

**May 3 - 5, 2017**

# Practice, Research & Leadership: Weaving it all together

**Vancouver, British Columbia**

## ABSTRACT BOOKLET

### Using this document

There are four types of abstracts which correspond with four presentation formats.

Each abstract has a unique three digit number prefaced by a letter:

**B** — 20-minute oral presentation

**W** — 90-minute workshop

**S** — 90-minute symposium (each contains 3-4 individual abstracts)

**P** — Poster Presentations

The abstracts are ordered by type (B, W, S & P) and by number within type.

**The table of contents links to the abstracts by clicking on the abstract number.**

The program schedule is available at [conference.capo.ca](http://conference.capo.ca)



Canadian Association of Psychosocial Oncology  
Association Canadienne d'Oncologie Psychosociale



**BC Cancer Agency**

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# ORAL PRESENTATIONS

## 20-MINUTE ORAL PRESENTATIONS

### B101 - Cancer Caregiver's Health and Lifestyle Factors as Predictors of Physical and Mental Distress

**Maria Thomson, Laura Cartwright, Robin Matsuyama**

**Background:** The number of individuals providing informal cancer care to family members is steadily rising. Cancer caregivers often report significant social and emotional difficulties but little work has focused on their physical health. Poor physical health can impact a caregiver's ability to continue to provide care. Given the crucial role of caregivers in patient care, it is important to understand how caregiver health and lifestyle factors are associated with physical and mental distress.

**Methods:** Data on informal cancer caregivers was obtained from the 2016 Behavioral Risk Factor Surveillance System (BRFSS), a telephone based, population survey supported by Centers for Disease Control (CDC). Outcome variables of interest were physical and mental distress in the past 30 days. Predictor variables included demographic, health, and lifestyle factors.

**Results:** Caregivers who were white, not married, had higher incomes and were caregiving for 6 months or less had lower physical distress. Those who were unable to seek medical care for themselves, did not engage in physical activity, had a history of high blood pressure and reported more days of disturbed sleep had higher physical distress. Predictors of mental distress included greater length of time as a caregiver and sleep disruption.

**Conclusions:** Targeting caregiver physical health and facilitating positive changes in health behaviors and healthcare utilization may protect against caregiver physical and mental distress. Lifestyle interventions could target key behaviors including sleep, physical activity and primary care use to ensure caregivers are receiving preventive health care.

### B104 • Start The Talk Modules...Getting the Word Out About A Resource for Health Professionals, Educators and Patients About Communication with Children and Teens When Someone Close to Them Has Cancer

**Andrea Laizner, Andreanne Robitaille, Laura Delany, Suzanne O'Brien, Andriana Krasteva, Maria Murphy**

A cancer diagnosis reverberates throughout the family system. There is variability in types of resources and hospital based programs available to meet the needs of children and adolescents when persons close to them are diagnosed with cancer. Patients don't always ask for help dealing with children and teens; therefore in 2013, CAPO developed a web based resource to help Start the Talk to be able to provide first line support. In 2015, Canadian cancer patient surveys indicated they still lacked information about changes in emotions and relationships. Therefore, the Rossy Cancer Network (RCN) funded a local quality improvement initiative to increase awareness and access to the Start The Talk modules.

Self-report survey questionnaires were distributed to 88 health professionals and 131 patients from RCN affiliated institutions to identify whether they were aware and had accessed the Start The Talk modules on the CAPO website. Only 16 % of health professionals and 4% of patients were aware of the site and only 1–2% had accessed it. 63% of patients surveyed actually had contact with children and teens. Presentations to disseminate information about the Start The Talk modules that were developed for health professionals, educators and patients were conducted in 2016. Approximately 100 persons attended presentations conducted at RCN hospitals, the AQIO and CAPO annual conferences. Participants were asked to discuss potential strategies for future dissemination of English / French versions of modules. Strategies were proposed that included in-person contact, use of social media, pamphlets, bookmarks, visual screens in public areas. They varied depending upon the target audience. Our initial dissemination strategies led to increased visits to the Start The Talk modules on CAPO website. This presentation will provide examples of the modules, 15 minute dissemination, bookmark and other suggestions.

## B105 - Identifying the psychosocial correlates of HPV vaccination: Results from Canada's Childhood National Immunization Coverage Survey

Gilla Shapiro, Zeev Rosberger

**Objectives:** The oncogenic protection offered by the human papillomavirus (HPV) vaccines has been recognized. Increasing HPV vaccine uptake is a priority in decreasing HPV-associated cancers across Canada. This study describes HPV vaccine uptake across Canada, and the attitudes and beliefs associated with HPV vaccination.

**Methods:** We analyzed data from the 2013–2014 Childhood National Immunization Coverage Survey (CNICS), a national cross-sectional survey conducted biennially by Statistics Canada using computer assisted telephone interviews. The survey assessed vaccine uptake and attitudes regarding childhood vaccines in four sub-samples: i.e. parents of 2, 7, 12–14, and 17-year-old children. Parents of girls in the older two sub-samples were examined (as questions about HPV were not given to parents of boys or to the younger samples).

**Results:** Of 8989 parents, 71.2% reported their daughter received the HPV vaccine. A multivariate logistic regression identified that significant correlates of HPV uptake included belief in vaccine importance ( $\beta=.420, S.E.=.074, p<0.001$ ), concern regarding side effects ( $\beta=-.152, S.E.=.030, p<0.001$ ), belief in alternative practices ( $\beta=-.114, S.E.=.033, p<0.01$ ), perception of one's understanding of vaccines ( $\beta=-.125, S.E.=.049, p<0.05$ ), and concern that vaccines can cause disease ( $\beta=-.082, S.E.=.030, p<0.01$ ). In contrast, belief in vaccine safety ( $\beta=.092, S.E.=.063, p=ns$ ), vaccine effectiveness ( $\beta=.009, S.E.=.072, p=ns$ ), and seeing a health care provider in the past year ( $\beta=.061, S.E.=.060, p=ns$ ) were not significant correlates of HPV vaccination.

**Conclusion:** This analysis highlights that belief in vaccine importance was the strongest correlate of HPV vaccine uptake. Concerns regarding side effects, belief in alternative practices, and perception of one's understanding of vaccines were negatively associated with vaccine uptake and also merit further consideration.

## B110 - Envisioning a Narrative Care Ethic in Cancer Care Practice

Karen Fergus, Manisha Gandhi

In this presentation, we discuss the merits of adopting a narrative care ethic as part of standard cancer care practice. Such a transformation would entail a cultural shift at the institutional level with more deliberate attention being paid, with leadership's support, to patients', and caregivers', stories. Well-supported assumptions upholding this shift in practice include such notions as: (1) life is lived as a story and our strength lies in our stories; (2) our experience of self and identity is narratively constructed and such stories are both remembered and retold, as well revisited and revised based on new experiences; (3) narrative processes are meaning-making processes and there is something inherently gratifying about deepening one's narrative(s) because of the intricate interconnection between narrative, self-definition, identity and relatedly, one's meaning and purpose in life; (4) traumatic experiences are often fragmented, cleaved off from storying processes—the very processes that can aid in integrating and healing from a challenging life experience such as cancer. We further suggest that patients will feel more equipped psychologically to undertake treatment, and to face their mortality more broadly, when they experience healthcare providers as attending to their personhood through the lens of narrative. Implicit in a narrative approach to care is an attitude of, 'I see you as a person, irrespective of your being my patient.' A narrative care lens is therefore inherently person-centred, potentially offering countless concrete avenues to implementation. We discuss possible benefits and creative applications of a narrative approach to providing care as well as possible systemic barriers and enablers.

## B117 - Comparing Perspectives of Men with Prostate Cancer and Health Care Professionals about Active Surveillance: Implications for Practice

Margaret Fitch, Kittie Pang

**Introduction:** The practice of active surveillance (AS) with low risk prostate cancer (PC) is growing. Consideration of AS requires individuals to shift their ideas about cancer and treatment risk during emotional upheaval.

**Purpose:** This study explored the perspectives of men diagnosed with prostate cancer and health care professionals (HCPs) regarding AS and the factors that influence decision-making about pursuing AS.

**Methods:** Focus groups were held across Canada with men (7 groups, N=56) diagnosed with PC and eligible for AS and with HCPs (5 groups, N=48) caring for these men. Viewpoints were captured about practices concerning AS communication and factors influencing decision-making about AS. Content analysis was performed on the verbatim transcripts and a comparison made between men's and HCP's viewpoints.

**Results:** Men and HCPs agreed AS is for low grade disease, is intentional, avoids side effects, and allows time for treatment if the disease changes. All agreed that men could be comfortable with AS if there was no disease progression. Disease status was a priority for clinicians and men in deciding about AS. However, men emphasized quality of life is also a key consideration in balancing their decision-making. Differences were evident regarding clarity around criteria for AS, interpretation of test results, what constitutes best practice approaches, clarity of information provided, how much information is needed, and the amount of time required to make a decision.

**Conclusions:** Differences in perspectives can be a source of tension between patients and clinicians. Communication and education efforts are needed to achieve clear shared perspectives on AS.

## B118 - Comparing and contrasting patient and health care professional views on spiritual care: implications for practice

Margaret Fitch

**Introduction:** Providing spiritual care is important in cancer care, especially for individuals living with advanced disease. The current health care environment creates challenges for practitioners to identify spiritual distress and engage in appropriate interventions.

**Purpose:** This project was designed to deepen our understanding of spiritual care and identifying spiritual distress in busy clinical environments. We sought to identify a simple question that would be useful in screening for spiritual distress when used by frontline providers.

**Methods:** Patients with advanced disease (N=16) and health care practitioners (N=21) were interviewed in-depth. Verbatim transcripts were analyzed separately for each group and themes identified. Subsequently, the perspectives from each group were compared with common and discordance perspectives identified.

**Results:** Common views included spirituality as unique to the individual; spiritual distress as isolation, loneliness, and a sense of disconnection; spiritual care as listening, being with, and engendering a sense of connectedness; and identifying spiritual distress as needing a conversation rather than a single question. Contrasting views were seen in the difficulty health care practitioners had in describing spirituality and seeing a role for themselves in spiritual care while patients easily described these concepts and offered eloquent examples of their experiences related to spirituality.

**Conclusions:** Patients considered spiritual care as important to their experience and expected it would be provided by practitioners; health care practitioners struggled with identifying roles for themselves in providing spiritual care. The varied perspectives could contribute to 'missed opportunities' to support individuals.

## **B120 - From Guidelines to (non) Practice: Do our recommendations match the opinions of stakeholders in cancer-related fatigue?**

**Marguerite Gollish, Georden Jones, Sophie Lebel, Jennifer Brunet**

**Objective:** Cancer-related fatigue (CRF) is a distressing and debilitating exhaustion experienced by many adults diagnosed and treated for cancer. However, the development of national guidelines by CAPO for the treatment of CRF has not translated into changes in practice. This ongoing study aims to examine stakeholder opinions of CRF and its management, and understand factors that may explain poor compliance with CAPO guidelines.

**Method:** Focus groups were held with: 1) 4 Healthcare professionals (HCPs), 2) 15 community support providers (CSPs), and 3) 12 adults diagnosed/treated for cancer. All participants provided consent and completed a brief socio-demographic questionnaire. Recordings from the focus groups were transcribed and analysed using content analysis.

**Results:** Preliminary analyses show that HCPs and cancer patients were unfamiliar with the CAPO guidelines. They also indicate that HCPs and CSPs were eager to assist cancer patients struggling with CRF but often suggested therapies not recommended in the CAPO guidelines. Patients placed greater importance on HCPs empathizing with their fatigue, helping them navigate treatment options, and following up regularly than on the efficacy of the treatment options. Supportive expressive therapies are included in CAPO's psychosocial intervention recommendations, highlighting an area where knowledge of the guidelines could assist with patient care.

**Conclusion:** Exploring the reasons for limited uptake of CAPO guidelines on CRF from various end-user's perspectives will help to inform the creation of practical and sustainable recommendations for practice. It will also inform the effort to create and implement a sustainable treatment for CRF.

## **B131 - Club Mets - an innovative program for young adults living with metastatic illness**

**Suzanne O'Brien, Deborah Bridgman, Julie Szasz**

Club Mets is a Montreal support program for young adults living with metastatic cancer and is managed by those same young adults. This presentation looks at the lessons learned from trying multiple strategies to find sustainable, impactful and relevant services to meet the unique support needs of young adults living with metastatic illness. Member testimonials, reflections and questions have guided responses that have helped young adults find hope, laughter, friendship, resilience and leadership opportunities, while coping with chronic treatment, long-term treatment side-effects and loss of their friends.



### **B133 - Daring to delve deeper – Uncovering nuances of women's experiences of an online psychoeducational program for sexual difficulties in colorectal and gynaecological cancer survivors through qualitative inquiry**

**Erin Breckon, Lori Brotto, Cara Dunkley, Jeanne Carter, Carl Brown, Judith Daniluk, Dianne Miller**

**Purpose:** Quantitative results of a pilot 12-week online psychoeducational program for sexual difficulties among survivors of gynaecological or colorectal suggest this program was effective for a subset of female participants. The purpose of this qualitative study was to gain a better understanding of women's experiences in completing this online intervention in order to inform future study designs and online psychosexual interventions.

**Methods:** In-depth, in-person, largely unstructured qualitative interviews were conducted and audio-recorded with a purposive sample of 6 women. Interviews were transcribed verbatim and analysed using a narrative methodology. Follow-up interviews were conducted to determine trustworthiness of study results.

**Summary of Results:** Analyses revealed women's biopsychosocial realities strongly influenced the degree of difficulty women experienced in completing the program, the level of distress certain program material elicited, and how beneficial women perceived the program to be in terms of meeting their own personal goals. Women commonly reported a sense of renewed hope for regaining their sexual lives, and expressed that they would have valued an interactive component to the program.

**Conclusion:** This qualitative inquiry revealed essential information on program effectiveness that lay 'hidden under the covers' of quantitative exploration - the participant perspective. This research highlights the importance of and need for integrating qualitative and quantitative methodology in assessing the effectiveness of psychosexual interventions to improve our understanding of how to better meet a greater number of cancer survivors' sexual health needs.

### **B135 - Development and evaluation of a decision aid for BRCA1/2 mutation carriers who consider prophylactic surgery**

**Andrea Vodermaier, Aibylle Kautz-Freimuth, Kerstin Rhiem, Rita Schmutzler, Stephanie Stock**

**Purpose:** The ongoing study involves the development and pilot testing of a decision aid for women following receipt of a BRCA1/2 mutation result. Women who are either unaffected or affected with unilateral breast cancer are confronted with decision making whether to initiate or remain in an intensified surveillance program which involves medical and radiological exams every 6 months or whether and when to undergo prophylactic mastectomy and/or prophylactic bilateral salpingo-oophorectomy. The latter are invasive procedures, which, however, represent the only methods of risk reduction to date. While risk reduction effectiveness is age dependent, the timing when to undergo a prophylactic surgery is likewise a crucial personal decision. The decision aid aims at supporting this group of women to obtain an informed individual decision.

**Methods:** Both an online and paper based decision aid is developed according to the Ottawa Decision Support Framework (O'Connor et al., 2006), which will be evidence based. Likewise international standards of decision aid development are acknowledged (IPDAS; Elwyn et al., 2006). Face and content validity will be reviewed by means of interviews with clinical experts as well as women at risk, patients and cancer survivors. Within a pilot study the decision aid will be evaluated with standard methods of cognitive pretesting with regards to its comprehensibility and feasibility (Krosnick, 1999). The decision aid may be revised accordingly. Ultimate goal of this research project is the evaluation of the decision aid developed within a randomized controlled trial.

**Results:** The development of the decision aid will be presented.



### **B138 - A co-calibration Rasch analysis study of three commonly used anxiety scales (HADS, DASS, GAD): Explaining variations in prevalence estimates of anxiety among patients with cancer**

**Sylvie Lambert, Kerrie Colver, Julie Pallant, Benjamin Britton, Madeline King, Alex Mitchell, Gregory Carter**

**Background:** Variation in anxiety prevalence among patients with cancer is not only explained by population factors, but also by the various scales used. Different content and scoring algorithms mean that one anxiety self-scale is not directly comparable to another. The aim of this study was to examine variations in measurement among the Hospital Anxiety and Depression-Anxiety subscale (HADS-Anxiety), the Depression Anxiety and Stress Scale-Anxiety (DASS-Anxiety), and the General Anxiety Disorder-7 (GAD).

**Methods:** 164 patients recruited from a cancer centre in Australia completed the HADS-Anxiety, DASS-Anxiety and GAD. Participants were also assessed by the Structured Clinical Interview for DSM-IV. Rasch analysis and Receiver Operating Characteristic (ROC) curves were performed.

**Results:** The measurement range was wider for the HADS-Anxiety and DASS-Anxiety than for the GAD. Cut-off scores across the scales were not equivalent. The mild cut-off score of the GAD was not equivalent to similarly labelled cut-off score on the DASS-Anxiety. The GAD's mild range overlapped with the moderate range of the DASS-Anxiety, and the moderate range on the GAD encompassed the severe and extremely severe ranges on the DASS-Anxiety. The HADS-Anxiety possible range included the mild and moderate cut-off scores for DASS-Anxiety and the GAD, whereas the HADS-Anxiety probable cut-off score was more equivalent to at least moderate anxiety on the DASS-Anxiety and GAD. ROC analysis indicated that the optimal cut-off scores were mostly in the mild anxiety range.

**Conclusions:** Comparison of three anxiety scales commonly used with patients with cancer provided evidence that some variability in anxiety prevalence estimates is due to measurement artefact. These findings have direct implications for interpreting prevalence estimates across studies and the selection of a scale in managing patients in cancer care.

### **B139 - Research priorities for cancer caregiving research: national and international perspectives using the Delphi procedure**

**Sylvie Lambert, Lydia Ould-Brahim, Marjorie Morrison, Afaf Girgis, Mark Yaffe, Karissa Clayberg, Wendy Duggleby, John Robinson, Sally Thorne, Joan Bottorff, Heather Campbell-Enns, Youngmee Kim, Carmen Loiselle**

**Background:** As Canada expands its investment in psychosocial caregiver research, it will be important to establish clear and strategic priorities. The purpose of this study was to engage stakeholders (caregivers, clinicians, researchers and managers) from Canada and three other countries to identify priority topics for psychosocial caregiver research in cancer care.

**Methods:** A three-round, online Delphi survey took place. In Round 1, stakeholders answered an open-ended question to generate as many research topics as possible. These topics underwent content analysis and in Round 2 stakeholders rated the importance of identified topics, using a 4-point Likert-type scale. Consensus was achieved with 80% agreement. Topics with less than 80% agreement were included in Round 3, giving stakeholders the opportunity to revise their answers in light of others' responses.

**Results:** 102 clinicians, 65 researchers, 60 caregivers, and 24 managers participated in Round 1 and generated 92 topics, which were grouped into 10 content areas: impact of cancer; support programs; vulnerable caregivers; technology; role in health care; caregiver-centered care; knowledge translation (KT); environmental scan; financial cost of caregiving; and policy. In Round 2, 11 to 29 topics achieved consensus across stake-

holder groups, with 5 topics achieving consensus for all groups (e.g., “screening for burden”). In Round 3, 11 to 23 more topics achieved consensus across groups, and 3 of these achieved consensus for all groups (e.g., “training for clinicians”). Content areas with the highest level of consensus were: financial cost of caregiving, caregiver-centered care, and KT.

**Conclusion:** By establishing a confluence of perspectives around research priorities, this study ensures that the interests of key stakeholders are integrated in strategic directions, increasing the likelihood of research capable of influencing practice, education, and policy.

### **B140 - Psychological distress and lifestyle disruption: A comparison between active surveillance and radical prostatectomy**

**Anika Gentile, Orit Raz, Kristen Currie, Alyssa Louis, Haiyan Jiang, Tai Davidson, Neil Fleshner, Antonio Finelli, John Trachtenberg, Andrew Matthew**

**Background:** An estimated 21,600 new prostate cancer (PrCa) cases are diagnosed in Canada each year and approximately half pose a low risk of disease progression. Active surveillance (AS) is believed to be an effective treatment for low risk PrCa, preventing substantial morbidity associated with radical treatments. Few studies have compared psychological distress of AS and radical prostatectomy (RP) patients, or explore what contributes to their decision making.

**Purpose:** To explore patient distress, affect, illness intrusiveness, disease-specific worry and the factors influencing treatment decision in men treated with either RP or AS.

**Methods:** In a retrospective cross-sectional design, men with low-risk PrCa were surveyed. Validated and investigator-designed questionnaires were completed by 206 participants (RP n=114; AS n=92).

**Results:** RP group illness intrusiveness scores were significantly worse in domains of intimacy ( $p < 0.0001$ ) and instrumental ( $p = 0.0057$ ), which includes health, work, financial-situation, and active-recreation. At time of treatment decision, RP patients worried more about cancer spread ( $p = 0.0002$ ) than AS patients. RP patients were influenced by their friends ( $p = 0.0438$ ) for treatment decision, whereas in AS their urologists ( $p = 0.0022$ ) and the media ( $p = 0.228$ ) were an influence. During follow-up, AS men worried more about future health ( $p = 0.0060$ ) and dying ( $p = 0.0094$ ) than post-RP men.

**Conclusion:** Although neither treatment is associated with high levels of psychological distress, fear of disease progression may be a strong motivating factor in the selection of RP. AS patients adhere to protocol despite continued distress. These findings may assist patients and clinicians in understanding the psychological and external influences involved in PrCa treatment decision-making.

## B145 - Understanding response shift in cancer patients reported quality of life outcomes and its relevance to clinical decision making

Gabriela Ilie, Robert Rutledge

**Purpose:** Inherent to the process of accommodating to the cancer diagnosis and one's inner growth over the course of the cancer journey, individuals may change their internal standards, values, and/or conceptualization of life. This has important implications for assessing the effects of cancer treatments, as a change in quality of life (QoL) may reflect a response shift, a treatment effect, or a complex combination of both.

**Method:** Six published oncology studies exemplifying the contribution of response shift on cancer treatment and mind-body intervention efficacy among cancer patients will be discussed.

**Results:** In one study the more toxic chemotherapy group showed greater recalibration in evaluating their appetite than the group whose treatment had less toxic side effects. Thus, more side effects led to paradoxical findings. Two other studies review paradoxical effects of psychosocial interventions associated with changes in values and conceptualization of QoL, and a resulting underestimation of treatment effects due to changes in values. Three other studies show cancer patients are more willing to undergo risky and toxic treatments with minimal chance of benefit than healthy individuals with a benign disease, indicating that patients may have lowered their standards of tolerance and/or changed their values. Perhaps, most profound is the discrepancy between clinical measures of health and patients' own evaluations of their health.

**Conclusion:** The data reviewed here points to the importance of understanding response shift phenomena, how response shift can affect clinical decision making and what possible solutions could integrate response shift theory into cancer quality of life measurement.

## B146 - A Mixed Methods Approach to Understanding the Impact of Exercise in Cancer Family Caregivers

Colleen Cuthbert, Dianne Tapp, Kathryn King-Shier, Dean Ruether, Kathryn Wytsma-Fisher, Maddison Bischoff, Nicole Culos-Reed

**Purpose:** Exercise provides numerous physical and psychosocial benefits in survivors, however only limited work has examined exercise as an intervention for cancer family caregivers. The purpose of the present mixed methods study was to determine the effects of exercise on physical and mental well-being.

**Methods:** A 12-week randomized controlled trial exercise intervention, with pre and post assessments that included patient reported outcomes, fitness measures, physical activity adherence, and semi-structured interviews to examine caregivers' perceptions of the impact of the intervention. Inclusion criteria was self-identification as a caregiver, English-speaking and being able to attend the exercise intervention 2X/week for 12 weeks.

**Results:** Caregivers (n=77; n=38 in intervention, n=39 in waitlist control condition) were primarily spouses, mean age of 53 years, providing 19 hours of caregiving per week, and had a high socioeconomic status. Intention-to-treat analyses with linear mixed modelling revealed that the exercise intervention participants had statistically significant increases in the mental health subcomponent of QOL, increases in PA levels, and increases in functional capacity (6-minute walk test) (all p's<.05). Qualitative analyses of participant interviews who had completed the intervention (n=20) utilized interpretive description, finding 6 main themes: context of caregiving, value of the exercise program, fun and positivity through exercise, value of the group format and comradery with similar others, improvements in physical and mental health, and enhanced ability to cope.

**Conclusions:** This is the first RCT of a PA intervention for cancer caregivers only. Results support benefits of PA on physical fitness, PA levels, and mental well-being. The qualitative findings support the importance of the participant perspective in understanding potential benefits, and will be used to inform future research. Clinical offerings of PA for caregivers are necessary.

## **B148 - Developing a framework for the management of breast cancer patients with previous sexual trauma**

**Michelle McCowan, Andrea Jennyc, Ardythe Taylor**

The traumatic impact of the breast cancer screening, diagnostic, and treatment process has been well established. However, there appears to be less clarity regarding the impact of associated medical procedures on patients with a history of trauma, particularly trauma of a sexual nature.

Within our collaborative clinical work in the Shared Mental Health Care program at the Breast Cancer Supportive Care Foundation (Calgary, AB), we have repeatedly encountered patients who describe the retriggering of past sexual trauma during breast cancer diagnosis and treatment. Patients commonly report feeling completely unprepared for the possibility of retraumatization; their medical teams were typically unaware of their trauma history. These patient stories highlight the need for a clinical protocol to guide breast cancer care providers in (a) making appropriate inquiries about past sexual trauma and (b) adequately addressing trauma history when preparing patients for the possible impacts of diagnostic and treatment processes.

As an initial step towards the design of such a clinical protocol, we conducted a systematic review of the current literature on iatrogenic retraumatization as it relates to breast cancer screening, diagnosis, and treatment.

In this presentation, we will provide a summary of this literature review, with a particular focus on how the implications gleaned can inform a framework for clinical application. Participants will be invited to engage in a critical discussion on this topic, such that their collective professional expertise, comments, and recommendations can be incorporated into the development of a highly useful and clinically relevant resource for patients and practitioners.

## **B149 - A randomized controlled trial of consultation recording use to enhance psychosocial well-being and coping behaviour in patients with brain tumours**

**Tom Hack, Dean Ruether, Marshall Pitz, Lesley Degner**

**Purpose:** To conduct a prospective, parallel randomized controlled trial (RCT) of consultation recording use to examine the impact of consultation recording on adaptive psychosocial and coping behavior—including patient involvement in treatment decision making, anxiety, recall, and satisfaction with care and communication—in patients with brain tumours.

**Methods:** Patients were recruited from the Tom Baker Cancer Centre in Calgary, and CancerCare Manitoba in Winnipeg. Patients were block randomized to either receive an initial treatment consultation recording or not. Measures of three predictor variables—decisional control preference, information preferences, and coping style—were administered pre-consultation. Patient outcomes were measured immediately post-consultation (baseline), at 1 week post-consultation, and at 3 and 6 months post-consultation. Patient outcomes included psychological distress, perception of being informed, satisfaction with care, satisfaction with the oncologist, and consultation recording use and benefit. The hypothesis that patients who receive their consultation recordings will realize statistically significant benefit at 1 week post-consultation and at 3 and 6 months post-consultation in comparison to patients who do not receive their consultation recordings, was tested using multi-variable mixed effects regression models.

**Summary of Results:** 417 new clinic patients were screened. Of these, 194 did not meet eligibility criteria. Of the 223 patients who met the eligibility criteria, 99 either declined to participate or could not be reached. The final randomized sample was composed of 124 patients (Calgary-55; Winnipeg-69). Findings of the statistical analysis will be presented.

**Conclusions:** The study findings are valuable evidence needed to inform the use of consultation recording use in oncology, leading to better informed decision-making and enhanced psychosocial well-being for patients with brain tumours.

## B153 - Fear of Cancer Recurrence, Intolerance of Uncertainty, and Quality of Life

Julia Parrott, Sophie Lebel, Chistine Maheu, Brittany Mutsaers

**Purpose:** Elevated levels of Fear of Cancer Recurrence (FCR), defined as the worry that the cancer will return/progress in the same or other parts of the body (Lebel et al. 2016), affects half of cancer survivors. This led Lebel and colleagues (2014) to develop an intervention aimed at decreasing FCR. Prior to widespread implementation, validating the theoretical model that informs this intervention is necessary. The focus of this paper will be to validate Intolerance of Uncertainty's (IU) role in the proposed model of FCR, and further explore its relationship with Quality of Life (QoL). We hypothesise that FCR vs IU will have a positive correlation and IU vs QoL will have a negative correlation.

**Methods:** Participants completed an ongoing RCT on a Cognitive-Existential Group Intervention aimed at lowering FCR in breast and gynecological survivors. For the present paper, pre-therapy questionnaires measuring FCR, QoL, and IU were used.

**Results:** FCR vs IU were positively correlated  $r=0.51$ ,  $p<.01$ . FCR vs QoL-MCS (mental component summary) and IU vs QoL-MCS were negatively correlated  $r=-0.43$ ,  $p<.01$ ,  $r=0.32$ ,  $p<.01$ , respectively.

**Conclusion:** The results suggest that FCR and IU negatively impact a survivors' QoL. This lends tentative support for of aspect of the FCR model developed by Lebel et al. (2014) that identified IU as one of the therapeutic targets in reducing FCR.

## B156 - Can fear of cancer recurrence facilitate skin self-examination in cutaneous melanoma survivors?

Chelsea Moran, Adina Coroiu, Andrea Aternali, Agnessa Karapetian, Annett Körner

**Background:** Skin self-examination (SSE) can facilitate the early detection of melanoma, which saves lives. Fear of cancer recurrence (FCR) is reported by 72% of patients with previous melanoma (Costa et al. 2016). In women with breast cancer, FCR is associated with higher frequency of breast self-examination (Thewes et al. 2012). Our study explores if FCR can be adaptive (leading to optimal SSE behaviours) or maladaptive (leading to avoidance or excessive SSE) in melanoma survivors.

**Methods:** Secondary analysis of data from a study examining predictors and facilitators of SSE among melanoma survivors: FCR-Inventory severity subscale (FCRI, range=0-34; Simard & Savard, 2009) at 12-months post-intervention (T1); SSE behaviour (range=0-5) at 12 and 24 months post-intervention (T2). Linear and curvilinear associations between FCR and SSE were tested using hierarchical regressions, for cross-sectional (FCR-T1 vs. SSE-T1) and longitudinal (FCR-T1 vs. SSE-T2) models.

**Results:** At T1, 150 melanoma survivors (Mage=59; 51% female) completed the measures and 109 (Mage=60; 52% female) completed them at both timepoints.

**Cross-sectional model:** After controlling for age, gender and melanoma stage, there was a significant linear effect of FCR on SSE behaviour ( $R^2=.053$ ,  $F(4,145)=3.39$ ,  $p<.05$ ) but no curvilinear relationship between FCRI and SSE ( $p>.05$ ). MFCRI=15.5, SD=7.7. MSSE=2.9, SD=1.3.

**Longitudinal model:** There was no relationship between FCR and SSE ( $p>.05$ ). MFCRI=15.2, SD=7.6. MSSE=2.8, SD=1.3.

**Discussion:** Results suggest that there is a weak relationship between FCR and SSE in melanoma survivors. We will discuss the implications of these results for intervention research, as well as the role of FCR in melanoma survivorship.



## B157 - Ovarian Cancer Canada Survey to Assess Support and Information Needs of Survivors

Kelly Grover, Marilyn Sapsford

**Purpose:** To gain insight into the experiences of people with ovarian cancer and to determine their support and information needs and any gaps in services.

**Method:** An invitation to complete the survey was distributed across Canada through regional and national newsletters, direct email, social media and the website. There were a total of 256 respondents: 192 English and 64 French representing 9 provinces and 1 territory.

**Summary of Results:** There were no differences in responses across different provinces. While many respondents did state they were satisfied with their medical team, the majority still looked to Ovarian Cancer Canada for information and support, and wanted the organization to provide information on the disease, clinical trials, treatment options, research, and help with finances. Regarding support, the overwhelming concern was how to cope with fear of recurrence, anxiety and mental health issues, something that was not integrated with their care. The biggest gap in their experience was the lack of connection with others diagnosed with the disease.

Most responses were very similar between English and French respondents. Key differences related to information sources. French speaking respondents found more information through the Canadian Cancer Society and other survivor organizations than English speaking respondents and less information through their medical team.

**Conclusion:** Gaps in disease information, psychosocial support and connection among survivors continue to be issues in the ovarian cancer community. Ovarian Cancer Canada is reviewing ways to address these gaps through programs, services and partnerships.

## B158 - Targeting fathers for cancer prevention: Feasibility of a gender-sensitive smoking cessation program

Joan Bottorff, John Oliffe, Gayl Sarbit, Cristina Caperchione, Anne Huisken, Anima Anand, Kym Howay

**Purpose:** New smoking cessation (SC) programs are needed to prevent cancer. Dads in Gear (DIG) is an innovative, gender-sensitive SC program to support new fathers, specifically, at a time when men's aspirations to be good fathers and role models for their children are at odds with their smoking. This study was conducted to evaluate the feasibility of the DIG program.

**Methods:** Trained male facilitators were provided with a program manual and web-based resources to deliver DIG in selected BC communities. The evaluation focused on: (1) recruitment and retention (2) acceptability (3) practicality and (4) preliminary outcomes. Participant data were collected at baseline, program completion, and 3-month follow-up. Weekly telephone debriefs were held with facilitators.

**Results:** Thirty-one eligible men ( $X=32$  yrs,  $SD=7.2$ ) were recruited; 21 completed DIG. At baseline, men were smokers, except for 6 who had recently quit. At program completion, fathers reported being extremely/very satisfied with DIG (100%). Weekly facilitator debriefs indicated that program fidelity was high, with minor adaptations made to accommodate group needs and delivery context. At program completion, 10 (47.8%) men were smoke free. For the men who continued to smoke, 7 made at least 1 quit attempt. At 3 month follow up, 9/21 (42.8%) fathers reported being smoke free.

**Conclusion:** The findings indicate that DIG harnesses men's desire to be good fathers to inspire their determination to stop smoking. DIG is the only evidence-based SC program in the world designed specifically for new fathers, and is a model for weaving research and practice to advance family health and cancer prevention.

## B159 - Intercorrelations between physical health status and psychological status among long term childhood leukemia survivors

Ann  lie Sarah Anestin, Serge Sultan, Maja Krajcinovic, Caroline Laverdi  re, Daniel Sinnett, Annie-Jade P  pin

**Purpose:** Marked progress in cancer treatments has led to a significant improvement in the survival rate of pediatric Acute Lymphoblastic Leukemia (ALL). Nevertheless, these treatments contribute to adverse long term effects among survivors. Research suggests childhood cancer survivors are more likely than their siblings to be diagnosed with a chronic disease, up to 35% suffer from significant emotional distress and the exacerbation of distress is linked to perceived decline in one's physical health. The underlying mechanisms between physical health and psychological status are complex and require further research especially among young pediatric ALL survivors. The objective of this project is to describe treatment related adverse effect, the psychological status and identify domains of physical health that are likely to yield deteriorated psychological status and the conditions under which these associations are maximal.

**Methods:** The sample consists of 209 former patients enrolled in DFCI treatment protocol. Physical health status was thoroughly assessed including cardiometabolic, cardiopulmonary, bone neurocognitive, mobility and vitality data. Psychological status was obtained through self-report questionnaires assessing anxiety, depression, distress symptoms, and quality of life. Participants were assessed once during a research visit at the treatment center. Regression analyses were conducted to identify associations between psychological status, cancer treatment and physical health.

**Results:** Preliminary results suggest sleeping difficulties and fatigue were rated as severely impairing functioning and anxiety was related to mobility impairment.

**Conclusions:** Additional analyses will provide an accurate description and understanding of pediatric ALL survivors' overall well-being and potentially define new targets for supportive care.

## B160 - A Balancing Act: Persisting with Adjuvant Endocrine Therapy After Breast Cancer

Leah Lambert, Lynda Balneaves, Stephen Chia, Fuchsia Howard, Carolyn Gotay

**Purpose:** The use of adjuvant endocrine therapy (AET) dramatically reduces breast cancer recurrence and mortality. Despite the demonstrated efficacy of AET, 31–73% of survivors are non-persistent with AET. The purpose of this study was to explore breast cancer survivors' experiences and perspectives of AET persistence and to identify the ways in which psychosocial factors and the Canadian healthcare system influence AET persistence.

**Methods:** Guided by the methodology of interpretive description and using a theoretical lens of relational autonomy, individual interviews were conducted with 22 women diagnosed with early-stage breast cancer who had been prescribed AET. Women also completed a demographic form and surveys that assessed self-reported AET persistence, AET-related symptom prevalence and severity, and perceived risk of recurrence.

**Results:** The personal, social, and structural factors found to influence AET persistence included AET side effects, perception of breast cancer recurrence risk, medication beliefs, social support, the patient-provider relationship, and the continuity and frequency of follow-up care. Based on an in-depth understanding of these influential factors, strategies to improve AET persistence include improving symptom management, developing survivorship education, ensuring continuity of health care across oncology and primary care, and enhancing patient-provider communication.

**Conclusion:** Increasing our understanding of the real-world factors affecting breast cancer survivors' AET persistence is the first step in developing efficacious, patient-centered interventions aimed at improving AET persistence. The development and evaluation of supportive care strategies that target the challenges experienced by breast cancer survivors with regards to AET hold real promise for increasing the quality of women's lives and disease-free survival.

## B161 - Connection, Comfort and Communication: Support for Children When a Family Member has Cancer

Jagbir Kaur, Catherine Dunlop

When cancer “joins” the family, the impact touches children as well as the diagnosed family member. The Children’s Group is an inter-professional initiative involving nursing, counseling and art therapy at the BC Cancer Agency which has been underway since 1994 providing support to children who have a family member with cancer. Evaluation feedback and anecdotal experiences reveal the important benefits of encouraging dialogue and sharing knowledge amongst parents and children about the cancer diagnosis. This presentation will aim to share our experiences and lessons learned with the children’s support program at the BC Cancer Agency and to suggest ways to support cancer patients and their children within clinical settings. The presentation will describe: the key role of education and information about cancer as a way of supporting children, common questions children are concerned with and strategies for clinicians to answer those questions, and the ways art therapy can lead to enhanced connection and comfort through creative expression. In collaboration with the healthcare team, nurses, counselors and art therapists can together play a role in helping to create a positive legacy of cancer in families with young children.

## B163 - Finding multi-layered approaches for equitably high quality survivorship care

Tracy Truant, Sally Thorne, Colleen Varcoe, Carolyn Gotay

**Purpose:** With growing evidence of health disparities among Canadian cancer survivors, it is becoming clearer that our survivorship care system may privilege some, and not others, to receive high quality survivorship care and optimal health. This study aims to improve survivorship care systems by better understanding how social, political, economic and personal factors, and survivors’ health experiences and health management strategies shape the development of and access to equitably high quality survivorship care.

**Methods:** Using a qualitative Interpretive Description approach informed by an intersectional lens, this study involves three phases: 1) critical textual analysis (e.g., survivorship guidelines, education programs, policies), 2) secondary analysis of a Canadian Communication in Cancer Care database, and 3) survivor and key stakeholder interviews.

**Results:** Integrated findings across all phases are presented (Phase 1=25 documents, Phase 2=14 survivors, Phase 3=35 survivors and 15 stakeholders). Survivors described a gap between their expected and actual survivorship care experiences. This gap was shaped by contextual and structural factors that further marginalized some individuals/groups. Factors shaping this gap at the individual (e.g., previous experiences, social determinants of health), group (e.g., defining standardized “norms”) and system (e.g. efficiency drivers, underdeveloped guidelines) level are presented. Multi-layered recommendations ranged from strategies building survivor trust, to integrated policies across social and health sectors to promote survivors’ holistic health.

**Conclusions:** This intersectoral approach to understanding what shapes survivorship care systems and resources highlights and unravels the complex nature of the issue, helping clinicians and decisions makers find multi-layered approaches for equitably high quality survivorship care.



## B167 - Extent and determinants of wage losses incurred among spouses of non-metastatic breast cancer patients in the six months following diagnosis

**Brittany Humphries, Sophie Lauzier, Mélanie Drolet, Douglas Coyle, Benoît Mâsse, Louise Provencher, André Robidoux, Elizabeth Maunsell**

**Purpose:** Breast cancer affects patients but also their relatives, who often assume caregiving responsibilities. For employed relatives, this can result in work absences and lost wages. We evaluated the extent and determinants of wage losses among spouses of non-metastatic breast cancer patients in the six months following diagnosis.

**Methods:** This prospective cohort study includes women diagnosed with non-metastatic breast cancer and a cohabiting relative, recruited in 8 hospitals in the province of Quebec during 2003. Information to estimate spouses' wage losses because of breast cancer were collected by telephone interviews conducted among relatives one and six months after diagnosis. Log-binomial regressions were used to identify personal, medical, and employment characteristics associated with experiencing wage losses, and the proportion of wages lost.

**Summary of results:** 829 women were included (participation 86%) and 427 had a participating cohabiting relative (participation 72%, 93% were spouses). Among the 279 employed spouses, 78.5% experienced work absences because of breast cancer (mean duration=12.9 days). On average, spouses were compensated 64.8% of their salary. The median wage loss was \$181 CA 2015 (mean=\$3,239; SD=\$8,805). Spouses were more likely to experience wage losses if they were self-employed (p-value <.0001), lived farther than 50km from hospital (p-value 0.05), or if the woman received chemotherapy (p-value 0.03). A higher proportion of lost wages was associated with self-employment (p-value 0.008) and invasive breast cancer (p-value 0.007).

**Conclusions:** Work absences were frequent among employed spouses of women with breast cancer. However, wage losses were modest for most spouses because of compensation received.

## B168 - “Not really helpful to me”: Distressed head and neck cancer patients' perceptions and experiences with distress screening

**Terry Cheng, Sabira Bagha, Jenny Shaheed, Janet Ellis, Alyssa Macedo, Madeline Li, Gary Rodin**

**Purpose:** Challenges and barriers to successful implementation of distress screening have been identified and many patients identified as distressed decline referral for psychosocial care. However, there has been little research on the perceived value to patients of distress screening. To examine this, we explored the experience of head and neck cancer (HNC) patients with a multidimensional distress screening instrument, the Distress Assessment and Response Tool (DART).

**Methods:** As part of a larger grounded theory study of the experience of HNC patients, twenty-four participants were recruited, based on theoretical sampling, to participate in a qualitative study of their experience of distress screening. Face-to-face semi-structured interviews were conducted, which were audiotaped and transcribed. Thematic analysis was used to generate an explanatory theory.

**Results:** Most participants who completed DART did not fully understand its purpose nor how it could help them. Although they believed that it helped their medical providers with their symptom management, all did not see their scores nor were their scores discussed with them. They tended to believe that the lack of discussion about their scores was due to their providers not having concerns about their well-being.

**Conclusion:** This study suggests that the completion of a distress screening measure does not necessarily lead to collaborative discussions of patients with their health care providers regarding symptom management. Education of both patients and health care providers may be needed to ensure that optimal benefit results from distress screening.

## B169 - Riding the North Wind: Art Therapy Groups for Chinese-Speaking Cancer Patients

**Catherine Dunlop, Sandy Kwong**

“Yesterday’s plans have all been put to flight: a north wind has risen in the night.”

This ancient Chinese saying captures the tumultuous time a patient may experience after diagnosis and throughout the cancer journey. The saying also hints at harnessing the potential of the north wind and art therapy is one way to do that. BC Cancer Agency’s Patient & Family Counseling Services (PFC) has been providing an art therapy program to cancer patients for many years and over the past three years PFC has had the opportunity to offer art therapy groups specifically for Chinese-speaking patients (in Mandarin and also in Cantonese). We found the interest of Chinese-speaking cancer patients in an arts-based support group format to be consistently high and we have learned several key lessons around working with art therapy as a healing modality within a specific cultural context. The participants have shared that the art therapy groups not only provide a safe space to freely express their feelings through art-making, but also that the groups are a chance to learn new tools to explore their emotions, to try new things in their daily lives, and to ride the north wind to find new vistas.

## B170 - Developing National Indicators to Measure Person Centred Perspective

**Esther Green, Deborah Dudgeon, Margaret Fitch, Kristen De Caria, Gina Lockwood, Jennifer Chadder, Sarah Zomer, Kim Tran, Sharon Fung, Raquel Shaw Moxam, Rami Rahal, Heather Bryant**

The Canadian Partnership Against Cancer (The Partnership) in collaboration with the provincial cancer agencies and programs and national partners, including a pan-Canadian Measurement Steering Committee, a Palliative and End-of-Life Care National Network, a Patient Experience and Patient Reported Outcomes Working Group and a Primary Care Working Group, have developed national indicators to monitor system performance in whole person care. The areas of focus include palliative and end-of-life care, patient reported outcomes and patient experience measures and primary care.

An extensive review of the literature and jurisdictional scans were conducted to identify a preliminary list of indicators. The indicators were defined and categorized into feasible for application or needing development. The presentation will outline the process for indicator development, present the list of candidate indicators for whole person care to be released as a baseline for system performance reporting, and discuss the opportunities for future work. We will highlight areas where future attention and action are needed, and point to potential best practices to advance the quality and effectiveness of cancer control across the country.

## B173 - Spirituality, Cancer and the Ethics of Hope

**Philip Crowell**

**Purpose:** This presentation will examine the place of spirituality and hope in the experience of cancer patients who are facing potentially life threatening diagnosis and how a fully articulated “ethics of hope” can help resolve tensions by balancing expectations of patients and families. The literature on existential suffering of cancer patients often correlates their distress with spiritual suffering as questions of meaning are raised and found lacking. Spirituality for patients often entails a quest for meaning and hope, even a hope for hope. The ethics of hope seeks to define the limits, content and experience of hope that reflects different dimensions of human experience in the midst of suffering.

**Ethics Framework/Method:** Discussions concerning what is reasonable in these distressing clinical circumstances often is turned into a question by clinicians such as, “what is reasonable to hope for?” An ethics of hope seeks to decipher the different modes of hope and what is the best measure of ethical expressions of hope and its relationship to what is “true.” What are the risks and benefits of nurturing hope in the face of uncertainty? Using an ethics framework and principles an equilibrium point can be found where the multiple truths discovered from the patient’s situation can serve the patient’s autonomy and provide meaningful expression of beneficence.

**Conclusion:** Hope need not be sacrificed if the ethics of hope is articulated according to the truths and interpretations which are congruent with various dimensions of the patient’s understanding of themselves and their circumstances.

## B175 - To Treat or Not Treat Without Consent: Ethical Challenges of Cancer Patients with Mental Illness

**Philip Crowell**

**Purpose:** The challenge of caring for patients with severe mental illness entails significant ethical conundrums especially when they are suffering from cancer. One daunting hurdle is having patients agree to and comply with treatment on a consistent bases. Add to this inquiry is the pediatric element of adolescent patients with developing capacity who are facing cancer and psychiatric challenges. The goal from an ethics perspective is to identify ethics recommendations relevant for practice based upon a standard ethics framework.

**Method/Ethics Framework:** Our notions of capacity and competency are testing in many ways because of complex contextual factors. In some jurisdictions legislation limits any treatment going beyond the psychiatric treatment without the informed consent of the patient. When children (adolescent) are in these precarious conditions, it is suggestive to impose additional treatments given their developmental stage, lack of life experience and the effect of the disease on their cognitive processes. Using a case based example, this presentation will explore notions of capacity in the light of the intersection between mental illness and cancer. Often in the ethics research and literature arguments are made for adults to make their own medical decisions even when encumbered by severe mental illness.

**Conclusion:** Using an ethics framework our ethics argument is for additional protection and treatment when possible for adolescents patients who are deemed incapable, even when they express refusal to recommended care, because of very specific “best interest” claims.

## B177 - A growing collaboration between psychosocial oncology and palliative care

**Andrea Feldstain, Barry Bultz, Aynharan Sinnarajah, Janet de Groot, Amane Abdul-Razzak, Srinivasa Chary, Leonie Herx**

**Background:** Since its modern day inception in 1967, palliative care has valued the interdisciplinary contribution of psychosocial oncology. In Calgary, Alberta, teams of these disciplines have historically been able to refer to each other but have not been formally integrated. For a 2-year pilot period (2015–2017), a psychosocial clinician specialized in interventions for palliative and end-of-life care (Department of Psychosocial & Rehabilitation Oncology) has joined the outpatient palliative consult team and Intensive Palliative Care Unit (Palliative and End-of-Life Care). The goal of the current interim evaluation is to review self-reported Screening for Distress (SFD) scores in order to identify patient needs, opportunities to grow, and inform future planning.

**Methods:** The evaluation consists of a retrospective analysis of patients admitted to both palliative care teams in January, April, July, and October 2015 and 2016. Demographics (age, gender, marital status, presence of a support person), medical variables (tumour site and stage, supportive services utilized), SFD scores were obtained by chart review. SFD measures are the Edmonton Symptom Assessment System and Problems Checklist, which all patients complete regularly at the Cancer Centre.

**Results:** We estimate 200 participants in our cross-sectional design. Descriptive statistics will be used to describe the sample and reported distress. Independent sample t-tests will assess changes from 2015 to 2016. Data collection is ongoing and updated results will be presented.

**Conclusion:** These results will inform the development of this collaboration, strategies to strengthen the collaboration, and reveal unmet distress needs. Conclusions drawn and anticipated future directions will be discussed.

## B179 - Out of the clinic and into the waiting room: Maximizing patient wait-times with psycho-social educational interventions

Jason Oliver, Manisha Gandhi

Data from patient experience surveys in cancer treatment centres is often rife with identified frustration and heightened anxiety from patients who face significant wait-times and appointment delays. As a result, the Odette Cancer Centre (an ambulatory oncology treatment centre in mid-town Toronto) launched a pilot project wherein psycho-social oncology clinicians provided patient and family education in wait areas to deliver “in the moment” education-based interventions and to appropriately promote and refer patients and families to supportive care when necessary.

In 2016 drop-in education sessions for “Ask a Nutrition Expert” and “Ask a Social Worker” were launched during heavy clinic flow and wait times. Beyond the pilot phase, additional drop-in sessions for pharmacy, nursing, radiation therapy, clinical research and exercise were added and have become core patient education programming due to positive patient response.

This service delivery model demonstrates innovation as it expands the scope of traditional clinical practice and setting to meet the needs of the patient where they are. Furthermore this model also offers sustainability to a cancer system grappling with the sheer volume of oncology patients accessing care. The “drop-in” model facilitates a psycho-social intervention via education to those who may not require an individual appointment, and can benefit from a brief educational interaction while they wait.

Learning objectives of this presentation will be to highlight successes and challenges of this service delivery model and to encourage psycho-social practitioners and hospital administrators to expand beyond traditional resource intensive models to meet the needs of patients.

## B181 - Factors Influencing Adolescents and Young Adults' Willingness to Participate in Cancer Clinical Trials

Victoria Forcina, Jennifer Bell, Seline Tam, Kate Wang, Laura Mitchell, Abha Gupta, Jeremy Lewin

**Purpose:** Adolescents and young adults (AYA) with cancer have the lowest cancer clinical trials (CT) enrollment of any age demographic. However, little data exists on the factors and contexts that influence their willingness to participate. The aim of this research was to explore attitudes, perceptions and other factors that influence AYA CT participation to inform specific strategies for improvement.

**Methods:** Interpretive descriptive methodology guided individual semi-structured interviews with 21 AYA, (aged 15–39), with varying exposure to CT and across cancer types. Participants were asked questions regarding their CT knowledge, factors influencing enrollment decisions, and attitudes towards trial participation. Interviews were transcribed and interpretive thematic analysis was applied to identify major themes.

**Results:** Three overarching themes were identified: (1) family, friends and peer group opinion, (2) impact of CT on daily life (school, friendships) and future quality of life (starting a family), and (3) illness severity and cognitive/psychological readiness to accept CT information.

**Conclusion:** A variety of overarching themes were identified in this study with regards to psychosocial and relational factors that influence AYA CT participation. Specific strategies include providing opportunity for patients to involve family in decision-making. Helping AYA appreciate short- and long-term implications of CT participation will support informed CT decisions. Finally, exploring social networking/online forums and general education about CT that AYA can independently access, when they are ready to receive information, may increase participation.

## B184 - Identity processing styles and psychosocial outcomes in head and neck cancer survivors

Kaleem Khan, Guy Pelletier

**Purpose:** There is recognition within the psychosocial oncology literature that a diagnosis of cancer produces important disruptions and discontinuities in a person's life and can lead to a reconsideration of one's roles, values, purposes and goals. Identity can be defined as an implicit self-theory that a person construes using different identity processing styles. This study examined the relationship between identity processing styles (informational, normative, and diffuse/avoidant) and their relation to psychosocial outcomes.

**Methods:** Sixty patients were recruited from the head and neck cancer outpatient clinic at the Tom Baker Cancer Centre. Participants were at least one year post treatment, on medical follow-up, and free of recurrence. All participants were administered questionnaires assessing identity processing styles, anxiety and depression, quality of life, positive and negative perceptions of illness impact and body image concerns.

**Summary of results:** Correlational and multiple regression analyses were performed. Preliminary correlational analyses showed that a normative processing style were related to better quality of life and diffuse-avoidant styles were related to poorer quality of life and mental health. A multiple regression model including normative identity processing style, positive illness impact, depression scores, marital status and years of education were also shown to significantly predict quality of life. Secondary analyses showed that commitment to one's identity strongly predicted quality of life and mental health outcomes.

**Conclusions:** It appears that participants with a normative identity processing style and a strong commitment to their identity reported a better quality of life. Implications for the psychological treatment of cancer patients are considered.

## B185 - "It's like pushing an elephant up the stairs": Perspectives on assessment of needs in a shared cancer survivorship care context

Charlotte Handberg, Sally Thorne, Thomas Maribo

**Background:** An increasing body of evidence endorses cancer rehabilitation as beneficial in the trajectory of cancer survivorship. Although systematic assessment to identify those most in need of rehabilitation is recommended, little is known about how to do this.

**Aim:** The aim of this study two was to analyze and describe healthcare professionals' experiences and perspectives on assessment of needs for cancer rehabilitation.

**Method and methodology:** The study was designed as a qualitative 5 month ethnographic field study in two haematology wards and two municipality rehabilitation programs. Symbolic Interactionism was the theoretical framework and Interpretive Description the methodology. The participants were 41 healthcare professionals. Data consisted of participant observations and semi-structured focus group interviews.

**Findings:** The analysis revealed how the healthcare professionals at hospitals and in municipalities represented two different perspectives on collaboration (respectively Biomedical and Biopsychosocial) on the process of assessment of needs for cancer survivors. An overall finding identified was a prominent missing link in the collaboration between the hospitals and the municipalities offering rehabilitation programmes. The culture at both settings seemed to narrow the discourses to resist that wider patient-centred perspective. Needs assessments related to cancer rehabilitation is a calling for a more in-depth understanding of the institutional cultural barriers to systematic approaches to ensure patient-centred rehabilitation.

**Implications of findings:** Healthcare professionals' perception of the complexities in collaboration across sectors needs to be addressed to ensure an identification of possible rehabilitation needs among the patients underpinned as being a as a shared task among sectors.



## B186 - Inuusinni Aqqusaaqtara - My Journey: Meeting the information needs of Inuit living with cancer

Chaneesa Ryan, Tracy Torchetti

**Purpose:** Inuit have a higher rate of cancer incidence and mortality compared with other Canadians. Many factors contribute to these differences in the burden of cancer, including limited knowledge about cancer and limited access to culturally and linguistically appropriate cancer information. To address this need, Pauktuutit Inuit Women of Canada and the Canadian Cancer Society collaborated to improve cancer literacy and to provide culturally and linguistically appropriate cancer resources for Inuit with cancer.

**Methods:** This project uses a community-based research approach to inform the development of Inuit-specific cancer resources and builds on earlier work conducted by Pauktuutit. An advisory committee made up of community members with cultural, regional, administrative, and subject matter expertise was formed to guide the project. An environmental scan of materials was undertaken to determine the gaps in available resources and to avoid duplication. A final evaluation of Inuit knowledge, attitudes and behaviours on cancer will be completed to measure the project's impact.

**Summary of results:** Based on the research, we created Inuusinni Aqqusaaqtara - My Journey, a website and two booklets to help increase Inuit knowledge about cancer. The booklets are designed to help Inuit newly diagnosed with cancer understand their diagnosis, support them throughout their journey and facilitate better communication with healthcare professionals.

**Conclusions:** This project is the result of a collaborative process with Inuit for Inuit. By increasing cancer knowledge through the provision of Inuit-specific cancer information, we can help break down the barriers Inuit face in navigating the cancer care system.

## B187 - Measurement in Psychosocial Oncology: It's time to move beyond access and screening

Karen Karagheusian, Colleen Fox, Mark Katz, Lesley Moody, Tanvi Patel

**Background:** Cancer Care Ontario is driven by the Ontario Cancer Plan IV (OCPIV) which emphasizes expanding and integrating access to quality psychosocial services across the province. To achieve the OCPIV goal, the Psychosocial oncology (PSO) program has developed a multi-phased measurement plan that aims to measure timely access to quality PSO care and the reduction of psychosocial morbidity of cancer patients in Ontario. This body of work aims to develop measures and system indicators which will demonstrate the quality and outcome of PSO service delivery.

**Methods:** A multi-pronged approach was used to develop a performance measurement framework. The objective of the planning phase was to conduct a current state analysis that included:

1. Gathering data on PSO services in Ontario
2. Literature reviews to explore outcome measurement tools, current measurement methods and indicator development processes
3. An environmental scan on PSO outcome measurement methods used across several jurisdictions
4. Readiness assessment completed by cancer centres in Ontario to measure readiness to implement new patient reported measures

### Results/Conclusions:

1. Data analysis found variation in indicators reported across the province (e.g. 2- to 3-fold difference in proportions of patients seen at different centres)
2. From the literature review, 450 abstracts were screened, six met the inclusion criteria and were included in the report
3. 20 cancer agencies/organizations contacted for the environmental scan and 14 cancer centres completed the readiness assessment
4. Current state analysis found no formalized or standardized outcome indicator reporting.

Results from the planning stage will inform outcome indicator development based on the identified priorities.

## B188 - Setting service delivery standards in psychosocial oncology for regional cancer programs: the Ontario experience

Mark Katz, Colleen Fox, Lesley Moody

**Background:** Ensuring that psychosocial patient needs are met across the cancer continuum requires expanded and integrated psychosocial oncology (PSO) care. While PSO services exist in all regional cancer programs (RCPs), heterogeneity in providers and services, stemming from definitional identity issues and a lack of practical standards, prevents accessible and consistent delivery. The Provincial PSO Program at Cancer Care Ontario (CCO) developed service delivery recommendations to address these challenges to ensure patient needs are supported with quality care across the continuum.

**Objective:** To generate recommendations for PSO across Ontario to standardize consistent, timely, and comprehensive PSO service delivery.

**Methods:** The service delivery recommendations report has been created by CCOs PSO Program and written in consultation with regional PSO Leads (n=14) and a multi-disciplinary working group (n=12) who applied a regional lens. Following consultations and literature reviews, an expert panel (n=10) was consulted to further review the recommendations to ensure quality, utility, and value.

**Results:** The stakeholder review and literature search of PSO service standards successfully contributed to a series of recommendations which establish the distinct components of PSO care supported by evidence-based best practices. By providing a framework for service delivery, the document situates PSO within its network of other programs and services available at RCPs. The report contains 19 recommendations across five domains.

**Conclusions:** The report has produced recommendations that should contribute to expanded, standardized, and integrated PSO programs. This may have relevance for the national as well as provincial PSO landscape.

## B190 - Using the results of a cognitive interview study to optimize popular self-administered questionnaires for survivors of adolescent and young adult cancer

Amanda Wurz, Jennifer Brunet

**Introduction:** Physical activity (PA) has been studied as a way to improve quality of life among survivors of adolescent and young adult (AYA) cancer. Assessing self-reported quality of life and related constructs (e.g., self-efficacy, physical self-perceptions, self-esteem, body image, posttraumatic growth) in PA studies requires valid questionnaires; however, few exist for this population. Examining how questionnaires developed for other populations perform with survivors of AYA cancer may help researchers decide which questionnaires to use.

**Purpose:** Explore how nine questionnaires perform with survivors of AYA cancer: socio-demographic questionnaire, Leisure Time Exercise Questionnaire, Exercise Self-Efficacy Scale, Physical Self-Description Questionnaire, Rosenberg Global Self-Esteem Scale, Multidimensional Body-Self Relations Questionnaire, Posttraumatic Growth Inventory, Functional Assessment of Cancer Therapy-General (FACT-G), and Medical Outcomes Study Short-Form 36 Healthy Survey (SF-36).

**Methods:** Cognitive interviews were conducted with seven survivors of AYA cancer aged 18–36 years to uncover potential problems experienced while interpreting and responding to the first eight questionnaires listed above. Summaries of the interviews were prepared and compared across participants. Problems were categorized and classified according to severity. Cognitive interviews were conducted again with the same participants to assess the SF-36 as a potential replacement to the FACT-G.

**Results:** Eight of the nine questionnaires tested had no or mild problems, mostly related to comprehension and/or structure. The FACT-G had severe problems.

**Conclusion:** Most questionnaires assessed performed well. Participants provided feedback that can be used to optimize these questionnaires for survivors of AYA cancer to assess PA, quality of life, self-efficacy, physical self-perceptions, self-esteem, body image, posttraumatic growth.

## B191 - Vaginal and Sexual Health Workshop for Female Cancer Patients

Carly Sears, Lauren Walker, John Robinson

**Background:** The physiological and psychosocial impact of cancer and its treatments profoundly affect women's sexual wellbeing. Cancer-related female sexual dysfunction and sexuality-related distress is pervasive, complex, and remains under-addressed within clinical and research settings.

**Aims:** The aims of this trial were: 1) equip female cancer survivors with information and support pertaining to post-treatment vaginal and sexual health concerns; 2) implement and evaluate the feasibility and effectiveness of a group-based vaginal health workshop; 3) assess the impacts of the workshop on participants' execution and utilization of self-prescribed vaginal and sexual health management strategies.

**Method:** Women who participated in the 2-hour workshop were provided with information regarding cancer treatment-related physiological and emotional impacts on sexuality, practical options and strategies for vaginal health promotion, and validation and legitimization of sexual health concerns within a supportive group setting. With the guidance of the workshop's 2 PhD level female psychologist facilitators, participants developed personalized sexual and vaginal health treatment plans, and were encouraged to assess and track their utilization of these individually-prescribed vaginal health management strategies over time.

**Results and Discussion:** Results of a longitudinal analysis of the impacts of participants' implementation of treatment plans on their vaginal health symptom experiences, and on changes in sexual function and sexual distress scores over time will be presented. The implications of these results will be discussed with specific reference to future efforts to enhance the provision of comprehensive, patient-centred sexual health services at the Tom Baker Cancer Centre.

## B192 - New Resources for Children When Cancer Comes to the Family

Catherine Dunlop, Sara Prins Hankinson, Karen Janes

In addition to providing support to individual cancer patients, the BC Cancer Agency (BCCA) also provides support to the family members of patients to help them cope when a loved one has cancer. Resources for children at BCCA include the "Cancer in My Family" website, which was launched in 2009 and surprisingly continues to grow in usage, and the "Facts4Teens Website," which was launched in 2014 and incorporates advice from teenagers. Print-based resources at BCCA have included a parent's guide (Reaching Out to Your children When Cancer Comes to Your Family), which was recently updated and a children's activity booklet (Time for Me), which has developed in 1999 and has since been retired to make way for new two new resources for children. Intended for children aged 5–9, My Adventures with Fox and Owl is an arts-based activity book focusing on the characters of Fox, Owl, and Nurse Bunny (who teaches them about cancer). Children are encouraged to write and draw in the book about their families, friends, changes occurring, and ways to find strength and support. Scribble & Paste is an arts-based activity book for children aged 10 and older. It includes information about cancer, as well as pages to creatively explore self-identity, family relationships, changes happening, and support available. Readers are encouraged to write, draw, and paste pictures into the book to make it their own. We will present each of the two new booklets and provide suggestions for how they can be used.



### **B193 - A mixed-methods study exploring the role of primary care providers in recommending cancer screening to patients with Intellectual Disabilities**

**Genevieve Breau, Sally Thorne, Jennifer Baumbusch, Greg Hislop, Arminee Kazanjian**

Individuals with Intellectual Disabilities receive breast, cervical, and colorectal cancer screening at rates lower than the general population. The reasons for this disparity are poorly understood. This mixed methods study explored the role of primary care providers in recommending cancer screening to patients with Intellectual Disabilities. First, 106 primary care providers (family physicians, family medicine residents, and nurse practitioner students from across British Columbia) were surveyed regarding their attitudes towards people with Intellectual Disabilities in general, and their anticipated likelihood of recommending breast, cervical, and colorectal cancer screening to fictional patients with Intellectual Disabilities presented in vignettes. In the second phase, 10 family medicine residents and two family physicians were interviewed regarding their experiences recommending cancer screening to patients with Intellectual Disabilities. The quantitative and qualitative analysis revealed that: (1) participants with negative attitudes towards the community inclusion of individuals with Intellectual Disabilities were less likely to recommend breast and colorectal cancer screening to fictional patients with Intellectual Disabilities; and (2) participants balance applying evidence-based guidelines with exercising clinical judgement to determine the best course of care for each patient, and this balance is situated within the larger medical environment that physicians practice within. As a whole, it appears that primary care provider's attitudes towards people with Intellectual Disabilities, and the breadth of their experience providing clinical care, especially to patients with Intellectual Disabilities, both contribute to their clinical decision whether to recommend cancer screening to any given patient with Intellectual Disabilities.

### **B194 - Cancer prevention and Health: Young adult experiences with using a mobile app for quitting smoking**

**Laura Struik, Joan Bottorff, Bruce Baskerville, John Oliffe**

**Purpose:** Smoking is a major modifiable risk factor for cancer. Given current evidence that rates of young adult smoking are higher than the general population, effective strategies to support cessation are needed. The purpose of this qualitative case study was to investigate the underlying mechanisms of the mobile app, Crush the Crave (CTC), for helping young adults quit smoking.

**Methods:** Semi-structured interviews were conducted with 31 young adult CTC users. Guided by affordances theory, data were inductively analyzed to derive thematic findings in relation to the impacts of CTC on quit smoking efforts, and to expose the underlying mechanisms (affordances) that lend to these outcomes. Findings were grouped according to the 4 design components of CTC: credibility, social support, task support and dialogue support.

**Results:** The credibility component of CTC played an important role in harnessing the trust of young adults because it afforded them reliable quit support. Affordances of the social support component lent to various user practices and experiences that rendered this aspect as the weakest component in supporting efforts to quit. While most functions situated in the task and dialogue support components were found to be helpful, there were a few affordances in CTC that resulted in negative experiences. Gender-related influences were also evident. For example, young men exercised their preference to control and self-manage their quitting and, therefore, did not engage with functions that afforded journaling, reminders for quitting, or weaning from smoking. Women, however, were more likely to benefit from these affordances.

**Conclusions:** Affordances theory is a productive approach to gain an in-depth understanding of how mobile apps interact with users to lend to particular outcomes. The study findings have implications for developing and improving apps for helping young adults quit smoking, as well as apps that target other behaviours to prevent cancer.

## B196 - “Learning to look for luck in bad luck”: “Re-storying” the existential plight of cancer with a self-guided Meaning Making Intervention patient workbook

Virginia Lee, Angela Schneider, Jeremie Richard, Maude Paradis, Irene Chu, Amarpreet Kaur, Janna Stace

**Background:** Meaning-oriented interventions offer a promising approach to systematically explore cancer-related existential concerns.

**Purpose:** Using an interpretivist paradigm and a cross case comparative approach, this presentation will qualitatively examine the narrative responses from 42 completed self-administered patient workbooks that explored the physical, social, emotional, and existential impact of cancer using a life review approach within a biopsychosocial framework.

**Methods:** Between 2013 and 2016, two cohorts of 21 cancer patients participated in a mixed methods study of a 124 pg workbook adaptation of the Meaning Making Intervention (MMi)© (Lee, 2014). Patients completed the workbooks unassisted over 1 month. Pre- and post-test questionnaires measured self-efficacy, health-related quality of life, and spiritual well-being.

**Results:** The existential angst of cancer can often be traced to 4 inner conflicts: 1) the fear of death and the wish to live; 2) the fear of isolation and the need for connection; 3) the fear of the future and the urgency to live one’s legacy; 4) the fear of meaninglessness and the search for life purpose. Emergent themes included the importance of family for patients, self-revelations about their own core beliefs and remarkable capacity to be resilient in the face of uncertainty and vulnerability. Winning the fight against cancer paradoxically meant learning to stop fighting, to “look for luck in bad luck,” and to “dance in the rain.” One month later, patients reported significantly greater emotional and spiritual wellbeing (increased hope, less sadness, less worry about dying, feeling at peace) and improved sleep.

**Conclusion:** The MMi workbook offered a safe, stepped approach for patients to reflect on general assumptions about the self, their relationships with others, and the world that ultimately allowed them to “re-story” their own existential concerns evoked by cancer’s threat to life.

## B197 - Models of change of empirically supported interventions to support parents of children treated for cancer: Shortcomings and recommendations for future program developments

David Ogez, Serge Sultan, Katherine Péloquin, Rebeca Ribeiro

**Purpose:** Studies in psycho-oncology have shown high levels of short and long-term traumatic stress symptoms, emotional distress and loss of control among parents whose children suffered from cancer. To effectively help parents to cope with such emotional difficulties, intervention programs have been evaluated. A few are evidenced-based interventions recommended by the NCI (US). The aim of this systematic review is to identify all existing manualized interventions for parents in pediatric oncology, and provide a detailed analysis of their model of change. Documenting models of change is critical for this line of research in order to advance scientific knowledge and offer evidence-based interventions.

**Method:** The review was conducted according to standard guidelines (PRISMA). We used databases to identify manualized programs (incl. Pubmed, PsycInfo). We compared programs based on their effects and analysed their model of change using a comparative grid.

**Summary of results:** Eight programs assessed with RCT were identified. Five were tested using thorough proof-of-concept and pilot-test steps. Three were associated with improvements in parental distress over time. These interventions were based on models of change in systemic, humanist and CBT.

**Conclusions:** Manualized interventions in pediatric oncology are not always related to clearly identified models of change. Researchers do not sufficiently refer to the results of previous studies. Based on these observations, we conclude that an explicit communication of models of change would be more effective on parental distress and would allow them a better appropriation of the intervention.

## B200 - MyGrief.ca: An online resource for marginalized and diverse grievers

**Shelly Cory, Marissa Ambalina, Christopher Mackinnon**

Research confirms that a significant number of family members suffer not only in anticipation of a death but also into bereavement. The accompanying physical, social, and emotional distress is referred to as grief. Grievers frequently encounter major obstacles when seeking formal support, including lack of access to specialized grief support due to temporal, financial or geographic constraints.

To address these gaps in service, Canadian Virtual Hospice, in collaboration with pan-Canadian partners launched MyGrief.ca, the world's first evidence-based, online psycho-educational tool to support those who do not or cannot access existing in-person loss and grief supports and as a supplementary resource for those who do. The tool also serves as a rich educative tool for health providers. MyGrief.ca was developed by families, researchers, and leaders in psychosocial oncology, palliative care, academia and grief services based on the latest research and clinical best practice. Funding was provided by the Canadian Partnership Against Cancer.

MyGrief.ca includes nine self-directed modules that cover a diversity of topics across the bereavement trajectory. Each module includes videos of people of diverse age, cultural, and sexual orientation groups sharing their experiences of the death of a spouse, partner, child, parent, sibling; cultural perspectives; and, expert advice.

This presentation will introduce MyGrief.ca and explain why it should be at the top of your professional development list and a key resource to support patient and family care. Usage data, how you can incorporate MyGrief.ca into practice, potentials for new module development and summative evaluation results will be discussed.

## B204 - If I Were Tom: Developing an Interactive Website to Support Men with Prostate Cancer

**John Oliffe, Gayl Sarbit, Joan Bottorff, Michael McKenzie, Bernie Garrett, Andrew Munroe**

**Background:** Prostate cancer (PCa) is the most common male cancer, and for many men, will become a chronic illness. Within this context, psychosocial PCa supports are integral to men's well-being. PCa support groups (PCSGs) have emerged as important community-based resources. However, these groups don't appeal to all men and aren't available to many. The goal of this presentation is to share insights on the development, launch and formal evaluation of a web-based resource that provides information and support typically delivered through PCSGs.

**Methods:** The website, If I were Tom, was developed based on responses from healthcare professionals, men with PCa who do and do not attend PCSGs and their partners, to the question, what are the key components of a web-based PCSG? The site features video information on treatment options, side effects, psychosocial needs and healthy lifestyle behaviours, and introduces interactive video dramas. The site was evaluated by usability experts, specialists in the field, and end-users.

**Results:** The website attracted strong support from community-based stakeholders and men with PCa and their partners. Findings will be shared from the first four months post launch (January 9th, 2017) along with adjustments made to the site based on these findings. A data collection strategy for assessing men's mental health will also be described, as well as Google analytics on traffic to the site.

**Conclusions:** Early results indicate that this novel website has the potential to advance the work of "in person" PCSGs and the health of men who experience PCa and their families.

## **B207 - Grief: The Unfinished Love Story**

**David Maginley**

Grief is a universal human wilderness which honors the relationships of life while amplifying the frailty of our journey through it. The spiritual nature of this work joins us to humanity's suffering, just as it leaves us feeling profoundly alone. This creates existential distress. Humans may be among the few animals that anticipate death, and so are able to experience grief as a prelude as well as a consequence. Using narratives from palliative and cancer care, we will explore the wisdom of grief, the distinction between preparatory and anticipatory grief, and learn how to support its expression in ways that deepen humanity and amplify love. The shadow side of grief is also explored as a lens through which destructive and maladaptive coping is focused following trauma or loss. Spiritual strategies for processing these aspects of the unfinished love stories of life will be examined, including the importance of ritual as an instrument for the release of unresolved pain.

## **B208 - We Have Stories to Share: Exploring the Value of Understanding the Lived Experiences of Adolescents and Youth Adults Living with Cancer**

**Cheryl Heykoop**

Approximately 8300 adolescents and young adults (AYAs) (aged 15–39) are diagnosed with cancer each year in Canada. AYAs living with cancer are distinctly different than pediatric and older cancer populations (e.g. life stage, and medical and psychosocial needs); however, there is limited investment to better understand their unique needs and lived experiences with cancer; and design tailored, holistic strategies in response.

In this oral presentation, I use art-based methods, to share my personal perspectives as a researcher, scholar-practitioner, and AYA living with cancer. I begin from the perspective of a AYA living with cancer, where I share how cancer has affected my life, the challenges I have faced and am currently facing, some of my primary concerns about living with cancer, and offer personal insights about the kinds of changes needed to better support AYAs with cancer. Then, as a researcher and scholar-practitioner, I explore the value and importance of exploring the lived experiences of AYAs living with cancer to enhance survivorship and well-being outcomes, and share how I weave patient-centred perspectives into my leadership teaching and practice. In closing, I share the value of combining leadership, research, practice, and lived experience in support of AYA cancer realities, needs, and future outcomes.

## B213 - Experiences of Cancer Patients in Transition Study

**Sarah Zomer, Susana Huang, Rachel Shaw Moxam, Margaret Fitch, Gina Lockwood, Cheryl Louzado, Rami Rahal, Esther Green, Heather Bryant**

**Background:** Many cancer survivors have described the period after completing treatment as more challenging than their actual treatment. Limited Canadian data have been collected on the survivor experiences. An understanding of how the system can better meet the full range of patient needs following treatment is required.

**Objective:** The Transition study is a national survey gathered data on the experiences of survivors as they transition from the cancer care system to the broader health care and support system.

**Methodology:** A questionnaire was developed through pre-consultations with patients, health care providers, and tested with cancer survivors. It addresses four types of needs: physical; emotional/psychosocial; informational; and practical. Ethics approvals were completed. 10 provinces participated in study.

A random sample of cancer survivors who completed their primary cancer treatment in the past 1–3 yrs were identified from provincial cancer registries. Included were survivors: aged 30 and above at diagnosis of non-metastatic cancers (breast, colorectal, prostate, melanoma, hematological); and AYA 15–29 yrs at diagnosis of any non-metastatic cancer (except testicular cancer, which could be metastatic).

**Results:** Total survey sample of 40,790 survivors 33% completed the survey. The respondents were 49% male and 51% female, 2% were AYA under 30 years old and 62% were 65 and older. Based on preliminary results, many cancer survivors report suffering most from anxiety, stress, worry about cancer returning (59%) and depression and sadness (40%). Over 1/3 said they found it hard to get help for their concerns about relationships (33%) and changes in sexual intimacy (36%).

## B215 - Measuring Compassion: What We Know and Where We Are Going: The COMPASS Study

**Shane Sinclair, Thomas Hack, Rick Sawatzky, Jane Kondejewski, Lara Russell, Susan McClement, Shelley Raffin-Bouchal, Harvey Max Chochinov, Lena Cuthbertson, Pavneet Singh, Priya Jaggi**

**Background:** Compassionate care is increasingly expected by patients, evaluated by healthcare organizations, aspired by healthcare providers, and is considered a practice competency in healthcare, including cancer care. In order to develop, improve, and evaluate patients perspectives of compassionate care within these settings a valid and reliable measure is needed.

**Objectives:** To report on the findings of a narrative synthesis of compassion measures within the healthcare literature and to provide an overview of the implementation of a multi-centred Canadian study aimed to develop and validate a patient reported compassionate care measure.

**Methods:** A narrative synthesis framework guided the review with identified measures being further evaluated, using the Evaluating Measures of Patient-Reported Outcomes (EMPRO) tool. The results of the review informed the design of an ongoing CIHR (Canadian Institutes of Health Research) funded, multi-centre study. The protocol, implementation strategies, and challenges will also be discussed.

**Results:** From 1200 initial articles, a total of 9 studies, utilizing 6 measures were eligible for inclusion. Four categories of compassion measures emerged: clinician-reported instruments, patient-reported measurements, measures of organizational support for compassionate care, and educational measures. Through evaluation of the 6 identified measures, numerous limitations emerged. Results and limitations associated with the existing measures directly informed the design of a robust 6-stage compassion measure development and validation study that includes a large advanced cancer patient cohort.

**Conclusion:** The multi-dimensional, experiential, and personalized (patients and healthcare providers) nature of compassion are inherent challenges associated with existing measures. While there have been numerous attempts to measure compassion, a patient informed, valid, reliable, and clinically relevant measure is needed.



## **B216 - A Synthesis and Critical Appraisal of Compassion Fatigue and Self Compassion: The findings of two meta-narrative reviews**

**Shane Sinclair, Shelley Raffin-Bouchal, Kathryn King-Shie, Lorraine Venturato, Pavneet Singh, Lorraine Smith-MacDonald**

**Background:** Compassion fatigue and self-compassion are prevalent concepts within psychosocial oncology and oncology in general. While being unequivocally endorsed by healthcare providers, scholars, and professional organizations, a critical appraisal of their evidence base is lacking.

**Objectives:** This presentation reports on two separate meta-narrative reviews to appraise the conceptualizations, measurements, interventions, and outcomes associated with self-compassion and compassion fatigue within the literature, including gaps and future research directions.

**Methods:** The meta-narrative reviews were conducted in accordance with RAMESES standards. Comprehensive maps of each body of literature were built with a narrative approach being used to synthesize and critically appraise the literature.

**Results:** The self-compassion review identified 939 articles; 62 of these were reviewed, mapping into 4 categories: conceptualizations; measures; affect; and interventions. In addition to the theoretical nature of self-compassion, issues related to specificity and validity were also identified, resulting in a number of unchallenged assumptions about the topic. The compassion fatigue review identified 1054 initial articles; 89 of these reviewed. Six categories emerged: definitions; conceptual analyses; symptoms; measures; prevalence; and interventions. Compassion fatigue in healthcare is an expropriated term, that while raising awareness about occupational stress, remains ill-defined and limited in terms of its evidence base.

**Conclusion:** “Self-compassion” and “compassion fatigue” provide a language for legitimizing the need for self-care and the prevalence of occupational stress within healthcare providers working in oncology. Unfortunately, their relationship to the broader multi-dimensional concept of compassion, their delineation between related terms, and their clinical relevancy are lacking, thereby requiring a critical reappraisal and reconceptualization.

## **B217 - An Inside Job: Healthcare providers perspectives on the provision of compassionate care to cancer patients at the end of life**

**Shane Sinclair, Thomas Hack, Susan McClement, Shelley Raffin-Bouchal, Neil Hagen, Ayn Sinnarajah, Kelli Stajduhar, Harvey Max Chochinov**

**Background:** Patients and policy increasingly advocate that compassionate care is a patient right, indicator of quality care and outcome measure that needs to be enhanced, measured and monitored. While cancer patients perspectives and experiences of compassionate care are beginning to inform research and practice, healthcare providers understandings and experiences are largely absent.

**Aims:** We conducted a study to develop a theoretical model of compassionate care directly derived from healthcare providers understandings and experiences of providing compassionate care.

**Methods:** This study utilized grounded theory (Straussian), a qualitative research method that allows researchers to construct a theoretical model of a construct, including the key facets, that is grounded in participant data. Focus groups with frontline palliative care providers and individual interviews with peer nominated compassionate care providers were used. Focus groups with study participants and key stakeholders were also conducted after the model was developed for the purposes of member checking and to inform uptake into practice.

**Results:** 58 healthcare providers, caring for advanced cancer patients, participated in this study, including 15 individual interviews with peer nominated leaders in compassionate care. Four categories, each containing numerous themes, emerged from the data, comprising the core content of a healthcare provider model of compassionate care.

**Conclusion:** Healthcare providers felt that compassion was: motivated by virtues/personal qualities; enacted through their presence; actuated by an intention to actively know and understand a person; coupled with action aimed at the amelioration of suffering. The model of compassionate care distilled from the study, including the various qualities, skills and behaviours associated with compassion will be presented, alongside participant exemplars.

## **B220 - Super Visionary Clinical Leaders: Exploring the link between leadership, research, and practice**

**Lorraine Venturato**

**Purpose:** This presentation will describe a model for clinical leadership in advancing the integration of research and practice towards enhanced knowledge translation and optimum clinical outcomes.

**Methods:** This work represent the integration of findings from a philosophical hermeneutic research study on clinical leadership undertaken in Australia, and a literature synthesis on knowledge work and practice development in health care settings.

**Results:** The elements, roles, and behaviors of super-visionary clinical leaders will be described and explored in this presentation. The systemic and organizational barriers and supports will also be detailed, and an argument made for the role of clinical leaders in the integration of research, education and practice as part of a trajectory of knowledge work in health care. Implications for psychosocial oncology practice will be explored in light of these findings.

**Conclusions:** High functioning clinical leaders are a vital element in the delivery of optimal clinical outcomes and in the successful integration of evidence informed practice in psychosocial oncology.

## **B221 - Perfectionism and psychological comorbidity among cancer patients: A longitudinal analysis**

**Josée Savard, Marie-Hélène Savard**

**Background:** Symptoms experienced by cancer patients (e.g., anxiety, depression, insomnia) frequently occur in comorbidity, suggesting a shared etiology. Data from the general population suggests that perfectionism constitutes a possible psychological transdiagnostic process underlying many cancer-related symptoms. The goal of this study was to investigate whether perfectionist patients experience psychological symptoms to a greater extent during the cancer trajectory.

**Methods:** A total of 962 cancer patients (mixed sites) completed self-report measures at the peri-operative phase (T1), as well as 2 (T2), 6 (T3) 10 (T4), 14 (T5) and 18 (T6) months after. Measures included the Multidimensional Perfectionism Scale (MPS; baseline only), the Hospital Anxiety and Depression Scale (HADS), the Fear of Cancer Recurrence Inventory (FCRI), the Multidimensional Fatigue Symptom Inventory (MFI), the Cognitive Failures Questionnaire (CFQ) and the Insomnia Severity Index (ISI).

**Results:** 24.6% of the participants showed a clinical level of perfectionism (i.e. score  $\geq 25$  on the MPS Concern over mistakes subscale) at baseline. This subset of patients consistently reported more severe symptoms (depression, anxiety, fear of cancer recurrence, fatigue, cognitive disturbances and insomnia) throughout the 18-month period. Moreover, perfectionist patients were at least twice as likely as non-perfectionists to report clinical levels of 3 or 4 symptoms concurrently.

**Conclusions:** These results suggest that perfectionism is a risk factor of multiple cancer-related psychological symptoms. Perfectionism may represent a critical common underlying process that could be addressed in psychological interventions to reduce symptom comorbidity and the overall burden of cancer on patients and society.

## **B222 - To be or not to be positive : Development of a tool to assess the relationship of negative, positive and realistic thinking with psychological distress in cancer**

**Josée Savard, Émilie Gilbert, Pierre Gagnon, Marie-Hélène Savard, Hans Ivers, Guillaume Foldes-Busque**

**Background:** There is a widespread belief that positive thinking is a key strategy to cope with cancer. While dispositional optimism is associated with lower cancer-related psychological distress, the literature supporting the efficacy of cognitive-behavioral therapy indirectly suggests that realistic thinking is also an effective strategy. A tool is needed to directly compare the effect of realistic thinking vs. positive thinking on adjustment to cancer. Goals: 1) To develop the Thoughts and Anticipations about Cancer questionnaire (TAC); 2) provide preliminary data on its relationships with psychological distress.

**Methods:** Individual interviews were held with 15 women about to initiate chemotherapy for breast cancer. Interviews were transcribed verbatim and TAC items were derived from that information with the help of a committee of experts. Then, 10 other women were interviewed and administered the TAC and the Hospital Anxiety and Depression Scale to refine the TAC content and to provide preliminary data on its association with psychological distress.

**Results:** 51 items compose the TAC, 27 items with a negative valence and 24 with a positive one. By taking into account the levels of both reported negative and positive anticipations it will eventually be possible to categorize patients into negative, positive and realistic thinking. Women reported more positive thoughts than negative ones. Stronger associations of psychological distress were found with negative items (depression:  $r=.66$ ; anxiety:  $r=.62$ ) than with positive ones (depression:  $r=.38$ ; anxiety:  $r=.15$ ).

**Conclusions:** The TAC is a promising tool to assess the effect of negative, positive and realistic thinking on psychological adjustment to cancer.

## **B230 - Quality of Life in Pediatric Cancer Survivors: The Role of Parent Psychological Distress and Psychosocial Risk**

**Nicole Racine, Melanie Khu, Kathleen Reynolds, Greg Guilcher, Fiona Schulte**

**Purpose:** The primary aims of the current study were to: 1) examine whether psychosocial stress and parent mental health were associated with both parent and child-reported pediatric quality of life in childhood cancer survivors, and 2) examine whether psychosocial risk moderates the association between parent mental health and pediatric quality of life in childhood cancer survivors.

**Methods:** Participants were recruited from the Long Term Survivor Clinic at the Alberta Children's Hospital over a 24-month period, as part of a larger study. Patients were fluent in English and between 8–18 years of age. Children and their parents who consented to participate completed the Pediatric Quality of Life Inventory 4.0. Parents completed a demographic information form, the Psychosocial Assessment Tool (PAT2.0) and the Brief Symptom Inventory (BSI). The Intensity of Treatment Rating (ITR-3) was evaluated by the research team to operationalize treatment intensity. Fifty-three cancer survivors (34 males, 19 female) and their parent agreed to participate in the study.

**Summary of Results:** Multiple regression analyses revealed that parent mental health negatively predicted parent-reported quality of life ( $B=-.42$ ,  $p=.01$ ), while treatment intensity negatively predicted child-reported quality of life ( $B=-.45$ ,  $p=.01$ ). Child gender significantly predicted both parent and child-reported quality of life, with females having consistently lower quality of life than males. Family beliefs were associated with child-reported quality of life ( $B=-.45$ ,  $p=.01$ ), while family problems predicted parent proxy report of quality of life ( $B=-.36$ ,  $p=.04$ ). Psychosocial risk did not moderate these associations.

**Conclusion:** Differential factors predicted parent proxy report of child quality of life versus child-reported quality of life. Findings highlight the importance of identifying families with at-risk parent mental health and psychosocial risk factors in order to promote better quality of life in pediatric cancer survivors.



## B232 - Building Mindfulness Practice and Teaching Skills for Psychosocial Oncology Clinicians

**Melanie McDonald, David Greenshields, Sarah Sample**

There is a significant body of evidence demonstrating the utility of using mindfulness-based interventions in psychosocial oncology as a means of reducing stress symptoms and improving the quality of lives of our clients/patients. To this end building capacity for clinicians to teach and practice mindfulness is important. Mindfulness is not merely a set of techniques to be acquired or a knowledge base to be learned. Rather, as Dr. Jon Kabat Zinn reminds us, “mindfulness is a way of being intentionally in the moment, non-judgmentally,” and must be learned through regular and consistent personal practice.

In this presentation we will discuss how Patient and Family Counselling staff at the BC Cancer Agency used an online mindfulness-based stress reduction program and clinician debrief group to help build that capacity amongst psychosocial oncology professionals. We will share learnings from this experience including results from the pre-and post-evaluation.

## B233 - Partners' Group: Challenges, Reflections & Tools

**Nancy Payeur**

**Purpose:** Partners of cancer patients who have been diagnosed with an incurable and progressing cancer with limited life expectancy often feel isolated and alone in their spousal care giving role. For the past several years, our Centre has offered a monthly support group for partners of patients who have been diagnosed with a life-shortening and life-changing illness. This poster presentation will provide a brief analysis of the clinical challenges of offering such a group—and the benefits reported by participants.

**Methods:** This overview of a specialized support group will include information on recruitment, telephone or in-person screening, eligibility and clinical challenges specific to the group, including optimal timing, balancing and focusing group discussions and participant departures following patient deaths. Tools used (recruitment poster, reminder emails, group rules) will be provided for use and adaptation by interested clinicians.

## **B234 - “Family is Who They Say They Are”: Boyfriends and Girlfriends of Adolescents and Young Adults Experiencing Cancer**

**Nancy Moules, Catherine Laing, Andrew Estefan, Fiona Schulte, Greg Guilcher**

**Background/Purpose:** In our study examining sexuality and adolescents with cancer, we discovered that there is often another family member involved, a member who is frequently overlooked in the system or in our regard of the “immediate family.” This member is the boyfriend or girlfriend of the adolescent. We have witnessed situations where the boyfriend or girlfriend can be excluded, is pushed out of the picture, is forced into the picture, remains in a relationship that would ordinarily have not lasted, or prematurely leaves the relationship due to the focus on cancer. We have met young couples who married early because of cancer, and were widowed at a young age. We present our study focused on the romantic partners of adolescents and young adults (AYA) with cancer.

**Method:** In this study, we conducted interviews with young people who were partnered with an AYA who experienced cancer as well as with health professionals who worked with or witnessed these relationships. From these data, we conducted a hermeneutic analysis. Hermeneutics is a well-documented qualitative method that focuses on deep interpretation.

**Results:** At a time in life when AYAs would normally be focusing on differentiating from their families of origin, the introduction of cancer often refracts these developmental tasks. The boyfriends and girlfriends of these AYAs reflected on the ways in which they sometimes felt pushed aside, pulled in, disregarded, or forced to take actions that did not necessarily fit with what might have normally been the outcome of these developing and young relationships.

**Conclusions:** Though not biologically a member of the family of an AYA who has cancer, the romantic/intimate partners of these AYAs need to be considered family members as well and the health care system has an obligation to attend to this often disregarded family member, offering support and counsel when required.

## **B235 - Demonstrating quality and outcomes for psychosocial oncology at the BC Cancer Agency: Assessing patient experience through two different patient reported outcomes**

**Gina MacKenzie, Heather Rennie**

The BC Cancer Agency’s Psychosocial Oncology Program currently collects data on clinical workload, on research and teaching activities, and on length of time from triage to referral. We have clinical guidelines on screening, assessment, interventions with depression, suicidal ideation and anxiety, and practical issues which have been adapted from pan-Canadian guidelines. We have completed provincial guidelines for group based programs.

Over the past two years, we have begun to systematically collect data on patient experience and outcomes from clinical work. Both patient reported outcomes (PRO) and patient reported outcome measures (PROMS) are important Canadian Partnership Against Cancer initiatives. We have been using two measures to assess patient experience: 1) Patient Experience Survey, and 2) Feedback Informed Treatment (FIT). Using multiple, convergent sources of data to assess quality and outcome of psychosocial care is supported in the literature.

We will highlight our work to date on implementing both the Patient Experience Survey and the FIT standardized outcome measure across all six Regional Cancer Centres in British Columbia. We will report on early results, and reflect on our successes and challenges of implementing patient report outcomes in a Provincial Psychosocial Oncology setting.

## **B238 - Better Outcomes for Thyroid Cancer Patients Receiving an Interdisciplinary Team-Based Care Approach (ITCA-ThyCa): Program Evaluation Results Indicating a Need for Further Integrated Care and Support**

**Melissa Henry, Saul Frenkiel, Gabrielle Chartier, Richard Payne, Christina MacDonald, Martin Black, Alex Mlynarek, Anthony Zeitouni, Karen Kost, Carmen Loiselle, Antoinette Ehrler, Zeev Rosberger, Michael Hier**

**Background:** Thyroid cancer is generally associated with a favourable prognosis and excellent surgical outcomes. Consequently, its treatment tends to be medically focused and interdisciplinary care recommended for complex cases alone. To date, no studies have evaluated the need for and impact of an Interdisciplinary Team Based Care Approach (ITCA-ThyCa) for general Thyroid Cancer patients, including a dedicated nurse as well as patient-reported outcomes, as is recommended worldwide in cancer care. Our aim was to evaluate such a program.

**Methods:** ITCA-ThyCa was evaluated within a quasi-experimental design using the Centres for Disease Control Framework, including process and outcome measures. Patients eligible were adults with a biopsy indicating confirmed or highly suspicious thyroid cancer (TNM classification + Bethesda V or VI). The Experimental Group (EG) received ITCA-ThyCa and the Comparison Group (CG), usual care alone.

**Results:** In our sample comprised of 200 participants (122 EG; 78 CG), ITCA-ThyCa patients showed significantly better outcomes than CG patients, namely: higher levels of overall wellbeing ( $p=0.001$ ), and fewer physical ( $p=0.003$ ) and practical ( $p=0.003$ ) issues and concerns. More satisfied with their overall care ( $p=0.028$ ), including care coordination ( $p=0.049$ ) they reported their doctor as more approachable ( $p=0.007$ ), respectful ( $p=0.005$ ), and trustworthy ( $p=0.077$ ; trend), and were more likely to recommend their hospital ( $p=0.02$ ). Ninety-eight percent of EG patients recommended ITCA-ThyCa.

**Conclusion:** Data from our program illustrates that hospital resources should not be allocated based on medical trajectory alone and challenges the idea that thyroid cancer is “straightforward.” Thyroid cancer patients do, in fact, experience symptom distress at a level comparable to – or exceeding – that of general oncological patients, indicating that better integrated care and support are in order.

## **B239 - Prevalence and Risk Factors of Suicidal Ideations in Patients Newly Diagnosed With Head and Neck Cancer: Prospective Longitudinal Study Indicating the Need for Suicide Prevention Guidelines**

**Melissa Henry, Lia Bertrand, Saul Frenkiel, Michael Hier, Anthony Zeitouni, Karen Kost, Alex Mlynarek, Martin Black, Christina MacDonald, Christina Klassen, Keith Richardson, Zeev Rosberger**

**Background:** Head & neck cancer patients (HNC) are reported at increased risk for suicide. No study has investigated suicidal ideation (SI), suicide attempts (SA), and suicide completion (SC) in this population using a longitudinal design.

**Methods:** We analyzed a longitudinal dataset of 223 HNC patients who completed the Beck Scale for Suicidal Ideation (SSI).

**Results:** 15.7% of HNC patients were suicidal during the first year following their diagnosis, with a point prevalence of 8.1% <2 weeks post cancer diagnosis, 14.8% at 3 months, 9.4% at 6 months, and 10.4% at 12 months. In their pre-HNC past, 22.4% were suicidal and 4% had attempted suicide. 0.4% committed suicide within 3 months and 0.9% attempted suicide within 6 months of diagnosis. An a-priori comprehensive conceptual model tested through logistic regression revealed that one-year period prevalence of SI was predicted by: past self-reported psychiatric history, with a two-fold risk of suicidal ideation ( $p=0.017$ ;  $\beta=2.1$ ; 95% C.I.= 0.4-3.8), and using substance-based coping (alcohol and/or drugs)( $p=0.008$ ;  $\beta=0.61$ ; 95% C.I.=0.16-1.06). All other predictors including medical were non-significant. Analyses with imputed data pending. Further analyses revealed different profiles of SI according to onset (upon cancer diagnosis vs. during treatment/recovery) with different levels of chronicity. Clinical suicide risk assessment revealed low risk in 71.4%, medium risk in 20%, and high risk in 8.6%.

**Conclusions:** Suicide prevention strategies are clearly needed in HN oncology, as well as their integration into clinical practice guidelines for HNC. This study clearly supports routine screening for suicidal ideation during diagnosis and early-rehabilitation, as well as in long-term follow-up. This is especially important in HNC as suicide risk can rapidly escalate. One may want to include past psychiatric history and substance-based coping in routine clinical intake.

## **B240 - Development of the Sexual Health Rehabilitation Action Plan (SHRAP) used in The Prostate Cancer Supportive Care (PCSC) Program from the Vancouver Prostate Centre**

**Christine Zarowski, Stacy Elliott, Phil Pollock, Larry Goldenberg, Celestia Higano**

The PCSC Program addresses the needs of prostate cancer patients and their partners starting at the time of diagnosis and focuses on PC biology, treatment options, sexual health, nutrition, exercise, side effects of androgen deprivation therapy, incontinence, and psychological needs. The sexual health program deals with managing the impact of prostate cancer on sexual function and consists of group education sessions and individual clinic visits for those interested. The program focuses on sexual adaptation for the individual or couple. Within the course of sexual adaptation comes the process of sexual rehabilitation. Sexual rehabilitation can include penile rehabilitation, managing orgasmic changes and urinary incontinence, redefining values and ideas around sexual self-view, masculinity and sexual activity, grieving loss, and redesigning a new sexual life whether single or partnered. Unfortunately, many individuals struggle with sexual adaptation and will abandon protocols and interventions because of lack of knowledge, support or understanding on how to optimize the process of sexual rehabilitation. This presentation will highlight our approach, entitled Sexual Health Rehabilitation Action Plan (SHRAP), and share how the SHRAP can help facilitate the process of sexual adaptation. Evidence reveals active participation in planning care interventions will help the patient (couple) feel more empowered and this in turn can improve compliance with the SHRAP. We are studying the efficacy of the SHRAP with respect to successful sexual adaptation after radical prostatectomy or definitive radiation.

## **B241 - Factors influencing the use of breast cancer screening among immigrant women: More barriers than opportunities? Results from a narrative review**

**Rabeb Khelifi, Janusz Kaczorowski, Magali Girard, Djamal Berbiche**

**Background:** Compared to breast cancer prevention, studies have shown that the use of breast cancer screening remains low among immigrant women despite their residence in developed countries. A narrative review is intended to provide a general picture of the use of screening and the barriers that may limit immigrant women from undergoing screening for breast cancer.

**Methods:** The narrative literature on knowledge, attitudes and practices in breast cancer prevention among immigrant women has been developed in the following databases: MEDLINE (Ovid), PubMed, EMBASE (Ovid), EMB Reviews (Ovid) And CINAHL (EBSCO). Included studies published since 2004.

**Results:** Out of a total of 1897 items found, 24 matching our search criteria. The results will be presented as key themes: socioeconomic barriers (low income, marital status, high number of children, language, etc.) and socio-cultural (karma, fatalism, stigmatization, acculturation and reservation of the by the health system of the country of origin, etc.).

**Discussion/Conclusion:** This article provides an overview of the main obstacles faced by immigrant women throughout the world. This could highlight interventions appropriate to the socio-cultural needs of immigrant women to increase their reliance on breast cancer screening.

# WORKSHOPS



## 90-MINUTE WORKSHOPS

### W107 - Advancing quality palliative care through iEPEC-O

**Mary Jane Esplen, Jiahui Wong, Paul Daenink, Susan Blacker, Judy Simpson**

Demand for high quality palliative care is increasing in community and institutional settings. To meet the demand, healthcare providers require educational support to recognize when palliative care services are appropriate, and have the confidence in delivering high quality palliative care to Canadians.

The Education in Palliative and End of Life Care (EPECTM) curriculum is internationally recognized and originally developed by a team at Northwestern University in partnership with the National Cancer Institute in USA. It was updated and adapted for the Canadian landscape, to “EPEC-O Canada,” by an interprofessional Canadian team. To increase accessibility and uptake across Canada, this workshop-based curriculum was enhanced to support inter-professional team-based care and transitioned to an online learning platform.

Interprofessional EPEC-Oncology or iEPEC-O, is an online self-directed course. It augments the learning experience by including the core competencies in palliative symptom management, as well as emphasizing comprehensive team-based care, and integration of a culturally sensitive person-centred approach. In the workshop, presenters will demonstrate online modules highlighting comprehensive symptom assessment and management. Interactive activities will emphasize the culturally sensitive approach to communication and working with patients and families. Case illustrations will spotlight psychosocial aspects of end of life care. Quantitative and qualitative data will be presented from experiences among early adopters of the program, including physicians, nurses and social workers. Participants will gain knowledge on the online learning process, appreciate learner-controlled experience and pace, as well as obtain clinical tools and decision supports that can be immediately applied to day-to-day practice.

### W116 - HIGH RISK - Exploring the psychosocial impact of being high risk for breast cancer in young women

**Shawna Ginsberg**

KNOWLEDGE IS POWER. This statement was echoed by several of the women interviewed for Rethink Breast Cancer’s latest documentary, High Risk: A Rethink Breast Cancer Film.

At Rethink Breast Cancer, we know that understanding the experience of living with a high risk of breast cancer is just as important as understanding the facts about that risk. That is why for our participation in the High Risk Project, funded by the Public Health Agency of Canada, we chose to create a documentary film.

High Risk: A Rethink Breast Cancer Film interviews seven young women to illuminate their experience – how they found out about their risk, the impact of this information on their lives, and what decisions they have made or are making to address this risk. Director Jessica Edwards lends an informed perspective coming from a family with members who carry the BRCA2 gene mutation and have had to face their increased risk.

After the film screening, the workshop will explore the various experiences of the women, the choices they made and strategies for healthcare providers to support these decisions through clinical practice.

Participants will learn how to use the film as an empowerment tool for patients and as a resource in educating practitioners about the patient experience of living with uncertainty about developing breast cancer or recurrence for breast cancer.

## W119 - TrueNTH Canada: Online Survivorship Programs for Those Affected by Prostate Cancer

**Andrew Matthew, Janice Bender, Arminee Kazanjian, Deb Feldman-Stewart, Joe Chin, Jennifer Goulart, Deborah McLeod, Nicole Culos-Reed, Sarah Hales, Jason Singh**

TrueNTH Canada: Online Survivorship Programs for Those Affected by Prostate Cancer

Teams from across Canada have developed online programs to ease the burden of prostate cancer. In this workshop you will learn what these programs offer to patients, partners and healthcare providers as well as how to access them on the Prostate Cancer Canada/Movember TrueNTH platform. Group discussion will also include perceived barriers and enablers to online programming in survivorship care.

### TrueNTH Canada Programs

1. Peer Navigation matches prostate cancer patients and partners/caregivers with a prostate cancer survivor or partner/caregiver, who can guide them through their care journey.
2. Urinary & Bowel Function Library—† helps men understand how to manage urinary and bowel side effects from prostate cancer treatments.
3. Sexual Health Program includes the SHAReTraining program which provides healthcare professionals with advanced training in sexual health and prostate cancer; and SHAReClinic which helps patients and partners recover sexually after prostate cancer treatment.
4. Lifestyle Management provides men with prostate cancer the ability to enhance health and wellness through online physical activity, nutrition, and mindfulness programs and resources.
5. Managing Cancer and Living Meaningfully trains healthcare providers to promote psychological well-being while caring for advanced prostate cancer patients and their caregivers.

## W127 - Navigating [www.cancerandwork.ca](http://www.cancerandwork.ca) and its resources: A New Support for Psychosocial Oncology Specialists

**Maureen Parkinson, Christine Maheu, Kocum Lucie, Lynne Robinson, Margareth Zanchetta, Singh Mina, Hernandez Claudia, Lori Bernstein, Mary Jane Esplen**

Even though 62% of cancer survivors return to work within one year of diagnosis, cancer survivors are often challenged with return to work and staying at work. Vocational rehabilitation can be very helpful to return to work's success. Psychosocial oncology programs may not have vocational specialists and health care providers well-versed in best practices for return to work. This workshop will use the information from the newly created [www.cancerandwork.ca](http://www.cancerandwork.ca) website to aide those working in psychosocial oncology to become better able to support cancer survivors returning to work and staying at work. The workshop will teach participants how to navigate and apply the website information, resources and on-line tools via a vocational rehabilitation model to guide assessment, referral process and determination of how to provide counselling or case management.

Case scenarios will demonstrate how to address potential barriers to return to work including, addressing physical, cognitive and psychological challenges. Providing ideas to better enable those from health care and in the community to aid survivors optimally navigate return to work and job maintenance will promote better communication amongst all stakeholders (survivor, health care provider, community services and employer) and increase the chances of return to work and job maintenance.

## W143 - The Purposeful Journey for Psychosocial Specialists and Healing Professionals: How to embrace your aspirations with trust and awareness

**Gabriela Llie**

This experiential workshop explores the process of professional and personal growth through teaching, reflection, visualization, and small group discussion. Participants will follow a five-step process including:

1. How we create our perception of physical reality and our identity—and how this creates personal and professional stress, addictive thought and behavioral patterns
2. The neuroscience explaining how we can get stuck in this—limited—perspective
3. The cause of personal stress, burnout, and physical problems according to this model
4. How Mindfulness Meditation begins to create awareness of the limited view
5. The first step in making a significant life change is to explore what that change might be. That means being able to acknowledge your wants, your desires and your feelings—to express them to yourself. The next step is to express those desires to yourself and others with courage and authenticity. The exercise finishes with how to dispel the shoddy thinking, and practical steps to manifest your vision.

If you've been struggling with a particular issue for a long time, stuck in what seems to be an infinite loop, join us in this personal development workshop to shine a light into the darkness.

You'll learn how to manage all the elements in your life to keep you on purpose.

## W154 - How You Can Help Your Prostate Cancer Patients and their Partners

**John Robinson, Richard Wassersug, Erik Wibowo, Deb Dobson, Andrew Matthew, Lauren Walker**

Half of all men for prostate cancer will at some point in their lives be treated with androgen deprivation therapy (ADT), commonly called hormone therapy. While ADT is an effective prostate cancer treatment, it results in many profound life altering side effects. The most common side effects are hot flashes, loss of libido, erectile dysfunction, genital shrinkage, depression, weight gain, muscle loss and fatigue. Men on ADT are also at risk of serious medical complications: osteoporosis, type II diabetes and cardiovascular disease. All of these changes affect not just the patient but also his partner and consequently the spousal bond is often strained.

The good news is that there are evidence based side effect management strategies. We have developed an educational program based on our book *Androgen Deprivation Therapy: An Essential Guide for Men with Prostate Cancer and their Loved Ones*. In the program, men and their partners learn about ADT, how to manage side effects and, most importantly, how to tap into internal motivation to sustain the life style changes that are required for them to keep their bodies, minds and relationships strong.

In this interactive workshop, you will learn how to intervene using individual, couple and group formats, with motivational interviewing and goal setting exercises. You will see video clips of actual couples talking about how they use the management strategies they learned through the program to remain sexually active, become more physically active despite battling fatigue and adopt healthy eating habits.

Evidence of the program's effectiveness in reducing side effect bother and improving self-efficacy in side effect management will be briefly presented.

## **W165 - “You are stronger than you think”: The Meaning Making Intervention group workshop and teachable moments**

**Virginia Lee, Jennifer Finestone**

There is a universality to the search for meaning following the threat of cancer that can open doors to further understanding oneself, one's relationships, and one's place in the universe. Many individuals who face life threatening illness will confront fundamental questions about death, meaning, and purpose in life, and seek out avenues that can facilitate self-reflection, self-discovery, and self-affirmation. The need for support to facilitate the search for meaning is unquestionable. Yet many adults are socialized to respond with stoicism, and modern medical settings can act as barriers to discourse.

As healthcare providers, we must help patients understand and confront the impact of cancer on their lives. One of the greatest rewards of oncology healthcare providers is the ability to recognize and capitalize on “teachable moments”—fleeting opportunities to help patients deal with the uncertainty inherent in a cancer diagnosis. These moments become the building blocks to enhance the quality of life and psychological adjustment of patients.

The Meaning Making intervention (MMi) was developed in order to facilitate these “teachable moments.” It has also provided a safe space for patients to confront the existential questions evoked by cancer, as well as an opportunity to increase their resilience. This workshop will detail the genesis and evolution of the MMi from doctoral thesis to clinical trials to its current workshop format at Cedars CanSupport at the MUHC. There will also be a fun and experiential portion to learn practical exercises that can be used many populations, from young adults to older patients.

## **W182 - The Circle of Care: Connecting Stories to Care Delivery for Culturally Inclusive End-of-Life Care**

**Elder Roberta Price, Shane Sinclair, Shelly Cory, Lawrence Cheung, Sandy Kwong**

To address a gap in cultural-specific information Canadian Virtual Hospice launched LivingMyCulture.ca—an evidence-informed collection of videos of immigrants, refugees, and Indigenous people sharing their stories about the intersection of culture, spirituality, and religion with their experiences of advanced cancer, palliative care, and grief. These narratives educate and empower patients and families regarding oncology and palliative care and also serve as a rich educative tool for health professionals wishing to improve the delivery of culturally safe and inclusive care. LivingMyCulture.ca was developed in collaboration with a national team of researchers, educators, health professionals, patients, and families.

In this session, participants will reflect on culturally-relevant care that honours the choices, traditions, and values of the patient and their family. A Coast Salish Elder will begin the workshop with a traditional smudge and prayer, followed by a brief overview of LivingMyCulture.ca. Implementation strategies for practice and evaluative data will be shared. Participants will explore various cultural perspectives on serious illness, death and dying; identify and explore how to overcome challenges to providing culturally safe care in the workplace; hear from project interviewees from various cultures about their healthcare experiences; and seek to deepen their understanding of culturally-safe care. The use of a sharing circle will provide an interactive learning environment that is respectful and culturally responsive.

This workshop has a maximum capacity of 25 participants.

## W195 - First Nations, Inuit and Métis health supports within the cancer care system

**Peter Hutchinson, Nicole Robins, Alice Muirhead, Pam Tobin**

This workshop will begin with an overview of the work the Canadian Partnership Against Cancer (the Partnership) has conducted to inform policy and decision makers regarding ways to respectfully implement First Nations, Inuit and/or Métis health supports within the cancer system. The First Nations, Inuit and/or Métis Health Supports work addresses a key priority identified in the Partnership's First Nations, Inuit and Métis Action Plan on Cancer Control as well as priorities highlighted in the Truth and Reconciliation Commission of Canada's Calls to Action and in the United Nations Declaration on the Rights of Indigenous Peoples. Nine case studies of First Nations, Inuit and/or Métis health supports promising practices were conducted across Canada. Key findings from the case studies will be presented along with next steps for the Partnership in advancing this work.

With the guidance of a working group of Elders, knowledge keepers, patient navigators and organizational leads, the themes found in these case studies were used to produce a Program Design, Policy Development and Implementation Guide. Intended for organizations, institutions and jurisdictions the guide is meant to foster health supports developments intended for First Nations, Inuit and Métis patients and their families. This workshop will provide an opportunity for participants to discuss the Implementation Guide, and how it will facilitate implementation of an appropriate First Nations, Inuit and/or Métis health supports program within their institution.

## W202 - Under the Surface - Turning toward our fear of Dying and Death

**Anne Pitman, Rabia Wilcox**

This workshop invites practicing psychosocial oncology clinicians to pause and consider our most primal fear: death. While more and more cancers are treatable, everyone wonders, at one time or another, if their diagnosis might be terminal. Even for a moment. Or longer. Suppressing this fear, in order to "be positive" can take a lot of mental and emotional energy. Death can be the elephant in the room no one can begin to talk about. What if we learn to turn toward the possibility of death and explore it, with caring support?

In this workshop hear from experienced grief and dying therapists and explore our culture's lack of intimacy with death, both in language, behaviour and clinical practice. Together, we can begin to pull at the threads of our death phobia. With some gentleness, the fear can lose its power. Being a clinician who has faced into their own death allows you to be more available to your clients, and possibly less burned out. Talking about death won't kill you; it can actually be very healing.

## W203 - Where Did Everybody Go? Working with Anxiety when Cancer Treatment Ends

**Anne Pitman, Rabia Wilcox**

Anticipating the end of cancer treatment, we think we will be nothing but relieved. In most cases, there is significant relief, but also significant fear. To add to the difficulty, when cancer treatment finishes, so do most supportive programs. People expect us to be "back to normal" now that we "have our life back," even though our perspective on life may well have changed during the process of cancer treatment. Ultimately, we can feel quite alone, worried about the cancer coming back and not being sure how to live this new reality.

This workshop invites practicing psychosocial oncology clinicians to learn to integrate a host of effective holistic techniques to patients and caregivers at this uniquely stressful time. In this experiential workshop learn body-centered tools to soften the fear of recurrence, re-balance the nervous system and help people both settle and thrive into this "new normal" life.



## W205 - The Head Start Program for Women Newly Diagnosed with Breast Cancer

**Anne Pitman, Rabia Wilcox, Sarah Young**

“You have Breast Cancer” with these words each woman feels as though the rug has been pulled out from beneath her. And then there is the waiting...for further tests, diagnoses, prognoses and finally, for treatment to begin. At this time of heightened stress, the OICC’s Head Start program supports, educate and guide women as they embark on their treatment year. This unique program at the Ottawa Integrative Cancer Centre focuses on experiential mind body techniques, and is led by a group of therapists skilled in navigating cancer’s impact on body, mind and spirit.

This workshop invites practicing psychosocial oncology clinicians to explore the unique mind-body techniques used in the headstart program, including visualization, decision making tools, embodied yoga and breath work; all of which develop genuinely positive health habits and help women become empowered physically, emotionally and mentally.

## W206 - Scared Speechless—Softening the Inevitable Fear and Anxiety in all Patients

**Anne Pitman, Rabia Wilcox**

A cancer diagnosis can shatter “normal” life. There can be so much upheaval that a patient can feel as though they have left their body behind. Anxiety and fear often surface. Both Yoga Therapy and Conscious Living Coaching are one-on-one Mind Body Therapies that begin an inquiry into the emotional dimensions of cancer, from diagnosis shock, through the anxiety surfacing with regard to chemo, radiation and surgical treatments and side effects to post treatment fear of recurrence. Techniques include breath practices and specific de-patterning movements that help to acknowledge and move held fear and anxiety that prevent all of us from being fully present in our lives.

This workshop is particularly useful for practicing psychosocial oncology clinicians working with those facing cancer, from doctors and nurses to social workers, in order to learn simple techniques to unlock trauma and shock in a safe and grounded way, and to help patients return to a feeling of agency, authenticity and calm.

## W218 - I’m Still Here: Young Adults Living Life with Recurrent Cancer

**Danielle Schroeder, Janie Brown**

Background: Cancer occurs relatively infrequently in young adults (ages 18–39), therefore, understanding what it means to have cancer at this stage of life is often less understood than in older adults. Moreover, young adults living with recurrent disease, is even rarer. And although advocacy and awareness of the distinct needs of young adults with cancer has become more widely recognized in recent years, the vast majority of this awareness is often tailored to those young adults who are “fighting cancer” and will go on to become “cancer survivors.” However, young adults living with recurrent cancer often fall into a relatively small and new group of “chronic” cancer patients, those who are learning to not only live with metastatic cancer but finding ways to live well with cancer. There is still very little understanding and support available across Canada specifically for these young adults who often feel quite isolated and alone in their experiences.

Purpose: The purpose of this workshop is to bring new understanding, insight, and awareness about the experiences and needs of young adults living with recurrent cancer, through a documentary film that follows six young women on a three-day Callanish retreat, who although faced with grim prognoses, continue to live full and inspiring lives. The workshop will also educate about the Callanish Society, whom after more than 20 years and over 80 retreats supporting individuals and families affected by cancer, has evolved into a far-reaching community deeply rooted in the fundamentals of what it means to be human.

Workshop Method: A 45-minute documentary titled, I’m Still Here, will be presented followed by a 45 minute panel discussion with some of the participants from the film and facilitators from the Callanish Society. This is an opportunity for workshop attendees to engage in an active dialogue with film participants and Callanish team members to deepen knowledge and skills working with this population.



## W223 - Leadership in psych oncology—a 360 degree perspective

**John Christopherson, Barry Bultz, Irina Yakubovitz**

Leadership is an overlooked but crucial issue in the field of psych oncology. Leadership can have profound effects on performance, productivity, job satisfaction, creativity, and standards of patient care at our workplaces.

Various dimensions of leadership may be discussed, from authoritative to collaborative, from collegial to hierarchical. What makes for the most productive workplace? What provides the most job satisfaction? Is there a link between the two?

This is a workshop consisting of a recognized and veteran leader in our field, a clinician who has been working for several years in a number of different venues, and myself moderating who has experience as a leader, a consultant to leaders, and has an understanding of leadership theory. There will be other panel members, including one or more clinician of several years' experience who will be asked what sort of leadership supports her or his best work.

Questions asked include: what is important about leadership, from the perspectives of those leading and those being lead? Can clinicians in non-supervisory roles practice leadership? Where do we learn about leadership? What would help us be better leaders?

The intention is to get people thinking about leadership in psycho oncology, and perhaps to further initiate study into what are best practices in this area.

## W252 - Using Art to Express the Experience of Cancer

**Cathie Dunlop, Sara Prins Hankinson**

Art therapy is the therapeutic use of art-making, within the context of a professional relationship, to enhance physical, mental, and emotional well-being. It is used within oncology settings to support patients and their families in expressing emotion, relieving stress, finding support, and discovering strength.

This workshop is for counselors and other health care professionals with an interest in art therapy and using art-making techniques within their own practice. In addition to learning how art therapy can be used within oncology settings, you will also participate in a brief art therapy exercise and learn some art-making tools and techniques to apply to your own practice.

## W253 – Resting while working – bringing mindfulness into your work life.

**David Greenshields**

This is an experiential workshop for counsellors and other health care professionals interested in incorporating Mindfulness into their working lives.

Objectives: This workshop will:

1. Provide an opportunity for the direct experience of mindfulness practice.
2. Provide research evidence about the impact of mindfulness practice on stress reduction for health care staff
3. Explore practical strategies for incorporating mindfulness into their one's work and life.

# SYMPOSIA

## SYMPOSIA

### S225 – Treating Major Depressive Disorder in the Oncology Setting: How Relevant are General Guidelines?

**Moderator: Carole Richford**

**Discussant: Elaine Drysdale**

Prevalence of major depressive disorder is increased in the oncology setting. Recent Canadian guidelines have outlined optimal pharmacological and non-pharmacological management of depression in the community. This symposium provides an update on those guidelines as well as an analysis of what can be applied to the oncology setting and what needs adaptation.

#### **Abstract 1: Treating Major Depressive Disorder in the Oncology Setting: How Relevant are General Guidelines? - Depression in the Oncology Setting**

Alan Bates, Valentina Mendoza, Margaret Wong

Major depressive disorder affects approximately 16% of cancer patients (Mitchell et al., 2011). Despite cancer itself generally being a terrible illness to experience, it's not uncommon for patients to report their co-morbid depression to be the worst part of what they're going through. In addition, there is a commonly held belief that positive thinking can be a curative or protective force while depression is fuel for the cancer. Some have taken to referring to this as the "scourge of positive thinking" due to the lack of evidence for any such effects and the effect on patients of feeling guilty about not being able to "stay positive". Fortunately, psychoeducation along with other kinds of psychotherapy are effective in the oncology setting. Similarly, standard psychopharmacological approaches to depression work in the presence of cancer as well (e.g. Holland et al., 1998). Although reassuring that standard pharmacological and non-pharmacological therapies can be applied, there are important caveats to applying standard practices in the oncology setting as well as approaches that have been designed specifically for patients with cancer. Tumor site, stage of illness, and complex medication interactions need to be considered. In addition, it can be challenging to differentiate neurovegetative symptoms of depression from symptoms of cancer, making both diagnosis and evaluation of change more difficult. Especially near end-of-life, components of grief and existential suffering can also be present, contributing to an even more complex presentation of depressive symptoms requiring skilled and tailored management.

#### **Abstract 2: Treating Major Depressive Disorder in the Oncology Setting: How Relevant are General Guidelines? - Psychotherapy for Major Depressive Disorder in the Oncology Setting: How Relevant are General Guidelines?**

Margaret Wong, Valentina Mendoza, Alan Bates

Parikh et al. (2016) outline the latest Canadian guidelines for psychotherapy in the management of Major Depressive Disorder. They highlight Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT), and Behavioural Activation as first line interventions for acute treatment, and CBT and Mindfulness-Based Cognitive Therapy (MBCT) as first line options for maintenance therapy. A number of second- and third-line options are presented for acute treatment including Acceptance and Commitment Therapy (ACT) and Short- and Long-term Psychodynamic Therapy. Modalities used at a number of Canadian cancer centres to reach more remotely-located patients such as Videoconferenced Psychotherapy, Telephone-Delivered CBT and IPT, and Internet- and Computer-Assisted Therapy are all second or third line as well. IPT, Behavioural Activation, and Long-term psychodynamic therapy are among the few options with second or third line evidence for maintenance therapy. While there is good evidence of many of the above therapies working in the oncology setting, adaptations often need to be made based on factors such as illness stage, patient mobility/availability, and cancer treatment schedule. Especially at end-of-life, therapies that are specifically designed for the oncology setting and put greater influence on themes like legacy, meaning, and spirituality such as Meaning Centered Psychotherapy, Dignity Therapy, and Managing Cancer and Living Meaningfully (CALM) Therapy are often more appropriate.

### **Abstract 3: Treating Major Depressive Disorder in the Oncology Setting: How Relevant are General Guidelines? - Pharmacotherapy for Major Depressive Disorder in the Oncology Setting: How Relevant are General Guidelines?**

Valentina Mendoza, Margaret Wong, Alan Bates

Kennedy et al. (2016) outline the latest Canadian guidelines for pharmacotherapy in the management of Major Depressive Disorder. Medications recommended as first line options include citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, paroxetine, vortioxetine, venlafaxine, desvenlafaxine, duloxetine, bupropion, and mirtazapine. Antidepressant medications should always be selected with patient factors in mind, but this is particularly true in the often complex psycho-oncology environment. Cancer patients are often on medications with potential cardiac side effects such as QT prolongation. Citalopram, escitalopram, and any atypical antipsychotics that might be used for depression can also contribute to prolonged QT. Conversely, sertraline has excellent safety evidence in the context of cardiac illness. Delirium is common on oncology and palliative care wards, and therefore medications that contribute significantly to anticholinergic burden, such as paroxetine, are best avoided. Vortioxetine has demonstrated pro-cognitive effects and may be helpful in patients with “chemo-brain” or other cognitive complaints. Similarly, bupropion is sometimes used for ADHD due to its stimulant-like properties and might be considered in patients with deficits in mental focus. However, caution must be taken with bupropion in CNS patients or others with increased risk of seizure. Both venlafaxine and mirtazapine have minimal to no effect on tamoxifen’s conversion to its active metabolites and both also have evidence of reducing hot flashes, making them good choices in women on tamoxifen. Duloxetine is known to help with neuropathic pain in addition to depression and anxiety. Even “side effects” can be exploited to a patient’s benefit. For example, mirtazapine may not only help with depression, but also with low appetite and nausea in a population where weight loss is often more troubling than weight gain.

## S226 – CAPO/CANO Invited Symposium – Translating Clinical Practice Guidelines for Mild-Moderate Distress: The Therapeutic Practices for Distress Management (TPDM) Project

**Moderator: Tom Hack**

**Discussant: Margaret Fitch**

Canada has had good success in creating clinical practice guidelines (CPGs) to inform care and improve distress. Unfortunately, too often patients do not receive the care that is recommended. This symposium presents 4 aspects of a multi-site knowledge translation project designed to increase the integration of CPGs in routine cancer care for 4 common symptoms: Fatigue, Pain, Anxiety, and Depression.

### **Abstract 1: Designing a KT project to integrate CPGs in Routine Oncology Practice**

Mary Jane Esplen, Deborah McLeod, Lise Fillion, Tom Hack, Jiahui Wong, Doris Howell, Julie Dufresne, Margaret Fitch

A number of pan-Canadian initiatives have been undertaken to improve patient reported outcomes for cancer-related distress. These include national screening for distress initiatives and the development of several clinical practice guidelines (CPGs) to guide oncology health care professionals (HCPs) in distress management. Our project proposed to build on screening for distress by implementing and evaluating a programmatic knowledge translation (KT) intervention—the Therapeutic Practices for Distress Management (TDPM) program—at five Canadian centres. The goal of the intervention was to improve the capacity of health care systems to embed evidence-based responses as outlined by CPGs for four common distress symptoms (fatigue, pain, anxiety and depression) into standard cancer care.

The project was designed with two phases, including a baseline data collection, analysis and design phase (I) and an implementation and evaluation phase (II) at five Canadian sites. In phase I, the project employed the Theoretical Domains Framework (TDF) to inform baseline analysis of enablers and barriers to addressing the target symptoms. Several key barriers were identified and became the focus of interventions in phase II.

In phase II, we examined feasibility, acceptability, process, and pre-post testing of the effects of the complex intervention. The intervention included four components: 1) a 16 week online course; 2) a series of reflective practice sessions; 3) site mentors and champions to support frontline HCPs; and 4) tailored KT strategies to address barriers and enablers. This presentation describes the project design and discusses the challenges of implementing a multi-site complex intervention.

### **Abstract 2: Shifting Practice: The Therapeutic Practices for Distress Management Course**

Deborah McLeod, Mary Jane Esplen, Angela Morck, Lise Fillion, Tom Hack, Jiahui Wong, Doris Howell, Margaret Fitch

In this presentation, we describe the TPDM course, which was a key intervention in Phase II of the TPDM Project, satisfaction with the course, and ideas for sustaining the course for the future. The course included 4 modules, one for each of the target symptoms (fatigue, pain, anxiety, depression). Each module had four 90-minute web-based seminars, followed by a 2-month break in which participants worked on integrating learning into practice. Over the 2-month period, a monthly reflective practice session was held online, during which participants presented cases for discussion and consultation. Participants also submitted audio-recorded case studies for feedback. Each symptom education cycle took 3 months and the whole program with all 4 target symptoms was one-year in length.

The course addressed focused assessment of symptoms and managing mild-moderate distress for the target symptoms, informed by clinical practice guidelines. Course content included communication, person-centered practice processes, and brief behavioral /cognitive strategies.

Course completers (N 67) included 61 nurses and 6 social workers. Evaluation of the course suggested that participants were highly satisfied. Key course ingredients contributing to satisfaction were the live seminars, teaching videos, and the building of common skills across modules. Nurses and social workers highly valued the opportunity to learn together and each discipline articulated ways in which the other added value to their learning and supported their practice change.

### **Abstract 3: Outcomes of the Therapeutic Practices for Distress Management Project**

Jiahui Wong, Deborah McLeod, Mary Jane Esplen, Julie Dufresne, Tom Hack, Lise Fillion, Doris Howell, Margaret Fitch

The TPDM project employed a mixed- method evaluation. In this presentation, we discuss the project findings as well as the challenges and limitation of the tools and measurements in this context.

Qualitative elements included identification of barriers and enablers to implementing recommendations at baseline and at the end of the project, drawing on focus groups and 1:1 interview data. The analysis was theoretically informed using the Theoretical Domains Framework (TDF), which allowed us to identify key barriers to implementing the recommendations contained in the CPGs. At baseline, 6/14 domains were identified as key areas requiring attention. Very few enablers were identified. At the end of the project, 11 domains were identified, most having become enablers with one domain (environmental context and resources) continuing to represent important barriers.

The quantitative analysis focused on changes in knowledge and skills, including assessment and management of distress symptoms. We used a time-series approach to evaluate change pre/post for each module using measures of knowledge, self-efficacy (Bandura, 2006) and OSCEs designed for the project. Findings show improved knowledge, self-efficacy and performance across the board regarding all factors measured

### **Abstract 4: Factors Supporting Sustainability of the TPDM Project**

Jean Francois Desbiens, Lise Fillion, Mary Jane Esplen, Tom Hack, Deborah McLeod, Jiahui Wong, Doris Howell, Margaret Fitch

Over the past decade, many terrific products have been created in Canada to improve patient experience. With research or project funding, stakeholders are gathered, engage in designing and evaluating and new products to help patients emerge. Unfortunately, when the projects end, regardless of positive findings, disseminating the product beyond the study participants and sites is problematic. As researchers and decision makers we are all encouraged to “plan for sustainability”, but how does one really do that effectively?

In this presentation, we discuss the challenges of sustainability for the TPDM project. Using our 5 sites as case examples, we will present the factors that appear to be supporting sustainability, as well as those that pose a threat to its success. One site, with a well-developed plan (CHU de Québec) will be used to highlight some of these key ingredients for success. For instance, strategic planning, partnerships, managerial support, program adaptation to fit with Screening for distress or other ongoing programs, funding for training, communications and informatics, and organization capacity are factors likely to influence sustainability of TPDM program.



## S227 – Improving Patient Experience and Health Outcomes Using Electronic Patient-Reported Outcome Measures

**Moderator: Doris Howell**

**Discussant: Barry Bultz**

Numerous reviews show that meaningful use of patient reported outcome measures (PROMs) including distress data in the clinical encounter requires attention to practice change and a “whole system” change approach. This symposium will present the findings of the iPEHOC health system innovation on care processes and person-centered health and system outcomes; and key implementation strategies.

### **Abstract 1: Impact of the iPEHOC Health System Innovation on Care Processes and Outcomes**

Madeline Li, Doris Howell, Zeev Rosberger

**Purpose:** The Improving Patient Experience and Health Outcomes Collaborative (iPEHOC) aimed to improve health outcomes through uptake of electronic patient reported outcome measures (e-PROMs) in oncology practices in Ontario and Quebec. Building on screening with the Edmonton Symptom Assessment System (ESAS-r), e-PROMs were triggered based on cut scores to focus multidimensional assessment and management of pain (BPI), fatigue (CFS), anxiety (GAD-7) and depression (PHQ-9).

**Methods/Results:** The ADKAR change model and evidence-based knowledge translation (KT) strategies inclusive of case-based education and audit and feedback were used to facilitate end-user engagement and practice change. A mixed-method, pre-post quasi-experimental design assessed process and impact of the intervention on patient experience and activation, clinician satisfaction, team collaboration and health care utilization. Mann-Whitney U statistics examined significance of change from baseline to the 8-month post comparison. Over the 8-month implementation period 10,248 ESAS screens were completed in iPEHOC clinics; 17.5% triggered an additional e-PROM. Pre/post comparisons demonstrate a reduction of symptom distress levels, an increase in patient activation, and a small but statistically significant reduction in both emergency department (ED) visits and hospital admissions.

**Conclusion:** Utilizing a KT approach to PROMs implementation and facilitation of practice and “whole system” change is necessary to ensure a high-quality response to PROM data resulting in improvements to both person-centered and health systems outcomes.

### **Abstract 2: Ontario Sites - Implementation lessons and their application in facilitating uptake of PROMs for patient management**

Doris Howell, Carole Mayer, Nicole Montgomery, Anne Snider, Denise Bryant-Lukosius, Lorraine Martelli, Katherine George, Julie Park

**Purpose:** The iPEHOC project was conducted in three Regional Cancer Centres across Ontario (Juravinski, Northeast, and Princess Margaret). All three sites adopted change management and knowledge translation strategies to facilitate “whole system” and practice change. Readiness differed for sites at entry. Tailoring implementation strategies to local site context was critical to the success of the iPEHOC program.

**Methods/Results:** Process outcomes such as patient acceptability and clinician satisfaction were measured through surveys, interviews (clinicians) and focus groups (patients). Select results from the Patient Acceptability Survey (Ontario n=182, Montreal n=54) showed most patients found the PROMs facilitated communication of symptoms to the health care team, and helped with symptom self-monitoring. The Clinician Satisfaction Survey demonstrated a high degree of satisfaction at project endpoint. Overall, clinicians felt that the CFS (63%), BPI (72%), GAD-7 (77%), PHQ-9 (79%) provided them with additional important information to manage distress.

**Conclusion:** The presentation will highlight several key factors for achieving routine symptom screening and clinical uptake of PROMs. Clinician engagement is enhanced when resources are aligned and with education to increase knowledge and confidence in interpretation and response to PROMs. Patient engagement is improved when all staff promote the purpose and value for completing symptom screening reports and clinical teams provide patients with self-management interventions and support.

### **Abstract 3: Successes and Challenges in implementation and update of PROM's for patient symptom management at Quebec sites**

Zeev Rosberger, Rosanna Faria, Marc Hamel

**Purpose:** The iPEHOC project was conducted at Rossey Cancer Network McGill-affiliated hospitals (Jewish General Hospital, McGill University Health Centre and St. Mary's Hospital). Previously, distress screening was limited to pilot projects. Introduction of routine distress screening and secondary PROM assessments was novel to these institutions and the Quebec healthcare system was undergoing large-scale reform concomitantly. The project was rolled out in several clinics with identified clinician champions. Patient flow and IT development were major challenges during implementation.

**Methods/Results:** Quantitative and qualitative data were collected through patient and clinician surveys, semi-structured focus groups, and clinician interviews. Results indicated high levels of e-PROM completion rates (45-80%). The majority of patients found the PROMs facilitated communication and severity of symptoms to the health care team, and helped with their own symptom monitoring. Qualitatively, though most patients found the process most helpful in improving communication, some perceived that their clinician did not necessarily review the e-PROMs output, even though their needs may have been met. Patients with advanced disease more frequently reported PROMs completion as burdensome.

**Conclusion:** This presentation will illustrate key lessons unique to the Quebec sites, including the importance of organizational buy-in, the added value of site-based project champions, obtaining clinician engagement and ongoing educational support, tailoring strategies (e.g., clinician clarity about the e-PROMS output use) at each site. Important elements pertaining to sustainability will be discussed, such as the dissemination into routine clinical operations to new clinics, exploration of technological interfaces, and overall strategic alignment.

## S228 – Making it Work: Maximizing the Potential of a National Partnership to Create a Healthy Workplace Response to Cancer

**Moderator: Lucie Kocum**

**Discussant: Christine Maheu**

The Work Wellness Lab has engaged a national multi-professional and inter-disciplinary partnership of cancer survivors and key stakeholders to co-develop interventions to improve the workplace response to cancer. This symposium describes how we used a systems approach and active engagement of key stakeholders, applying tools like appreciative inquiry and causal loop diagramming, to inform our interventions, and develop the agility and connections to adapt the interventions to individual workers and workplaces.

### **Abstract 1: Making it Work: Maximizing the Potential of a National Partnership to Create a Healthy Workplace Response to Cancer / Applying a systems approach to building “The Partnership for a Healthy Workplace Response to Breast Cancer”**

Lucie Kocum, Lynne Robinson, Catherine Loughlin, Danielle Mercer

**Purpose:** Workforce retention of cancer survivors is a systemic challenge involving a wide variety of stakeholders. Effective interventions to support returning to work and/or staying at work must integrate the knowledge, experience, and other valuable resources of all members of the system. Predicated on a systems thinking approach (Peters, 2014), the Partnership for a Healthy Workplace Response to Breast Cancer was formed to co-generate interventions that have great potential to increase workplace support and retention of women diagnosed with breast cancer.

**Methods:** Partnership members are 29 breast cancer survivors; representatives of industry, labour law, organized labour, health services, disability management, occupational therapy, public policy, cancer advocacy; and a team of researchers in occupational health psychology, psychosocial oncology, business management, nursing, and disability management. Information gathered through literature reviews, a scoping review, two Partnership workshops, and one-on-one interviews with members of the system, were used to develop a causal loop diagram (Forrester, 1968), mapping out key variables and their interconnections determining the work experience of women diagnosed with breast cancer.

**Summary of results:** Several opportunities for system improvements were identified, including cultural shifts at the workplace, and workplace and governmental policy changes. A validation of the model is pending.

**Conclusions:** Employment among individuals diagnosed with cancer is a complex interplay among human and worker rights and personal, workplace, healthcare, and public resources. Taking a systems approach to addressing the high unemployment of women diagnosed with breast cancer appears to be an effective way to foster dialogue and identify areas for improvement.

### **Abstract 2: Making it Work: Maximizing the Potential of a National Partnership to Create a Healthy Workplace Response to Cancer / A scoping review of workplace interventions for cancer**

Danielle Mercer, Lucie Kocum, Lynne Robinson, Catherine Loughlin, Nicole Webb, Alicia LaPierre, Taylor Oakie

**Purpose:** Worldwide, the number of working individuals directly affected by cancer is growing and so, too, is the need for a healthy workplace response to this illness. Unfortunately, many of those diagnosed face challenges related to work throughout their cancer trajectory due to the complexity of the return to work process (Tamminga, Verbeek, de Boer, van der Bij, & Frings-Dresen, 2013) and lack of clarity regarding accommodation (Canadian Partnership Against Cancer, 2012). In response to these concerns, national cancer agencies and researchers have recognized the importance of developing psychosocial interventions aimed at supporting individuals' return to work. Work-focused intervention research surrounding cancer survivors is growing; however, many of the studies thus far are inconsistent and contradictory.

**Methods:** Given these challenges, we conducted a scoping review of the psychosocial literature to map research on existing interventions to improve the return to work of individuals diagnosed with cancer.

Summary of results: Despite a systematic search strategy in several electronic databases, only 14 relevant studies satisfied the inclusion criteria, indicating a lack of intervention research on cancer survivors' work trajectories. Furthermore, we classified the majority of our included studies as feasibility or process evaluation studies which included pilot data at most. Of the three studies that incorporated observed findings, results were mixed (i.e., positive results and/or no significant results).

Conclusions: We argue that this review offers an initial analysis supporting the dire need for empirically validated intervention studies focusing explicitly on a healthy workplace response for cancer survivors

**Abstract 3: Making it Work: Maximizing the Potential of a National Partnership to Create a Healthy Workplace Response to Cancer / Using appreciative inquiry in multi-stakeholder research on return to work after breast cancer**

Catherine Loughlin, Lucie Kocum, Lynne Robinson, Danielle Mercer, Jeanie Cockell

Purpose: Appreciative inquiry (Reed, 2007) is being used to facilitate collaboration and data collection among diverse stakeholders in the Partnership for a Healthy Workplace Response to Breast Cancer. The method looks for 'bright spots' (i.e., what is working in a situation) and is a collaborative strategy designed to foster inclusivity (i.e., by engaging people in telling stories; Cockell & McArthur-Blair, 2012). In the appreciative inquiry framework, every member of the Partnership works together to achieve change by reframing problems into opportunities, and focusing discussions on how to expand on what is working in a given area. This approach is critical for the effective co-creation, distillation, and delivery of knowledge in our Partnership, given the diversity of stakeholder groups represented, and possible reticence about discussing problems.

Methods: To ensure we are professionally applying appreciative inquiry, members underwent training with a certified consultant. Members participate in a total of four workshops whereby an appreciative inquiry lens is utilized. To date, we have conducted two workshops, analysing transcripts to evaluate whether the intended application of the framework is being met. In addition, we used open-ended survey methodology to ask members what they thought of appreciative inquiry as a technique for the partnership and received a total of 18 (workshop 1) and 15 responses (workshop 2), respectively.

Summary of results and conclusions: Using appreciative inquiry methodology fosters trust, inclusivity, respect, and positivity. Additionally, respondents agreed that appreciative inquiry creates a comfortable and cooperative atmosphere that allows for innovative and in-depth ideas to emerge.

**Abstract 4: Making it work: Challenges and facilitators for national partnerships**

Lynne Robinson, Lucie Kocum, Catherine Loughlin, Taylor Oakie, Sarah Kehoe

Purpose: Increasingly, researchers are managing large, complex research partnerships, with associated administrative burdens. There are effective guides to such research (Parry, Salsberg, & Macauley, 2015, Norman et al. 2010) but relatively little data on administration, per se. An analysis of challenges and facilitators in managing the Partnership for a Healthy Workplace Response to Breast Cancer is presented.

Methods: Multiple data collection and analysis methods were used during the project with ongoing notetaking and reflection on process by core team members and trainees, analysis of relevant sections of transcribed workshop interactions, and quantitative surveys.

Summary of results: We identified three fundamental roles in the partnership (core leadership, research trainees, and collaborators) with both macro and micro facilitators within each group. As anticipated, we found that the four key strategies we used to proactively prevent challenges (applying an Appreciative Inquiry (AI) approach, collaborative working with involvement of all members, transparent sharing of information, and flexibility) were effective for advancing the goals of the Partnership. Other, micro, facilitators consonant with use of those strategies were found. The macro challenges primarily centred around *organizational design*. These challenges consisted of: balancing the need for overall control of the project with extensive consultation and involvement with collaborators; coordination amongst three working groups, one leadership group and five trainees; disinterest in taking on several key tasks; meeting planned objectives with a very tight timeline.

Conclusions: While AI was a significant facilitator, the organizational design burden was challenging and required flexibility, transparency and interpersonal skills.

## S229 – Engaging Psychosocial Clinicians in a Conversation About MAID: Implications for Clinical Practice

**Moderator: Carole Mayer**

**Discussant: Madeline Li**

On June 17, 2016 the Criminal Code of Canada was amended by the Canadian Parliament permitting legislation to come into effect that allows Canadians to make a request for medical assistance in dying (MAID). Eligibility criteria are: being eligible for health services funded by a government in Canada; being 18 years of age; have capacity to make a health care decision; have a grievous and irremediable medical condition; be making a voluntary request without external pressure; give informed consent to receive MAID after being informed of the means that are available to relieve suffering, including palliative care (Bill C-14).

As of November 20, 2016, there were 133 physician-administered cases and 2 patient self-administered cases of MAID in Ontario (excluding 13 court authorized cases from February 6 to June 6, 2016-data not available); 64% (n=87) were cancer cases (Huyer, 2016). This symposium will focus on the role of psychiatry and social work who are members of psychosocial oncology teams in two cancer centres in Ontario working with patients who are requesting information and/or making a formal request for MAID. Participants attending this symposium will have an opportunity to understand the role of psychiatrists in assessing capacity in patients based on various clinical presentations and, the role of social workers to provide information and support to those considering MAID or pursuing a formal request. This work will be illustrated through various case vignettes. Participants will also learn the importance of self-care and reflective practice for those involved in MAID.

### **Abstract 1: Engaging Psychosocial Clinicians in a Conversation About MAID: Implications for Clinical Practice: Clinical Scenarios that May Affect Capacity to Consent to MAID: A Psychiatric Perspective**

Mark Katz

**Background/objectives:** The Canadian government, in response to the Carter Decision set forth criteria and conditions for the provision of medical assistance in dying. One of the conditions is that the requesting person be a mentally competent (or capable) adult. Capacity, however, is not explicitly defined in the legislation or the Supreme Court as it relates to MAID, nor are medical or psychiatric conditions that may affect capacity explicitly discussed. The purpose of this presentation is to review clinical scenarios that may affect capacity, discuss assessment issues, and highlight management strategies aimed at restoring capacity if possible as well as correctable sources of suffering that may contribute to the request in the first place.

**Methods:** A scoping review of the clinical literature on MAID, capacity to consent/refuse treatment and the role of psychiatric assessment in these areas was conducted, and issues will be illustrated by case vignettes.

**Conclusions:** Capacity to consent to MAID should be assumed unless there are circumstances that suggest capacity be questioned. Cognitive Impairment, psychosis, mood disorders and personality factors can all affect but do not necessarily impair capacity, which is best understood in terms of the traditional criteria established for treatment acceptance/refusal, namely the domains of understanding, appreciating, manipulating information rationally and communicating a clear choice. Psychosocial specialists can play a role both in the assessment of capacity in selected cases, and the addressing of the suffering that has contributed to the request.

### **Abstract 2: Engaging Psychosocial Clinicians in a Conversation About MAID: Implications for Clinical Practice: Helping Health Care Professionalism: The Context of MAID**

Renée Mallet, Traci Franklin, Julia Haddad, Rose Hanlon, Carole Mayer, Jillian Romanko

**Background/Objectives:** Since the legalization of medical assistance in dying (MAID) in June 2016, regulatory bodies have provided directives to Health Care Professionals that guide clinical practice when involved in MAID requests and directives for the ability to decline these requests due to personal values/conscientious objection. Although Bill C-14 identifies a medical or nurse practitioner to conduct eligibility assessments and provide MAID, cancer patients are engaging social workers in conversations about MAID, seeking information and support as they contemplate their options for end of life care. Given the early stages of MAID legislation, the role of social workers

may not be well understood by other team members resulting in communication breakdown. This presentation will focus on how oncology social workers have navigated patients' requests for MAID and discuss the importance of seeking support and guidance as part of sound clinical practice.

Method: A case study will be presented to demonstrate the complex issues and challenges faced by social workers with MAID requests: (1) Understanding the process for MAID requests and options available to patients; (2) Respecting patient wishes for privacy; (3) Communication within team (4) Documentation; (5) Bereavement services for family members; (6) Role of social work in supporting the clinical team; (7) Support for social workers.

Conclusions: Oncology Social Workers are often exposed to the pain and suffering of cancer patients and families as part of clinical practice. The legalization of MAID in health care highlights the importance for Social Workers to engage and encourage professional support and reflective practice.

### **Abstract 3: Engaging Psychosocial Clinicians in a Conversation About MAID: Implications for Clinical Practice: Talking About November: MAID, Social Work, and Clients**

Jillian Romanko, Traci Franklin, Julia Haddad, Rose Hanlon, Renée Mallet, Carole Mayer

Introduction: Ellis Peters, author of the "Brother Cadfael's Penance" provides a beautiful, dignified and yet practical metaphorical description of the month of November in relation to the nearing of the end of human life. MAID has brought to the forefront many discussions regarding end of life options and how end of life can be experienced by cancer patients and their families. As patients and caregivers become more aware of MAID as a new legal option, social workers are confronted with managing delicate yet crucial conversations, often without institutional policy or infrastructure at this early stage of legal inception.

Methods: Social workers within the Northeast Cancer Center Supportive Care Program have proposed a conversational framework based on the Ontario College of Social Workers and Social Service Workers standards of practice to ensure a human and patient-centred discussion that is balanced and ethical. Spirituality, values, and other biopsychosocial factors can be fully explored, allowing the individual to make an informed and enlightened decision. While allowing for meaningful reflection, the conversational framework will address the North-East Ontario context of geographically dispersed communities and services in addition to diverse cultural groups (Aboriginal, Francophone, etc.).

Conclusions: While the framework can help guide discussion with patients and families as we familiarize ourselves with MAID, the framework can also be used as a foundation for legacy work, independent of a client's final choice for MAID. Participants will have the opportunity to comment on the conversational framework and discuss how it may be applicable to their setting.



## S245 – One Year of Medical Assistance in Dying in Canada

**Moderator: Elie Isenberg-Grzeda**

**Discussant: Elie Isenberg-Grzeda**

Legislation on Medical Assistance in Dying (MAiD) in Canada was created in June 2016, and clinicians working in cancer must be equipped to discuss this topic with patients. The aim of this symposium is to provide attendees with an overview of the historical, ethical, and medico-legal background of MAiD, in order for them to meaningfully explore and confidently address patients' inquiries. The first presentation will provide an overview of MAiD from a clinical standpoint; the second presentation, delivered by a bioethicist, will explore legal and ethical principles relevant to MAiD in theory and practice; the third presentation will use actual case descriptions to review and build upon the concepts presented, and will further focus on managing the intense emotions encountered and on using MAiD assessments to enhance meaning for patients and caregivers.

### **Abstract 1: One Year of Medical Assistance in Dying in Canada: History of MAiD in Canada and Beyond.**

Alan Bates

The past year has seen the enactment of legislation related to MAiD in Canada. The new law has set out criteria for which clinicians (physicians and nurse practitioners) can participate in providing MAiD and offers guidance on assessing eligibility. Still, some difficult grey zones remain regarding the definitions of some terms used in the legislation. Furthermore, controversy exists on the basis of moral and religious grounds, and a divide exists both in the healthcare and public spheres. Based on preliminary data from Canada as well as from well-established data from elsewhere, cancer patients will be a predominant group of patients requesting MAiD.

The first presentation will review the history related to MAiD in Canada and elsewhere, position statements of global health organizations and professional associations on MAiD, and iconic figures associated with MAiD. It will also provide a background for discussion of ethical principles surrounding MAiD today and in the future.

### **Abstract 2: One Year of Medical Assistance in Dying in Canada: Ethical Issues and Current Controversies.**

Sally Bean

With an increasing number of North American jurisdictions legalizing MAiD for persons meeting eligibility requirements, it is important to prospectively learn transferable lessons from existing jurisdictions to potentially inform future practice. Enhancing practice in this area is particularly relevant from a psychosocial support perspective because responding to patient requests for a hastened death routinely occur across all jurisdictions, regardless of the legality of MAiD.

This section will be presented by a bioethicist, and will highlight the ethical, legal and policy facets that exist in Canada and highlight transferable lessons that may be relevant to other jurisdictions. A brief overview will first be provided of the relevant legislation and policy in the Canadian context, including the Criminal Code and applicable Provincial law and regulations. Legal, ethical and policy suggestions will be presented, which will help attendees who are tasked with exploring patients' desire to die statements and assessing patient's eligibility for MAiD.

### **Abstract 3: One Year of Medical Assistance in Dying in Canada: Clinical Vignettes**

Elie Isenberg-Grzeda

As of June 2016, medical aid in dying (MAiD) has become legal in Canada for eligible individuals. While the law provides a framework to assess MAiD eligibility, there are many grey areas left up to interpretation. In this section, case vignettes of actual patients who have requested MAiD will be presented. Vignettes will help highlight 3 main learning objectives:

The first will be to help attendees understand the process of assessing MAiD eligibility with an emphasis on the nuances and gray areas within the legislation and the practical challenges which have been encountered;

Second, attendees will develop an understanding of the intense emotions that patients and caregivers commonly express during the evaluation process;

Third, attendees will learn various ways in which meaning can be enhanced even in the process of assessing MAiD eligibility. Audience participation will allow for interactive discussion of the challenges in MAiD eligibility assessments in Canada in order to better equip the audience to deal with this increasingly common discussion.

# POSTER PRESENTATIONS

## POSTER PRESENTATIONS

### P102 - Cancer & Complementary Therapies: Understanding patients' use and interest patterns today

**Maryam Qureshi, Linda Carlson, Erin Zelinski**

**Purpose:** Increasing numbers of cancer patients today will use complementary therapies (CTs) and their interests are spread across an ever-widening variety of CTs available, from yoga to medical marijuana. Though past research has linked motivations for use to CTs in general, less is known about why patients gravitate towards specific CTs, in particular the wide range available today. This study assessed patients' interest, usage, and barriers to 30 CTs, and their correlation to symptoms and patient characteristics.

**Method:** Patients were surveyed at outpatient oncology clinics. Main measures included a likert-type interest scale for CTs, The Edmonton Symptom Assessment System, Cohen's Perceived Stress Scale, The Functional Assessment of Chronic Illness Therapy – Spiritual Wellbeing, and a barrier scale. Regression, Chi Square, and ANOVAs will be used to identify significant predictors of interest in each CT, and barriers.

**Results:** Quantitative data from over 200 participants have been collected and analysis is under progress.

**Conclusion:** This study assesses current interest in different CTs and whether patient symptoms and characteristics can predict preference. Predictive correlations implicate why people may be using specific therapies, allowing for further study into potential mechanisms and efficacy. For CTs that have established effectiveness (in reducing distress & symptoms), a predictive model would allow for tailored CT recommendations based on patients' physical and psychological symptoms, as well as addressing the unique barriers they face. If our goal is to support patients' well-being, it is essential to understand the growing role of CTs – how they are used and perceived.

### P103 - Radical prostatectomy and work: Men's perspectives

**Wellam Yu Ko, John Oliffe, Joan Bottorff, Joy Johnson**

**Background:** Many men of working age are diagnosed with prostate cancer and choose radical prostatectomy as a treatment. However, the consequences of radical prostatectomy can affect many men's work capacity, negatively impacting their income and/or leading to a re-evaluation of their career plans.

**Purpose:** To explore, participants' experiences around prostate cancer and radical prostatectomy within the context of work.

**Methods:** Digitally recorded, in-depth, one-on-one interviews were conducted with 24 English speaking men who were working at the time of prostate cancer diagnosis and subsequently underwent radical prostatectomy. Constructivist grounded theory guided collection and analysis of the data.

**Summary of results:** Work played a central role in participants' lives as an activity that: 1) was key in defining their identities, 2) allowed them to provide for their families, and 3) was framed as a means of contributing to society. However, as a result of prostate cancer diagnosis and radical prostatectomy, most participants experienced: 1) reductions in work capacity, 2) concerns about productivity, and 3) a philosophical shift wherein work and income became less important than maintaining health and in improving their quality of life. The theory constructed in this study describes how participants reformulated their worker identities as they recovered from surgery and re-negotiated return to work expectations.

**Conclusion:** Prostate cancer diagnosis and the consequences of radical prostatectomy can disrupt men's perspectives about health, income and work. Future research should explore men's return to work needs and ways to support them as they try to meet work and family obligations.

### **P109 - Depression self-care intervention for cancer survivors: feasibility and acceptability**

**Sylvie Lambert, Jane McCusker, Mark Yaffe, Rosanna Faria, Madeline Li, Manon de Raad, Mona Magalhaes, Eric Belzile**

**Background:** Cancer survivors (those who have completed treatment) who experience low mood have little access to psychosocial resources. Supported self-care interventions are low-intensity options that have received little research attention in this population.

**Objective:** To test feasibility and preliminary effectiveness of a depression self-care intervention for adults who have completed cancer treatment and have moderate depressive symptoms.

**Methods:** Cancer survivors experiencing moderate depression (PHQ-9 scores of 8–19) were recruited from community and clinical settings. A depression self-care intervention was adapted from a successful tool for people with chronic conditions using input from focus groups of cancer patients and health care professionals. The intervention toolkit included a depression self-care workbook, a mood monitoring tool and an information booklet “Life after cancer treatments.” Structured telephone support for use of the tool kit was provided by a self-care coach who made short weekly calls over a 2-month period. Feasibility was assessed by recruitment and retention of the target population, and preliminary effectiveness by PHQ-9 score improvement.

**Results:** Recruitment was highest using electronic mailings to community support group members and through social media posting. Of 68 people contacted about the study, 34 (49%) were eligible; 32/34 were enrolled (94% recruitment rate); and 25 completed 2 month follow-up (78% retention). Mean depression severity decreased significantly from screening to 2 months (PHQ-9 score 12.8 to 7.0,  $p < 0.0001$ ).

**Conclusion:** The intervention demonstrated sufficient feasibility and effectiveness. A phase III clinical trial is currently underway.

### **P111 - An Integrative Review of the Patient-Reported Factors Influencing Adherence to Adjuvant Endocrine Therapy Among Breast Cancer Survivors**

**Leah Lambert, Lynda Balneaves, Fuchsia Howard**

**Background:** Adjuvant endocrine therapy (AET) significantly reduces recurrence and mortality in women with breast cancer. Despite the efficacy of AET in improving breast cancer outcomes, 50% of women do not adhere to prescribed AET regimens. While numerous demographic and clinical predictors have been found to influence adherence, few studies have identified the patient-reported factors associated with AET adherence.

**Purpose:** The aim of this integrative review was to examine the patient-reported personal, social, and structural factors influencing breast cancer survivors' adherence to AET.

**Methods:** An integrative review was undertaken wherein PubMed, EMBASE, PsycINFO, and CINAHL databases were searched using key descriptors. The data extracted from eligible studies was entered into a matrix, and systematically compared and iteratively analysed by the research team.

**Results:** A total of 30 studies met the inclusion criteria (10 qualitative and 20 quantitative). Several personal, social, and structural factors were associated with AET adherence, including medication beliefs and misconceptions, perception of risk, the patient-healthcare provider relationship, unanticipated side effects, lack of symptom management, and continuity of follow-up care.

**Conclusions:** An increasing number of studies have focused on identifying the patient-reported factors associated with AET adherence. This review highlights important personal, social, and structural factors that act as facilitators and barriers in adhering to long-term AET. Understanding these factors in greater depth has several implications for nursing practice. Nurses are uniquely positioned to provide the supportive care needed to address many of the factors influencing women's AET adherence, including patient education, symptom management, and follow-up care. Acknowledging and addressing these person-centered factors is key to providing women with the support needed to improve suboptimal adherence rates.

## P112 - Exploring the Psychosocial Implications of Advanced Cancer Genomic Testing: Learning from the BRCA1/2 Literature

**Lindsay Carlsson**

As cancer services shift towards a personalized approach, where one's care is driven by their genetic blueprint, we are witnessing the rapid emergence of advanced forms of genomic testing (GT), such as multi-gene panels and whole-exome sequencing. These technologies have the potential to transform cancer screening practices and treatment selection; however, the psychosocial implications of these technologies for our patients is currently unknown. This review summarizes the literature examining the psychosocial implications of BRCA1/2 testing, and compares these findings with the initial evidence exploring the response of patients to advanced forms of cancer GT.

A literature review was conducted in June 2015. The databases and keywords were selected in consultation with an Information Specialist at the Princess Margaret Cancer Centre. A total 58 studies were selected based upon the pre-determined eligibility criteria. A follow-up search conducted in January 2017 identified an additional 5 articles.

This review found that BRCA1/2 testing is not associated with long-term distress, but does require a process of psychological and cognitive adaptation for tested individuals. A subset of studies (n=11) explored patient preferences and attitudes towards different forms of advanced cancer GT. These studies suggest that patients are highly motivated to undergo such testing, but identified significant gaps in their understanding of its clinical utility and inherent limitations.

Although advanced forms of cancer GT are expected to individualize risk stratification and cancer treatment selection, the findings from this review reinforce the need for future research to examine the impact of such testing on our patients and families. This research is necessary to inform the design of educational tools and supportive interventions tailored to the needs of individual patients offered comprehensive cancer genomic screening as part of their clinical management.

## P113 - A Meta-Analysis of Factors Associated with Quality of Life Outcomes Among Adolescent and Young Adult Cancer Survivors

**Julie Deleemans, Graham Eckel**

**Purpose:** Adolescent and young adult (AYA) cancer patients and survivors face unique challenges, in part due to the sensitive nature of this developmental period. For AYA cancer survivors, the time following the conclusion of cancer treatment and reintegration into normal life activities can be especially challenging, with individuals' Quality of Life (QoL) being impacted significantly. Research examining the unique needs of AYA survivors with respect to QoL is sparse, with inconsistencies between studies. As such, the present study reviewed AYA psychosocial oncology literature to evaluate factors associated with QoL among AYA cancer survivors.

**Methods:** A meta-analysis of data sources from peer-reviewed literature, workshop summaries, and clinical practice guidelines obtained from PubMed and PsychINFO.

**Expected Results:** It is hypothesized that enhanced accessibility to health and community services, peer and family support, along with AYA-specific psychosocial services, will augment survivors' QoL. Furthermore, a greater degree of physical and/or psychological impairment due to both trauma and treatment side effects are hypothesized to attenuate QoL among AYA cancer survivors.

**Conclusions:** This study will provide a summary of factors associated with QoL in AYA cancer survivors, with particular focus on specific factors that may promote QoL. Factors that may hinder QoL will also be considered, including recommendations for providing more effective treatment for AYA survivors who are especially at risk for reduced QoL. Finally, suggestions for health care providers and policy development officials in addressing the unique needs of, and fostering QoL among, AYA cancer survivors will be discussed.

## P114A - The conflicting nature of patient-empowerment: Results from a grounded theory study in cancer survivorship

**Jonathan Avery, Roanne Thomas, Doris Howell, Claire-Jehanne Dubouloz-Wilner**

**Purpose:** “Patient-empowerment” is a phenomenon associated with cancer survivorship. Defined as a process and an outcome, empowerment has become a desirable experience through which people seem to take control over decisions and actions affecting their health. This control provides more rights to the individual. Yet empowerment remains a phenomenon not well understood. Definitions vary and critics suggest that efforts that appear to be about empowerment conflict with pressures to contain health care costs. The purpose of this presentation is to present a grounded theory of empowerment and to explore its relevance in supportive cancer care.

**Methods:** Semi-structured interviews with 22 cancer survivors (cancer of the head or neck and or breast) was the primary means of data collection. Interviews explored participants’ illness experiences and views of empowerment. The analysis used the constant comparative method to categories and map the empowerment process.

**Summary of Results:** Empowerment is a dynamic phenomenon that emerged when participants felt a sense of accomplishment and personal growth from enduring and overcoming hardships associated with the diagnosis, treatments and side effects, stigma and care planning. Participants who felt their illness was less challenging to endure were less able to speak about an experience that was empowering for them.

**Conclusion:** Patient-empowerment seems contingent upon enduring and overcoming hardships. As a result, a key question emerging from this research is: does empowerment conflict with other strategies to improve care such as streamlining navigation, normalizing the experience and creating less invasive ways to treat cancer? This will be discussed.

## P114B - A National Picture - First Nations & Metis women with cancer reflect on the healing benefits of art

**Jonathan Avery, Roanne Thomas, Wendy Gifford, Chad Hammond, Jennifer Poudrier, Viviane Grandpierre, Carolyn Brooks, Ryan Hamilton, Tricia Morrison**

**Objectives:** The goal of the National Picture Project was to explore research gaps in cancer survivorship care with First Nations and Métis women with cancer and their caregivers. This poster focuses on the healing benefits of art throughout the cancer trajectory.

**Background:** Research shows First Nations and Métis peoples experience many challenges and inequities in cancer care. These include a lack of community-based programs, encounters with racism, and financial obstacles.

**Methods:** Using an arts-based methodology, our interdisciplinary team conducted sharing sessions and interviews with 87 people including caregivers in five communities across Canada. Photovoice and journaling were also used in connection with the sharing sessions and interviews. Collectively, 18 journals totaling 109 pages of writing and 560 photographs were received. A poster outlining the main themes of the research was shared in the five communities and feedback was incorporated into a video.

**Findings:** Preliminary analyses of themes indicate a multitude of benefits of creativity-based participation from the time of diagnosis to post-treatment. Engagement with the arts helped provide participants with a meaningful and productive pursuit and to focus on living one day at a time. Additionally, the arts enabled relaxation, healing, and provided meaningful ways for participants to explore and/or illustrate their experiences.

**Conclusion:** Participants identified several gaps in First Nations and Métis healthcare, including psychosocial support, financial aid, and cultural safety. Within this context, the arts may address identified gaps and provide opportunities for holistic experiences of healing among Indigenous peoples.



## **P115 - Give-a-Care Campaign for Young Women with Breast Cancer**

**Shawna Ginsberg, MJ DeCoteau**

In 2015, Rethink Breast Cancer created 10 Care Guidelines for Young Women with Breast Cancer to ensure health-care professionals address young patients' special needs in a timely manner. The guidelines were in response to feedback from young women experiencing breast cancer in Canada, released in our report, *Breast Cancer in Young Women in Canada – A Needs Assessment*. The report finds that despite a growing array of peer support interventions and community resources for young women with breast cancer, their needs are often not being met by current healthcare systems. Rethink's guidelines identify key issues facing young women with breast cancer, including diagnosis during pregnancy, effects of chemotherapy on fertility, risk of menopausal symptoms, feelings of isolation, questions about sexuality, childcare, relationships, employment and money, and they give recommendations on the information and support that should be provided to young women.

Rethink Breast Cancer is advocating for Canada's Provincial Cancer Agencies to endorse our guidelines and implement them in every cancer centre across Canada. In 2016 Rethink launched a creative public engagement campaign called Give-A-Care to raise awareness about the guidelines and empower young women (and caregivers) to be their own best advocates in their treatment and care. Give-A-Care opens people's eyes to what it means to be a young woman diagnosed with breast cancer, adds urgency to the unique issues that affect young women and helps empower and support those who have been diagnosed by putting a savvy spotlight on key issues they should discuss with their healthcare team.

## **P121 - PAACT (Physical Activity in Advanced Cancer Treatment): The Feasibility of a Physical Activity Intervention**

**Kathryn Wytsma-Fisher, Amane Abdul-Razzak, Meghan McDonough, Nicole Culos-Reed**

Although physical activity (PA) is commonly used to manage physical and psychological symptoms and enhance overall quality of life (QOL) across cancer survivor populations, more studies are needed within advanced cancer (stages III and IV) populations. Specifically, limited intervention work has occurred to date, thus little is known regarding optimal PA dose, type or what potential benefits (physical or psychosocial) might be expected by participants.

The primary aim of the PAACT (Physical Activity in Advanced Cancer Treatment) intervention is to examine program (a) feasibility, as measured by safety/adverse events, attendance, and recruitment. Secondary aims are to examine intervention impact on (b) QOL and (c) functional ability. It is hypothesized that an exercise intervention will be feasible and potentially impactful.

A twelve-week, group based, mixed-methods PA intervention will include advanced cancer patients (all tumour types, Stages III and IV), cleared by physician to engage in mild to moderate levels of PA. Participants will be assessed at baseline and post-intervention. The primary outcome, feasibility, will be assessed with recruitment (% who participate from those eligible), attendance (weekly group class), and safety (adverse event reporting). Secondary measures include quality of life (FACT-G and FACIT-Pal) and physical performance changes (senior's fitness test). Finally, qualitative interviews after program completion will include discussion around patient satisfaction with the program, any barriers experienced, as well as impact on patient well-being, including functioning and QOL.

PAACT will add to the literature by examining the potential benefits of physical activity in the advanced cancer population. Using an integrated knowledge translation framework, we hope to move PAACT into clinical cancer care settings as a supportive service to diminish symptoms and enhance overall QOL.

### **P122 - Patient perspectives on an interdisciplinary prostate cancer supportive care program**

**Lindsay Hedden, Philip Pollock, Monita Sundar, Maria Spillane, Christine Zarowski, Stacy Elliott, Cheri Van Patten, Sarah Weller, Richard Wassersug, Marcy Dayan, Larry Goldenberg, Celestia Higano**

**Purpose:** The Prostate Cancer Supportive Care (PCSC) Program is designed to address the challenges of decision-making and coping faced by men with prostate cancer (PC), their partners, and family members. A central component of the program is a series of education sessions that provide information on PC biology, treatment, and side effects, sexual health and rehabilitation, incontinence, diet, exercise, and androgen deprivation therapy. In this analysis we assess participant feedback on the education sessions, and compare potential benefits for patients and partners.

**Methods:** We designed a feedback tool with Likert-based, and Boolean response items, as well as qualitative commentary. The tool included questions that assessed the timing, structure, and content of each session. We examined rates of satisfaction across each of the five education sessions and compared scores between patients and partners using t-tests.

**Results:** We collected 1357 surveys between Feb 2013 and Sept 2016. Average satisfaction score was 3.63 (out of a possible 4), ranging from 3.46 to 3.78 across the different sessions. We found no difference in satisfaction between patients and partners except for the sexual health session, which was rated better by partners ( $p=0.03$ ). 86% of patients found the inclusion of their partners at the sessions useful.

**Conclusions:** Men with PC and their partners both expressed a high degree of satisfaction with interdisciplinary education sessions provided within our supportive care program. These results can be used to guide the future development of the PCSC program as well as supportive care for PC patients and partners more broadly.

### **P123 - Ongoing evaluation of Living with Prostate Cancer (LPC) Program, a group therapy intervention to alleviate psychological distress**

**David Kuhl, Kevin Lutz, Lindsay Hedden, Maria Spillane, Monita Sundar, Philip Pollock, Larry Goldenberg, Celestia Higano**

**Purpose:** Many men with prostate cancer (PC) will experience psychological distress at some point after diagnosis. To complement the psycho-social resources available, the Prostate Cancer Supportive Care program at the Vancouver Prostate Centre initiated the LPC Program in Autumn 2016. LPC utilizes a small-group format to develop a cohesive working group, learn strategic communication skills, and understand how to manage depressive symptoms, suicidal ideation and transitional life stressors associated with PC.

**Methods:** LPC consists of 3 consecutive weekly 7-hour sessions and a 2–3 hour follow-up session at 3 months. Consent to participate in the evaluation study is optional for LPC attendees and includes a willingness to fill out questionnaires including the Beck Depression Inventory-II, Personal Attributes Questionnaire, Masculine Behaviour Scale, Warwick-Edinburgh Mental Wellbeing Scale, and the Group Questionnaire before and after the program, as well as at 3-, 6-, and 12 months later. Target accrual is 72 men.

**Results:** To date, 3 LPC series with a total of 17 attendees have been conducted. The first series was a pilot, thereafter 10/10 men consented to participate in the evaluation. The median age is 64 (range 53–79), 8 had a radical prostatectomy a median of 12 months (range 3–20) before study entry and 2 were scheduled to have surgery within 1–3 months.

**Conclusions:** Based on written feedback, attendees view the LPC program very positively. Accrual is projected to be complete by the first quarter of 2018.

## **P124 - Innovation in Mammary Health: Construction and Validation of an Educational Technology**

**Camila Moreira, Fuchsia Howard, Ana Fatima Fernandes, Izabel Cristina Barbosa**

**Purpose:** Mammary health is issue faced by public health nurses and the Science follows new ways into this thematic area of learning coursewares. The purpose of this study was to construct and to validate a distance course for mammary health promotion for nurses.

**Methods:** Development research and creation of learning coursewares. Methodological proposal has been composed of five stages: 1) analysis and planning, 2) modeling, 3) implementation, 4) evaluation and maintenance and 5) distribution. It was developed in a Computer Laboratory at Nursing Department, Federal University of Piauí, Brazil. A total of nine experts as research population were consulted as expert judges of nursing, pedagogy and web designer, three of each specific area. For data collection, two questionnaires to gather information about content and technical perspective analyses were utilized. A descriptive analysis was conducted and the Bloom's Taxonomy was used to guide the development of educational materials and assist in the evaluation of the teaching-learning process.

**Results:** The variables that had concordance index of 50% were: graphic designer pages favors learning, the user has easy navigation, the learning of the student experience, the environment provides interdisciplinary, content is built on process rather than there is a unique sequence, allows access to the available environment and hold a discussion on the subject. After all proposed corrections, we obtained a modular structure presented in four learning modules that includes fifteen thematic units, containing items and sub-items since historical background and definitions about cancer until methods of treatments of breast cancer.

**Conclusions:** The distance learning course is intended to broaden and to enrich the living spaces and construct their own knowledge, favors interactivity, communication, autonomy and cooperation between the participants and provides access to educational technologies.

## **P125 - Barriers to Breast Cancer Screening among Rural Women**

**Camila Moreira, Fuchsia Howard, Ana Fatima Fernandes, Rosy Denyse Oliveira, Miria Conceicao Santos**

**Purpose:** In rural area, control of breast cancer is related to health promotion and early diagnosis, which includes knowledge, awareness and stimulating behavioral change, emphasizing screening for disease. The present study was developed to assess the barriers between knowledge, attitude and practice of rural women and them early detection of breast cancer in the Primary Care Unit.

**Methods:** This cross-sectional study was conducted in a Basic Health Units with 243 rural women participating in the public health service. Data collection was conducted by implementation of CAP Survey (knowledge, attitude and practice) for early detection methods of breast cancer. The data was analyzed using the Chi-square test.

**Results:** Knowledge, attitude and practice of early detection methods were considered especially appropriate for those rural women with education ( $p=0.001$ ) and higher economic level ( $p=0.001$ ), but inadequate responses to such methods were still significant. Regarding receipt of information about breast cancer, 173 (71.2%) women reported having already received some kind of guidance, while 70 (28.8%) women did not receive. Regarding the nurses, 82 (47.4%) were the main responsible for the transmission of information on breast cancer.

**Conclusion:** It is noted that there is still a significant number of rural women who do not have basic knowledge regarding early detection methods of breast cancer, contributing to the non-realization of these methods, as it advocates. The sociodemographic characteristics were considered as a barrier to breast cancer screening.

### **P130 - Measuring skin self-examination behaviour among individuals at increased risk for melanoma: A systematic review of randomized controlled trials**

**Chelsea Moran, Adina Coroiu, Brett Thombs, Emily Kingsland, Annett Korner**

**Background:** Melanoma can be a lethal disease, if not detected early. Skin self-examination (SSE) may facilitate melanoma early detection. Currently there is no standardized method to assess SSE as a patient-reported outcome, which affects the interpretation and comparison of findings from clinical trials. The aim of the current study was to systematically review the operationalization of SSE and the consistency of assessment methods used in randomized controlled trials (RCT) of interventions with individuals at increased risk for melanoma. A secondary objective was to review the evidence regarding validity and reliability of SSE instruments as reported or referenced across trials.

**Methods:** Several databases (e.g. MEDLINE) and trial registries were searched from inception through December 2015. Articles in any language were included if they reported on RCTs of psycho-educational interventions with individuals at increased risk for melanoma, which had skin self-examination as an outcome. Two reviewers carried out the selection of relevant trials, conducted data extraction, and synthesis (Prospero Registration: CRD42016033765).

**Results:** This review identified 14 eligible RCTs. SSE was operationalized as frequency of checking behaviours and encompassed various behaviours including generally checking the skin, systematically checking the entire body, checking with the help of another person or using mirrors and tracking devices. The number of items, the answer choices, and the timeframe used to assess SSE varied across trials. There were large inconsistencies across the included trials in the definition and assessment of SSE behaviour. There was minimal evidence supporting the validity and reliability of the SSE instruments.

**Conclusions:** Given the inconsistencies found in the current review, future research is needed in order to investigate the psychometric properties of existing SSE instruments, and to establish a standard of assessment for SSE.

### **P132 - Use of Patient Oriented Symptoms Index to assess psychosocial outcomes in an exercise intervention during adjuvant treatment for breast cancer**

**Simran Parmar, Kelcey Bland, Amy Kirkham, Cheri Van Patten, Holly Wollmann, Alis Bonsignore, Don McKenzie, Karen Gelmon, Kristin Campbell**

**Background:** Chemotherapy and radiation used in the treatment of breast cancer are associated with side-effects that impact psychosocial outcomes, including anxiety, depression, disrupted sleep and fatigue. Exercise has been shown to be safe during breast cancer treatment and may play a role in mitigating these side-effects.

**Purpose:** To describe changes in side-effects among breast cancer patients engaging in exercise training during adjuvant treatment using the Patient Oriented Symptoms Index (POSI), a short checklist style questionnaire to monitor adverse side effects of a clinical intervention.

**Methods:** Women with stage I-III breast cancer enrolled into the Nutrition and Exercise During Adjuvant Treatment study within the first half of chemotherapy. Supervised aerobic and resistance exercise was performed 3X/week during adjuvant treatment. Patient-reported symptoms, rated from 0 (absent) to 3 (intolerable), were collected at baseline and end of treatment (n=58), using the POSI. Wilcoxon Sign-Rank paired test was used to identify significant change ( $p < 0.05$ ).

**Results:** Mean scores for anxiety, depression, disrupted sleep, fatigue at baseline were 0.98, 0.93, 1.16, 1.79, respectively. There was no significant difference from baseline to end of treatment for anxiety ( $p = 0.73$ ), depression ( $p = 0.76$ ), disrupted sleep ( $p = 0.47$ ), and fatigue ( $p = 0.05$ ).

**Conclusion:** Using the POSI, no changes in anxiety, depression, disrupted sleep and fatigue were detected among breast cancer patients engaging in exercise training during adjuvant treatment. These results should be compared to other validated measures of these outcomes to determine if the POSI or another symptom checklist is sufficient to capture change in psychosocial outcomes with supportive care interventions.

## P134 - Family Caregivers in Delirium

**Pouya Memar, Alan Bates**

**Background:** Delirium is distressing for patients and family. Distressed family members often do not understand what is happening. There is great potential to reduce family distress through education.

**Methods:** We performed a systematic review about family caregivers in delirium using EMBASE, PsycINFO, CENTRAL, the Cochrane database of systematic reviews, and MEDLINE using the search terms “delirium,” “family,” and “caregivers.”

**Results:** Both Breitbart et al. (2002) and Bruera et al. (2009) demonstrated that family caregivers experience greater levels of distress than the patients themselves. Delirium is so distressing for family caregivers that they are 12 times more likely to meet criteria for Generalized Anxiety than caregivers of similar non-delirious patients (Buss et al., 2007). Family describe their distress as being associated with healthcare professionals not being present, and interpreting delirium as an expression of pain or mental weakness (Morita et al., 2007). The same study found family members are frequently left without education about expected course and underlying pathology. Excellent online educational resources include [hospitalelderlifeprogram.org](http://hospitalelderlifeprogram.org), [ICUdelirium.org](http://ICUdelirium.org), and videos hosted at [albertahealthservices.ca](http://albertahealthservices.ca). Providing educational material to family members is helpful (Otani et al., 2013) and more developed psychoeducational interventions provide greater confidence in decision making (Gagnon et al., 2002). Family members often notice delirium-related changes in sleep long before medical professionals (Kerr et al., 2013), and the Family Confusion Assessment Method (FAM-CAM) shows 88% sensitivity and 98% specificity as a screening tool for delirium using information from family (Steis et al., 2012). Family can be actively engaged in delirium management (Rosenbloom-Brunton et al., 2010).

**Conclusion:** Educating family members and incorporating them into screening and care benefits patients and caregivers.

## P136 - Teletherapy: Relieving Fear of Cancer Recurrence among Ontario Francophones

**Jani Lamarche, Jean Grenier, Marie-France Lafontaine, Paul Greenman, Julie Gosselin, Melanie Joannis, Marie-Helene Chomienne, Sophie Lebel**

**Purpose:** Cancer survivors suffering from elevated fear of cancer recurrence may benefit from a targeted psychological intervention to help them regain an adequate quality of life. For individuals of the Francophone minority speaking communities, obtaining health care services in their mother tongue can be difficult. Consequently, this project objective was to offer, via videoconferencing, a previously validated psychological treatment aimed at relieving fear of cancer recurrence to French speaking participants living in the greater Ottawa region and determine the preliminary effectiveness of this treatment using videoconferencing.

**Methods:** Study participants were adults living with cancer who were referred by a variety of community health partners. First, a stable baseline was established pre-treatment with daily completion of the Fear of Cancer Recurrence Inventory (FCRI) and the Impact of Events Scale (IES). Thereafter, a cognitive existential therapy was offered once a week for a period of six weeks. The sessions lasted from 60 to 90 minutes. At the end of each session, participants completed the FCRI and IES. In addition, participants completed several questionnaires to determine their level of satisfaction and comfort with the therapy as well as videoconferencing. Finally, descriptive data was generated and a visual inspection of plot lines was performed.

**Results:** A stable baseline was obtained for both participants. The results indicate a decrease in fear of cancer recurrence and cancer specific distress over the six weeks of the intervention. The results of the questionnaires determining the satisfaction with the therapy and comfort with videoconferencing will be analyzed and presented.



## P142 - Towards an Evaluation of Community-Based Physical Activity Programs for Childhood Cancer Survivors

Jena Shank, Nicole Culos-Reed

Childhood cancer survival rates have increased to >80%, but there are many negative physical and psychosocial implications of cancer treatment (Baumann, Bloch & Beulertz, 2013). Fortunately, preliminary research supports physical activity (PA) in childhood cancer survivors as safe, feasible, and aids in reducing many of the adverse side effects of treatment. The next step is to determine how this research translates into community-based programs. One such evidence-based program is PEER, which is one of three existing community-based programs for pediatric cancer patients (Chamorro-Viña et al., 2013). As one step in this translation, a battery of feasible assessment tools must be compiled to assess effectiveness of PEER.

The knowledge-to-action framework will aid in compiling feasible and sustainable assessment tools. A literature review will determine evaluation tools used to date in pediatric oncology and community-based programs. Following the initial review, interviews will be conducted with key stakeholders to understand what they find valuable to achieve in PEER. Feedback from stakeholders may provide a wider range of measures that were not found in the literature review that may be important to the evaluation. The evaluation tools will be selected based on the literature review and feedback from key informants, the tools will then be tested for feasibility in the PEER program.

Preliminary research supports PA for childhood cancer survivors, thus it is important to understand how this research translates into community-based programs. Evaluation of PEER will provide additional evidence and support its sustainability as an important wellness resource for children with cancer.

## P144 - No changes in cognitive function and quality of life observed in patients receiving adjuvant 5FU/oxaliplatin for colon cancer

Stanley Hung, Sarah Neil-Sztramko, Negin Niksirat, Teresa Liu-Ambrose, Sherri Hayden, Sharlene Gill, Howard Lim, Kristin Campbell

Background: Cognitive dysfunction following chemotherapy has been described in 15–75% of cancer patients. However, change in cognitive function with treatment for colon cancer, including with the most common chemotherapy protocol 5FU/oxaliplatin (FOLFOX), has not been studied extensively.

Purpose: To describe changes in objective and self-report measures of cognitive function in colon cancer patients receiving FOLFOX chemotherapy.

Methods: Participants were tested at 1) baseline (before or within 3 weeks of starting chemotherapy treatment); 2) 6 months (end of chemotherapy); and 3) 12 months (6 months post-chemotherapy). Participants completed a standard neuropsychological (NP) test battery and a self-report measure of cognitive function and its impact on quality of life (FACT-Cog). Friedman Test ( $p < 0.05$ ) and post-hoc Wilcoxon Signed Ranks Test with Bonferroni Corrections ( $p < 0.017$ ) were used to assess change over time.

Results: Ten participants ( $51.5 \pm 7.1$  years) were recruited, nine completed testing. No changes were observed for all NP tests: motor processing speed using the Trail Making Task A ( $p = 0.37$ ) and Task B ( $p = 0.82$ ), verbal learning and memory using the HVLT-R T-Scores [Total Recall ( $p = 0.67$ ), Delayed Recall ( $p = 0.38$ ), Retention ( $p = 0.053$ ), and Recognition Discrimination Index ( $p = 0.63$ )], and verbal fluency using FAS ( $p = 0.06$ ) and animal naming ( $p = 0.23$ ). Self-reported cognitive symptoms also did not change: FACT-Cog Perceived Cognitive Impairment ( $p = 0.16$ ), Impact on Quality of Life ( $p = 0.26$ ), Comments from Others ( $p = 0.26$ ), and Perceived Cognitive Abilities ( $p = 0.20$ ).

Conclusion: This pilot study observed no significant changes in objective tests or self-reported symptoms of cognitive function in colon cancer patients receiving FOLFOX chemotherapy.



## **P147 - Feasibility of an oncologist-referred exercise program as a part of supportive care for breast cancer: Results from the Nutrition and Exercise during adjuvant Treatment (NExT) Study**

**Kelcey Bland, Amy Kirkham, Cheri Van Patten, Karen Gelmon, Don McKenzie, Alis Bonsignore, Kristin Campbell**

Strong evidence suggests exercise is safe, feasible and associated with benefits including improved psychosocial outcomes among women with breast cancer. While efficacy has been established in large randomized trials, information regarding the feasibility of exercise programming as a part of breast cancer care in a real-world setting is limited.

**Purpose:** To describe uptake and adherence to an oncologist-referred exercise program offered as supportive care for breast cancer.

**Methods:** Women with stage I-III breast were referred by their oncologists to the Nutrition and Exercise During Adjuvant Treatment (NExT) study within the first half of chemotherapy. Group-based supervised aerobic and resistance exercise was performed 3X/week during adjuvant treatment, 2X/week for 10 weeks (post-treatment phase) and 1X/week for 10 weeks (maintenance phase). Adherence is reported as the percentage of sessions attended out of total offered.

**Results:** 109 referrals were received. 20 women declined participation and 73 eligible participants enrolled (age=50.8±10.6 yrs). Of these, 9 requested withdrawal during treatment and 7 did not request withdrawal, but did not attend any sessions post-treatment due to moving away (n=2), treatment symptoms (n=2), returning to work (n=2), and mental health issues (n=1). Adherence was 60±26%, 56±31% and 53±27% during the treatment, post-treatment and maintenance phases, respectively. Average program length was 45.0±8.3 weeks.

**Conclusion:** There was good uptake to the NExT program and adherence rates similar to, or slightly below, those reported in previous randomized efficacy trials. Our adherence results are potentially more representative of what can be expected of an exercise program integrated into clinical practice.

## **P150 - Which behaviour change techniques lead to more effective physical activity interventions for prostate cancer patients? A systematic review**

**Laura Hallward, Nisha Pate, Lindsay Duncan**

**Background:** Physical activity (PA) interventions have been shown to improve physical and psychological health for prostate cancer patients. In order to understand the mechanisms by which PA interventions successfully change behaviour, determining the behaviour change techniques (BCTs) used in effective interventions is essential.

**Purpose:** The purpose of this study was to systematically review the literature describing PA interventions for prostate cancer patients to identify and evaluate common and effective BCTs.

**Methods:** Seven electronic databases were systematically searched in June 2016. Eligible peer-reviewed studies (i) implemented a PA intervention, (ii) targeted prostate cancer patients, (iii) included at least one BCT, and (iv) included a PA measure. Presence of the BCTs within the interventions was coded independently by three trained coders using the Behaviour Change Technique Taxonomy (v1).

**Results:** Thirteen articles were retained for this review (10 studies and three associated protocol papers). The studies included a mean of 7.8 BCTs (range = 4–10). Six studies were effective at significantly increasing PA levels and four studies did not. The type and number of BCTs implemented in all 10 studies were very similar; however, the BCT “information about antecedents” only appeared in effective interventions.

**Conclusions:** As evaluated in this review, the BCTs identified in the PA interventions appear to have little effect on PA level outcomes. Consideration of how BCTs are implemented and the dose at which they are implemented may help identify more effective BCTs and enhance interventions aimed at increasing PA among men with prostate cancer.

## P162 - Examining the Contribution of Cancer-Related Symptoms to Internalizing and Externalizing Behavior Problems Experienced by Long-Term Pediatric Cancer Survivors

**Brooke Russell, Wendy Pelletier, Laura Scott-Lane, Greg Guilcher, Barry Bultz, Fiona Schulte**

**Purpose:** To evaluate the influence that pediatric survivors' cancer-related symptoms and concerns may have on externalizing behaviours (hyperactivity, aggression, conduct problems), internalizing behaviours (anxiety, depression, somatization), and other behavioural symptoms (atypicality, withdrawal, attention problems).

**Methods:** Pediatric cancer survivors were recruited from the Alberta Children's Hospital long-term survivor clinic as part of a larger study. Consenting patients completed the Edmonton Symptom Assessment System (ESAS) and the Canadian Problem Checklist (CPC). Parents completed the Behavioural Assessment System for Children (BASC-2) as a measure of internalizing behaviour, externalizing behaviour, and behavioural symptoms. Clinical information was retrieved from patient charts. Multiple regression analyses were conducted to examine if summary scores on the ESAS and CPC, time since diagnosis, and treatment intensity could predict scores on the BASC-2.

**Results:** Forty-two long-term survivors (N=29 males, 8–18 years of age; mean age at time of study=12.71, SD=2.73) participated. The model used to predict Internalizing scores on the BASC-2 was significant ( $F(4, 36)=2.95$ ,  $p=0.03$ ,  $R^2=0.25$ ), and the ESAS summary score variable statistically significantly added to the prediction ( $p=0.05$ ). While the overall models for both Behavioural and Externalizing scores on the BASC-2 were significant ( $F(4, 36)=3.11$ ,  $p=0.03$ ,  $R^2=0.26$  and  $F(4, 36)=2.72$ ,  $p=0.05$ ,  $R^2=0.23$  respectively), there were no statistically significant individual predictors in either model.

**Conclusions:** Our analyses showed that the ESAS is a statistically significant predictor of internalizing behaviour, over and above the CPC, time since diagnosis, and treatment intensity. These findings support the notion that symptoms experienced by childhood cancer survivors well into survivorship may influence their emotional wellbeing.

## P166 - Psychological need satisfaction in women treated for breast cancer: A longitudinal analysis of the effects on physical activity motivation and behaviour

**Jennifer Brunet, Meghan McDonough, Catherine Sabiston**

**Purpose:** Women typically report low levels of physical activity (PA) after treatment for breast cancer is completed. Drawing on self-determination theory, we hypothesized that PA environments insufficiently satisfy women's psychological need for competence, autonomy, and relatedness after treatment, which leads to declines in self-determined motivation for PA. Consequently, declines in self-determined motivation for PA might account for low levels of PA. We tested this hypothesis in a longitudinal study with women who completed treatment for breast cancer.

**Methods:** Self-reported data on psychological need satisfaction and self-determined motivation for PA, and accelerometer-derived moderate-to-vigorous PA (MVPA) from 161 women were analyzed using latent growth modeling.

**Results:** Women exhibited moderate-to-high levels of psychological need satisfaction at Time 1 ( $M=4.32$ ,  $SD=.95$ , range=1–6) and MVPA at Time 4 ( $M=91.02$  minutes/week,  $SD=73.45$ , range=0–306.77). Self-determined motivation for PA remained stable over time (slope estimate=.07,  $SE=.06$ ,  $p>.05$ ). Psychological need satisfaction predicted self-determined motivation for PA ( $p<.05$ ), but did not predict MVPA directly or indirectly via self-determined motivation for PA ( $p>.05$ ). Moreover, self-determined motivation for PA did not predict MVPA ( $p>.05$ ).

**Conclusions:** Results support the notion that creating PA environments that sufficiently satisfy women's psychological need for competence, autonomy, and relatedness is necessary to maintain self-determined motivation for PA after treatment. However, self-determined motivation for PA does not appear to be a critical factor influencing women's MVPA behaviour during early cancer survivorship. This may suggest some women could be driven to participate in MVPA for separable outcomes (e.g., improve health, follow recommendations) that are less self-determined.

## **P171 - Balancing wait times and volumes in psychosocial oncology**

**Olivia Doré, Carolyn Andrews**

At The Ottawa Hospital's Cancer Centre's Psychosocial Oncology Program, our interdisciplinary approach utilizes a biopsychosocial approach to care. Cancer Care Ontario (CCO) requests that 85% of patients receive service within two weeks of referral. All new referrals are received through a centralized intake process and triaged to determined discipline interventions that would best meet patient needs and to code the level of urgency. This is an essential service delivery model at our program to ensure that all patients in high distress receive intervention on an urgent and priority basis.

As per CCO, The Ottawa Hospital's Cancer Centre currently has some of the longest wait times in the province. To address this challenge, a variety of inter-program data collection strategies have been piloted to track benefits and explore new practices for our patient demographic. Through pilot projects such as "Financial Information Sessions" for patients and families and "Telephone Intake Assessments," we continue to address wait times but are faced with practical and statistical implementation barriers. Despite our challenges with wait times, a preliminary statistic released by CCO indicates that The Ottawa Hospital's Cancer Centre has the lowest percentage of patients who qualify their emotional health as fair or poor and the percentage of those patients seen by a social worker is above provincial average. CCO is to introduce a new service guideline of "quality." With this in mind, which statistical data is most relevant? What should be the main focus of our interdisciplinary team?

## **P178 - Exploring the needs of cancer survivors who are returning to or staying in the workforce**

**Ivona Berger, Bonnie Kirsh**

**Purpose:** Cancer survivors have strong personal desires to go back to work to resume their roles and meet their financial needs. However, they may be faced with physical and psychological challenges. Supports can help improve work outcomes when they are customized to meet the specific demands of the individual, but currently there is little information about how supports and services should be provided through recovery and rehabilitation. Therefore, this study examined the supports cancer survivors need, as perceived by survivors themselves. The study also explored sex and gender differences related to these needs, and identified the factors that influence needed supports when returning to work or staying in the workforce.

**Methods:** An exploratory qualitative design was used. The study had 2 phases: 1) focus groups with survivors that included an educational component on return to work, and 2) one-on-one semi-structured interviews. Both phases were conducted to discuss the return to work experience. Directed content analysis was used to analyze the data.

**Summary of Results:** This study is ongoing and the results are forthcoming.

**Conclusions:** The implications of cancer on individuals' ability to integrate into work are becoming increasingly evident, and there is a growing interest in developing interventions and strategies to improve work outcomes. This study informs cancer rehabilitation research by developing an understanding of what supports should be implemented to help cancer survivors return to work successfully, and improve their overall quality of life.

## P180 - Conducting research with adolescents and young adults diagnosed with cancer: Experiences and lessons learned

**Jennifer Brunet, Amanda Wurz, Raveena Ramphal, Melanie Keats, Fiona Schulte, Michael Lang**

**Purpose:** Adolescents and young adults (AYAs) diagnosed with cancer are a distinct sub-population in oncology with unique psychosocial needs. Recently, studies have been conducted to understand these needs and develop age-appropriate psychosocial interventions. However, AYAs continue to report a high level of unmet psychosocial needs suggesting more remains to be learned. This poster will discuss the experiences of a pediatric oncologist, a pediatric psychologist, a young adult cancer survivor and health systems researcher, and a behavioural researcher in developing, implementing, and disseminating research focused on AYAs.

**Methods:** Four researchers from across Canada were purposefully selected and asked to respond to a series of questions by email on challenges experienced in their research endeavours with AYAs and lessons they have learned as a result. Their responses were summarized and follow-up questions were asked by phone. Calls were audio-recorded and transcribed verbatim. Data were analyzed using thematic analysis.

**Results:** Fundamental challenges in defining the study population (e.g., age range) and in recruiting and retaining AYAs were discussed in addition to other common research challenges (e.g., small sample sizes, lack of funding). Lessons learned included the importance of offering incentives to AYAs and how to include them in the planning and dissemination process. Specifically highlighted was the importance of establishing multi-site collaborations to increase study sample sizes.

**Conclusions:** Findings support the notion that including AYAs in the research process should be a priority and that all aspects of study design and implementation must be age-appropriate.

## P183 - The Interdisciplinary Psychosocial Oncology Study and Research Laboratory: A Progress Report

**Danielle Petricone-Westwood, Sophie Lebel, Jennifer Brunet**

As in any field, it is critical that psychosocial oncology (PO) researchers and healthcare providers collaborate and understand work being done across PO disciplines. We must also ensure that PO trainees are integrated into environments that provide academic and non-academic experiences. For these reasons, we created the Interdisciplinary Psychosocial Oncology Study and Research Laboratory in September 2015. Its mandate is to foster an interdisciplinary environment for PO researchers and healthcare providers to collaborate and to provide trainees with enriched experiences. We obtained a 3-year grant for this laboratory from the Faculty of Social Sciences (University of Ottawa). In the past year (year two of our grant), we implemented changes that bolstered our success. We now have 41 members (8 researchers and healthcare providers, and 7 trainees joined this year) from the fields of human kinetics, psychology, occupational therapy, nursing, sociology, and social work. To increase knowledge translation and networking between members and to develop training opportunities, we held six 2-hour meetings, facilitated panel discussions with clinicians, and had a lecture by staff at the Canadian Cancer Society regarding grant opportunities. We gave 5 trainees conference travel awards and facilitated 2 trainee research-exchanges. Two researchers collaborated to submit grants. We began advertising for our group to increase attendance at our monthly meetings. This poster will discuss progress made in year two and comment on the success of changes implemented after year one. It will provide recommendations for other teams aiming to develop similar laboratories.

## P189 - Knowledge translation in psychosocial oncology: Supporting the CCO Sexual Health, Exercise and Depression Guidelines

**Colleen Fox, Karen Karagheusian, Mhairi Kubko, Lesley Moody, Mark Katz**

**Background:** In 2015, the Provincial Psychosocial Oncology (PSO) Program at Cancer Care Ontario (CCO) released three clinical practice guidelines on sexual health, exercise, and depression as part of the PSO Evidence-Based Series (EBS). The EBS and clinical practice guidelines are produced by Guideline Working Groups, Expert Panels and External Reviews convened by CCO, in partnership with CCO's Program in Evidence-Based Care (PEBC) through McMaster University to analyze and develop knowledge products on specific topics relevant to those responsible for the care of people affected by cancer.

**Objective:** To support implementation of the clinical practice guidelines, promote clinical adoption, and identify and address barriers to uptake through Knowledge Translation (KT) that goes beyond passive dissemination of clinical knowledge products.

**Methods:** A multi-phased KT plan has been implemented as follows: 1) Guideline dissemination and awareness-building via a communications plan, online resource hub, and patient-facing materials; 2) Creation of KT tailored interventions where guideline adoption-barriers and knowledge-gaps are identified; and 3) Evaluation of the impact of tailored KT interventions on clinician adoption of the guideline.

Phase one results include:

1. Exercise event attended by 124 stakeholders representing each of the 13 Regional Cancer Programs in Ontario
2. Three online resource hubs developed and three clinical advisory groups established
3. Presentations given on each guideline at Person-Centred Care Oncology Rounds with 100+ clinicians in attendance

**Conclusions:** There is a need to comprehensively support the uptake of clinical guidelines as a health system quality improvement intervention for standardizing care and support across the cancer continuum in Ontario.

## P198 - Transforming Care - Planning and Advocating for Supportive Care Services across CancerControl Alberta

**Debora Allatt, Janice Yurick, Vivian Collacutt, Donna Rose**

The Alberta Cancer Plan (Changing Our Future: Alberta's Cancer Plan to 2030, Alberta Health 2013) includes the strategic goal to provide cancer patients, survivors, their families and caregivers with the best possible psychosocial, physical and supportive care throughout their cancer journey. However, as in other jurisdictions, supportive care services in CancerControl Alberta (CCA) have developed through individual initiative, research interests, grants and have been slow to be recognized as integral to the health of cancer patients and their families. As a result, availability of services is inconsistent and people, including health care providers, are often unaware of services that do exist.

CCA's Supportive Care Council developed a framework for the intentional planning and development of supportive care services across all its centers and acknowledged the need for close integration with other components of the healthcare system and with community partners. The framework was informed in equal part by scholarly evidence, clinical expertise, and patient values, needs and preferences. (Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. 1996) Discipline specific groups, (psychosocial oncology, spiritual care, healing arts, nutrition, rehabilitation, patient education, navigation) worked with the model of care developed by Margaret Fitch, (M. I. Fitch, 2008) to develop recommendations for a coherent approach to the development of services taking into account the spectrum of need, the clinical expertise to meet that and the province's geography.

This poster will outline the development of the framework, and highlight the key recommendations for CCA.



**P199 - Late Effects, Assessment and Follow-up Clinic**  
**Beverley Biggs, Karen Goddard, Kimberley-Anne Reid, Avril Ullett**

Survivors of childhood cancer have long-term health risks due to their past cancer diagnosis and treatment. These side effects, or late effects, increase in frequency and severity with time from treatment. Late effects are different for each individual, as they depend on age at diagnosis, type of cancer, treatment modality, and area treated. The newly established BC Cancer Agency's Late Effects, Assessment and Follow-up (LEAF) Clinic is an interdisciplinary, specialized clinic, created to provide follow-up care to adult childhood cancer survivors (ACCS) at risk for late effects and act as a resource for health care providers with ACCS in their practice. The LEAF Clinic provides long-term follow-up, ongoing screening and surveillance for ACCS, psychosocial support, and patient and family education.

**P209 - Interdisciplinary Leadership in Action:  
meeting the needs of patients with Head and Neck Cancer**  
**Carolyn Andrews, Melissa Boonstra, Julie Tanguay Gordon, Lynn Kachuik, Colette Nault,  
Sonia Marcil, Jenna Gregan**

Interdisciplinary team leadership in action from research to implementation: meeting the needs of patients with Head and Neck cancer.

Patients newly diagnosed with Head and Neck cancer site will likely experience a number of symptoms that they need to be aware of, but [these symptoms] will occur later in the disease trajectory.

In times of increasing fiscal restraint, providing this education in individual counselling sessions by various disciplines is not realistic.

This presentation informs of a successful pilot at The Ottawa Hospital where patients attend an education session presented by members of the team, as a part of their treatment regimen. The team includes a registered nurse, radiation therapist, registered dietitian, speech-language pathologist and physiotherapist.

Clinicians have the opportunity to engage in an initial meaningful interaction with patients in a group setting, which also serves to meet Cancer Care Ontario guidelines for wait times/access.

Participants will hear how the group was formed and currently functions, as well as see tools such as a handout and comprehensive guide for patients that supports them through the disease trajectory.



## P212 - Companions in Cancer Care: A Phenomenological Exploration of the Human-Pet Relationship

**Nandini Maharaj, Bill Borgen, Rosemin Kassam, Arminée Kazanjian**

**Purpose:** This phenomenological study aims to explore the meaning of the human-pet relationship for people with cancer. The objective of this presentation is to discuss preliminary findings that pertain to the supportive functions of pets.

**Methods:** In-depth interviews were conducted with nine women and five men recruited from cancer agencies and community-based organizations. There were no restrictions on the type or stage of cancer. The interviews were transcribed verbatim and analyzed using phenomenological reflective methods.

**Summary of Results:** Preliminary themes include: finding purpose and normalcy; exchanging care and love; healing through play; and anticipating loss. Relationships with pets were characterized by hopefulness, curiosity, and intimacy. Participants derived meaning from being able to intuit their pets' needs and respond accordingly. Likewise, pets were perceived as responsive and protective towards participants. Being away from their pets during treatment gave participants the motivation to return home. Even while contemplating their own mortality, participants seemed especially troubled at the thought of losing their pet.

**Conclusions:** These early findings suggest that pets provide continuity, enabling people to contribute meaningfully to the welfare of another living being. For patients, exploring the meaning of their relationship with their pet can bring new understandings of their coping and survivorship experience; for researchers, improved explanatory power to understand and identify the needs of patients and families. Health care professionals should foster the human-pet relationship throughout the cancer journey, through pet-friendly facilities, pet care, and counselling for pet loss, and bring it to the attention of policy leaders.

## P214 - Coming of Age - Medical communication in acute leukemia

**Chana Korenblum, Eshetu Atenafu, Camilla Zimmermann, Gary Rodin**

**Purpose:** Acute leukemia (AL) is an unpredictable, life-threatening disease characterized by a sudden onset and considerable morbidity and mortality. Relationships with health care providers (HCPs) may be important in patients' psychological well-being and satisfaction with care. Both may be compromised in adolescents and young adults (AYA), who represent at least 10% of patients with AL. However, there is little research on the impact of age on communication with HCPs and psychological well-being. The purpose of this study is to examine the effect of age on interactions between patients with AL and their HCPs and on satisfaction with care.

**Methods:** Patients with AL (N=362) were recruited within one month of diagnosis or relapse at the Princess Margaret Cancer Centre in Toronto, Canada, as part of a larger, longitudinal study. Participants completed self-report measures including the CARES (Cancer Rehabilitation Evaluation System) Medical Interaction Subscale, the CASC (Comprehensive Assessment of Satisfaction with Care). Chi-square testing was used to assess the association between demographic characteristics and age ( $\geq 40$  vs  $< 40$  years) and multivariate regression analyses were used to assess joint impact of predictors.

**Results:** Of the 362 participants, 55% were male and the median age was 50 (range 18–86 years). Patients under 40 reported significantly poorer communication with HCPs ( $p=0.0009$ ) and lower satisfaction (Doctor's availability subscale  $p=0.0013$ , General satisfaction subscale  $p=0.0039$ ) than older patients. These findings were independent of rates of depression or traumatic stress.

**Conclusions:** AYA with AL report less satisfaction with care and more difficulty interacting with their medical team than older individuals. These findings suggest that greater attention is needed to address the specific relational and support needs of this population, who may be struggling with the impact of a devastating diagnosis at a pivotal life stage.

## **P231 - Paramedics Providing Palliative Care at Home Program in Nova Scotia and Prince Edward Island, Canada**

**Marianne Arab, Alix Carter, Michelle Harrison**

**Background:** Paramedics are often seen as providers of life-saving interventions and palliative care focuses on comfort when faced with a life-limiting illness. Seemingly the two worlds have not much in common; paramedics often respond to palliative symptom crises, which typically result in transport to hospital.

**Method:** The new “Paramedics Providing Palliative Care at Home Program” in Nova Scotia and PEI enhances paramedic care for palliative care patients. The program includes an innovative palliative clinical practice guideline which allows paramedics to provide palliative supports and not transport the patient to hospital, paramedic palliative care education, and a database which provides the opportunity for comfort or selective care instead of a resuscitation-focused encounter by paramedics. Paramedics can now provide relief of common symptoms (e.g., nausea, breathlessness, pain, psycho social concerns, etc.) without transport to the hospital.

**Results:** Over 900 patients receiving palliative care have been registered in the database to date. Health care providers report the 24/7 support of paramedics enables access to palliative crisis support in an accessible, timely and effective manner and increases patient/family confidence in choosing to remain home.

**Conclusion:** This program demonstrates that palliative support can be effectively integrated into paramedic practice and result in acute palliative crises being managed at home.

## **P236 - Sexual Health Clinic Research Pilot Project**

**David Greenshields, Myrna Tracy, Karmen McDivitt, Maureen Ryan, Jamie Tomlinson, Lori Brotto**

**Purpose:** To pilot test a Sexual Health Clinic (SHC) for cancer survivors at a major Canadian cancer treatment center to determine the effectiveness of using an education and referral-style format with qualitative methods. Also, given the limited funding available, we needed to determine if it was feasible to provide such a service.

**Methods:** Twenty-one cancer survivors received assessment, education, and tailored sexual health support by an oncology nurse with specialized skills in sexual health. Two months later, semistructured interviews focused on patients’ personal experiences. Questionnaires were also administered to healthcare providers involved in providing the follow-up care.

**Summary of Results:** Participants presented with sexual concerns that were psychological, physical, and/or relational. Scores on validated measures of sexual functioning were in the range comparable to those with a sexual dysfunction. Participants were open to being asked about sexual health and wanted professionals available who were skilled in dealing with sexual health services. Most participants experienced an improvement in their well-being and/or sexual life following participation. Some noted more confidence when speaking with their partner about sexual concerns.

**Conclusion:** Our pilot Sexual Health Clinic was feasible, and evidence for its effectiveness was based on qualitative feedback. Participants and providers identified a strong need for the inclusion of sexual health services in cancer care.

## P242 - A look at socioeconomic factors influencing mammogram use among women in Alberta: Results from the CCHS 2014

**Rabeb Khelifi, Janusz Kaczorowski, Magali Girard, Djamal Berbiche**

Since the introduction of breast cancer screening programs, the incidence rate of breast cancer among women in Canada has decreased in the early 2000s. This decline is less significant among recent immigrant women (less than 10 years of residence), even less so among immigrant women with low socioeconomic status. Using data from the Canadian Community Health Survey (CCHS, 2014), we describe the socioeconomic factors attributed to the non-use of screening mammography among immigrant women in Alberta, aged between 50 and 69 years.

**Methods:** A cross-sectional analytical study is underway to update data on the use of screening mammography.

**Results:** Since 2008, the non-use of mammography in the last two years, for women aged 50–69, is 27.5% and this rate is decreasing to date. Using bivariate and multivariate analyzes (logistic regression, SPSS), the reasons for non-use of mammography self-reported by the respondents in the sample will be explained, describe socio-economic factors significantly related to non-mammography such as: age, marital status, lower income, education, length of immigration (0–9 years, 10–19 years, 20 or higher), body mass index, tobacco, etc.

## P247 - Communication Strategies for patients and families at end of life. Removing Barriers to the final destination

**Joel Marcus**

Modern medicine continues to make great strides in delaying the inevitability of death. Dealing with end of life (EOL) issues can be stressful for the health care providers.

Communication is the cornerstone of palliative care. Without clear, goal directed communication palliative care loses its purpose. Unfortunately, many patients may have difficulty in accepting the gravity and import of the palliative care consultation. This can result in a lack of focus, and more critically, the inability to achieve appropriate goals.

There is an emergent body of data suggesting that the death of a patient can have powerful and beneficial effects on physicians in training. However, little time is spent teaching residents the methods and practice of empirically validated methods of therapy and communication. There is a paucity of data on how to direct difficult conversations to specific goals, and deal with the patient that is unwilling to acknowledge their ultimate prognosis.

Motivational Interviewing (MI) Cognitive Behavioral Therapy (CBT) and Solution Focused Brief Therapy (SFBT) are validated methods of therapy that can help a patient overcome resistance to acknowledging a difficult truth, and acting on that truth. These therapies have a fundamental acceptance and utilization of distress including resistance and denial that promotes the acceptance of the offered therapeutic intervention. Rather than confronting the resistance generally inherent in an individual's will to live these therapies use it to alleviate their discomfort. This distress can be used to improve their status or at least to change their perceptions, attitudes and behaviors.

## P248 - Addressing Key Stakeholders to Assess the Reach of a Community-Based Pediatric Physical Activity Oncology Program

**Liam Kronlund, Nicole Culos-Reed, Meghan McDonough, Greg Guilcher**

**Objective:** What is the role of healthcare professionals, adolescent cancer survivors, parents/guardians of pediatric cancer survivors, and the Kids Cancer Care Foundation in assessing the reach of a community-based pediatric physical activity program?

**Research Design:** A mixed methodology approach utilizing the RE-AIM framework will systematically assess the reach of the Pediatric Cancer Survivors Engaging in Exercise for Recovery (PEER) program. Participants will complete an electronic survey and a 30–60 minute in-person interview with a study team member.

**Setting:** The University of Calgary, Alberta, Canada and the Alberta Children's Hospital.

**Participants:** Healthcare professionals related to pediatric oncology (n=5–10), parents/guardians of PEER program users (n=5–10) and eligible non-users (n=5–10), adolescent PEER program users (n=1–2) and eligible non-users (n=5–10), and a Kids Cancer Care representative (n=1).

**Intervention/Independent Variables:** Participants will assess the reach of the PEER program by communicating the barriers and facilitators to PEER program participation, their awareness of the program, and recommendations for the referral process.

**Main Outcome Measures:** The qualitative data gathered by the surveys will be assessed through SPSS and the quantitative data from the interviews will be transcribed and undergo thematic analysis by NVivo.

**Conclusions:** By specifically addressing the reach factor of the RE-AIM framework, potential solutions will be interpreted and designed to foster increased PEER program awareness and uptake by the pediatric cancer community.

## P249 - Memorial Tattoos

**Susan Cadell, Melissa Reid Lambert**

People are often rendered mute by grief and tattoos “allow access to expression without need of words” (Warnick & Toye, 2016, p.134). The act of choosing and getting a memorial tattoo can be therapeutic in that it is a connection to the person who died. Tattoos can be a way of challenging the stigma of grief. When the death is due to cancer, the tattoo can help challenge stigma of the illness as well.

When someone dies, their absence is keenly felt by those who care about them. The scholarly understanding of grief has shifted to recognize that a relationship shifts, rather than ends, when a person dies. Memorial tattoos serve as permanent embodied representations of love and loss, showing that the deceased remain “with” the living. For the purposes of this project, we define a memorial tattoo as one that is obtained to honour a person who has died. This excludes other kinds of commemorative tattoos such as memorials to pets, those that honour someone living, or those marking a passage in life.

This poster will present images of tattoos that people have got to memorialize someone who has died of cancer. The overall project is collecting images of stories from many kinds of bereavement but cancer stories have a special significance.

## P250 - The role of internet information in patient interactions with the healthcare system

**Kristen Haase, Roanne Thomas, Wendy Gifford**

**Purpose:** People with cancer are increasingly using cancer related internet information (CRII) to manage their patient experience. However, little is known about patient CRII use, as it relates to interactions with, and within the healthcare system. The purpose of this study was to explore how patients use CRII and the role it plays in interactions with the healthcare system.

**Methods:** We used an interpretive descriptive methodology and conducted interviews (n=42) and focus groups (n=3) with people newly diagnosed with cancer (n=19) and healthcare professionals (n=21). Data were analyzed using thematic analysis.

**Results:** Participants described CRII as an important resource for managing their multidimensional patient experience and to guide health service use. Patients described CRII as an important resource to process information, make decisions, and address health service gaps; especially for rural participants. Healthcare professionals felt patients used CRII to manage pragmatic concerns and priorities, and to navigate the healthcare system. Although healthcare professionals were supportive of patient use of CRII to meet patient needs, they described concerns regarding untrustworthy CRII.

**Conclusions:** Findings from this study outline how people with cancer use CRII to manage their cancer experience and interact with the healthcare system. Findings highlight the need for healthcare professionals to be aware of CRII, to understand what patients are accessing, and how this informs their service use. Future research should expand on the link between CRII use and the utilization of health services, particularly for those in rural areas.

## P251 - Intimacy and Mindfulness Post-Prostate Cancer Treatment: The IMPPACT Study

**Jennifer Bossio, Celestia Higano, Phil Pollock, Larry Goldenberg, Lori Brotto**

**Purpose:** Up to 90% of men who undergo treatment for prostate cancer will experience side effects that impact their sexual lives and can be highly distressing. Pharmacological interventions alone for sexual side effects are insufficient. Mindfulness (non-judgemental present-moment awareness) is a novel and effective treatment for women with sexual dysfunction. The current study aims to assess whether mindfulness-based therapy is feasible and efficacious for improving outcomes for couples following prostate cancer treatments.

**Methods:** Couples with complaints of sexual difficulties secondary to prostate cancer treatments are being recruited at VGH's Prostate Clinic through the Prostate Cancer Supportive Care Program from the Vancouver Prostate Centre and randomized to an immediate or delayed (control) treatment group. Couples take part in a mindfulness-based treatment group consisting of four 2-hour group sessions comprised of education, elements of sex therapy, and mindfulness training. Men and their partners complete validated questions at three time-points (pre-, immediately post-, and 6-months-post-treatment) to assess outcomes related to sexuality, intimacy, and treatment adherence (e.g., self-reported intimacy, enjoyment, relationship satisfaction, mental well-being, practice).

**Results and Conclusions:** The current study is ongoing; we hypothesize that mindfulness will account for improvements in self-reported endpoints. Feasibility and patient interest in this treatment option will be discussed, as well as future directions of this research program. Discussion will include consideration of appropriate treatment outcomes for sexual health interventions following prostate cancer treatments, such as an emphasis on sexual intimacy and enjoyment as opposed to restoration of erectile functioning only.