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 www.capo.ca
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B-200  The Power of Expressive Arts Group Work: Fostering mutual self-awareness, creative meaning-making and integration

*Miriam Duff*

The cancer journey can be a lonely and arduous one. Diagnosis and treatment processes can lead to a hyper-vigilant focus upon the physical and cognitive aspects of self, and produce a sense of inner fragmentation and alienation. Expressive arts groups offer a powerful means for rekindling personal self-awareness and instilling hope, while fostering more flexible ways of perceiving. Gently coaxing the creative self into active, external expression in a facilitated group setting provides opportunities for mutual reflection and enriched meaning-making, as members share their multiple perspectives. This context can generate a powerful growth-inducing synergy not readily available in individual counselling.

The efficacy of this approach has been well documented, as demonstrated by Phetz, Morley & Herring, 2013, in their extensive meta-analysis of current research literature. Specifically, their survey found strong evidence for the role of expressive arts group work in realizing improvements in anxiety, depression and pain symptoms, as well as, quality of life among cancer patients (See “Effect of creative art therapies on psychological symptoms and quality of life in patients with cancer.” JAMA Intern Med. 2013; 173 (11): 960-969).

The Expressive Arts Group offered through CancerCare Manitoba has facilitated these kinds of experiences with its participants, as evidenced by their feedback. This workshop will present the 8-week group's format, processes and activities, accompanied by examples of participants' artwork and personal perspectives. Workshop participants will also have the opportunity to engage in expressive art activities drawn from the group's curriculum.

B-201  Understanding the meaning of age in cancer treatment decision making among older men and women with colorectal cancer

*Fay Strohschein, Rita Schreiber, Joan Bottorff, Francine Ducharme, Howard Bergman, Carmen Loiselle*

Purpose: Among Canadians, 53% of new colorectal cancer (CRC) cases and 65% of CRC cancer deaths occur in people 70 years and older. Variations in health/functional status, changes in social support networks, lack of representation in clinical trials, and increased tension between quality- and quantity-of-life present unique challenges to cancer treatment decision making (CTDM) for older adults. The aim of this study is to prospectively explore the process of CTDM from the perspective of older adults with CRC through 3 to 6 months following diagnosis.

Method: Constructivist grounded theory guides study design. Eleven participants with CRC, aged 76 to 87, were recruited from an urban, university’s affiliated hospital prior to beginning treatment. In-depth interviews exploring participant perspectives of CTDM were conducted before treatment and again 3 to 6 months later. Between interviews, participants recorded thoughts/experiences related to CTDM in a written, telephone, or audio-recorded journal. Constant comparative analysis occurs concurrently with data collection, using NVivo10 software.

Results: CTDM involves dynamic decisional negotiation often involving patients, family members/friends and physicians. Contexts including the relationship with health care providers, family support, and finances play a prominent role in patient accounts of CTDM. Paradoxically, age can shape patients sense of urgency in receiving treatment, with the meaning of age rooted in expectations related to having less time to live and ongoing changes in health status.
Implications: A better understanding of CTDM in older adults is likely to optimize treatment outcomes, inform development of supportive interventions, and mobilize appropriate health services for this vulnerable group.

**B-203 Breast Cancer Survivors’ Perspectives on a Lifestyle Intervention**

*Lynda Balneaves, Cheri Van Patten, Tracy Truant, Mary Kelly, Sarah O’Neil, Kristin Campbell*

Background: Low levels of physical activity and being overweight are associated with an increased risk of mortality in women diagnosed with breast cancer. Despite emerging evidence supporting the efficacy of physical activity and calorie-reduced diets in improving overall health and quality of life, breast cancer survivors face unique challenges in adopting physical activity and achieving weight loss.

Purpose: The purpose of this study is to qualitatively describe the experiences of breast cancer survivors who took part in a successful 24-week lifestyle intervention aimed at weight loss. The aim was to inform future study designs and lifestyle interventions.

Methods: Nine women who completed the lifestyle intervention took part in either a focus group or telephone interviews. Interviews were transcribed verbatim and thematic analysis was conducted.

Results: Women appreciated the group-based nature of the program, the presence of other breast cancer survivors and the safe and supportive environment provided by program leaders. The intervention supported women in reframing their dietary habits and the exercise component had unexpected benefits on their psychological wellbeing. The logistics of fitting the intervention into their busy lives was a challenge experienced by most women. Recommendations for future programming included offering the intervention to all survivors immediately following adjuvant treatment, integrating participants’ social networks into the program and including a maintenance phase for sustainability of healthy behaviours.

Conclusion: This study provides insight into breast cancer survivors’ experiences in a group-based lifestyle intervention and offers suggestions for the development of future lifestyle programming in cancer care.

**B-204 A qualitative exploration of participants’ perceived impact of the GI Men’s Support Group**

*Olímpia Korzeniewski, Celestina Martopullo, Guy Pelletier*

This qualitative study explored participants’ perceived psychosocial impact of a support group for men with gastrointestinal cancers. Male cancer support groups have received relatively little attention compared to that of female cancer patients. The aim was to capture the lived group experience from participants’ perspectives.

The Department of Psychosocial Resources at Tom Baker Cancer Centre established a Men’s Support Group for patients within the GI tumor group in 2010. This group has two unique features: it is the only known group of its kind specifically targeting men with GI cancer, and is composed primarily of men 50 years and older. The group adopted a supportive focus, emphasizing emotional support and shared experiences amongst male GI cancer patients at different stages and points in their cancer journey. Ten participants at varying stages of their diagnosis took part in semi-structured interviews. In addition to the interview, a short demographic questionnaire was completed. With consent of the participants, medical information was obtained from their current files. Charmaz’s Grounded Theory was conducted on the data collected using NVIVO 10 software.

Participants stated that the support group provided a unique sense of community that was distinct from other support networks. The group also served an important function in assisting members in normalizing, challenging and guiding participant members. Additionally, group facilitators were considered critical to group cohesiveness and well-being. Examining men from all oncology areas is vital, as it will enable researchers to understand the effectiveness of existing psychosocial interventions and improve future programs.
B-205  Transitioning the Well Follow-up Care of Breast Cancer Patients from Oncologists to Primary Care Providers: Engaging Breast Cancer Survivors in a New Model of Care

Carole Mayer, Joshua Rigby, Amanda Hey, Mark Hartman

Purpose: From 2012 to 2013, the Northeast Cancer Centre (NECC) in Sudbury, Ontario engaged in an extensive consultation process to revisit how the well follow-up care of breast cancer survivors should be transitioned from oncologists to primary care providers. The needs of patients in this region are unique as many patients live in remote and rural communities.

Method: Applying principles of Experience-Based Design (kingsfund.org.uk), two breast cancer survivors participated in the community consultation planning process. One meeting was held at the cancer centre with a group of survivors; two other meetings were held in communities with survivors who have travelled long distances to receive cancer care at a tertiary cancer centre.

Summary of Results: Survivors understood the rationale for transitioning the well follow-up care from oncologists to primary care providers based on the aging population, the predicted surge of new cancer cases and the anticipated shortage of oncologists. However they were not convinced that primary care providers have the expertise or the time to provide the necessary follow-up care. They also emphasized the importance of having access to psychosocial services and expressed concerns that these services were often not available in rural and remote communities.

Conclusions: With the continued engagement of breast cancer survivors, the NECC has developed a new model of well follow-up care based on the quality dimensions of effective, integrated, accessible and responsive. The new clinical pathways are reflective of the medical and psychosocial care required to provide ‘whole person’ centred care to breast cancer survivors.

B-206  Development of a Home-Based Physical Activity Intervention for Family Caregivers of People with Advanced Cancer

Jamie Penner, Robin Cohen, Mary-Ann Dalzell, Francine Ducharme, Catherine Sabiston

Families play an essential role in the home care of people with advanced cancer. While caregiving is often rewarding, the demands also have a considerable impact on family caregivers’ physical and emotional health. Identifying ways of reducing the psychosocial burden of caregiving is needed.

Physical activity (PA) may be one such mechanism as the physical and psychological benefits of PA have been well documented and PA programs can be individually-tailored to address the self-care needs of family caregivers. The purpose of this study is to develop and test a tailored PA intervention for family caregivers of people with advanced cancer. An extensive review of the literature was conducted, using Pender’s Health Promotion Model (Pender et al., 2002) as a theoretical guide, to develop an evidence-based PA intervention. The 12-week intervention includes a home-based PA program consisting of short bouts of self-selected activities, goal-setting, self-monitoring, and weekly telephone calls for coaching and support. The process of developing the intervention and the PA intervention will be presented in detail.

A formative evaluation is currently being conducted with a small sample of caregivers (n=6-10) to evaluate the intervention and refine it, if necessary, to become acceptable to family caregivers and finalize its development. Rigorous development of a novel, evidence-based PA intervention provides an empirical foundation from which to proceed to pilot testing and efficacy studies with the aim to keep family caregivers healthier, potentially enabling them to provide care at home for a longer period and preventing them from becoming patients themselves.
B-212  A pilot trial of a self-management intervention for breathlessness in lung cancer

Doris Howell, Andrea Bezjak, Souraya Sidani, Deborah Dudgeon, Samantha Mayo, Roger Goldstein

Breathlessness is a prevalent and terrifying symptom of lung cancer. Patients hold extensive responsibility for managing this symptom in their daily lives. Yet, little research has examined if patient engagement in managing this symptom is effective.

Study Aims: Evaluate (1) feasibility and acceptability of a self-management intervention, Living Well with Breathlessness in Lung Cancer, compared to a usual care control; (2) variability in breathlessness severity and secondary outcomes; mastery, distress, dyspnea perception, function, and QoL to calculate power for a full study.

Study Design: A randomized, single blinded, two-group parallel assignment, phase II trial with repeated measures at baseline, 4, 8 weeks. Qualitative interviews assessed intervention acceptability. The self-management intervention (SMI) was 6 home-based sessions with telephone support between sessions to reinforce behaviors i.e. breathing control. Setting and Sample: Participants were recruited from ambulatory lung cancer clinics.

Analysis: Descriptive analysis for feasibility outcomes. Control and intervention group differences examined using Wilcoxon rank sum test or Fisher’s Exact Test and GEE mixed models.

Results: At baseline the intervention (n=11) and control group (n=13) were similar in terms of age, gender, COPD diagnosis, oxygen saturation, and exercise capacity (measured by 6MWT), and dyspnea severity. Most had stage IV non-small cell lung cancer. Improvements in breathlessness at best at 4 weeks (mean: 4.40 SD: 1.96 (0-10 NRS) in control versus intervention group mean of 2.89/1.62), breathlessness distress at 4 weeks (mean of 4.40/SD: 2.12 (0-10 NRS) versus 3.56/SD: 2.65 for the intervention group). The intervention is promising for reducing breathlessness in lung cancer.

B-213 “Flying Blind” and Other Sources of Psychosocial Distress Experienced by Family Caregivers of Cancer Patients

Anita Mehta, Kimberley Thibodeau

Purpose: 28% of Canadians provide care for a family member at home (Statistics Canada, 2012). Cancer is said to be the second most common health condition requiring help from caregivers. Pain management at home is often a major challenge for many of these family caregivers. The purpose of this study was to identify themes of distress related to family caregivers managing a family member’s cancer pain at home and discuss clinical implications for effective intervention.

Methods: This presentation is based on results from a study that used secondary analysis of data collected for a grounded theory study. This study explored the processes used by family caregivers to manage pain in the home. Interviews and field notes from 24 family caregiver interviews were examined to identify areas of family caregiver psychosocial distress.

Summary of Results: Identified themes related to distress for caregivers included feeling as though they were ‘in a prison’ (overwhelmingly responsible), ‘lambs to slaughter’ (unsupported), and ‘flying blind’ (unprepared). In addition, they expressed that ‘it hurts to watch someone you love suffer.’

Conclusions: Family caregivers managing pain at home are at significant risk for psychosocial distress as evidenced from the themes discussed. In clinical practice, these themes are not limited to caregivers managing pain, but resonate across their caregiving experience. These four key themes of distress can help health care professionals better understand the experiences of these family caregivers and tailor supportive interventions to meet their needs. Such interventions will be highlighted.
B-219  Conflict and Resolution in Therapist-led, Internet Support Groups for Cancer Survivors: Clinical Lessons Learned

Joanne Stephen, Aazadeh Madani, Gurpreet Oshan, Adina Rojubally

Introduction: Adapting group practice to the internet has not been well-described, especially with regards to managing conflict. We retrospectively analyzed a 10-week, live chat support group that the clinical team identified as unusually challenging, in order to describe, understand and better manage text-only group dynamics. This presentation provides an ‘experience-near’ rich descriptive account of conflict and resolution in a live chat group, team and member perceptions, and implications for online clinical practice.

Method: Purposive sampling and an interpretive descriptive method were used. Data included chat transcripts, therapist session notes, e-mail communications, and participant survey feedback. All data were ordered in sequence to describe ‘what happened’. Transcripts were subjected to a descriptive and interpretive coding of discussion content and themes and clinical interventions and process observations. Transcripts and surveys were analyzed to understand group member perspectives and satisfaction.

Results: Analyses revealed that this large, diverse group expressed concerns which rapidly escalated into open conflict and hostility which dominated the first 5 weeks. The coordinator, facilitators and project lead worked collaboratively to intervene and repair relations. The group recovered and completed with a moderate-to-high level of member harmony and satisfaction.

Discussion/implications: Conflict is understood with reference to ‘toxic disinhibition’, ambiguity of text-only communications and large group size. This study illustrates how disparate perspectives and needs, in a text-only environment, can challenge experienced therapists. Therapist-led online support groups can be effective for highly distressed and medically complex cancer survivors, but they require a high level of clinical activity.

B-223  A creative response to a unique need: A multi-partnered collaboration to create Canada’s First Retreat for Young Adult Cancer Survivors Living with Advanced and Metastatic Disease

Emily Drake, Suzanne O’Brien, Jennifer Finestone, Doreen Edward

The adolescent and young adult (AYA) cancer movement has been a consistently strong advocate for the needs of this health population and while this movement has gained considerable momentum over the past decade, the needs of young adults living with advanced and metastatic disease have not been as equally recognized or identified. This presentation will describe the steps and procedures used to create an innovative, multi-partnered, collaborative response to a request from a group of young adults living with advanced disease that we design and implement a specialized retreat that would meet their unique needs and concerns as they struggle to live with increasing uncertainty and health fragility. With these young adults as consultants and advisors, Canada’s first retreat for young adults living with advanced and metastatic disease was created. Lessons learned from the retreat and planning process will be presented, as well as the challenges for sustainability and cost-effectiveness of such programs. The authors will incorporate video testimonials to highlight the patient experience and the need for unique bilingual programming for this patient population.

B-226  Assisting Family Members to Receive the Suffering of the Other: A Qualitative Interpretation of Family Level Psychosocial Intervention in Childhood Cancer

Christina West, Janice Bell, Roberta Woodgate

Children with cancer and their families experience physical, emotional, spiritual, and relational distress. Family members have described the difficulty they experience in talking with one another about their illness experiences. Despite calls for evidence-based, comprehensive psychosocial intervention for ill children and
their families, research that examines the process of family-level psychosocial intervention is very limited. Within this presentation, qualitative research findings from a family intervention study that analyzed research interviews, clinical documentation, and videotaped clinical sessions (52 hours) shared by nurses (3) and family members (16) will be presented. The qualitative research approach was informed by family process methodology and philosophical hermeneutics. The psychosocial intervention studied was guided by the Illness Beliefs Model (Wright & Bell, 2009). The key intervention processes that assisted family members will be discussed. As clinicians invited family members into a reflective, listening stance, they were assisted to hear one another’s illness testimonies, which created an opening for new interpretations of their suffering. Integral to the intervention process was the clinician’s relational presence, which was marked by neutrality, the holding and containing of illness suffering, and an ethics of hearing. As family members listened to and received one another’s suffering, they came to new understandings and beliefs about their illness experiences, which led to the sharing and lessening of suffering. It will be suggested that family level intervention with children and families living with childhood cancer is an essential and critical component of childhood cancer care.

B-228 Can We Fix What We’ve Broken? Randomized Controlled Trial of a Group Therapy to Address Body Image Disturbance and Sexuality Following Treatment with Breast Cancer

Mary Jane Esplen, Jiahui Wong, Ellen Warner, Brenda Toner

Background: Breast Cancer (BC) and its treatments have significant impact on body image and sexual functioning, reducing quality of life. 20-45% of BC survivors report significant body image disturbance or decreased sexual functioning up to several years post-diagnosis.

Methods: A prospective randomized controlled study was conducted testing an 8-week group intervention for BC survivors. The intervention incorporated guided imagery to promote emotional expression of difficulties in body image, provided coping strategies, psycho-education and incorporated women-centred therapy strategies to increase insight on relevant sociocultural factors at play. With a 2:1 randomization, 128 women received the group intervention and 65 were in control group receiving usual clinical care and reading materials. Standardized measures of body image, quality of life and sexual functioning were completed at baseline, post intervention, 6 months and 1 yr.

Results: Participants were on average 49 yrs of age (26-75), 63% were married, 64% had a mastectomy. At baseline, there was a high prevalence of body image disturbance, lower adjustment levels, decreased sexual functioning and poorer quality of life compared to reports of similar or other medical populations. Preliminary analysis at 6 months indicates a statistically significant improvement for the group on body image, particularly body stigma compared to control. Improvements in sexual functioning and overall quality of life did not reach significance at six months. However, at one year there was a significant difference between those who completed the intervention and the control group on sexual functioning. Results suggest that the guided imagery/group support program was effective in addressing body image disturbance, and over time, contributed to improvement in sexual functioning as women progress in their survivorship.

B-232 Cancer patient decision making and relational autonomy related to clinical trial participation

Jennifer Bell, Lynda Balneaves, Anita Ho, Patricia Rodney, Karen Gelmon, Kim Chi

Purpose: Cancer clinical trials (CTs) play an essential role in advancing knowledge and improving care. Low enrolment threatens this field of science and may prevent people with cancer from benefiting from cutting-edge treatment. The aim of this study was to explore cancer patients’ CT decision-making process and how they exercise relational autonomy within this process. Relational autonomy acknowledges patients are situated within a larger relational and socio-political context that may influence CT decisions.

Methods: Interpretive description and grounded theory guided in-depth interviews with 12 CT personnel, 40 breast and prostate cancer patients, and 11 support persons to address the study aim. Interviews were
transcribed and analyzed using constant comparative techniques. A critical feminist lens enriched the relational and gender analysis of the data.

Summary of Results: Three major themes were uncovered that impacted patients’ decision-making process and ability to exercise their relational autonomy: (1) power differentials between patients and physicians, (2) therapeutic misconception, and (3) inequities in access to CTs. The overarching core construct, ‘no wo/man is an island’, captured patients’ CT decision-making process and experiences of autonomy, including the relational complexity of CT decisions and the key influences on this process.

Conclusions: CT decision making is a complex endeavor composed of phases and processes that are not only personally but also socially and structurally located. Practice implications include targeted education for CT personnel and patients to equalize power relationships within CT recruitment. In addition, standardization of drug approval, better monitoring and follow-up care, and more accessible health care can address structural barriers in order to support patients’ relational autonomy within the context of CTs.

B233 Exploring Facets of Body Stigma in Breast Cancer Survivors

Virginia Boquiren, Mary Jane Esplen, Jiahui Wong, Ellen Warner, Brenda Toner

Purpose: Breast cancer treatments can create considerable physical deformation, such as loss of breast(s), scarring, alopecia and lymphedema. Visibility of treatment effects can engender felt stigma, i.e. personal shame about one’s disfigurement and fear of discrimination. Survivors (BCS) often experience a sense of no longer being ‘normal’. Felt stigma can detrimentally impact BCS’ emotional and social functioning. This study explores body stigma and its relationships with mood and quality of life (QOL) in BCS post-treatment.

Methods: The study assessed 198 BCS at baseline who participated in a randomized trial of a group intervention for BI-related concerns. Standardized questionnaires included: BI after Breast Cancer that contains an 11-item Body Stigma (BS) subscale, Functional Assessment of Cancer Therapy-Breast (FACT-B), and Profile of Mood States-Short Form (POMS). BS was found to have negative correlations with QOL in all FACT-B subscales (average r = -0.42, p < 0.01) and positive correlations with all POMS negative affect subscales (average r = 0.30, p < 0.01). Principle component analysis of the BS subscale revealed 3 factors, accounting for 59% of the variance. Factor themes included body shame and the need to hide the body.

Conclusion: BS is an important facet of BI disturbance with bRd impact on QOL and mood. Shame and feeling the need to hide the body from view (including from oneself) may lead to social disengagement. Body-related stigma questions can be important elements in screening tools to identify BCS who feel stigmatized by their cancer and may benefit from intervention.

B-234 Assessing distress and well-being in palliative Care: How concordant are patients and their family members?

Tom Hack, Susan McClement, Harvey Chochinov, Brenden Dufault, Sara Davidson, Wendy Johnson, David Strang, James Zacharias, Claire Ramsay, Ron Damant, Doris Milke

Purpose: Where patients are unable to provide information about their symptoms and quality of life concerns to health care providers, it has become commonplace that other sources “primarily family caregivers” act as proxy reporters for these patients. This study sought to explore the concordance of patient symptoms and concerns at end-of-life, as reported by both patients and family members.

Methods: A total of 218 patients at end-of-life, and their family members, participated. The sample dyads included a mix of patients residing at home, nursing home, long-term care, and hospice. At the 1st assessment time-point, dyads completed the Patient Dignity Inventory (PDI), Structured Interview Assessment of Symptoms and Concerns in Palliative Care (SISC), and the Graham and Longman 2-item Quality of Scale. Perceived change in health status was measured 3 months later.
Results: Concordance was less than 70% for 7 of the 25 PDI items, with the highest concordance (92.7%) observed for the item ‘Concern that my spiritual life is not meaningful’ and the lowest concordance (65.1%) for the item ‘Not being able to continue with my usual routine’. For all but one of the PDI items, discordance was in the direction of family members reporting that the patient was worse of than the patient had indicated. Concordance exceeded 80 % for all of the SISC items. Where discordance was observed, the trend toward family members over-reporting patient distress continued for all but one of the SISC items. Family members also rated the patients’ quality of life and satisfaction with quality of life lower than did the patient.

Conclusion: The use of family members as proxy responders for patients should take into consideration the subset of family proxy responders who overestimate patient concerns and underestimate patient quality of life.

B-239  Online Therapeutic Alliance Building with Breast Cancer Patients and their Partners: Thematic Analyses of Internet Correspondence between Facilitator and Client

Karen Fergus, Robin Back, Saunia Ahmad, Joanne Stephen, Deborah McLeod, Dana Male, Wendy Carter, Jim Panchaud, Jill Taylor Brown

Delivering psychosocial services via a self-managed, internet-based program is an emerging treatment modality, and few if any include a trained mental health professional to guide and support patients as they progress themselves through such programs. Online, as compared to conventional face-to-face service provision, requires redefinition of the healthcare provider’s role. The present paper describes the role of the online facilitator in the context of a novel, online program for young breast cancer patients and their partners called “Couplelinks.” Couples complete a series of weekly experiential exercises in consultation with their Couplelinks facilitator with whom they engage in an online asynchronous dialogue (i.e., facilitator and patient log messages at different times). This text-based correspondence between facilitator and couple formed the dataset for the present thematic analysis. Included were each partner’s written feedback about a given exercise, facilitator responses to the feedback, and ad hoc couple-facilitator correspondence through the Couplelinks discussion board. Of particular interest were facilitator responses and processes that were deemed conducive to establishing and maintaining an online therapeutic alliance with the couple. This analysis led to the identification of two overlapping and reciprocally related themes: (1) facilitator and patient bonding and, (2) fostering program adherence.

Subthemes included: conveying enthusiasm with level of engagement; instilling confidence in progress made; reinforcing positive learning; effective use of humour; highlighting partners’ common experience; and validating negative responses while supporting gains. Results have implications for therapeutic alliance formation with couples as well as in online intervention environments – both of which have been understudied to date.

B-241  Examining the Distress Thermometer’s cut-off scores using Rasch analysis among a mixed group of patients with cancer

Sylvie Lambert, Julie Pallant, Kerrie Clover, Benjamin Britton, Madeleine King, Gregory Carter

Purpose: The Distress Thermometer (DT) is commonly used in cancer care to improve detection of distress. The DT’s recommended cut-off score of 4 or 5 has typically been established using the Hospital Anxiety and Depression Scale (HADS) by Receiver Operating Characteristic curve analysis. The present analysis complements these studies by critically examining the use of the HADS to calibrate the DT and corroborating the DT’s cut-off scores using Item Response Theory (Rasch analysis).

Methods: The DT and HADS were completed by 340 patients with cancer in Australia. Rasch dimensionality analysis was performed on the HADS-Total and test characteristic curves were examined to calibrate the DT and the HADS subscales. Identified DT cut-off scores were then examined for their sensitivity and specificity.
Results: Rasch analysis did not support the unidimensionality of HADS-Total. The test characteristic curves indicated that a cut-off score of 8 or more on the HADS-Anxiety and HADS-Depression subscales were equivalent to a score of 6 and 7 on the DT, respectively. However, a DT cut-off score of 5 resulted in the best balance between sensitivity and specificity across the HADS subscales.

Conclusions: Despite the popularity of using HADS-Total to calibrate the DT, the present findings did not support combining the HADS subscales to co-calibrate the DT. Furthermore, our results inform the use of the DT as a preliminary screening tool and suggest that when a single screen is used, a DT cut-off score of 6 or 7 might be more appropriate than the typical cut-off score of 4.

**B-248  Time, meaning, and mortality: The experience of advanced cancer in young adults**

*Matthew Knox, Gary Rodin, Rinat Nissim, Christopher Lo, Sarah Hales, Camilla Zimmerman*

Purpose: There has been increased awareness recently of the unique medical and psychosocial needs of adolescents and young adults (AYA) with cancer. However, the existing AYA literature is mainly focused on those with curative disease. Using qualitative methodology, we sought to understand the experiences of young adults with metastatic cancer.

Methods: Individuals age 18-35 being treated for metastatic cancer in a comprehensive cancer center were recruited to participate in a qualitative study. Participants were interviewed using open-ended, discovery-oriented interviews. Data was analyzed using a grounded theory approach.

Results: The diagnosis of cancer was universally experienced as traumatic and inconceivable, with serious illness regarded as a problem of older individuals. The core challenge of living in the face of dying was constantly present, yet typically not articulated. Meaning-making tended to be constructed around future-oriented goals, rather than upon the life that has been lived. Individuals felt forcefully removed from the stream of life, with developmental tasks of establishing adult identity, becoming autonomous, and forming new relationships perceived as interrupted. All cited a need for young adult-specific services, yet none could describe specific supports they believed would be beneficial. Many expressed reluctance to engage in individual psychotherapeutic treatments.

Conclusions: Terminal illness in young adults with cancer was perceived by them as isolating and as interfering with age-appropriate developmental tasks. Meaning-making based on past experience is challenging for such individuals, for whom future-oriented goals have been most important. Creative and flexible psychosocial support programs are needed to engage this population.

**B-249  Using the interdependence model to understand the role of dyadic coping among couples facing prostate cancer**

*Sylvie Lambert, Tim Regan, Brian Kelly, Patrick McElduff, Afaf Girgis, Karen Kayser, Jane Turner*

Purpose: Although coping has traditionally been examined at the individual-level, the relational context of coping with cancer has been receiving increasing attention. This is typically referred to as dyadic coping. The evidence-base supporting dyadic coping as a significant predictor of adjustment is mainly grounded within studies with couples facing breast cancer. The present analysis further contributes to this literature by examining the relationship between dyadic coping and adjustment among couples facing prostate cancer.

Methods: 42 men recently diagnosed with prostate cancer recruited from urology clinics in Australia and their spouses completed measures of dyadic coping, anxiety, depression, and relationship satisfaction. Patient-wife data were examined using the Actor-Partner Interdependence Model.

Results: Overall, findings indicated that relationship satisfaction was not only related to whether wives and husbands used positive dyadic coping themselves, but also whether their partner used these strategies. A
similar pattern was noted for negative dyadic coping: relationship satisfaction was adversely affected by their use of negative dyadic coping strategies and their partners’ use of these strategies as well. Although patients’ and wives’ use of supportive dyadic coping was not associated with their anxiety and depression, their partner’s use of this strategy was. For negative dyadic coping, only the husbands’ and wives’ perceptions of their partner’s negative dyadic coping was associated with anxiety and depression.

Conclusions: Couples respond to a prostate cancer diagnosis as an interactional system. Future research should focus on tailoring couple-based interventions such that patients and spouses are equipped to provide the specific support their partners’ needs.

B-251 Moving Forward after Cancer: Expanding the Implementation of Follow-Up Care Planning to Rural Colorectal Cancer Patients

Jill Taylor-Brown, Tara Carpenter-Kellett, Jeff Sisler, Joel Gingerich, Mark Kristjanson, Donna Bell, Ruth Loewen

Purpose: To implement transitional care appointments and written follow up care plans for rural stage II and III CRC patients. To understand the barriers and adaptations required for this implementation in rural. To improve the experience for CRC patients transitioning from cancer treatment back to rural primary care.

Colorectal cancer patients who have had a clear CT scan following surgery with curative intent, with or without adjuvant therapy, are eligible for a ‘Transitional Appointment’ in oncology clinics at CancerCare Manitoba. As part of the visit, patients are screened for distress, and a written follow up care plan is created in the electronic medical record and discussed with the patient. The care plan includes a patient-specific treatment summary, and a dated follow-up testing schedule. The same plan is provided to both the patient and primary care provider. This Follow-Up Care Planning standard of practice has now been implemented with Community Cancer Programs in rural Manitoba.

This presentation will describe the ‘Moving Forward after Cancer’ intervention, as well as describe the processes used and adaptations made to implement it in rural Manitoba. Barriers and facilitators to implementing practice change will be elucidated.

Conclusion: The intervention appears to improve the experience of both patients and health care providers at the time of transition to cancer rehabilitation and ‘survivorship’. Access to this standard of care should not be limited by geography. Building on our experience, implementation activities are also underway with other disease site groups in Manitoba.

B-253 Understanding the patient experience of distress across Manitoba

Jill Taylor-Brown, Heather Campbell-Enns, Patricia Bocangel, Joel Gingerich, Megan McLeod

Purpose: To identify and describe the symptom burden and problems reported by patients diagnosed with cancer in Manitoba, paying specific attention to similarities and differences for rural and urban patients. More than 9,700 Manitobans are diagnosed with cancer each year. Currently, a comprehensive understanding of the symptom burden of adults with cancer is limited and there is much to be learned about the patient experience of distress. Recently, patient reported tools measuring distress have become a standard of care across Canada. These tools can help us begin to understand the burden of cancer as experienced by patients and can help us understand if there are differences in the experiences of patients based on such variables as age, gender, cancer type or geographical area of residence.

Method: A retrospective database review will be carried out in order to identify the most frequently reported symptoms experienced by patients within a one-year period. Rural and urban sites will be compared.
Summary of results: Summary descriptive statistics of distress symptoms and psychosocial problems in this population will be reported. Similarities and differences between rural and urban sites will be presented.

Conclusion: Utilizing a common distress screening tool across Manitoba will increase understanding of the areas of distress as reported by patients and identify how this may vary across geographical areas of the province. Findings from this retrospective database review will provide important information for designing and developing programs and services to help alleviate or manage the distress experienced by Manitobans with cancer.

B-255 Breast Cancer Rehabilitation

Jenna Leib, Tracy Gardikiotis

We propose to present on a comprehensive cancer rehabilitation model for individuals living with breast cancer with the goal of preventing or minimizing the secondary effects of breast cancer treatments.

With advancements in treatment, we have seen the increasing number of breast cancer survivors; our current cancer care system does not adequately address the rehabilitation needs of breast cancer survivors.

A growing body of evidence supports the need for ongoing monitoring to detect and treat functional decline and to promote healthy lifestyles throughout treatment and survivorship, thus supporting that these functional impairments be readily identified and remedied within this prospective surveillance model of care. The Prospective Surveillance Model is defined as a proactive approach to periodically examining patients and providing ongoing assessment during and after disease treatment, often in the absence of impairment, in an effort to enable early detection of and intervention for physical impairments known to be associated with cancer treatment.

The presentation will provide a review of the breast cancer rehabilitation needs and the model of care to address these needs.

B-256 How, Where and Why Patients with Schizophrenia Die: What We Know from Five Years of Epidemiological Research in Manitoba, Canada

Maia Kredentser, Harvey Chochinov, Patricia Martens, Heather Prior

Background: Patients with schizophrenia face multiple barriers to quality healthcare. This talk will summarize our findings comparing those with and without schizophrenia regarding access to mammography and cervical cancer screening, health care utilization patterns in the last six months of life, and cause, rate, and place of death.

Method: We have conducted a series of studies, using the anonymized administrative claims data from the Population Health Research Data Repository (herein referred to as the Repository), housed at the Manitoba Centre for Health Policy (MCHP) at the University of Manitoba. Regression modeling was used across these studies to compare matched cohorts of those with schizophrenia versus those without on mammography rates; cervical cancer screening; access to specialist care, analgesia, palliative care at the end-of-life; and cause and place of death. Regression modeling was also used to compare the rate and cause of death in those with schizophrenia versus those without.

Results: Compared to the general population, women with schizophrenia are less likely to receive cervical cancer screening and mammography. Patients with schizophrenia are more likely to die in institutional settings, and have less access to specialist care and analgesia in the last six months of life. Further, the rate of death in those with schizophrenia is just over two times that of the general population, with increased risk of death from circulatory and respiratory disease across all age groups, and increased risk of death from cancer in middle age. Detailed results will be discussed.
Conclusion: These are some of the first studies to examine the inequities in cancer and end of life care for patients with schizophrenia at a population-level. Our findings suggest a need to reduce the disparities in the health system for those with schizophrenia, and take steps to enhance preventative, curative, and palliative care for this vulnerable population.

**B-258  A Couple’s Workshop for Prostate Cancer**

*Lauren Walker, Andrea Beck, Amy Hampton, Ngaire King, John Robinson*

Background: Prostate cancer patients and their intimate partners routinely report difficulty coping with changes in sexual functioning and loss of intimacy post cancer treatments. Several interventions have been designed to improve psychosocial adaptation to prostate cancer treatments, some of which specifically target intimacy issues. Formats of these interventions vary greatly in terms of content covered, frequency and duration of sessions. However, outcomes have been disappointing. We hypothesized that this may be due to high attrition rates and having too broad a focus.

Intervention: A 3.5-hour workshop was designed specifically for couples to provide education about sexual changes that occur as a result of prostate cancer treatment, and about options for penetrative and non-penetrative intercourse. The workshop was designed based on the information-behavior change model of behaviour change which draws on individual values as a motivator for making behavioral changes designed to improve intimacy. In addition the workshop focused on enhancing relational intimacy during sexual activity, rather than exclusively on enhancing physical pleasure.

Results: The workshop was found to be feasible and acceptable with over 100 couples having attended a workshop over the past 2 years. Improvements in sexual outcomes were seen on the Sexual Function Questionnaire. Patients and partners reported significantly less interference of PCa treatment in their sexual activity. Partners, but not patients, demonstrated significant gains on the sexual interest. The workshops are now in their third year, and demand for the workshops remains high.

**B-259  Existential Anxiety and Growth in Children with Cancer**

*Roberta Woodgate, Christina West, Ketan Tailor*

Purpose: Until now, the majority of existentially-focused cancer research has been conducted within adult populations. Only a handful of qualitative investigations have captured the experiences of children with cancer relative to themes such as existential fear and finitude, meaning/meaninglessness, uncertainty, authenticity and inauthenticity. The purpose of this presentation is to describe findings that speak to the existential challenges faced by children living with cancer. The findings are part of a qualitative study that sought to identify and describe feeling states experienced by children with cancer via a computer diary.

Methods: An interpretive, descriptive qualitative research approach was used. Thirteen children (8-17 years) undergoing treatment for cancer participated in the study. In addition to participating in individual open-ended interviews, children had the opportunity to journal their experiences via a computer diary that had a drawing tool for children to express how they were feeling.

Summary of Results: Within the cancer world, children moved between feelings of anxiety (generated by existential worry, existential longing, and the existential vacuum) and existential growth. As children worked within the drawing tool, a portal to their inner worlds was opened, which allowed them to explore their anxiety through drawings.

Conclusions: This research provides evidence that the active engagement of children’s imaginations through the use of a computer-drawing tool may have significant therapeutic value for assisting children with cancer to explore, understand, and manage their physical suffering, as well as the associated anxiety they live with.
B-260 Film Screening On ‘Sexuality In Young Adults With Cancer’

Alexandra Van

The cancer experience has every aspect of a person's well-being thrown into turmoil. More often than not, the emotional baggage that cancer survivors carry out of their journey is quite substantial and additionally the challenges surrounding sexuality in young adulthood, can add a significant burden. The topic of sexuality is already somewhat taboo in certain settings and in the context of a cancer diagnosis and treatment, it is very rarely talked about by health care professionals and survivors. The “Cancer Talk Dirty to Me” film project aims to break down those barriers and encourage open dialogue around these issues.

This patient-created film was the result of a ‘Critical Studies in Sexuality’ course at UBC. It interviews a group of young adult cancer survivors and explores topics such as self-image, the limits of the health care system to address sexuality issues, cancer’s impact on relationships and sexual intimacy, and how the ‘sick being’ is viewed by society. These interviews were edited into short, engaging movie with clips of anecdotes, quotes and conversations. As well as being a personally therapeutic and creative process, the film has potential to be an excellent educational resource for cancer fighters, their caregivers and healthcare professionals.

The presentation includes a 10-minute film clip followed by a Q&A period. Attendees will leave with a new understanding of the challenges faced by young adults with cancer around the issues of sexuality as well as ideas of how to use this film resource with young adults in their everyday practice.

B-261 When caregivers open up together: Online support groups as a privileged research window into the experience of caring for a loved one with cancer

Dana Male, Karen Fergus, Joanne Stephen

Our current understanding of the caregiver experience has been predominantly informed by directed inquiry in the form of interviews and surveys. These methods of exploration have yielded information that is fundamentally limited by the scope of researchers’ questions and may fail to adequately capture the nuances of the caregiver role. The aim of the present study was to explore the experience of caring for a loved one with advanced-stage cancer by means of analyzing text-based communication amongst caregivers in synchronous online support groups. Data derived through naturalistic online interactions, uninfluenced by an outside observer/researcher, arguably represent a more authentic depiction of caregiving, relative to traditional methods of investigation. A grounded theory analysis was conducted using a sample of 38 chat transcripts from four separate caregiver support groups, and yielded the overarching category ‘life of a caregiver’, characterized by the following subcategories: (1) unrelenting assault, (2) a new us, (3) the dark side of caregiving, (4) lightening the load, and (5) living more intentionally. This innovative method of data collection allowed for an especially candid account of the intersubjective group experience of what is involved in caring for an ill loved one.


Pattie Ghent & Nancy Marlett, James Cornock, Phyllis Goldsmith, Colleen Morrison, Susan Nguyen, Nathan Owen

Research Findings and Analysis: Stories and knowledge shaped by human values and social context have been shown to be valuable in involving patients in research. The patient engagement team are members of Wellspring Calgary, a community based organization dedicated to providing a comprehensive range of support, resources and programs for people living with cancer. The PER team were united and committed to an extended year of a collaborative research internship devoted to bringing the patient voice to the medical and health community.

Research findings concluded that Wellspring Calgary is a “Place to Go” where members/patients experience Generalized Resistance Resources or GRR’s (Antonovsky), effective in avoiding and combating cancer-associated
stressors. The team identified sub-communities such as ‘refuge/sanctuary, shared energy, humour and joy and mortality’. “Give it a Go” was identified as the activating factor in developing the Generalized Resistance Resources of acceptance, encouragement and contribution.

Their findings offer encouragement for active patient engagement in wellness communities for understanding and improving health management with increased meaning and life purpose.

Analysis of these findings led to the recognition and validation of Antonovsky’s salutogenic model of wellness encompassing a sense of coherence whereby member/patients worked towards fuller patient engagement and growth of self-worth.

Citizens living with cancer are faced with a host of psychological, social and emotional issues that impact long-term wellness. By studying Wellspring Calgary, we (Wellspring Calgary members/ patients) hope to add patient perspective on how attending a community based wellness centre impacts the lives of cancer patients’ . www.ucalgary/iph.ca/PACER

B-263 Patient-led Research: What Works and How, a case study of collaborative research between Wellspring Calgary

Nancy Marlett & Pattie Ghent, James Cornock, Phyllis Goldsmith, Colleen Morrison, Susan Nguyen, Nathan Owen

Methodology: This case study uses an innovative research model enabling communities engaged in psychosocial oncology, to involve citizens in Patient Engagement Research. With six Wellspring Calgary members trained as research interns, we anticipate this will build significant collaborations and contributions with medical and community organizations.

By studying Wellspring Calgary, we hope to add patient perspective on how attending a community based wellness centre impacts lives of cancer patients (Wellspring Calgary: what works and how, www.ucalgary/iph.ca/PACER).

Research Methods and Process: Using participant observation and focus groups, the engagement methodology encompassed three stages: SET: stakeholder focus group set research methods and relationships; COLLECT: interns collect data and reflect as insiders/researchers: and REFLECT; co-creation of theory and process review.

Findings and Conclusions: Through this research Wellspring Calgary, an exemplar of a salutogenic* centre, was found to influence patient engagement in health, contributing to research in health and cancer survivorship. The results of the study are being utilized to inform research and policy and add to the growing repository of knowledge in the field of patient and citizen participation in health planning.

*Salutogenesis (Antonovsky, 1979): a comprehensive theory about the origins of health within the continuum of health and illness. This focus on ways to improve patient engagement in health seemed extremely important to us because it represents the public and political debate on chronic illness and human agency where constructs of the ‘expert patient’ and ‘purposive collective action’ are considered the key to patient self-management capacities (Taylor & Bury, 2007).

B-264 Prevalence and predictors of depression and hopelessness in patients with acute leukemia

Galina Gheihman, Camilla Zimmermann, Ashley Mischitelle, Christopher Lo, Anne Rydall, Peter Fitzgerald, Lucia Gagliese, Gary Rodin

Purpose: Acute Leukemia (AL) is a life-threatening cancer associated with substantial morbidity and prognostic uncertainty. However, there has been little research on the psychological impact of malignancies with such an acute onset. We assessed the prevalence and correlates of depressive symptoms and hopelessness soon after diagnosis in a large sample of AL patients.
Methods: Patients with AL were recruited at a comprehensive cancer centre within one month of diagnosis or relapse. Participants completed the Beck Depression Inventory-II (BDI-II), Beck Hopelessness Scale (BHS), Memorial Symptom Assessment Scale, and other disease-related and psychosocial measures. Multivariate regression analyses were conducted to identify independent predictors of depression and hopelessness in this population.

Results: Of 347 participants, the majority were newly diagnosed (89.9%) and were undergoing treatment with curative intent (95.4%). Amongst participants, 18.1% reported clinically significant depressive symptoms (BDI-II ≥ 15), while 8.4% reported significant symptoms of hopelessness (BHS ≥ 8). In multivariate analyses, depression was uniquely associated with greater physical symptom burden (R²=49.2%), while hopelessness was associated with more advanced age and lower self-esteem (R²=46.9%). Both were associated with less spiritual well-being.

Conclusions: The present study demonstrates that depression is common early in the course of AL and is associated with greater physical suffering. The association of hopelessness with older age and lower self-esteem suggests that individual resilience, life stage, and realistic prognosis may determine to what extent hope is preserved in the context of a life-threatening illness. These findings have important implications for early psychological and palliative care interventions in this population.

B-265 Motivations and Apprehensions: Why Breast Cancer Survivors Struggle with Adherence to Adjuvant Endocrine Therapy

Leah Lambert, Lynda Balneaves, Sabrina Wong, Stephen Chia

Purpose: The use of adjuvant endocrine therapy (AET) has dramatically reduced breast cancer recurrence and mortality, however a remarkable 50% of women do not take their AET regimens as prescribed. The purpose of this two-phase study is to explore why breast cancer survivors have suboptimal levels of adherence to prescribed AET and to identify strategies for optimizing adherence. We are reporting on the women’s perspectives from Phase 1 of this study.

Methods: Guided by the methodological orientation of interpretive description and using a 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 adherence, AET-related symptom prevalence and severity and perceived risk of recurrence.

Results: The personal, social, and structural factors influencing AET adherence were identified, including how factors such as the personal circumstances of women’s lives, social support, patient-physician communication and the delivery of health care impact adherence. Future intervention strategies aimed at optimizing AET adherence will be discussed including improving HCP-patient communication, providing ongoing access to credible AET resources and facilitating peer support.

Conclusion: Results from Phase 1 will inform a Delphi study to be conducted in Phase 2 that will further identify and prioritize strategies for optimizing AET adherence. The identification of strategies that address the needs of breast cancer survivors struggling to adhere to AET and empower HCPs’ clinical practices hold real promise in improving AET adherence rates and, more importantly, saving women’s lives.

B-266 Changing Focus - Living with Advanced Cancer: Development of a Palliative Care Transition Project

Tara Carpenter-Kellett, Simone Stenekes, Joel Gingerich, Jill Taylor-Brown, Mark Kristjanson, Paul Daeninck

Advances in cancer screening, detection and treatment is changing the illness experience for cancer patients. Many patients are living longer with advanced disease as treatment options have expanded for numerous types of cancer. Thus accurate prognostication can become challenging; referral to palliative care programs
is occurring after multiple lines of chemotherapy and closer to death. This has made the transition to a predominantly palliative approach to care complex to navigate as a health care team, patient and family.

Recognizing these unique challenges, CancerCare Manitoba, has undertaken an innovative project 'Changing Focus: Living with Advanced Cancer' to enhance communication and assist patients and caregivers in the transition to a primarily palliative approach to care. The project includes producing an individualized patient treatment summary and symptom assessment as well as a standardized follow-up care plan. These are provided to the patient and their community primary care provider. Within this individualized care plan the role of health care providers in the psychosocial oncology program is identified. The patient and caregiver are provided with a transition appointment and receive a package that includes their individual history, standardized care plan, written information about palliative care and symptom management, unique issues for caregivers as well as details about local supports and additional resources.

This presentation will focus on the development and implementation of this project within the cancer centre. It will also highlight the strategies being used to integrate psychosocial oncology resources and information into the project.

B-271  Longitudinal follow-up on depression scores for patients who have undergone a palliative rehabilitation program

Andrea Feldstain, Sophie Lebel, Martin Chasen

Purpose: Depression is known to intensify physical symptoms, decrease functioning, and decrease adherence to treatment for patients with cancer. It is also one of the top two reasons for referral to the Palliative Rehabilitation Program (PRP) each year. The PRP offers holistic and patient-centered rehabilitation for patients living with advanced cancer, providing a coordinated plan to encourage healthy lifestyle changes and manage late-effects of cancer and treatment. After completing this two-month program, patients have reported less symptoms of depression. The current presentation will examine improvements in self-reported symptoms of depression during and after the PRP.

Methods: Patients underwent a thorough interdisciplinary assessment and two-month interdisciplinary intervention. The Problem Checklist (PCL) and the Hospital Anxiety and Depression Scale (HADS) were administered at initial assessment (T1), upon program completion (T2), and at three-month follow-up (T3). The PCL was examined descriptively. A repeated-measures analysis assessed changes in HADS depression scores and a Cochrane Q analysis evaluated changes in incidence of depression across the three timepoints.

Results: Depression was endorsed as a problem by 50% of the sample at T1, 35% at T2, and 40% at T3. A significant linear trend was observed (p=0.002, partial η²=0.41) over the three timepoints. Depression scores at T3 were significantly lower than depression scores at T1 (p=0.002), and not significantly different from T2 (p=0.079). However, incidence of mild-to-severe depression did not change significantly.

Conclusion: Results suggest that patients who have undergone the PRP experience decreased depression scores, which can be maintained for at least three months.

B-274  Quality of Life During the First Year Following Bone Marrow Transplantation: A Differentiated Analysis

Gerald Devins, Kenneth Mah, Lise Gauvin, Anargyros Xenocostas, Hans Messner, Jeffrey Lipton

Purpose: Knowledge about quality of life (QOL) in bone marrow transplantation (BMT) is based largely on symptoms, side effects, and distress. Happiness, self-esteem, and lifestyle disruptions are relevant, but little is known about how BMT affects them. Because positive and negative aspects of QOL often have different determinants, one risks overgeneralizing in the absence of more comprehensive information. We report a
differentiated analysis of QOL over the first year post-allogeneic BMT, examining symptoms, side effects, and four complementary QOL facets: psychological well-being, self-esteem, illness intrusiveness, and distress.

Methods: We gathered data at four clinical milestones: (a) pretreatment; (b) during treatment and hospitalization (2-3 weeks after graft infusion); (c) 4-6 weeks post-hospital discharge; and (d) one year post-discharge. Ninety-two people treated with BMT completed self-report questionnaires. Hierarchical multi-level modeling tested the hypothesis that QOL facets follow diverse trajectories during the first year post-BMT.

Summary of Results: Each QOL facet changed significantly. Intra-individual variability over time was noteworthy. QOL was most negative during the period of treatment and hospitalization, gradually returning to pretreatment levels by one year. Similar trajectories were evident for positive and negative facets. Changes in QOL correlated significantly with changes in symptoms and side effects, but the associations were low to moderate.

Conclusions: QOL suffers when people are in hospital recovering from BMT but improves by one year. Self-esteem may take longer to improve. QOL differed significantly during the first year post-BMT, but similar trajectories were evident for positive and negative QOL facets.

B-275 Does time heal all wounds? A prospective, longitudinal analysis of distress and quality of life concerns in individuals with head and neck cancer

Catherine Bornbaum, Philip Doyle

Introduction: Owing to its anatomic location, head and neck cancer (HNCa) presents a unique set of disease – and treatment – related challenges that may disrupt physical function, social interaction and emotional expression. Consequently, the purpose of this investigation was to explore the experience of distress in individuals with HNCa at standardized three-month intervals throughout the first year following diagnosis.

Method: A prospective, longitudinal design assessed distress and quality of life concerns in 102 individuals with HNCa. Assessments were conducted at standardized three-month intervals throughout the first year following diagnosis. Measures included: (1) the Distress Thermometer and Problem Checklist; (2) the EORTC Quality of Life questionnaire (EORTC-QLQ-C30), and 3) the EORTC Head and Neck module (EORTC-QLQ-H&N35).

Results: Data indicated that elevated distress can exist at any point along the continuum of care in individuals with HNCa. Distress was most prevalent at diagnosis (41.4%) and length of time following diagnosis had a large effect on perceived distress $F(2.87, 40.19) = 4.11, p = 0.01; \text{Eta}^2 = 0.45$. Clinically significant differences in pain, weight, insomnia, and oral function were reported.

Conclusion: Data suggest that perceptions of distress are individualized and heterogeneous in nature. Consequently, analyses based on mean/frequency data alone may reveal only a small fragment of the phenomenon of distress in oncology. Thus, routine distress screening represents a critical first step in the identification of elevated distress in both those with HNCa. Through early identification and effective management of distress, comprehensiveness of care may be enhanced and long-term outcomes may be optimized.

B-279 Short and Long-Term Impact of ‘Skills For Healing’ Retreats

Trisha Daigle-Maloney, Lynne Robinson, Robert Rutledge

The Skills for Healing program is a weekend retreat for cancer patients and their families, which consists of didactic lectures, mindfulness-based stress reduction and a supportive-expressive support group. The purpose of this study was to assess quality of life, mood, hope and social support in retreat participants before, immediately after, at 4 months and 12 months following the program and to carry out qualitative analysis of descriptions of personal change by participants in that time.
Participants were volunteer cancer patients and family members (N=121) from 5 retreats. Data was collected using self-administered questionnaires containing demographic questions, scales from 4 validated questionnaires, 2 questions to assess for feelings of community and an open-ended question about how the retreat changed the participant.

Two themes were found in participants’ reports of change after the retreat: ‘I am not alone’ and ‘can manage,’ although some reported it was not helpful. Quality of life, hope, and vigor were significantly improved immediately post-retreat compared to pre-retreat. Improvements persisted at 4 months with a trend to 1 year in fatigue (p=.043). Depression (p=.014), anger (p=.023), confusion (p=.021), tension (p=.001), total mood disturbance (p=.007) and sense of community (p=.010) remained significantly improved post-retreat up to 1 year. Although support availability was significantly improved at 12 months (p=.028), satisfaction with support was unchanged from pre-retreat measures.

The Skills for Healing program offers benefit beyond the retreat itself. Further research into which participants derive benefit and factors that impact long-term benefit would be helpful in developing future interventions.

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**B-280 Surviving colorectal cancer: Couple adjustment to life with a permanent colostomy**

*Molly McCarthy, Karen Fergus, Debbie Miller*

Colorectal cancer (CC) results in the second most deaths by cancer for men and women combined (Canadian Cancer Society, 2012). In an effort to treat the disease, many CC patients undergo bowel resections that ultimately necessitate a permanent ostomy. Ostomies pose challenges to both CC patients and their partners, including physical/practical burdens (e.g., self care management, financial costs) and psychological/emotional concerns (e.g., self and body-image, changes in sexuality and intimacy). Unfortunately, little is known about how couples adjust to life with a permanent ostomy.

This study aimed to better understand the impact of permanent ostomies on the romantic dyad as well as couples’ coping strategies in adapting to permanent ostomies. Semi-structured interviews were conducted with twelve couples in which one partner had been diagnosed with locally advanced rectal cancer, and had undergone an abdominoperineal resection and fitted with a permanent colostomy. A thematic analysis was conducted on interview transcripts to identify recurrent themes related to couple adaptation. These included: (1) ‘exploring the colostomy from function to practice’ in which couples take a united orientation to learning about life with a colostomy, (2) ‘colostomy as part of the ‘we’ in which couples view the colostomy as a third entity in their relationship, even naming the appliance, and (3) ‘finding a new sexual synchrony’ in which couples make adjustments to their sexual/intimate relationship including position re-adjustment, engagement in alternative sexual activities, or accepting the loss of sexual functionality together. Practical implications stemming from these findings will also be discussed.

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**B-281 Is it Depression or Grief? Depends on whether or not you Subscribe to DSM-5**

*Scott Sellick*

The word depression is over-used. Depression means something very specific to those who work in mental health and the matter is compounded by the fact that when a frightening diagnosis is made, the information given cascades into an array of understandable emotions which often match the criterion for Major Depressive Disorder. While a precise diagnosis often matters little when having a conversation about fears and the assaults to psyche, it is often crucial to the starting point and what truly needs to be done.

The question asked could be: ‘Is what I’m seeing truly abnormal, even given the circumstances?’ or ‘Given the circumstances, is what I’m seeing essentially proof that this person is wired correctly?’ Not to suggest that when we decide the reaction is not out of the ordinary, that appropriate proven therapies need not come into play. Rather, this speaks to the complexity of the situation and the importance of ensuring that the psychosocial detective takes the time to mine the information being presented. The DSM-5 (2013) has declared that when an
individual has very recently experienced the death of someone close, we can no longer say ‘Well, in that case, even though it might look like depression, we can’t diagnose depression because this is bereavement.”

The presenter will encourage discussion on the merits of making the distinction between depression and grief, the importance of making (any) diagnosis at all, and how we might proceed doing justice to both, and to the people sitting in our offices.

**B-285 Exercise for Head and Neck Cancer Patients: A closer look into this growing field of research**

*Lauren C. Capozzi, Kathryn Nishimura, Nicole Culos-Reed*

Background: Head and Neck cancer (HNC) patients receiving radiation therapy face substantial weight loss, typically between 6-12% of pretreatment bodyweight, with upwards of 72% related to muscle wasting. This weight loss, hypothesized to be caused by the mechanical obstruction of the aerodigestive tract which may impact food intake, as well as changes in circulating inflammatory markers and muscle metabolism, has a significant impact on quality of life (QOL) including psychosocial functioning, physical health and wellbeing. Patients also report disrupted body image and challenged social interactions, including those with family members. With evidence indicating that nutrition therapy alone is inadequate in the management of this weight loss, exercise has been identified as an important management tool. The state of this literature has advanced to necessitate a systematic review, summarizing the evidence to date. The purpose of this presentation is to discuss the findings of this review.

Methods: A systematic literature search of exercise for HNC patients was conducted in January of 2014.

Results: This literature search resulted in a total of 15 publications. The design of these studies varied, including 10 publications reporting on nine interventions, four publications reporting on three cohort studies, and one review. Results will be discussed with an emphasis on psychosocial and physical functioning outcomes, as well as patient preferences and barriers to exercise.

Conclusions and Future Directions: There is mounting evidence for the value of exercise in the management of psychosocial functioning and QOL for HNC patients. Findings impact the development of future research and best-practice patient programming.

**B-287 Effective Strategies to Strengthen Screening for Distress Activity**

*Margaret Fitch, Stephanie Burlein-Hall*

Introduction: Early and rapid identification of patient distress has been cited as a standard for cancer care. However, cancer centres have experienced difficulties in fully implementing programmatic approaches to screening for distress.

Methods: We wanted to understand more about patient barriers to screening and clinician challenges in responding to screening results. We mounted process reviews, chart reviews, and focus groups to identify the areas where improvements could be made. As a result, strategies for new patient visits, public awareness, nursing roles, and patient education were designed and implemented.

Summary of Results: Process reviews and chart audits revealed variable clinical follow through for patients with high distress scores (i.e., 100% with high pain scores, 84% with high fatigue scores, 84% with high anxiety scores, 96% with high depression scores) and significant gaps in interactions with patients with medium and low scores. Patients were more apt to continue completing the screening tools if they understood the reason for the step and if clinicians responded actively to the fact the patient had completed the screening. The introduction of a triage role by nursing staff facilitated the follow through and streamlining of care for all patients based on distress score results and brief assessment conversations.
Conclusions: Successful implementation of distress screening requires a programmatic approach. Key aspects to its ongoing success include clear statements regarding expectations for patients and clinicians as well as acknowledgment and response by clinicians to the screening results.

B-288 Patient Reported Distress Across the Lifespan in Breast Cancer

Heather Campbell-Enns, Jill Taylor-Brown

Background: It is known that women with invasive breast cancer are at risk of psychosocial distress. There are also differences in the experience of cancer depending on a woman’s age. Recently, patient-reported tools measuring distress have become a standard of care across Canada, yet we are only beginning to utilize these tools to help understand the burden of cancer. As a result, a comprehensive understanding of the symptom burden of adults with specific diagnoses is limited and there is much to be learned about similarities and differences in distress symptoms across the lifespan.

Purpose: To identify symptoms of distress for women with invasive breast cancer in Manitoba with a focus on identifying similarities and differences across the adult lifespan.

Method: A retrospective database review will be carried out in order to identify the most frequently reported symptoms experienced by women diagnosed with breast cancer within a one year period. Distress symptom data will be sorted by age groups (under 50 years, 50 to 69 years, 70 and older).

Summary of results: Summary descriptive statistics of distress symptoms in this population will be reported including pain, tiredness, drowsiness, nausea, appetite, shortness of breath, depression, anxiety, and wellbeing. Similarities and differences between age groups will be reported.

Conclusion: A lifespan approach will identify symptoms of distress in women with breast cancer and how this may vary across the lifespan in Manitoba. Findings from this retrospective database review will help to tailor the development of programs and services for this population.

B-289 Parents Living with Cancer: Bringing hope with compassion, honesty and creativity

Melanie McDonald, Amy Lai

The Children’s group at the BC Cancer Agency has been running since 1995. The purpose of the children’s group is to provide support to children who have a family member with cancer. The children meet with an art therapist and nurse while parents have the opportunity connect with each other and a counselor. The focus of this presentation is on the parent’s experience of living with cancer while supporting their children. In our experience working with parents, it is common for parents to want to protect their children from the challenges associated with the cancer journey; this group explores how compassion, honesty and creativity can provide hope and resilience for both parents and children. The evaluations from the group reflect the common themes that parents experience. The themes, limitations, challenges and implications for future clinical practice will be discussed.

B-290 Perspectives from Older Adults about the Cancer Information They Receive

Margaret Fitch, Tamara Harth

Introduction: Cancer patients have reported that information plays a significant role in their ability to cope with cancer and manage the consequences of treatment.

Purpose: This work was undertaken to identify the importance older adults assign to types of cancer-related information, their satisfaction with the cancer-related information they receive, and identify barriers to effective information provision for this age group.
Methods: Surveys (n=684) and in-depth interviews (n=39) were utilized to gather perspectives from convenience samples of older adults. Data were analyzed for 65-79 year and 80+ year groups.

Results: Information about the medical condition, treatment options, and side effects were rated by patients as the most important topics. Women assigned higher importance ratings to information overall ($t=4.8, P<0.01$). Although participants were generally satisfied with the information they received, many expressed challenges in communicating with health care professionals because of medical language and fast pace of speaking used by health providers.

B-291 The Family Problem Checklist: A New Screening Tool

Dr. Anita Mehta, Marc Hamel

Purpose: Sources of distress experienced by cancer patients are well researched. While it is known that family members of cancer patients experience elevated levels of emotional distress, little is known about their sources. To date, there are no measures that specifically screen for sources of distress in these family members. This study proposes to address this problem with the creation of a Family Problem Checklist (FPC); a screening tool to assess family member distress.

Methods: A three-step process was used to generate items for the development of the FPC. First, the researchers conducted a comprehensive literature review on possible sources contributing to emotional distress in family members of oncology patients. Second, two focus groups of health care professionals in oncology and two of family members of cancer patients, were conducted. Goals of these focus groups were to: 1) review the preliminary items generated from the literature review, 2) solicit suggestions of additional items and 3) provide feedback on the FPC. Finally, the final version of the FPC was tested against the HADS for validity.

Summary of results: Similar to cancer patients, family members reported sources of distress related to practical, emotional, social/family, and spiritual domains. Additionally, they identified relational, self-care, patient-care and communication as relevant domains. Finally, family members reported the FPC as more meaningful to their experience.

Conclusions: Family members describe specific sources of distress that differ from what patients describe. This study resulted in developing a new screening tool for distress in family members of cancer patients.

B-292 Transition Care Clinic: Innovation in Survivorship Care

Margaret Fitch, Angela Boudreau, Debbie Miller

Purpose: As the cadre of cancer survivors grows, it is imperative that appropriate models of follow-up care are designed. Some survivors ought to receive continuing care at the tertiary cancer centre while others ought to be transitioned to care providers in the community. Different models of care may be necessary for different patient populations.

Methods: We designed and implemented an innovative approach to survivorship care for patients following treatment from Colorectal Cancer and Lymphoma. The Transition Care Clinic was conceptualized as two distinct entities: an actual clinic visit and interactive virtual care. The clinic, run by two advanced practice nurses and a primary care physician, was designed to transition follow-up care, assessment and surveillance from the ambulatory centre to primary care providers utilizing consensus and evidence based guidelines. Clinical activities include a review of the patient’s treatment summary, symptom screening, education about treatment related side effects and sign/symptoms of recurrence, and an overview of routine follow-up. Additionally, education materials and community supports are offered or provided on an individualized basis. Physical examination and review of diagnostic test results may also occur. The virtual component includes patient education, peer support and empowerment, tracking milestones, and a research aspect.
Summary: This presentation will provide participants with an overview of the clinic's evolution, highlighting the success to date and areas needing improvement. The experiences of both patients and clinicians will be shared, noting the similarities and differences between the two patient populations. Future strategies will be discussed based on our experiences to date.

**B-296  Addressing the needs of Canadians living with metastatic breast cancer**

*Diana Ermel, Sharon Young*

It is estimated that this year 23,800 women in Canada will be diagnosed with breast cancer, of whom approximately 10% will have an initial diagnosis of metastatic breast cancer and approximately 30% of women diagnosed initially with earlier stages of breast cancer will go on to develop metastatic breast cancer. Yet there remains a persistent lack of awareness and understanding of the distinct challenges affecting metastatic breast cancer survivors in Canada and around the world.

In June 2012, the Canadian Breast Cancer Network released a new report, Metastatic Breast Cancer in Canada: The lived experience of patients and caregivers. The report highlights the patient journey by examining the realities and lived experiences of metastatic breast cancer survivors and their caregivers. The report details the specific challenges associated with a metastatic breast cancer diagnosis and emphasizes the impact on survivors' quality of life, focusing on both the physical and psychosocial aspects of the disease.

Exploring the data in Metastatic Breast Cancer in Canada: The lived experience of patients and caregivers, this session will provide an opportunity for participants to gain valuable insights into the challenges facing metastatic breast cancer patients in Canada, particularly in regards to the themes of accessibility of treatment and support resources, access to new therapies and the financial burden associated with treatment costs. The session will also describe and discuss the potential opportunities for, challenges around and successful strategies to champion the patient voice and address the needs and concerns of metastatic breast cancer survivors.

**B-300  ASAP Canada: Improving the lives of prostate cancer survivors through collaboration, action and change**

*Maureen Rowlands & Juliana French*

Objectives: Strong collaborative partnerships are an essential element of effective survivorship care. Prostate Cancer Canada (PCC) has established ‘A Survivorship Action Partnership’ (ASAP), a Pan-Canadian Network with the goal of improving the quality of life of prostate cancer survivors and their partners, caregivers and family members.

Approach: The ASAP Network brings together key leaders, decision makers, experts, survivors, caregivers and organizations to plan and implement solutions that will potentially create supportive environments, improve clinical practice, and strengthen links between community and clinical settings.

Members were selected through a rigorous peer review process. Selected ASAP members collectively represent expertise in key areas of cancer survivorship and are representative of various regions in Canada.

Results: Selected member organizations collaborate across specialty areas and jurisdictional boundaries to discuss strategies and develop evidence-based solutions in key survivorship areas. Topics include peer support and navigation, education, decision support, programs to address treatment side effects, lifestyle management, palliative care and end of life. Programs can be delivered via a variety of channels, including online and mobile applications, in-person sessions and workshops. Program evaluation and health economics plans have been incorporated to measure results.
Conclusion: The goal of ASAP is for the solutions funded to address physical and psychosocial survivor needs across the cancer journey. We aim to translate findings into practical solutions that can be scaled across Canada, and are committed to sharing knowledge openly and freely with Canadian and International partners.

**B-302  Healthy habit promotion in prostate cancer for Psychosocial Specialists (and their families!)**

*Rob Rutledge*

Promoting healthy lifestyle habits in men and partners affected by prostate cancer is relevant to all Psychosocial Professionals for several reasons. Prostate cancer survivors and their family members typically want to take concrete steps to gain a greater sense of control of their lives. Healthy habits such as daily exercise have been proven to improve quality of life, mood, and energy levels, and mitigate against treatment-related side effects such as muscular weakness. With median survival rates exceeding 10 years, men can profoundly influence on their physical and psychological well-being through their activities and can even improve survival/longevity rates from their prostate cancer.

This talk will provide a fun and interactive update of the science of healthy habits for prostate cancer survivors. Based on the assumption that cancer is caused by both genetic alterations which occur over years as well as the influence of the epigenetic environment the audience will learn the prostate cancer risk factors to avoid after diagnosis, and the protective habits to promote as based on trial and population-based studies.

The healthy habit advice we offer prostate cancer survivors and their partners can be applied to prostate cancer prevention for all the men in our lives.

**B-307  The Psychosocial Experience of Breast Cancer Across the Lifespan**

*Heather Campbell-Enns, Roberta Woodgate*

Background: Women with an invasive breast cancer diagnosis are at risk of psychosocial distress that may have long-term consequences. Research also shows that there may be differences in the psychosocial experience of cancer depending on a woman's age. Despite the growing body of literature focusing on the experience of younger adults with cancer, a comprehensive understanding of the psychosocial experience of breast cancer across the lifespan is limited.

Purpose: To identify the psychosocial experiences of women with breast cancer with a focus on identifying similarities and differences across the adult lifespan.

Method: A systematic review of qualitative literature was conducted in order to identify the psychosocial experiences of women in the context of breast cancer. Meta-aggregation and meta-ethnographic reviews were conducted. A lifespan perspective, based on age, was used to explain similarities and differences in the psychosocial experiences of younger, middle-aged, and older women with breast cancer.

Summary of Results: Key findings related to the similarities and differences of the psychosocial experience will be presented. This includes a focus on the challenges and needs of younger, middle-aged, and older women with breast cancer.

Conclusion: Adopting a lifespan approach helped to clearly identify differences in the psychosocial experience of breast cancer between women of various ages. Findings from this review may be used to enhance psychosocial support for women across the lifespan in the context of cancer.
B-308  What’s Your Why? - Raising Awareness, Removing Barriers and Promoting Participation in Cancer Screening and Early Detection Among Seniors

Sheila Damore-Petingola, Marian Krawczyk, Penny MacCourt, Dawn Hemingway, Ritinder Harry, Gerda Kaegi

Older adults make up the fastest-growing age group in Canada and the risk of cancer increases with age: 87% of newly diagnosed cancers occur in people aged 50 years and older. Of these, approximately 60% occur in people older than 65. The majority of the 72,000 breast, cervical, colorectal and prostate cancers diagnosed annually in Canada are among those 60 years and older.

Research evidences significant age-related disparities in health care. Compared to younger adults, older adults are: less likely to have a physician recommend cancer screening; less likely to participate in screening; and more likely to die from cancer. Supported by the Public Health Agency of Canada, objectives included: (i) heightening awareness of seniors and health care providers about the importance of screening; (ii) identifying barriers from seniors’ perspective that contribute to low screening rates and strategies to address them; (iii) increasing health practitioners’, policy makers’ and screening programs’ knowledge about the barriers to screening identified by seniors so that these may be addressed.

Based on research literature and focus groups with seniors in 3 provinces we developed What’s Your Why, a resource package to promote screening, comprised of an ethnically diverse video presentation in English, French and Cantonese that can be delivered by health care professionals or seniors to older adults (55+), supported by a Discussion Guide, Service Providers Resource and informational website. Pre and post evaluation of What’s Your Why presentations demonstrated an increase in participants intent to be screened. Materials will be available to participants.

B-309  Sustainment of Therapeutic Gains of Two Formats of Cognitive-Behavioural Therapy for Insomnia Comorbid with Cancer over a 12-Month Period

Josée Savard, Hans Ivers, Marie-Hélène Savard, Charles Morin

This presentation compares the long-term efficacy of two different formats of cognitive-behavioural therapy for insomnia, a professionally-administered format (PCBT-I) and a video-based format (VCBT-I). We previously reported that, both PCBT-I and VCBT-I were associated with significantly greater sleep improvements, as compared to no-treatment condition (CTL) at post-treatment, but that, compared to VCBT-I, PCBT-I was associated with significantly greater improvements of Insomnia Severity Index (ISI) scores and early morning awakenings (EMA).

242 women with breast cancer were randomized to: 1) VCBT-I (n=80; 60-min animated video + 6 booklets); 2) PCBT-I (n=81; 6 weekly sessions); and 3) no treatment (n=81). The main study variables, collected at pre- and post-treatment, as well as at 3-, 6-, and 12-month follow-ups, were the ISI total score and sleep parameters derived from a daily sleep diary: sleep onset latency (SOL), wake after sleep onset (WASO), EMA, total wake time (TWT), and sleep efficiency (SE). Except for WASO, no significant differences were found between the post-treatment and follow-up assessments in PCBT-I and VCBT-I groups. Time effects found in CTL were significant on several variables (ISI, WASO, TWT, SE), with post-hoc comparisons showing significant improvements from post-treatment to the 3-month follow-up. Between group differences at 3-, 6-, and 12-month follow-ups generally revealed larger treatment effects in PCBT-I when compared to CTL alone (ISI, WASO, EMA, SE) or both VCBT-I and CTL (SOL, TWT).

Results of these analyses indicated an excellent sustainment of therapeutic gains up to 12 months following the intervention in both PCBT-I and VCBT-I.
Birth and death are rites of passage for which preparation is important. End of life is a meaningful stage of life filled with opportunity and mystery. Yet, in palliative care we have a tendency to overlook dying as a means of spiritual awakening and there is little understanding, and little or no demand to learn the skills of dying.

Many suggest that we have become good at managing death by managing symptoms. While we acknowledge the spiritual dimension of the individual as important, and existential suffering is well established in the literature, it is rarely the focus of care planning. We have become good at what Kearny describes as surface work, alleviating physical discomfort, but also need to consider depth work, interventions that might bring someone into an experience of the soul.

I had the opportunity to act as a midwife for my mother as she died in a way that, to the observer, might be considered bad and undignified. Yet, it was transformative for all present. This experience raised questions that took me into the realm of awe, wonder and 'don't know.'

The purpose of this workshop is to share this story of mystery, explore the concept of existential suffering, have a dialogue about our collective stories of mystery, and to ponder these questions. Do we have an obligation to more actively engage our patients beyond symptom control; to teach the skills of dying; and to actively midwife death as we do birth?

Purpose: There is a growing interest in improving psychosocial interventions for cancer survivors through national and international research collaborations. Internships can enrich academic training and propel young researchers into productive careers. In this presentation, the benefits and key elements of a successful internship experience are discussed.

Methods: The PORT (Psychosocial Oncology Research Training) program, a Strategic Training Initiative in Health Research (STIHR) funded by the Canadian Institutes of Health Research (CIHR), offers financial support to fellows interested in extending their research training experience beyond their home universities. Since its inception in 2003, PORT has supported 63 fellows, 11 of whom have been international students from different countries (Australia, China, India, Japan, Nigeria, USA). PORT encourages its fellows to seek additional research training abroad for a period of 1 to 4 weeks.

Discussion: Research internships have been found to: i) increase access to leading-edge expertise, ii) encourage partnerships at the interface of health-related disciplines, iii) enhance knowledge dissemination, and iv) assist career transitions. Potential challenges include additional work to plan, conduct and provide formal feedback to PORT.

Conclusion: In line with PORT’s overall mission to train the next generation of psychosocial oncology researchers, internships are key to building capacity in the field through enhanced research experience. The experience gained sets the conditions and contexts that most favorably launch junior researchers into exciting careers. More internship opportunities are needed to broaden research training in Canada and elsewhere.
B-314  Breast Cancer Rehabilitation: a mixed method inquiry of physical recovery and lived experiences

Karen Dobbin, Jill Taylor-Brown, Marshall Pitz, Barbara Shay

Purpose: As the number of women surviving breast cancer increases, significant proportions live with the physical effects of breast cancer treatment that can compromise functional ability, independence, and quality of life (QOL). Despite the clear value of rehabilitation after cancer treatment, most cancer centres do not have integrated cancer rehabilitation (CR) services and an underutilization of rehabilitation professionals exists. The objective of this study was to determine the extent of physical problems, rehabilitation needs and usage, and CR experiences after breast cancer treatment.

Methods: A mixed methods approach was utilized. Women diagnosed with breast cancer (n=474) were surveyed to examine the physical morbidities, disability, and QOL. An interpretive descriptive approach was used to describe women's CR experiences in the conduction of a focus group (n=7). Quantitative data were analyzed using descriptive statistics. A thematic content analysis was employed to analyze the qualitative data.

Summary of Results: The percentage of women experiencing physical problems after breast cancer treatment was 88%, with low physical disability and a moderately high QOL. Despite the high report of physical problems, less than half received physical rehabilitation. Themes emerging from the focus group were difficulty in finding clear/consistent information, financial issues, and the need for integration of CR services.

Conclusion: These findings demonstrate the many physical problems, low rehabilitation usage, and the challenges faced after a breast cancer diagnosis. The better understanding of CR needs and practices may be used to improve the delivery of CR services to address the physical needs of breast cancer survivors.

B-316  Advanced Cancer Patient’s Understandings and Experiences of Compassion

Shane Sinclair, Tom Hack, Susan McClement, Shelley Raffin Bouchal, Neil Hagen, Harvey Max Chochinov

Purpose: Compassionate care has long been identified as an essential feature of quality health care, especially in palliative care where the goal of ameliorating multi-dimensional suffering is both a unique challenge and specific aim. Remarkably, there is little understanding of what constitutes compassion and its effect on patients. In order to address this gap we interviewed dying patients (n=50) understandings and experiences of compassion and also conducted a comprehensive scoping review of the literature.

Methods: A grounded theory approach (qualitative methodology) was used to address our area of interest. An interview guide was constructed from the research literature and the previous experience of the research team. Data analysis occurred simultaneously through three stages: Open coding; Axial coding; & Selective coding.

Summary of Results: The importance of compassion at the end-of-life was overwhelmingly endorsed by patients, with four major categories emerging from the qualitative data: 1) Virtues of Health Care Professionals 2) Relational Space 3) Patient 4) Barriers to compassion. The scoping review identified five themes in the literature: Clinical communication; Empowering patients; Enhancing spirituality; Role at the EOL; A medium of Cultural Sensitivity.

Conclusions: While compassion have been identified by patients, clinicians and health care organizations as an important component of care, little is known about what constitutes compassionate care and its impact on patient well-being. This presentation will present results from both an ongoing scoping review and a qualitative study investigating compassions from cancer patients facing the end-of-life.
B-319 Examining the Effects of Childhood Cancer on the Parental Subsystem

Nancy Moules, Andrew Estefan, Graham McCaffrey, Dianne Tapp, Doug Strother

Purpose: This study investigated the effects of childhood cancer on the parents’ relationship. Some past studies report that childhood cancer can have a negative effect on the relationship and others that it can even strengthen it. Though it may not ever be known whether or not the relationship suffers or strengthens, what is little understood is how the cancer experience affects the relationship between the parents and how might health care professionals do to support the relationship.

Methods: 23 interviews were conducted to a total of 29 participants. Data were analyzed using hermeneutic phenomenology. The participants included parents of children who were 1) treated and cured and live with little or no side effects; 2) treated but live with long term effects; 3) did not survive.

Results: The state of the relationship prior to cancer had, in many situations, important implications on how the relationship fared during and after the cancer experience. This cannot be the only predictor however, as some challenged relationships thrived and repaired as a result of the experience. The strongest finding in this study is that the relationship can be affected in intense ways, even to the surprise of the couples and they offered advice to other couples facing this experience.

Conclusions: The relationship between the parents has profound effects on the health and well being of the child and any support that can be offered in this area is preventative healthcare.

B-321 Transition of women’s perceptions of health and illness when diagnosed with breast cancer

Maude Hebert, Frances Gallagher, Denise St-Cyr Tribble

Purpose: To model the transition process of the perceptions of health and illness of women with breast cancer.

Methods: Grounded Theory is the perfect research design to study the process of becoming ill from a breast cancer (Corbin & Strauss, 2008).

Summary of results: The 32 semi-structured interviews conducted with women suffering from a breast cancer revealed that they don’t feel sick from the breast cancer and that there is a drastic illness perceptions shit between before their diagnosis and after the treatments which is influenced by the transition process they experience.

Conclusions: This research permits a better comprehension of women’s breast cancer perceptions, the meaning they attribute to it, their help seeking behaviors and their health care system appreciation. These findings add to the knowledge on women’s experience with breast cancer and offer guidelines to incorporate patient-centered care along the chronic illness trajectory.

B-324 Issues impacting cancer survivors: Results of CCSN survey

Jackie Manthorne

In 2013, the Canadian Cancer Survivor Network surveyed its membership to gather insights on cancer survivorship issues and patient experiences with the health care system both during and following treatment. The results of this survey, responded to by 128 individuals from across Canada who had been diagnosed with a variety of cancers, found that issues facing cancer survivors can be grouped into five main categories: 1) post-treatment issues, 2) psychological/mental health issues, 3) changes to the family dynamic, 4) difficulties transitioning back to work, 5) financial issues.
Although information on all five categories will be touched upon, this presentation will concentrate on categories 2) and 3) and will detail survey participants’ concerns: fear of recurrence; loss of intimacy and the ability of fulfill a partner’s needs; weight gain; the end of relationships; depression, anxiety, isolation and other mental health issues; additional barriers to returning to and/or maintaining a normal life, work and functional relationships/family life.

B-325  Breast Cancer in Young Women in Canada – A Needs Assessment

Shawna Ginsberg, MJ DeCoteau

Our Needs Assessment of young women with breast cancer is the first national quantitative data on the experience of breast cancer for young women in Canada, from diagnosis, through treatment and survivorship. The objective for the data is to provide critical evidence-based information and benchmarks to stakeholders in the breast cancer field around the challenges facing the young breast cancer patient population, which would help improve patient education, advocacy and support programs for young women.

Methods: An online bilingual (English and French) qualitative survey consisting of 88 questions. The survey was open to women who had a breast cancer diagnosis (first time or recurrence) in the previous 6 years. 574 women responded to the survey. 372 (65%) were ages 20-45, 202 (35%) were ages 46-69. The results were analyzed to look at significant differences in the answers from younger and older respondents. The Needs Assessment Report was published in March 2013.

Results: While the impact of breast cancer is stressful for women of all ages, the data from our Needs Assessment shows that younger women are particularly vulnerable to the negative psychosocial affects of the disease. We attribute two key factors to younger women having a more difficult breast cancer experience than older women: aggressiveness of cancer treatment and life-stage. The data shows that despite a growing array of peer support based interventions and community resources available to young women, many of the concerns of young breast cancer patients are still not being met.

B-328  Exploring barriers to participation in Mindfulness-Based Cancer Recovery: A mixed methods study

Madeline Hermann, Jennifer White, Linda Carlson

Purpose: Mindfulness-based cancer recovery (MBCR) has proven efficacy for improving anxiety, depression, stress, quality of life, and general well-being in cancer patients. However many programs experience significant attrition rates for unknown reasons. This mixed methods study explores barriers facing cancer patients and survivors participation in MBCR.

Main measures: Questionnaires: Determinants of Meditation Practice Inventory, NEO Personality Inventory Short-form, The Functional Assessment of Chronic Illness Therapy – Spiritual Well-Being Scale, Profile of Mood States, The Functional Assessment of Cancer Therapy – General, Calgary Symptoms of Stress Inventory. Qualitative: Participants’ perceptions of barriers through individual interviews. Data analysis involved an inductive thematic approach with constant comparison.

Results: Qualitative results suggest barriers to participation in MBSR are three fold, including: symptoms experienced during cancer treatment; motivation (lack of time, disinterest); and other life stressors (family stress, environment, other life commitments). Quantitative data have been collected and analysis is in progress.

Conclusion: Distress following cancer is a significant health concern. Results from study identify barriers to participation in MBCR. The use of qualitative methodology was sensitive in identifying personal barriers to MBCR participation in cancer patients. The essential role of health professionals in this context is to provide support and education to cancer patients regarding potential barriers to MBCR and how these can be best overcome.
Objective: Hematopoietic stem cell transplant (HSCT) is a demanding treatment. Spouses of HSCT patients assume caregiving responsibilities that can induce feelings of burden and disrupt relationship equity. Based on equity theory, a conceptual framework was proposed to examine the individual and dyadic experience of HSCT patients and their caregivers. The model includes feelings of inequity, patient self perceived burden (SPB), caregiver burden and distress.

Methods: HSCT patients and their spousal caregivers were consecutively recruited prior to HSCT between March 2011 and September 2012. Each member of the dyad self-administered a questionnaire package pre-HSCT.

Results: Seventy-two dyads were included in the Path analyses. The hypothesized model demonstrated an inadequate statistical fit; however with one modification, an adequate to good fit was obtained: $2(\text{DF}) = 6.01(5)$, Normed $2 = 1.20$, SRMR = 0.048, CFI = 0.99, TLI = 0.96 and RMSEA = 0.05 (90% CI: 0.00 - 0.18). As hypothesized, pre-HSCT caregiver burden mediates the relationship between caregiver over-benefit and caregiver distress. However, patient SPB was not associated with patient distress, rather the relationship between patient perceptions of over-benefit was significantly related to patient distress. Patient over-benefit influenced caregiver burden; however results suggest that caregiver variables do not impact patient variables.

Conclusions: The theoretical framework appears to describe patient and caregivers individual experience of distress pre-HSCT, but does not as clearly encompass the dyadic experience of distress. Addressing perceived imbalances and providing psycho-education on role changes within HSCT dyads pre-transplantation may be a useful pre-habilitation strategy for preventing distress.
WORKSHOPS

W-208  Reflective Practice: Exploring group work in a group setting

*Katherine Gottzmann, Irene Shapira, Jill Taylor-Brown*

The value of professionally led support groups is well documented in the psychosocial oncology literature. Although many of us regularly facilitate oncology support groups, we rarely have the opportunity to connect with each other to explore our work and learn from one another.

Workshop presenters will facilitate a reflective practice discussion encouraging participants to engage with each other and share examples of their clinical practice in oncology group work.

Exploring the rewards and challenges of group work, anticipated areas of discussion may include managing boundary issues and group dynamics, creating a mutually compassionate environment, witnessing loss, nurturing self-compassion, and sustaining ourselves in our work.

This workshop is intended for psychosocial oncology clinicians who have experience facilitating support groups, and are interested in exploring their work with others.

W-220  Protecting Both the Goose and the Gander: A psychosocial perspective on the HPV vaccine

*Samara Perez, Gilla Shapiro, Zeev Rosberger*

Many people might be surprised to learn that at least one third of all cancer cases are preventable. Prevention offers the most cost-effective long-term strategy for the control of cancer. One strategy that is gaining much attention is Human papillomavirus (HPV) vaccination. Do you know which cancer(s) the HPV vaccine prevents? Do you know the link between HPV and psychosocial oncology? The acceptance of the HPV vaccine is influenced by psychosocial, cognitive, and behavioural factors. In this workshop, we will discuss the increasing importance of psychosocial factors in the primary prevention of HPV-related cancers.

Participants will complete a brief questionnaire assessing their own HPV and HPV vaccine knowledge, attitudes, and beliefs pre-and post-workshop. The presenters will provide an overview of the critical issues surrounding HPV transmission, screening, vaccines, and sexual health practices.

The workshop objectives are:

1) To provide a basic understanding of the burden of HPV and HPV-related diseases;

2) To understand the current status of cancer preventive measures: Pap screening, HPV testing, and HPV vaccination;

3) To examine key psychological and social issues related to challenges in HPV vaccine uptake
   - A closer look at the influence of the media messages (examining common myths)
   - Examples from our research program on HPV vaccine health decision-making among Canadian parents and young adults

4) To discuss the clinical and public health implications of research findings.
W-227 How can we serve young adults better? A panel discussion with insights from three survivors and one health care professional

Norma D'Agostino, Karine Chalifour

In recent years, recognition of the distinctive psychosocial concerns that set young adults apart from younger and older survivors has been growing internationally (D'Agostino et al., 2011). In order to deliver relevant and appropriate care, healthcare professionals caring for this population need to have an understanding of the main issues facing AYA (Arnett, 2000). Those include finances, independence, relationships and family, sexuality and intimacy, career and school, isolation, to name a few. Many of the AYA-specific psychosocial support resources that have been developed focus on promoting a sense of normalcy (D'Agostino et al., 2011). They emphasize the importance of flexibility in healthcare delivery and the role and value of peers (D'Agostino et al., 2011).

In this workshop, 3 survivors will be asked to share salient parts of their stories by participating in a panel discussion focusing on themes such as: living with uncertainty, reintegrating into various societal roles after treatment, managing relationships with the health care system and the importance of community. Our panelists will be AYA currently at different phases of the cancer journey with a variety of diagnoses and treatment experiences. What they will all share in common is insight into how to cope with cancer while trying to establish a career, start a family of your own and feeling completely different than your peers. They will provide us with suggestions on how best to provide them with developmentally appropriate health care. A summary of the AYA oncology literature and the clinical experience of professionals working with this population will be used to frame the panel discussion and highlight the unique medical and psychosocial issues that young adults with cancer face. Adequate time for questions and discussions with the panelist will be provided.

Participants can expect to learn more on the issues facing young adults with cancer, the current state of practice in Canada and how, as professionals, we can better serve this population within our existing health care system.

W-229 Managing Grief and Loss: Nurturing Health Care Providers

Mary Jane Esplen

Oncology professionals and generalists, regardless of practice setting, care for patients who often become terminally ill. This workshop focuses on grief reactions and specific impacts and strategies known to enhance coping, quality of life and work life satisfaction. A self-assessment tool will be provided to assist participants to recognize indicators signaling difficulties in coping and managing grief and loss. In addition, participants will be encouraged to work towards a personal plan that can be used to address specific factors or work-setting strategies that can facilitate well-being, coping and workplace satisfaction. Examples include: relaxation exercises; journaling and reflection on a distressing case; activities to identify grief; plans concerning self-care around the management of grief; discussions with colleagues on issues of grief management to obtain support for each other; or communication with supervisor about organizational support.

The workshop will incorporate data from 115 participants who have completed a six-week course through the de Souza Institute between 2010 and 2013. Learner demographic characteristics, history of trauma and/or losses, duration of exposure to grief as well as other personal risk factors at work and in life will be presented. Predictors of knowledge and changes and their association with participants’ ability to manage and cope with grief will be analyzed. Personal or work factors that play a role in participants’ ability to manage this aspect of their practice will be highlighted.
**W-236 “Who am I now?” Using creativity, empathy and playfulness to address cancer-related changes**

*Jennifer Finestone*

Purpose: A cancer diagnosis often precipitates a myriad of changes in a person’s life; these can include changes in body image, schooling/career, relationships and sexuality, and expectations for the future. Using interventions based in creativity, empathy and playfulness in can help address these changes and allow for greater coping.

Methods: Drama therapy provides a creative-expressive approach to support groups that fosters new perspectives that can help participants come to terms with the many changes that cancer can bring. Drama therapy is a gentle form of creative therapy between a trained therapist and one or more clients that uses action methods (such as role play, improvisation, writing, and projective tools) to facilitate creativity, imagination, learning, insight and growth.

Summary of Results: Drama therapy-based support groups use creativity, empathy and playfulness to allow participants to more easily acknowledge the various changes that have occurred due to cancer, and the emotions that stem from these changes. Participants are able to come to terms with their experiences and emotions, to gain insight into their responses and to learn new ways of dealing with them. Ultimately, drama therapy is used as a catalyst to allow patients to develop greater self-awareness and self-compassion.

Conclusions: This didactic and experiential workshop will explore the theory behind drama therapy-based support groups. It will also provide hands-on creative interventions (focused on practitioner self-care) so that participants can take tools with them to incorporate into their own practice.

**W-239 The Digital One-Way Mirror: Video as a tool to strengthen emotional intelligence and clinical interviewing skills in cancer care professionals**

*Michael Lang, Janine Giese-Davis*

The one-way mirror has been a well-used educational training tool for many years. Video has become another useful iteration of the one-way mirror and can complement ‘how-to’ manuals and textbooks by providing an objective ‘window to another world’ for cancer care professionals and trainees. With the technologies and techniques of video editing now readily available to people of any skill level, this medium and has great potential as an educational tool within Psychosocial Oncology and healthcare in general.

This interactive workshop, which has been piloted at the University of Calgary Department of Medicine and the Tom Baker Cancer Centre Psychosocial Oncology Department, will include a) a brief history and overview of the impact of video on healthcare and contemporary society, b) a discussion of the theoretical, ethical and therapeutic implications of filming a patient story, c) how video can be used as an educational tool to develop emotional intelligence and clinical interviewing skills d) and a live, interactive video editing session demonstrating these ideas and techniques. An engaging and creative environment will be formed through the diverse insights of a psycho-oncology researcher specializing in video emotion coding for the past 20 years (JG-D) and an internationally recognized, but relatively new, cancer survivor and documentary film producer (ML).

Attendees will leave with a new appreciation for the therapeutic and educational value of video as well as a basic understanding of how to create and edit a video with patients or students using readily available technologies like a Smartphone and laptop.
W-252  Psychosocial Oncology Clinical Rounds: Peer supervision in action on the Prairies

Jill Taylor-Brown, Tom Roche, Bunty Anderson, Rejeanne Dorge, Lindsay Drabiuk, Miriam Duff, Patti Findlay, Katherine Gottzmann, Elizabeth Payne, Irene Shapira

This workshop invites practicing psychosocial oncology clinicians to participate in a form of peer supervision/consultation. For well over a decade, the psychosocial oncology clinicians at CancerCare Manitoba have come together monthly for consultation with one another about challenging clinical situations, to reflect on observations made and wondered about in clinical practice, insights gained from clinical work, and more. This has also been a forum for being able to talk about the impact of our work on ourselves, and the existential questions that arise from this work. These monthly meetings have come to be highly valued by the participants. They are steeped in principles of creating high levels of trust, humility, compassion, deep respect, and a genuine practiced value of mutual learning. Humour is also ever-present.

This workshop will model these rounds, and provide an opportunity for others practicing clinical psychosocial oncology to join us in the spirit of sharing, consultation, reflective practice and continual learning, whether you are a more or less ‘seasoned’ clinician.

W-272  Living with Advanced Cancer: Living the Questions

Glen Horst, Shane Sinclair, Fred Nelson, Brenda Hearson, Sarah Brown

My father has been told he has less than a year to live. How can I help him to prepare for death? How do I respond when he cries?

How do I start a conversation with a 36-yr young mom with no further cancer treatment, about palliative care, yet maintain a sense of hope?

A life-threatening illness intrudes our lives, causes tremendous upheaval and raises questions in fresh and urgent ways. Most of us spend much of our lives trying to avoid thinking too much about the end of life. A serious cancer diagnosis forces us to learn how to live with illness and begin to evaluate life, and the possibility of dying and death.

Serious illness brings with it struggles of the human spirit in relationships – with yourself, with others, with your environment, and with a higher entity. It is in these relationships that your spirituality is shaped and expressed. Even if you hold no particular religious beliefs, you may find yourself dealing with issues of a spiritual nature, such as identity, suffering and hope. What makes such issues spiritual is that they raise questions about the meaning of life - life in general and your life in particular.

The Canadian Virtual Hospice website interdisciplinary clinical team receives these questions from patients, family, and health care providers on a daily basis. Join us in our workshop as we explore what Canadians are asking and how the team provides online information, support and resources.

W-277  Mindfulness: The Way Of The Heart – An Experiential Workshop

Sarah Sample & Melanie McDonald

Research demonstrates that mindfulness based interventions for people living with cancer can be multi-faceted (Carlson, 2013). Mindfulness means to become more conscious in our personal lives and in our work. ‘Mindfulness is about honouring our base desire to help people who are hurting.’ (Briere, 2013) At the core of mindfulness is cultivating compassion. As psycho-oncology practitioners who teach mindfulness in a health care setting we believe in the importance of cultivating compassion through personal mindfulness practices. Essentially, we are looking for wisdom and compassion, not just ‘manual’ training. Mindfulness fosters both wisdom and compassion through the practice of stepping out of the thought stream, being with discomfort, disengaging from automatic responses, and bringing patience and kindness into this moment.
In this workshop we will explore concepts of compassion and self-compassion, as well as provide an opportunity to connect with our wisdom and compassion through a range of mindfulness exercises. There will be time devoted to questions and open discussion of the experiences provided.

W-294 Dignity Conservation and the Best and Worst Aspects of Palliative Care

Sara Beattie & Keith Wilson

Purpose: This interactive workshop will: 1) Provide an overview of the Dignity-Conserving Care Model as a framework for conceptualizing compassionate care; 2) Review qualitative data from the Canadian National Palliative Care Survey (NPCS) regarding the ‘best’ and the ‘worst’ aspects of care; and 3) Engage participants in a discussion about how to preserve dignity in vulnerable populations.

Methods: The NPCS is a multi-centre study of quality of life of patients receiving palliative care for cancer. Semi-structured interviews were administered to 342 participants who answered the following questions: “From your point of view, what has been the best/worst thing about the care you have received during the past few weeks?” The narrative answers were audio taped, transcribed, and subjected to content analysis to reveal underlying themes.

Summary of Results: A pool of 798 individual statements were collapsed into 5 overarching domains of ‘best’ care and 5 domains of ‘worst’ care. The workshop will review these best’ and the ‘worst’ aspects of palliative care, with examples drawn directly from the patients’ narratives.

Conclusions: Throughout the workshop, participants will be asked to reflect on how the ‘best’ and ‘worst’ aspects of care can be integrated with the Dignity-Conserving Care Model, and how to incorporate this model into clinical practice. By the end, participants will have a better understanding of dignity conservation, and an appreciation of patients’ best and ‘worst’ experiences of palliative cancer care.

W-301 CBO Showcase: Presentation of psychosocial programming by leading Canadian Community-Based Organizations (CBOs)

Rob Rutledge

Background: Every year CBOs positively influence the lives of thousands of Canadian affected by cancer by providing information, emotional support and a variety of other psychosocial services. However, there is sub-optimal integration of the high-quality care provided by CBOs with the psychosocial support provided within the conventional medical system. Many healthcare providers are unaware of what’s available in the community and even individual CBOs have limited opportunity to share their expertise with other CBOs. This workshop builds on the experience of six years of CAPO workshops in which multiple CBOs presented innovative programming, collaborative projects, and research results in a structured but interactive fashion. The feedback from the “CBO showcase” was overwhelmingly positive. The attendees felt the session was helpful, inspiring and should be offered to a much wider psychosocial oncologic audience.

This year’s CBO showcase will feature several CBOs presenting innovative programs and evaluation/research results. This workshop is an opportunity to experience the breadth and depth of programming provided by a key pillar of psychosocial care in Canada.

W-306 When the Miracle Fails to Appear: End of Life Care and Spiritual Distress

Lindsay Drabiuk

Belief systems have a significant influence on how people respond to dying and death. Some beliefs contribute to acceptance and positive coping, while other beliefs seem to augment anxiety and spiritual distress. What does ‘healthy spirituality’ look like at the end of life? How do we (as a multi-disciplinary care team) provide
‘safe’ spiritual care for someone who is ‘hoping against hope’ or praying for a miracle? This workshop will explore the landscape between ‘miraculous thinking’, ‘positive thinking’, and cultivating hope at the end of life. Attention will be given to the relationship between spirituality and suffering, as well as fostering spiritual growth in an end-of-life context.

**W-311  Self-awareness at the bedside: the dynamics of the mind and being present to suffering**  
*Karen Fletcher*

Qualities essential to good care and healing include listening with full attention, cultivating emotional awareness and bringing compassion and non-judgmental awareness to the bedside. Foundational to the development of these qualities is self-awareness, the ability to know/sense/feel what is happening in the body/mind when we encounter or experience suffering.

There are many ways to develop self-awareness; all require that we train the mind to develop mental flexibility and pro-social mental qualities. The benefits of mental training include attentional balance, emotional balance, cognitive control and health and resilience. There is an interesting and growing body of research linking mental training to neuroplasticity and the development of these mental qualities.

In this workshop we will explore what it is to be self-aware and the dynamics of the mind that increase our awareness and wisdom so that we can be present with an open mind and open heart to whatever unfolds at the bedside. This session will draw from the literature and research on the topic, my own 40-year yoga and meditation practice, my clinical experience and my participation in the Being with Dying training at the Upaya Institute.

**W-317  Talking about death: facilitating end-of-life conversations between parents and adolescents/young adults**  
*Pat Taylor, Anne Grinyer*

Many adolescents and young adults (AYAs) with cancer are cared for by their parents; the family dynamics are complicated. When there is a terminal prognosis, parents and AYAs may be in denial, or may try to protect each other from the truth. Consequently parents may know little about how AYAs want to live the remainder of their lives or what their post-death wishes are. End-of-life conversations can be left ‘too late’ and may never be held. This can lead to complicated grieving permeated by regrets over lost opportunities.

This interactive workshop, facilitated jointly by a bereaved parent (Pat Taylor) and an academic researcher (Dr Anne Grinyer), will invite participants to engage with both theoretical and experiential perspectives on the challenges faced by parents and AYAs in this situation. In addition to case studies drawn from original research, the workshop will include the use of vignettes, film clips, role-playing and Q&A/discussion. Two young adults with cancer will also contribute their own experiences with their parents. Participants will be invited to consider how health care professionals can be instrumental in assisting these difficult conversations to take place.

**W-320  Experiential Therapeutic Groupwork with Cancer Patients**  
*Gilbert Fan, Brandon Goh*

At the National Cancer Centre Singapore, we have initiated a series of experiential therapeutic group work with cancer patients. These group work sessions draw out personal values and belief systems of patients, their current and preferred styles of coping, their inner resources and their future outlook in living with cancer. The therapeutic model is highly influenced by Satir Brief Systemic Model.
In this workshop, the facilitator will briefly go through the therapeutic goals and concepts of the group work sessions. Participants will be able to learn how to conduct the therapeutic group work sessions. The group work sessions include ‘The Typhoon’ (a visualization exercise looking at accustomed coping styles), ‘The Virgin Island’ (exploring on possible coping style in a future crisis), ‘Redecision Exercise’ (includes letting-go), and ‘The Coin Therapy’ (exploring choices).

Participants should have a basic knowledge of group work skills.
Symposiums

S-215  Engaging First Nations, Metis and Inuit Communities to Improve Cancer Outcomes

Moderator/Discussant: Megan McLeod

A variety of Cancer Care Manitoba (CCMB) programs, such as BreastCheck, Patient and Family Support Services, Community Oncology, and First Nations, Metis and Inuit Cancer Control, have partnered in innovative ways with First Nation, Metis and Inuit communities to improve culturally responsive care and patient outcomes. A member of Sagkeeng First Nation and a cancer survivor will share her powerful story of diagnosis, healing and advocacy. Led by First Nations, Metis and Inuit Cancer Control (FNMICCC), CCMB providers will share project details which are leading to a new, innovative, respectful model of service delivery informed by community engagement experiences and participatory research.

Abstract 1 – Improving Cancer Control Among First nations, Metis and Inuit Manitobans

Carolyn Jardine, Kali Leary

Cancer rates among First Nations people are poised to surpass rates for the general population in Manitoba. For First Nations, Metis and Inuit people, cultural and language differences, geography, funding structures and limited access to basic services increase the difficulties patients and families experience during the cancer journey. In recognition of these challenges, First Nations, Metis and Inuit Cancer Control (FNMICCC) works with patients, families, communities, leadership and partners in care to improve access to supports and services and provide a culturally safe environment at CancerCare Manitoba.

FNMICCC has demonstrated its commitment and success in co-developing system improvements and community and community-based cancer and chronic disease initiatives, exemplifying a new way of working with partners and communities. Identified as a leading practice in Canada, FNMICCC unique approach to cancer control prioritizes:

• building relationships with communities, leadership and partners in care,
• initiating system change to reflect the needs of First Nations, Metis and Inuit Manitobans and create a culturally safe environment,
• and enhancing cancer knowledge through focused community engagement and cancer education.

In addition, the implementation of new roles designed to enhance access to cancer care and control brings FNMICCC and CCMB closer to achieving the vision of culturally safe, jurisdiction-blind cancer care for First Nations, Metis and Inuit Manitobans.

Abstract 2 – My Truth, My Cancer Story

Lillian Cook, Kali Leary, Susan Kapilik, Lorena Gerl, Megan McLeod

Lillian Cook, a member of Sagkeeng First Nation, will share her story of being diagnosed with breast cancer in 2003. Following surgery, Lillian chose to use traditional medicines. She embarked on a spiritual journey; healing many aspects of her life. During this time, she saw first hand the resistance in her community to talking about cancer and the need for enhanced cancer awareness and culturally safe cancer care services close to home. She learned of the challenges she and other community members experienced understanding their own needs and finding culturally safe services to meet those needs.

Reaching out to CancerCare Manitoba (CCMB), Lillian was appointed to the CCMB First Nations, Metis and Inuit Community Partnership Committee and volunteered as a Community Contact with the Breast Cancer Centre of
Hope. In these roles she provides valuable teachings to CCMB and shares information and support with First Nation people and their families. Since 2009, Lillian has worked on a variety of projects with many partners to design education and awareness, prevention, screening and treatment in good ways within her community.

Recognizing how important it is to work together, Lillian will generously share her personal experience and traditional knowledge to address important issues which are relevant across Canada. She will discuss combining mainstream and traditional medicines, gaps in equitable access to cancer care services, myths and beliefs, the impact of colonization, residential schools and abuse on care needs and delivery, the rewards and challenges of volunteering and new ways to engage and act on the vision of reconciliation in cancer care.

Lillian crafts stories which speak to her audience’s heads and hearts; sharing complex truths about the human experience of living with cancer.

Abstract 3 – Building Better partnerships: a Collaborative Model of Cancer Control in First Nations Communities

Brandy Pantel

Distrust of the cancer care system, fear of mammogram-induced pain, anxiety that screening leads to a cancer diagnosis, competing responsibilities, time and emotional demands are all common reasons given by First Nations women for not participating in routine screening for breast cancer. This presentation will discuss working with First Nations communities to break down some of the barriers to screening and address these common reasons for non-participation. Detailed consideration will be given to the steps taken to engage community participation in the screening decision and ways to adapt processes to better meet the needs of First Nations communities. The presentation will describe how projects can be a springboard for positive change.

Through a grant from the Canadian Breast Cancer Foundation, Prairies/NWT Region, (CBCF) BreastCheck works with three First Nations communities, using a community development approach, to increase screening rates one woman at a time. Learnings from an initial project funded by CBCF in Sagkeeng First Nation were a catalyst for the current project. Changes in BreastCheck’s service delivery model in First Nations communities include working with health care providers, communities and individual people to help women make informed decisions about breast screening.

Abstract 4 – Building Better Partnerships: A Collaborative Model of Cancer Control in First Nations Communities

Renata Mesconse, Kali Leary

First Nations, Metis and Inuit Cancer Control (FNMIC ), CancerCare Manitoba builds relationships with communities to enhance cancer knowledge through focused community engagement and cancer education. FNMICC has spoken to upwards of 3000 people at over 25 events in 12 communities throughout 2013. This in-person approach to sharing information about cancer, prevention, screening, supportive care and treatment has been well-received by the public; evident in the increasing number of invitations.

FNMICC’s recent province-wide radio campaign increases access to information and respects the oral traditions of Manitoba’s First Nations, Metis and Inuit people. In addition to “reaching out”, FNMICC works to create mutually beneficial, sustainable and capacity-building community partnerships. CancerCare Manitoba Foundation funding has supported work with Berens River First Nation, Sagkeeng First Nation, and Northlands Denesuline First Nation ( Lac Brochet) to:

- increase community understanding and knowledge of cancer, services and supportive care
- inform subsequent community-specific cancer strategies
• build relationships with communities, leadership and partners in care
• promote the adoption of healthy lifestyle behaviours
• reduce fear-based beliefs (evident in increased willingness to talk about cancer)
• educate cancer and health care providers about community strengths and challenges in the cancer journey.

Through reaching out to communities and building partnerships, FNMICC has successfully created collaborative, culturally responsive and community driven cancer awareness and prevention initiatives.

S-221  Cancer prevention research in psychosocial oncology: The lost continent?

Moderator: Zeev Rosberger

Discussant: Mary Jane Esplen

Psychosocial oncology has established itself primarily as a field of enquiry into the psychological, social, and behavioural aspects of the patient condition. More specifically, research and clinical concerns have reflected the need to understand the consequences of cancer diagnosis, treatment and survivorship on patients and their families. The continuing interplay between the vicissitudes of the cancer trajectory experience and the ability of patients and their families to cope has dominated the field (e.g., coping with a life threatening diagnosis; making decisions regarding treatment; enduring difficult and often painful sequelae of treatments; maintaining hope for remission or cure, etc.) and consumed the field’s research focus. Earlier phases, such as population based-risk evaluation, screening and prevention (CAPO 2010, Holland 2002, NCI 2011) have been largely left unexamined or left to other fields to explore. For example, epidemiological research on cancer risk has determined that more than 50% of all cancers are directly related to lifestyle and behavioural factors which in theory, are eminently modifiable. Policy-Drn public health interventions have attempted to capitalize on these findings to reduce cancer risk with varying degrees of success (e.g., smoking cessation, reduced sun exposure).

Social and behavioural science research examining the psychosocial factors associated with cancer risk reduction can provide important perspectives into these complex issues. Furthermore, outcomes from this research will provide support for innovative individual and population-based interventions.

This symposium will highlight:

• The importance of psychosocial research on primary and secondary prevention approaches to cancer
• Several examples of how psychosocial research is already having impact in cancer prevention strategies and policies
• The need for expanded recognition and resource allocation into this important area of research

Abstract 1 – Cancer prevention in the online world: Reaching youth with messages about tobacco exposure and breast cancer

Joan Bottorff, Chris Richardson, Laura Struik, Laura Bissell, Rachelle Graham

Background: Smoking and secondhand smoke (SHS) are associated with an increased risk for premenopausal breast cancer (BC). The purpose of this study was to evaluate the effectiveness of tailored messages in raising awareness about tobacco exposure as a risk factor for BC and to use the findings to inform the development of web-based strategies to enhance message dissemination.
Methods: Online prevention messages were evaluated in a longitudinal, web-based cohort study with 1499 youth (56% female). The youth were randomized to intervention (tailored message regarding BC and smoking) or control groups (standard message about smoking and cancer).

Results: Compared to the control group, non-smoking girls in the intervention group were more likely to strongly agree with the statement “am worried that I could get breast cancer if I started smoking.” (45% vs. 27%; p<.05). Exposure to the intervention messages increased the proportion who strongly agreed that SHS increases girls’ risk of BC (girls: 51% vs. 25%; p<.05; boys: 34% vs. 28%; p=.12), and was associated with an increase in girls’ requests for additional web-based information (23% vs. 16%; p<.05). The findings indicated that web-based, gender-specific messages were effective in increasing awareness of tobacco exposure as a risk factor for BC. In the knowledge translation phase, these findings were used to develop additional youth-friendly web-based resources (e.g., infographics, word play videos).

Conclusions: This project provides a model for integrating gender-related factors into the development of primary prevention strategies and demonstrates the potential benefits of brief, tailored messages delivered over the internet.

Abstract 2 – Is there really a vaccine that prevents cancers? HPV vaccine and the stages of health decision-making

Samara Perez, Zeev Rosberger

HPV is the most common sexually transmitted infection and causes genital warts and cancer. In fact, persistent HPV infection is a necessary cause of cervical cancer and causes a significant proportion of penile, vaginal, anal, head and neck cancers. In Canada, the HPV vaccine has been approved and recommended for girls and boys aged 9-26 with proven efficacy in preventing cancer.

Purpose: To understand the process through which young men decide whether or not to be vaccinated against HPV, and the psychosocial factors that influence HPV decision-making.

Methods: Undergraduate males (aged 18-26) completed an online survey about their health beliefs, attitudes and knowledge about the HPV vaccine. Using the Precaution Adoption Process Model (PAPM) as a theoretical framework, we examined the psychosocial correlates of vaccine acceptance according to the PAPM’s six stages of the decision-making process.

Results: 262 male students completed the survey. Seventy-five percent have heard of HPV and 67% had heard of the HPV vaccine. Fifty percent were unaware the vaccine could be given to males: 28% were aware but had not thought about vaccination, 10% were undecided, 3% had decided not to vaccinate, 2% had decided to vaccinate, and 6% were vaccinated. Patterns of psychosocial correlates with various stages will be presented.

Conclusions: The results of this study will inform the development of educational interventions targeting males. The results of this study will also be applied more broadly to improve our understanding of decision-making process while testing the utility of the PAPM as a theoretical framework.

Abstract 3 – Secondary prevention of melanoma: What psychology has got to do with it!

Annett Koerner, Adina Coroiu, Zofia Czajkowska, Rosalind Garland, Julia DiMillo, Sophia Bourkas

Purpose. Melanoma is the fastest growing tumor of the skin, is highly curable in early stages and disproportionately affects younger people. Early detection of melanoma is an effective means to decrease mortality and thorough skin self-examination (SSE) is recommended for high-risk individuals. However, regular practice of SSE is rare and research and practice to date have largely neglected the scholarship on psychosocial aspects of health behavior change to promote optimal SSE. The goal of the current study is to introduce
opportunities for interdisciplinary melanoma prevention research based on the integration of findings from the fields of dermatology-oncology, nursing, health psychology, mental health and education.

Methods. A thorough review of the extant body of knowledge regarding secondary prevention of melanoma was conducted to identify gaps in the scholarship and implications for research and practice. Baseline data of our longitudinal study focusing on psychosocial barriers and facilitators of sustained SSE practice in 200 melanoma survivors illustrate the role of psycho-oncology in melanoma prevention.

Results. Challenges and implications of research into intra- and interpersonal factors of health behavior change will be presented with particular focus on an interdisciplinary approach to melanoma prevention. This presentation will argue for the importance of psychological variables thus far neglected in relation to SSE - such as, tumor fear, coping with the risk of primary melanoma and tumor recurrence, spousal support and physician communication.

Conclusions: Psychosocial oncology, as a field, has the potential to significantly contribute to the development and implementation of effective prevention strategies and oncology policies.

S246  Next Logical Steps in Psychosocial Oncology Research

Moderator: Gerald Devins

Discussant: Carmen Loiselle

Psychosocial Oncology is a research-intensive discipline that applies knowledge and theory to serve and support people contending with cancer. In this symposium, Canadian scholars who have spent many years studying Psychosocial Oncology present their best new ideas about the directions the field should take if we are to continue contributing valuably. Presentations will address the next logical steps for psychosocial oncology research in three fundamental domains: (a) prevention; (b)) palliative care; and (c) quality of life.

Abstract 1 – Prevention

Joan Bottorff

There are important differences between men and women when it comes to cancer. For example, cancer risk is greater among men than women. Male drinking and eating habits as well as tobacco use are among the reasons that men are more likely to die of cancer than women. Yet, sex and gender-related factors are not often considered in the development of health promotion and cancer prevention programs. For example, most smoking cessation programs are based on the ‘one-size fits all’ model. Considerations of how gender-related factors influence smoking first appeared over 20 years ago in the work of critical and feminist scholars. This scholarship highlighted the need to consider the social and cultural context of women’s tobacco use and the relationships between smoking and gender inequity. Parallel research on men’s smoking and masculinities has only recently emerged with some attention being given to gender influences on men’s tobacco use. Understanding the influence of masculinities and femininities on health experiences and practices, and additionally how interplay within and between genders, vis-a-vis gender relations mediates those practices is the next logical step in health promotion and cancer prevention research. This approach provides an important way to acknowledge the breadth of human experience, address changing cultural contexts, direct attention to an under recognized component of health, and provide the insights needed to inform gender-sensitive and gender-specific cancer prevention programs.

Abstract 2 – Palliative Care

Gary Rodin

Psychosocial factors are important determinants of quality of life and well-being of individuals with advanced and terminal disease. Systematic research on psychosocial issues in palliative care is relatively new, although
its importance has been highlighted by the recent emphasis on early palliative care. Appropriate and relevant outcome measures, including of variables such as death anxiety, death acceptance, existential distress and the quality of dying and death have only recently been developed. Manualized interventions to alleviate distress and to promote psychological growth in this population have also been developed over the past decade, but most trials reported thus far have been single-center non-randomized interventions and their demonstrated impact has typically been modest. Future directions for research in this area should include the targeting of subpopulations most likely to benefit from specific interventions, the utilization of appropriate and relevant endpoints, the development of standardized training protocols, the integration of psychosocial and palliative interventions and the implementation of multicenter national and international trials. The methodological challenges and funding required to undertake such trials require a coordinated design, funding and implementation strategy. New research of this kind that is now underway will be described to illustrate possibilities for such research and strategies that can make it feasible.

Abstract 3 – Quality of Life

Gerald Devins

The importance of quality of life (QOL) was recognized long before the label, Psychosocial Oncology, was coined. Measurement is fundamental because it provides concrete, observable methods to characterize psychosocial functioning, test hypotheses to develop new knowledge, evaluate treatments and services, and determine whether and what types of interventions are required. Current QOL measurement technology is differentiated and well developed. Three complementary approaches dominate the field: (a) subjective QOL involves life satisfaction and emotional states (largely distress); (b) health-related QOL (HRQOL) concerns how disease and treatment affect QOL; and (c) utilities address how much people value life with cancer. Each of these approaches contributes useful information, but they emphasize health, symptoms, distress, deficits, and/or limitations of life with cancer. The fundamental question motivating consideration of QOL in health care is: Does treatment restore a quality of life that is satisfactory to the affected person? The absence of problems or distress is relevant to this issue, but this does not necessarily produce happiness, satisfaction, or zest for life. The sense of self is central to quality of life – it is a source of satisfaction, pride, and self-esteem. The sense of self is powerfully affected by life-threatening disease and the treatments enlisted to alleviate it, but current QOL instruments do not address it. The next logical step in QOL research in Psychosocial Oncology is to incorporate the sense of self and how it is affected in cancer as a fundamental source of meaning and purpose in life that is central to experienced QOL.

S284  Improving the Experience for First Nations, Inuit and Métis Cancer Patients, their Families and Communities: The Implementation of Aboriginal Patient Navigators in Ontario

Moderator: Carole Mayer

Discussant: Scott Sellick

First Nations, Inuit and Métis (FNIM) populations experience several disparities in cancer care compared to the general population. They face several challenges in accessing healthcare especially when travelling from remote communities. They are often isolated from their loved ones when receiving treatment, have limited support and, encounter cultural barriers. This symposium will address policy developed in the Province of Ontario that is meant to create a cancer system responsive to the needs of FNIM patients, families and communities. Describing the story of George, the presentations will also focus on the role of the Aboriginal Patient Navigator as a means to improve the patient experience throughout the cancer journey.

Abstract 1 – Cancer Care Ontario’s Aboriginal Cancer Strategy II

Usman Aslam, Alethea Kewayosh, Richard Steiner

Purpose: Ontario has the largest number of First Nations, Inuit and Métis (FNIM) people within Canada: 301,425 or 21.5% of the total FNIM population (Statistics Canada, 2011). Cancer incidence is increasing in
FNIM populations in Ontario, and cancer survival is worse than for non-FNIM Ontarians (CCS, 2009). Cancer Care Ontario’s Aboriginal Cancer Strategy II (ACS II) sets out a clear plan for reducing risk and preventing cancer among FNIM peoples, and provides the tools to lead improvements in the cancer system by addressing inequities in FNIM cancer care and health outcomes.

Implementation: Launched in 2012, the ACS II is a comprehensive strategy aimed at improving the performance of the cancer system with and for FNIM peoples in Ontario, while honouring the Aboriginal Path of Well-being. The ACS II has six strategic priorities: Building productive relationships; Research and Surveillance; Prevention; Screening; Palliative and Supportive Care; Education. Progress: The ACS II is being implemented with input from FNIM leadership, health networks and organizations across Ontario. As a result of this shared approach to implementation, the ACS II has formalized communication and engagement structures necessary to maintain and achieve its strategic objectives.

Conclusions: Improving the cancer journey for FNIM people in Ontario is vastly complex, but through an approach based on productive relationships and honouring the histories, cultures and diversity of FNIM peoples, the cancer system can be made more effective.

Abstract 2 – Implementing the Role of the Aboriginal Patient Navigator at the Northeast Cancer Centre

Sherri Baker, Carole Mayer, Traci Franklin

Purpose: Approximately 45,331 registered First Nations peoples reside in northeastern Ontario with half of the population living on reserves located mostly in rural and remote communities. There are 20,000 self-identified Métis individuals and a smaller number of Inuit people (Statistics Canada, 2006) living in the region. The NECC is committed to provide ‘whole’ patient and family centred care to First Nations, Inuit and Métis (FNIM) patients and families and, has been fortunate to implement the role of the Aboriginal Patient Navigator (APN) through Cancer Care Ontario’s Aboriginal Cancer Strategy II (ACS II).

Implementation: The APN was welcomed as part of the Supportive Care Oncology Program team in April 2013. During the initial implementation stage of the APN position, there were several months of orientation to the cancer system along the continuum from prevention to palliative care and recovery.

Progress: The APN has become one of the primary points of contact for patients, their families and communities. The main purposes of this position are to provide support and navigation to lessen gaps in services for FNIM peoples; provide these populations with a greater understanding of their illness and treatment recommendations; and, to increase patient satisfaction and improved health outcomes.

Conclusions: The APN role has been assisting FNIM peoples access culturally sensitive and safe services while at the NECC and when returning to their home communities. As the role evolves, one of the primary goals will be to increase cultural awareness within the cancer centre and develop resource tools for palliative care.

Abstract 3 – Northwest Nisidotaadiwin (understanding each other)

Jeannie Simon, Trina Diner, Scott Sellick

In 2013 Regional Cancer Care Northwest at Thunder Bay Regional Health Sciences Centre (TBRHSC) celebrated the fact that Supportive & Palliative Care was finally going to be able to welcome an Aboriginal Patient/Family Navigator to the team. Permanent funding for this position was awarded by Cancer Care Ontario as the CCO Aboriginal Cancer Care Unit rolled out its Strategic Plan; at the same time the RCC-NW strategic plan included a promise to create a more responsive outpatient environment and improve the patient/family experience.
along every step of the patient journey. That journey is clearly very different depending on who the patient is and where he or she has come from. The introduction of the Navigator to the already established interprofessional team (i.e., nurse, physician, social worker) required deliberate planning and sustained execution. This included specific interventions at the ‘system level’, to ensure full integration into the existing team, and it required patient & family level change-to-practice in order to ensure all who might wish to avail themselves of the Navigator’s expertise and service would be able to do so. Both of these are requiring tireless ongoing reinforcement and tweaking! Equally important has been the intentional linking with other Navigators within TBRHSC and elsewhere in the wider community and region. The presentation will transparently highlight lessons learned as well as reasons for celebration and the occasional frustration. We will be using both the voice of the organization and of the Navigator using a prime-example case to highlight our journey together.
P-207  Does weight status affect changes in sedentary behaviour over time in a sample of breast cancer survivors?

Jason Lacombe, Linda Trinh, Catherine Sabinston

Purpose: No studies have prospectively examined the associations between waist-to-height ratio and accelerometer-determined sedentary time among breast cancer survivors (BCS) immediately post treatment. The primary objective was to describe natural change in sedentary time among BCS following systemic treatment for breast cancer. The secondary objective was to examine waist-to-height ratio as a moderator of the change in sedentary time.

Methods: Sedentary time was assessed using Actigraph GT3X+ accelerometers worn for one week, every three-months during the first year following the completion of systemic treatment for breast cancer. A trained technician measured waist circumference and height.

Results: Valid data were available for 177 women (Mage=55 years; SD=11). Using repeated measures analysis of variance, the main effect for time spent sedentary was significant with observation of quadratic effects [F(1,175)=6.09, p=.01]. BCS spent the majority of waking hours (77.8 to 78.6%) engaged in sedentary behaviour across all 5 time points. The main effect for waist-to-height ratio was not significant [F(1,175)=2.82, p=.09]. The time by waist-to-height ratio interaction effect was significant, with both linear and quadratic effects [F(1,175)=4.90 & 6.97, p=.01, respectively]. Overweight BCS (waist-to-height ratio greater than .50) consistently engaged in more sedentary behaviour per day at each time point compared to healthy weight BCS (waist-to-height ratio less than .50), with significant differences between groups observed at all times except baseline.

Conclusions: Accelerometer-determined estimates indicate that BCS spend the majority of waking hours in sedentary activities. Overweight BCS are particularly at risk for increasing sedentary behaviour after treatment.

P-214  Early Detection of Melanoma: The Role of Individual Characteristics

Adina Coroiu, Mirna Iskander, Zofia Czajkowska, Beatrice Wang, Claudia Martins, Annett Koerner

Background/Purpose: Cutaneous melanoma is the fastest growing and most lethal tumour of the skin. Previous research has suggested that skin self-examination (SSE) facilitates early detection of melanoma, which could reduce melanoma-related mortality. However, systematic and regular SSE is rarely performed. The current study examined psychosocial predictors of SSE and changes in SSE behaviour from pre- to post-diagnosis.

Methods: A consecutive sample of 47 melanoma survivors recruited from a tertiary care clinic self-reported socio-demographic and medical information and melanoma checking behaviours performed before and after diagnosis.

Summary of Results: Education level and melanoma stage were found to be significant predictors of SSE, while age and gender were not. Specifically, higher education was related to more frequent SSE at pre-diagnosis (OR = 1.29; 95% CI [1.04; 1.60]; p = .02); more thorough SSE at post-diagnosis (OR = 1.38; 95% CI [1.03; 1.85]; p = .03); and more frequent reports of having been advised to perform SSE at post-diagnosis (OR = 1.27; 95% CI [1.00; 1.61]; p = .05). A more advanced melanoma stage was associated with more thorough SSE at post-diagnosis (OR = 2.34; 95% CI [1.20; 4.57]; p = .01) and with having someone else available to assist with SSE at post-diagnosis (OR = 2.38; 95% CI [1.18; 4.81]; p = .02). SSE behaviours increased significantly from pre- to post-diagnosis.

Conclusions: These findings, along with the current body of literature, call for psychosocial interventions aiming to enhance skin self-exam practice, which are tailored to individual characteristics.
P-216  The Importance of Implementation Intentions for Health Behavior Change: Implications for Oncology Care and Future Research

Sophia Bourkas, Pamela MacKay, Zofia Czajkowska, Annett Koerner

Purpose: Melanoma is the fastest growing tumor of the skin and skin self-examination (SSE) results in earlier detection and reduced mortality risk. However, high-risk individuals rarely perform systematic and regular SSE and patient education on SSE has had limited success. Forming implementation intentions has been proposed as a potentially effective intervention to achieve behavioral changes. Implementation intentions are if-then plans specifying when, where, and how to act in order to achieve a goal, linking an anticipated situation to a goal-directed response. The primary goal of the here presented work was to review the current scholarship on the effectiveness of implementation intention interventions in the domain of health behavior change. A secondary goal was to provide an overview of intervention design and assessment of implementation intentions. Implications for oncology practice and research are illustrated by applying our findings to the promotion of SSE in the context of melanoma prevention.

Methods: Using the PsycINFO database, published studies (2000 to 2012) were included in our review if they examined the effectiveness of the formation of implementation intentions aiming at healthy behavior change.

Results: Implementation intention interventions were found to be overall effective in promoting various types of health behaviors, including healthy eating, breast self-examination, testicular self-examination, sunscreen use, and antibiotic intake.

Conclusions: The poster illustrates the application of findings derived from our literature review to the design of our intervention and assessment tool. We further report on patient adherence to our intervention in a pilot sample of 100 individuals at risk for melanoma.

P-224  Balancing Illness and Parental Demands: Coping with Cancer While Raising Minor Children

Trinity Wittman, Corinne Rashi, Carmen Loiselle

Purpose: A diagnosis of cancer poses unique and pressing challenges to individuals who are also raising minor children. The purpose of this qualitative study was to gain a deeper understanding of parents’ cancer experience and explore their perceptions of supportive strategies to assist them with these challenges.

Methods: Twelve participants, five mothers and seven fathers, were recruited from a university teaching hospital cancer care centre in Montreal, Quebec. Researchers conducted face-to-face, audio-taped, semi-structured interviews. Content, transcribed verbatim, underwent thematic analysis.

Summary of Results: Participants highlighted ways to cope with their illness, protect the children, and preserve family equilibrium. The findings are organized into three categories. The first describes parental self-activated strategies, including maintaining child routines, selective disclosure of cancer-related information, projecting an image of strength and positivity, adapting to illness-related physical changes, and connecting with similar others. The second category captures how parents tap into an already existing social network to meet transportation, childcare, meal care, and psycho-emotional support needs. The last category involves suggestions to enhance patient and family-centered care, including information and support to benefit the children, coordination of appointments, optimizing timing for informational and support services offered, and the need for more tangible support.

Conclusions: Support for parenting needs should be recognized as a key component of comprehensive patient care by cancer care professionals. These findings may serve to inform nursing interventions, enhance person/family-centered nursing care and contribute to the development of programs to further meet the needs of parents with cancer.
P-230  Post-radical prostatectomy: the psychosocial wellbeing of couples

Anika Petrella, Kristen Currie, Paul Ritvo, Haiyan Jiang, Daniel Santa Mina, John Trachtenberg, Neil Fleshner, Antonio Finelli, Michael Jewett, John Tsilias, Andrew Matthew

Objective: To examine patient, partner, and couple experiences of sexual dysfunction, anxiety, depression, intimacy and adjustment over 24-months following radical prostatectomy (RP).

Methods: In a sub-study of a longitudinal mixed-methodology investigation, 25 couples (3 homosexual, 22 heterosexual) completed questionnaires exploring erectile functioning and sexual wellbeing, psychological distress, intimacy, and couple adjustment at 3-6, 12-15, and 21-24 months post-RP.

Results: The Hospital Anxiety and Depression Scale and the Profile of Mood States failed to detect signs of psychological distress. At each time-point, patient International Index of Erectile Function (IIEF) scores were correlated with female partner Index of Sexual Life (ISL) sexual satisfaction scores (r=0.61-0.77, p<0.05). Patient IIEF scores were also correlated with female partner ISL sexual Dr at 21-24 months (r=0.64, p=0.004). The Miller Social Intimacy Scale revealed patients experience less intimacy than partners at 12-15 months [patient mean (SD) = 142.76 (13.42), partner mean (SD) = 150.76 (9.67), p=0.01]. Couples experienced a significant decrease of -3.25 (p=0.004) in adjustment at 12-15 months compared to 3-6 months (Dyadic Adjustment Scale). Adjustment scores returned to 3-6 month levels by 21-24 months.

Conclusion: Patients and partners do not exhibit clinically meaningful levels of psychological distress over a 2-year course of recovery post-RP. Partner satisfaction appears to be related to patient recovery of erectile function over time. Partners maintain higher levels of intimacy than patients. Adjustment post-RP suggests that couples are hopeful about their recovery at 3-6 months post-RP, experience a sense of loss at 12-15 months and adapt to changes 2 years post-RP.

Funding Acknowledgement: This work was supported by the Canadian Institutes of Health Research (grant number 145678).

P-237  Exploration of Cancer Patients’ Trust in Health Care Providers

Shaylen Manerikar, Yvonne Brandelli, Janine Giese-Davis

Background: Trust is crucial for a working relationship between patients and their health care providers. We hope to increase the knowledge base surrounding patient trust in the medical team within oncology, as much of the research in this area does not look specifically at cancer patients. Trust plays an even more important role in these relationships for cancer patients, as there is often a threat to their lives.

Purpose: The current study investigates whether higher patient trust in the medical team (physicians, nurses, and receptionists) is related to cancer self-efficacy, and patient distress. We hypothesize that higher patient trust in the health care team will be associated with higher cancer self-efficacy and lower patient distress. Cancer severity may moderate these outcomes.

Methods: Cancer patients currently undergoing treatment were approached in the waiting rooms of the Tom Baker Cancer Center and asked to fill out self-report questionnaires. These questionnaires assessed: demographics and medical details, self-efficacy to cope with cancer (CBI-B), patient satisfaction trust in physicians, nurses, and receptionists (Trust in Physician Scale), and current emotional distress (ESAS, P-SCAN, and SSGS).

Results and Conclusions: Data collection and analysis for this research project is underway. We are confident that results and conclusions will be available to present by the conference dates.
**P-238 Exploring the Experience of Cancer Cachexia in the context of the Biopsychosocial Model: The Evaluation of a Theoretical Framework**

*Monica Parmar Calislar*

Background: Cancer cachexia, a complex wasting syndrome, often has devastating concurrent biological, psychological, and social consequences impacting the quality of life of patients and their family caregivers. This under-diagnosed and under-treated syndrome is associated with reduced response and options for cancer treatment modalities, increased morbidity, and increased mortality. Enhanced understanding of the complex interaction and processes of the biopsychosocial implications of cancer cachexia may increase our knowledge of how to care for and support these individuals. One such method of improving our understanding of cancer cachexia is through the application and evaluation of theory.

Purpose: To evaluate the application of Cioffi’s (1991) theoretical framework, ‘Cognitive Perceptual Model of Somatic Interpretation’ on the experience of cancer cachexia.

Methods: An evaluation of Cioffi’s framework was conducted using Meleis’ (2012), ‘Model for Evaluation of Theories: Description, Analysis, Critique, Testing and Support’.

Results: Application of Meleis’ evaluation criteria allowed the author to judge this theoretical framework as potentially useful in guiding clinical practice and research despite some limitations. Merits included a process to help explain the variation in symptom response and subsequent behaviors, which take into account the meaning and level of attention that lead to certain types of behaviors. Limitations included a lack of operational definitions of terms and boundaries between concepts.

Conclusions: The theoretical understanding of cancer cachexia using Cioffi’s theoretical framework has the potential to aid in description, prediction, and explanation of this condition. Subsequently, this will help to guide research and clinical practice for this population.

**P-242 The relationship between fear of cancer recurrence and salivary cortisol in breast cancer survivors: An exploratory study**

*Marie-Eve Couture-Lalande, Sophie Lebel, Catherine Bielajew*

Atypical cortisol secretion rhythm is seen in many breast cancer survivors and can lead to adverse health consequences. The purpose of this study is to investigate the role of fear of cancer recurrence on the cortisol secretion profile of breast cancer survivors.

Twenty-seven breast cancer survivors and 27 women without a history of cancer took part in this study. Participants supplied saliva samples over two days to evaluate their cortisol diurnal rhythm. Thereafter, they underwent exposure to the Trier Social Stress Test (TSST), a laboratory protocol design to elicit a moderate stress response. Serial saliva samples were collected before and after stress administration in order to obtain a profile of recovery. Fear of cancer recurrence was evaluated with the Concerns About Recurrence Scale.

Results revealed no significant group differences in the diurnal cortisol patterns (p=0.966). However, blunted cortisol reactivity was observed in breast cancer survivors, resulting in significant group differences at anticipation (p=0.048) and at 10 minutes (p=0.012) post-TSST. The overall fear of recurrence index indicated moderate level of fear (M=2.92, SD =5.75 on a 1-to-6 scale) and little to moderate levels of worry for the four subscales. However, neither the overall fear index nor the subscales significantly correlated with the cortisol concentration during the TSST.

These data suggest that fear of cancer recurrence does not significantly influence cortisol secretion in response to an acute stressor. The cortisol atypical profiles observed in breast cancer survivors may be better explained by some aspect of the disease or other stress-related experiences.
P-243  The Western Canadian Innovations in Supportive Cancer Care Forum via Telehealth: an innovative knowledge translation strategy

Megan McLeod/Vivian Collacutt, Rhonda Brockman, Lorena Gerl, Tricia Hutchison, Ryna Levy-Milne, Courtney McKay, Elaine Shearer

The annual Western Canadian Innovations in Supportive Cancer Care Telehealth Forum will celebrate its sixth year on February 26, 2014. The Forum, an accessible, cost effective, successful knowledge translation strategy, creates an opportunity to share supportive cancer care knowledge, multi-disciplinary expertise, inspiration and resources within and across western provinces. The Forum facilitates networking and identification of potential interprofessional collaborations in both cancer care and research.

Facilitated by a psychosocial oncology clinician, telehealth host and administrative assistant from Alberta Health Services, inter-provincial, multi-disciplinary supportive cancer care providers, administrative staff and videoconference specialists collaborate to plan the program content, marketing and technical requirements. The videoconference format is cost-effective and inexpensive; eliminating registration, accommodation, travel and staff coverage expenses required to attend a conference in person. Participants in rural, remote and urban sites experience equitable access and real-time interaction between the speakers and participants. Each year the Forum is attended by Nurses, Dietitians, Social Workers, Program Managers, Psychosocial Oncology Clinicians, Patient Representatives, First Nation Health Care Staff, Coordinators of Volunteers and students from 20-40 rural and urban sites. Presenters from oncology and palliative care from each of the provinces present from their home sites. Forum developments are based upon participant and presenter evaluations.

The presentation will describe the Forum and the resources required to ensure its success. A variety of challenges and solutions will be addressed, including: 1) the technical requirements of multi-site, inter-provincial videoconferencing, 2) adapting power point presentations and speaking styles for multiple, far site audiences and 3) building a remote audience. Evaluation information will be shared. Participant, presenter and organizer comments including: “The large amount of information covered in a small amount of time with no cost, and no carbon emissions to travel to a conference out of town(!) is what I liked most;” convenience of onsite attendance, “the length of time fit nicely in to my work schedule and it was great to hear what is happening in other cancer centres,” confirm interest in accessing professional development via videoconference close to home. Audience members will be able to consider the practicality and usefulness of this innovative strategy for their workplaces.

P-244  Exploring the relationships between arm morbidity, perceived disability and mood disturbance in breast cancer survivors

Virginia Boquiren, Thomas Hack, Roanne Thomas, Anna Towers, Elizabeth Quinlan

Purpose: Breast cancer survivors often develop arm morbidity (AM) post-surgery. AM symptoms include lymphedema (LE), pain, and limited range of motion (ROM). AM can create significant physical function limitations, affecting survivors’ ability to perform daily activities and work. The present study explored a) the relationships between AM, mood disturbance, and perceived level of disability, and b) the mediating role of perceived disability on the relationship between pain and mood disturbance.

Methods: In this 5-year longitudinal study, breast cancer survivors (N = 433) completed yearly clinic assessments where differences in ROM (shoulder abduction and shoulder external rotation) and arm volume (LE) between the affected and non-affected arm were measured. Questionnaires, including the Profile of Mood States (POMS), Disability of Arm, Shoulder, Hand (DASH) and McGill Pain Questionnaire-Short form, were also completed.

Results: Mood was significantly associated with abduction (average r = -0.17, p < 0.01) and external rotation (average r = -0.11, p < 0.05) at the first 2 assessments. Lymphedema was not significantly associated with
mood at any assessment (average r = -0.18). Mood was significantly associated with pain (e.g., Physical pain: average r = 0.40, p < 0.01) and DASH (average r = 0.49, p < 0.01) at all assessments. The mediating role of DASH on the relationship between pain and mood was statistically significant in the last 4 of 5 assessments.

Conclusion: The relationships between arm morbidity and psychological and functional well-being are complex, reflecting changing patterns in recovery and coping, and shaped by disability perceptions.

P-245 Prevention research in field of psychosocial oncology: A golden opportunity?

Samara Perez, Zeev Rosberger

Purpose: Psychosocial oncology has established itself as a specialized discipline that examines the psychological, behavioural, and social aspects of cancer. Mainstream psychosocial oncology research has been limited in addressing primary & secondary prevention issues. Holland et al. (1998, 2002, 2010) acknowledge the importance of research on behavioural interventions in cancer prevention within the discipline. However, Holland et al's model of research in psycho-oncology does not fully incorporate prevention research. Our objective was to examine the place of cancer prevention research in the field of psychosocial oncology.

Methods: We conducted a content analysis of prevention published in Psycho-Oncology, the major journal that reflects both science and practice in psychosocial oncology. We determined the prevalence and content areas of prevention studies in Psycho-Oncology.

Results: Only 17/1775 (1.2%) articles focused on primary prevention, while 72/1775 (4.1%) articles focused on secondary prevention. Thirty-one articles focused on specific screening practices, 27 on genetic testing/counseling and 14 were classified as other. The majority of primary prevention articles examined psychosocial factors influencing prevention strategies such as decrease or avoidance of sun exposure.

Conclusions: Prevention does not occupy a predominant place within the journal Psycho-Oncology, and by implication, perhaps within the field. Few studies in psychosocial cancer research discuss how psychosocial variables fit into the context of cancer prevention in terms of initiation or promotion, latency, duration, timing, and pattern of exposure. We propose an expanded model which would fully incorporate psychosocial variables in prevention research to complement Holland et al's model.

P-247 Shame, Guilt, and Communication in Lung Cancer Patients and their Partners

Dale Dirkse, Lisa Lamont, Yong Li, Anja Simoni, Gwyn Bebb, Janine Giese-Davis

Background: Lung cancer patients report the highest distress levels of all cancer groups. In addition to poor prognosis, self-blame and stigma associated with smoking may partially account for this distress, and keep patients from requesting help and communicating with their partners.

Purpose: This study is an initial investigation using innovative methods to link shame and guilt in lung cancer recovery with distress and marital adjustment. Specific emphasis is on examining shame's impact on partner communication.

Method: Eight lung cancer patients (n = 8) and their partners (n = 8) completed questionnaires and videotaped interviews. Interviews were coded for non-verbal expression of shame. We report descriptive statistics and Spearman correlations between self-reported shame and guilt, coded shame, relationship talk, marital satisfaction, distress, and smoking status.

Results: Greater self-reported shame was associated with decreased relationship-talk frequency, marital satisfaction, increased depression, and smoking behavior. Non-verbal shame behavior also correlated with higher depression and increased smoking behavior. Guilt provided more mixed results. More recent smoking behavior also correlated with higher depression.
Conclusions: At a time when lung cancer patients often do not request help for distress, possibly due to shame, this preliminary study suggests that shame can also disrupt important partner relationships. Shame may also keep patients from disclosing to physicians their need for psychosocial intervention, and increase their social isolation. Even if patients cannot verbally disclose their distress, non-verbal cues may allow clinicians an opportunity to intervene.

P-250  Cancer Caregivers’ Self-Efficacy and Psychological Distress: A Comprehensive Review
Danielle Brosseau, Carmen Loiselle, Annett Koerner

Purpose: Studies increasingly document the impact caring for a person with cancer has on caregivers (CG). There is, however, no consensus to date on the evidence that links CG’s strengths, such as self-efficacy, and psychological distress. This comprehensive review examined the empirical literature pertaining to: 1) the relationship between CG self-efficacy and psychological distress; and 2) interventions designed to increase CG self-efficacy.

Methods: Medline, CINAHL, and PsycINFO databases were searched for descriptive and intervention studies published from 1980 through December 2013. Included studies: 1) measured CG self-efficacy; 2) examined samples consisting of partners and/or informal CG of cancer patients; and 3) were published in English in peer-reviewed journals. Retained descriptive studies had to assess the relationship between CG self-efficacy and psychological distress, while intervention studies had to examine CG self-efficacy as a treatment outcome. Study quality was evaluated using the GRADE criteria and the CONSORT statement for nonpharmacologic trials.

Summary of Results: Twenty-two (n = 9 descriptive; n = 13 intervention) studies met inclusion criteria and represented primarily low levels of evidence. Higher CG self-efficacy was significantly associated with fewer symptoms of psychological distress. Successful interventions significantly increased CG self-efficacy generally or for pain/symptom management, self-care, family management or partner support.

Conclusions: Research concerning CG self-efficacy is critical to advance clinical care and support for these individuals who are increasingly expected to take a more proactive role in caregiving. Future research would benefit from investigations providing higher levels of evidence and analyses evaluating which caregivers may benefit most from intervention.

P-254  Skin Self-Examination Self-Efficacy in Melanoma Patients: The effect of Support, Relationship Quality, and Partner Involvement
Annett Koerner, Marina Gérard, Rosalind Garland, Gabrielle van Dongen, Julia DiMillo

Purpose: Melanoma has a good prognosis when diagnosed early. However, melanoma survivors are at increased risk for developing subsequent melanomas and no effective treatments exist to treat late stage melanoma, making early detection the key to survival. Skin Self-Examination (SSE) is an effective way to detect melanoma at an early stage. Although thorough SSE requires the assistance of another person, little research has been conducted on partner involvement in SSE. Nevertheless, research suggests that partner involvement in health behaviours can be very beneficial, while being affected by relationship quality and partner support. Similarly, Social Cognitive Theory states that both partner support and relationship quality influence self-efficacy, which has been found to predict individuals’ performance of health behaviours. This study examines the role of support, relationship quality, and partner attendance of a SSE education session on melanoma patients’ perceived SSE self-efficacy.

Method: One hundred and twenty patients between 18-70 years involved in a romantic relationship and having a primary diagnosis of melanoma will be recruited from two cancer centers. Three months post-diagnosis, patients receive a SSE education (n = 60 with their partner, n = 60 without their partner) and complete several questionnaires.
Summary of Results: Preliminary analyses based on 75 participants suggest that general illness support is related to patients’ perceived SSE self-efficacy, relationship quality, and SSE support. Given that data collection is underway, additional data will be included in the final analyses.

Contributions: Large-scale use of SSE education may improve melanoma patients’ prognosis and melanoma-related mortality through increased awareness and earlier diagnosis.

P-257 Socio-demographic and Clinical Factors Associated with Dispositional Optimism in Adult Cancer Survivors

Hiten Naik, Kwong-Him To, M. Catherine Brown, Henrique Hon, Wei Xu, Geoffrey Liu, COMBIEL Summer Student Group

Purpose: Low levels of dispositional optimism (DO) have been associated with poor outcomes in cancer patients. We sought to determine if there are particular socio-demographic or clinical characteristics associated with levels of DO in cancer survivors at the Princess Margaret Cancer Centre (PMCC).

Methods: 673 non-CNS cancer patients at the PMCC were surveyed about their socio-demographic information and DO was assessed using the Life Orientation Test- Revised (LOT-R). Clinical data was abstracted from patient charts and symptom information was obtained from Edmonton Symptom Assessment Scale (ESAS) surveys completed by patients at their clinic visits.

Results: Cancer survivors were surveyed at a median of 26 months since diagnosis and the median LOT-R score was 16/24. Using Kruskal Wallis one way analysis of variance, higher education, higher income, Caucasian ethnicity and greater social support (SS) were all associated with higher DO (p<0.001). Spearman correlation tests revealed that DO was positively correlated with health utility (p<0.001) and negatively correlated with ESAS depression, anxiety, tiredness, drowsiness and well being (p<0.001). In comparison, clinical characteristics such as the time since diagnosis, cancer site, treatment type and history of recurrence or metastases did not have significant relationships with DO.

Conclusions: Patients of a lower SES and those with sub-optimal SS are less likely to have an optimistic outlook. Clinically, lower optimism was associated with lower overall health and higher levels of several symptoms. More research is required to determine whether promoting optimism in these patients can lead to improvements in quality of life.

P-267 A preliminary investigation of pain in a population-based sample of breast, colorectal, and prostate cancer survivors

Lynn Gauthier, Doris Howell, Pamela Catton, Karin Olson, Charles Catton, Rebecca Wong, Monika Krzyzanowska, David McCready, Neil Fleshner, Jennifer Jones

Although many cancer survivors may experience pain that threatens multiple domains of wellbeing, little is known about pain and its impact across cancer cohorts in the first 6 years post-treatment. The objective was to compare pain prevalence, frequency, intensity, and distress from pain across 3 disease cohorts and time-points post-treatment.

Methods: Disease-free breast (BCS;n=488), colorectal (CCS;n=278), and prostate cancer survivors (PCS;n=528) completed a postal survey (63% response rate), including the Memorial Symptom Assessment Scale, 6-18 months (Time 1[T1];n=438), 24-42 months (T2;n=450), or 60-78 months (T3;n=406) post-treatment. 2 and factorial ANOVAs compared differences across groups.

Results: 526 (40.6%) survivors reported pain. More BCS (55.0%) than CCS (36.0%) and PCS (27.3%, p≤.001) reported pain. Pain prevalence did not differ by time-point (T1:37.4%, T2:37.6%, T3:43.4%, p=.2). Among
survivors with pain, more BCS (44.7%) than CCS (27.1%) and PCS (35.7%) reported frequent/constant pain, than rare/occasional pain (p≤.01). There was a main effect of disease (p=.03), but not time-point (p=.13) on pain intensity. There was a trend for greater pain intensity in BCS than CCS and PCS (2.1±.9 vs. 1.8±.7 vs. 1.8±.9, p≥.11). There was a main effect of disease (p=.0001), but not time-point (p=.42) on distress from pain. BCS had greater distress than PCS (2.4±1.0 vs. 2.0±.9, p=.001).

Conclusions: Pain was prevalent and did not diminish in the first 6 years post-treatment. There were important differences across disease cohort, suggesting that future research is needed to identify unique, cohort-specific risk factors for pain to improve symptom management and wellbeing in the survivorship phase.

P-269 My First Year as a Rural PSO Clinician

Cindy Funk, Megan McLeod

The MB Cancer Patient Journey Initiative (CPJI) 2011-2016 is a first in Canada cancer control strategy, designed to streamline cancer services, and improve the overall quality of care along the patient journey. One key component is the Psychosocial Oncology Clinicians (PSO) who, along with the Nurse Navigators and Primary Care Physicians, are joining the Community Cancer Program Nurses and Family Physicians in Oncology across rural and remote MB to deliver this service.

Early implementation of the PSO clinician role will be examined from the perspectives of the challenges as well as the strategies leading to success. The synergistic benefits of implementing screening for distress, PSO clinician, Nurse Navigator and Family Physicians together will be examined. The PSO clinician will share reflections of her first year in a role that was new to her, her colleagues, patients and to the public.

The role of a rural PSO clinician has a number of distinct characteristics, such as travel, working as an itinerant, professional isolation and boundaries in small communities. The role of the provincial Supportive Care Coordinator to foster equitable access to professional development, clinical mentorship, standards of care and links to provincial supportive care services and national developments will be discussed.

Clinicians may find the presentation helps them to reflect on their own clinical practice. Managers may find the presentation provides an opportunity to consider the distinct nature of rural settings and strategies to ensure equitable access to PSO services for rural and remote patients.

P-270 Perceived body image and quality of life: An exploration among individuals with head and neck cancer

Melissa Nash, Grace Scott, Kevin Fung, John Yoo, Danielle MacNeil, Philip Doyle

Purpose: Treatment for many sites of head and neck cancer (HNC) carries considerable potential for physical changes to the face/neck. One of the most distressing aspects of HNC is physical disfigurement. Concerns of disfigurement are likely amplified when physical changes are visible to others. Consequently, alterations in the perception of body image (BI) may foster limitations in both short- and long-term functioning, recovery, and rehabilitation; hence, changes in perceived BI may be seen as a critical factor influencing quality of life (QOL).

Methods: 40 male and female participants (age 34-65 years) completed four validated questionnaires as part of standard follow-up. Questionnaires included the Body Image Scale, Body Image Disturbance Questionnaire, the European Organization for the Research and Treatment of Cancer Quality of Life Questionnaire (EORTC-QLQ-C30), as well as the site-specific module (H&N35).

Results: Our data suggest that perceived changes in BI are highly variable and individualized secondary to treatment. However, deficits in perceived BI exist independent of clearly identifiable treatment related physical head/neck alteration. The influence on multiple domains of QOL is also individualized.
Conclusions: Potential changes in perceived BI should be monitored in all individuals treated for HNC, regardless of treatment modality. Because alterations in perceived BI may be related in part to other more traditional indices of QOL (e.g., physical, emotional, social and role status), comprehensive clinical monitoring is warranted. Because disruption in BI may interfere with one's resumption of previous roles and routines post-treatment, the identification of such concerns and efforts to reduce its impact may facilitate improved rehabilitation outcomes.

**P-273** Influence of treatment modality on perceived level of fatigue in individuals with head and neck cancer

*Grace Scott, Melissa Nash, Kevin Fung, John Yoo, Danielle MacNeil, Philip Doyle*

Purpose: Head and neck cancer (HNC) presents numerous challenges secondary to treatment. While there is substantial clinical awareness to the range of challenges demonstrated in this population, information on the impact of fatigue in recovery and rehabilitation is limited.

Objective: This study investigated the degree of perceived fatigue in those treated for HNC. Additionally, fatigue data were evaluated in the context of the treatment modality.

Method: The study was a cross-sectional, self-report, survey design. Adult participants (n=40) completed a series of four validated questionnaires. Two measures specific to fatigue (FSI and MFI-20) and two quality of life measures (EORTC-QLQ-C30 and EORTC-QLQ-H&N35) were administered.

Results: Moderate-to-severe fatigue was identified in this group with both the FSI and MFI-20 instruments. Across all screening measures, a higher level of perceived fatigue was identified with those who had received chemotherapy and/or radiation in addition to surgery when compared to those who received surgery alone. In particularly, the multimodality treatment group displayed elevated levels of physical fatigue and reduced activity.

Conclusion: Fatigue is a critical, yet frequently neglected factor that may directly influence QOL in those treated for HNC. The present data revealed fatigue to be a common factor both during and following treatment. These data suggest that efforts to proactively index fatigue and seek anticipatory interventions may benefit long-term QOL outcomes. Clinical approaches to identify and quantifying fatigue may subsequently serve to facilitate more positive rehabilitation outcomes.


*Scott Secord, Deborah Dudgeon, Marg Fitch*

Created in 2007, Canadian Partnership Against Cancer (CPAC) is an independent organization funded by the federal government to accelerate action on a national cancer control strategy. CPAC collaborates with experts, organizations and stakeholders across the country on models of care, best practice, research, and evidence-based guidelines to improve the cancer experience.

The organization's strategic plan, ‘Sustaining Action Toward a Shared Vision’ 2012-2017, reflects the evolution of Canada's national cancer strategy and builds on lessons learned. CPAC's partnership model helps to establish core strategies including multijurisdictional collaboration and evidenced based approaches to key priority areas to improving efforts at a national level.

This presentation will be of interest to all attending the conference from across Canada and other jurisdictions interested in learning about the current status of the 2012-2017 National Strategy for Cancer Control.

Specific focus is placed on the Person-Centred Perspective Portfolio investment of 12.5 million to support implementation of innovative improvements in: survivorship, patient reported outcome measurement, palliative
care and primary care transitions. Specific details of multi-jurisdictional efforts and collaborative projects and vital National Networks will be used to illustrate how this contributes to the goals set out in the current National Cancer Control Strategy. National Networks are key to driving system improvements that are both nationally and jurisdictionally relevant to improving the patient experience.

Discussion will focus on how this integrated approach contributes to greater understanding and identification of mechanisms needed to achieve measureable improvements in how we are able to respond to their needs at a population level.

P-278 An Exploration of Identity Re-negotiation in Young Breast Cancer Survivors and its Impact on Psychosocial Wellbeing

Lianne Trachtenberg, Niva Piran

One of the most devastating and persistent challenges facing breast cancer survivors involves coping with changes to their functioning, appearance, and social roles. These changes inevitably require identity re-negotiation, as previously internalized roles and ideals may not be possible to attain, though there is only scarce research in this area. Identity re-negotiation may be particularly poignant for young breast cancer survivors; however, there is no current research in this area. The aim of this pilot study was to investigate identity re-negotiation processes that occur among young women who have completed medical treatment for breast cancer and their impact on psychosocial wellbeing. In-person semi-structured interviews were conducted with 10 young breast cancer survivors, (aged 32-45).

The findings revealed that three shared domains of social location: (gender, youth and health status) intersected in women's identity re-negotiation processes such that gender- and age-related roles and ideals had to be re-negotiated in light of their health status. The study also highlighted the changed physical body as an important domain of identity re-negotiation. For example, women approached embodied re-negotiation in contrasting ways: re-shaping the body to fit with culturally idealized image vs. incorporating changes associated with their treatment of cancer. By exploring these processes used to renegotiated women's identity post treatment among young breast cancer survivors, this research can aid health practitioners in providing counselling and educational services that empowers young women to learn how to maximize their health, quality of life, and longevity after treatment. In turn, these services may foster self-nurturing appraisals that build self-worth, and grieve for aspects of a former self to make room for a reintegrated self.

P-282 Verbal Memory Profiles in Breast Cancer and Primary Brain Tumours

Mark Collins, Matias Mariani

Purpose: Cognitive decline associated with cancer and its treatment can impact everyday functioning and quality of life. Individuals commonly complain of problems learning and retrieving verbal information. Consequently, the purpose of this study was to examine the patterns observed in standardized tests of verbal memory in a sample of outpatients with breast and brain cancer.

Methods: Thirty-four outpatients at the Northeast Cancer Centre in Sudbury, Ontario underwent a neuropsychological test battery as part of their clinical workup. Verbal memory was assessed using the HVLT-R, which consists of a 12-noun list. The individual is required to learn the words across three trials, recall them after a delay, and identify them from a longer list of words that also includes nontarget words.

Results: While scores for individuals with brain cancer fell within the impaired range (T-score < 40), individuals with breast cancer had scores falling in the normal range (T-score >= 40). Brain cancer profiles exhibited inefficient learning, poor delayed recall and recognition, but intact retention, suggesting an encoding and retrieval deficit. Although the breast cancer group had scores within the normal range, there was a significant difference between recognition and recall measures, suggesting a retrieval deficit. Anxiety was found to negatively impact recall scores.
Conclusions: The HVLT-R is a good measure to differentiate between individuals with brain tumours and those with breast cancer. Given that anxiety appears related to verbal retrieval in those with breast cancer, psychosocial intervention may be a vehicle to improve verbal memory in this population.

P-283 Is Anxiety Associated with Hot Flashes in Breast Cancer Patients?
Anne-Josée Guimond, Elsa Massicotte, Jade Charron-Drolet, Marie-Hélène Savard, Sophie Ruel, Hans Ivers, Josée Savard

Purpose: Breast cancer patients are at a higher risk of experiencing hot flashes (HFs), in large part due to cancer treatments and their effect on estrogen levels. However, psychological factors could also play a role. This study aims to assess the relationship between anxiety and HFs among women treated for breast cancer, and to establish the direction of this relationship.

Methods: Fifty-six women recently treated for breast cancer were assessed prospectively using a 14-day HFs and anxiety diary (HAD). Anxiety and HFs were also subjectively-assessed using the Hospital Anxiety and Depression Scale (anxiety subscale), and the Menopause-Specific Quality of Life Questionnaire (vasomotor subscale). In addition, HFs were objectively measured for a continuous 24-hour period, at the end of the HAD assessment, using sternal skin conductance (SSC).

Results: A higher anxiety level, as assessed with the HAD, was significantly associated with a shorter time to reach the HFs peak, as assessed with SSC, r(56) = -.46, p = .002. Higher levels of anxiety, as assessed with the HAD, predicted more severe and frequent self-reported HFs on the following night, r(35) = .11, p = .01. Conversely, self-reported diurnal and nocturnal HFs did not predict next-day anxiety level.

Conclusions: These results suggest a relationship between anxiety and objectively-measured HFs among breast cancer patients. Anxiety also appears to be a significant predictor of subsequent HFs. Adding strategies targeting anxiety (e.g., cognitive-behavioral therapy) could help to improve the efficacy of HF treatments offered to breast cancer patients.

P-286 The Association Between Physical Activity and Health-related Quality of Life in Gastric and Esophageal Cancers
Kaitlin Krenz, Guy Pelletier, Jeff Vallance, Nicole Culos-Reed

Purpose: Patients with esophageal and gastric cancer typically present with advanced tumour formation and severe symptoms such as progressive dysphagia, nausea, and weight loss. 1, 2) Surgical treatment is the preference for both diagnoses, however often result in serious functional digestive complications. 3) Given the myriad of symptoms, pre and post treatment, it is clear that health-related quality of life (HRQL) is affected for these patients. Research indicates that HRQL is impaired during and after treatment, and does not return to baseline for 6-12 months. 4) Physical activity (PA) improves HRQL in other cancer patient populations, however there is limited work to date in this population 3), 5-10). Identifying the current PA trends and HRQL outcomes will provide invaluable baseline evidence for this population, and uncovering the PA preferences and barriers will elucidate and enhance the ability to tailor future exercise interventions.

Methods: Participants are currently being recruited (until March, 2014) from the Tom Baker Cancer Centre Outpatient Gastrointestinal Tumor clinic (anticipated n=30). Those who are eligible complete a self-administered one-time questionnaire assessing HRQL: FACT-Ga/ES, PA: GLSI, PA preferences and barriers, social support for being PA as well as nutritional intake: PG-SGA. Survey outcomes will be compiled and analyzed, including descriptives and correlational analyses.

Results: Preliminary results will be presented.
Conclusions: PA is a safe and effective way to improve psychosocial health outcomes in adult cancer populations. Gastric and esophageal cancers have not been represented in physical activity research. Preliminary research is necessary to identify valuable baseline information for future PA and HRQL interventions.

P-295  Development of a Cognitive Rehabilitation Program for Breast Cancer Survivors and Their Caregivers

*Katherine George, Matias Mariani*

Purpose: Cancer-related cognitive impairment (CRCI) has been linked to fatigue, emotional distress, reduced quality of life, and caregiver strain. A potential treatment option for those with CRCI is cognitive rehabilitation, a behavioural approach to improve cognitive skills and quality of life. Whereas there have been some studies that involve caregivers in aspects of rehabilitation, there are no studies in the literature that include direct retraining of survivors on lost functions and concurrent participation by their caregivers across all sessions. To fill this gap, a comprehensive cognitive rehabilitation program (CRP) was created, with aims to generalize improvement to everyday life.

Methods: A manualized CRP was developed and piloted with breast cancer survivors (> 1 year post-active treatment) and their caregivers. The program focused on psychoeducation and direct training on communication strategies, breathing/relaxation, simple and complex attention, and higher-order thinking. The CRP was designed as a 10-week outpatient program based on the integration of current established therapy models. The foundation, content, and development of the CRP will be described.

Summary of Results: Twelve participants completed a pilot CRP. Attendance rates were very high (survivors-94%; caregivers-92.5%). All participants indicated they were satisfied with the program, would do it again, and would recommend it to a friend.

Conclusions: Results demonstrated that conducting a group-based CRP using a concurrent patient/caregiver approach was feasible and provided benefit to its participants. The main challenges were participant recruitment and the time of year the course was offered (i.e., some sessions required rescheduling due to inclement weather). Next steps involve assessing therapeutic efficacy with a planned RCT.

P-297  Team Shan—Reaching One Young Woman at a Time

*Lorna Larsen*

The Team Shan Breast Cancer Awareness for Young Women (Team Shan) public awareness campaign is a comprehensive model of teaching and learning for the identified population at risk. The health promotion approach has been successful in closing the breast cancer awareness gap for young women.

Objective: to increase breast cancer awareness and knowledge levels in young women with long term goals to increase early detection and improve outcomes for those diagnosed with the disease.

Activities: systematic review and focus testing with the target group provided the evidence to develop campaign messaging and print materials. The theme ‘breast cancer’ not just a disease of older women and personal story have been reflected throughout campaign strategies.

Through collaboration with health, education, media and marketing partners, Team Shan activities have been facilitated on post-secondary school campuses across Canada. Pre and post campaign evaluations have reported positive outcomes and increased understanding of breast cancer risk.
Deliverables: an innovative social marketing model that has reached thousands of young women and successfully framed messaging to the population at risk; awareness activities that have been successful in informing young women about their risk of breast cancer and increased their knowledge of facts, risk factors, symptoms and self help strategies; breast cancer messaging that has been appreciated by young women.

Breast cancer can be effectively treated if detected early and an effective health education campaign can help reduce the number of deaths due to breast cancer. Educating young women has the potential to promote risk reduction and self help strategies to last their lifetime.

P-298 Metastatic Breast Cancer in Canada: The lived experience of patients and caregivers

*Diana Ermel, Sharon Young*

Every year, 23,800 women in Canada are diagnosed with breast cancer. Approximately 10% will have an initial diagnosis of metastatic breast cancer and 30% of women diagnosed initially with earlier stages of breast cancer will go on to develop metastatic breast cancer. The five-year relative survival rate of women diagnosed with metastatic breast cancer is 20 percent. Yet, there remains a persistent lack of awareness and understanding of the distinct challenges affecting metastatic breast cancer survivors in Canada.

In June 2012, as part of efforts to combat the circle of silence that surrounds the issue of metastatic disease, the Canadian Breast Cancer Network, released Metastatic Breast Cancer in Canada: The lived experience of patients and caregivers. The report highlights the patient journey by examining the realities and lived experiences of metastatic breast cancer survivors and their caregivers. The report details the impact on survivors’ quality of life, focusing on both the physical and psychosocial aspects of the disease. The report also explores the patient experience of such themes as the accessibility of treatment and support resources, access to new therapies and the financial burden associated with treatment costs.

Utilizing the data from the report, Metastatic Breast Cancer in Canada: The lived experience of patients and caregivers, this poster session will present a first-hand account of the perspectives and experiences of metastatic breast cancer survivors, and will provide an opportunity for participants to gain valuable insights into the challenges facing metastatic breast cancer patients in Canada and abroad.

P-299 What Sexual Health Services are Provided to Cancer Patients and their Partners in Canada?

*Lauren Walker, Amber Hills, John Robinson*

Background: Sexual dysfunction is one of the most common long-term and distressing side effects of cancer and its treatments. Despite this, assessment and management of sexual health concerns are limited. We conducted an environmental scan to review existing sexual health services at several Canadian Cancer Centres.

Purpose: Our aim was to determine best practices surrounding structure, scope and delivery models for sexual health services for cancer patients and their partners.

Methods: A comprehensive survey was developed to collect information on multiple domains, including but not limited to: patient population served, assessment and treatment practices, clinical team composition, referral and follow-up procedures, duration and goals of service, sources of program funding, and means of assessing and improving program effectiveness.

Results and Conclusions: Several Canadian Cancer Centres offer sexual health services to their patients. A descriptive summary of these services will be discussed in relation to current treatment needs. Recommendations for enhancing sexual health services for cancer patients and their partners will be presented.
Successful Academic and Vocational Transition Initiative

Joanne Shenfeld, Mark Greenberg, Corin Greenberg, Brenda Spiegler, Barbara Williams

Overall cure rates for childhood cancer now exceed 80%. Up to 60% of survivors are at risk for developing late neuro-cognitive difficulties/effects, including slowed rate of information processing, attention problems, poor working memory, increased forgetfulness, sensory impairment, persistent fatigue and limited social skills (Hewitt M, Weiner SL, Simone JV, editors, Childhood Cancer Survivorship: Improving Care and Quality of Life, the National Academies Press, Washington DC, 2003, pp 49-77). These deficits may create difficulties in transition to or successful participation in post secondary education and/or employment. The Successful Academic and Vocational Transition Initiative (SAVTI) was started by the Pediatric Oncology Group of Ontario (POGO) in 2002 to assist survivors, ages 16 and over, to successfully navigate these post-secondary transitions. SAVTI is a province wide program, and to date has served 1209 clients in the greater Toronto area, Hamilton, London, Ottawa and Kingston.

This poster will provide an overview of the SAVTI program, including its background, main goals and activities. Recent and future program developments in the areas of vocational enhancement and socialization will be shown. We will highlight innovative resources that have been developed for educators and counselors working with youth facing neuro-cognitive challenges. Additionally, we will describe research in progress to measure the effectiveness of the SAVTI service, and outcomes for clients. This research utilizes the Goal Attainment Scale, which has been adapted as both an evaluative and clinical tool, as well as qualitative prospective and retrospective components.

Cognitive Therapy and Bright Light Therapy for Depression in Breast Cancer Patients: Comparison of Treatment Expectancies

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Depressive symptoms affect up to 55% of breast cancer patients. Cognitive therapy (CT) has been found to be efficacious in this population, but some patients prefer trying alternative treatments to improve their mood, such as bright light therapy (BLT), which is increasingly used. High treatment expectancies are recognized as an important predictor of treatment efficacy, but only a few clinical trials comparing active treatments have measured this variable.

The goal of this study was to describe patients’ preferences between receiving CT or BLT to treat their depressive symptoms, and to compare their treatment expectancies before and during treatment. Forty-seven breast cancer patients (mean age = 56.5) with depressive symptoms (mean Beck Depression Inventory-II and depression subscale of Hospital Anxiety and Depression Scale scores at baseline = 22.3 and 10.0, respectively) were randomly assigned to an 8-week individual CT (n = 24) or BLT administered at home (n = 23). Before being assigned to their experimental condition (T1), they completed a 5-item questionnaire assessing treatment expectancies and preferences. Treatment expectancies were reassessed after the 3rd (T2) and the 7th (T3) week of therapy. At T1, a larger proportion of participants preferred to be assigned to CT (45.7 %), as compared to 22.9 % who preferred to be assigned to BLT, while 31.4 % had no preference.

Linear mixed models using a group x time factorial design revealed significant overall group and time main effects, but no significant interaction. More specifically, participants assigned to CT consistently reported greater treatment expectancies than those assigned to BLT at all time points, F(1, 45) = 15.08, p < .001, and treatment expectancies increased between T1 and T3 in both conditions, F(2, 75) = 3.99, p = .02. Future studies should assess the impact of differential treatment expectancies on treatment efficacy.
**P-322 A Peer Volunteer Intervention for Newly Diagnosed Brain Tumour Survivors**

*Douglas Ozier, Rosemary Cashman*

Purpose: There is an evident need for the development and validation of psychosocial interventions that can help to enhance quality of life in the primary malignant brain tumour (PMBT) population. In response to this need, our research team developed and studied the impact of a peer support intervention. This intervention involved arranging one to one meetings between trained, “veteran” PMBT survivors and newly diagnosed PMBT patients.

This study focused on answering the following questions: what benefits did the new patients experience; what adverse effect did the new patients experience; what benefits did the volunteers experience; what adverse effect did the volunteers experience; and what could be learnt around ways to improve the intervention.

Methods: Two PMBT survivors were recruited and trained for the volunteer role. The intervention was then provided to 10 newly diagnosed patients. The newly diagnosed PMBT survivors were interviewed twice, a week after the intervention and again 6 weeks after. The volunteers were also interviewed at the end of data collection. Constant comparative analysis was used to identify themes that emerged in response to the research questions.

Summary of Results: It was found that the intervention appeared to have offered significant benefit for both the newly diagnosed PMBT survivors and the volunteers. A diverse range of benefits was identified. No serious adverse effects were reported. Ideas for improving the intervention were generated.

Conclusions: The developed intervention appears to have the potential to benefit newly diagnosed PMBT.

**P-323 POEM (Pediatric Oncology Exercise Manual): A Resource for Clinicians, Fitness Professionals and Educators**

*Carolina Chamorro Vina, Melanie Keats, Amanda Wurz, Robyn Long, Nicole Culos-Reed*

To promote physical activity (PA) for children with cancer through an evidence-based Pediatric Oncology Exercise Manual (POEM) for clinicians, fitness professionals and educators (CFEs). The objectives in creating the POEM are to: a) give to CFEs an evidence-based tool to promote and facilitate the conversation about PA; b) equip CFEs with information to safely develop PA programs; c) create learning materials to facilitate the training of CFEs in the role of PA in cancer survivorship.

Methods: We convened an internationally (Spain, Germany, The Netherlands, USA, and Canada) acclaimed panel of experts in pediatric oncology, exercise physiology, and psychosocial behavior to develop an evidenced-based PA manual. Highlighted topics include general PA recommendations for leukemia, brain, and solid tumors as well as general PA contraindications in survivors experiencing serious late-effects. The POEM will be distributed along with educational sessions. An online platform will be created to: (a) evaluate quality of POEM; (b) provide ongoing resources; (c) foster ongoing international collaborations.

Results: In spring 2014, we will disseminate the POEM among CFEs across Alberta via educational sessions. Dissemination of the manual will be tracked with online surveys. The online survey results will be used in predetermined quality improvement cycles, ensuring the best evidence-to-practice translation occurs. A template of educational session will be created in order to facilitate this across Canada and internationally through collaborators.

Conclusion: The creation of the POEM will enhance awareness about the role of PA in pediatric oncology. Specifically, the manual and educational support will (a) provide CFEs with a better understanding of PA's benefits; and (b) improve physician referral to a PA program. Increased PA levels result in enhanced quality of life for pediatric cancer survivors and diminished risk of developing comorbid conditions in survivorship.
P-326  Living Well with Changes: An Integrative, Resiliency Group

Kristi-Anna Steiestol, Ceinwen Cumming

A cancer diagnosis can be a profoundly life-changing event. It also can provide extreme challenge to the coping resources of the person facing cancer, its treatment, and future survival, however short or long that time may be. Though cancer may bring much stress, it may also bring growth and development in many or all domains of life, including the areas of personal flexibility and general resiliency.

Numerous benefits for cancer patients of attending for group therapy derived from various theoretical perspectives and clinical approaches have been documented. Recently, a support group promoting the development of resiliency has been developed based on an integrative, bio-psycho-social and spiritual model of intervention. The aim is to provide group members with a forum to express themselves in, to discuss their experiences with cancer, to become more aware of their personal strengths, to learn how to apply their strengths in coping with cancer, and to learn skills and strategies to help them cope. Cognitive interventions based on “third wave” clinical and theoretical approaches are included in the group psycho-educational component. If patients are equipped with coping skills and are provided with the opportunity to receive and offer social support, wellbeing, resiliency, and sense of agency will be enhanced.

The group program consisting of six sessions, which include a therapeutic life style change component and a focus on developing hope, will be described in the poster and the findings from patient evaluations of the sessions outlined.

P-327  Therapeutic Touch TM in a Geriatric Palliative Care unit - A Retrospective Review

Helen Senderovich, Dunal Lynda, Helen Kuttner, Joshua Tordjman, Anna Berall, Michael Gordon, Karuza Jurgis, Daphna Grossman, Mary Lou IP

Complementary therapies are increasingly used in palliative care as an adjunct to the standard management of symptoms to achieve an overall well-being for patients with malignant and non-malignant terminal illnesses. A Therapeutic Touch Program was introduced to a geriatric Palliative Care Unit in October 2010. Two volunteer Therapeutic Touch Practitioners offer the therapy to patients who have given verbal consent.

Objective: To conduct a retrospective review of Therapeutic Touch services provided to patients in an in-patient geriatric palliative care unit to better understand the impact of the Therapeutic Touch Program on patient care.

Methods: A retrospective medical chart review was conducted on both patients who received Therapeutic Touch as well as a random selection of patients who did not receive Therapeutic Touch. Client characteristics and the Therapeutic Touch Practitioners’ observations of the patient’s response were collected. Descriptive analyses were conducted on all variables.

Results: Patients who did not receive Therapeutic Touch tended to have lower admitting Palliative Performance Scale scores, shorter length of stay and were older. Based on the responses provided by patients and observed by Therapeutic Touch practitioner the majority of patients receiving treatment achieved a state of relaxation or sleep.

Conclusions: The results of our chart review suggest beneficial effects for significant numbers of participants and deserve a more robust comparison study in future. Recommendations also include revising the program procedures to improve processes and documentation, and ensure all or most patients are offered the therapy.
Purpose: This study is taking a first step toward testing the efficacy and acceptability of heart rate variability biofeedback (HRVB) as a means of ameliorating psychological distress in survivors of Primary Brain Tumour (PBT). HRVB is a biofeedback approach that provides clients with real time feedback about their heart rate variability (HRV) as a means of teaching them how to breathe in a specific, therapeutic manner. HRVB has been shown to increase autonomic nervous system efficiency and to decrease anxiety and depression in non-cancer populations.

Methods: A sample of 15 PMBT survivors will ultimately be recruited. These participants will be offered 8 weekly, one to one training sessions in HRV biofeedback. Participants will be asked to practice paced, diaphragmatic breathing 20 minutes a day during the 8-week period. Pre-, post-, and mid-intervention measures of anxiety, depression, sleep quality, pain related distress will be collected. Participants will also be asked to voluntarily raise their HRV at pre, mid-intervention, and post training time points in order to study skill acquisition.

Summary of Result: The data collection is still ongoing. Therefore, only the partial results collected to date will be presented. However, these early results indicate clear clinical potential.

Conclusions: Early results indicate that HRV biofeedback may be a promising intervention for PMBT survivors.