported over 3 moderate-to-severe symptoms, 16% reported over 5, and 9% reported over 7. Fatigue (22.68%) was the most prevalent symptom. Patients with gastric cancer (33%) and currently undergoing anti-cancer treatment (29%) had a heavier burden of symptoms. 45% of patients have at least one moderate-to-severe symptom without good symptom management. Gender differences (OR = 2.38, CI: 1.50-3.33) and functional status (OR = 0.40, CI: 0.24-0.67) and whether they are currently undergoing anti-cancer treatment (OR = 0.66, CI: 0.30-0.88) are the main factors of poor symptom management.

Discussion or Conclusions: Hospitalized patients with advanced cancer have a variety of physical and mental symptoms but lacking management. A construction of a completed symptom screening and management system is needed to deal with this complex problem.

198 | Feasibility and impact of a proactive, web-based self-management education program and telephone coaching intervention on patient activation, symptom distress and quality of life: a multi-centre randomized controlled trial

Doris Howell1, Melanie Powis2, Gregory Pond3, Denise Bryant-Lukosius4, Sarah Rask5, Vishal Kukreti6, Patrick McGowan7, Saidah Hack8, Monika Krzyzanowska2

1Princess Margaret Cancer Research Institute, Toronto, Canada. 2Princess Margaret Cancer Centre, Toronto, Canada. 3McMaster University, Hamilton, Canada. 4Royal Victoria Hospital, Barrie, Canada. 5University of Victoria, Victoria, Canada

Background/rationale or Objectives/purpose: Toxocities from systemic cancer therapy (ST) occur at home leaving the burden of management to patients and caregivers. It is unknown whether proactive self-management support can improve patient activation during active treatment. The primary objectives of this study were feasibility (recruitment, retention) and intervention adherence and secondarily patient reported outcomes and acceptability.

Methodology or Methods: Adults with lymphoma, colorectal or lung cancer starting ST (n = 160) at 3 cancer centres in Ontario, Canada were prospectively randomized to the intervention or routine care. The intervention was comprised of a self-directed, web-based self-management education program (i-canmanage) combined with 5 sessions of nurse telephone coaching during the first 4 months following initiation of ST and compared to an enhanced education control group. Generalized estimating equations (GEE) was used to compare groups on patient activation, symptom/emotional distress, and quality of life over time.

Impact on practice or Results: Sixty-two patients were enrolled out of 82 approached (75.6%); recruitment was closed prematurely due to the COVID pandemic. Participants were age 61, married (75%), university educated (62.8%), had colorectal cancer (43.8%) or lymphoma (31.3%), and stage 3 or 4 disease (71.9%). Attrition was 25% for controls versus 36.7% for the intervention group. Coach call completion rates ranged from 75-87.5% and adherence to the i-canmanage program was low (50% of intervention group). In adjusted GEE analysis, the continuous PAM total score and categorical PAM levels (3/4 versus 1/2) were significantly different between groups over time favouring the intervention (P < 0.001).

Discussion or Conclusions: Self-management support during ST may improve patient activation but requires testing in a larger trial.

238 | Sexual experience and regulation ability rather than treatment therapy, anxiety, depression and age were better predictors of female sexual dysfunction in breast cancer patients: an eHealth study from Shanghai, China

Guangfu Hu1,2, Chengjiao Zhang3, Lingyi Pan3, Cheng Wang4

1Department of Breast Surgery, Huangpu Branch, Shanghai Ninth People’s Hospital, Affiliated to Shanghai Jiao Tong University School of Medicine, Shanghai, China. 2Department of Psychological Measurement, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China

Background/rationale or Objectives/purpose: Female Sexual dysfunction (FSD) is an important concern of premenopausal women with early breast cancer. However, it is unclear about the predictors of FSD. The study was designed to assess the association between sexual experience and regulation ability, treatment therapy, anxiety, depression, age and FSD in Shanghai, China.

Methodology or Methods: From 2018 to 2021, an eHealth survey study was conducted in our outpatient clinic. Participants were recruited and interviewed by instruments including Arizona Sexual Experience Scale (ASEX), General Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9) and Sexual Adjustment and Body Image Scale (SABIS). Additionally, information on demographic characteristics were collected from participants using uniform questionnaires. Then univariate analysis and multiple linear regression analysis were used to analyze the information.

Impact on practice or Results: 149 patients were considered FSD after the breast cancer diagnosis (149/217, 68.7%). Compared with the non-FSD group, the patients in FSD group had significant differences in age of cancer, ASEX score > 14 before breast cancer, GAD-7 score, PHQ-9 score, SABIS1 score and SABIS-2 score (P < 0.05). The univariate analysis and multiple linear regression analysis revealed that the low SABIS-2 score (P = 0.000, P = 0.000) and the ASEX score > 14 prior to breast cancer diagnosis (P = 0.000, F = 0.000) were independent risk factors of FSD after the breast cancer diagnosis.

Discussion or Conclusions: The patient’s sexual experience and regulation ability rather than treatment therapies, anxiety, depression and age significantly predicted FSD in premenopausal women with early breast cancer. Providing patients with sexual psychological counseling may improve effectively patients’ sexual satisfaction.

246 | The construction and effectiveness of Bio-psycho-social-spiritual thefour-in-one in pain management of cancer patients

Li Sun, Deying Hu, Yi Dai, Yan Lei, Xiaoyan Wu, Ping Xin, Minjing Xia, Menguan Yang, Feng Yu

Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China

Background/rationale or Objectives/purpose: To explore the application effect of the four-in-one Bio-psycho-social-spiritual in pain management of cancer patients, so that we can look for effective pain management methods for cancer pain patients.

Methodology or Methods: The study was guided by the Bio-psycho-social-spiritual health model. Which includes comprehensive management of multi-disciplinary teams, pain medication management + mobile system (MTM), and Internet support information. Delivery, psychological counseling and assistance hotline, social support and spiritual care provide comprehensive humanized care for patients with cancer pain.
Data of medication compliance, cancer pain relief rate, adverse drug reactions, negative emotions, and nursing satisfaction rate in cancer pain patients undergoing the four-in-one Bio-psycho-social-spiritual mode after pain management from January to December 2018 was analyzed.

Impact on practice or Results: The cancer patients’ compliance with medication, cancer pain relief rate and nursing satisfaction rate were significantly improved; patients’ cancer pain scores, adverse drug reactions, anxiety and depression, as well as cancer pain The resulting suicides have declined significantly after the four-in-one Bio-psycho-social-spiritual in pain management.

Discussion or Conclusions: The four-in-one cancer pain management model of body-mind-society-spirit can effectively improve the patient’s treatment compliance and enhance the treatment effect, so that the patient’s physical and mental society is in a virtuous circle, thereby improving the patient’s quality of life and improving the patient Satisfaction, The mode has high feasibility and potential for replication.

251 | Effect of Pain Neuroscience Education after breast cancer surgery on pain, physical and psychosocial functioning: a double-blind randomized controlled trial (EdCan trial)

Lore Dama1,2, Elena Van der Gucht1,2, Vincent Haenert1,2, Nele Devoogdt1,2, Ann Sweerts1,3, Koen Bernare2, Bart Morlion1,2, Lode Godderis2, Tessa De Vriese1,2, Niamh Moloney3, Paul Van Wilgen1, Mira Mees4,5, An De Groef2,1
1University of Antwerp, Antwerp, Belgium. 2KU Leuven, Leuven, Belgium. 3Vrije Universiteit Brussel, Brussels, Belgium. 4UZ Leuven, Leuven, Belgium. 5Macquarie University, Sydney, Australia. 6Ghent University, Gent, Belgium

Background/rationale or Objectives/purpose: Approximately one in five women experiences persistent pain after breast cancer surgery. Educational interventions may improve current physiotherapy for preventing or alleviating this pain. Pain neuroscience education (PNE) aims to reconceptualize pain away from the biomedical model towards a biopsychosocial understanding, in order to decrease the threat value of pain. This double-blind randomized controlled trial investigated whether PNE, in addition to best-evidence physiotherapy after breast cancer surgery, was more beneficial than biomedical education on pain-related, physical and psychosocial functioning.

Methodology or Methods: Three educational sessions were given in a four-month physiotherapy program starting immediately postoperatively. The content of the educational interventions differed between the intervention (PNE, n=92) and control group (biomedical pain education, n=92). Additional educational and physiotherapy sessions were provided at six, eight and twelve months postoperatively. The primary outcome was the change in pain-related disability (Pain Disability Index) after twelve months. Secondary outcomes were pain intensity, upper limb function, physical activity and psychosocial functioning. All outcomes were evaluated pre-and postoperatively, and at four, six, eight, twelve and eighteen months.

Impact on practice or Results: Change in pain-related disability from baseline to twelve months postoperatively did not differ between groups (p=0.516). Secondary outcomes yielded similar results.

Discussion or Conclusions: Adding six sessions of PNE to physiotherapy after breast cancer surgery did not result in a better course of functioning up to eighteen months postoperatively as compared to biomedical pain education. Future research should look into the effects of a more patient-tailored PNE approach, based on a patient’s specific needs and readiness instead of imposing a one-size-fits-all formula.

313 | Translation and cultural adaptation of the UCLA Cancer-Related Cognitive Rehabilitation Intervention Program to Portugal

Ana F. Oliveira1, Filipa Oliveira1, Ana Torres2, Milaydis Sosa-Napolisky3, Diane Felipe Queiroz2, Ana Bartolo5, Helena Sousa4, Sara Monteiro1,6, Linda M. Ercoli7, Isabel M. Santos8
1Center for Health Technology and Services Research (CINTESIS), Department of Education and Psychology, University of Aveiro, Aveiro, Portugal. 2Department of Psychology and Education, Faculty of Human and Social Sciences, University of Beira Interior, Covilhã, Portugal. 3Center for Health Technology and Services Research (CINTESIS), Faculty of Medicine, University of Porto, Porto, Portugal. 4Department of Education and Psychology, University of Aveiro, Aveiro, Portugal. 5Center for Health Technology and Services Research (CINTESIS), Phagut Institute – ISETI/Viseu, Viseu, Portugal. 6Department of Social Sciences and Management, Open University, Lisbon, Portugal. 7Department of Psychiatry and Biobehavioral Sciences, Jane & Terry Semel Institute for Neuroscience & Human Behavior, David Geffen School of Medicine at the University of California, Los Angeles, California, USA. 8William James Center for Research (WJCR), Department of Education and Psychology, Aveiro, Portugal

Background/rationale or Objectives/purpose: Cancer-related cognitive impairment has become a major area of concern due to its prevalence and negative impact on patients’ quality of life. The UCLA Cancer-Related Cognitive Rehabilitation Intervention Program is an evidence-based intervention designed to improve cognitive complaints of cancer survivors. Cognitive rehabilitation programs are still lacking in Portuguese cancer settings, which represents an unmet need. This study aimed to culturally adapt the UCLA program to Portugal.

Methodology or Methods: The process of culturally adapting the UCLA program comprised nine steps: 1. Needs assessment, 2. Contact with the original program team, 3. Translation, 4. Cultural adaptation, 5. Independent review by a panel of experts (n=6), 6. Focus group discussions with cancer survivors (n=11), 7. Systematization of inputs, 8. Improvement of the final materials, and 9. Verification of fidelity by the original program team.

Impact on practice or Results: Our findings suggested that changes were needed to the original materials from the UCLA Program. First, the original name was replaced and adapted to “CanCOG – Cognitive Rehabilitation in Cancer” and a logo was created. The language was adjusted to ensure content accessibility, and semantic and conceptual equivalence. The content of the cognitive exercises, proper names, and references to various cultural aspects, such as habits, customs, and traditions, were also adapted to fit the new cultural context.

Discussion or Conclusions: This study describes the adjustments needed to achieve a culturally appropriate version of the UCLA program to the Portuguese context. The adapted Portuguese program, “CanCOG – Cognitive Rehabilitation in Cancer”, may have the potential to help alleviate cognitive impairment reported by Portuguese cancer survivors.

345 | Emotional Well-Being in Patients with Pancreatic Cancer within Six Months after Operations

Ling-Fang Hsu1, Shou-Ching Shun2, Yun-Wen Tien1
1National Taiwan University Hospital, Taipei, Taiwan. 2National Yang Ming Chiao Tung University, Taipei, Taiwan

Background/rationale or Objectives/purpose: To understand the associations between nutritional status, fatigue, and emotional quality of life in pancreatic cancer patients who received pancreatocystectomy.
Methodology or Methods: This longitudinal, correlational study includes participants who underwent pancreatectomy between 2015 and 2020 in a medical center in northern Taiwan. Nutritional status, fatigue, and emotional well-being were measured by Mini Nutritional Assessment (MNA), Fatigue Symptom Inventory (FSI), and the Emotional Well-Being subscale of Functional Assessment of Cancer Therapy-General (FACT-G) before operation and 3, 6 months after the operation. Generalized estimating model (GEE) was used to examine the associated factors within 6 months after operation changes of emotional well-being.

Impact on practice or Results: The Emotional well-being postoperatively 3 and 6 months are statistically significantly better when compared to the status preoperative. In the GEE model, female gender (β=-0.24, p=0.04), 3 (β=0.64, p<0.01) and 6 months (β=0.58, p<0.01) after operation, nutritional status (β=0.04, p=0.02) and fatigue (β=-0.01, p<0.01) were correlated with emotional well-being in patients with pancreatic cancer after operation.

Discussion or Conclusions: Patients with pancreatic cancer had a better emotional well-being after pancreatectomy. Participants who had a greater level of fatigue reports lower emotional well-being. Moreover, nutritional status also played a crucial role in association with change of emotional well-being. The results indicate the importance of monitoring the nutritional status and fatigue level of pancreatic cancer patients who received pancreatectomy.

356 | Consciousness of Oral Care in Cancer Patients Receiving Outpatient Chemotherapy

Kazumi Ueno¹, Maiko Takizawa², Nanami Kimura³, Keiko Tateishi⁴, Yuuna Koga⁵

¹Nagasaki University, Nagasaki, Japan. ²Fukuoka University Chikusi Hospital, Fukuoka, Japan. ³Osaka University Hospital, Osaka, Japan. ⁴Fukuoka University Hospital, Fukuoka, Japan. ⁵Ohmura city Hospital, Ohmura, Japan

Background/rationale or Objectives/purpose: Oral mucositis is frequent complications chemotherapy. There is no standard therapy for its prevention or treatment. The present study aimed to identify the consciousness of oral care in cancer patients receiving outpatient chemotherapy.

Methodology or Methods: We conducted self-administered questionnaire among 158 cancer patients receiving outpatient chemotherapy, and who have agreed to participate in the study.

Impact on practice or Results: One hundred twenty-seven patients (81.9%) received explanations by medical staff about oral mucositis and 31 patients without received explanations. There were 90 patients (47.1%) explanations from doctors and 50 (26.7%) from nurses. Some people received explanations from both doctor and nurse.

The number of oral cares performed daily was higher after chemotherapy than before chemotherapy in the patients who received the explanation. Frequency of oral cares performed daily was significantly higher in patients with received explanations than in patients without received explanations both before (p<0.001) and after (p=0.001) chemotherapy.

Oral mucositis was found in 55 (35%) patients, respectively. Patients with oral mucositis had significantly higher awareness of oral cares before and after chemotherapy than those without oral mucositis (p = 0.01). As for oral care, many people adopted not only toothbrushes but also gargling, interdental brushes, dental floss, moisturizers, etc., regardless of the presence or absence of oral mucositis.

Discussion or Conclusions: It was clarified that those who received an explanation of oral mucositis from a medical staff lead to changes in consciousness and behavior. It is important to explain before chemotherapy so that all patients can be conscious and continue with oral care.

363 | Is the Cortisol Awakening Response Associated with Fatigue and Depression in Recently Treated Breast Cancer Patients?

Julie K. Thomassen¹, Lisa Wu², Birgitee Offerensen³, Heiddis Valdimarsdottir⁴, Sonia Ancoi-Issett⁵, William Redd⁶, Robert Zacharias⁷, Ali Amidi⁸

¹Unit for Psychooncology & Health Psychology, Department of Psychology & Behavioural Sciences, Aarhus University, Aarhus, Denmark. ²Aarhus Institute of Advanced Studies, Aarhus University, Aarhus, Denmark. ³Unit for Psychooncology & Health Psychology, Aarhus University, Aarhus, Denmark. ⁴Department of Clinical Oncology, Aarhus University Hospital, Aarhus, Denmark. ⁵Department of Psychology, Reykjavik University, Reykjavik, Iceland. ⁶Mount Sinai School of Medicine, New York, USA. ⁷Department of Psychiatry, University of California, San Diego, USA. ⁸Department of Oncology, Aarhus University Hospital, Aarhus, Denmark.

Background/rationale or Objectives/purpose: Fatigue and depression are prevalent symptoms among breast cancer (BC) patients. Dysregulation of the HPA-axis has been proposed as a maintaining mechanism. However, previous studies on this relationship have produced mixed results. Based on secondary baseline analyses from a randomized trial on the effect of light exposure to treat fatigue, the present study examined the relationship between cortisol awakening response (CAR) and symptoms of fatigue and depression.

Methodology or Methods: Clinically fatigued BC patients (N=72, age=53.8 years) who recently completed radiotherapy (N=26) or radiotherapy and chemotherapy (N=46) were included. Salivary cortisol was assessed at time of awakening and 30 minutes later on two subsequent days. CAR was calculated as the area under the curve with respect to ground (AUC-G) and increase (AUC-I). Symptoms of fatigue and depression were measured with the FACIT-Fatigue scale and the Beck Depression Inventory (BDI-II).

Impact on practice or Results: Pearson’s correlation analyses revealed no associations between CAR outcomes and fatigue: AUC-G r = -.09, p = .49; AUC-I r = -.07, p = .57. No associations were observed between CAR outcomes and BDI: AUC-G r = -.05, p = .69; AUC-I r = -.02, p = .91. Independent t-tests showed no differences in CAR outcomes between patients with low and high BDI scores: AUC-G (low M = 32.46, SD = 6.58; high M = 33.26, SD = 7.11), p = .67; AUC-I (low M = 1.68, SD = 3.41; high M = 1.29, SD = 4.45), p = .71. Finally, no CAR differences were observed between treatment groups: AUC-G t(62) = -.39, p = .70; AUC-I t(62) = 1.03, p = .31.

Discussion or Conclusions: We found no indications of a relationship between CAR and fatigue/depression. Future work should investigate whether diurnal patterns of cortisol is associated with fatigue and depression.

489 | Pilot Study of Mirtazapine for the Treatment of Depression and CINV in Glioma Patients on Temozolomide Therapy

Shayda M. Abazari¹, Mehr Thrani², Manisha Dandekar², Dan Beverly Fu¹,², Thomas H. Taylor³, Daniela A. Bota¹²

¹Department of Radiation Oncology, Fukuoka University Hospital, Fukuoka, Japan. ²Department of Psychology, Reykjavik University, Reykjavik, Iceland. ³Department of Neuro-Oncology, Aarhus University Hospital, Aarhus, Denmark.
Background/rationale or Objectives/purpose: Gliomas are primary tumors of the brain and spinal cord and have a generally poor prognosis. Treatment for newly diagnosed glioma often includes temozolomide (TMZ). About 40% of glioma patients are clinically depressed according to the Beck Depression Inventory (Rooney, Carson & Grant, 2011), and untreated depression can decrease patients’ quality of life. Our objective is to understand the effectiveness and safety of the drug mirtazapine in treating depression in newly diagnosed glioma patients while also measuring changes in TMZ-induced nausea, vomiting, and appetite suppression.

Methodology or Methods: In this single-arm, open-label, pilot study, the Beck Depression Inventory is administered to adult (18+) glioma patients to assess change in depression scores from diagnosis (baseline) to after four and eight weeks of treatment with mirtazapine. Simultaneously, a nausea/vomiting scale is administered to assess changes in nausea, vomiting, and weight, noting the overall tolerability of mirtazapine. Patients included in the study had no prior treatment with TMZ, a Karnofsky Performance Score of at least 60, and had stopped taking any antidepressants at least one month prior to enrollment.

Impact on practice or Results: Preliminary results (n=15) suggest that prevalence of clinical depression among newly diagnosed glioma patients is lower than expected (13%: 2/15).

Discussion or Conclusions: While data collection is ongoing, estimating the time course of clinical depression among these patients may guide the introduction of psychologic-management strategies into the treatment plan to improve quality of life. Associations that emerge between mirtazapine and attenuation of side-effects of TMZ may suggest new treatment strategies even in the absence of clinical depression.

513 | Sexual Function among women patients recently diagnosed with breast cancer: Short- and long-term effects

Milena Duarte¹, Augusto Mota², Cristiane Bergerot³, Marcella Salvador², Karla Emericiano², Jorge Leal², Elisa Porto², Patricia Nogueira²
¹Salvador, Brazil. ²CLINICA AMO, Salvador, Brazil. ³CETTRO, Brasilia, Brazil. ⁴Liga Riograndense Contra o Cancer, Salvador, Brazil. ⁵CLION, Salvador, Brazil. ⁶CETTRO, Salvador, Brazil

Background/rationale or Objectives/purpose: Sexual quality of life commonly deteriorates in women with newly diagnosed breast cancer. As this change can last for many years after successful treatment of the cancer, it can be associated with emotional side-effects and poorer quality of life for years. Considering that this is perceived not to receive the proper attention years after the initial diagnosis, this long-term, longitudinal study sought to determine the impact of breast cancer diagnosis and treatment on the sexual function among women recently diagnosed with breast cancer.

Methodology or Methods: Patients were eligible for the study if they have been diagnosed with breast cancer and were about to initiate treatment. Patients will be assessed at baseline (as soon as possible after the histological diagnosis and before treatment initiation), and at 6-, 12-, 24-, 36-, 48- and 60-months post-treatment. Patients will be assessed using the Female Sexual Function Index (FSFI), Hospital Anxiety and Depression Scale (HADS) and Functional Assessment of Cancer Therapy (FACT-G). Primary outcome will be post-treatment sexual function (FSFI). Secondary outcomes are anxiety and depression (HADS) and quality of life (FACT-G).

Impact on practice or Results: The research ethics committee has reviewed this study. Written consent is obtained from study participants. Results will be dispersed through peer-reviewed publications and scientific presentations.

Discussion or Conclusions: This longitudinal study will provide valuable information on the impact of breast cancer diagnosis and treatment on the sexual function of the same cohort of women from diagnosis through five years of follow-up. Our findings will have direct implications for clinical service development to improve the quality of life for patients.

575 | Paediatric acute lymphoblastic leukaemia and the effects of induction chemotherapy on cognition and academic performance: A systematic review and meta-analysis

Hernán Berneodo¹, Loida Esenarro ², Loida Esenarro@EsenarroLoida. ¹National Institute of Neoplastic Disease, Lima, Peru. ²Peruvian Psychooncology Society, Lima, Peru.

Background/rationale or Objectives/purpose: To synthesise the available scientific evidence regarding the existing evidence in the scientific literature on the cognitive and academic effects of induction chemotherapy in surviving patients diagnosed with acute lymphoblastic leukaemia.

Methodology or Methods: It is a theoretical design of the systematic review type. The study uses the PRISMA protocol as a tool to guide the achievement of the objective. We establish the eligible criteria (PICO) and runned search strategy. Two reviewers participated in preliminary screening and election.

Impact on practice or Results: The study shows that the twelve investigations found that the effects of chemotherapy treatment in paediatric ALL patients found a difference in favour of the control group. That is, induction chemotherapy patients show lower scores or lower performance in cognition and academic performance. Although inferential results on study heterogeneity suggest that these effects could be affected by interaction with other variables.

Nine studies were identified that address the effects on cognition, where they did not find homogeneous results with respect to the studies found. The same for three studies which were identified that address effects on academic performance, not find homogeneous results with respect to the studies found.

None of the research was conducted with a Latin American population.

Discussion or Conclusions: We need more research in this field, both from observational studies, controlled studies with a control group and the consideration of moderating variables such as treatment time and survival, attendance at special education centres, access to cognitive training programmes, among others.

577 | Utility of Neuropsychological Assessment in Chemotherapy-Induced Cognitive Impairment in a Case of Breast Cancer

Loida Esenarro
Neuropsychology and Dementia Institute, Lima, Peru. Peruvian Psychooncology Society, Lima, Peru.

Background/rationale or Objectives/purpose: Describe the utility of neuropsychological assessment by comparing the outcome profile of a case and the literature report.

Methodology or Methods: For the selection of the case we used inclusion criteria (Dx. Breast Cancer, Stage II, adjuvant chemotherapy
scheme after 3 months of treatment, complete schooling, neurological diagnosis of cognitive impairment in the current year 2019 at the neuropsychological evaluation) and exclusion (intellectual disability, premorbid psychiatric diagnosis). A neuropsychological assessment battery was used which included: Cognitive Screening and the Neuropsi Attention-Memory Battery, TMT, Mendilaharsu Praxia, emotional and functionality scales. Stewart, Bielaw, Collins, Parkinson and Tomia’s (2006) MA data was used as a comparator.

Impact on practice or Results: We can conclude that the neuropsychological profile resulting from the application of a flexible battery is able to describe compromises (mild or major) in the areas of attention, memory and executive functions. Compared to the cognitive functions reported in a meta-analysis, there is a coincidence of decreased domains in attention, working memory, short-term memory and processing speed; there is a difference in language, visuospatial and motor skills, which in this case have to be average.

Discussion or Conclusions: We can conclude that the neuropsychological profile resulting from the application of a flexible battery is able to describe compromises (mild or major) in the areas of attention, memory and executive functions. Compared to the cognitive functions reported in a meta-analysis, there is a coincidence of decreased domains in attention, working memory, short-term memory and processing speed; there is a difference in language, visuospatial and motor skills, which in this case have to be average.

581 | European Portuguese version of the Multidimensional Fatigue Symptom Inventory – Short Form: A Validation Study
Maria Ines Clara1, Kevin Stein2, Maria Cristina Canavarro1, Ana Allen Gomes1
1University of Coimbra, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention, Coimbra, Portugal. 2Center for Outcomes Research and Evaluation, Maine Medical Center Research Institute, Portland, USA. 3University of Coimbra, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention, Coimbra, Portugal

Background/rationale or Objectives/purpose: Patients undergoing cancer treatment experience fatigue differently. Management of fatigue relies upon comprehensive assessment and timely delivery of targeted interventions. The aims of this study were to 1) translate a commonly used English-language measure of fatigue (the Multidimensional Fatigue Symptom Inventory – Short Form, or MFSI-SF) into Portuguese and 2) evaluate the psychometric properties (internal consistency reliability, factorial structure, and discriminant, convergent and predictive validity) of the translated measure for use with Portuguese patients.

Methodology or Methods: After translation and adaptation of the MFSI-SF to Portuguese, 389 participants (68.38% women), with a mean age of 59.14 years, completed the study protocol. This sample included 148 patients in active cancer treatment from an oncology hospital and a community sample composed of 55 cancer survivors, 75 patients with other chronic diseases, and 111 healthy controls.

Impact on practice or Results: The Portuguese version of the Multidimensional Fatigue Symptom Inventory – Short Form (IMSF-FR) revealed excellent internal consistency (Cronbach’s alpha = .97). An exploratory factor analysis indicated items loaded in a 5-factor model in subscales similar to the original version. Strong correlations between the IMSF-FR and other measures of fatigue and vitality confirmed its convergent validity. Discriminant validity was supported by weak-to-moderate correlations between IMSF-FR and measures of sleepiness, propensity to sleep, and lapses of attention and memory. The IMSF-FR significantly differentiated cancer patients and healthy controls.

Discussion or Conclusions: Altogether, the IMSF-FR appears to be a reliable and valid tool to assess the full spectrum of symptoms that characterize cancer-related fatigue. By providing integrated comprehensive characterization of fatigue, this instrument may assist clinicians implementing targeted interventions.

Final category: O. Pandemics and cancer care issues

19 | Fear of COVID-19 or fear of cancer - or fear of them both? Impact of recent pandemics on fear of cancer recurrence in cancer survivors
Csaba László Dégi1, Éva Kállay2, Flavia Lăcrimioara Medrea2
1Babeș-Bolyai University, Faculty of Sociology and Social Work, Cluj Napoca, Romania. 2Babeș-Bolyai University, Faculty of Psychology and Education Sciences, Cluj Napoca, Romania

Background/rationale or Objectives/purpose: Fear of cancer recurrence (FCR) is one of the most common responses reported by patients and is the expected reaction to confronting this complex disease. Elevated levels of FCR can lead to dysfunctional responses, affect well-being, quality of life, occupational performance, anxiety, depression, or post-traumatic stress disorder. The mental health of people who have cancer will be negatively affected given limited access to follow-up care and the medical system being overburdened during the COVID-19 pandemic, potentially exacerbating pre-existing FCR.

Methodology or Methods: The goal of this review was to compile research data on factors linked to a greater FCR in cancer survivors during the COVID-19 pandemic. Nine quantitative or mixed-method studies (N = 4831 patients) were included in the analysis. Scoping reviews often lay the ground for more complex analyses on a topic in situations when such investigations do not yet exist.

Impact on practice or Results: Results suggest that high levels of FCR correlate with fears and concerns about the impact of the pandemic, with the most common patient concerns being changes in the treatment schedule (delays and interruptions), disrupted communication with medical staff, and concerns about the impact of the pandemic on access to food or medications. During the COVID-19 pandemic, married status, childlessness, low socioeconomic situation, degree of education, kind of cancer diagnosis, and generalized anxiety or depression were the most prevalent predictors of FCR.

Discussion or Conclusions: We recommend that the results of this study be considered as evidence of the need for further investigation of FCR during the COVID-19 pandemic that will change cancer care.

22 | A Clinical Perspective on Moving to Virtual Psychological Care in Pediatric Oncology During the Covid-19 Pandemic: Part 1: Service Transition and Population Served
Maru Barrera1, Harrison McNaughton2, Jordana Waxman1, Leandra Desjardins3, Kelly Hancock1
1Hospital for Sick Children, Toronto, Canada. 2University of Toronto, OISE, Toronto, Canada. 3Research Centre, Sainte-Justine University Health Centre, Montreal, Canada

Background/rationale or Objectives/purpose: Measures to prevent the spread of Covid-19 such as school closures have exacerbated the mental health impact of pediatric cancer treatment. We describe changes made
from primarily in-person to primarily online pediatric oncology psychological care and the patients who received services.

Methodology or Methods: A large North American pediatric hospital upgraded and expanded telehealth mental care services. A psychologist, three pre/post-doctoral trainees provided services. Data were extracted from patient notes from April 2020 to November 2021.

Impact on practice or Results: Virtual sessions challenges included poor reception, lack of access to adequate electronic devices (ipad, tablet, laptop). Seventy-five (38 males, 37 females) patient/families were seen, a slight increase from an average of 45 yearly referrals before the pandemic. A total of 529 sessions were held, 366 (69%) were for males, 163 (31%) for females. The majority of the sessions were for patients with Leukemia/Lymphoma (297, 56%) and brain tumours (170, 32%). The age of the patient ranged from 2 to 17 years, with an average age of 7.22 years; 13 (17.5%) were < 5 years, 35 (46.5%) were 6 < 12 years, and 27 (36.0%) were > 13 years, with males and females being similarly distributed.

Discussion or Conclusions: The large number of sessions suggests great need for mental health care during the pandemic. Males had almost twice as many sessions as females, suggesting that males presented with more severe/complex problems than females. Virtual services seem to be a convenient alternative for families and reduce barriers to services (e.g., distance to hospital, transportation problems/costs). These observations can guide research.

23 | A Clinical Perspective on Moving to Virtual Psychological Care in Pediatric Oncology during the COVID-19 Pandemic. Part II: The Presenting Problems and Psychological Care

Marla Barrera1, Harrison McNaughtan2, Jordana Waxman1, Leandra Desjardins3, Kelly Hancock1

1Hospital for Sick Children, Toronto, Canada. 2University of Toronto, OISE, Toronto, Canada. 3Research Centre, Sainte-Justine University Health Centre, Montreal, Canada

Background/rationale or Objectives/purpose: Pediatric cancer treatment can be highly stressful for all family members and the global pandemic may exacerbate this distress. Here we describe the presenting psychological problems of pediatric oncology families at a large North American hospital.

Methodology or Methods: Electronic psychological notes for a period of 18-months of the pandemic (April 2020-November 2021) were reviewed to extract information regarding format of service (in-person, virtual), presenting problems, the patient age and gender, who was involved, and psychological support provided.

Impact on practice or Results: Approximately 95% of cases were seen virtually (~ 98% of the cases were seen in-person pre-pandemic); 35% the sessions were with the patient alone, 30% with the patient and parent(s) present, and 30% with the patient alone. Behavioral problems (e.g., temper tantrums, ‘meltdowns’, hitting), parenting, emotional dysregulation, and fears/worries related to treatment were the primary presenting problems. Many families presented with multiple problems; suicidal ideation symptoms were present in 4 cases, a small but concerning number. Males presented with more behavioural problems; females presented with more anxiety and post-traumatic symptoms, including problems specific to the pandemic (e.g., recurrent nose swabs). Psycho-education, validation, cognitive behavioral therapy and mindfulness strategies were used. Materials were shared virtually and creatively; preparation was essential for successful virtual sessions.

Discussion or Conclusions: The severity and complexity of the psychological problems seems to be elevated during this period compared to impressions of pre-pandemic problems. Emerging patterns of psychological needs regarding patient age and gender, and the complexity of mental health problems during the pandemic can guide future research.

24 | Healthcare utilization among breast cancer patients during the COVID-19 outbreak

Shir Shuman-Altmann1, Inbar Levkovitch2

1Bar Ilan University, Ramat Gan, Israel. 2Oranim Academic College of Education, Kiryat Tiv’on, Israel

Background/rationale or Objectives/purpose: Continuing to utilize healthcare as needed during an epidemic outbreak is significant, in general, and especially for cancer patients. Therefore, this study aimed to explore factors associated with health services utilization among breast cancer patients during the coronavirus disease (COVID-19) outbreak.

Methodology or Methods: A cross-sectional online survey was conducted among 151 women with breast cancer. Participants completed measures of perceived health status, perceived susceptibility to COVID-19, anxiety, coping resources, health services utilization (contact with healthcare professionals and cancellation of an appointment to the oncology/hematology clinic), and socio-demographic questionnaires. A multiple hierarchical regression was calculated; contact with healthcare professionals was the dependent variable. In addition, a logistic regression was calculated; cancellation of an appointment to the oncology/hematology clinic because of the COVID-19 was the dependent variable.

Impact on practice or Results: Breast cancer patients’ contact with healthcare professionals was lower than their contact prior to the pandemic. A higher extent of contact with healthcare professionals was related to patients’ perception of health as bad/reasonable, lower perceived susceptibility, a lower sense of mastery, and higher social support. In addition, the odds of cancelling an appointment to the oncology/hematology clinic were higher in the presence of additional chronic illnesses, and a higher sense of mastery.

Discussion or Conclusions: Results could provide health agencies with a more complete picture of the impact of COVID-19 among breast cancer patients. This is significant because, in the event that COVID-19 re-emerges, the findings could help guide public health officials and possibly prevent the future avoidance of health services’ use among this high-risk population.

53 | Exploring cancer care team functioning during COVID-19: A multimethod approach

Samar Attieh @samarattieh, Carmen G. Loiselle @Loiselle_Lab

McGill University, Montreal, Qc, Canada

Background/rationale or Objectives/purpose: During COVID-19 times, cancer care teams face significant challenges caused by care disruptions and significant health care professionals’ distress, burnout, and personal stressors. These often must contend with rapid changes in practice while striving to provide comprehensive cancer care. In this context, we need to better understand key factors, as perceived by all involved, that may contribute (or hinder) to optimal team functioning. This study seeks to bring together various stakeholders (e.g., those with personal cancer care experiences, healthcare professionals, and volunteers) to explore these factors.
Methodology or Methods: Participants (N= 155) are being recruited from cancer clinics at a large university-affiliated cancer center, in Montréal, Québec, Canada. A hybrid multimethod multiphase approach combining qualitative and quantitative data collection (i.e., e-measures, exploratory fuzzy cognitive mapping sessions, deliberative dialogue) to capture stakeholders’ perceptions includes discussions and self-report questionnaires addressing: 1. What constitutes optimal team functioning, 2. Challenges/opportunities during COVID-19, 3. Suggestions to enhance team performance and 4. Relationships between perceptions on team functioning and patient-reported outcomes.

Impact on practice or Results: Study implementation met with several obstacles related to the pandemic. Situation-responsive solutions (e.g., changes in research questions, protocol revisions to reflect study design changes, shift to online data collection, and related ethics amendments) were quickly enacted in light of rapidly changing pandemic-related directives.

Discussion or Conclusions: Study findings will offer much-needed insights into cancer care team functioning during a pandemic. These, in turn, may guide the development of timely cancer team interventions that are truly supportive of both providers and service users.

88 | Taking Care of Those Who Care!

Manale Elewab1, Sabar Daoud2, Noha Aly3
1Borg Al Arab University Hospital, Alexandria, Egypt. 2British University of Egypt, Cairo, Egypt. 3Qatar Art Foundation, Doha, Qatar

Background/rationale or Objectives/purpose
LEARNING OBJECTIVES:
• To increase the quality of life for the nurses.
• To allow nurses to cope with during pandemics instead of avoidance.
• To help decision makers to adopt more psychological, psychosocial and rehabilitation policies in favor of nurses.

Methodology or Methods: Orientation on Art in Health (AIH) and on general psychological problems which may face those who care for COVID-19 patients took place first. Then, nurses were interviewed to complete the DASS questionnaire. Participant nurses were provided with materials as silk fabrics, wooden frames, variety of colors, different sizes paint brushes, palettes, rubber bands and pins. Several techniques were demonstrated in situ and via zoom to illustrate ideas for painting the silk scarves. Each nurse chose her colors, decided on her techniques and started to explore the beauty of silk painting process. Some participants have created their own painting designs and tools using chains and tissue papers. Results were fabulous unique patterns expressing inner joyful feelings and reflecting their own creative personality.

Impact on practice or Results: The psychosocial consequences of the coronavirus pandemic (COVID-19) are serious for health professionals including nurses because of their higher level of exposure. This intervention aims to help nurses bridge/minimize that gap through expressing their feelings. 75% of participants have stress, 58.3% of participants have anxiety and 66.7% of participants have depression.

Discussion or Conclusions:
• The medical team should not ignore their feelings while focusing on their duties.
• Same projects should be implemented to allow nurses to cope during pandemics instead of avoidance.
• Decision makers should adopt more psychological/psychosocial/ rehabilitation policies.

122 | Post-Traumatic Growth in oncological patients during COVID-19 pandemic: preliminary data

Letizia Lafuenti1,2, Donatoni Loredana3,1, Ludovica Mastrilli2,1, Vezio Saroia4,5, Marinella Linares1,5,1, Sofia Vannucchi1, Rebecca De Paola1, Giovanni Scambia2,4, Vincenzo Valenti1,6, Giampaolo Tortora6, Riccardo Masetti5,6, Daniela Pia Rosaria Chieffo1,5
1USO di Psicologia Clinica, Fondazione Polclinico Universitario A. Gemelli IRCCS, Rome, Italy. 2UOC di Ginecologia Oncologica, Dipartimento Scienze della salute della donna, del bambino e di sanità pubblica, Fondazione Polclinico Universitario Agostino Gemelli, IRCCS, Rome, Italy. 3UOC di Radioterapia Oncologica, Dipartimento Diagnostica per Immagini, Radioterapia Oncologica ed Ematologia, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy. 4UOC di Oncologia Medica, Fondazione Polclinico Universitario A. Gemelli IRCCS, Rome, Italy. 5UOC di Senologia, Dipartimento Scienze della salute della donna, del bambino e di sanità pubblica, Fondazione Polclinico Universitario A. Gemelli IRCCS, Rome, Italy. 6Università Cattolica del Sacro Cuore, Rome, Italy, Rome, Italy.

Background/rationale or Objectives/purpose: Post-Traumatic Growth (PTG) is defined as "positive psychological change experienced as a result of the struggle with highly challenging life circumstances". Diagnosis of cancer is considered a type of trauma and leads to many challenges. In the last two years, the COVID-19 pandemic forced the oncological patients to face other multiple stressors. Resilience is a target of interest for PTG.

 Aim of this study is to study relationships between trauma of cancer, COVID-19 pandemic stress, PTG and resilience over time.

Methodology or Methods: A prospective longitudinal study is ongoing on oncological patients evaluated at: diagnosis (T0), at 6 (T1) and 12 months (T2) by means of the following self-administered tests: Distress thermometer (DT), Hospital Anxiety and Depression Scale (HADS), Impact of Event Scale Revised (IES-R), Post Traumatic Growth Inventory (PTGI), Perceived Stress Scale (PSS), Connor Davidson Resilience Scale (CD-RISC).

Impact on practice or Results: 114 patients (92 f; 22 m) in active oncological treatment have been enrolled since September 2020. 62.3% (n = 71) had gynecological, 15.8% (n = 18) lung, 28.5% (n = 25) other cancers.

Seventy-one patients received psychological support (from 4 to 8 sessions).

DT decreased over time (T0 vs T2)(p = 0.008). The subscale personal strength of PTGI improved comparing T0 vs T1 (p<0.001). Psychological support was positively correlated with PTG at T2 (p = 0.032). CD-RISC was positively correlated with PTGI at T2 (p = 0.012).

Discussion or Conclusions: These preliminary data showed that psychological support influences PTG over time. Resilience is related to PTG. This suggests that psychological support should focus on resilience improvement.

Data collection and analysis are still ongoing.

189 | Hope, Resilience, and Quality of Life of Persons With and Without Cancer During COVID-19

Avery Wright1, Natalia Salamanca-Balen1, Thomas Merluzzi1,2
1Department of Psychology, Notre Dame, USA, 2Harper Cancer Research Institute, Notre Dame, USA

Background/rationale or Objectives/purpose: COVID-19 is associated with many challenges, more so for those with cancer, because of restricted access to medical care resulting in anxiety about progression or recurrence of cancer. Thus, COVID-19 presents a unique opportunity to study hope,
which enhances quality of life (QOL), and resilience, which promotes bouncing back from adversity. Resilience was hypothesized to mediate the relationship between hope and QOL: hope fosters resilience, which increases QOL.

Methodology or Methods: A national sample of 155 persons with and without a cancer diagnosis completed the Herth Hope Index, Brief Resilience Scale, and composite measures of physical and emotional QOL. Mediated (Hope → Resilience → QOL) and direct (Hope → QOL) effects were computed.

Impact on practice or Results: Analyses showed that resilience partially mediated hope → emotional QOL for the cancer (Mediated: 0.72, 95% CI = [0.293, 1.243]) and non-cancer (Mediated: 1.62, 95% CI = [1.046, 2.212]) groups, but did not mediate hope → physical QOL for either group. Hope was directly related to emotional and physical QOL for those without cancer, but not to physical QOL for those with cancer.

Discussion or Conclusions: The results suggest that hope fosters resilience, which is an important protective factor that was positively related to emotional QOL for those with and without cancer; the mediation effect did not hold for physical QOL. Importantly, unlike those without cancer, hope was not directly related to physical QOL for those with cancer. Thus, the added physical “load” for those with cancer may not be mitigated by hope or resilience. These results are useful in advocating for extra support in cancer care for the many physical challenges of cancer, especially during COVID-19.

253 | The impact of the COVID-19-pandemic on cancer outpatients: A longitudinal study in Germany

Theresa Pichler1, Tamara Frank1,2, Sabrina Maier1, Ineke Batenhorst1, Hana Algul1,4, Volker Heinemann1,3, Kerstin Hermelink5, Nadia Harbeck1,6, Friederike Mumm1,3, Andreas Dinkel1,2

1Comprehensive Cancer Center Munich, Munich, Germany. 2Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, School of Medicine, Technical University of Munich, Munich, Germany. 3Department of Medicine III, University hospital, LMU Munich, Munich, Germany. 4Mildred School Professorship for Tumour Metabolism, Department of Internal Medicine II, School of Medicine, Technical University of Munich, Munich, Germany. 5Department of Obstetrics and Gynecology, University Hospital, LMU Munich, Munich, Germany. 6Department of Obstetrics and Gynecology, Breast Center, University Hospital, LMU Munich, Munich, Germany.

Background/rationale or Objectives/purpose: Throughout the COVID-19 pandemic, oncological patients are particularly vulnerable in terms of psychological distress, as many belong to a risk group and might be affected by limited resources in medical care. The aim of this study was to assess the current situation of cancer outpatients at two time points during the pandemic in Germany.

Methodology or Methods: Between 11/2020 and 02/2021 (t0), 122 cancer outpatients were interviewed. Socio-demographic and medical variables, concerns, needs, risk perception, information and willingness to be vaccinated were collected. In addition, standardized questionnaires on psychosocial distress (DT), anxiety (GAD-2), depression (PHQ-2), self-efficacy (ASKU) and somatic symptoms (SSS-8) were applied. Follow-up investigation was conducted between Jan 2022 and Feb 2022 (t1) with a shortened questionnaire regarding potential concerns, needs, risk perception, information, and vaccination.

Impact on practice or Results: At t0, about one third of the patients (34.7%, n = 42) showed increased distress. A possible overload of the health care system was the most frequent Corona-specific concern (77.9% consented). We found great information needs, e.g. related to anti-COVID-19 vaccination and treatment under the changed conditions. 71% of patients indicated a willingness to be vaccinated against COVID-19; 22% were undecided. Results of the follow-up investigation will be available in June 2022.

Discussion or Conclusions: In view of the dynamic situation, health care professionals should continuously address information needs and provide support for handling potential uncertainties and concerns. Results of the follow-up (t1) will give an insight about the course of cancer patients’ psychosocial situation during the pandemic. Recommendations regarding patient communication and management will be derived.

256 | The experiences of cancer survivors who reside in rural areas during the Covid-19 pandemic: Findings from a rapid systematic review

Ben McLeod1, Samuel Cooke2, Ros Kane3, Mark Gussy3, David Nelson1,4

1Lincoln Medical School, College of Science, Universities of Lincoln & Nottingham, Lincoln, United Kingdom. 2School of Health and Social Care, University of Lincoln, Lincoln, United Kingdom. 3Lincoln International Institute for Rural Health (LIIRH), University of Lincoln, Lincoln, United Kingdom. 4Macmillan Cancer Support, United Kingdom

Background/rationale or Objectives/purpose: The Covid-19 pandemic has caused considerable disruption to cancer care and may have exacerbated existing challenges that cancer survivors from rural areas face. This has created a need for a rapid evidence synthesis so that interventions can be tailored to the needs of rural cancer survivors who continue to be affected by the pandemic.

Methodology or Methods: The review was conducted following guidance from the Cochrane Rapid Review Methods Group. Searches were performed in EBSCOHost, Scopus and Web of Science (20/10/21 – 15/11/21). Peer reviewed articles published after March 2020 reporting primary data on the experiences of adult cancer survivors residing in rural and remote settings during the pandemic were included.

Impact on practice or Results: The review included twelve studies. Five themes were identified: (1) general coping ability (2) access to and support for healthcare (3) anxiety and depression (4) loneliness (5) differences between older and younger rural cancer survivors. Rurality had a mostly detrimental impact on experiences during the pandemic when compared to urban areas and pre-covid-19. However, rural cancer survivors were less likely to experience loneliness due to a strong sense of community. Increased access to green and outdoor spaces allowed rural cancer survivors to continue with some of their routine social activities and exercise habits.

Discussion or Conclusions: This review provides important insight into the experiences of rural cancer survivors that may inform tailored support in line with the needs and challenges they face as a result of the pandemic.

289 | Impact of the Covid-19 pandemic on psychosocial oncology clinical trial recruitment

Nicholas Hubert-Williams1, Monica Leslie1, Lee Hubert-Williams1, Lisa Beatty2, Bogda Koczarska2, Eila Watson1, Peter Hall1, Laura Ashley3, Neil Coulson6, Finding My Way UK Trial Steering Group1

1University of Chester, Chester, United Kingdom. 2Lancaster University, Chester, Lincoln, United Kingdom. 3Lincoln Brookes University, Oxford, United Kingdom. 4University of Nottingham, Nottingham, United Kingdom. 5University of Edinburgh, Edinburgh, United Kingdom. 6University of Lincoln, Lincoln, United Kingdom.
Background/rationale or Objectives/purpose: Our experiences of running the multi-site Finding My Way UK clinical trial during the Covid-19 pandemic provided an opportunity to map pandemic effects on cancer research. In this paper we report on the impact on trial recruitment.

Methodology or Methods: 173 participants have been recruited into the Finding My Way UK Trial. Screening and eligibility logs were collected fortnightly and were compared with pre-pandemic data provided by each site at project initiation. This was supplemented by ongoing communication with recruiting teams about factors impacting recruitment.

Impact on practice or Results: We identified two primary pandemic-related impacts. First, several of our planned recruitment sites reported a reduction in their research capacity due to staff sickness or redeployment to support Covid-19 research studies. Second, the number of patients diagnosed with cancer, particularly during the early phase of the pandemic, was lower than expected; our largest recruitment site, for example, reported 78% fewer cases diagnosed than pre-pandemic levels. Following the addition of further recruitment sites and protocol amendments permitting greater flexibility to conduct study approach via telephone, our average recruitment rate increased from 2.4 recruits per week to 5.8 recruits per week.

Discussion or Conclusions: These data add to the growing knowledge about the effect of the Covid-19 pandemic on cancer. The reduced number of people being diagnosed with cancer and the de-prioritisation of support for non-Covid research may impact psychosocial oncology research for some time. Recruiting from more sites than would be usual, and increased flexibility of recruitment processes, may help to mitigate this impact.

333 | Australian melanoma patients’ and clinicians’ satisfaction with telehealth during COVID-19 pandemic

Iris Bartulu, Ali Al-Rikaby, Nicole Taylor, Jake Thompson, Frances Boyle, Rachael Morton, Omo Nieuw, John Thompson, Matteo Carlini, Robyn Sau, Maree Haber, Sydney, Australia. The University of Sydney, Sydney, Australia. Westmead Hospital, Sydney, Australia. Mater Hospital, Sydney, Australia. Royal Prince Alfred Hospital, Sydney, Australia.

We conducted a mixed-methods study with Australian melanoma patients (N=88) and their treating clinicians (N=13). Patients and clinicians completed an online survey which included the Patient and Clinician Experience Surveys (PCES) and Likert-scale questions. Qualitative data were collected through semi-structured interviews. Descriptive statistics were used to summarise patient and clinician responses to the questions. Qualitative data were analysed through thematic analysis. Patients and clinicians reported a high satisfaction with telehealth consultations. They perceived telehealth consultations to be convenient and effective, especially for patients with mobility constraints or during the COVID-19 pandemic. Clinicians reported that telehealth consultations were efficient and provided flexibility in scheduling appointments. However, they also noted potential drawbacks, such as reduced non-verbal communication and the need for technical support. Importantly, both patients and clinicians reported that telehealth consultations were perceived as a positive addition to their standard of care.
uncertainty; reinforcing recommendations about high-quality sources of information; and facilitating access to support services when face-to-face care is limited.

401 | Understanding the views and experiences of the COVID-19 pandemic of people living with and beyond cancer in the United Kingdom (UK) who were advised to shield
Jane Frankland1, Victoria Bolton1, Sally Wheeler2, Alison Richardson3, Elspeth Banks2, Lynn Calman3, Rebecca Foster3, David Wright3, Claire Foster3
1University of Southampton, Southampton, United Kingdom. 2Brighton and Sussex Medical School, Brighton, United Kingdom. 3Hospital Southampton, Southampton, United Kingdom. 4member of HORIZONS study user reference group, University of Southampton, Southampton, United Kingdom. 5University of Southampton, Southampton, United Kingdom.

Background/rationale or Objectives/purpose: To understand the views and experiences of the COVID-19 pandemic of people living with and beyond cancer in the UK who were advised to shield (not leave their homes and minimise face-to-face contact, due to clinical vulnerability).

Methodology or Methods: Data were collected as part of the HORIZONS prospective UK cohort study to understand recovery of health and wellbeing of people living with and beyond breast cancer (women diagnosed under 50 years), NHL and gynaecological cancers. Participants were sent a questionnaire about their experiences of the pandemic with their usual follow-up questionnaire, 2-3 years post-diagnosis. Participants were asked whether they had received a shielding letter or text from the NHS. Telephone interviews were conducted with a sub-group of participants. We took a mixed methods approach to understand experiences (e.g., precautions taken, perceived impact on quality of life, psychological impact) of COVID-19 on people who were advised to shield.

Impact on practice or Results: 907 questionnaires and 21 interviews were completed. 447 (49%) survey respondents and 18 (86%) interview participants reported they had been advised to shield. Analysis of survey data show a significantly greater impact of the pandemic on quality of life and financial concerns of those advised to shield. Qualitative data show that psychological and social factors influenced decisions about how to respond to shielding advice.

Discussion or Conclusions: This understanding of experiences to date will help inform information and support regarding COVID-19 for people living with and beyond cancer going forward.

467 | The experiences of families of children with cancer during the COVID-19 pandemic: A qualitative exploration
Malcom Sutherland-Foggio1, Charis Stanek1, Terrab Foster-Akard2, Kimberly Buff3, Leena Nahata4,5, Mark Ranalli4, Cynthia Gerhardt1,5, Micah Skeens4
1The Research Institute at Nationwide Children’s Hospital, Columbus, USA. 2Vanderbilt University, Nashville, USA. 3Momology®, community-based organization for pediatric cancer, between February and May 2021. Qualitative analyses utilized parent response to an open-ended survey question about the pandemic’s impact on the family.

Impact on practice or Results: Analysis revealed six themes, with positive and negative sentiments: social isolation (n=236; 100% negative), emotional impact (n=230; 93% negative), family changes (n=295; 77% negative), healthcare changes (n=111; 97% negative), physical health (n=49; 82% negative), and school changes (n=126; 89% negative). Social isolation and emotional impact influenced all themes. Parents highlighted the emotional impact of losing social support and fears for their child. Family changes included financial strains, at-home schooling, and family bonding. Healthcare changes limited family access to resources and the ability to visit their child. Parents reported their children were less active and slept less but had fewer illnesses. Parents and children were additionally challenged by at-home schooling.

Discussion or Conclusions: Many common pandemic challenges were exacerbated by the stress of caring for a child with cancer. Parents struggled most with lost social support and isolation due to restricted hospital resources. Careful consideration should be given to providing resources virtually to mitigate the impact of isolation on parents of children with cancer and their families.

485 | Cancer Health Disparities in Puerto Rico: The intersection of COVID-19, natural disasters and health outcomes among cancer patients
Eida Castro1, Zindie Rodríguez2, Cristina Peña2, Nehmt Tollinchi3, Guillermo Armaiz3
1Ponce Health Sciences University, Ponce, Puerto Rico. 2PHSU-Ponce Research Institute, ponce, Puerto Rico. 3PHSU-Ponce Research Institute, Ponce, Puerto Rico.

Background/rationale or Objectives/purpose: To understand the views and experiences of the COVID-19 pandemic of people living with and beyond cancer in the UK who were advised to shield (not leave their homes and minimise face-to-face contact, due to clinical vulnerability).

Methodology or Methods: Participants (N=273) were parents of children with cancer recruited via Facebook in partnership with Momology®, community-based organization for pediatric cancer, between February and May 2021. Qualitative analyses utilized parent response to an open-ended survey question about the pandemic’s impact on the family.

Impact on practice or Results: Analysis revealed six themes, with positive and negative sentiments: social isolation (n=236; 100% negative), emotional impact (n=230; 93% negative), family changes (n=295; 77% negative), healthcare changes (n=111; 97% negative), physical health (n=49; 82% negative), and school changes (n=126; 89% negative). Social isolation and emotional impact influenced all themes. Parents highlighted the emotional impact of losing social support and fears for their child. Family changes included financial strains, at-home schooling, and family bonding. Healthcare changes limited family access to resources and the ability to visit their child. Parents reported their children were less active and slept less but had fewer illnesses. Parents and children were additionally challenged by at-home schooling.

Discussion or Conclusions: Many common pandemic challenges were exacerbated by the stress of caring for a child with cancer. Parents struggled most with lost social support and isolation due to restricted hospital resources. Careful consideration should be given to providing resources virtually to mitigate the impact of isolation on parents of children with cancer and their families.
Discussion or Conclusions: There is an urgent need for comprehensive assessments that study the impact of multiple natural disasters on cancer health outcomes, as well as community-level interventions aimed at mitigating the impact.

495 | Perspectives from the lived experiences of patients and caregivers: Cancer care delivery systems in the face of COVID-19

Raissa Paissos dos Santos1, Rudy Valentim2, Diego Mena3, Holly Bradley4, Peter Nugus5, Sharon Lee4
1McGill University, Montreal, Canada. 2Canadian Cancer Society, Toronto, Canada. 3Canadian Cancer Society, Montreal, Canada

Background/rationale or Objectives/purpose: Researchers have documented exacerbated challenges that cancer patients and caregivers have faced through the COVID-19 pandemic (COVID-19). Little research has considered such challenges in the broader systems on which cancer care relies. The objective of this study was to identify the systemic factors that have shaped cancer patient and caregiver experiences through COVID-19 by leveraging patient voice inputs, facilitated by a national cancer charity that has supported patients and caregivers in the complexities imposed by COVID-19 on their cancer experience.

Methodology or Methods: We conducted a parallel convergent mixed-methods study, drawing on three sources. Qualitative free-text responses from 4,295 patient and caregiver surveys and data from 5,223 encounters with a cancer information helpline were thematically analyzed and 540 comments made to a web-based community forum were subjected to correlational analysis.

Impact on practice or Results: Five themes were identified: 1. De-prioritization of cancer care through COVID-19; 2. increased fragmentation of health and psychosocial care and support; 3. Uncertainty regarding medical care; 4. Mental health as a more prominent source of vulnerability; and 5. Community-building among cancer patients and caregivers.

Discussion or Conclusions: The results highlight the strained interrelated health and supportive care systems with detrimental impact on medical and psychosocial needs, as a result of COVID-19. Furthermore, the results point to the extended role played by the Canadian Cancer Society to address impacts on cancer care, as identified through analysis of the lived experience. Policymakers need to prioritize the systemic capacity to ensure more sustainable and holistic care for Canadian cancer patients.

500 | A Technology-Driven Supportive Intervention for Informal Cancer Caregivers during the COVID-19 Pandemic: Lessons Learned from Four Open Access Education Modules

Emanuela Saita1, Denise Vagnini1, Chiara Acquati2,3,4
1Università Cattolica del Sacro Cuore, Psychology Department, Milan, Italy. 2University of Houston, Graduate College of Social Work, Houston, USA. 3University of Houston, College of Medicine, Houston, USA. 4UT MD Anderson Cancer Center, Department of Health Disparities Research, Houston, USA

Background/rationale or Objectives/purpose: Psychological distress and unmet care needs are highly prevalent and pervasive among informal cancer caregivers, especially as the COVID-19 pandemic has increased the burden of caregiving tasks, reduced access to formal and informal support networks, and limited access to care services. To adapt quickly to the changing physical distancing and epidemiological control measures, technology-based interventions can contribute to alleviate physical and mental health issues experienced by partners and caregivers. The present contribution illustrates the Covid19&Caregiving internet-based supportive care intervention implemented to provide psychoeducational resources and coping skills to this group.

Methodology or Methods: Grounded in systemic and relational models of illness management, the intervention was organized in four modules addressing 1. the psychosocial experience of patients and caregivers; 2. dyadic coping strategies; 3. communication skills and 4. intimacy-enhancing techniques. Each module included an asynchronous review of contents, followed by facilitators-guided exercises.

Impact on practice or Results: From January 2021 to January 2022, a total of 136 participants enrolled and completed the intervention. Preliminary data indicate that the Covid19&Caregiving modules were feasible and acceptable, as evidence by completion rate and outcome evaluation surveys. Caregivers valued the contents provided and reported that the intervention increased knowledge and self-efficacy.

Discussion or Conclusions: Present findings indicate that a technology-driven supportive care intervention for informal caregivers is feasible and acceptable. Implications for future research and practice application to test resulting innovative and scalable interventions are discussed.

564 | Associates of post-traumatic growth among people facing cancer during the pandemic: What can lead to growth after a challenging time?

Karen Zhang1,2, Som Makkherjee1,2, Jonathan Sussman3,4, Greg Pond5, Peter Ellis3,4, Ralph Meyer3,4, Denise Bryant-Lukosius1,3,4
1Juravinski Cancer Centre, Hamilton, Canada. 2Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Canada. 3Department of Oncology, McMaster University, Hamilton, Canada. 4School of Nursing, McMaster University, Hamilton, Canada

Background/rationale or Objectives/purpose: Little is known about biopsychosocial factors that are associated with levels of posttraumatic growth (PTG), a positive psychological change that can develop after a traumatic event, among people facing cancer during the COVID-19 pandemic. As part of a larger study, this project aimed to 1) identify the levels of PTG among patients diagnosed with cancer, and 2) examine sociodemographic, medical, and psychological factors associated with PTG.

Methodology or Methods: Participants (N = 104) were patients actively followed at the Juravinski Cancer Centre in Hamilton, ON between May and December 2021. Questionnaires assessing sociodemographic information, PTG, illness perceptions, and behavioural responses to the COVID-19 pandemic were administered. Disease-related information was extracted from patient health records.

Impact on practice or Results: Higher levels of PTG during the pandemic were reported by 42.7% of participants. In univariate analyses, younger age (ß = -.35, SE = .19), viewing the pandemic as being less threatening (ß = .28, SE = .30), and adopting more health safety behaviours (ß = .43, SE = .35) were associated with higher levels of PTG. Stepwise regression analysis demonstrated that younger age and adopting more health safety behaviours remained significant in multivariate model, explaining 27.0% of variance in PTG, (adjusted R² = .27, F (2, 99) = 18.27, p < .001).

Discussion or Conclusions: Prevalence of PTG was high among patients during the pandemic, with younger individuals and those adopting more health safety behaviours experiencing the most growth. More research is needed to determine whether interventions that promote the uptake of health safety behaviours can improve post-pandemic coping among people facing cancer.
Final category: P. Adapting PSO care in LMI countries

114  | Psychosocial Care of Individuals with Cancer in Africa: Competencies for Nurses
Margaret I. Fitch 1, Marie Goretti Uwayezu 2, Bellancille Nikue 2, Johanna E Maree 1, Lori Basuwell 1
1University of Toronto, Toronto, Canada; 2University of Rwanda, Kigali, Rwanda.

Background/rationale or Objectives/purpose: There is growing advocacy across Africa regarding the need for improved psychosocial care of cancer patients given levels of unmet supportive care need and high emotional distress reported by patients. Nurses are in an ideal position to provide emotional support and basic psychosocial care but must possess relevant knowledge and skills to do so. African nurses feel challenged gaining the necessary education for psychosocial cancer care as programs vary widely in offering psychosocial content. The purpose of this project was to design competencies for African nurses in psychosocial care of cancer patients and family members.

Methodology or Methods: Expert oncology nurses drew from literature on cancer patient needs in Africa, existing standards of psychosocial oncology practice, and expertise in African nursing practice to develop competencies for use by African nurses in providing emotional support and basic psychosocial care to cancer patients and their family members. Consensus was achieved for each competency following robust discussion within the project team and subsequently by a group of cancer nurses representatives from across Africa.

Impact on practice or Results: Competencies were developed for basic and advanced African nurses to guide their education for, and psychosocial care of, cancer patients and families. Competencies include domains of therapeutic relationships, psychosocial assessment, basic psychosocial intervention and referral, and evaluation of patient and family psychosocial outcomes. Competencies regarding Knowledge and Skills expected in each domain were articulated.

Discussion or Conclusions: Competencies for African nurses regarding psychosocial care for cancer patients and their families now exist and can be locally contextualized and tested in various educational and practice settings.

301  | Fear of Cancer Recurrence among Brazilian patients with localized or metastatic cancers
Lorena Nascimento Manrique Molina 1, Leticia Norata Ferreira 1, Larissa Bessert Pagung 2, Thais Gonçalves de Andrade 1, Alicia Natalia de Sousa Freitas 3, Bianca da Silva Pedersen 3, Luiza Vedana Cauz 3, Luciana Lima de Araújo 4, Isabella Barros Rabelo Gontijo 5, Errol J. Philip 6, Cristiane Decat Bergerot 7
1Centro de Câncer de Brasília, Brasília, DF, Brazil; 2Mediquimbeo, Vitória, ES, Brazil; 3Instituto de Oncologia Kaplan, Porto Alegre, RS, Brazil; 4Centro Pernambuco de Oncologia, Recife, PE, Brazil; 5Hospital Araújo Jorge, Goiânia, GO, Brazil; 6University of California San Francisco, San Francisco, California, USA; 7Instituto Unity de Ensino e Pesquisa, Brasília, DF, Brazil.

Background/rationale or Objectives/purpose: Fear of cancer recurrence/progression (FCR) is one of the most common unmet needs reported by patients with cancer. We sought to determine the prevalence of FCR among Brazilian patients with either localized or metastatic cancers.

Methodology or Methods: Patients were recruited from cancer centers located across four Brazilian states. Patients were eligible if they were diagnosed with either localized breast cancer or a metastatic cancer. Patients completed the Fear of Cancer Recurrence-7. Kruskal-Wallis Test was used to test the association between FCR and patient characteristics.

Impact on practice or Results: A total of 65 patients have been enrolled to date. Most patients were female (78%) and had a median age of 56 years old (range: 19-87). Patients were predominantly married (76%) and had at least a college degree (50%). Among patients with metastatic cancer, they were mostly diagnosed with genitourinary (30%), breast (28%) or gastrointestinal (22%) cancer. The median time since diagnosis was 4 years (range: 0-20). Nearly one quarter of patients (24%); 31% localized and 19% metastatic, P = 0.04) reported moderate FCR and 12% (3% localized and 19% metastatic, P = 0.02) reported severe FCR. Notably, FCR was not associated with age, marital status, level of education, disease stage and year since diagnosis.

Discussion or Conclusions: This novel, ongoing study is, to our knowledge, the first to examine FCR among Brazilian patients. Preliminary findings suggest that a significant proportion of Brazilian patients with cancer possess moderate to severe FCR. This highlights the need for including FCR in psychosocial screening programs and to provide adequate tailored support to these patients.

322  | Advancing the Practice of Psycho-Oncology with Tele-mentoring: An International Initiative for Reaching Low-Middle Income Countries (LMIC)
Karen Kayser 1, Surendran Veerasiah 2, Revathy Sudhabak 2, A. Scott Lafoste 2, Georgia Anderson 2
1University of Louisville, Louisville, USA; 2Cancer Institute - WIA, Chennai, India.

Background/rationale or Objectives/purpose: Increased cancer survivorship and an aging population globally require more professionals trained in evidence-based psycho-oncology practices. Training psycho-oncology professionals, especially in low-middle income countries with limited resources and shortages of mental health professionals in cancer care, is critical. This study assessed the feasibility, acceptability, and satisfaction of an innovative tele-mentoring program based on the Project ECHO® (Extension for Community Healthcare Outcomes) model.

Methodology or Methods: An American university and Indian cancer institute collaborated on developing and implementing a 12-week ECHO curriculum (sessions comprising didactics, case presentations, discussion) using tele-conference technology. Following the completion of the U.S.-India collaboration, the Indian centre was certified and developed a second ECHO tele-mentoring program for other cancer centers in India. Participants completed post-session surveys and data were analyzed to assess the feasibility, acceptability, and satisfaction with the programs.

Impact on practice or Results: Successful completion and participant attendance of both ECHO programs demonstrated evidence of the feasibility and acceptability of the tele-mentoring structure and curriculum. The majority of post-session responses indicated satisfaction with the didactics, case presentations, and application to practice.

Discussion or Conclusions: The ECHO model for advancing psycho-oncology in a LMIC shows promising results for reaching practitioners with limited access to in-person educational programs. The sessions enabled practitioners to adapt psychosocial services to the local culture, leverage limited resources, and ensure sustainability of new practices. Challenges to be addressed in the future include developing strategies to build international collaborations for implementing ECHO programs.
working across countries (technology, engaging participants, time zone differences) and evaluating patient outcomes.

375 | eHealth program for patients with metastatic cancer from a public health care system in Brazil
Isabella Gontijo @isaagontijo1,2, Cristiane Bergerot @crisbergerot3, Ruffo de Freitas1-2, Mizza Jacinto4, Daniel Barbosa4, Isabella Santos4, Lorena Molina5, Moises de Sousa6
1Hospital Arauo Jorge, Goioama, Brazil. 2Program in Health Sciences - Universidade Federal de Goioia, Goioama, Brazil. 3Instituto Unity de Ensino e Pesquisa, Brasilia, Brazil. 4Centro de Combate ao Cancer em Brasilia - CETTRO, Brasilia, Brazil. 5Universidade de Brasilia, Brasilia, Brazil

Background/rationale or Objectives/purpose: The use of eHealth technologies in low- and middle-income countries is scarce. This study sought to determine the feasibility and acceptability of an eHealth program, developed for Brazilian patients with metastatic cancer.

Methodology or Methods: An eHealth program, called Conforto, was developed by a research group in Brazil to assess physical and emotional symptoms among patients with cancer and to provide psychosocial support through telehealth. In this longitudinal study, women patients diagnosed with metastatic cancer undergoing chemotherapy treatment were recruited. They were assessed at baseline and monthly, over 6 months, using the EQ-5D-3L. Patients with moderate to severe symptoms have received psychosocial support through telehealth.

Impact on practice or Results: A total of 125 patients were enrolled (Median age = 46.6; 48.8% had incomplete high school), 67.2% (N=84) of patients have completed the intervention. At baseline, patients have higher levels of anxiety, fatigue and distress. Notably, the prevalence of anxiety symptoms, sadness, distress, inappetence, fatigue, constipation, diarrhea and nausea have significantly decreased over time (P<0.05).

Mostly, patients (91%) have reported that Conforto is appropriate and easy to use. However, 19% have reported difficulties due to the lack of internet access.

Discussion or Conclusions: To our knowledge, this is the first eHealth program developed in Brazil. Although this is a feasibility study, our findings indicate the likely success of this intervention. This study shift current clinical and research paradigm by demonstrating that eHealth findings indicate the likely success of this intervention. This study shift program developed in Brazil. Although this is a feasibility study, our internet access. easy to use. However, 19% have reported difficulties due to the lack of internet access.

429 | Nutritional assessment program for treatment-naive cancer patients from Brazil
Alici Freitas1, Francine Dartora1, Thais Andrade1, Lorena Molina1, Luiza Cau2, Leticia Ferreira1, Mayhume Farah1, Errol Philip3, Cristiane Bergerot4
1Centro de Cancer de Brasilia, Brasilia, DF, Brazil. 2Instituto de Oncologia Kaplan, Porto Alegre, RS, Brazil. 3University of California San Francisco, San Francisco, California, USA. 4Instituto Unity de Ensino e Pesquisa, Brasilia, DF, Brazil

Background/rationale or Objectives/purpose: Nutritional assessment program (NAP) is an important tool for promoting a healthy body weight and minimizing treatment side effects. We sought to determine the benefit of a NAP for cancer patients.

Methodology or Methods: Patients were recruited in two cancer centers located in the South and Midwest of Brazil. Eligible patients were about to initiate treatment, and assessed by the Patient-Generated Subjective Global Assessment (PG-SGA) before treatment initiation, mid- (3 mos after baseline assessment), and last day of treatment (6 mos after baseline assessment). Higher scores suggest greater risk of poor nutritional status. Interventions were proposed based on patient’s score. ANOVA-RM was used.

Impact on practice or Results: A total of 345 patients were assessed. Patients were predominantly female (69%) and had a median age of 61 years old (range 11-95). Patients were mostly married (76%) and had at least college degree (50%). Gastrointestinal (34%) and breast (26%) cancers were the most common; 55% had metastatic disease. The PG-SGA scores have significantly decreased over time (P=0.04). Female patients reported poorer scores at T2 (MT2=5.6 and MT3=4.8), while male patients reported poorer scores at T3 (MT2=5.4 and MT3=5.8). Patients with head and neck cancer reported the highest scores over time (MT1=8.2, MT2=11.8, MT3=12.4) compared to the other types. Patients’ score improved over time, with exception for lung (MT1=5.6, MT2=5.8, MT3=6.5) and brain (MT1=3.0, MT2=4.0 MT3=4.2) cancers.

Discussion or Conclusions: NAP was able to identify patients who were at risk of poor nutritional status. NAP could form the basis of interventions to improve nutritional status during chemotherapy.

Final category: O. Patient oriented research approaches

20 | Partnering with patients and family members in research and public engagement in oncology: Creation of the Public Interest Group on Cancer Research in Newfoundland and Labrador
Sevatap Savas @savaslab1, Holly Etchegary1, Rebecca Roome2, Doug Smith2, Farah McCrate3, Teri Stuckless3, The Public Interest Group on Cancer Research members2
1Memorial University, St. John’s, Canada. 2Community partner, St. John’s, Canada. 3Eastern Health, St. John’s, Canada

Background/rationale or Objectives/purpose: To form a Public Interest Group on Cancer Research (“PI group”) partnering with cancer patients and family members from Newfoundland and Labrador (NL), and design and conduct research studies and public engagement/education activities together on cancer.

Methodology or Methods: We followed a purposeful recruitment strategy to recruit diverse public members to the PI group through social media as well as local media and other outreach venues. Forty-two applications were received. Selection of final public members was done in a way to maximize diversity and representation (e.g. geography; cancer type; age; gender; disability status; ethnicity). Virtual meetings have been conducted and discussions targeting research and public engagement needs were distilled to identify common themes.

Impact on practice or Results: The final PI group consists of 18 members (12 public members representing all four regional health authorities in NL, rural and urban areas, both sexes, and multiple ethnicities, and six founding members including two researchers, one oncologist, one healthcare administrator, and two community partners). The group discussions have identified a number of challenges, opportunities, and needs regarding clinical care, support, information resources, and patient empowerment. These discussions have so far formed the basis for two developed proposals.

Discussion or Conclusions: The PI group consists of enthusiastic and diverse members, whose ideas and discussions are leading to further collaborations as well as designing studies and public outreach activities that are meaningful to the population. With its diverse, inclusive, and dynamic nature, the PI group represents a successful example of effective
public-researcher-healthcare provider-administrator partnership in cancer.

60 | Risk of Depression in Breast Cancer Women in Vietnam

Tran Huong
National Cancer Institute, Hanoi, Vietnam. Hanoi Medical University, Hanoi, Vietnam

Background/rationale or Objectives/purpose: To investigate risk of depression in breast cancer women in Vietnam at the time of diagnosis and 6 months after treatment and to identify related factors at each point time.

Methodology or Methods: In-person surveys were conducted among 454 women, aged 18-79, with incident breast cancer cases, recruited from two cancer hospitals in North Vietnam. Risk of depression were identified by CES-D scale at the time of diagnosis and 6 months after treatment.

Impact on practice or Results: The rate of depressive risk of breast cancer women at the time of diagnosis and 6 months after the treatment were 37.4% and 21.2%, respectively. Risk of depression at moderate and severe level at the time of diagnosis was higher than at the time of 6 months after treatment (p < 0.05). Regression and multi regression analysis showed the risk of depression at the time of diagnosis was associated with age group 51-60 years old; living in rural area (OR = 1.28, 95%CI: 1.05-2.69); family income less than 50 million Vietnamese Dong (OR = 2.95, 95%CI: 1.28 - 6.80); duration time from the first sign to diagnosis was longer than 9 months (OR = 2.04, 95%CI: 1.02-4.11), change of breast size (OR = 1.93, 95%CI: 1.10- 3.41). We had not yet found the relationship between above these factor with risk of depression at the time of 6 months after treatment.

Discussion or Conclusions: Conclusion: It is needed to evaluate risk of depression and develop psychological supports to breast cancer women.

87 | Information seeking and avoiding: coping strategies in dealing with rare cancer syndromes

Kateline Sanctorum, An Jacobs
Vrije Universiteit Brussel, Brussels, Belgium

Background/rationale or Objectives/purpose: This study examines how people with rare cancers cope with the diagnosis and search for an appropriate therapy. We look at coping strategies such as information seeking or avoiding or outreach to peers and how they impact the medical encounter. We want to know if differences in coping strategies are acknowledged by health professionals.

Methodology or Methods: In-depth semi-structured interviews are conducted with patients or parents of children suffering of rare cancer syndromes. Patients are recruited through patients’ organizations or via rare disease coordinators working in Belgian hospitals.

In addition, content analysis is done on conversations on sickness specific forums.

Interviews and conversations are analyzed and coded using the constructivist grounded theory.

Impact on practice or Results: Patients claim that living with rare cancers involves long waiting times and periods of uncertainty. Searching information about illness and symptoms and trying to find a long-term perspective, can become part of a routine. Through information seeking, these patients want to stay ahead of disease progression. They bring insights to the medical consult and want to be recognized for their expertise. Patients experience a sense of coherence if and when doctors are able to assess the roles a patient wants to take.

Discussion or Conclusions: We can conclude that information needs among patients with rare tumor syndromes can be very strong. Seeking information is an important strategy in dealing with ‘rarity’. But we observe disparities between patients in digital literacy and access to information. Patients may benefit from a differentiated and personalized approach in the hospital setting and during the medical consult.

136 | Be patient, be awaiting: the importance of welcome in oncology department

Juliana Vienne1, Jean-Michel Coq2
1PhD student, research Laboratory Crfdp, Rouen, France. 2Thesis director, research Laboratory Crfdp, Rouen, France

Background/rationale or Objectives/purpose: The concept of time is omnipresent in oncology, especially within the various consultations with health professionals. Our contribution proposes a reflection on the issues of the welcome’s quality, on the waiting perception and therapeutic care in day hospital. This contributes knowledge about the patient’s care environment. This research on the well-being of patient questions the impact of welcoming on the space and time’s perception and care in adult patients with digestive cancer.

Methodology or Methods: This project was carried out within the urodigestive oncology day hospital of the University Hospital in Rouen (Normandy). It was conducted with a sample of twenty-five patients and seven health professionals. Data were collected through semi-structured interviews and processing using thematic analysis methods.

Impact on practice or Results: Surprisingly, the first results show that the absence of a direct physical welcoming of patients does not affect their therapeutic adherence in their care path. The appropriation of the space and their perception depend on the function of the subject, whether patient or professional. Moreover, the waiting time differs from the subjective experience of waiting.

Discussion or Conclusions: The interviews with the patients revealed that they are generally satisfied with their welcome in the service. Interviews with professionals highlight a daily preoccupation with welcome that is important to them. More research is needed, and a thesis is in progress, based on the results of this initial project. It will be carried out in day hospital with a sample of people aged between 60 and 75 years suffering from a poor prognosis cancer.

143 | Patient and public involvement in the co-creation of a yoga program for gynecologic cancer survivors: A proposal

Jenson Price @JensonPrice2, Jennifer Brunet
University of Ottawa, Ottawa, Canada

Background/rationale or Objectives/purpose: Worldwide, >1.3 million women are diagnosed with gynecologic cancer each year. These women experience substantial disturbances in sexual health and body image, impairing quality of life. Yoga may help women re-connect with their bodies and improve physical functioning after treatment. However, current yoga programs are designed based on researchers’ opinions and available resources, resulting in programs that may not match women’s needs. Patient and public involvement allows end-users to guide program development resulting in tailored programs that address participants’ needs.

Methodology or Methods: This study is using a consensus development panel methodology to co-create a yoga program targeting body image and sexual health for women with gynecologic cancer. Ten women with gynecologic cancer, 15 yoga instructors, and 3 researchers in the field of yoga for health, recruited from across Canada (n=27) and the
USA (n = 1), will participate in a one-day consensus meeting to determine program structure and content. Then, focus groups will be conducted with the women and yoga instructors to evaluate the proposed program, including its usefulness, utility, training, and resources required to deliver the program. A patient and public advisory board is guiding all stages of the research process; their input will be presented.

Impact on practice or Results: Results will help identify additional factors (e.g., self-compassion) that may enhance participants’ body image and sexual health within the yoga program and elucidate methods to support program implementation within the community.

Discussion or Conclusions: This study will lead to the creation of an inclusive and sustainable yoga program that can empower women with gynecologic cancer.

164 | Quality of Taiwanese international medical services: Patients’ Expectations and Experiences of Healthcare Providers’ Practices
Shih-Yang Chen 1, Chi-Chun Lai 2,3,4, Hsien-Wei Chen 4, Woung-Ru Tang 1,5
1 School of Nursing, College of Medicine, Chang Gung University, Taoyuan, Taiwan. 2 International Medical Center, Chang Gung Memorial Hospital, Linkou, Taiwan. 3 Department of Ophthalmology, Chang Gung Memorial Hospital, Keelung, Taiwan. 4 Center for Academy and Industry Collaboration, Chang Gung Memorial Hospital, Linkou, Taiwan. 5 Department of Pediatric Hematology-Oncology, Chang Gung Memorial Hospital, Linkou, Taiwan

Background/rationale or Objectives/purpose: The globalization of medical services has become a major international trend. Quality supervision is vital for international medical services (IMS). However, the experiences of patients regarding IMS have not been discussed. Thus, this study aims to evaluate the differences in experiences between patients’ expectations and healthcare providers’ (HCPs) actual practices regarding IMS.

Methodology or Methods: For this quantitative comparative study of cancer patients’ expectations and their experiences of HCPs’ actual practices, 62 international patients were enrolled from a hospital in northern Taiwan. IMS quality was assessed using the SERVQUAL questionnaire, which included the five subscales of reliability, assurance, tangibles, empathy, and responsiveness, to evaluate patients’ expectations and HCPs’ actual practice of IMS.

Impact on practice or Results: No significant differences were found in the overall SERVQUAL scores between patients’ expectations and HCPs’ actual practice scores (t = -1.724, p = .090). However, patients scored significantly lower on the expected scores of reliability (the ability to perform the promised service dependably and accurately) (t = -4.6, p = .000) and assurance subscales (the knowledge and courtesy of employees and their ability to convey trust and confidence) (t = -2.5, p = .015) compared to their experiences of HCPs’ actual practices.

Discussion or Conclusions: This study found a gap between patients’ expectations of IMS and their experiences with HCP practices. This difference indicated room for improvement in IMS in Taiwan. It is suggested that, to improve the quality of IMS, reliability and assurance are the first two aspects that should be addressed.

182 | Posttraumatic Growth in Breast Cancer Patients in Association with Resilience, Self-efficacy, Optimism and Positive Emotions - A Longitudinal Study
Ute Berndt 1, Katharina Schaefer 2, Berndt Leplow 3, Andreas Wienke 1, Christoph Thomssen 1

1 Department of Gynecology, University Hospital Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany. 2 Department of Psychology, Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany. 3 Institute for Therapy and Health Research, IFT-Nord, Kiel, Germany. 4 Department of Medical Epidemiology, Biostatistics, and Informatics, Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany

Background/rationale or Objectives/purpose: Breast cancer is a potentially traumatic experience often accompanied by emotional distress, anxiety and depression. However, patients also report positive changes in association with their coping process, known as post-traumatic growth (PTG).

Methodology or Methods: This study aimed to assess PTG three times: after diagnosis (t1), six-months later (t2) and four to eight years after diagnosis (t3). Furthermore, the impact of personality traits (resilience, optimism, self-efficacy) and positive emotions on PTG was investigated. One hundred and thirteen women recently diagnosed with stage I to III breast cancer were included in the study. They completed self-report measures of PTG, personality traits and positive emotions at three times. Additionally, sociodemographic characteristics, emotional distress, anxiety and depression were measured.

Impact on practice or Results: Sixty-two patients provided complete data. A repeated measures ANOVA revealed a significant increase of PTG-scores from t1 to t2 (MDiff = -5.7, p = .004, CI [-9.99; -1.51]) and t1 to t3 (MDiff = -5.4, p = .01, CI [-9.83, -0.91]) but not between t2 to t3 (p = 1.0). However, the individual PTG profiles over time were heterogeneous.

Moreover, a multiple linear regression was performed to evaluate influencing factors on PTG. Positive emotions are predictors on PTG at t2 (β = 0.526, p = .003, CI [0.187, 0.864]) and t3 (β = -0.611; p < .001, CI [0.296; 0.926]). Resilience was inversely associated with PTG on t2 (β = -0.606, p = .015, 95% CI [-1.09; -0.124]).

Discussion or Conclusions: PTG was mainly present in the first six months after diagnosis. Positive emotions enhance PTG and should be supported in psycho-oncological practice. Higher levels of resilience may lead to a less traumatic experience, which is a predisposition for developing of PTG.

230 | This is my cancer. And this is me: a personalized tailored intervention
Christina Marie Sanson
Independent, Stockholm, Sweden

Background/rationale or Objectives/purpose: The cancer event marks a change in association with their coping process, known as post-traumatic growth (PTG).

This work is centered on a mind-body bond and a self-taught process that uses cancer-related everyday experience to develop a new outlook on life, by affirming an attitude of attention and care addressed first to the person and then to the disease.

Methodology or Methods: Clinical case, patient-oriented content: the psycho-oncological clinical intervention is managed with an integrated approach, based on the assessment of patients needs and which combines different orientations (including CBT, psychodynamics, existential humanities, analytical psychology).

Outcome measures are work in progress, as psychological and therapeutic support is still ongoing.
Impact on practice or Results: Priority focus is on which specific psychological approach is most effective for a cancer patient and in what circumstances and times, with an awareness aimed at ensuring quality of life and dignity.

Discussion or Conclusions: The condition of who experiences chronic cancer leads to a series of reflections on taking care of the patient and wishing to meet all needs, alongside the palliation of symptoms, by proposing a work on searching for meaning linked to the person and his/her human specificities.

Since every cancer patient is different as well as every diagnosis, how can we provide an optimal and tailor-made psychological and/or psychotherapeutic intervention that allows to maintain dignity and meaning throughout the course of the disease?

More patient-oriented content research is needed in psycho-onc palliative care.

262 | Validity and reliability testing of Odia version of Depression Anxiety Stress Scale-21 items (DASS-21) as a screening instrument for depression, anxiety and stress, and its feasibility in cancer patients

Aalapti Singh @AalaptiSingh1, Venkatarao Epari4, Jyotiranjan Sahoo1, Soumya Sarath Panda2

1Department of Community Medicine, Institute of Medical Sciences & SUM Hospital, Siksha ‘O’ Anusandhan (deemed to be University), Bhubaneswar, Odisha, India, 2Department of Medical Oncology, Institute of Medical Sciences & SUM Hospital, Siksha ‘O’ Anusandhan (deemed to be University), Bhubaneswar, Odisha, India

Background/rationale or Objectives/purpose: The Depression Anxiety Stress Scale -21 Items (DASS-21) is a set of three self-report scales that measures the emotional states of depression, anxiety and stress. The objective of this study was to evaluate the validity, reliability and responsiveness of an Odia (eastern Indian language) version of DASS-21 and to screen cancer patients for depression, anxiety and stress.

Methodology or Methods: DASS-21 was translated into Odia language using the forward and back translation method. This tool was administered to 105 hospitalised and 105 outpatient department patients in a hospital of Eastern India. The convergent and divergent validities (construct validity), test-retest reliability, and internal consistency (Cronbach’s alpha) were measured using pre-established hypotheses. The feasibility of this tool was tested on cancer patients post its validation.

Impact on practice or Results: Anxiety was worse with increasing age (p=0.00) and was worse in those whose marital status was single (p=0.02)- proved that the tool had good construct validity. Cronbach’s alpha was 0.82 for stress scale, 0.8 for depression scale, indicating good internal consistency. Test-retest method showed similar results on administering the tool again after an interval (p=0.76), indicating good reliability. Cancer patients showed good responsiveness towards the tool.

Discussion or Conclusions: Odia version of DASS-21 has good reliability and validity for hospitalised, outpatient department and cancer patients. High depression, anxiety and stress scores are seen in cancer patients indicating need for suitable psychological interventions.

266 | Grassroots Guidance: Development of the Young Adult Cancer Canada INSIGHT Team

Sheila Garland @sngarlandphd1, Karine Chalifour @yaccmom2, Geoff Eaton @geoffeaton2

1Memorial University, Calgary, Canada. 2Young Adult Cancer Canada, St. John’s, Canada

Background/rationale or Objectives/purpose: More than other age groups, adolescents and young adults (AYAs) desire opportunities to influence their cancer care and survivorship. The goal of this project was to establish an INSIGHT team comprised of AYAs to identify and advance opportunities for research, program development, and supports for AYAs in Canada.

Methodology or Methods: Recruitment included a Facebook live event, public outreach with a volunteer job ad posted on cancer community organizations dedicated to childhood survivors, BIPOC, 2SLGBTQIA+ groups, and community members and healthcare providers could ‘refer’ a potential candidate. Interested applicants submitted a video and a written proposal as to why they wanted to participate in the program. The final INSIGHT team consists of 14 individuals including 13 survivors and 1 supporter (bereaved). Of these, 3 are parents and 2 are pregnant; 4 identify as BIPOC; 5 identify within the 2SLGBTQIA+ community; 4 identify as disabled; 2 have experienced a relapse, 2 have chronic cancer; 2 live in very rural locations; with others being from small towns and large cities; and 2 speak French. The age varies with 1 diagnosed in childhood, 1 as a teen, 4 in their 20’s, and 7 in their 30’s. Provinces represented include: NL, NS, ON, MB, AB, BC

Impact on practice or Results: Members of the INSIGHT team will contribute valuable and diverse experiences, expertise, and perspectives to Young Adult Cancer Canada (YACC).

Discussion or Conclusions: Future evaluation of the impact of the INSIGHT team is needed to ensure YACC continues to enhance research and support for all AYAs dealing with cancer in Canada.

305 | “InterActive and Informed”: Co-creation and implementability assessment of a virtual community that promotes social support and healthy lifestyles among cancer patients

Isabelle Doré @isab_dore1,2,3, Alexia Piché2,3, Isabelle Brisson4, Geneviève Guay5, Richard Bilodeau5, Filomena Posteraro5, Chantal Bémeur6,7, Marie-Pascale Pomey8,7

1School of kinesiology and physical activity sciences, Faculty of medicine, Université de Montréal, Montreal, Canada. 2Centre de recherche du Centre hospitalier de l’Université de Montréal, Montreal, Canada. 3Patient partner. 4Food and health, Faculty of medicine, Université de Montréal. 5Fondation Virage, Montreal, Canada. 6Department of nutrition, Faculty of medicine, Université de Montréal, Montreal, Canada. 7Centre de recherche du Centre hospitalier de l’Université de Montréal, Montréal, Canada, Montreal, Canada. 8School of Public health, Université de Montréal, Montreal, Canada.

Background/rationale or Objectives/purpose: In response to the request of cancer patients participating a virtual multimodal prehabilitation program to discuss and exchange with other patients outside the program sessions, our team developed an InterActive and Informed virtual community that promotes social support and access to educational material to promote healthy lifestyles. This presentation aims at describing the successful co-creation process and providing preliminary results on the implementability of the virtual community.

Methodology or Methods: This project used a co-creation approach. An expert advisory committee comprising patient partners who represent a diversity of socio-demographic and clinical characteristics, researchers and health professionals were involved in five co-construction working program sessions, our team developed an InterActive and Informed virtual community that promotes social support and healthy lifestyles. This presentation aims at describing the successful co-creation process and providing preliminary results on the implementability of the virtual community.
assessing of the implementability of the intervention by measuring i) patient recruitment capacity, ii) acceptability, iii) satisfaction and iv) adoption. Recruitment capacity will be recorded in a logbook by the research team. A sample of 25 patients using the virtual community platform will be recruited to complete an online brief questionnaire to document acceptability, satisfaction and adoption. All data will be available by May 2022.

Impact on practice or Results: This techno-pedagogical solution represents a unique opportunity to consolidate, sustain and facilitate accessibility to the prehabilitation material while also fostering patient social interactions and support.

Discussion or Conclusions: The InterActive and Informed platform could eventually allow a large number of patients to have access to information resources on healthy lifestyle habits and social support throughout the cancer continuum.

Background/rationale or Objectives/purpose: Digital storytelling (DST) is increasingly seen as a powerful quality improvement (QI) tool in healthcare settings, capable of influencing beliefs, attitudes, and values, and cultivating “readiness for change” at both an individual and organizational level. To leverage this potential in an oncology setting, the Applied Research & Patient Experience portfolio worked closely with Dr. Mike Lang, a digital storytelling specialist and health researcher, to develop 17 digital stories in support of Cancer Care Alberta (CCA) QI projects.

Methodology or Methods: CCA patient advisors and staff members were identified to create brief 5-minute digital stories about their experiences with Patient Reported Outcomes (PROs) in clinical practice, virtual cancer care, and the post-treatment/survivorship phase of their cancer experience. Three digital stories were also created about the unique needs of Adolescents and Young Adults (AYAs) with cancer, such as Oncofertility. A brief overview of important project planning considerations and the process through which these stories were created will be provided.

Impact on practice or Results: One digital story from each of the project areas listed above will be shared, along with examples of how they are being strategically used to support process improvements and the identification of relevant supports and resources for patients within CCA.

Discussion or Conclusions: Practice change in busy health care settings can be challenging and innovative quality improvement strategies are necessary. Our experiences demonstrate how a well-told story in digital story format is capable of providing both information and the inspiration needed to motivate meaningful practice change.

Background/rationale or Objectives/purpose: Numerous community organizations exist within Canada to help meet the unique needs of AYA, yet disparities exist in treatment and supportive care access. Research is needed to support the development of tools, care guidelines, and to advocate for administrative and health policy change. Our purpose is to address the unmet needs of Canadian AYA’s affected by cancer by advocating for equitable and age-appropriate care, research and support in both clinical and community settings.

Methodology or Methods: Our overarching aims are to (i) interconnect existing YA and pediatric oncology programs to share best practices, and (ii) to advocate for and nurture the inclusion of patient perspectives in the development of age-appropriate policies, research, care, and knowledge translation.

Impact on practice or Results: Since our establishment in May 2018, we incorporated as a not-for-profit in 2021 and have grown to a network of 170 stakeholders including representation from health care providers, community organizations, researchers, and government with a vested interest in improving the health of AYA with cancer. We lead tri-annual community calls featuring presentations from AYA community leaders, provide monthly newsletters, and provide opportunities for collaboration and letters-of-support for researchers and community organizations. We are establishing a website to facilitate AYA knowledge access, including research findings, research participation calls, community events and resources.

Discussion or Conclusions: By interconnecting and supporting AYA initiatives in Canada, we foster collaboration and amplify ongoing AYA support efforts. Through our patient-led advocacy for age-appropriate, equitable and diverse access to care, research, services, and knowledge translation, we support systematic and sustainable improvements across the cancer care continuum.

426 | Men’s participation in a Supportive Expressive Group therapy: Exploring group experience and perceived benefits relevant to supportive/expressive goals

Cedestina Martopulu1,2, Devesh Oberoi3, Barry Bultz4,5,6, Linda Carlson7,8
1Psychosocial Oncology Clinician, Dept. of Psychosocial Oncology, Tom Baker Cancer Centre, Alberta Health Services, Calgary, Canada. 2Adjunct Lecturer, Division of Oncology, Psycho-Oncology Dept, Cumming School of Medicine, University of Calgary, Calgary, Canada. 3Associate Faculty, City University of Seattle, Calgary, Canada. 4Professor and Head, Division of Psychosocial Oncology; Daniel Family Leadership Chair in Psychosocial Oncology, Cumming School of Medicine, University of Calgary, Calgary, Canada. 5Deputy of Psychosocial Oncology, Tom Baker Cancer Centre, Alberta Health Services, Calgary, Canada. 6Conjoint Professor, School of Medicine & Public Health, University of Newcastle, Australia, Newcastle, Australia. 7Professor, Enbridge Research Chair in Psychosocial Oncology; CIHR SPOR Mentorship Chair in Innovative Clinical Trials (TRACTION Program Director), Cumming School of Medicine, University of Calgary, Calgary, Canada. 8Adjunct Professor, Department of Psychology, Faculty of Arts University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: Supportive-Expressive Group Therapy (SEGT) has typically been offered to women with breast cancer. Less attention has been given to developing groups addressing existential and emotional needs of men with cancer. This study explores the functioning of a men-only GI cancer SEGT over time, and perceived impact relevant to supportive/expressive goals.

Methodology or Methods: A convenience sample of men with GI cancers at different stages of illness, attending a men GI cancer SEGT, was
recruited. 23 men were interviewed at three months, and 13 of these same men at six months since enrollment. A qualitative study with inductive and framework thematic analysis was used

Impact on practice or Results: Men reported that the SEGIT provided a gender sensitive and supportive outlet for expressing and normalizing emotions. Experience with group process and intervention goals contributed to decreasing distress and normalizing worries about mortality. The most cited perceived benefits pointed to feeling heard and validated, feeling safe to express emotions, learning about coping from one another, and re-evaluating personal goals. Other more specific intervention endpoints (e.g., dealing with body image, improving physician-patient relationship) were cited as beneficial for the men who needed support in those areas. Even when men noted no personal benefit pertaining to a particular goal, they reported mood improvement when assuming a supportive role to benefit fellow members. SEGIT goals reflected outcomes that mattered differently to each participant.

Discussion or Conclusions: The SEGIT perceived benefits reflected a variation of the men’s adjustment demands. The findings offer groundwork for developing SEGIT interventions for men cancer patients.

470 | Transforming Adolescent and Young Adult Cancer Care in BC in Partnership with Patients and Cancer Care Allies
Cheryl Heykoop
Canada

Background/rationale or Objectives/purpose: Through meaningful partner engagement with adolescents and young adults (AYAs aged 18-39) with cancer and cancer care allies (healthcare professionals, decision makers), this research seeks to better understand AYA cancer care and co-develop more integrated and responsive AYA cancer care in BC and beyond.

Methodology or Methods: This method-oriented, participatory action research is led by a researcher and Michael Smith Health Research BC Scholar with lived experience with cancer as an AYA. It was conceived through dialogues with AYAs and cancer care allies and is being done in partnership with project partners including: InspireHealth, BC Cancer, Young Adult Cancer Canada, BC SUPPORT Unit, Innovation Support Unit, Callanish Society, and AYAs with cancer.

Building from the work of project partners, arts-based, action-oriented, and integrated knowledge translation methods will be used to gather data to: support young adults and cancer care allies to: share lived experiences; identify key cancer care needs and priorities, envision innovative, responsive and sustainable AYA cancer care; and, pilot and evaluate actions to improve AYA cancer care.

Impact on practice or Results: We are currently in year one of this three-year study funded by the Vancouver Foundation. As such, this presentation will offer an overview of our research process and partnerships and our initial learnings.

Discussion or Conclusions: Through active engagement with AYAs with cancer and cancer care allies, this research seeks to transform AYA cancer care research, policy, and practice for AYAs with cancer in BC and beyond. It also serves as a foundational study to explore and improve AYA cancer care nationally.

476 | Optimizing Diagnosis & Supporting Mental Health in Canadian Cancer Care: Findings, Recommendations and Next Steps from a Patient-Led, Multi-Stakeholder Initiative
Louise Binder1, Antonella Scali2, Christina Sit3, Kathleen Barnard4, Eva Villalba5, Rachael Manion6, Martine Elias', Alan Huang6, Tina Sahay6, Leab Stephenson3

1Save Your Skin Foundation, Toronto, Canada. 2Canadian Psoriasis Network, Toronto, Canada. 3All.Can Canada, Toronto, Canada. 4Save Your Skin Foundation, Penticton, Canada. 5Quebec Cancer Coalition, Montreal, Canada. 6Canadian Skin Patient Alliance, Ottawa, Canada. 7Myeloma Canada, Montreal, Canada. 8All.Can Canada, Vancouver, Canada. 9Health Promotion Consulting Group, Toronto, Canada

Background/rationale or Objectives/purpose: To explore patient and clinician perspectives on psychosocial support during the cancer diagnosis phase and address patient needs.

Methodology or Methods: All.Can Canada used both qualitative and quantitative methodologies to conduct the research. From September – December 2020, qualitative interviews with cancer patients diagnosed within 18 months of the interview and a survey targeting healthcare providers working in cancer control were fielded.

Impact on practice or Results: 30 patients were interviewed and 42 clinicians completed the survey. All Canadian provinces were represented. All patients interviewed expressed a need for psychosocial supports during the diagnosis phase. 59% of clinicians thought patient supports such as mental health and other individualized supports contribute to a quality diagnosis process. 36% reported being able to offer them.

Discussion or Conclusions: The results of this research indicate that psychosocial supports during a cancer diagnosis: 1) are important to patients; 2) may potentially be underrecognized as a need by clinicians, and 3) clinicians may be challenged to provide them. Patient groups play a role in connecting patients to available psychosocial supports. For example, during the COVID-19 pandemic, patient groups collaborated to provide a resource hub that included psychosocial supports. Based on response and continued need, the mental health arm of the hub has continued as an independent project. Collaborations between patient groups and between patient groups and professional associations are encouraged to 1) increase dialogue, 2) improve awareness amongst all stakeholders, and 3) develop programming and scale best practices on psychosocial needs during a cancer diagnosis, and all phases of care.

482 | Knowledge, Attitude and Perception of breast cancer women towards mastectomy in south eastern Nigeria
Vitalis Okwuori1, Chika Okworo2
1University of Nigeria teaching Hospital, Enugu, Enugu, Nigeria. 2College of medicine, University of Nigeria Enugu Campus, Enugu, Nigeria

Background/rationale or Objectives/purpose:
• To determine the knowledge of mastectomy among breast cancer women.
• To know the attitude of breast cancer women to mastectomy.
• To assess the perception of patients before and after mastectomy.
• To determine the influence of knowledge, attitude and perception of breast cancer patients towards mastectomy.

Methodology or Methods: A cross sectional study involving breast cancer patients who were attending onology clinic at University of Nigeria Teaching Hospital, Enugu between 2019 and 2020. Interviewer-administered semi-structured questionnaire was utilized to obtain the required information of the respondents, their knowledge about mastectomy, the patients attitudes towards mastectomy, the perception of before and after mastectomy..SPSS version 25 statistical tool was used for data analysis. Data was analyzed using descriptive and inferential statistics at the significant level of 0.05.

Impact on practice or Results: Result: The age of the patients ranged from 21 years to 90 years with the mean age of 48 years. Knowledge was statistically above average before mastectomy (53.8%) and very high after mastectomy (93.6%). Majority of the patients had positive perception.
before the mastectomy (59.6%); many more were positive after it (87.2%). Perception was significantly influenced by their marital status (p = 0.02) and no. of children (p = 0.018) knowledge of mastectomy as a treatment option of breast cancer (p = 0.015) and knowledge that it can enhance response to other treatment options (p = .015) significantly influenced attitude for those yet to undergo mastectomy.

Discussion or Conclusions: Acceptance of mastectomy is influenced by the knowledge of the clinical benefit of mastectomy as well as positive attitude and perception.

503 | Digital storytelling as research method: A systematic review

Christina West @DrChristinaWest1, Kendra Rieger @RiegerKendra2,1, Amanda Kenny @AkJenny20,4, Rishma Ghoonee1, Kimberley Mitchell @academicswite, Andrea Winther Klippenstein @AndreaWintherK1,6, Amie Zabornia1 @AmieZabornia1, Shannon Scott @echoKTresearch7

1 University of Manitoba, Winnipeg, Canada. 2 Trinity Western University, Langley, Canada. 3 La Trobe University, Victoria, Australia. 4 University of Lincoln, Lincoln, United Kingdom. 5 University of British Columbia (Okanagan Campus), Kelowna, Canada. 6 Red River College, Winnipeg, Canada. 7 University of Alberta, Edmonton, Canada

Background/rationale or Objectives/purpose: Digital storytelling is an arts-based research method that facilitates the expression of illness experiences which are difficult to articulate. Digital stories are participant created three-to-five-minute videos that integrate narrated personal stories with images and music. The use of digital storytelling as a health research method is rapidly expanding, yet there is limited synthesized knowledge to guide its use. We conducted a systematic review on the use, impact, and ethical considerations for using digital storytelling as a method in health research.

Methodology or Methods: Key databases and online sources were searched for qualitative, quantitative, and mixed methods studies that used digital storytelling in health research at any point across the research process. We included articles with pediatric/adult populations, family members, or health care professional participants. Titles, abstracts and full texts were screened by two independent reviewers to confirm eligibility. We conducted a narrative synthesis of the extracted data.

Impact on practice or Results: Our searches yielded 7286 articles. 46 articles were included for analysis following duplicate removal and screening. The narrative synthesis resulted in seven descriptive themes. Digital storytelling is an empowering and disruptive method that captures voice through a process-oriented, flexible approach; honours local and cultural knowledge; and evokes change. Consistent digital storytelling approaches were identified, but theoretical inconsistency, diverse positioning of digital stories in analysis, and ethical complexity remain significant methodological challenges.

Discussion or Conclusions: Digital storytelling is a compelling arts-based method for patient-oriented, psychosocial oncology research. Key methodological recommendations such as ensuring digital storytelling occurs in a private/safe space separate from healthcare settings, will be discussed.

521 | Examining Psychosocial Practices Pre-Transplant: A Qualitative Perspective on Institutional Resources Allocation

Zen Gattani1,2, Andrea Feldsman1,2, Maryam Qureshi1, Jennifer Pink1,2, Sara Beattie1,2

1 Department of Psychosocial and Rehabilitation Oncology, Tom Baker Cancer Centre, Calgary, Canada. 2 Cumming School of Medicine, University of Calgary, Calgary, Canada. 3 Werklund School of Education, University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: To understand institutional practices of pre-transplant assessment, as well as availability and allocation of psychosocial resources.

Methodology or Methods: Hematopoietic Stem Cell Transplant (HCT) program directors across Canada were contacted and asked to identify psychosocial team members eligible for participation. Team members from across Canada were surveyed about their pre-transplant psychosocial assessment and preparation process with patients. Participants could respond by email or interview by phone. Braun and Clarke’s (2008) 6-step process for descriptive qualitative analysis was used.

Impact on practice or Results: Most participants were social workers from hospitals (64%). Four qualitative themes arose: (a) Psychosocial Team Composition. Psychosocial assessment for HCT patients was often provided by social workers, with limited availability of psychologists and psychiatrists. (b) Criteria for assessing select HCT patients. Participants prioritized psychosocial assessments for patients with higher perceived psychosocial needs or risk, and/or according to transplant type. Limited time and intensive psychosocial staff demands also played into decision-making. (c) Components and Practices of Pre-HCT Psychosocial Assessment. Common components and differences of assessments were identified, as well as a lack of standardized tools. (d) Patient Education Sessions. Many sites provided adjunct patient education sessions, of varying depth.

Discussion or Conclusions: In summary, we noted the burden on social workers, varying criteria for selecting patients for pre-HCT assessment, and an unstructured approach to conducting assessments. The potential value of standardized assessment tools and practices, and further comparison studies on the effectiveness of different types of pre-transplant psychosocial care would be useful.

3 | Exploring the association between social problems and withdrawal in a pediatric brain tumour survivor population with the use of two social measures

Leonaes Brael Bachtiachinda Kuete1, Meng-Chuan Lai2, Ute Bartels2, Jacob Vorstman1, Marcu Barrera1, Yustina Carruyo1, Sabrina Provencher1, Leandra Desjardins3

1 Centre de Psycho-Oncologie CHU Sainte-Justine, Montreal, Canada. 2 University of Toronto, Toronto, Canada. 3 SickKids, Toronto, Canada

Background/rationale or Objectives/purpose: Pediatric brain tumor survivors (PBTS) are at risk for challenges in social competence (social problems, isolation/social withdrawal). Measures of social skills may provide further information regarding challenges underlying difficulties in overall social competence. Here we investigate for the first time the association between PBTS social problems and withdrawal with a caregiver report of child social behaviors using the Social Skills Improvement System (SSIS) and Social Responsiveness Scale (SRS).

Methodology or Methods: Twenty-seven PBTS (ages 9-17 years; M = 7.6 years from diagnosis) participated. Caregivers completed the Child Behavior Checklist (CBCL), SSIS, and SRS. CBCL dependent variable scales were Social Problems and Withdrawn/Depressed. SSIS scales were communication, cooperation, assertion, empathy, engagement,
responsible, and self-control. SRS scales were social awareness, communication, social cognition, and social motivation, which are often targeted in social skills interventions for PBTS.

Impact on practice or Results: All four SRS scales were significantly positively associated with Withdrawn/Depressed (rs ranged from .546 to .825, all ps < .05), and three scales (communication, social cognition, and motivation) were significantly associated with Social Problems (rs ranged from .401 to .562, all ps < .05). Only four SSIS scales (Communication, Cooperation, Engagement, and Responsibility) were associated with greater Withdrawn/Depressed (rs ranged from -.390 to -.533, all ps < .05). None of the SSIS subscales were significantly correlated to CBCL social.

Discussion or Conclusions: These findings suggest that the SRS, compared to the SSIS, may offer avenues for understanding PBTS challenges in social withdrawal/depression and social problems. Future studies of PBTS social competence may wish to include the SRS to screen social competence.

123 | A pilot study (ongoing data collection): Unrealistic optimism about participating in a hypothetical cancer clinical trial

Mariam Chichua1, Chiara Filipponi2, Davide Mazzoni1, Marianna Masiero1, Gabriella Pravettoni1,2
1University of Milan, Milan, Italy. 2European Institute of Oncology (IEO), Milan, Italy

Background/rationale or Objectives/purpose: In a cancer clinical trial, patients with unrealistic optimism expect to experience higher benefits and lower risks compared to other patients who participate in the same trial (Jansen et al., 2016). Although this finding has been replicated in few cross-sectional studies, there is no experimental evidence on the relationship between unrealistic optimism and participation in trials. The aim of the current project is to analyze unrealistic optimism in an experimental design by creating hypothetical scenarios for healthy participants.

Methodology or Methods: A between-subject experimental design is adapted. Participants (N=160) either have to imagine “self” (condition1) or “personX” (condition2) having cancer and being faced with the decision to participate in an early phase clinical trial. Following this, they evaluate their perceived likelihood of experiencing risks and benefits from the trial for “self” (condition1) or for “personX” (condition2) in respect to others in the same trial. Lastly, participants are asked about their intention to participate (condition1) or the probable intention of “personX” to participate (condition2) in the trial.

Impact on practice or Results: We expect participants in condition 1 to (a) score higher on unrealistic optimism and to (b) have a higher intention to participate. These results would confirm that unrealistic optimism is observed solely when a trial’s outcomes are predicted for oneself rather than for another person.

Discussion or Conclusions: In respect to previous research, the experimental design gives this study a methodological advantage. By adapting hypothetical scenarios, we hope to encourage other researchers in the field to utilize perspective-taking of healthy participants, alongside studying patients. Shared-decision-making’s implications in oncology are also discussed.

184 | Introducing FCR 6 – Brain: Measuring Fear of Cancer Recurrence in Brain Tumor Patients and Their Caregivers

Sarah Braun sarahellenbraun1,2, Kelcie Willis1, Samantha Mladen1, Farah Aslanzadeh1, Autumn Lane1,2, Jenna Langbein1, Morgan Reid1, Christopher Kleva1, Ashlee Loughan1,2
1Virginia Commonwealth University, Richmond, Virginia, USA. 2Massey Cancer Center, Richmond, Virginia, USA. 3Baltimore VA Medical Center, Baltimore, MD, USA

Background/rationale or Objectives/purpose: Fear of cancer recurrence (FCR) is a psychological consequence of cancer diagnosis that impacts quality of life in neuro-oncology. However, the instruments used to assess FCR have not been tested for validity in patients with brain tumors. The present study explored the psychometric properties of a brief FCR scale in patients with primary brain tumor (PBT) and their caregivers.

Methodology or Methods: Adult patients with PBT (n = 165) and their caregivers (n = 117) completed the FCR–7 item scale (FCR7) and measures of psychological functioning. Exploratory factor analyses (EFA) were conducted for both patient and caregiver FCR7. Convergent validity, prevalence, the difference between FCR in patients and caregivers, and relationships with relevant medical and demographic variables were explored.

Impact on practice or Results: EFA revealed a single factor with one item demonstrating poor loading for both patients and caregivers. Removal of the item measuring hypervigilance symptoms (checking for physical signs of tumor) greatly improved the single factor metrics. The amended scale (FCR6-Brain) demonstrated good convergent validity. Caregiver FCR was significantly higher than patient. Clinical guidance to identify moderate and severe FCR was introduced. Age, gender, and time since diagnosis were related to FCR, with higher FCR in younger women more recently diagnosed.

Discussion or Conclusions: The FCR6-Brain is the first validated instrument to assess FCR in this population and should be used to identify individuals at risk for FCR and guide development of future psychotherapeutic interventions. This study highlights the distinct characteristics of FCR in neuro-oncology. Symptoms of hypervigilance in PBT patients need further investigation.

201 | Development and validation of three measures for clinical fear of cancer recurrence: The Ottawa Clinical Fear of Recurrence (OCFR)’s one-item screener, self-report, and clinical interview

Laureane Gigueré1, Brittany Matsaers1, Gerald Humphris2, Daniel Costa3, Cary Kogan1, Sophie Lebel1
1University of Ottawa, Ottawa, Canada. 2University of St Andrews, St Andrews, United Kingdom. 3Sydney University, Sydney, Australia

Background/rationale or Objectives/purpose: A recent Delphi study of experts identified criteria for clinical fear of recurrence (FCR): a) high levels of preoccupation, b) high levels of worry, c) that are persistent, d) along with hypervigilance and hypersensitivity to physical sensations that result in e) functional impairment. Existing measures do not adequately capture these features.

Methodology or Methods: Three new measures (one-item screener, self-report, and clinical interview) were developed to remedy this gap using expert panels. Two rounds of pilot testing were subsequently undertaken with n = 30 survivors. Participants rated the three measures following the EORTC’s recommendations for questionnaire development. From March-May 2022, the measures will be administered to 230 mixed cancer participants along with established instruments to investigate convergent, divergent, discriminant, and incremental validity. Exploratory factor analysis will be used to test the factor structure and item response theory will be applied to streamline the number of items on the self-report measure. A subset of 50 participants will be asked to
complete the interview and ROC curve analysis will be used to establish cut-off scores. Inter-rater reliability will also be assessed. Another subset of 50 participants will complete the measures a second time 2 weeks later to explore test-retest reliability.

Impact on practice or Results: The pilot study indicates that items are clear, and representative of what patients would like to be asked and what their preoccupations are. Results from the validation study will be presented.

Discussion or Conclusions: These measures will allow healthcare professionals to assess the presence of clinical FCR and therefore improve services for survivors who struggle with FCR.

243 | Development of the Japanese Version of Death and Dying Distress Scale (DADDS-J)
Seraki Miyamoto1, Tadahiro Yamazaki1, Toshio Matsubara2,3, Hiroshi Yamagata4,5, Hiroshi Kobo6, Hiroaki Abe7, Masahiko Sumitani7, Ken Shimizu8, Gary Rodin9, Kazuhiro Yoshinouchi1
1Department of Stress Sciences and Psychosomatic Medicine, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan, 2Division of Neuropsychiatry, Department of Neuroscience, Yamaguchi University Graduate School of Medicine, Yamaguchi, Japan, 3Health Service Center, Yamaguchi University Organization for University Education, Yamaguchi, Japan, 4Department of Anesthesiology, Yamaguchi University, Graduate School of Medicine, Yamaguchi, Japan, 5Palliative Care Center, Yamaguchi University Hospital, Yamaguchi, Japan, 6Department of Psycho-Oncology, Cancer Institute Hospital of Japanese Foundation for Cancer Research, Tokyo, Japan, 7Department of Pain and Palliative Medicine, The University of Tokyo Hospital, Tokyo, Japan, 8Department of Psycho-Oncology, Cancer Institute Hospital of Japanese Foundation for Cancer Research, Tokyo, Japan, 9Department of Supportive Care, Princess Margaret Cancer Centre, Toronto, Canada

Background/rationale or Objectives/purpose: The Death and Dying Distress Scale (DADDS) is a 15-item questionnaire of death-related distress in patients with advanced cancer, which has been associated with depression, anxiety, quality of life, and spiritual well-being. The DADDS has been validated in several languages. However, in Japan, there have been no questionnaire to assess and alleviate the death-related distress in patients with advanced cancer. The aim of the present study was to develop a Japanese version of DADDS (DADDS-J) and investigate its psychometric properties.

Methodology or Methods: Patients with advanced cancer completed the DADDS-J, the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder-7 questionnaire (GAD-7), the Functional Assessment of Cancer Therapy scale (FACT-G), and the Functional Assessment of Chronic Illness Therapy-Spiritual (FACT-SP). The reliability and validity of the DADDS-J were examined using Cronbach’s alpha and Pearson’s correlation coefficients in relation to the other four measures (PHQ-9, GAD-7, FACT-G, and FACT-SP).

Impact on practice or Results: Data from 136 patients in three research facilities were analyzed (mean age 64.9 years, SD = 11.6). The Cronbach’s alpha coefficients for the two subscales of DADDS-J were 0.92 for “Finitude” and 0.89 for “Dying”, which were indicative of good internal consistency. Each subscale of the DADDS-J was significantly correlated with the PHQ-9, GAD-7, FACT-G, and FACT-SP subscales.

Discussion or Conclusions: The DADDS-J had sufficient reliability and validity. Therefore, the DADDS-J might be useful to support patients with advanced cancer by assessing their death-related distress in Japan, where there is cultural difference from Western countries particularly related to open discussion of dying and death.

290 | The Sarcoma Assessment Measure (SAM): preliminary psychometric validation of a novel clinical checklist
Lee Hulbert-Williams1, Nicholas Hulbert-Williams1, Rachel Taylor2, Lesley Storey3, Lorna Fern2, Maria Onasanya4, Craig Gerrard5, Rachael Windsor2, Mary Wells6
1University of Chester, Chester, United Kingdom, 2University College London Hospitals NHS Foundation Trust, London, United Kingdom, 3Birmingham City University, Birmingham, United Kingdom, 4Patient Representative, 5The Royal National Orthopaedic Hospital, London, United Kingdom, 6Imperial College Healthcare NHS Trust, London, United Kingdom

Background/rationale or Objectives/purpose: Sarcomas are a common cancer in younger people. Through a collaborative process with patients and healthcare professionals, we developed the Sarcoma Assessment Measure (SAM) as a sarcoma-specific patient-reported outcome measure (PROM) to be used in clinical practice and psychosocial oncology research. This paper will report the preliminary validation of SAM.

Methodology or Methods: The 22-item SAM was administered alongside the EORTC-QLQ-C30 quality of life questionnaire and Toronto Extremity Salvage Score (TESS) as part of an online, self-report questionnaire. As the SAM was intended primarily for use as a clinical checklist individual items may be independent and so traditional factor analysis is not applicable. Instead, multivariate linear modelling was used to build a measure which has predictive validity with respect to the more established PROMs.

Impact on practice or Results: 762 patients participated in the study: of those who reported demographics, 44.1% identified as male, and participant age ranged from 13-82 years. Clinically, participants presented with a range of STS (72%), bone sarcoma (21.8%) and GIST (10.2%). Our preliminary analysis indicates that the SAM may predict up to 63% of global quality of life.

Discussion or Conclusions: We have established the preliminary validity of SAM and believe this has utility as both a patient-reported research tool and a clinical checklist for assessing the impact of symptoms and dysfunction related to sarcoma as part of clinical care. Further validation using a larger and more clinically diverse sample is now needed.

295 | General working population normative data for the Cognitive Symptom Checklist Work
Johanna K. Ehrenstein1,2, Saskia F.A. Duijts3,4, Sander K.R. van Zon1, Sanne B. Schagen2,3, Ute Biltmann1
1University of Groningen, University Medical Center Groningen, Department of Health Sciences, Community and Occupational Medicine, Groningen, Netherlands, 2The Netherlands Cancer Institute, Division of Psychosocial Research and Epidemiology, Amsterdam, Netherlands, 3Vrije Universiteit Amsterdam, Amsterdam UMC, Amsterdam Public Health Research Institute, Department of Public and Occupational Health, Amsterdam, Netherlands, 4Netherlands Comprehensive Cancer Organisation (IKNL), Department of Research and Development, Utrecht, Netherlands, 5University of Amsterdam, Department of Psychology, Amsterdam, Netherlands

Background/rationale or Objectives/purpose: The Cognitive Symptom Checklist-Work (CSC-W) is a self-report measure to assess how cognitive...
symptoms (i.e., memory and executive function) affect cancer survivors' functioning at work. To date, general working population norm data are lacking, but much needed to interpret the prevalence and nature of cognitive symptoms. We aimed to systematically collect general working population norm data to facilitate the interpretation of CSC-W data obtained from working cancer survivors.

Methodology or Methods: The study sample consisted of 1000 Dutch working adults, of whom data was collected through Motivaction, an online respondent panel. The sample was stratified for sex and age (18-39, 40-49, 50-59, 60-69 years). Median scores, the percentile distribution, mean scores, and standard deviations of the CSC-W total scale and subscales were calculated.

Impact on practice or Results: Symptom scores of memory function ($M = 27.9; SD = 16.0$) were higher for all age groups and in both sexes compared to executive function ($M = 20.6; SD = 15.7$). Cognitive symptoms scores were relatively stable across age groups, but 18-39 year old respondents scored lower in memory and executive function compared to respondents in the other age groups. No sex differences in memory and executive function symptoms scores were observed.

Discussion or Conclusions: The CSC-W norm data may enhance the interpretation and facilitate the analysis of self-reported cognitive symptoms at work. The CSC-W has been included in the Guideline ‘Cancer and Work’ of the Netherlands Society of Occupational Medicine. Findings of our study may support health care professionals in identifying working cancer survivors at risk for more severe cognitive symptoms to develop personalized treatment.

340 | Piloting Child Drawing: Hospital (CD: H) projective test to children with cancer in Malaysia

Sharifah Diana Syed Abdul Halim, Azizah Othman
Universiti Sains Malaysia, Kelantan, Malaysia

Background/rationale or Objectives/purpose: Projective drawing, such as Child Drawing: Hospital (CD: H), is beneficial, as it aids assessment of emotional status and levels of anxiety in children who verbal language is limited. The pilot study aims to report the validity and reliability of CD: H administered on children in Malaysia, especially those being hospitalized for cancer treatment.

Methodology or Methods: CD: H instruction and scoring guides were translated into Bahasa Malaysia according to the World Health Organization (WHO) guidelines. The sample population was pooled from Kelantan, Malaysia consisted of 42 children aged 7 to 13 years old, including children who were treated for cancer in a teaching hospital during data collection ($n = 10$), and healthy peers ($n = 32$).

Impact on practice or Results: The results indicated good to excellent inter-rater reliability between five independent examiners in their scoring on Part A, B, C, and Total Scores which are 0.95, 0.49, 0.76, and 0.89, respectively. The internal consistency between items for both groups is satisfactorily, indicating the drawing do assess an anxiety construct. Scores on Quality of Strokes and De-emphasis of Body Part have significantly discriminated the levels of anxiety between children with cancer in the hospital and school children, but not in the other scoring components.

Discussion or Conclusions: Malaysian version of the CD: H test demonstrated good inter-rater reliability, satisfactory internal consistency reliability, however limited discriminant validity. Further study with additional participants is recommended to establish psychometric properties of this projective test.

369 | Validation of the Distress Thermometer in a Slovenian population of breast cancer patients; ongoing study on effects of integrated psychological rehabilitation

Jana Jerleb, Andreja Cirila Škuča Smrdel, Jana Marković, Jana Knific, Nikola Bešič, Tina Rus, Mateja Kurr Borovčič, Lorna Zaletel Zadravec, Zlatka Mavrić, Anamarija Mozetić
Institute of Oncology, Ljubljana, Slovenia

Background/rationale or Objectives/purpose: The Distress Thermometer’s (DT) is an effective screening tool for routine screening of distress. The purpose of this study is to validate the Slovenian version of DT for screening of distress and to investigate how well DT measures changes in distress during the first year of treatment and rehabilitation in a Slovenian population of breast cancer patients. The study is a part of an ongoing pilot research on individualized integrated rehabilitation of breast cancer patients 2019-2022.

Methodology or Methods: Patients were invited to complete DT, Generalized Anxiety Disorder Assessment (GAD-7) and Patient Health Questionnaire (PHQ-9) at their visit to the coordinator for rehabilitation at baseline, six month or twelve months after diagnosis. Receiver Operating Characteristic (ROC) curve and Area Under the Curve (AUC) were used for validation of DT relative to GAD-7 and PHQ-9.

Impact on practice or Results: 160 questionnaires were analyzed. DT ($M = 4.97; SD = 2.33$) significantly correlated ($p < 0.01$) with GAD-7 ($r = 0.61$) and PHQ-9 ($r = 0.46$). Results of ROC indicate that a DT cutoff score of 4 yielded AUC of 0.84 (95 % CI = 0.77 – 0.91) with sensitivity of 0.83 and specificity of 0.73 against GAD-7, and AUC of 0.80 (95 % CI = 0.73 – 0.88) with sensitivity of 0.85 and specificity of 0.66 against PHQ-9.

Discussion or Conclusions: The Slovenian version of the DT with a score ≥ 4 is valid for screening of distress in breast cancer patients. Rapid screening with this tool could help identify cancer patients that are in need of psychological or psychiatric interventions.

379 | Development and Validation of the Cervical Cancer Knowledge Scale and Human Papillomavirus (HPV) Testing Knowledge Scale in a National Sample of Canadian Women

Qvidu Tatar1,2, Ben Huard2, Gabrielle Griffin-Mathieu2, Patricia Zhu3,2, Samara Perez4,3, Zeev Rosberger2,3

1Research Center, Centre Hospitalier de l’Université de Montréal (CRCHUM), Montreal, Canada. 2Lady Davis Institute for Medical Research, Montreal, Canada. 3McGill University, Montreal, Canada. 4McGill University Health Center (MUHC), Montreal, Canada

Background/rationale or Objectives/purpose: As countries move towards using HPV-based cervical cancer screening, understanding women’s current knowledge of both cervical cancer and the HPV test will be critical to adapting public health messaging for successful implementation. Adequate and updated measures of cervical cancer and HPV testing knowledge are needed. The aim of this study was to develop and validate two scales measuring cervical cancer and HPV testing knowledge.

Methodology or Methods: A literature search was conducted to identify existing measures of cervical cancer and HPV testing knowledge. Additional items were generated according to themes from recent reviews of the cervical cancer screening literature. Relevant items were reviewed, selected for inclusion or exclusion, and categorized for each measure by the research team. Cognitive interviews were conducted with seven Canadian women to refine items. A national survey was administered in English or French to a sample of Canadian women in October-November of 2021. Item response theory was used on half of the sample to select
items based on their difficulty and discriminant capacity. Confirmatory factor analysis (CFA) was used on the second sample to assess model fit. Impact on practice or Results: The final sample of N = 1027 was used for analysis. Fourteen items were tested in each scale. The final cervical cancer and HPV testing knowledge scales were unidimensional, and each consisted of eight items. CFA demonstrated adequate model fit.

Discussion or Conclusions: Availability of psychometrically valid measures of cervical cancer and HPV testing knowledge will aid in the evaluation of knowledge gaps and will inform targeted, population-based messaging strategies as screening programs are implemented.

383 Re-design and validation of an electronic Patient Reported Outcome measure for use with ambulatory cancer patients in Alberta, Canada

Claire Link1, Lindsi Chmielewski1, April Hildebrand1, Siwei Qi1, Louise Smith1, Andrea Delure1, Linda Watson1,2

1Cancer Care Alberta, Calgary, Canada. 2University of Calgary, Calgary, Canada.

Background/rationale or Objectives/purpose: Patient Reported Outcomes (PROs) are routinely collected throughout Cancer Care Alberta (CCA) using a standardized symptom-reporting tool: the Edmonton Symptom Assessment System – Revised (ESAS-r). The ESAS-r was designed to be completed on paper at clinical appointments. A new electronic medical record is launching across Alberta Health Services and will enable patients to complete questionnaires electronically from home. This prompted an initiative to re-design and validate a new PRO measure which patients could independently complete online.

Methodology or Methods: The ESAS-r was modified through an extensive re-design process involving patient-family advisors and frontline staff. Six symptoms were added and definitions for the original symptoms were added or modified to enhance clarity. A mock-up was built in an electronic platform and tested with 26 patient-family advisors to ensure remote completion was feasible. Cognitive interviews took place to finalize the definitions. A mail-out strategy was used to validate the finalized questionnaire. 1600 patients were asked to complete the new questionnaire, the ESAS-r, and a new validated symptom-reporting tool. Symptom scores on each questionnaire were compared using Canonical Correlation Analysis.

Impact on practice or Results: Electronic completion went smoothly, with 96% of participants not needing assistance. The new definitions were stronger than the originals, with agreement ranging from 85% to 100% of participants. The re-designed questionnaire, called the ESAS-r Cancer, was determined to be valid for use with cancer patients.

Discussion or Conclusions: CCA staff can confidently use the ESAS-r Cancer to routinely collect patient-reported symptom information. This validated tool can be used by other cancer programs to ensure they comprehensively assess patients’ symptoms.

474 Development of Positive Language Coding System for Couples Facing Cancer

Juliet Kroll1, Stella Snyder2, Caitlin Keboe1,2, Esomisima Azuike1,3, Morgan Jones1, Kathrin Milbury1

1The University of Texas MD Anderson Cancer Center, Houston, USA. 2The University of Houston, Houston, USA. 3Texas State University, San Marcos, USA.

Background/rationale or Objectives/purpose: A growing evidence base suggests that positive psychology interventions targeting positive affect (PA) may improve wellbeing and psychological symptoms in cancer patients. Yet, underlying mechanisms are not clearly delineated. One mechanism by which PA may be facilitated and maintained is through language. We therefore developed a positive language coding system to be examined as a potential mechanism in future research.

Methodology or Methods: Twenty-six patients diagnosed with stage IV lung cancer and their partners were randomized to a dyadic mindfulness intervention as part of a published RCT. The manualized sessions were audio recorded and professionally transcribed. Based on tenants of emotion theories, we developed a coding scheme to capture language: use (i.e. self, others, the world); orientation (i.e. past, present, future), intensity (i.e. low, medium or high) and shared use (i.e., yes, no). Three raters coded transcripts focusing on couple’s positive language in response to structured mindfulness exercises. Raters met collectively to revise the coding manual and achieve rating consensus across all categories.

Impact on practice or Results: Patients (50% female, 88% Non-Hispanic white, educated, mean age=66 yrs) and partners (42% female, 81% Non-Hispanic white, educated, mean age=66 yrs) endorsed similar levels of PA pre-treatment (CES-D_PA mean=.23, .22 respectively, t=.46, p=.65) Substantial agreement among coders was observed across the developed codes including use (K=.85), orientation (K=.90), intensity (K=.81), and shared language use (K=.92).

Discussion or Conclusions: The newly developed coding system capturing positive language, including shared language, shows promise regarding interrater reliability. Next steps include validation studies against standardized self-reports and existing coding schemes.

494 Religiosity Practices Associated with Spirituality and Improved Quality of Life

Angelica Bodily, Alanya Ernster, Phuong Deleyrolle, Jennifer St. Clair, David Tran, Maryam Rahban, Duane Mitchell, Deborah Sampson, Ashley Ghiaseddin, Deidre Pereira

University of Florida, Gainesville, USA

Background/rationale or Objectives/purpose: Patient-reported outcomes are widely utilized to improve patient-centered care by assessing psychosocial outcomes. A strong component of patients’ improved quality of life is employed by religiosity and spirituality. This study evaluated the relationship between the frequency of religious practice and spiritual well-being for Primary-Brain Tumor (PBT) patients and caregivers at the UF Health Neuro-Oncology clinic.

Methodology or Methods: 152 participants (86 PBT patients, 66 caregivers) completed the Functional Assessment of Chronic Illness Therapy – Spiritual Well-Being (FACT-Sp/SpNI) measure on a 5-point Likert scale, and the Religious Background and Behavior (RBB) measure on an 8-point frequency scale (Never=0, More than Once a Day=8) within the given battery. Pearson correlations were performed between FACT-Sp/SpNI and RBB item scores for patients and caregivers.

Impact on practice or Results: There was no significant difference in RBB scores between patients and caregivers, t(140)=.795, p=.428. Among patients, better spiritual well-being was significantly associated (p<.001) with more frequent thoughts about God, prayer, meditation, worship service attendance, reading of scriptures, and direct experiences of God. However, among caregivers, only frequent prayer (p=.049), worship service attendance (p=.031), reading of scriptures (p=.002), and direct experiences of God (p=.018) were associated with better spiritual well-being.
Discussion or Conclusions: The results indicate that better spiritual well-being was strongly associated with more frequent religious behaviors among PBT patients; however, these relationships were not as strong for caregivers. This is important to consider incorporating patient-centered care for individuals affected by PBTs. Future research will target more of a generalizable sample to evaluate these relationships within underrepresented populations.

520 | Validation of the Modifed Chinese Information and Support Needs Scale (ISNQ-C) for Daughters of Mothers with Breast Cancer
Su-Ying Fang
National Cheng Kung University, Tainan, Taiwan. National Cheng Kung University Hospital, Tainan, Taiwan

Background/rationale or Objectives/purpose: Adult daughters concerned about getting breast cancer throughout their lives and required support if their mothers had breast cancer. The aim of this study was to examine the revised Information and Support Needs Scale (ISNQ) and to validate it in a Taiwanese community population comprising daughters of mothers with breast cancer.

Methodology or Methods: Using convenience sampling, the daughters of mothers with breast cancer were recruited and were separated into 2 samples (sample 1, n = 102, and sample 2, n = 118). First, we translated and modified the ISNQ to ensure cultural adaptation and formed ISNQ Chinese version (ISNQ-C). Second, we conducted an exploratory factor analysis using both samples to explore the factor structure of the ISNQ-C. Finally, we tested the criterion validity and known-group validity of the ISNQ-C using sample 2.

Impact on practice or Results: Thirty-two items addressing 5 factors were identified for the ISNQ-C. Each factor had good internal consistency. The criterion validity was supported by significant correlations between the ISNQ-C scores and scores on the impact of event, anxiety and depression. Known-group comparisons revealed that the group with deceased mothers reported significantly more unmet needs related to “releasing my anxiety” compared to the group when mother was stable with regular follow-up.

Discussion or Conclusions: The ISNQ-C demonstrated good reliability and validity in terms of assessing needs among daughters of mothers with breast cancer in Taiwan. Using this assessment tool before genetic counseling to target the individual needs of this population at risk for breast cancer would be helpful to provide personalized care.

571 | A Machine Learning Derived Patient Vulnerability Alert To Enhance Proactive Psychosocial Oncology Care
Pragash Loganathan1,2, Haochi Zhang3, Pouria Masbourn1, Richa Srivastava2, Michal Brudno4-5, Madeline Li1,2
1Institute of Medical Science, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada, 2Department of Supportive Care, Princess Margaret Cancer Center, University Health Network, Toronto, Canada, 3DATA Team, University Health Network Digital, Toronto, Canada, 4Department of Computer Science, University of Toronto, Toronto, Canada, 5University Health Network, Toronto, Canada

Background/rationale or Objectives/purpose: Screening for emotional distress has been hampered by insufficient guidance to clinicians on how to recognize which patients would most benefit from attention. A patient-reported outcomes (PROs)-derived patient vulnerability alert can help flag at risk patients for early psychosocial care.

Methodology or Methods: A machine learning approach was applied to Edmonton Symptom Assessment System-revised (ESAS-r) data from the Distress Assessment and Response Tool (DART) to derive a vulnerability alert. The alert predicts future ESAS-r Well-Being scores as a proxy for risk of emergency room (ER) presentations. The DART database contains over 576,703 longitudinal PRO screens from over 91,108 oncology patients from 2009 to 2021. We trained, validated, and tested a three-class classification model to predict whether the next Well-
Being score will be low, moderate, or high based on the last 3 DART screens. 60% of data was allocated for training, 20% for validation, and 20% for test.

Impact on practice or Results: The model performed well predicting high-risk subjects from currently high-risk subjects achieving a precision of 89% and a recall of 82%. For predicting high-risk subjects from currently moderate-risk subjects, the model achieved a precision and recall of 76%. The model performed poorly for predicting high-risk subjects from currently low-risk subjects, only achieving a precision of 7% and a recall of 34%.

Discussion or Conclusions: Preliminary results demonstrate a model that can predict whether high-risk patients will remain high-risk. Model refinement to incorporate more DART psychosocial PRO variables with linkage to actual ER visits will improve performance to make distress screening more clinically meaningful.

Ana F. Oliveira4, Ana Torres1,2, Sofia Fernandes3, Michael Feuerstein4, Isabel M. Santos5
1CINTESIS@RISE, Department of Education and Psychology, University of Aveiro, Aveiro, Portugal. 2Department of Psychology and Education, Faculty of Human and Social Sciences, University of Beira Interior, Covilhã, Portugal. 3Department of Education and Psychology, University of Aveiro, Aveiro, Portugal. 4Journal of Cancer Survivorship, Gaithersburg, Maryland, USA. 5WJCR, Department of Education and Psychology, University of Aveiro, Aveiro, Portugal

Background/rationale or Objectives/purpose: The purpose of this study was to cross-culturally translate and adapt the Cognitive Symptom Checklist-Work 21 (CSC-W21), a measure that assesses work-specific cognitive symptoms in cancer patients, and validate it among working breast cancer (BC) survivors in Portugal.

Methodology or Methods: Cross-cultural translation and adaptation of the CSC-W21 into European-Portuguese was conducted following a systematic procedure, resulting in a 20-item version (CSC-W20), with an ordinal five-point response scale. To explore its initial psychometric properties, reliability (i.e., internal consistency) and validity (i.e., structural and construct) analyses were conducted. For this purpose, the CSC-W20, a sociodemographic questionnaire, the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core-30-version 3 (QLQ-C30), the Work Ability Index (WAI), and the Work-Limitations Questionnaire-8 (WLQ-8) were completed online.

Impact on practice or Results: A total of 152 BC survivors (Mage=46.17±6.9 years) took part in the study. Exploratory factor analysis revealed a two-factor structure: “working memory” and “executive function”. The internal consistency of the total scale and subscales was high (Cronbach’s alpha=0.95–0.97). Construct validity was supported by significant positive moderate correlations with QLQ-C30 fatigue (r=0.39, p<0.001) and WLQ-8 (r=0.61, p<0.001), and significant negative moderate correlations with WAI (r=-0.56, p<0.001).

Discussion or Conclusions: The 20-item CSC-W European-Portuguese version (CSC-W20) can be considered a reliable and valid measure to assess work-related cognitive problems in BC survivors. Being a brief measure, the CSC-W20 can be useful both in research and clinical practice to better understand the cognitive challenges experienced at work and, consequently, guide the development of tailored interventions.

54 | Acceptance and Commitment Therapy processes, distress and physical symptoms in women with stage I-III hormone receptor positive breast cancer
Sophie Fawson1,2, Zoe Moon3, Rona Moss-Morris1
1King’s College London, London, United Kingdom. 2NIHR Maudsley Biomedical Research Centre, London, United Kingdom. 3University College London, London, United Kingdom

Background/rationale or Objectives/purpose: Distress and physical symptoms are ongoing issues for women with hormone receptor positive (HR+) breast cancer. Although Acceptance and Commitment Therapy (ACT) has shown small effects for reducing distress and increasing quality of life in cancer, the processes involved need to be explored to identify the modifiable processes associated with distress and symptoms, to develop and improve interventions.

Methodology or Methods: Two hundred and eighty-seven women with stage I-III HR+ breast cancer, prescribed hormone therapy in the last 2 years and recruited online, completed questionnaires at baseline and 6 months (retention rate 88%). Questionnaires measured depression,
anxiety, distress, symptom burden and acceptance and commitment therapy processes (e.g., experiential avoidance, fusion, mindfulness, committed action).

Impact on practice or Results: Results suggest distress and ACT processes are stable over time, however symptom burden significantly increased over time. Inflexible processes (experiential avoidance and cognitive fusion) were significantly correlated with increased distress and symptom burden ($r = 0.27$ to $0.68$) whilst flexible processes (mindfulness and committed action) were associated with decreased distress and symptom burden ($r = -0.32$ to $-0.52$). Hierarchical regression analyses, controlling for age, stage at diagnosis and baseline variables, found greater experiential avoidance and cognitive fusion significantly predicted increased anxiety at 6m ($B = 0.062, B = 0.097, R^2adj = 50\%$), whilst greater experiential avoidance predicted increased depression at 6m ($B = 0.069, R^2adj = 52\%$).

Discussion or Conclusions: The findings provide support for the process-based ACT model. By targeting inflexible processes such as experiential avoidance and cognitive fusion in interventions, distress may be reduced for those with cancer.

57 | The barriers of oncology nurses' factors in preventing patient's suicide: a descriptive qualitative study

Wu Ming-e, Hu Deying, Liu Yilan, Ding Xiaoping, Zhang Yingyin, Zhang Wei, Wang Jiaqing, Zhang Yan
Department of Nursing, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.

Background/rationale or Objectives/purpose: Suicide happen to the patients with malignant tumor has become a major patient safety issue currently facing all of our health care facilities, oncology nurses play an important role as gatekeepers in preventing patient suicide. Therefore, this study aims to explore the factors that hinder oncology nurses in preventing patient suicide and provide a theoretical reference for oncology patient suicide prevention.

Methodology or Methods: After approval by the ethics committee, semi-structured interviews were conducted with 15 oncology nurses from the three hospitals in Wuhan, Hubei Province, China, using descriptive qualitative research methods, the interviews were collated and audio-recorded, and the data were analysed by thematic analysis.

Impact on practice or Results: After in-depth comparison, analysis and reflection, four themes and 11 sub-themes were identified: barriers to assessment (communication barriers, barriers to identifying signs of suicide, myths about suicide); barriers to intervention (lack of regulations and processes for suicide prevention, inadequate training resources, inadequate intervention capacity, time constraints); barriers to referral and follow-up (inadequate mental health resources, inadequate continuity of care); Socio-cultural factors (stigma of suicide, ethical considerations of “life and death”).

Discussion or Conclusions: This study assessed the barriers to patient suicide prevention among oncology nurses, who reported that given the high level of suicide risk among cancer patients, there is a long way to go and a lot to do to prevent patient suicide, and there is an urgent need to overcome the barriers to patient suicide prevention.

77 | Relation between cognitive responses and quality of life in adult cancer patients

Lucía del Carmen González-Alcocer 1, Mariana Alejandro Sierra-Murguía 2
1Cancer Center Tec 100, Queretaro, Mexico. 2Cancer Center Tec 100, Queretaro, Mexico.

Background/rationale or Objectives/purpose: There are many different emotional responses to cancer and these are mediated by the cognitive responses (thought style). The objective of this study was to characterize thought styles (rumination, cognitive engagement, avoidance, social support seeking) in adult cancer patients and to determine if there was a correlation between thought styles and the quality of life in cancer patients.

Methodology or Methods: Present research is a transversal study. The sample was 85 adult cancer patients. Instruments: Cancer Cognitive Response Style Inventory and the Quality Of Life Questionnaire (EORTC QLQ-C30). Statistical Analysis: descriptive statistics for general characterization, Pearson’s correlation coefficient between the two variables (cognitive response to cancer and quality of life) and a linear regression analysis for significant correlations.

Impact on practice or Results: Cognitive compromise and social support seeking as thought styles were found most prevalent in the study sample. General quality of life correlated negatively and significantly to rumination as a thought style ($r = -0.248$). Emotional functioning correlated negatively and significantly to rumination as a thought style ($r = -0.366$). Physical functioning correlated positively and significantly to communication as a thought style ($r = 0.229$). A linear regression analysis found that
rumination thought style is a predictor of a decrease in the general quality of life (R squared of .06, F of 4.9 and p = .02).

Discussion or Conclusions: Rumination as a thought style was found as a predictor of a decrease in general quality of life and emotional functioning. These results are worth future research to increase quality of life in oncological patients by designing interventions to modify rumination as a thought style.

81 | Acceptance and Commitment Therapy processes and their association with distress in cancer— a systematic review and meta-analysis

Sophie Fawson1,2, Zoe Moon1, Katherine Novogrudsky1, Katie Forster1, Ingun Tribe3, Rona Moss-Morris1, Caroline Johnson1, Lyndsay Hughes1

1King’s College London, London, United Kingdom. 2NIHR Maudsley Biomedical Research Centre, London, United Kingdom. 3University College London, London, United Kingdom. 4Imperial College Healthcare NHS Trust, London, United Kingdom

Background/rationale or Objectives/purpose: Research suggests 11-42% of individuals with cancer experience distress. Whilst there is evidence suggesting psychological interventions such as Acceptance and Commitment Therapy (ACT) can reduce distress, their mechanistic process and utility in cancer is unclear. This review aimed to identify which therapeutic processes are associated with distress in cancer, to provide essential data to inform effective interventions.

Methodology or Methods: Search terms included cancer, distress, ACT processes and self-compassion. Six online databases including OVID, CINAHL, Web of Science and Cochrane library (CENTRAL) and grey literature were searched. Of 5236 papers screened, 91 manuscripts (90 observational studies) were included, with a combined n of 13487. Forty-six were included in meta-analyses of processes and distress outcomes.

Impact on practice or Results: Meta-analyses revealed higher scores on flexible processes (acceptance, present moment awareness, self-compassion) were associated with lower distress (pooled -0.18 to -0.55); whilst higher scores on inflexible processes (experiential avoidance) were associated with increased distress (pooled 0.65 to 0.73). Narrative synthesis implied cognitive fusion was significantly and positively associated with distress whilst values and committed action were significantly and negatively associated with distress.

Discussion or Conclusions: Data suggest by increasing the use of psychologically flexible skills and decreasing the use of inflexible processes, distress may be reduced in individuals with cancer. These results provide important understanding of how to efficiently utilise an ACT-based approach to reduce distress in cancer. However, to develop effective interventions, further longitudinal studies and mediation analyses of ACT interventions are needed to establish whether change in these processes results in reduced distress.

101 | The impact of the Specialist Practice nursing qualification on patient care in cancer services: findings from a qualitative research study

Helen Kerr @kerr031, Monica Donovan1, Joanne Callen2, Fiona Reddick3, Oonagh McSorley4

1Queen’s University Belfast, Belfast, United Kingdom. 2Belfast Health and Social Care Trust, Belfast, United Kingdom. 3Southern Health and Social Care Trust, Craigavon, United Kingdom

Background/rationale or Objectives/purpose: In cancer care, the Clinical Nurse Specialist (CNS) contributes to positive patient outcomes such as improved psychological support for patients. An important component of equipping the CNS to meet the requirements of the role is engaging in higher education programmes of study. In Northern Ireland (NI), a part-time recordable Nursing and Midwifery Council Specialist Practice qualification has been recommended as a requirement for the CNS role. This study aimed to provide insights into the registered nurses’ perspectives of the impact of this qualification on patient care.

Methodology or Methods: Two Health and Social Care Trusts in NI were selected to recruit nurses who had completed the Specialist Practice in Cancer qualification from 2013-2021 with data being collected via online semi-structured interviews. A descriptive thematic analysis was adopted and independent blind analysis completed.

Impact on practice or Results: Eleven registered nurses in current or past CNS roles participated in the study. Two themes inductively emerged from the data which provided insights into the specific impact of the education programme on patient care and clinical practice. Theme one identified patient outcomes improved related to five sub themes; development of nurse’s clinical knowledge; enhanced awareness of the holistic impact of cancer; greater understanding of patient services available; development of clinical networks; and greater decision-making ability. Theme two related to the impact of the qualification on clinical practice with an increase in the nurses professional credibility within the multidisciplinary team in cancer services.

Discussion or Conclusions: The findings demonstrated the Specialist Practice programme had a positive impact on patient care, supporting the investment of funding and protected time provided by the Department of Health and Trusts, for nurses to complete this programme of study.

179 | Living with Ovarian Cancer: Transitions Lost in Translation

Karen Rossnes Gissum @KGissum1, Sigrunm Drageset2, Line Bjørge1, Roger Strand1,4

1Centre for Cancer Biomarkers CC/IO, Department of Clinical Science, The University of Bergen, Bergen, Norway. 2Department of Health and Caring sciences, Western Norway University of Applied Sciences, Bergen, Norway. 3Department of Obstetrics and Gynaecology, Haukeland University Hospital, Bergen, Norway. 4Centre for the Study of the Sciences and the Humanities, University of Bergen, Bergen, Norway

Background/rationale or Objectives/purpose: This study aims to explore how women living with ovarian cancer experience their illness and their interaction with physicians and other healthcare workers.

Methodology or Methods: Five focus group interviews were conducted between September 2018 and May 2020. Four women, diagnosed after 2012, and surgically treated for ovarian cancer in Norway participated in the focus group. The interviews were analysed using Malterud’s systematic text condensation method.

Impact on practice or Results: Living with ovarian cancer involved a set of transition from health to illness and disease for the patients. These transitions were difficult to articulize to health care workers, friends, and family as well as to themselves. All participants expressed the experience of existential and emotional chaos and paradox. They underlined the negative impact their illness had on their ability to articulate their own identity as their body and soul changed. Consequently, the women living with ovarian cancer felt that their ability to communicate their needs to others, including to healthcare workers, deteriorated as the disease developed.

Discussion or Conclusions: Women living with ovarian cancer experience transitions lost in translation, within themselves as well as in communication with the social and the medical worlds.
This study suggests that the requirements and needs of women living with ovarian cancer are poorly communicated to healthcare workers. A better understanding of their existential suffering may refine care and support to these women throughout their illness and disease trajectory.

216 | Cost-effectiveness analysis of endocrine therapy combined with ovarian function suppression for premenopausal hormone receptor-positive early breast cancer Evidence from China

Ping Chen1, Qing Yang2
1University of Electronic Science and Technology of China, Chengdu, China. 2Sichuan Cancer Hospital Institute, Sichuan Cancer Center, School of Medicine, University of Electronic Science and Technology of China, Chengdu, China

Background/rationale or Objectives/purpose: In hormone receptor-positive (HR +) premenopausal early breast cancer, it is unclear whether endocrine therapy combined with ovarian function suppression (OFS) is more cost-effective than endocrine therapy in China. The purpose of this study is to assess the long-term cost-effectiveness of tamoxifen plus ovarian suppression (TAM + OFS) or exemestane plus ovarian suppression (EXE + OFS) versus tamoxifen (TAM).

Methodology or Methods: Based on the prognostic data of TAM + OFS, EXE + OFS and TAM treatment in the SOFT trial, cost data from West China Hospital, Sichuan University, health utility values in the published literature, Markov models were established, and strategies were compared using incremental cost-utility ratio (ICER).

Impact on practice or Results: After 25 years of simulation of TAM + OFS, EXE + OFS and TAM for adjuvant therapy of early breast cancer, the total costs of TAM + OFS, EXE + OFS and TAM were $9,318, $9,445, $7,821, respectively. The quality-adjusted life years (QALYs) were 11.89 and 11.73 and 11.61, respectively. Compared with TAM, the ICERs of TAM + OFS and EXE + OFS were $5,327/QALY and $13,647/QALY, respectively. The ICERs of endocrine therapy combined with OFS were all below the threshold of $32,517/QALY. The reliability and stability of the results were verified by Monte Carlo simulation and sensitivity analysis.

Discussion or Conclusions: In the case of limited resources in China, compared with TAM, the selection of TAM + OFS or EXE + OFS schemes has cost utility.

234 | Cost and correlates of productivity loss due to insomnia comorbid with perceived cognitive impairment in cancer survivors

Joshua Tulik @gitjulk1, Margaret Tran1, Sondria Browne1, Joshua A Rash2, Sheila N Garland @SNGarlandPhD1,2,3
1Department of Psychology, Faculty of Science, Memorial University, St. John’s, NL, Canada. 2Discipline of Oncology, Faculty of Medicine, Memorial University, St. John’s, NL, Canada. 3Beatrix Hunter Cancer Research Institute, St. John’s, NL, Canada

Background/rationale or Objectives/purpose: Twenty percent of cancer survivors experience comorbid insomnia and perceived cognitive impairments, which may affect the ability to work. The current study sought to measure the cost of work productivity lost due to insomnia with comorbid PCI and identify psychosocial variables associated with high overall costs.

Methodology or Methods: A sample of 40 Atlantic Canadian survivors with diagnosed insomnia disorder and self-reported cognitive complaints currently employed full-time completed the Work Productivity and Activity Impairment Scale (WPAI), Hospital Anxiety and Depression Scale (HADS), Multidimensional Fatigue Symptom Inventory – Short Form (MFSI-SF), and 7-day Consensus Sleep Diary. Absenteeism was defined as the percentage of time absent from work, while presenteeism was defined as the extent to which health problems affected productivity at work in the past 7 days. Costs were calculated by the human capital method. Correlations were used to identify factors associated with productivity costs.

Impact on practice or Results: The average rate of absenteeism was 11.45% (range: 0 – 100%) and 38.46% (range: 0 – 90%) for presenteeism. Mean costs per person per week due to absenteeism and presenteeism were $320.61 (95% CI: 147.15, 525.63) and $359.51 (278.24, 445.55) CAD, respectively. Greater presenteeism was associated with higher fatigue (r = .365), more time spent awake at night (r = .384), and lower sleep efficiency (r = -.327). Increased presenteeism was related to higher emotional (r = .365), general (r = .365), and mental fatigue (r = .365).

Discussion or Conclusions: Insomnia and comorbid PCI are associated with high lost productivity costs among cancer survivors. This impact is associated with poor sleep and fatigue.

237 | Psychological empowerment and emotional well-being in patients before and after hematopoietic stem cells transplantation

Marina Turlinskienë1,2, Rita Sargantytė1
1Vilnius University, Vilnius, Lithuania. 2VUH Santaros Clinics, Vilnius, Lithuania

Background/rationale or Objectives/purpose: There is little research on PE in the field of hematopoietic stem cells transplantation (HSCT). Nevertheless, PE is considered to be one of the most important mechanisms in helping cancer patients to maintain a certain amount of control over their experience of the disease. The aim of this study was to evaluate association between patients’ PE and emotional well-being, as well as quality of life (QoL) before and after the HSCT.

Methodology or Methods: The initial data of this study included 111 adult patients, 57% were women, sample average age was 55.72 years (SD = 11.74), treated at Vilnius University hospital Santaros Clinics between September 2020 and December 2021. The longitudinal study consisted of two phases. Patients’ emotional well-being was measured with BDI, BAI, BHS; PE was measured using HES; QoL with FACT-BMT scale. The relation between PE, patients’ emotional well-being, and the QoL was analyzed while controlling for medical disease- and treatment-related variables.

Impact on practice or Results: PE was associated with patients’ anxiety (r = -.368, p<.05) before the HSCT. PE was also positively related to patients’ QoL (r = .399, p<.05) and negatively with their hopelessness (r = -.368, p<.05) and depression (r = -.433, p<.05) both before and after the HSCT. The model suggested that PE (β=0.319, p=0.010) and emotional well-being (anxiety, β=-0.368, p=0.005) both predict patients’ QoL in the early stages after the HSCT.

Discussion or Conclusions: Focus on patients’ PE helps to improve their emotional well-being and quality of life. Further research will allow a better understanding of PE in the field of HSCT.

296 | Meaning In Life, Meaning-Making and Posttraumatic Growth In Cancer Patients: A Systematic Review

Margarida Almeida1, Catarina Ramos2, Isabel Leaf1
1ISPA-Instituto Universitário, Lisbon, Portugal. 2LabPSI, Centro de Investigação Interdisciplinar Egas Moniz, Instituto Universitário Egas Moniz, Lisbon, Portugal.
Montiz, Almada, Portugal. 3WJCR – William James Center for Research, ISPA – Instituto Universitário, Lisbon, Portugal

Background/rationale or Objectives/purpose: The purpose of this systematic review is to assess the findings in the literature regarding the relationship between posttraumatic growth (PTG) and meaning in life (MiL) or meaning-making (MM) in the oncology population.

Methodology or Methods: A systematic search for studies published until January 2022 was conducted in electronic databases, following the PRISMA Guidelines. Studies that applied validated quantitative measures for PTG and MiL or MM were included.

Impact on practice or Results: The papers collected from the initial search were considered accordingly to the inclusion criteria. From the 889 records considered, a total of 9 articles, published between 2006 and 2021, were included. More than half of the studies were published after 2018. The sample was mostly consisted of breast cancer patients. PTG is assessed through the Posttraumatic Growth Inventory, while MiL and MM are measured by a variety of different instruments. The studies that executed a correlational analysis revealed a positive correlation between PTG and MiL. The relationship between these two variables has been explored in some studies. One suggests that MiL is a predictor of PTG, while other points to a mediator role of MiL between PTG and life satisfaction.

Discussion or Conclusions: The research on the relationship between meaning and PTG on cancer patients has been developing in recent years. The lack of a greater consensus on the concept of MiL has reflected on measurement inconsistencies, which exposes a need for cohesion. Future research should focus on the direct relationship between MiL and PTG to support the development of the meaning centered interventions for cancer patients.

314 | Prostate cancer: a couple’s disease yet interventions only partially meet carer needs – a systematic review
Natalie Winter Nataliel. Winter1, Hannah Jongebloed1, Anna Green2, Anna Ugalde3, Patricia Livingston1
1Deakin University, Melbourne, Australia. 2University of Technology Sydney, Sydney, Australia

Background/rationale or Objectives/purpose: This study aimed to describe the supportive care interventions available to carers of men with prostate cancer and the outcomes of these interventions in addressing carers’ needs.

Methodology or Methods: A systematic review was conducted searching MEDLINE, PsycINFO, CINAHL, Scopus and Cochrane using terms related to prostate cancer, carers and interventions. Studies that included face-to-face and digital health interventions and which were delivered solely to family caregivers or to patient/caregiver dyads were included in the review. Studies were limited to randomised controlled trials and pilot randomised controlled trials. Primary outcomes of each study were categories into areas of needs.

Impact on practice or Results: 24 studies were included. On average, 96% of participants were spousal caregivers and 96% were female. Ten interventions were delivered face-to-face (24%) and nine used a combination of face-to-face and online modalities (38%). Nearly two-thirds (60%) of studies showed a significant improvement in carer’s outcomes including psychological, sexual, physical and relationship/marital. The majority of studies (79%) provided some level of tailoring to carers’ specific circumstances. Most commonly studies focused on psychological (58%), sexual (42%) and informational (25%) needs.

385 | Effectiveness of a psycho-oncology training program for health care providers: a multidisciplinary approach model
Yeong-Yuh Juang1, Chih-Tao Cheng2, Chun-Kai Fang3, Ming-Shen Dai4, In-Fun Li5, Wen-Shuang Liong6, Yung-Chih Chiang7, Jia-Hong Chen8
1Department of psychiatry and Department of Palliative Medicine, Koo Foundation Sun-Yat Sen Cancer Center, Taipei, Taiwan, Taipei, Taiwan. 2Department of psychiatry, Koo Foundation Sun-Yat Sen Cancer Center, Taipei, Taiwan, Taipei, Taiwan. 3Department of Psychiatry, and Hospice and Palliative Care Center, Mackay Memorial Hospital, Taipei & New Taipei, Taiwan, Taipei, Taiwan. 4Hematology & Oncology Division, Department of Medicine, Tri-Service General Hospital, Taipei, Taiwan, Taipei, Taiwan. 5Department of Nursing, Mackay Memorial Hospital, Taipei & New Taipei, Taiwan, Taipei, Taiwan. 6Department of Obstetrics and Gynecology, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan, Kaohsiung, Taiwan. 7Department of Psychiatry,
Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan, Kaohsiung, Taiwan

Background/rationale or Objectives/purpose: The aim of this study was to examine the effectiveness of a psycho-oncology training program for health care providers, aimed at improving participants' knowledge, confidence of skills, and attitudes and behavior regarding with psycho-oncology care, with a multidisciplinary approach model.

Methodology or Methods: A 10-hour program, including basic and advanced session. The basic session consisted general concept of psycho-oncology, communication skills, shared decision making, common psychiatric symptoms and psychosocial assessment and intervention for cancer patients and family. The advanced session focused on clinical psycho-oncology service with multidisciplinary approach. The sessions included didactic lecture, case discussion, group work and role-play exercise. The outcomes were assessed by self-report questionnaires, including knowledge, confidence of skills, and attitude and behavior changes toward caring for cancer patients and family. These assessments were conducted at pre-, post-training and 6 weeks post-training. Program satisfaction to participants was also assessed.

Impact on practice or Results: A total of 99 participants, including doctors, nurses, social workers, psychologists, and spiritual care providers completed the survey. Knowledge, confidence of skills, and attitude and behavior were significantly improved post-training. A significant improvement after 6 weeks was noted in confidence of skills. A high percentage (97%) of participants considered the program useful in clinical practice.

Discussion or Conclusions: This psycho-oncology training program improved health care providers’ knowledge, confidence and attitudes and behaviors regarding care for cancer patients and family.

390 | Psychosocial and physical symptom burden of cancer patients across the radiotherapy care trajectory in Cancer Care Alberta

Linda Watson1,2, Demetra Yannisitos2, Siwei Qi1, Petra Grendarova1, Claire Link1, Lisa Barbera2,4

1Cancer Care Alberta, Calgary, Canada. 2University of Calgary, Calgary, Canada. 3Grande Prairie Cancer Centre, Grande Prairie, Canada. 4Tom Baker Cancer Centre, Calgary, Canada

Background/rationale or Objectives/purpose: Symptom burden has considerable impact on patients’ cancer care journey and experiences. This study aims to better understand psychosocial and physical symptom burden of radiotherapy patients across their radiotherapy care trajectory to help direct quality improvement work and improve patient care.

Methodology or Methods: Patients who received radiotherapy within Cancer Care Alberta who also completed at least one symptom-reporting questionnaire, the Edmonton Symptom Assessment Scale – Revised (ESAS-r) between October 1, 2019 and April 1, 2020 were included. Within the study period, time points were defined as: oncology consultations, first and last treatment reviews and first post-treatment follow-up. Symptoms were divided into psychosocial and physical. Mixed effect models were conducted to assess trajectories of psychosocial and physical scores across the appointments.

Impact on practice or Results: The study cohort consisted of 2,286 patients who completed 3,284 ESAS-r questionnaires in total. Controlling for covariates including age, sex, rurality, comorbidity index and tumour group, patients reported significantly higher psychosocial symptom burden at consultations than at first review (p <0.01), last review (p <0.01) and follow-up (p <0.01). In comparison, patients reported significantly higher physical symptom burden at the last review compared to consultations (p <0.01).

Discussion or Conclusions: Patients experienced significantly different symptom profiles across the care trajectory during radiotherapy. Patients at their consultation reported significantly higher psychosocial burden, whereas physical symptom burden was most severe towards end of treatment. Future quality improvement and research should focus on improving supports to address specific symptom profiles at different time points along the radiation journey.

425 | 10 Art Plus Project - ART as a tool to enhance valuable experiences at Medisprof Cancer Center

Iulia Udrea1, Mara Oprea1, Camelia Moraru2, Adrian Udrea2

1Asociatia Proiect A Zece, Cluj-Napoca, Romania. 2Medisprof Cancer Center, Cluj-Napoca, Romania

Background/rationale or Objectives/purpose: 10+ Art Project is an experimental project aiming to use art as a method of communication between patients and medical staff. Similar art use benefits were demonstrated in adaptive coping (Visser, Hoog, 2008), reducing depression, fatigue (Bar-Sela & all, 2007), emotion regulation, wellbeing (Grulke& all, 2006), reduce pain (Nainsis& all, 2006), etc.

The objectives were as follows: cultivate positive emotions and interactions between medical team and the patients and their families, building new meanings for the medical act, brighten medical spaces –enhancing the quality by moving from a white and sterile environment to a palette of colours, textures and backgrounds/surfaces.

Methodology or Methods: During 2021 Covid period, a team of architects, artists, psychologists, proposed 10 workshops over 12 months at Medisprof Cancer Center, Cluj-Napoca, Romania. Activities were done in saloons and waiting rooms, and each benefited from collaboration with 1 artist and 2 architects. Qualitative and quantitative data regarding participant’s emotions and interactions were collected before and after each workshop. Statistical and data interpretation will be presented.

Impact on practice or Results: Participants experienced calm, gathering others emotions and meanings, engaged in creative actions with others, shared stories, transformed the medical spaces finally acting as a team. Actually, spaces (rooms, hallways) have been transformed into permanent exhibition triggering memories of joyful land enriching stories and artwork.

Discussion or Conclusions: Using art in clinical settings, especially in a team format including medical staff and artists have a relevant impact in addressing the emotional and social needs of the patient and in consolidating the cooperation between physicians, nurses and patients.

436 | Systematic Review of the Assessment and Treatment of Post-Traumatic Stress Across the Cancer Continuum: Evidence-Based Implications for Culturally Sensitive Clinical Practice

Gabriel Cartagena @gcdpsych1,2, Ducain Fehon1

1Yale School of Medicine, New Haven, USA. 2University of Florida, Gainesville, USA

Background/rationale or Objectives/purpose: Best practice methods for assessing and treating posttraumatic stress (PTS) symptoms in cancer care are lacking. This systematic review aims to 1) understand practices for assessing and treating PTS across the cancer continuum, and 2) synthesize literature in a theoretical model to inform trauma-focused, culturally-sensitive care.

Methodology or Methods: This study adheres to PRISMA guidelines for systematic review. Four electronic databases were selected for article
searches: PsycINFO, Web of Science, PubMed, and CINAHL. 168 abstracts were screened, and 78 (9 RCT) studies were included.

Impact on practice or Results: No uniform assessment of PTS symptoms was observed across studies. The PTSD Checklist (PCL) was utilized most often (37%). Of studies conducted in non-English dominant countries (35%), only one adapted measures for cultural needs. Others utilized trauma measures developed in the host country but not validated for cancer survivors.

Studies showed cancer screening was often negatively impacted by a) prior trauma history, b) discrimination, c) risky health behaviors, and d) retraumatization during screening, and more likely with a) social support, and b) healthy coping strategies. Risk factors for poorer cancer outcomes included a) poor psychosocial support, b) risky health behaviors, c) poor patient/provider communication, and d) retraumatization during treatment. Protective factors included spirituality and evidence-based treatments (e.g. EMDR, CBT, MBSR, narrative/written interventions). Few studies explored efficacy of interventions in culturally diverse populations.

Discussion or Conclusions: Currently, there exists no standard for assessing trauma-related symptoms in cancer. We propose a model outlining opportunities for assessing and treating trauma across the cancer continuum. Continued research is crucial to developing culturally-sensitive, trauma-informed care.

451 | The clinic approach of uncertainty, a clinic approach of hope?

Yasmine Chemrouk1,2, Stéphanie Hertzog1, Marie-Frédérique Bacqué1
1Laboratoire SuLiSoM, Université de Strasbourg, Strasbourg, France.
2Institut Gustave Roussy, Paris, France.

Background/rationale or Objectives/purpose: The prognostic certainty is fragile in the specialties with frequent therapeutic innovations. Our aim was to understand how professional caregivers, move from hope to disillusionment with a risk of losing the meaning of their function. Our job as psychologists, is to accompany the caregivers so that the patients indirectly get better.

Methodology or Methods: Our qualitative study was conducted in a hematology intensive care unit that receives mostly patients with acute leukemia. Our sample was exclusively female, consisting of 6 nurses and 6 nursing assistants. Interpretative Phenomenological Analysis seemed the most appropriate method to study the subjective experience of the caregivers, confronted with different levels of uncertainty.

Impact on practice or Results:
- Uncertainty about the prognosis was, for some, tantamount to thinking about failure.
- For others, the uncertainty of the beneficial effects of the treatment allows them to deny this question and at the same time, to avoid the question of prognosis.
- Hope is seen as a necessity that guarantees the meaning that caregivers give to their work. Most caregivers associated uncertainty with hope.
- Uncertainty is understood as the impossibility of deciding on the lethality of the disease.
- Certainty is on the side of death.

Discussion or Conclusions: During the first treatment of an acute leukemia, hope is present. if the treatments are ineffective, hope dissipates and gives caregivers the impression of medical overkill. Group work sharing uncertainty with the caregivers would make it possible to limit the risk of anticipated mourning and professional fatigue.

465 | Managing Information and Communication with Others as a Priority for Caregiver-Reported Outcomes

Kelsey Lynch1, A. Fuchsia Howard1, Scott M. Beck2, Sally Thorne1, Antony Porcino2, Leab K. Lambert2, Penelope Hedges3, Michael McKenzie2
1School of Nursing, University of British Columbia, Vancouver, Canada.
2BC Cancer, Vancouver, Canada. 3Patient & Family Advisor, Vancouver, Canada.

Background/rationale or Objectives/purpose: Primary caregivers of people living with cancer (e.g., partner, family member, or friend) are susceptible to experiencing high levels of burden. Despite growing recognition of caregiver-reported outcomes (CROs), which are a caregiver’s assessment of their own health status related to supporting a patient with cancer, it is unknown which CROs matter most to caregivers and how and when to assess them. This analysis explored the caregiver role in managing information and communication with others to inform how to develop and integrate CROs to meet caregivers’ needs.

Methodology or Methods: In this qualitative, Interpretive Description study, our multidisciplinary team conducted and analyzed semi-structured interviews with 25 caregivers, 37 patients with colorectal cancer (CRC), and 16 healthcare providers.

Impact on practice or Results: Caregivers are often central in managing patient-related information and communication with others. These roles can be complex. Five main themes emerged: 1) making sense of the situations and information, 2) navigating patient preferences and autonomy, 3) managing and communicating information as a form of advocacy, 4) facing a collapse in the flow of information, and 5) requiring assistance to navigate the medical world. These represent experiences or outcomes of importance to caregivers that require consideration in future CRO development and implementation in CRC care.

Discussion or Conclusions: CRO development and implementation would benefit from recognition of the varied roles caregivers play in managing information and communication with others at different times in the CRC trajectory. CROs should be integrated into cancer care to facilitate assessment of caregivers’ needs for support in communication and managing information.

512 | Family resilience: early predictors and long term mental health outcomes in breast cancer patients

Ketti Mazzocco1,2, Diana Sala1, Greta Pettini1, Chiara Marzorati1, Paula Poikonen-Saksela3−4, Berta Sousa5, Ruth Pat-Horenczyk6, Evangelos Karademas7,8, Chariklia Tsiraki6, Gabriella Pravettoni1,2
1IEO Europan Institute of Oncology, IRCCS, Milan, Italy. 2University of Milan, Milan, Italy. 3Helsinki University Hospital Comprehensive Cancer Center, Helsinki, Finland. 4Helsinki University, Helsinki, Finland. 5Breast Unit, Champalimaud Clinical Centre/Champalimaud Foundation, Champalimaud Research, Lisboa, Portugal. 6School of Social Work and Social Welfare, Hebrew University of Jerusalem, Jerusalem, Israel. 7Computational Biomedicine Laboratory, FORTH-ICS, Heraklion, Greece. 8Department of Psychology, University of Crete, Rethymno, Greece.

Background/rationale or Objectives/purpose: The study aimed to investigate the bio-psycho-social predictors of family resilience in breast cancer (BC) patients during their care pathway and how, in turn, family resilience may affect BC patients’ mental health at 12 months after the beginning of treatments.
Methodology or Methods: A sample of 764 BC patients (aged 40-70 years old) recruited in four European clinical centers responded to a set of validated questionnaires at the beginning of treatments (M0) on the following psychological areas: personality traits, coping strategies, emotional reactions to cancer, illness perception, meaning of the disease. Information on tumor grade/stage, type of treatments, family oncological history, and socio-demographic information were also collected. Family resilience was measured as the perception of family coping and communication/cohesion (FaRE questionnaire) at months 3 (M3) and 9 (M9) after the beginning of treatments. Depression and anxiety were measured using HADS at months 0 and 12.

Impact on practice or Results: Results showed that family coping and communication/cohesion are significant predictors of depression and anxiety at M12 (p<0.001). Regression analyses showed as stable predictors of family resilience at M3 and M9: social support, patient's ability to put the disease into perspective, perceived self-efficacy in coping with cancer and depression measured at M0 (p<0.001).

Discussion or Conclusions: Considering the influence of family resilience on the long term psychological outcomes, it is of paramount importance to be able to individuate at very early stage of patients’ trajectory the factors affecting family resilience and, in turn, mental health in order to better tailor interventions for the specific patient.

595 | Postdoctoral Fellowships in Psychosocial Oncology
Andrea Feldstain1,2, Linda Carlson2,1, Marie de Guzman Wilding1, Barry Bultz2,1
1Tom Baker Cancer Centre, Calgary, Canada. 2University of Calgary, Calgary, Canada

Background/rationale or Objectives/purpose: The University of Calgary (UofC) and the Tom Baker Cancer Centre (TBCC) offer a unique opportunity for scientist-practitioners interested in specializing in psychosocial oncology. The UofC Department of Oncology is a first institution to offer a Division of Psychosocial Oncology. With the Department of Psychosocial Oncology (TBCC), a tertiary care academic centre, we recruit one postdoctoral fellow yearly. We offer opportunities consistent with core values: clinical service, education, research. Since 2012, we have successfully acquired funded positions for 100% of applicants. Fellows have the rare opportunity to design individualized programs. Examples include general psychosocial oncology, oncology and sexuality, oncology and the family, hematology/stem cell transplant, palliative care. We submit one application each August for the following September.

Methodology or Methods: We collaborate with applicants to design a specialized program based on career goals. Modes of training include direct supervision from our interdisciplinary psychosocial department, the UofC Psychosocial Oncology class, integration with rehabilitation and medical colleagues. Applicants are encouraged to apply for Sept 2024-2025 (application due Aug 2023).

Impact on practice or Results: This Fellowship provides specialized training allowing opportunity to build desired career paths, networks, clinical and research programs. Early career clinicians entering psychosocial oncology have stronger repertoires to build their careers, allowing for improved clinical care, education, and research.

Discussion or Conclusions: Fellowship outcomes will be presented including research achievements, program evaluation/development projects, clinical experiences, and employment trajectories. We encourage supervisors and trainees to attend and welcome discussion.
Author Index

A, Usha Rani, 366
Abazari, Shayda M., 489
Abdelmutti, Nazek, 437
Abe, Hiroaki, 243
Aburizik, Arwa, 55
Aceti, Daniela, 64
Acquisti, Chiara, 500
Adhiambo, Lucy, 590
Adlane Boudjatat, Wassim, 440
Agostinone, Claudio, 36
Ahmed, Saima, 394
Al Kindy, Aida, 119
Al-Awamer, Ahmed, 488
Al-Rikaby, Ali, 333
ALANAZI, Jamilah, 86
Alexander, Sarah, 115, 469, 514
Algül, Hana, 253
Alas, Ali, 180
Alimoohamed, Nimira, 567
Aljuned, Shariffah, 160
Allen, Moon, 479
Allin, Sara, 191
Allison, Kimberley, 339
Almeida, Margarida, 296
Aly, Noha, 88
Amaadour, Lamiae, 535
Amaral, Jacqueline, 430, 446
Amidi, Ali, 363
Amin, Tithi, 297
Amler, Susanne, 403
An, Ekaterina, 477
Ananeva, Evgeniia, 432, 439
Ancoli-Israel, Sonia, 365
Andersen, Elisabeth Anne Wreford, 121
Anderson, Nicole, 445
Anderson, Georgia, 322
Andrade, Thais, 429, 301
Andrea, Liizner, 462
Andreyev, Jeroirse, 261
Ann-Yi, Sujin, 479
Ansari, Nabila, 62
Appiahene-Afiyie, Abigail, 434
Applebaum, Allison, 297
Arab, Marianne, 95, 192, 472
Aravjo, Luciana Lima de, 301
Arbour, Caroline, 539, 563
Arguis, Monica, 558
Armazi, Guillermo, 485
Armstrong, Grace, 148
Arnault, Yolande, 228
Arshad, Naeef, 387
Arthur, Sarah, 411, 438
Ashley, Laura, 287, 289, 424
Aslanzadeh, Farah, 184
Asuzu, Chioma, 90, 108
Atenafu, Eshetu, 372
Athikesavan, Sasikala, 366
Atkinson, Victoria, 310
Attieh, Samar, 53, 133, 382
Aubin, Francine, 104
Aubin, Michèle, 520
Avery, Jonathan, 477, 488, 497
Awusa, Ikechukwu, 90
Azeez, Afsat, 108
Azuiki, Esomsidma, 474
Azzi, Michelle, 457
Babiker, Dina, 149
Bacqué, Marie-Frédérique, 450, 451, 454
Baezconde-Garbanati, Lourdes, 52
Bagnall, Anne-Marie, 424
Bahcivan, Ozan, 572
Baid, Drishi, 235
Bajwa, Rajinder, 464
Bakalar, Johnna, 491, 508
Banks, Elspeth, 401
Banos-Lara, Ma. del Rocio, 518
Bansal, Mannat, 380
Barakat, Lamia, 232
Barbeau, Anne, 492, 592
Barbera, Lisa, 390
Barbosa, Daniel, 375
Barker, Dawn, 434
Barnard, Kathleen, 476
Barrera, Maru, 3, 22, 23, 220
Barrera-Tlapa, Rosalba Yazmin, 518
Barrett, Sarah, 76
Bartels, Ute, 3, 220
Bartley, Nicci, 334, 338
Bartula, Iris, 310, 333
Batenhorst, Ineke, 233
Bauer, Andrew, 232
Baydoun, Mohammad, 415, 421, 519
Bazzianisky, Svetlana, 14
Beard, Courtneay, 355
Beatrice, Sara, 418, 521
Beatty, Lisa, 103, 245, 287, 289, 327, 338
Beck, Scott M., 455
Bedrossian, Nathalie, 204, 374
Beedle, Victoria, 456
Bedward, Pam, 210
Beitlen, Kate, 220
Bennett, Jacqui, 470
Bennett, Karen, 494
Bennett, Simon, 383
Bergel, Corinna, 94
Bergen, Catherine, 457
Bergner, Cristiano, 375, 429, 513, 301
Berlin, Alejandra, 431
Berlin, Pia, 7
Bennar, Koen, 251
Bersch, Nathalie, 203
Bertsch, Marie Solange, 203
Bernt, Ute, 182
Bernedo, Hernán, 575
Bernstein, Lori J., 372
Beşić, Nikola, 369
Bhadelia, Alsan, 235
Bhatnagar, Sushma, 235
Bhoopathy, Abirami, 352
Bibby, Helen, 323, 330, 339, 341
Bidemi, Omirefa, 129
Bidstrup, Pernille Envold, 121, 169
Biggs, Emma, 225, 145
Bilash, Tristan, 382
Billy-Da Siveira, Aureliana-Marie, 69
Bilodeau, Karine, 150, 151, 559, 563
Bilodeau, Richard, 305
Bin Haamad, Haifa, 30
Binder, Louise, 476
Birnie, Kathryn, 519
Bitzas, Vasiliki Bessy, 468
Blair, Line, 179
Black, SarahRose, 497
Blaise, Didier, 228
Blumman, Prunella, 62
Bloom, Kevin, 557
Blunt, Jason, 243
Bodin, Sally-Anne, 31
Body, Anjelica, 494
Boku, Nairkazna, 92
Bolton, Victoria, 401
Bonanno, Marco, 116, 220
Boncompagni, Lucila, 209
Bonhof, Cynthia, 51
Borrs, Marleen, 96
Borre, Michael, 360
Borregaard Myrhoj, Cacilie, 229
Boster-Fisher, Nikita, 394
Bota, Daniela A., 489
Boterberg, Tom, 96
Bouchard, Christine, 433
Boulander, Josée, 206
Bourdoue, Camille, 270
Bourque, Claire Julie, 116
Boutte, Rachel, 76
Boven, Charlotte, 109, 110, 111
Boyd, Patrick, 319
Boyle, Frances, 310, 333
Bradbury, Katherine, 248
Bradford, Natalie, 341
Bradley, Holly, 495
Brass, Jan, 403
Braun, Ilana, 27, 456
Braun, Michelle, 302
Braun, Sarah, 75, 184
Braud, Heather, 373
Brederecke, Jan, 346
Brian, Mishara, 180
Bridel, William, 139, 579, 580
Bridgman, Deborah, 527
Brissin, Isabelle, 305
Brouwer, Oscar, 120
Brown, Nina, 159
Brown, Rhonda, 321
Brown, Tyler L., 397
Browne, Sondra, 234
Brudno, Michael, 571
Brueca, Eduardo, 471
Brunet, Jennifer, 43, 140, 143
Brunier, Lisa-Sarah, 67
Bryant, Monica, 478
Bryant-Lukosius, Denise, 198, 564
Buff, Kerry, 467
Buick, Catriona, 372
Bulz, Barry, 426, 595, 453
Burgers, J.A., 42
Burgers, Vivian, 252
Burnett, Laura, 488
Burton, Laurianne, 220
Bussey, Heather, 141
Buswell, Lori, 114
Butow, Phyllis, 62, 103, 344, 355
Bylund, Carma, 297, 299
Bartolo, Ana, 313
Beliveau, Julianne, 142
Bémeur, Chantal, 305
Bultmann, Ute, 295
C.A. Reis, Joaquim, 554, 561
Cabezas, Ines, 558
Cai, Lilian, 239
Cai, Meijie, 242
Cairo Notari, Sarah, 188
Caisse, Amanda, 472
Calmann, Lynn, 40T
Campanini, Marialuisa, 351
Campbell, Kristin, 488
Campbell-Salome, Gemme, 297
Canavarro, Maria Cristina, 581
Cancer Distress Screening Group,
The International AYA, 330
Cao, Yanli, 91
Cao, Yanshuo, 168
Cancer Distress Screening Group,
Connect4Exercise team, Behalf of the, 396
Connor, Stephen, 235
Connor, Stephen, 334, 338
Coq, Jean-Michel, 136
Corbett, Cheyne, 411, 438
Cordingley, Elliott, 44
Coronado, Andrea, 47
Costa, Daniel, 391, 561
Costa, Pedro Alexandre, 298
Cotter, Riley, 509
Coulson, Neil, 287, 289
Coutts-Bain, Daelin, 336
Covelli, Andrea, 576
Cowley, Lauren, 387
Cox, Raylene, 176
Coyne, Elisabeth, 321
Craig, Bobbye-Ann P., 139
Creeeners, G.J., 38
Gillard, Kate, 159, 163
Groke, Jennifer, 498, 524
Cruickshank, Suzanne, 362
Cullen, Joanne, 101
Calos-Reed, Nicole, 579, 580, 139, 387, 435, 413, 402
Cumming, Ceinwen, 71
Curnier, Daniel, 142
Curtis, Ffion, 220
Custers, Jose A.E., 134
Cuthbert, Colleen, 309, 435
D’Agostino, Norma, 260, 330, 399
D’Souza, Melba, 5
D’Almeida, Silvia, 561
Dade, Nicky, 445
Dai, Ming-Sheng, 385
Dai, Yi, 128, 246
Dalgaro, Nancy, 573
Dallaire-Habel, Samuelle, 529
Dalton, Susanne Oksbjerg, 121, 169, 360
Daly, Tony, 245
Dams, Lore, 219, 251
Dandekar, Manisha, 489
Dang, Raymond, 443, 524
Daniel, Juliet, 576
Danyluk, Jessica, 413
Daoud, Sahar, 88
Dargis, Luc, 180
Darton, Francine, 429
Dau, Keping, 313
Davidson, Sandra, 530, 594
Davies, Alexandra, 76
Davies, Nikki, 162, 161
Davison, Kelly, 372
de Freitas, Rufo, 375
De Groef, An, 219, 251
de Groot, Janet, 511
De Guzman Wilding, Marie, 211, 595
de Heus, Eline, 112, 120
de Hingh, Ignace, 51
de Paola, Rebecca, 122
de Raad, Manon, 462
de Sousa, Moises, 375
de Vos, F.Y.L., 38, 42
de Vries, Frisie E., 193
de Vrieze, Tessa, 251
de Wit, Niek, 177
Deamond, Haley, 583
Debruyne, Philip, 96
DeCarla, Kristen, 47
Degner, Jon, 245
De Guicciro, Kennes, 297
Delure, Andrea, 380, 383, 386, 389, 391
Delamo, Lola, 586
Deleemans, Julie, 196, 393, 415, 418, 421,
567, 589, 416
Deleyrolle, Phuong, 494
Demachkieh, Farah, 327
Deng, Bo, 112
den Boer, Li Xiang, 112
den Oudsten, Brenda, 106
Deodhar, Jayita, 414
Desbeaumes Jodoin, Véronique, 104
Desjardins, Leandra, 3, 22, 23, 67, 116, 220
Deunning-Smit, Esbith, 134
De Vos, F.J.L., 38, 42
De Vries, Frisie E., 119
deying, Hu, 57
Dhamankar, Vandana, 367
Dhillon, Haryana, 327
Dhillon, Sandeep, 556, 582
Dik, Tulin, 579
Dijkema, Jelle, 112
Dillen, Let, 109, 110, 111
Ding, Xiaoping, 56, 272
Dingemans, A.M.C., 36
Dinkel, Andreas, 253, 254
Dionne, Anne, 520
Dillon, Linda, 252
DiSilvestre, Annarita, 36
Dits, J., 42
Diver, Elisabeth, 593
Do, Mai, 72
Dohmen, S.E., 38

www.ipos-journal.org

Author Index

Estape, Tania, 61
Estape, Jorge, 61
Essery, Rosie, 248
Esplen, Mary Jane, 460

Durand, Andrew, 197
Duong, Jenny, 197
Dunn, Jeff, 249
Duong, Jenny, 197

Farias, Albert, 52
Faria, Rosana, 433
Faria, Rosana, 433
Farah, Mayhume, 429
Faria, Rosana, 433
Farías, Monna, 344
Fávez, Nicolás, 188
Fawson, Sophie, 54, 81
Fehon, Dwain, 436
Feldstein, Andrea, 511, 521, 595
Feng, Jennifer, 459
Fergus, Karen, 329, 373
Ferguson, Sarah, 498
Fern, Lorna, 290, 357
Fernandes, Darren, 261
Fernandes, Sofia, 386
Fernandez, Nicolas, 150
Fernandez-Gonzalez, Loreto, 455
Ferreira, Leticia Norata, 301
Ferreira, Leticia, 429
Feuerstein, Michael, 586
Fiebrich, H.B., 38
Fielding, Richard, 74, 89
Figueiredo, Patricia, 64
Filippioni, Chiara, 123, 124, 351
Finkelstein, Eric, 235
Fischer-Jacobs, Josephine, 346
Fisher, Carla, 297, 299
Fitch, Margaret, 412, 114
Fitzgibbon, Kyle, 492, 592
Flensburg-Hansen, Stine, 167
Flyger, Henrik, 195
Fontaine, Christel, 96
Forbes Shepherd, Rowan, 319
Forbes, Caitlin, 453, 499, 531
Forbes, Robin, 517
Ford, Jessica, 557
Forin, Béatrice, 69
Forster, Katie, 81
Fortin, Marie-Andrée, 433
Foster, Claire, 248, 401
Foster, Rebecca, 401
Foster-Akard, Terrah, 467
Fox, Amber, 75, 293
Fox, Isaac, 99
Fox, Rina, 148
Francis, George J, 435, 413
Frank, Tamara, 253, 254
Frankland, Jane, 401
Franssen, Suzanne, 252
Freeman, Charlotte, 424
Freitas, Alcina, 429, 301
Frenkel, Saul, 155
Fricichs, Wiebke, 94
Frissen, Simone, 252
Fu, Dan Beverly, 489
Fu, Henry, 44
Fu, Hong, 310
Fujimori, Maiko, 92
Gagliani, Lucía, 520
Gagnier, Pierre, 520
Gagné, Annik, 448
Gajtani, Zen, 519, 521
Galakoutsky, Henriëtte, 273
Gallagher, Fiona, 159
Gan, Nisia, 267
Ganesan, Prasanthan, 352
Garca, Dana, 442
Garcia-Robles, Rebecca, 158
Garland, Sheila, 129, 130, 223, 260, 266, 376, 399, 410, 509, 525, 528, 234, 294, 398, 147
Garrett, Bernie, 44
Gauthier, Lynn, 180, 520
Gauvin, Lise, 204, 374, 534
Genter, Peter, 121
Geraghty, Adam W.A., 248
Gerês, Jessica, 343
Gerhardt, Cynthia, 442, 464, 467
Gerrand, Craig, 290
Gewandter, Jennifer, 520
Ghaseddin, Ashley, 494
Ghotra, Harshpreet, 580
Gibson, Faith, 370
Gibson, Jennifer, 191
Gignac, Anne-Sophie, 433
Giguere, Lauriane, 440
Gilchrist, Jemma, 327
Giles, Jennifer, 499
Gillis, Chelsia Ann, 596
Gillis, Hope, 382
Gillon, Ulrike, 194
Giordano, Emilie, 98, 100
Giraldo, Annamaria, 195
Girgis, Afaf, 103
Gisser, Jason, 416
Gidicce, Alice Viola, 18
Glass, Karen, 373
Gliksman, Elaine, 527
Glinsky, Sarah, 211
Gobell, Elaine, 413
Godard, Karen, 488
Goderis, Lode, 251
Goff, Miranda, 480
Goh (deceased), Cynthia, 235
Goh, Ngin Tseng, 160
Goldberg, Devorah, 437
Gomes, Ana Allen, 581
Gomes, Maria Carolina, 446, 460
Gomez, Odette Valero, 227
Gondón, Nuria, 486, 585
Gong, Jiali, 136, 354
Gontijo, Isabella, 375
Gonzalez-Alocer, Lucía del Carmen, 77, 39
Goodhart, Frances, 194
Goswami, Savita, 414
Goto, Shinya, 312
Gough, Karla, 161, 162
Gouin, Marie-Michelle, 151
Gouldbourne, Elaine, 434, 549
Gouveia, Helena, 560
Gowen, L. Kris, 135, 137
Graham, Cassandra, 573
Graham, Florence, 259
Graham, Robin, 492, 592
Grantek, Leat, 437
Green, Anna, 249, 314
Green, Heidi, 257, 258
Green, Stefanie, 573
Greenfield, Brian, 180
Greenwood, Celia, 155
Grendadorova, Petra, 390
Grier, Maree, 327
Griffith-Mathieu, Gabrielle, 185, 379, 395
Griffith, Chloé, 248
Grotenhuis, Brechtje, 120
Group, ADAPT Program, 344
Guy, Genevieve, 305
Gubitz, Gordon, 573
Gudenburg, Lisa, 148
Guevara-Sangiñés, Martha, 39

Dona, Desiree, 112
Donaldson, Jayne, 362
Donovan, Monica, 101
Dorfman, Caroline, 411, 438
Dorta, Tomas, 150, 151
Doré, Isabelle, 144, 204, 305, 374, 534
Downer, Brian, 473
Doyle, Zoe, 119
Drageset, Sigrunn, 179
Dreger, Julianna, 402, 435
Duarte, Milena, 513
Duchek, Delaney, 387, 435
Dudgeon, Deborah, 47
Duijts, Saskia, 112, 120, 295
Dunn, Jeff, 249
Dugou, Jenny, 197
Durand, Andrew, 133
Durand, Marie-Joëse, 151
Durante, Salvatore, 71
Dégé, Csaba László, 19
D’Angostino, Norma, 223

Eakin, Elizabeth, 245
Easaw, Jacob C, 413
Easley, Julie, 431
Eaton, Geoff, 223, 260, 266, 398, 399, 509, 528
Edelstein, Kim, 372
Edwards, Annemarie, 488
Ehrenstein, Johanna K., 295
Eickholt, Lauren, 120
Eisele, Max, 387, 413
El Asri, Acharf, 535
El Hage, Jinane, 206
El Rhazi, Karima, 535
Eldeeb, Sohayla, 592
Elder, Elsabeh, 8
Elewah, Manale, 88
Elías, Martine, 476
Ellis, Kelsey, 387
Ellis, Peter, 564
Eltman, Dean, 498, 502, 507
Emerenciano, Karla, 513
Epani, Venkataram, 262
Ercoli, Linda M., 313
Erez, Guy, 394
Ernst, Alayna, 494
Esenarro, Loida, 575, 577
Espin, Zelde, 40
Espinoza-Salgado, Fatima Sagrario, 158
Espen, Mary Jane, 462
Essery, Rosie, 248
Estapé, Jorge, 61
Estapé, Tania, 61, 486, 572, 585
Ester, Manuel, 402, 435
Etchegary, Holly, 20
Evans, May, 194
Ewenepoel, Margaux, 219
Ezendam, Nicole, 120

Fadhlaoui, Asma, 151
Fairley, Ricki, 588
Fan, Ya-Chi, 570
Fang, Chun-Kai, 385
Fang, Fang, 224
Fang, Su-Ying, 550, 555
Fang, Yun-Jou, 80
Farah, Mayhume, 429
Faria, Rosana, 433
Farias, Albert, 52

Farnham, Ray, 331
Guilcher, Gregory, 409
Guirguis, Steven, 498, 502, 507
Guma, Josep, 558
Guo, Qiaohong, 218
Gupta, Abha, 488
Gussy, Mark, 256, 257, 258, 259, 263
Gutiérrez-Maldonado, Jose, 572
Gutro, Parishima, 464
Györffy, Zsuzsa, 4
Galvez, Lizette, 585
Galvez-Hernández, Carmen Lizette, 240
Gogenur, Ismail, 360
Gorlich, Dennis, 403
H.Antonini, Michael, 561
Haase, Kristen, 556, 582
Haber, Eden, 13
Hack, Saidah, 198
Haen, Vincent, 251
Hahne, Andrea, 346
Halada, Stephen, 232
Hales, Sarah, 193, 477, 560
Halim, Karima, 535
Hall, Peter, 287, 289
Hamel, Marc, 203
Hamilton, Ryan, 2
Hamre, Camilla Jensen, 121
Han, Xinkun, 324
Hancock, Kelly, 22, 23
Hannon, Breffni, 119, 332, 407, 488
Hanssens, Marianne, 96
Har, Sami, 329
Harbeck, Nadia, 253
Harris, Cheryl, 43, 149, 205, 462
Hartford-Todd, Jean, 411, 438
Harris, Cheryl, 43, 149, 205, 462
Hartford-Todd, Jean, 411, 438
Hasson-Ohayon, Ilanit, 302
Haward, Ben, 379, 395
Haydon, Helen, 327
Hayes, Molli, 8
Hayter, Charles, 428
He, Aihua, 268, 271
He, Sharon, 344
He, Shuangzhi, 154, 324
He, Yi, 157
Heathcoe, Lauren, 225, 336, 459, 588, 593, 145, 219
Hedges, Penelope, 465
Heinemann, Volker, 253
Heisey, Ruth, 434, 549
Helmsper, Charles, 177
Hendriks, L.E.L., 42
Henning, Jan-Willem, 415
Henry, Brianna, 197
Henry, Melissa, 155, 180, 445, 468, 583
Henselmann, I., 38, 42
Hermelink, Kerstin, 253
Hermens, Rosella P.M.G., 134
Hermosura, Billie Jane, 82
Hertz-Palomar, Nimrod, 302
Hertzog, Stéphanie, 451
Hetherington, Kate, 343
Heusner, Pia, 403
Heykoop, Cheryl, 470
Hiddemann, Wolfgang, 403
Hier, Michael, 155
Higgins, Talina, 434
Hildebrand, April, 383, 391
Hiej, Danny, 559
Hobbs, Kim, 327
Holm Faber, Nicolai, 195
Hong, Susan, 239
Hou, Mary, 309
Hou, Sharon, 223, 260, 398, 399, 409, 528
Hou, Yi-Chen, 80
Howard, A. Fuchsia, 465, 488
Howell, Doris, 198, 227, 412, 462, 582
Howells, Rachel, 325
Hoy, Wendy S H, 267
Hstao, Fei-Hsui, 25, 570
Hsieh, Chia-Chen, 25, 570
Hu, Ling-Fang, 345
Hu, Deying, 56, 79, 128, 242, 246, 272
Hu, Guangfu, 238
Hu, Jian-lian, 264
Hu, Longxia, 79
HU, Yan-lich, 224
Huang, Alan, 476
Huang, Carrie, 532
Hudson, Fran, 337
Hughes, Kimberly, 387
Hughes, Lyndsay, 54, 81
Hughes, Mary, 49
Hulbert-Williams, Lee, 287, 289, 290
Hulbert-Williams, Nicholas, 103, 287, 289, 290, 339, 357
Hulme, Claire, 424
Humphris, Gerald, 362
Hunt, Caroline, 312
Hunt, Kate, 573
Hunter-Smith, Alison, 309
Huntley, Kathryn, 342
Hoang, Tran, 60
Husson, Olga, 252
Hutson, Sadie, 319
Hyatt, Amelia, 85
Hyun, Karice, 8
Hoeg, Beverley Lim, 121, 169
Iberson, Cindy, 462, 468
Ince, Taylor, 498, 507
Inhestrother, Laura, 94
Isaza, Amber, 232
Isherwood, Susan, 309
Islam, Israt, 508
Iyer, Priya, 366
J, Hartman, 366
Jacinto, Mizza, 375
Jackson, Christine, 263
Jackson, Richard, 287
Jacobs, An, 87
Jacqueline, Amaral, 460
Jakobsen, Erik, 360
Jammicky, Leah, 498, 502
Jarden, Mary, 229
Jefford, Michael, 159, 160, 161, 162, 163
Jenkins, Valerie, 37
Jensen, Sandra, 167
Jereb, Jana, 369
Jeyasingh-Jacob, Julian, 359
Jiang, yanhua, 91
Jiao, Miaorui, 224, 268, 271
Jiaqing, Wang, 57
Jibb, Lindsay, 115, 469, 514
Jim, Heath, 148, 273
Jivraj, Nazlin, 524
Johannsen, Lene, 94
Johannsen, Maja, 179
Johannsen, Christoffer, 167, 169, 229, 360, 423
Johnson, Andrea, 350
Johnson, Caroline, 81
Jones, Lizzie, 359
Jones, Morgan, 471, 474
Jones, Rebecca, 424
Jongebloed, Hannah, 314
Jongeneels, Michelle I, 342
Jordi, Estepa, 486
Juang, Yeong-Yuh, 385
Juarez-Martinez, Martha Eugenia, 518
Kaal, Julia, 320
Kaambwa, Billingsley, 103
Kabir, Tasmia, 491
Kakhniashvili, Tamar, 89
Kane, Ros, 256, 257, 258, 259, 263
Kao, Han-Tin, 155
Karademas, Evangelos, 512
Karekla, Maria, 483
Karslen, Randi Valbjorn, 169
Karmarkar, Amol, 473
Karunanakaran, Parathan, 353
Kassianos, Angelos, 483
Kastner, Anna Maria, 346
Katz, Alexander, 40
Kavanagh, Meaghan, 8, 82
Kayser, Karen, 322
Keats, Melanie, 435
Kehoe, Caitlin, 474
Kelly, Brian, 338, 445, 453, 327
Kelly, Helana, 159, 160, 163
Kelly, Patrick, 344
Kelly-Frere, Kristofer, 394
Kemp, Emma, 103
Kendell, Cynthia, 210, 320
Kennedy, Elizabeth, 176
Kennedy, Margo, 443, 524
Kenny, Amanda, 503
Kenway, Kelsey, 211
Kerr, Helen, 101
Kessing, Lars, 423
Knattenbel, Sarah, 527
Khadra, Chantale, 107
Khalil, Iefaf, 434, 576
Khan, Rumaisa, 434, 549
Khincha, Payal, 319
Khu, Melanie, 409
Kiladze, Ivan, 89
Kilfoyle, Alicia, 115
Kilpatrick, Kelley, 151
Kim, Youngmee, 9
Kimura, Nanami, 356
King, Alex, 359
King, Claire, 361
King-Shier, Kathryin, 580
Kinnane, Nicole, 160
Kioskili, Kitty, 554
Kirsten, Laura, 327, 334, 338
Kivlighan III, Martin, 55
Kjaer, Trille Kristina, 360
Klein, Roberta Y., 492, 592
Kleva, Chris, 75, 184
Klumpen, Heinz-Josef, 112
Knific, Jana, 369
Knight Wilt, Jacqueline, 493
<table>
<thead>
<tr>
<th>Author Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lassagne, Boris,</td>
</tr>
<tr>
<td>Latulippe, Nancy,</td>
</tr>
<tr>
<td>Lau, Paige,</td>
</tr>
<tr>
<td>Lauzieren, Kira,</td>
</tr>
<tr>
<td>Laverdèrè, Caroline,</td>
</tr>
<tr>
<td>Law, Graham,</td>
</tr>
<tr>
<td>Le Boutillier, Claire,</td>
</tr>
<tr>
<td>Leal, Isabel,</td>
</tr>
<tr>
<td>Leal, Jorge,</td>
</tr>
<tr>
<td>Lebel, Sophie,</td>
</tr>
<tr>
<td>Lecours, Alexandra,</td>
</tr>
<tr>
<td>Lederer, Valérie,</td>
</tr>
<tr>
<td>Lee, Jane (Jung Han),</td>
</tr>
<tr>
<td>Lee, Jia-Lian,</td>
</tr>
<tr>
<td>Lee, Rachel,</td>
</tr>
<tr>
<td>Lee, Rachel M.,</td>
</tr>
<tr>
<td>Lee, Sharon,</td>
</tr>
<tr>
<td>Lee, Wan-Lin,</td>
</tr>
<tr>
<td>Lefebvre, Tessa,</td>
</tr>
<tr>
<td>Lehmann, Vicky,</td>
</tr>
<tr>
<td>Lei, Yan,</td>
</tr>
<tr>
<td>Lemieux, Julie,</td>
</tr>
<tr>
<td>Lenz, Georg,</td>
</tr>
<tr>
<td>Leon, Nathalie,</td>
</tr>
<tr>
<td>Lepage, Berndt,</td>
</tr>
<tr>
<td>Lesiuk, Christine,</td>
</tr>
<tr>
<td>Leske, Morgan,</td>
</tr>
<tr>
<td>Leslie, Monica,</td>
</tr>
<tr>
<td>Lestard, Sylvie,</td>
</tr>
<tr>
<td>Leibthbridge, Lynn,</td>
</tr>
<tr>
<td>Levesque, Ariane,</td>
</tr>
<tr>
<td>Levinson, Anne Katrine Graudal,</td>
</tr>
<tr>
<td>Levkovitch, Inbar,</td>
</tr>
<tr>
<td>Lewis, Frances Marcus,</td>
</tr>
<tr>
<td>Li, Athena,</td>
</tr>
<tr>
<td>Li, Jie,</td>
</tr>
<tr>
<td>Li, Jinjiang,</td>
</tr>
<tr>
<td>Li, Madeline,</td>
</tr>
<tr>
<td>Li, Qiuping,</td>
</tr>
<tr>
<td>Li, Xin,</td>
</tr>
<tr>
<td>Li, Zhiming,</td>
</tr>
<tr>
<td>Lien, Cheryl Pei Ling,</td>
</tr>
<tr>
<td>Lichtenthal, Wendy G.,</td>
</tr>
<tr>
<td>Lim, Chloé,</td>
</tr>
<tr>
<td>Lin, Chung-Chih,</td>
</tr>
<tr>
<td>Lin, Junyi,</td>
</tr>
<tr>
<td>Lin, Yaw-Sheng,</td>
</tr>
<tr>
<td>Lin, Yi,</td>
</tr>
<tr>
<td>Lunardos, Marinella,</td>
</tr>
<tr>
<td>Link, Claire,</td>
</tr>
<tr>
<td>Liu, Amy Zhihui,</td>
</tr>
<tr>
<td>Liu, Grace,</td>
</tr>
<tr>
<td>Liu, Jun,</td>
</tr>
<tr>
<td>Liu, June,</td>
</tr>
<tr>
<td>Liu, William,</td>
</tr>
<tr>
<td>Liu, Yan-li,</td>
</tr>
<tr>
<td>Liu, Yilan,</td>
</tr>
<tr>
<td>Liu, Zhihui Amy,</td>
</tr>
<tr>
<td>Livingston, Patricia,</td>
</tr>
<tr>
<td>Lloyd, Chris,</td>
</tr>
<tr>
<td>Lo, Karen,</td>
</tr>
<tr>
<td>Lo, Samantha,</td>
</tr>
<tr>
<td>Loecher, Nele,</td>
</tr>
<tr>
<td>Lofers, Aisha,</td>
</tr>
<tr>
<td>Loganathan, Pragash,</td>
</tr>
<tr>
<td>Loiselle, Carmen,</td>
</tr>
<tr>
<td>Loizzo, Joseph,</td>
</tr>
<tr>
<td>Lok, Anja,</td>
</tr>
<tr>
<td>Longpré-Poirier, Christophe,</td>
</tr>
<tr>
<td>Loredana, Dinapoli,</td>
</tr>
<tr>
<td>Lorna, Fern,</td>
</tr>
<tr>
<td>Loughlan, Ashlee,</td>
</tr>
<tr>
<td>Lovas, Mike,</td>
</tr>
<tr>
<td>Lowry, Dana,</td>
</tr>
<tr>
<td>Lu, Hongmei,</td>
</tr>
<tr>
<td>Lu, Ming,</td>
</tr>
<tr>
<td>Lucklar-Flude, Marian,</td>
</tr>
<tr>
<td>Luigies-Huizer, Yvonne,</td>
</tr>
<tr>
<td>Lust, Aurelie,</td>
</tr>
<tr>
<td>Lycke, Michelle,</td>
</tr>
<tr>
<td>Lyleroehr, Madision,</td>
</tr>
<tr>
<td>Lynch, Kelsey,</td>
</tr>
<tr>
<td>Lyons, Elizabeth,</td>
</tr>
<tr>
<td>Lyver, Brendan,</td>
</tr>
<tr>
<td>MacDonald, Lois,</td>
</tr>
<tr>
<td>MacDonald-Liska, Carrie,</td>
</tr>
<tr>
<td>Macedo, Alyssa,</td>
</tr>
<tr>
<td>MacRae, Helen,</td>
</tr>
<tr>
<td>Magalhaes, Mona,</td>
</tr>
<tr>
<td>Maginley, David,</td>
</tr>
<tr>
<td>Mah, Kenneth,</td>
</tr>
<tr>
<td>Mahar, Alyson,</td>
</tr>
<tr>
<td>Maheu, Christine,</td>
</tr>
<tr>
<td>Maier, Sabrina,</td>
</tr>
<tr>
<td>Mallitano, Carmine,</td>
</tr>
<tr>
<td>Manduchi, Beatrice,</td>
</tr>
<tr>
<td>Manion, Rachael,</td>
</tr>
<tr>
<td>Maniragaba, Theoneste,</td>
</tr>
<tr>
<td>Manita, Isabel,</td>
</tr>
<tr>
<td>Marcil, Valérie,</td>
</tr>
<tr>
<td>Maree, Johanna E,</td>
</tr>
<tr>
<td>Marjerrisson, Stacey,</td>
</tr>
<tr>
<td>Markham-Jones, Helene,</td>
</tr>
<tr>
<td>Markovic, Cara,</td>
</tr>
<tr>
<td>Markovic, Jana,</td>
</tr>
<tr>
<td>Martens, Riley,</td>
</tr>
<tr>
<td>Martinez-Tyson, Dinorah,</td>
</tr>
<tr>
<td>Martino, Rosemary,</td>
</tr>
<tr>
<td>Martopullo, Celestina,</td>
</tr>
<tr>
<td>Marzorati, Chiara,</td>
</tr>
<tr>
<td>Masama, Tatenda,</td>
</tr>
<tr>
<td>Masetti, Riccardo,</td>
</tr>
<tr>
<td>Mashouri, Pouria,</td>
</tr>
<tr>
<td>Masiero, Marianna,</td>
</tr>
<tr>
<td>Masselink, Roel,</td>
</tr>
<tr>
<td>Mazzullin, Tudovica,</td>
</tr>
<tr>
<td>Mateen, Aneqya,</td>
</tr>
<tr>
<td>Mather, Haley,</td>
</tr>
<tr>
<td>Mathieu, Thierry,</td>
</tr>
<tr>
<td>Matrai, Zoltan,</td>
</tr>
<tr>
<td>Matsangidou, Maria,</td>
</tr>
<tr>
<td>Matsubara, Toshio,</td>
</tr>
<tr>
<td>Matsuda, Tomohiro,</td>
</tr>
<tr>
<td>Matthew, Andrew,</td>
</tr>
<tr>
<td>Matthews, Lucy,</td>
</tr>
<tr>
<td>Mattke, Elia,</td>
</tr>
<tr>
<td>Mavrić, Zlatka,</td>
</tr>
<tr>
<td>Mayer, Carole,</td>
</tr>
</tbody>
</table>
Author Index

Mayo, Samantha, 563, 372
Mazariigo, Carolyn, 176
Mazzocco, Ketti, 18, 371, 512
Mazzoni, Davide, 123, 124
McBrearty, Claudia, 461, 529
McCarthy, Ann, 5
McConnell, Mairead, 332
McCrave, Farah, 20
McCurker, James, 462
McDonald, Fiona, 323, 330, 337, 339, 341, 361
McDonald, Geraldine, 85
McDonald, Kaelyn, 531
McDonough, Meghan, 204
McDonough, Meghan H, 413, 139, 374, 402
McElrnan, Jesse, 71
McGarragle, Kaitlin, 520
McGee, Sharon, 431
McGonagle, Ian, 263
McGowan, Patrick, 198
McGrath, David, 338
McIntosh, Megan, 342
McIntyre, Roger, 119
McLeroy, Sarah, 386
McKinley, Michael, 459
McKnight, Randal, 472
McLaughlin, Emma, 387, 413
McLeod, Ben, 256
McLeod, Deborah, 507
McMahon Ward, Madison, 478
McMaster, Natasha, 472
McNaughton, Harrison, 22, 23
McNeely, Margaret, 435, 413, 402
MePeake, Kathie, 257, 258
McSorley, Oonagh, 101
Medrea, Flavia, 268
Meeus, Mira, 219, 251
Mi, Yanzhi, 224, 268, 271
Meeus, Mira, 219, 251
Mehra, Nikita, 353
Mena, Diego, 495
Menas, Erina, 353
Mellaas, Nawfel, 535
Mellers, Hawfel, 535
members, The Public Interest Group on Cancer Research, 20
Men, Ping, 353
Mendelsohn, Meridithe, 459
Mendez, Armando, 9
Mendoza, Armando, 9
Meneses-Hernandez, Jesus, 518
Merluzzi, Thomas, 117, 189, 466, 518
Mertz, Birgitte, 195
Meryck, Kathleen, 96
Meyler, Robert, 564
Mi, Yanzhi, 224, 268, 271
Michael, Nanae, 155
Michelsen, gorge, 195
Michon, Bruno, 404
Mikocka-Walus, Antonina, 335
Milam, Joel, 52
Milbury, Kathrin, 471, 474, 479
Miljanovsk, Melissa, 332
Miller, Brittany, 384, 491, 508
Miller, Danielle, 322
Miller, Kimberly, 52
Ming'e, Wu, 57
Mitchell, Duane, 494
Mitchell, Kimberly, 503
Miyamoto, Seraki, 243
Mladen, Samantha, 184
Mlynarek, Alex, 155
Moadel-Robblee, Alyson, 384, 491, 508
Moat, Jeffrey, 47
Mohon, Alice, 404
Molina, Heather, 387
Molina, Lorena, 375, 429
Molina, Lorena Nascimento Manrique, 301
Monely, Nathi, 251
Mols, Floortje, 51
Monarque, Marika, 133
Monteiro, Sara, 313
Montiel, Corentin, 204, 374
Mooide, Erica, 462
Moody, Lesley, 517
Moon, Zoe, 54, 81
Moore, Anne, 328
Morales, Joanna, 478
Moraru, Camelia, 425
Moret, Anna S., 403
Morton, Rachel, 333
Moselen, Tenille, 85
Moseley, Lorimer G., 219
Mosher, Pamela, 488
Moss-Morris, Rona, 54, 81
Mota, Augusto, 513
Mousa, Filmi, 534
Mozesohn, Lee, 372
Mozeit, Anamaria, 369
Mrema, Alita, 66
Mueller, Claudia, 145, 225
Mukherjee, Som, 564
Mullis, Michaela, 299
Mumm, Friederike, 253, 254, 403
Munoz, Omar, 40
Murnaghah, Sarah, 210, 222
Mush, Beatrice, 66
Muthumuni, Dhansi, 294
Mutsaers, Brittany, 149, 205
Muñoz, Felix, 558
Mvungu, Nanzoke, 66
 Müller, Fabiola, 273
Naganathan, Gayathri, 576
Nakaha, Leena, 467
Nakahara, Rika, 92
Nanos, Stephanie, 469, 514
Naseem, Fidha, 294
Nash, Tegan, 159, 163
Nashat, Sadegh, 188
Navarro-Contreras, Gabiela, 39
Nayak, Manan, 456
Necroto, Victoria, 479
Nees, Hans, 378
Neelamegam, Malinee, 61
Nelson, David, 256, 257, 258, 259, 261, 263, 400
Ng, Carmen, 74
Ng, Danielle Wing Lam, 74
Ngoma, Mamsau, 66
Nguyen, Patricia, 549
Nguyen, Quang, 72
Nguyen, Thi Thu Thao, 155
Nieuwkerk, Pythia, 38, 273
Nieweg, Omgo, 333
Nikuse, Bellancile, 114
Nissim, Rinat, 191, 419
Nogueira, Patricia, 513
Novogrudsky, Katherine, 81
Novrup Clemensen, Sune, 229
O’Connell, Raymond, 443
Nugus, Peter, 495
O’Brien, Suzanne, 527
O’Donnell, Kieran, 155
O’Keeffe, Nathan, 135, 137
O’Loughlin, Erin K., 396
O’Neill, Barbara, 594
O, Eric, 335
Obadia, Maya, 227
Oberoi, Devesh, 426
Oberoi, Sandeep, 559
Oberoi, Sapna, 294
Ochs, Carol, 52
Oestreicher, Gabrielle, 554
Ojefsen, Birgitta, 363
Ofogh, Zahra, 44
Ogez, David, 67, 142, 559, 563
Okamura, Masako, 92
Okrublevshvili, Nino, 89
Okwo, Chika, 482
Okwor, Vitalis, 482
Ofiele, John, 556, 582, 249
Olschlagler, Daphne, 112
Olivera, Ana F., 313, 586
Olivera, Francisco, 567
Olsavsky, Anna, 442
Omari, Majid, 353
Omran, Mona, 420
Onasanya, Maria, 290
Onn, Maaike, 120
Oprea, Mara, 425
Ospina, Paula A., 413
Oswald, Laura, 148
Othman, Aziah, 340
Otvevanger, P.B., 38
Ould Brahim, Lydia, 468
O’Brien, Colin, 161, 162
P.K. Jayachandran, 353
Padros Blázquez, Ferrán, 39
Pagung, Larissa Besset, 301
Paige, Samantha, 197
Paiva Cabral, Sofia, 298
Palmer, Heather, 294
Pan, Liyi, 238
Panda, Soumya Surath, 262
Pang, Ying, 154, 174
Papadakos, Janet, 517
Papaioannou, Demetrios, 483
Paradis, Marie-Michelle, 448
Park, Sanga, 17
Parrtridge, Stephanie, 8
Passos dos Santos, Raissa, 495
Par-Horenczyk, Ruth, 512
Pathak, Shanel, 393
Patterson, Pandora, 353, 350, 337, 349, 341, 361
Patterson, Valdeoso, 442
Pathirich, Constantinios, 483
Peck, Serana S., 516
Pedersen, Bianca da Silva, 301
Pederson, Travis, 511
Pelletier, Guy, 262
Pelletier, Jolyane, 150
Peck, Serena, 516
Pedersen, Bianca da Silva, 301
Pederson, Travis, 511
Pelletier, Guy, 211, 531
Pelletier, Jolyane, 150
Pelletier, Wendy, 409
Peltz, Sarah, 498
Peng, Jialing, 265
Peng, Wanglian, 265
Peng, Xin, 128

Journal of Psychosocial Oncology Research and Practice (2022) 4:S1

www.ipos-journal.org
www.ipos-journal.org

Author Index

Pereira, Deidre, 494
Pereira, Myra, 115
Perez, Megan, 232
Perez, Samara, 379, 395
Perrault, Sébastien, 116
Perreault, Sébastien, 220
Perry, Karyn, 141
Petrella, Anika, 204, 223, 260, 357, 370, 398, 399, 502, 507, 528, 374
Petitti, Greta, 512
Peyrat-Apicella, Delphine, 450
Peña, Cristina, 485
Pham, Anh, 72
Philip, Errol, 117, 429, 301
Phipps-Nelson, Jo, 337
Phung, Van Du, 555
Pichler, Theresia, 253, 254
Piché, Alexa, 144, 204, 305, 374
Piedalue, Katherine-Ann, 393, 415, 421, 567
Piercell, Emily, 416
Piers, Ruth, 109, 110, 111
Pineda-Flores, Claudia, 240
Pink, Jennifer, 521
Pinto, Andrew, 477
Pitters, Eric, 566
Pizarro, Dean Marvin, 15
Pizem, Noam, 302
Pizzoli, Silvia Francesca Maria, 351, 371
Plante, Andrew, 534
Poikonen-Saksela, Paula, 512
Pomey, Marie-Pascale, 305
Pond, Greg, 564
Pond, Gregory, 198
Pope, Ashley, 407
Porcino, Antony, 465
Porto, Elisa, 513
Posteroaro, Filomena, 305
Pottel, Hans, 96
Pottinger, Debbie, 434
Powis, Melanie, 198
Pradhan, Poorva, 336, 355
Pravettoni, Gabriella, 18, 123, 124, 351, 371, 512
Presseau, Justin, 442, 205
Price, Jenson, 43
Presseau, Justin, 149
Pryor, Delphine, 450
Pryor, Nicholas, 249
Rahman,套路, 537, 367
Rajakumar, Divya, 353, 367
Rajaraman, Swaminathan, 353
Rajendran, Suvidya, 353, 367
Ralph, Jessica, 442, 464
Ralph, Nicholas, 249
Ramadam, Zeina, 107
Ramiller, Allison, 459, 588
Ramos, Caterina, 296, 298
Ramos, Rosio, 328
Rana, Benny, 379, 580
Ranalli, Mark, 467
Randall, Ian, 596
Rao, Zhenli, 128
Rash, Joshua A, 234
Rask, Sarah, 198
Ravits, Scott, 293
Raynor, Rebecca, 312
Redd, William, 363
Reddick, Fiona, 101
Redfern, Julie, 8
Red, Damon, 148
Reid, Morgan, 76, 184
Reimer, Raylene, 196, 415
Reynolds, Kathleen A, 499
Rheault, Alysson, 206
Ribers, Bjorn, 121
Richardson, Alison, 248, 401
Richardson, Keith, 153
Richel, Carol, 177
Rieger, Kendra, 503
Rigney, Maureen, 480
Rinaldo, Emma, 549
Ringash, Jolie, 412
Rising, Camella, 319
Ristevski, Eliza, 161, 162
Rithalia, Amber, 424
Rivera, Ivan, 585
Rivest, Jacynthe, 104
Rizvi, Noor, 434
Robaey, Philippe, 404
Robb, Alexandra, 397
Robertson, Eden, 343
Robichaud, Lye-An, 116
Robinson, John, 502, 507
Robson, Paula, 594
Roche-Rocha, Valeria Magali, 518
Rodin, Danielle, 431, 576
Rodin, Gary, 119, 191, 193, 243, 332, 407, 469, 492, 514, 560, 592
Rodriguez, Zindie, 485
Roelfsema, Lisa, 141
Rogers, Paul, 350
Roldan Urgoiti, Gloria, 413
Rondeau, Emeline, 270
Roome, Rebecca, 20
Rosberger, Zeer, 153, 185, 379, 395, 453
Rosenblat, Joshua, 119
Rosnes Gissum, Karen, 179
Rothenberg-Thurley, Maja, 403
Rousseau, Pascale, 150
Roze de Ordons, Amanda, 511
Rubio, Beatriz, 558
Rudy, Lauren, 2
Rueda-Lara, Maria, 40
Rus, Tina, 369
Russell, Hayley, 31, 336, 355
Rydall, Anne, 492, 592
Ryder, TaHyla, 341
Sabiston, Catherine, 199, 534, 516, 204, 223, 374, 396, 528
Sadicario, Jaclyn, 293
Sae-Hau, Maria, 297, 299
Sahay, Tina, 476
Sahoo, Jyotirajan, 262
Saita, Emanuela, 500
Sajish, Betsy, 334
Sala, Diana, 512
Salamanca-Balen, Natalia, 117, 189, 466
Salasman, John, 117
Saltbæk, Lena, 169
Salvadori, Marcella, 513
Sampson, Deborah, 494
Sanchez-Berber, Rosaura, 518
Sanctorum, Katelijne, 87
Sanford, Stacy, 148
Sanson, Christina Marie, 226, 230
Santa Mina, Daniel, 435, 596
Santos, Isabel M., 313, 586
Santos, Isabella, 375
Sargautyte, Ruta, 237
Sattar, Schroder, 582
Sauerland, Cristina, 33, 403
Savard, Josee, 461, 520, 529, 563
Savas, Sebasti, 20, 382
Savaio, Vezio, 122
Scali, Antonella, 476
Scambia, Giovanni, 122
Schaefer, Katharina, 182
Schagen, Samee B, 295
Schapira, Lidia, 593
Scherrer, Alexander, 554
Schiena, Elena, 337
Schifano, Katelyn, 515
Schofield, Patricia, 96
Schofield, Penelope, 103
Schricks, Margar, 120
Schuler, Thilo, 361
Schulte, Fiona, 197, 223, 260, 294, 398, 399, 409, 453, 499, 528, 531
Schulz-Quach, Christian, 119, 443, 477, 524
Schumacher, Andrea, 33
Sce, Samantha, 524
Scott, Ian, 294
Scott, Shannon, 503
Scruton, Sarah, 222
Sears, Carly, 511
Sebri, Valeria, 18, 371
Sehabi, Ghizlène, 440
Sehgal, Karuna, 497
Seixas, Elisa, 561
Selekwa, Musiba, 66
Sella, Keren, 302
Sellar, Christopher, 413, 435
Serpentini, Samantha, 226
Sessa, Maureen, 522
Sezgin, Emre, 464
Shacham-Shimueli, Einar, 302
Shajahan, Shijina, 214
Shapiro, Gilla, 185, 191, 193, 477, 492, 524, 573, 592
Sharpe, Louise, 327, 336, 355
Shaw, Joanne, 312, 327, 334, 338, 344
Shaw-Moxam, Raquel, 47
Shelby, Rebecca, 411, 438
Shepherd, Heather, 338, 344
Sherman, Kerry, 8, 310
Shields, Rebecca, 549
Shimizu, Ken, 243
Shinan-Altmann, Shirli, 24
Short, Camille, 245, 342
Shu, Chengrong, 264
Shumay, Diane, 459, 588
Shun, Shiw-Ching, 125, 126, 345
Sibley, Daniel, 435, 596
Sierra-Murguia, Mariana, 39, 77
Silveira, Kristen, 211, 511
Simard, Sebastien, 158
Siminoff, Laura A., 493
Sinclair, Sue, 338
Singh, Aalapit, 262
Singh, Dr. Ravindra, 553
Singh, Ratna, 235
Singh, Sarthak, 568
Singleton, Anna, 8
Sinnett, Daniel, 142, 270, 404
Sirgo, Agustina, 558
Siriwardena, Niro, 261
Sisko, Lindsay, 232
Sit, Christina, 476
Skeens, Micah, 464, 467
Skrabal Ross, Xiomara, 361, 337
Skufca Smrdel, Andreja Cirila, 369
Slavin, Jaime, 82
Sleight, Alis, 319
Smeets, Ann, 251
Smets, E.M.A., 42
Smith, Andrew, 342
Smith, Doug, 20
Smith, Jazmine, 248
Smith, Louise, 383, 391
Smith, Tracy, 211
Smith-Turchyn, Jenna, 396, 516
Snyder, Stella, 474, 479
Soheir, Leontie, 461
Solomon, Michael, 62
Solomou, Theodoros, 483
Somers, Tamara, 411, 438
Sommeijer, D.W., 38
Song, Lili, 154, 168
Song, Yating, 264
Sonkusale, Lekhika, 414
Sorenson, Anna, 407
Sosa-Napolski, Milaydis, 313
Souza, Berta, 512, 561
Sousa, Helena, 313
Sousa, Romes, 430
Spencer, Shireen, 434
Spiekermann, Karsten, 403
Spiropoulos, Athina, 418
Spitz, Nathan, 55
Springer, Leila, 434, 576
S punt, Sheri, 225, 145
Squares, Lauren, 443, 524
Srivastava, Richa, 517, 571
St. Clair, Jennifer, 494
Stafford, Lesley, 31
Stalls, Julianna, 411, 438
Stanek, Charis, 467
Stapelfeldt, Christina, 112
Stark, Dan, 330
Starlings, Rachel, 37
Starr, Lisa, 484
Steering Group, Finding My Way-Advanced, 103
Steifens, Daniel, 62
Stein, Kevin, 581
Stelljes, Matthias, 33
Stephenson, Leah, 476
Stevens, Sarah, 573
Stewart, Ross, 362
Stokoe, Mehak, 409, 499
Stonnington, Cynthia, 152
Storey, Lesley, 290, 357
Strand, Roger, 179
 strohschein, Fay, 511, 530, 594
Stuckless, Teri, 20
Stukalin, Igor, 453
Su, Zhonghe, 153, 174
Sudhakar, Revathy, 322, 352, 353, 366
Sue-A-Quan, Rachel, 407
Sultan, Serge, 67, 116, 142, 220, 270, 404
Sumitani, Masahiko, 243
Sun, Crystal, 44
Sun, Li, 246
Sussman, Jonathan, 431, 564
Sutherland-Foggio, Malcolm, 467
Surmond, Jeanine, 273
Suzuki, Tatsuya, 92
Swami, Nada, 407
Sweeny, Kate, 145
Syed Abdul Halim, Sharifah Diana, 340
Symington, Amy, 82
T.-Martineau, Joe, 104
Tack, Laura, 96
Takizawa, Maiko, 356
Talk, Joshua, 399
Tan, Chek Wee, 267
Tan, Han Min, 267
Tang, Lili, 154, 168, 170, 172, 174, 324
Tang, qiyu, 91
Tang, Woung-Ru, 164, 165
Tanna, Vivek, 145, 225, 593
Tao, Chun, 152
Tao, Gordon, 44
Tapp, Diane, 180
Tardif, Isabelle, 520
Tatar, Ovidiu, 185, 379, 395
Tatchinda Kueve, Leonahs Brahel, 3
Tateishi, Koko, 366
Tatum, LaWanda, 515
Taub, Chlobe, 459, 588
Taverner, Meredith, 453
Taverner, Tarnia, 44
Taylor, Nicole, 333
Taylor, Rachel, 290, 357, 370
Taylor, Thomas H., 489
Tegegne, Gobezie Temese, 50
Teixeira, Helenice, 446, 460
Telerzow, Eva, 403
Toeh, May, 37
Teresa, Pagnutti, 382
Tharani, Mehr, 489
Thavorn, Kednapa, 149, 205
Thevashalyam, Seline, 573
Thiagalingam, Aravinda, 8
Thibodeau, Kimberley, 203, 382, 192, 468
Thomadsen, Julie K., 363
Thomas, Roanne, 206
Thompson, Jake, 310, 333
Thompson, John, 333
Thompson, Sarah, 386
Thomson, Maria, 239, 493, 515
Thomssen, Christoph, 182
Thorne, Sally, 465
Thurston, Chantale, 416
Tien, Yun-Wen, 345
Tindale, Richard, 323
Ting, Amanda, 9
Tinianov, Stacey, 459
Tock, Wing Lam, 70
Todd, Jemima, 355
Toivonen, Kirsti, 196
Tollinchi, Nelmit, 485
Tomeh, Marell, 416
Tometich, Danielle, 148
Tong, Eryn, 191, 477
Torres, Ana, 313, 386
Tortora, Giampaolo, 122
Townesley, Carol, 549
Tracey, Danielle, 339
Tracey, Linda, 433
Tran, Andrew, 197
Tran, David, 494
Tran, Huong, 72
Tran, Jennifer, 587
Tran, Margaret, 234, 525
Travado, Luzia, 554, 560, 561
Tremblay, Dominique, 69, 98, 100, 433
Trial Steering Group, Finding My Way UK, 289
Tribe, Insun, 81
Trillingsgaard, Tea, 195
Trudel, Emile, 67
Tsang, Catherine, 74
Tschuprk, Cheryl, 95
Tulk, Joshua, 129, 130, 147, 223, 234, 260, 398, 410, 509, 525, 528
Turlinskieni, Marija, 237
Turner, Jane, 103, 327, 338, 342
Turner, Jill, 71
Tutelman, Perri, 597
Tyerman, Jane, 526
Tziraki, Chariklia, 512
Uchitomi, Yosuke, 92
Udrea, Adrian, 425
Udrea, Iulia, 425
Ueno, Kazumi, 356
Ugalde, Anna, 314, 321, 335
Uppal, Serena, 497
Urbaniene, Egle, 487
Urch, Catherine, 359
Urquhart, Robin, 210, 222, 320, 431
Uwayezu, Marie Goretti, 114
V, Sridevi, 352, 366
Vachon, Marie-France, 100
Vachon-Presseau, Etienne, 583
Vadacchino, Tiziana, 133
Vagnini, Denise, 500
Valdimarsdottir, Heidis, 363
Valentini, Rudy, 495
Valentini, Vincenzo, 122
Valjanow, Alice, 183
van de Poll-Franse, Lonneke, 51
van der Lee, Marije, 177
van den Bent, Martijn, 252
van den Block, Lieve, 109, 110, 111
Van den Cruyce, Nele, 458, 463
Van Den Noortgate, Nele, 109, 110, 111
van der Graaf, Winnette, 252
van der Gucht, Eilen, 251
van der Lee, Marije, 177
van der Velden, N.C.A., 42
van der Velden, Naomi, 38
<table>
<thead>
<tr>
<th>Author</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walker, Lauren</td>
<td>502, 507</td>
</tr>
<tr>
<td>Wakefield, Claire</td>
<td>343</td>
</tr>
<tr>
<td>Wagoner, Chad</td>
<td>435</td>
</tr>
<tr>
<td>Vatter, Sabina</td>
<td>344</td>
</tr>
<tr>
<td>Vassiliou, Charalampous</td>
<td>554</td>
</tr>
<tr>
<td>Vater, Sabina</td>
<td>344</td>
</tr>
<tr>
<td>Veen, Linde M.</td>
<td>273</td>
</tr>
<tr>
<td>Veeraah, Surendran</td>
<td>322, 352, 353, 366, 367</td>
</tr>
<tr>
<td>Venios, Stefanos</td>
<td>554</td>
</tr>
<tr>
<td>Verma, Amit</td>
<td>508</td>
</tr>
<tr>
<td>Vey, Norbert</td>
<td>228</td>
</tr>
<tr>
<td>Vickery, Jessica</td>
<td>320</td>
</tr>
<tr>
<td>Victorson, David</td>
<td>148</td>
</tr>
<tr>
<td>Vienne, Juliana</td>
<td>136</td>
</tr>
<tr>
<td>Vigilante, Teresa</td>
<td>36</td>
</tr>
<tr>
<td>Villalba, Eva</td>
<td>476</td>
</tr>
<tr>
<td>Villarreal-Garza, Cynthia Mayrê</td>
<td>240</td>
</tr>
<tr>
<td>Vinette, Billy</td>
<td>150</td>
</tr>
<tr>
<td>Volgezang, Anna</td>
<td>219</td>
</tr>
<tr>
<td>von Blanckenburg, Pia</td>
<td>7</td>
</tr>
<tr>
<td>von Heymann, Annika</td>
<td>193, 229, 423</td>
</tr>
<tr>
<td>Vorstman, Jacob</td>
<td>3, 220</td>
</tr>
<tr>
<td>Vreugdenhil, Gerard</td>
<td>51</td>
</tr>
<tr>
<td>Wagener, Chad</td>
<td>435</td>
</tr>
<tr>
<td>Wade, Claire</td>
<td>343</td>
</tr>
<tr>
<td>Walker, Lauren</td>
<td>502, 507</td>
</tr>
<tr>
<td>Wallace, Pascal</td>
<td>71</td>
</tr>
<tr>
<td>Walsh, Katrina</td>
<td>335</td>
</tr>
<tr>
<td>Wan, Hongwei</td>
<td>6</td>
</tr>
<tr>
<td>Wang, Bingmei</td>
<td>154</td>
</tr>
<tr>
<td>Wang, Cheng</td>
<td>238</td>
</tr>
<tr>
<td>Wang, Jiaqing</td>
<td>56, 128, 242, 272</td>
</tr>
<tr>
<td>Wang, Quishuang</td>
<td>264</td>
</tr>
<tr>
<td>Wang, Yan</td>
<td>174</td>
</tr>
<tr>
<td>Wang, Yanhui</td>
<td>21</td>
</tr>
<tr>
<td>Wang, Yi-zhou</td>
<td>224</td>
</tr>
<tr>
<td>Warner, Ellen</td>
<td>373</td>
</tr>
<tr>
<td>Warrier, Narayanikutty</td>
<td>214</td>
</tr>
<tr>
<td>Wasserman, Mikaela</td>
<td>484</td>
</tr>
<tr>
<td>Wasserman, Sydney</td>
<td>468, 484</td>
</tr>
<tr>
<td>Wasserman, Taylor</td>
<td>484</td>
</tr>
<tr>
<td>Wassersug, Richard</td>
<td>99, 502, 507</td>
</tr>
<tr>
<td>Waterman, Leah</td>
<td>106</td>
</tr>
<tr>
<td>Watson, Eila</td>
<td>248, 287, 289</td>
</tr>
<tr>
<td>Watson, Linda</td>
<td>380, 383, 386, 389, 390, 391, 530</td>
</tr>
<tr>
<td>Waxman, Jordana</td>
<td>22, 23</td>
</tr>
<tr>
<td>Webber, Kate</td>
<td>161, 162</td>
</tr>
<tr>
<td>Webster, Sarah</td>
<td>225, 593, 145</td>
</tr>
<tr>
<td>Wei, Zhang</td>
<td>57</td>
</tr>
<tr>
<td>Weis, Joachim</td>
<td>183</td>
</tr>
<tr>
<td>Weiss, Elisa</td>
<td>297, 299</td>
</tr>
<tr>
<td>Wells, Greg D</td>
<td>135, 137</td>
</tr>
<tr>
<td>Wells, Mary</td>
<td>290</td>
</tr>
<tr>
<td>Wen, Mindy</td>
<td>332</td>
</tr>
<tr>
<td>Wendlandt, Kirsten</td>
<td>407</td>
</tr>
<tr>
<td>Werbitt, Annie</td>
<td>394</td>
</tr>
<tr>
<td>Werner-Lin, Allison</td>
<td>319</td>
</tr>
<tr>
<td>Wertheim, Rest</td>
<td>302</td>
</tr>
<tr>
<td>West RN(EC), Pamela</td>
<td>566</td>
</tr>
<tr>
<td>West, Christina</td>
<td>503</td>
</tr>
<tr>
<td>West, Malcolm</td>
<td>596</td>
</tr>
<tr>
<td>West, Sarah L</td>
<td>135, 137</td>
</tr>
<tr>
<td>Westphalen, Christoph Benedikt</td>
<td>254</td>
</tr>
<tr>
<td>Wexler, Megan</td>
<td>517</td>
</tr>
<tr>
<td>Wheelwright, Sally</td>
<td>401</td>
</tr>
<tr>
<td>Whisenant, Meagan</td>
<td>479</td>
</tr>
<tr>
<td>White, Gillian E</td>
<td>135, 137</td>
</tr>
<tr>
<td>White, Vicki</td>
<td>335</td>
</tr>
<tr>
<td>White, Victoria</td>
<td>161, 162</td>
</tr>
<tr>
<td>Whittaker, Kate</td>
<td>176</td>
</tr>
<tr>
<td>Whittom, Alexis</td>
<td>461</td>
</tr>
<tr>
<td>Wilde, Melissa</td>
<td>511</td>
</tr>
<tr>
<td>Wiles, Louise</td>
<td>219</td>
</tr>
<tr>
<td>Williamson, Tanya</td>
<td>413</td>
</tr>
<tr>
<td>Willis, Kelcie</td>
<td>75, 76, 184, 293</td>
</tr>
<tr>
<td>Wilsack, Catherine</td>
<td>319</td>
</tr>
<tr>
<td>Wilson, Carlene</td>
<td>316</td>
</tr>
<tr>
<td>Wilson, Cindy</td>
<td>334</td>
</tr>
<tr>
<td>Wilson, Victoria</td>
<td>31</td>
</tr>
<tr>
<td>Windsor, Rachael</td>
<td>290</td>
</tr>
<tr>
<td>Winter, Natalie</td>
<td>249, 314, 321, 335</td>
</tr>
<tr>
<td>Winther Klippenstein, Andrea</td>
<td>503</td>
</tr>
<tr>
<td>Wollny, Easton</td>
<td>297</td>
</tr>
<tr>
<td>Wong, Geoff</td>
<td>431</td>
</tr>
<tr>
<td>Wong-Kim, Ewaoan</td>
<td>532</td>
</tr>
<tr>
<td>Wood, Cath</td>
<td>161, 162</td>
</tr>
<tr>
<td>Wouterloot, Elise</td>
<td>97</td>
</tr>
<tr>
<td>Wright, Avery</td>
<td>189</td>
</tr>
<tr>
<td>Wright, David</td>
<td>401</td>
</tr>
<tr>
<td>Wright, Frances</td>
<td>576</td>
</tr>
<tr>
<td>Wright, Kevin</td>
<td>299</td>
</tr>
<tr>
<td>Wu, Lisa</td>
<td>363</td>
</tr>
<tr>
<td>Wu, Melinda</td>
<td>434</td>
</tr>
<tr>
<td>Wu, Minge</td>
<td>56, 242, 272</td>
</tr>
<tr>
<td>Wu, Pei-Chin</td>
<td>475</td>
</tr>
<tr>
<td>Wu, Xiaoyan</td>
<td>246</td>
</tr>
<tr>
<td>Wurz, Amanda</td>
<td>197, 223, 260, 387, 398, 399, 328</td>
</tr>
<tr>
<td>Wormann, Bernhard</td>
<td>403</td>
</tr>
<tr>
<td>Xerri, Tania</td>
<td>227</td>
</tr>
<tr>
<td>Xia, Minjing</td>
<td>246</td>
</tr>
<tr>
<td>Xiang, Lina</td>
<td>6</td>
</tr>
<tr>
<td>Xiaoqing, Ding</td>
<td>57</td>
</tr>
<tr>
<td>xin, liu</td>
<td>255</td>
</tr>
<tr>
<td>Xin, Ping</td>
<td>246</td>
</tr>
<tr>
<td>Xu, Xiaoxia</td>
<td>268, 271</td>
</tr>
<tr>
<td>Yaffe, Mark</td>
<td>433</td>
</tr>
<tr>
<td>Yamagata, Hiroshi</td>
<td>243</td>
</tr>
<tr>
<td>Yamazaki, Tadahiro</td>
<td>243</td>
</tr>
<tr>
<td>Yan, Zhang</td>
<td>57</td>
</tr>
<tr>
<td>Yang, Funa</td>
<td>268, 271</td>
</tr>
<tr>
<td>Yang, Gideon</td>
<td>302</td>
</tr>
<tr>
<td>Yang, Hui-Ying</td>
<td>125, 126</td>
</tr>
<tr>
<td>Yang, Lin</td>
<td>579</td>
</tr>
<tr>
<td>Yang, Mengjuan</td>
<td>246</td>
</tr>
<tr>
<td>Yang, Qing</td>
<td>63, 78, 216, 247</td>
</tr>
<tr>
<td>Yang, Sheng-li</td>
<td>264</td>
</tr>
<tr>
<td>Yannitsos, Demetra</td>
<td>390</td>
</tr>
<tr>
<td>Yardley, Lucy</td>
<td>248</td>
</tr>
<tr>
<td>Yaziji, Nahel</td>
<td>424</td>
</tr>
<tr>
<td>Yeo, David</td>
<td>62</td>
</tr>
<tr>
<td>Yilan, Liu</td>
<td>57</td>
</tr>
<tr>
<td>Yingying, Zhang</td>
<td>57</td>
</tr>
<tr>
<td>Yoshiuchi, Kazuhiro</td>
<td>243</td>
</tr>
<tr>
<td>Young, Jane</td>
<td>62</td>
</tr>
<tr>
<td>Young-Speirs, Morgan</td>
<td>409</td>
</tr>
<tr>
<td>Yu, Alby</td>
<td>469</td>
</tr>
<tr>
<td>Yu, Feng</td>
<td>246</td>
</tr>
<tr>
<td>Yu, Xiaoying</td>
<td>473</td>
</tr>
<tr>
<td>Yuen, Eva</td>
<td>316, 342</td>
</tr>
<tr>
<td>Zaboriak, Amie</td>
<td>503</td>
</tr>
<tr>
<td>Zacharias, Robert</td>
<td>195, 363</td>
</tr>
<tr>
<td>Zalel, Zadrevec, Lorna</td>
<td>369</td>
</tr>
<tr>
<td>Zammit, Miah</td>
<td>576</td>
</tr>
<tr>
<td>Zantingh, Ilanick</td>
<td>120</td>
</tr>
<tr>
<td>Zapata-Tarrés, Marta Margarita</td>
<td>158</td>
</tr>
<tr>
<td>Zarrouq, Bissame,</td>
<td>535</td>
</tr>
<tr>
<td>Zeitouni, Anthony</td>
<td>155</td>
</tr>
<tr>
<td>Zhang, Chengjiao</td>
<td>238</td>
</tr>
<tr>
<td>Zhang, Haochi</td>
<td>571</td>
</tr>
<tr>
<td>Zhang, Karen</td>
<td>564</td>
</tr>
<tr>
<td>Zhang, Lin</td>
<td>224</td>
</tr>
<tr>
<td>Zhang, Yan</td>
<td>56, 272</td>
</tr>
<tr>
<td>Zhang, Yening</td>
<td>154, 170, 172</td>
</tr>
<tr>
<td>Zhang, Yingying</td>
<td>272</td>
</tr>
<tr>
<td>Zhang, Yining</td>
<td>56</td>
</tr>
<tr>
<td>Zheng, Ruishuang</td>
<td>21</td>
</tr>
<tr>
<td>Zhou, Chengcheng</td>
<td>174</td>
</tr>
<tr>
<td>Zhou, heling</td>
<td>91</td>
</tr>
<tr>
<td>Zhou, maolin</td>
<td>247</td>
</tr>
<tr>
<td>Zhou, Su</td>
<td>272</td>
</tr>
<tr>
<td>Zhou, Yueh</td>
<td>324</td>
</tr>
<tr>
<td>Zhu, Patricia</td>
<td>379, 395</td>
</tr>
<tr>
<td>Zhu, Yu</td>
<td>6</td>
</tr>
<tr>
<td>Ziegler, David</td>
<td>343</td>
</tr>
<tr>
<td>Zimmermann, Camilla,</td>
<td>191, 193, 332, 407, 469</td>
</tr>
<tr>
<td>Zimmermann, Tanja</td>
<td>346</td>
</tr>
<tr>
<td>Zion, Sean</td>
<td>459, 588</td>
</tr>
<tr>
<td>Zomerdijk, Nienke</td>
<td>327, 342</td>
</tr>
<tr>
<td>Zwicker, Hailey</td>
<td>409</td>
</tr>
</tbody>
</table>