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.
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The program schedule is available at [www.capo.ca](http://www.capo.ca)
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20-MINUTE ORAL PRESENTATIONS

B100 • Existential Suffering Across the Life Span
Alan Bates

PURPOSE: Both young and old patients with cancer exhibit existential distress. Clinicians with expertise in managing physical pain may feel unequipped to address social, psychological, or spiritual aspects of suffering, particularly in children. This talk aims to demystify existentialism and provide practical tips for addressing existential suffering across the lifespan.

METHOD: The author reviewed literature about children’s and adolescents’ understanding of their own terminal illness as well as about existential suffering in adults and will present a concise summary with practical tips.

RESULTS: Children's understanding of death evolves over developmental stages and communication strategies should be tailored to each young patient. Though it's very difficult to study existential issues in children, we can infer some information from family members, fears expressed by patients, and laws that best approximate some of our understanding. Existential suffering is often associated with syndromes such as depression, anxiety, and desire for hastened death that clinicians can apply more generic skills to. There are also manualized interventions for existential issues. An interdisciplinary approach helps minimize a clinician's own distress or feelings of inadequacy in addressing domains she may feel are outside her scope of practice, such as spirituality.

CONCLUSION: Though terminal illness, including advanced cancer, may necessitate adjusting boundaries in the clinician-patient relationship and introduce forms of suffering some will feel are outside their expertise, clinicians can gain confidence through demystification of existentialism, support of other team members, and application of advanced skills they regularly apply in other settings.

B101 • Young adults with cancer: Psychological challenges in oncology
Emmanuelle Robert

This presentation examines some of the specific psychosocial problems encountered by young adults with cancer and young survivors of cancer. Recent scientific literature underlines the unique psychosocial needs of young patients in oncology and of young survivors. The creation, in 2011, of the Journal of Adolescent and Young Adult Oncology (JAYAO) aims to report these needs and optimize their care. Similarly, our clinical work at Centre hospitalier de l’Université de Montréal (CHUM) with young adults during the past years led us to identify three main challenges:

1) The long-term psychological needs of young patients linked, on the one hand, to the multiple and unexpected losses faced without being emotionally prepared and, on the other hand, to the developmental stage at which the cancer diagnosis occurs. The feeling of social exclusion will also be addressed.

2) The psychosocial needs of the young adults’ families, those of their children as much as those of their parents.

3) The healthcare providers’ counter-transference towards young adults patients and its impact on members of the interdisciplinary team, in particular the greatest risk of compassion fatigue. The effects of these potential reactions on patients will be addressed.

B109 • A Revised Intake Model
Josée Charlebois, Carolyn Andrews, Jennifer Thompson-Croft, Michele Holwell

Providing the right care at the right time to the right patient is a goal across all Cancer Centres. The importance of providing psychosocial support to patients and families facing a diagnosis of cancer has been well researched.

At The Ottawa Hospital Cancer Centre, one of the tasks of the Intake Coordinator has been to assess the psychosocial needs of patients and of prioritizing the importance of the requests made. The Intake Coordinator sees the crises and urgent requests.
Due to decrease in staff and increase demands, the PSOP wait list was growing and patients waited longer for a mental health assessment. CCO's mandate is to have at least 85% of patients seen within 2 weeks of referral. As the wait list has grown to almost 4 weeks in some instances, we needed to look at different ways of working.

A survey of the health care professionals as well as discussions with other cancer centres revealed that having the Intake Coordinator more available could help with perception of lack of service and misconceptions about the program. For reasons that will be discussed in this presentation, we put the Intake Coordinator closer to the modules where patients are seen. Intake now has a flexible schedule which allows for immediate patients assessments and consults with HCP.

This new model of care assists in decreasing the wait list and in managing perception. Many lessons such as visibility and immediate response were learned from this change in the Intake Model.

B112 • Unusual Clinical Syndromes Encountered in Neuropsycho-oncology
Meghan Gray, Matias Mariani

Neuropsychology is the study of brain-behaviour relationships in individuals with known or suspected neurological disease. Individuals with primary brain tumours provide unique opportunities to understand the impact of brain dysfunction on thinking and behaviour. These rare syndromes can often mimic other conditions, which can leave the clinician perplexed. This presentation outlines the neuropsychological profiles of select individuals with unusual clinical syndromes seen in neuropsychological service in psychosocial oncology.

The goals are as follows:
1. To elucidate the importance of neuropsychological service in psychosocial oncology.
2. To review brain-behaviour relationships as they pertain to clinical presentation.
3. To discuss implications for psychosocial oncology practice.

B116 • The need for emotional support throughout the cancer trajectory for men with prostate cancer
Carolyn Sandoval, Kim Tran, Rami Rahal

PURPOSE: To gain insight into the cancer journey experiences of men who were treated for prostate cancer and to explore the extent to which support for emotional challenges was available.

METHODS: Forty-seven men from six provinces who were treated for prostate cancer participated in focus groups and interviews. They were asked about their experiences during the diagnosis, treatment and survivorship phases of their cancer journey. Thematic analysis was conducted and a subset of the data is presented here.

SUMMARY: An overarching theme was the need for emotional support throughout the cancer trajectory. While many felt emotional support was most critical at the time of diagnosis, some described challenges dealing with longer-term emotional and relationship changes that lasted well past treatment ended. While some were satisfied with the support provided by their healthcare providers, others expressed disappointment with the lack of services available to help with psychosocial issues, particularly for those who lived in remote areas. Many participants revealed that sharing their struggles and successes with other patients/survivors was invaluable. Some men added that being helped by others via support groups had also pushed them to become more actively involved in supporting others.

CONCLUSION: Findings suggest opportunities for improving the system of referrals to professional supports and resources that may help men with prostate cancer cope more effectively with the emotional impact of diagnosis and longer-term outcomes of treatment. Better engagement with this population is needed to develop more effective strategies to address unmet emotional support needs.
**B119 • “But I’m Healthy”; Life After Colorectal Cancer**

*Beth Edwards, Jan Angus, Jennifer Jones, Doris Howell*

PURPOSE: Approximately 1 in 14 Canadians will be diagnosed with colorectal cancer (CRC) in their lifetime. Advances in early detection and treatment have improved the prognosis for CRC. However, post treatment effects can be severe and persistent, including physical, psychosocial, and practical issues. The purpose of this study is to explore how people who have completed curative treatment for CRC experience and understand health, illness, and survivorship in the context of their everyday lives.

METHODS: A structural interactionist approach was used to examine the interplay between individual interactions and structural forces in participants’ post treatment experiences. In-depth interviews were conducted with n=16 participants from diverse backgrounds at 3 – 18 months post treatment.

RESULTS: Despite the presence of debilitating and potentially stigmatizing post treatment side effects, participants generally characterized their current state as one of “health” rather than “illness.” Participants appeared to preserve a strong identification as healthy individuals through the maintenance of and/or return to valued roles and activities. Nevertheless, this view of health and identity could be challenged around follow-up appointments. Cancer experience seemed to be incorporated into life experience and identity as less disruptive than is typically described in the literature. The majority actively distanced themselves from the term “survivor.”

CONCLUSION: This study highlights the complexities inherent in recovering from CRC and contributes to the body of knowledge from which initiatives to improve the health of this population may be derived. Rethinking the discourse of survivorship may be an important step in efforts to support this population.

**B121 • Workplace Accommodations Following Cancer: Survivor, Provider and Employer Perspectives**

*Mary Stergiou-Kita, Cheryl Pritlove, Dwayne Van Eerd, Linn Holness, Jennifer Jones, Andrea Duncan, Bonnie Kirsh*

PURPOSE: Workplace accommodations optimize workers’ abilities to participate in the workforce. However there has been little in-depth investigation of the accommodations provided to cancer survivors and the processes relevant to ensuring their successful implementation.

METHODS: A qualitative method, consisting of 40 semi-structured interviews with three groups: (i) cancers survivors (n=16), (ii) health/vocational service providers (n=16), and (iii) employer representatives (n=8) was employed, to explore accommodation processes, their successes and challenges. Inductive thematic analysis method was used to analyze the data.

RESULTS: Four types of accommodations were recommended: (1) graduated return to work plans and flexible scheduling, (2) modification of work duties and performance expectations, (3) retraining and supports at the workplace, and (4) modification of the physical work environment and/or the provision of adaptive aids/technologies. Processes to ensure effective accommodations were related to: developing knowledge about accommodations, employer’s ability to accommodate, negotiating reasonable accommodations, customizing accommodations, and implementing and monitoring accommodation plans. Accommodation challenges included: (1) survivors’ fears requesting accommodations, (2) developing clear and specific accommodations, (3) difficult to accommodate jobs, and (4) workplace challenges, including strained pre-cancer workplace relationships, insufficient/inflexible workplace policies, employer concerns regarding productivity and precedent setting, and limited modified duties.

CONCLUSION: Accommodations should be customized and linked to survivors’ specific job demands, work context, and available workplace supports. Survivors must feel comfortable disclosing the need for accommodations. Ongoing communication and monitoring are required to ensure accommodations are implemented and the return to work plan changes as required.
B122 • The “BIG C” – Stigma, Cancer and Workplace Discrimination

Mary Stergiou-Kita, Cheryl Pritlove, Dwayne Van Eerd, Linn Holness, Jennifer Jones, Andrea Duncan, Bonnie Kirsh

PURPOSE: Stigma and workplace discrimination have been identified as prominent challenges to employment following cancer. While concerns regarding stigma and workplace discrimination have been raised, there has been limited examination of how workplace stigma affects survivors’ return to work processes.

METHODS: To examine the influence of stigma on return to work we completed an exploratory qualitative study, conducting 40 semi-structured interviews with: i) cancer survivors (n=16); ii) healthcare/vocational service providers (n=16); and iii) employer representatives (n=8). Data was analyzed using thematic analysis. Thematic analysis was employed and themes related to stigma, workplace discrimination and disclosure decisions emerged.

RESULTS: Three inter-related elements are associated with workplace stigma following cancer: 1) on-going misconceptions regarding cancer and cancer survivors (e.g. cancer equals death, survivors will require costly workplace supports); 2) fear(s) that cancer engenders (e.g., fear of death and re-occurrence); and 3) perceptions regarding survivors’ work abilities, productivity and absenteeism. Stigmatizing perceptions can lead to discriminatory behaviours such as hiring discrimination, bullying, harassment, refusal of workplace accommodations, and limited career advancement opportunities. Fear of discrimination can influence survivors’ disclosure decisions.

CONCLUSION: Stigma and workplace discrimination are significant concerns for cancer survivors. Anti-stigma programs should target ongoing myths regarding cancer, and survivors’ right to work, work abilities and productivity. Survivors, providers and employers should be familiar with anti-discrimination legislation and recognize stigma and discriminatory behaviours when they occur. Survivors require guidance to decide whether (or not) to disclose their cancer, and how to best disclose their needs for workplace accommodations.

B123 • Emerging Adult Cancer: Parents’ Psychosocial Challenges

Lynne Robinson, Lisa Fisher

BACKGROUND: Research on how paediatric cancer affects parents has found that they experience a decreased sense of personal functioning, mental health, and physical health, and negative changes in close relationships. To date, little research has shown how parents are affected when their emerging adult child (between the ages of 18 to 25) experiences cancer. Considering the emphasis on newfound independence and self-focus in emerging adulthood, parents are expected to face unique psychosocial challenges when their emerging adult child has cancer. The purpose of this study was to understand those challenges.

METHODS: A qualitative collective case study was carried out with three cases of Canadian mothers of emerging adults who had been diagnosed with cancer. Each case was situated within a different context; a son, a daughter and a daughter who did not survive. Family relationships also differed between cases. Semi-structured interviews were carried out with each mother and a variety of additional documents were provided by them. Data were analyzed by thematic analysis.

RESULTS: Five themes were found: (1) Lost world, (2) He/she is an adult, but I’m having difficult letting go, (3) Walking on egg shells, (4) Your whole world is changed, (5) People are trying but you feel alone. These themes reflected mothers’ sense of the uniqueness of their situation, of challenges to the relationship with the child and of the enormous stresses of their situation.

CONCLUSION: Attention should be paid to the needs of mothers when an emerging adult has cancer.
B124 • Am I Ready to Return to Work? Determining Work Readiness Following Cancer and Recommendations for Health Care Providers

Mary Stergiou-Kita, Cheryl Pritolove, Dwayne Van Eerd, Linn Holness, Jennifer Jones, Andrea Duncan, Bonnie Kirsh

PURPOSE: A critical initial step in work re-entry involves determining work readiness. Cancer survivors have requested increased health care provider involvement in work readiness decisions. However, there has been no direct exploration of current practices in determining work readiness following cancer. Thus there are no specific recommendations on how to assist survivors in answering the question: Am I ready to return to work?

METHODS: Qualitative study employing semi-structured interviews with cancer survivors (n=16) and health care/vocational service providers (n=16). We asked: 1) What processes do providers, who address work-related goals, employ to determine work readiness in collaboration with cancer survivors? and 2) What challenges do providers and survivors experience when determining work readiness? Thematic analysis was employed and themes related to work readiness identified.

RESULTS: Three key processes were relevant to determining work readiness: 1) assessing survivors’ functional abilities in relation to job demands; 2) identifying survivor strengths and barriers to return to work; and 3) identifying workplace supports. Many survivors reported returning to work too early. Challenges to work readiness determinations included: 1) physical and psycho-social complexities of cancer; 2) accuracy of work readiness determinations; and 3) lack of established processes for addressing work goals.

CONCLUSION: Health care providers should collaborate with survivors to determine if they are physically, cognitively and emotionally ready to return to work, and with workplaces to determine if they are prepared to provide necessary supports. Supports from health care providers can ensure survivors do not return to work either ‘too early’ or ‘too late’.

B125 • Report on a Delphi Process and Workshop to Improve Accrual to Cancer Clinical Trials

Jennifer A.H. Bell, Lynda G. Balneaves, Mary T. Kelly, Harriet Richardson

BACKGROUND: Timely and sufficient accrual to cancer clinical trials (CTs) is necessary for continued research innovation and the development of evidence-based interventions for cancer patients and their caregivers.

PURPOSE: Findings from a Delphi process and workshop meeting with multidisciplinary CT stakeholders are described that identify and prioritize factors that affect cancer CT accrual in Canada.

METHODS: A two-round Delphi process was conducted (N=37, N=34). Descriptive statistics were used to analyze responses in each round. Nine factors resulted from the Delphi process and were the focus of discussion at the CT accrual workshop (N=48), Improving Accrual to Cancer Clinical Trials, held at a NCIC Clinical Trials Group meeting, for informing strategies to address accrual issues.

RESULTS: Strategies identified in the workshop to overcome personal, social and structural barriers to CT accrual included: enhancement of public knowledge about CTs (e.g., media campaigns); allowing patients more time and space for discussions about CTs to alleviate fears about untested treatments; and promotion of the ethical principle of justice and equitable access so that clinicians offer CTs to all eligible patients.

CONCLUSION: This workshop provided an important forum for the dissemination of current research regarding cancer CT accrual and an opportunity for key stakeholders in Canada to develop strategies to address existing barriers. The recommendations developed offer the cancer CT community in Canada direction regarding how to improve accrual to CTs and promote evidence-based policies and practices to make trials more accessible to Canadians living with cancer.
B126 • The impact of cancer on the workplace
Lynne Robinson, Lucie Kocum, Catherine Loughlin

BACKGROUND: While more is becoming known about the workplace experiences of cancer survivors, relatively little is known about the impact of employees with cancer on the workplace. The purpose of this study was to describe this impact.

METHOD: In this qualitative descriptive study, semi-structured interviews were conducted with a purposive sample of representatives of management from six companies (four front line managers, one disability manager, one human resources advisor aged 40 to 60). Each had worked with at least one employee with cancer within the past five years, and employees had a diverse range of cancers (four females with breast, ovarian or lung cancer and two males with prostate cancer). A wide range of industries were represented, including healthcare, tourism, automotive, legal, and retail; five were urban, one was rural. Thematic analysis was used, taking an essentialist or realist viewpoint.

RESULTS: Participants were asked about the impact on the company of having an employee with cancer, with interviews focusing on experience with the most recent employee diagnosed with cancer. We found both pragmatic and emotional impacts on the workplace. Pragmatic impacts resulted from the “lack of a clear cut path” in cancer treatment and response, changes to workload, and scheduling problems. Distress and resentment comprised the emotional impacts.

CONCLUSION: Findings can be used to help guide managers and advisors to successfully negotiate the difficult terrain when an employee is diagnosed and treated with cancer.

B131 • Test-retest reliability of the Distress Thermometer and the Edmonton Symptom Assessment System-revised with parents of childhood cancer survivors
Tatsiana Leclair, Anne-Sophie Carret, Yvan Samson, Serge Sultan

PURPOSE: Parents play a significant role in paediatric cancer care and are subject to experiencing clinical distress. Reliable tools are needed to screen parental/caregiver distress across the cancer trajectory. This study aims at estimating the test-retest reliability (temporal stability) of the Distress Thermometer (DT) and the Depression and Anxiety items of the Edmonton Symptom Assessment System-revised (ESAS-r-D; -A) in parents of children survivors of cancer.

METHODS: Fifty parents of clinically stable survivors of childhood solid and brain tumours completed questionnaires about their own distress and their children’s quality of life (QoL) twice, with a month interval between the two assessments. Parents also evaluated life events which occurred between the two time points. Test-retest reliability was assessed using relative and absolute stability estimates and potential moderators were explored using regression analyses of retest scores controlling for test scores.

SUMMARY: Test-retest reliability was $r = .79$ for the DT, .55 for the ESAS-r-D, and .47 for the ESAS-r-A. The DT was significantly more stable than the ESAS-r-D, -A, and Generalized Anxiety Disorder-7. Instability of the DT could be explained by changes in children’s physical QoL, but not by other components of QoL or life events. No moderators of stability could be identified for the ESAS-r items.

CONCLUSION: Findings support future research on the DT to screen caregiver distress in the child’s survivorship period. Fluctuations in distress-related constructs may affect the temporal stability of the DT. The lower stability of ESAS-r items may result from different time-lapse instructions.
B132 • Uncovering the experiences of distressed head and neck cancer patients that influence their need, desire for and acceptance of psychosocial care: A grounded theory study

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

PURPOSE: Increasingly, resources are directed at implementing routine distress screening of cancer patients. Yet a high number of patients identified as distressed using valid measures do not want or decline referral for psychosocial care. While several quantitative studies have speculated on the reasons for this phenomenon, few studies have explored the subjective experiences, meanings, or processes that may influence patients’ attitudes towards illness and their desire to seek professional psychosocial help. Often viewed as a marginalized group, head and neck cancer (HNC) patients experience high distress and must endure treatments that often result in visibly debilitating changes and disfigurement leading to potential negative social consequences.

METHODS: A grounded theory methodology (Strauss & Corbin, 1998) was used to explore the experiences of HNC patients that influenced their need, desire for and acceptance of psychosocial care. Twenty-four participants were recruited using theoretical sampling, and face-to-face semi-structured interviews were audiotaped and transcribed. Open, axial and selective coding procedures were followed to identify categories and generate an explanatory theory.

RESULTS: Preliminary analysis revealed that most participants identified as distressed but did not perceive the need for a psychosocial care referral. They relied on their informal social supports and their inner resources for self-support. These inner resources were rooted in their cultural values and family upbringing.

CONCLUSION: The knowledge gained from this study will help psychosocial providers and medical teams to consider the nature and optimal timing of supportive services offered to cancer patients, and the method(s) of delivery best able to maximize adaptation and recovery.

B133 • Re-authoring the Unique Stories of “Generation Y”: Young Adult Experiences of Cancer Using Narrative Therapy

Aimée Anderson

BACKGROUND: The Connections Group for Young Adults (YA) was created to address a gap in service and to recognize the unique needs of YAs with a diagnosis of cancer. YAs were identified as a group that is difficult to engage in therapeutic programs yet they were acknowledged as having similar norms, attitudes, beliefs and unique stressors (Zebrack and Isaacson, 2012, 1221).

METHODS: As a Social Worker in the Psychosocial Oncology Program (PSOP), I was challenged by group members who felt that their identity was lost after a cancer diagnosis. They stated that they wanted to have a life “outside of cancer”. Using a Narrative Therapy approach, group members began to re-author new stories about their cancer experience. They discussed feelings of strength, resilience and hope as they transitioned away from disease focused narratives of their experiences.

SUMMARY: During the 12 week group, the participants re-authored their stories. The group members shared stories and messages that provided personal healing and new strengths for the group (Denborough et al., 2006, 44). They acted as consultants and advisers to each other creating alternate stories that were meaningful to their experiences and helped themselves regain control of their struggles with cancer.

CONCLUSION: The group’s re-authored stories have provided new knowledge to inform future programming. This presentation will share the group’s experience of Narrative Therapy as a method of creating new knowledge. The collaborative stories, programs and new information have the capacity to inform future interventions for the YA population who access this program.
B136 • Pink Pearl: The Power of Peer Support

Elise Gasbarrino

In March 2015, the Canadian Cancer Society released survey results reporting that more than half of Canadians do not feel well-equipped to support themselves, a friend, or a loved-one with cancer. Pink Pearl has identified this as a prominent feeling among young female cancer patients between the age of 18 and 40. Before the age of 40, cancer is not an expected reality for anyone. Educational, professional goals and personal relationships are often put on hold. These areas are where peer support can have the greatest impact.

Pink Pearl Foundation was conceived by 31-year-old ovarian cancer survivor Elise Gasbarrino. While undergoing cancer treatment in her early twenties, Elise felt certain elements were missing from her experience—a way to connect with women her age facing the same issues, and a means for them to conquer their issues together. With supportive colleagues at the Juravinski Cancer Centre experience based design was used to develop Pink Pearl's current programming.

Pink Pearl is a for purpose organization that provides support, facilitates connections and empowers young women who are courageously working through the social and emotional challenges of cancer. Pink Pearl continues to incorporate experience based design principles in all of their programming, continually asking the woman they serve what their needs are and working to fulfill that need. In providing young women with an outlet to discuss individual challenges, needs & fears they come to realize they are not alone in their journey.

B139 • Leveraging the “Teachable Moment” of a Cancer Diagnosis into Successful Tobacco Cessation: An Alberta Initiative

Rebecca Malhi, Barry Bulzt, Michelle Nummi, Richard Wallington, Simrandeep Tiwana, Rebecca Morrison, Marlee MacDonald, Tara Duhanehey, Ada Chow, Louise Kashuba, Brent Friesen, Tasha Allen

Tobacco use and exposure is associated with a variety of cancers and chronic diseases. Furthermore, a significant percentage of cancer patients are current or recent smokers. A growing body of evidence links tobacco use following a cancer diagnosis with reduced treatment effectiveness, increased risk of cancer recurrence, greater treatment-related toxicity, increased risk of second primary cancers, and mortality. However, a cancer diagnosis presents a “teachable moment” for patients where they may be more receptive to tobacco cessation interventions.

The Every Opportunity in Cancer Care (EOCC) project was designed to leverage opportunities to provide support for behavioural change among cancer patients and their family members. Phase I focuses on integrating brief and intensive tobacco intervention as a provincial standard of care across Alberta’s cancer centres. Using the “5 A’s” model (ASK, ADVISE, ASSESS, ASSIST, ARRANGE), cancer patients and family members are systematically screened for tobacco dependency and given resources to help them quit, including self-help resources, pharmacotherapy, and group counselling. Two multi-disciplinary cessation clinics in Edmonton and Calgary will draw upon the skills of nurse practitioners, psychosocial oncologists, and bio-behavioural specialists to provide clients with more intensive treatment. The current presentation describes the development and implementation of this tobacco cession initiative, and outlines the progress and accomplishments of the program to date. Referral pathways and preliminary performance measures data will be presented.

B142 • An electronic treatment decision support tool for prostate cancer patients: a feasibility study


BACKGROUND: Approximately 24,000 Canadian men are diagnosed with prostate cancer (PC) each year. Men with localized PC are often presented with multiple primary treatment options including active surveillance, open/robotic radical prostatectomy, and radiation (external beam and brachytherapy). These men often report that they lack sufficient knowledge to confidently make a decision and that they would benefit from decision-making support. Electronic decision support tools offer an effective and cost-efficient method of assisting patients in understanding treatment outcomes, clarifying personal values/preferences, and feeling supported in decision-making. This project describes the development of an electronic decision support tool for patients with localized PC.
METHOD: The TheraChoice-PC decision tool was jointly created by Bridgeable, Princess Margaret Cancer Centre, and University of Toronto Biomedical Communications. The content and user experience of TheraChoice-PC was refined through a combination of PC patient-partner focus groups and multi-disciplinary expert consensus. Throughout the design process TheraChoice-PC was informally validated by health care practitioners, vetted by uro-oncologists, user tested by 16 individuals, and piloted with 5 prostate cancer survivors.

RESULTS: TheraChoice-PC is an electronic interactive decision tool for PC patients with localized disease. TheraChoice-PC provides patients with comprehensive information regarding course of treatment, outcome profiles, and response to side effects with guided survivorship care based on patient preference, values, and disease characteristics.

CONCLUSION: TheraChoice-PC offers a complimentary decisional support method for patients diagnosed with PC who are attempting to make a treatment decision. The tool and a feasibility research design will be presented.

B143 • Primary-Care Providers’ Preferences and Potential Barriers to Long-Term Follow-Up of Childhood Cancer Survivors in Alberta

Brooke Russell, Kathleen Reynolds, Maria Spavor, Janine Giese-David

PURPOSE: Two models of follow-up for adult survivors of childhood cancer (ASCCs) exist in Alberta. In Northern Alberta a specialized children’s cancer survivor program and pediatric oncologist follow ASCCs at a children’s hospital indefinitely. In Southern Alberta, primary-care providers (PCPs) follow them post-discharge. These differences might lead to medical and quality-of-life differences for patients, and care barriers for PCPs. This project assesses PCPs’ barriers following ASCCs in Alberta and regional differences.

METHODS: Thirty-nine PCPs following ASCCs were recruited. Participants completed surveys about communication barriers and knowledge gaps. Communication barriers were measured using a 6-item 5-point scale. To assess knowledge gaps, participants read a hypothetical case vignette and provided follow-up recommendations on three multiple-choice questions, based on Children’s Oncology Group guidelines. Results: PCPs were 57.5% female, age 31-71 (m=51.36) with 1-50 years of practice (m=22.56). PCPs reported many communication barriers (scale: 0-24, m=11.23, SE=1.03), such as issues with receiving a cancer summary from oncology at discharge (scale: 0-4, m=2.15, SE=0.23). Preliminary results suggest more communication barriers in Southern (m=12.80, SE=1.59) than in Northern Alberta (m=9.50, SE=1.19). Only one PCP correctly identified the correct follow-up tests.

CONCLUSIONS: Albertan PCPs experience communication barriers and knowledge gaps when following ASCCs. This is of primary concern for PCPs in Southern Alberta, currently tasked with the sole responsibility of providing this care. These data will be linked with data collected from their patients to explore the relationship between PCPs’ barriers to care and the symptoms, quality of life, and unmet needs of their patients.

B147 • Randomized Controlled Trial of the Meaning-Making intervention for People Newly Diagnosed With Advanced Cancer: Pilot Study


PURPOSE: Adaptation can be promoted and current and/or future existential crises curtailed by a psychologically growth-promoting intervention such as the Meaning-Making intervention (MMi). We studied the feasibility of a RCT of the MMi to discover whether: it helps patients newly diagnosed with advanced cancer; it increases a sense of meaning in life; its impact lasts beyond the end of the intervention; a similar effect could be obtained by having someone listen empathically.

Sixty people diagnosed < 2 months with stage III or IV cancer were randomly assigned to: an Experimental Group (EG; MMi); Attention Control (AC; Empathic Listening); or Usual Care Control (UC). Patients completed measures of meaning in life, quality of life, post-traumatic growth and questions on MMi acceptability. We also conducted interviews with key stakeholders.
RESULTS: A full trial was deemed feasible, indicated by sufficient recruitment to allow completion of a full study in 4 years and retention in all 3 trial arms (2 months EG 100%, AC 80%, and UC 100%). All patients recommended the MMi, found it acceptable, and reported benefitting from it, 92% had a positive experience of it, and 92% found the questionnaires acceptable. Interviews with key stakeholders indicated that the MMi, if efficacious, would likely be implemented into clinical practice.

CONCLUSIONS: Based on our promising results, we recently obtained funding from CIHR for a 5-year multi-site RCT of the MMi in 471 newly diagnosed advanced cancer patients. We will present our pilot study results, the full trial, as well difficulties encountered.

B148 • Distinguishing Between Suicidal Ideation and A Desire for Hastened Death in Head and Neck Oncology Patients

Melissa Henry, Zeev Rosberger, Christina Klassen, Michael Hier, Anthony Zeitouni, Karen Kost, Alexandre Mlynarek, Martin Black, Saul Frenkiel, Christina MacDonald

PURPOSE: Head and neck cancer patients (HNC) are reported at increased risk for suicide (JAMA, 2015). No study has investigated suicidal ideation, attempts, and completion in this population.

METHODS: This study is part of a longitudinal dataset of 232 HNC patients having completed self-administered measures including the Beck Scale for Suicidal Ideation (BSS) Suicidality Screen (items 4 and 5).

RESULTS: Using the BSS Suicidality Screen+BDI item#9, 11.3%(25/221) of HNC were “suicidal” <2 weeks of diagnosis, 10.9%(16/147) at 3 months, and 8.1% at 6 months (9/111). r=0.74 and 0.48 diagnosis-3 months & 6 months, respectively p=0.001. This is higher than the one-year rates found in Canada (3.7%) and Quebec (3.9%)(CMHA, 2002). 11.3% reported lifetime suicidal ideation, equivalent (or lower) than 14.7% in Canada. One patient attempted suicide (1/147 or 0.7%) and one died by suicide during radiotherapy (1/221 or 0.45%). Our follow-up interviews to further assess suicide risk revealed that patients were not typically currently acutely suicidal, with almost half contemplating the possibility of hastened death in the future “if things get worse.” Nonetheless, scores on HADS indicated that flagged patients were significantly more distressed at all timepoints.

CONCLUSIONS: Based on our initial findings, we question the meaning of suicidality in HNC (i.e., suicidality vs. hastened death). This understanding could indicate the need for suicide prevention vs./and palliative strategies in ENT clinics and appears particularly important in the context of the new Quebec law on medically assisted death. It is also important to distinguish between suicidality as a risk factor for completed suicide, versus characterizing HNC patients as being at increased risk for suicide.

B149 • Patient Reported Outcomes Videos: Empowering patients to be active partners in their care

Anubha Prashad, Esther Green, Ruth Barker, Lesley Frey, Jocelyn Healey

Over the past two years, the Canadian Partnership Against Cancer (the Partnership) has collaborated with eight provinces through five multi-jurisdictional projects to implement the Patient Reported Outcomes (PROs) Initiative. The aim of the initiative is to improve the patient experience across the cancer journey by the consistent use of a validated distress screening tool, the Edmonton Symptom Assessment System-Revised (ESAS-R). PROs allow a health care team to understand each part of the patient’s cancer journey, including physical, emotional and practical concerns. By doing so, they can develop care plans tailored to each patient.

To accelerate the uptake of PROs and enhance understanding by both patients and clinicians, two short videos have been co-created by the Partnership and the project teams. These two-minute animated videos, presented in English and French, promote the use of ESAS-R by highlighting the benefits for both patients and clinicians.
The purpose of this presentation is two-fold: (1) highlight the importance of the collaborative development process to create the videos and; (2) present knowledge mobilization strategies designed to facilitate uptake of screening for distress. The videos are being adopted by the project partners and being utilized in varied ways to maximize patient and clinician engagement. An evaluation is underway to determine the impact of the resource to enhance communication with patients around treatment decision making and self-management.

B151 • Tele-Counselling into the Home

Trina Diner, Heather Neilson-Clayton, Scott Sellick

Accessing psychosocial services is difficult for isolated, rural, and geographically remote patients. Feedback from our region in north-western Ontario, a population of 250,000 people over an area the size of California, indicates people face unique challenges when accessing psychosocial care in their communities.

When the diagnosis is cancer, patients and families are often overwhelmed and need support. North-western Ontario consists of many small, “closely-knit” communities. When seeking support, maintaining privacy can be challenging as care providers are neighbours, work-colleagues, or even relatives. Dual relationships are often unavoidable and patients and families report privacy concerns. The alternative is for clients to travel considerable distances to access psychosocial support. Stigma associated with accessing psychosocial services is exacerbated in rural settings where unique barriers exist and care is too close to home.

Barriers are being addressed by counsellors at Regional Cancer Care Northwest in Thunder Bay, Ontario, by providing services to patients and families through video conferencing technology that does not require the client to leave his or her home and the counsellor doesn’t need to leave his or her office. This technology ensures clients are not travelling, privacy is maintained and dual relationships are avoided. Counsellors connect from afar, establishing therapeutic relationships with clients who are in the comfort of their home. This technology decreases stress and ensures privacy.

Two case examples will be presented. The client and clinician perspectives surrounding the use of telemedicine for psychosocial care will be discussed with recommendations made for usage, both clinically and technologically.

B154 • Social Media: A new intervention tool with young adults

Karine Chalifour

Young Adult Cancer Canada (YACC) has been working with and for young adults diagnosed with cancer for the last 15 years. The support was initially provided through a website and a forum of discussion. A few years later, this was followed by a Retreat that brought 26 young adults together to process what it meant to have cancer in your 20s and 30s.

The limited resources for this population, our growing network, our interactions with thousands of young adults across the country, and the limited amount of face-to-face opportunities we can offer forced us to be creative in how we work with young adults. Social media also plays an integral part in the life of the millennial generation. Generation “Y” was born with the Internet and it has been part of their lives from the very beginning. We felt we needed to jump on board to be able to connect with them, understand their needs better and offer relevant services.

In the last 7 years we have expanded the way we provide support using social media (Facebook, Twitter, Instagram). Twitter and Instagram are still growing networks but Facebook is now well established at YACC.

To this day, YACC manages over 25 private Facebook groups. These groups allow for continuous connection and peer support in between our face-to-face events. They also offer a private space to promote events, support our volunteers and give relevant information to the population we serve.

YACC’s Program Director plays an important role in each space, but most of the interactions are between peers. This has become a full program piece at YACC and is part of the daily work.

This session will illustrate the different types of groups we have, their way of functioning and the types of intervention offered. We will also address the challenges and benefits of this type of 24/7 online “ peer support”. 

#COPINGWITHCANCER
B156 • Developing National Indicators to Measure Person-Centred Care

Esther Green, Margaret Fitch, Deborah Dudgeon, Ruth Barker, Anubha Prashad, Raquel Shaw Moxam

Over the past two years, the Canadian Partnership Against Cancer has been working with a pan-Canadian Measurement Steering Committee to define and develop national indicators to monitor progress in Person-Centred Care. There are three areas of focus: palliative and end of life care, patient reported outcomes, and primary care. The first phase included an extensive review of the literature and jurisdictional scans to identify a preliminary list of indicators. The second phase of work focused on refining the indicators and categorizing them into feasible and developmental. Feasible indicators were further explored in relation to data sources, and potential to collect and analyze the data. Developmental indicators were targeted for future work on the basis that there were few current data sources.

The purpose of this presentation will be to outline the final list of indicators in palliative and end of life care and patient reported outcomes, as well as the sole indicator in primary care related to cancer care that is deemed feasible to collect for baseline reporting. The presentation will focus on the processes of development and data collection that will assist health system leaders, clinicians and organizations to understand the current state and plan for quality improvement that will improve patient care and experience ultimately.

B157 • Development of a Men’s Sexual Health program for men with prostate cancer

Trish Lymburner, Lisa Roelfsema, Louise Koyanagi, Gwen Bond, Joanne Billings, Gurpreet Grewal, Laurie Van Dorn, Dr. Nelson Byrne, Kristi MacKenzie, Noel Skinner, Terry Lord, Maria Rugg

Men who are treated for prostate cancer experience many physical and psychosocial changes. Many men experience erectile dysfunction, incontinence, infertility, changes to orgasm, fatigue and changes to their relationships. Those who have androgen deprivation therapy (ADT) as a treatment will also experience menopausal symptoms, including altered body image, depression, anxiety and a loss of interest/libido.

Historically sexual health has not been well addressed by cancer centre programs. In an attempt to bridge this gap a proposal was submitted at Trillium Health Partners to develop a Men’s Sexual Health Program. An interdisciplinary group, including patient advocates collaborated to develop and implement a robust program. Phase 1 included the introduction of an education video to help men understand the different treatment options for prostate cancer; a side effect class for those who have had a prostatectomy; as well as handouts about ADT. Phase 2 will include an interdisciplinary sexual health clinic for prostate cancer patients. The goal of the program is to ensure that patients receive holistic care with the right information at the right time.

This presentation will review barriers and challenges to implementation of the Men’s Sexual Health Program as well as progress to date.

B158 • Returning to work with cancer: Informational need of survivors, healthcare providers, and employers

Christine Maheu, Maureen Parkinson, Margaret Oldfield, Lori Bernstein, Mary Stergiou-Kita, Mary Jane Esplen, Mina Singh, Alyshia Savji, Claudia Hernandez

PURPOSE: Many cancer survivors want and/or need to return to work (RTW). However, survivors, healthcare providers (HCPs) and employers generally lack information about returning to and sustaining employment. As part of building the first Canadian website on cancer and work (Cancerandwork.ca), we surveyed the informational needs of survivors, HCPs and employers.

METHODS: To inform the website content, potential users were asked to complete an online survey to rate the importance of selected topics, provide comments, and suggest additional topics. By December 2015, the survey had received 230 responses. Content and quantitative analysis identified similarities and differences among comments and suggested additional topics for each potential user group.
SUMMARY: Analysis indicated that all three groups sought information on cognitive impacts of cancer and need for work adjustment, accommodations, workplace culture, resources and programs, gradual RTW, and disclosure. Survivors commented on the impact of cancer on their work ability, understanding the role of each type of HCP and how they can assist with RTW and co-worker relationships. HCPs commented on mental health, work-ability assessment, and burdensome form completion. Employers commented on workplace communication, reliability, productivity, and needs for alternate management plans and temporary staff to replace absent survivors.

CONCLUSION: Survivors, HCPs and employers have overlapping RTW informational needs; and concerns specific to each group. Survey results are helping prioritize and augment the content of the Canceandwork.ca website for all three groups.

B166 • The Future is Now: Collaborating to Improve Post-Treatment Transitions of Care for Albertans
Shelley Currie, Linda Watson, Xanthoula Kostaras, Katherine Skora, Dellice Saxby, Michael Lang, Reza Zarei, Amanda Jacques, Andrea Deiure, Jennifer Looyis, Heather Ebeling, Megan Campbell

PURPOSE: Every person who experiences cancer requires support to ensure seamless transitions in care as their cancer journey unfolds. There are currently over 130,000 Alberta cancer survivors in the post-treatment phase of follow-up, surveillance and monitoring and/or receiving adjuvant treatment. It is expected this number will double in the next 10 years. These patients are at increased risk for reoccurrence, developing a second unrelated cancer, and other late and long-term effects of their cancer diagnosis and cancer treatments. CancerControl Alberta has a key leadership role in collaborating with all key stakeholders to determine a sustainable way forward to meet these needs, now and in the future.

METHOD: Transitional support is identified as essential to providing quality health care (AHS Patient First Strategy, 2015) and is defined as the coordination and continuity of health care as patients transfer between internal and external providers and across sites/systems over time. Development of a “Transition of Care Model” to improve transitions for well patients post-treatment is underway through the Provincial Integrated Cancer Survivorship Project-PICSP (2014-2016). Although this project work is not yet complete, several key elements required to improve transitional care have emerged including: general and tailored self management and decision support resources, and optimized processes for care coordination between CCA and Primary Care.

RESULTS: This presentation will outline progress to date and lessons learned, focusing on three key components of the emerging model: provincial follow up guidelines, patient education and self-management resources, and decision-support and care coordination improvements for healthcare providers.

B167 • WE-Can: A wellness and exercise program for individuals living with cancer – A community group-based model
Kelly-Jo Gillis, Tracey Larocque, Ian Newhouse, Glen Paterson, Daphne Doble

There is compelling research supporting the benefits of exercise for individuals with cancer. While the efficacy of exercise as a health benefit cannot be questioned, an emerging issue is to identify the most beneficial types and delivery methods of exercise intervention.

PURPOSE: The purpose of this pilot study was to describe and provide support for the effectiveness of a community- and group-based exercise program non-specific to age, gender, cancer type, or the continuum of care.

METHOD: A physician referred, 10-week (one hour, bi-weekly) group-based exercise program supporting muscular strength/endurance, cardiovascular fitness, and flexibility was held in a community setting. Pre and post assessments were conducted on physical function (Senior Fitness Test), fatigue (Brief Fatigue Inventory, Functional Assessment of Chronic Illness Therapy-Fatigue version IV), health and quality of life (Short Form-36 Health Survey version 1), and functional ability (Patient Specific Functional Scale). A participant satisfaction survey was also administered post program.
RESULTS: Significant improvements were observed in all areas of physical functioning, quality of life, and fatigue levels in 70 (59 female, 11 male) participants (aged 58 +/- 10.5) with various types of cancer.

CONCLUSION: The success and effectiveness of a program of this nature appears to revolve around the sense of community and camaraderie that fosters confidence building in a safe environment. The WE-Can program provides a foundation for further research and a framework for communities to support the health of individuals living with cancer, cancer treatment, and its late effects.

B168 • Tele-Palliation
Trina Diner

Supporting patients at end-of-life presents universal challenges in Canada. Up to 80% of people report wanting to die at home while less than 20% are able to. Caring for loved ones at home presents complex 24 hour challenges for families. These challenges include the family’s psychosocial needs surrounding acceptance, grief and anxiety as the patient’s palliative condition changes. This situation can result in sub optimal care with patients being rushed to emergency, or having first response (fire, ambulance and police) attending at homes where a planned death has taken place, further burdening the family and potentially complicating the grief process.

To address these realities a pilot project was undertaken at Regional Cancer Care Northwest in Thunder Bay, Ontario, which allows palliative physicians to connect by video from their personal computer into the home environment for appointments. The initial pilot hosted patients N=8, all over the age of 45 connecting to 35 appointments to palliative physicians. Since the pilot project over 150 appointments have been completed.

The tablet technology was purposely designed to be easy to use with a focus to have non technical patients use it independently. Patients and clinicians have reported the service is very valuable with comments such as “this should be available for every family”. Expected and unexpected results will be discussed along with the sustainability challenges and evaluation research to begin in 2016.

B170 • Clinical Hypnosis and Self-Hypnosis in Pain Therapy and Palliative Care: Techniques for improving the patient’s physical and psychological well being
Maria Paola Brugnoli

BACKGROUND: A large number of studies have provided evidence for the efficacy of psychological interventions, as clinical hypnosis and self-hypnosis, in the treatment of chronic pain, anxiety and anxiety-related symptoms in Palliative Care. Hypnosis is a procedure involving cognitive processes, in which a subject is guided by a hypnotist to respond to suggestions for changes in sensations, perceptions, thoughts, feelings, and behaviours.

PURPOSE: this work is a scientific review about the role of clinical hypnosis in cancer patients and in Palliative Care to relief from pain, anxiety and other distressing symptoms and enhances quality of life. The aim is to inform future study designs and lifestyle interventions in psychosocial oncology.

FOCUS: Clinical hypnosis is an effective therapy in advanced cancer to enhance suffering relief and communication and assists patients as an adjuvant palliative approach to care. The paper includes an overview about the use of clinical hypnosis in psychosocial oncology.

METHODS: This presentation will focus on the development and implementation of this intervention within the cancer centres and in Palliative Care. It will also highlight the strategies used to integrate this intervention with cancer patients.

CONCLUSION: The present review make evident that pain, anxiety and anxiety-related symptoms, are associated with greater physical and psychological suffering in cancer. These findings have important implications for early psychological and palliative care interventions, like hypnosis and self-hypnosis, in this population. This study provides understanding into clinical hypnosis experiences, and offers suggestions for the development of future routine programming in psychosocial oncology.
B171 • Building Collective and Individual Resilience in Palliative Care Teams: Lessons Learned from a Participatory Research Project

Lise Fillon, Melanie Vachon

Health care professionals working in palliative care are confronted to multiple sources of stress as part of their work. Institutional pressure, inter-professional conflicts, moral distress, ethical issues and patients’ sufferings often intertwined to create work context that are propitious to burnout and compassion fatigue. The objective of this oral presentation is to illustrate the contribution of a participative research project carried out in collaboration with MUHC (McGill University Health Centre), intended to develop, implement and evaluate a supportive program to cultivate caregiver’s resilience in palliative care. Details from the development phases and implantation realized between 2012 and 2015 will be presented, as well as content of the support program different aspects. This one carried two distinct tranches. A first tranche, based on appreciative inquiry, aimed to reinforce team resilience. The second tranche, based on the search for meaning and mindfulness, aimed to build up caregivers’ individual resilience. Each tranche has been evaluated from a quantitative and qualitative point of view. The program implementation process and evaluation will be discussed, as well as issues involved in the supportive program long term integration dedicated to caregivers in palliative care.

B173 • Fear of Cancer Recurrence Among Survivors of Adult Cancers

Jacqueline Galica, Kelly Metcalfe, Christine Maheu, Carol Townsley

PURPOSE: Fear of Cancer Recurrence (FCR) is a top concern for cancer survivors and many need professional help to cope with their fear. Understanding the prevalence, predictors and mediators of FCR is important to identify and refer those at-risk for clinically significant FCR into appropriate interventions. The objectives of this study were to assess the magnitude of FCR among survivors of adult cancers, as well as examine predictors and mediators of FCR.

METHODS: Survivors of adult cancers attending a survivorship clinic were invited to participate in this cross-sectional, mixed mode survey study. Participants completed standardized assessments of FCR, self-esteem, personality, generalized expectancies, illness representation, and coping style, in addition to a demographic form. Clinical and treatment information was extracted from hospital charts.

RESULTS: Of the 2,015 eligible patients, 1,002 completed the survey. The mean age was 61.1 years and most were female (85.2%). The mean time since diagnosis was 9.1 years (range 1-36 years) and most were diagnosed with breast cancer (66.2%). Fifty-nine percent of the sample had levels of FCR that were clinically-significant. This oral presentation will expand on this and the results of a structural equation modelling analysis of study variables.

CONCLUSION: This study illustrates the magnitude of clinically significant FCR that persists among long-term survivors, highlighting the importance of resources to cope with FCR. Furthermore, the identification of FCR predictors and mediators may suggest “risk factors” for higher FCR and have utility for intervention development and refinement.

B174 • Investigating the Longevity of a Peer Cancer Support Group

Scott Sellick, Heather Neilson-Clayton, Suzanne Chomycz, Trina Diner

PURPOSE: Support groups provide opportunities for assistance through the sharing of mutual experiences, although there is an absence of literature on the relative value-added of professionally facilitated peer support groups for patients with cancer and their caregivers. This evaluation sought to investigate the effectiveness and longevity of a recently disbanded peer cancer support group in a hospital setting. The group was developed in 1990 and met weekly for 25 years.

METHODS: A focus group consisting of cancer patients and their caregivers developed outcome questions for the project, which were later administered to the support group along with demographic questions. The sample (N = 7) consisted of current members between the ages of 40 and 70 years. Cancer diagnoses were varied, with members being in remission or continuing to live with cancer.
RESULTS: All participants viewed the group as helpful. Participants indicated that the longevity of the group could be contributed to several factors: it involves meeting in person, there was a long-standing facilitator, it promotes peer-based learning of coping skills, and it has strong group cohesiveness.

CONCLUSION: This evaluation provided insight into how valued the group was to its members. Members engaged in sharing personal and family information and, in the process, created a family of its own. This might not have happened if it was a time-limited offering. Members have expressed considerable disappointment with the group being cancelled.

B175 • Impact of the systematic meeting with the psycho-oncologist on psychological support. A longitudinal study
David Ogez, Emmanuelle Zech, Jean-Pascal Machiels, Frederic Maddalena, Valérie Lannoy, Philippe de Timary

OBJECTIVE: Cancer patients experience distress (Bultz et al., 2006), for which a psychological support might be beneficial. However patients usually will not ask for this intervention and only a minority (14 % according Razavi, 2005) accepts a psychological follow up. To increase the proportion of patients who may benefit from psychological support, a meeting was systematically implemented in our hospital, within days following the announcement of a cancer diagnosis. In this longitudinal study, we aimed to assess the interest and the efficiency of such an intervention on the distress and the perception of the psycho-oncologist across the stages of the oncological treatment.

METHOD: An intervention group was compared to a control group that did not receive the visit of the psychologist. The study integrated information on sociodemography and disease, psychological distress, anxiety, depression symptoms, and perception of the psychologist. Patients were assessed on two occasions: T1 = diagnosis (n=109) and T2 = treatment (n=41).

RESULTS: For men who met the psychologist, the results showed that the systematic meeting led to an increase of the evaluation of psychological distress and a better perception of the psychologist than for men of the control group. This meeting also promoted psychological support of men during oncological treatments. Women who met the psychologist had a self-reported depression score higher than women of the control group. They also had a positive perception of the psychologist and have continued a psychological support whether they have met or not the psychologist systematically.

B179 • Extramarital affairs and “misuses” of the internet in the context of cancer: a discussion
Guy Pelletier

Extramarital affairs and “misuses” of the internet such as going on dating sites, online flirting and the viewing of pornography in couples where one partner has cancer are reported anecdotally. Although the literature is replete with studies and discussions of these matters in the context of research on couple dynamics and couple therapy in the general population, there is no evidence of systematic study or discussion relevant to the cancer population. A search of the literature yielded two articles and a book chapter that mention extramarital affairs in the context of life-threatening diseases including cancer. Extramarital affairs in the context of cancer have also been discussed on occasion in the popular press, usually in relation to the lives of public personalities. In this workshop I propose to discuss a number of cases that arose in my practice over the last 18 months, with the goal of addressing two questions (1) what issues, if any, does cancer add to the problems of extramarital affairs and ‘misuses’ of the internet; and (2) do we need to modify treatment approaches to these problems and adapt them to couples where a partner has cancer.
B181 • Using Cognitive Interviews and Expert Feedback to Validate the Australian AYA Distress Thermometer and Problem Checklist for use in Canada

Norma D’Agostino, Vicky Breakey, Elena Tsangaris, Anne Klassen

PURPOSE: Routine screening for distress has been identified in Canada as a standard of care for cancer patients of all ages. Recognizing that the cancer journey of AYA patients is different from that of children and adults, a priority of health care professionals who care for AYAs has been to tailor distress screening to assess their unique challenges. The Australian AYA-specific Distress Thermometer (DT) and Problem Checklists were identified as the best tools available. Before this tool is used in Canada, research is required to ensure the instructions, response options, and content comprehensively and clearly represent the experience of distress for Canadian AYAs.

METHODS: Qualitative interviews were conducted with AYA cancer patients and survivors, aged 15-39 years, in Ontario and Quebec. Additionally, individual feedback from experts in the field of AYA oncology was invited. Participants and experts were asked to review the content and provide feedback on their understanding of the survey items, relevance, as well as any missing content.

RESULTS: Thirty-five participant interviews have been conducted to complete round one. All interviews were coded and items were generated. A total of 19 males and 16 females were recruited. Twenty-five were off-treatment and 10 were on-treatment. The most commonly reported areas of distress include physical, emotional, social and information respectively. Overall, patients resonated well with the items on the Australian distress-screening tool. Results from expert feedback are currently being analyzed.

CONCLUSION: Input has helped us revise the instructions, response options, item wording, and identify missing content to better reflect the issues faced by the Canadian population. Next steps will include another round of cognitive interviews to verify changes made from round one and our expert feedback, followed by a Canada-wide field-test to test the reliability and validity of the scale using a RASCH analysis approach.

B183 • Cognitive impairment and quality of life in patients with advanced gastrointestinal cancer receiving chemotherapy: a preliminary study

Guy Pelletier, Yasmin Fayaz

PURPOSE: Almost invariably treatments for advanced gastrointestinal (GI) cancers involve the extensive use of various chemotherapeutic regimens, some of which known to be neurotoxic. This preliminary study sought to identify whether survivors of advanced GI cancers report objective and subjective cognitive impairment (CI), to measure the extent of the impairment, and to examine the correlations between cognitive impairment, quality of life (QoL), and emotional distress in that population.

METHODS: Using a cross-sectional design, twenty (20) participants were assessed using brief individually administered neuropsychological tests and questionnaires focusing on subjective perceptions of cognitive functioning, quality of life, and emotional distress. Cut-off scores were used to describe the clinical characteristics of this sample, while correlations were run to evaluate the relationships between objectively measured and subjective perception of cognitive functioning, QoL, and indicators of depression and anxiety.

RESULTS: 90% of the sample exhibited CI. Subjective perceptions of CI did not correlate with the result of neuropsychological tests. Subjective perception, but not objectively measured cognitive functioning was found to correlate with QoL and emotional distress. Participants reported an adequate QoL, but anxiety and depression were elevated.

CONCLUSION: So far, cancer-related cognitive functioning has been studied mostly in breast cancer patients. This preliminary study shows that patients with advanced GI cancers also experience such problems and that perceived cognitive functioning may contribute poorer emotional well-being. Further studies using longitudinal designs and more carefully targeted measurements could be done with this population.
B185 • Screening for Sexual Health Concerns of Gynaecological Cancer Patients Seen in Routine Follow-up Visits
Lauren Walker, Majken Villiger, John Robinson

OBJECTIVE: Sexual well being is a component of quality of life for all cancer patients, in particular for gynaecological cancer patients, with over half typically reporting disrupted sexual function or sexual concerns. Satisfaction with sexual health information is typically poor, and demand for more support is increasing. The Alberta Screening for Distress (SFD) program provides an opportunity for patients to indicate that they have sexuality/intimacy concerns to their health care provider.

METHODS: Information from 12 months of gynaecological cancer follow-up clinics was examined. 577 patient’s medical files were reviewed. The prevalence of sexual health concerns endorsed on the form and healthcare providers’ follow-up on these concerns were examined.

RESULTS: In contrast to the high rates in the literature, only 6.1% of these patients indicated sexual health concerns on their SFD form. Of those, only 34% were subsequently given advice from their healthcare provider.

CONCLUSION: The disparity between reported sexual health concerns on the SFD, and the high rates of sexuality concerns in the gynaecology literature, suggest that the use of the SFD as a screening measure for sexuality concerns is insufficient. Furthermore, for those patients who do identify concerns on their form, health care provider follow-up is inadequate. Improving both the ability of the SFD to capture the sexual health concerns of gynaecological cancer patients, as well as the ability of healthcare providers to address these concerns has the potential to greatly improve the quality of care for our local gynaecological cancer patients.

B186 • Facing cancer as a couple: to what extent do couples perceive that their needs are met?
Marie-Claude Blais, Louise Picard, Patrick Villeneuve, Alexandre St-Hilaire, Serge Dumont

PURPOSE: Cancer affects the couple as a unit, beyond partners as a pair of isolated individuals. However, the needs of couples experiencing cancer are currently mostly understood as individual needs, that is, the needs of the cancer patient are investigated on one hand and those of the partner on the other. While these individual needs are relatively well described in the literature, much less is known about the needs of couples as a unit, especially in the interpersonal area. Moreover, there is very little data indicating to what extent couples perceive such needs and if these are being met by the services currently being offered in cancer care.

METHODS: Based on a literature review, our research team developed a questionnaire comprising 24 items divided into five domains of needs (e.g. information, communication, adjustment to impacts of cancer on couple relationship, decision making and problem solving). Seventy-nine participants completed the self-administered survey, mostly by electronic format.

SUMMARY: The sample is composed of both cancer patients (55.7%) and partners (44.3%), with a majority of women (76%). While informational needs are ranked highly and perceived as generally well met, other domains of needs, such as those pertaining to communication, are also perceived as highly important but much less addressed through cancer care.

CONCLUSION: Results of this survey constitute a first step in the development of strategies and tools more suited to the specific needs of couples experiencing cancer.
B193 • Learning to work with dreams in bereavement

Joshua Black

The topic of dreams in bereavement has been mainly overlooked in the academic literature. Previous research has shown that dreams of the deceased were found to occur in around half of the bereaved sample (children and adults). Although they are a common experience in bereavement, very little is known about them. This gap in our knowledge about dreams of the deceased can make counselling the bereaved challenging. It has only been in the last couple years that a shift has occurred, with more researchers exploring this area. I will discuss what research has established thus far. Specifically, I will discuss the findings from studies I have been involved in while in my MA and PhD. Additionally, different tools that can be used with the bereaved will be discussed.

B197 • Psychosocial Oncology Quality Indicators Prioritization Exercise

Colleen Fox, Tory Cadotte, Zahra Ismail, Maria Rugg, Mark Katz

PURPOSE: One of Cancer Care Ontario’s (CCO) roles is to monitor and report on cancer system performance to support quality improvement. CCO’s Psychosocial Oncology (PSO) program developed a measurement plan with potential indicators to evaluate patient access to and the effectiveness of PSO services across the province. The objective of this study was to conduct a modified Delphi process to build consensus and prioritize PSO indicators based on their relevance to provincial goals, ability to measure regional and provincial performance and result in tangible actions.

METHODS: Through consultations and literature reviews, 16 measurement concepts were identified as quality indicators for the PSO Program. Members of the PSO Provincial Committee (n = 32) evaluated each indicator based on set criteria: relevance, outcome-focused, directional, and actionable. Two rounds of input was gathered through a structured worksheet with a minimum response rate of 60%.

Round one was based on a simple ‘Yes or No’ response to the indicators’ ability to meet the defined criteria. Participants were encouraged to comment on each indicator and suggest new indicators. Indicators not meeting at least half of the evaluation criteria, on average, were removed from the list. Net new indicators suggested by at least 10% of respondents were included in round two. In round two, members rated each indicator on a scale of 1-5, indicating to what degree the indicator met the evaluation criteria.

RESULTS: After round one, the original list was narrowed from sixteen to nine indicators. Four new indicators were also added. After round two, three indicators were identified as meeting the evaluation criteria: 1) wait times to specialized PSO services, 2) access to registered dietician services by the head and neck cancer population, and 3) documented follow-up with patients with anxiety and/or depression. Prioritized indicators were reviewed with the PSO Committee and CCO senior leadership to confirm direction.

CONCLUSION: The prioritization exercise provided consensus across divergent regional perspectives and identified top priorities for provincial initiatives. Work is underway to further develop/refine these indicators for provincial reporting.
B198 • Risk for psychological distress among First Nations adults with cancer: Association with familial history of Indian Residential School attendance

Maike van Niekerk, Amy Bombay

Aboriginal peoples have been and continue to be subjected to multiple traumas and stressors that contribute to their greater risk for a variety of health and social problems. Among these health issues, cancer has been identified as the third leading cause of death in the First Nations population, and survival rates are lower because many are not diagnosed until it is too late. Due to the high prevalence and mortality rates of cancer, its diagnosis and treatment commonly evoke extreme psychological distress that can have significant implications for treatment and recovery. Having a greater understanding of risk factors that contribute to individual differences in psychological responses to cancer will help identify vulnerable populations and facilitate the development of culturally appropriate interventions. The present study assessed how familial Indian Residential School (IRS) attendance is linked with psychological distress among those with and without cancer in a representative sample of First Nations adults living on-reserve. Statistical analyses were carried out using data from the 2008-10 First Nations Regional Health Survey (RHS), a representative survey of 4,934 First Nations living on-reserve from across Canada (excluding Nunavut). Analyses revealed that having a parent who attended IRS put First Nations adults diagnosed with cancer at greater risk for psychological distress relative to those without this family history. These findings point to the need for culturally safe cancer care for First Nations individuals and communities that have been affected by Residential Schools and other historical trauma events.

B200 • Young adults living with advanced stages of cancer: Issues of preferences for care, legacy and empowerment

Rosalind Garland, Carmen G. Loiselle

PURPOSE: Little is known about young adults (YAs) living with advanced cancer and their illness experience. Yet, anecdotal accounts suggest that they are actively involved in managing key issues related to their precarious condition. The goal of this qualitative study was to explore, in more depth, these issues in the context of their daily lives.

METHODS: Semi-structured interviews were conducted with 9 YAs (7 females, 2 males; ages ranging from 35 to 51) diagnosed with advanced or metastatic cancer. These interviews took place at the same time as YAs were being filmed for a documentary on the topic of empowerment in advanced cancer. Ethics approval was obtained from the Jewish General Hospital ethics board.

SUMMARY: Participants’ preferences focused on being perceived as pro-actively living individuals rather than patients in a debilitating illness phase. They underscored the importance of peer support from other YAs living with advanced cancer. Interestingly, family members were rarely discussed in terms of being instrumental in YAs’ needs for support. All participants spoke of the need to leave something behind such as significant social contributions (e.g., being remembered as a courageous, loving person; having raised “good” children). The notion of feeling in control emerged consistently but was further complicated for those living with comorbidities. All reported the desire to live as long as possible while adjusting to physical complications such as loss of organ function as they arose.

CONCLUSION: The study findings will serve to inform new empowerment promoting strategies and interventions to best support YAs living with advanced cancer.

B205 • How can we improve the coordination and overall experience of cancer care for breast and colorectal cancer patients? Qualitative results from the CanIMPACT study

Julie Easley, Baukje (Bo) Miedema, Mary Ann O’Brien, June Carroll, Donna Manca, Fiona Webster, Lise Fillion, Eva Grunfeld

PURPOSE: The Canadian Team to Improve Community-Based Cancer Care along the Continuum (CanIMPACT) is a pan-Canadian group of researchers, clinicians and policy makers dedicated to improving care for cancer patients. The goal of the qualitative component of this program of research is to understand the experiences of breast and colorectal cancer patients with the coordination and transition of care between family physicians and specialists throughout their cancer journey.
METHODS: Using a constructive grounded theory approach, we conducted telephone interviews with breast and colorectal cancer survivors from across Canada who were 1-4 years post-diagnosis. A brief socio-demographic survey was also completed to create a participant profile.

RESULTS: Thirty-eight cancer survivors participated (21 with breast cancer; 15 with colorectal cancer; 2 with both breast and colorectal cancer). Participants highlighted the following issues that they perceived as problematic in the coordination of cancer care between family physicians (FPs) and specialists: 1) lack of leadership in care and establishing who is in charge; 2) poor communication between health care providers and with patients; 3) difficulty getting appointments with FPs; 4) need for more education for FPs on cancer survivorship issues; 5) feelings of mistrust in FP ability to provide cancer care if patient experienced a delayed diagnosis; and 6) feeling like they are being “kicked out” of the cancer clinic when discharged to FP care.

CONCLUSION: Although research studies have shown that transitioning cancer care to primary health care after acute treatment is a viable option, patients may not be as willing to leave the care of their cancer specialists/clinics. Efforts should be made to improve the communication between providers and with the patient; to establish clear leadership in the patients’ care and to (re)build trust in the abilities of the FP to provide comprehensive care for cancer issues after treatment.

B210 • Cancer in Adolescents and Young Adults: Reflecting on the BC Cancer Agency’s Experience of Providing Psychosocial Care and Support to this Unique Population
Sarah Sample, Gina Mackenzie

There are 7,000 adolescent and young adult cancer diagnoses per year in Canada. It is understood that there is significant physical, psychological, emotional, social, and vocational growth during adolescent and young adult development. Cancer diagnosis and treatment in this phase of life can greatly disrupt life plans and delay developmental milestones. Further, this population can be complex to care for and requires special considerations for psychosocial care. This presentation will focus on the BC Cancer Agency experience with this population in the past, in the present and as envisioned in the future. We provide a risk stratified approach to patient care depending on our initial psychosocial screening. All patients are screened upon their first appointment with the oncologist (PSSCAN-R and the Canadian Problem Checklist) and the problems that are identified are different depending on age group. We will highlight data that we have compiled from our psychosocial screening process, and how this has directly affected the psychosocial care and support we offer.

B214 • Radiation Therapists Responding to Cancer Patients Symptoms: A Quality Improvement Project
Katherine George, Laurie Stillwaugh, Angela Brunetti, Tammy Fetterly, Carole Mayer

PURPOSE: Using LEAN methodology (huddles, education forums and plan-do-check-adjust cycles), the radiation therapy program at the Northeast Cancer Centre underwent a quality improvement project: 1) to engage the radiation therapists (MRT(T)s) in responding to patient’s elevated scores, 2) to improve weekly symptom screening rates and, 3) to increase patient satisfaction scores on a patient symptom management experience survey.

METHODS: Several process steps were implemented that included: adding a reminder to the patient appointment print-out to complete their symptom report; providing inter-professional education to all radiation staff about patient-reported outcomes measures and management of symptoms; development of a management algorithm for MRT(T)s to use as a reference when responding to distress; reviewing patient’s electronic scores weekly during chart checks and responding to unaddressed elevated scores, and review of weekly data reports to inform decision making process.

RESULTS: Monthly updates were presented to our inter-disciplinary symptom management committees for discussion and feedback. The weekly patient screening rate rose from 43% to 89% for all radiation therapy patients screened in the cancer centre after implementation. Improvements were consistent and have sustained over a 12-month period. Patients reported a positive increase in patient-provider communication with their symptom report. Patient satisfaction with health care provider’s responding to elevated emotional concerns did not show marked improvement and scores remained relatively the same.
CONCLUSION: We learned that communication, coordination, and documentation are very important to achieve desirable improvement results and to translate policies, procedures, and guidelines into practice. MRT(T)s were very receptive to the implementation of this practice change and their workload has not been negatively impacted due to this new process. Although the management of emotional concerns still remains an issue among our patients, we continue to provide ongoing education and resources to our clinicians to improve responding to symptom concerns. Next steps include incorporating symptom management at CT appointments for earlier identification.

B217 • Shifting Practice from “What is the Matter with You” to “What Matter’s to You”: An innovative film curriculum to explore Screening for Distress with front-line clinicians

Michael Lang, Linda Watson

Despite a robust literature, endorsement by national cancer organizations around the world and mandated implementation by local cancer care authorities, Screening for Distress faces many barriers to implementation in a clinical setting. Often of these barriers are due to a lack of understanding by frontline clinicians, not a lack of information or knowledge. For this reason, innovative approaches to communicate the important underlying purpose of Screening for Distress, namely a paradigm shift from medical paternalism to a patient-centred collaborative care approach, must be developed.

Storytelling is uniquely suited to address these implementation challenges, as its primary purpose in human history is to improve understanding of a phenomenon, not increase knowledge about the phenomenon. The Provincial Patient-Centred Care Integration Department of CancerControl Alberta created a video curriculum of five stories that directly address the primary concerns of frontline clinicians while concurrently shifting the focus of the conversation towards the deeper, underlying paradigm-shifting purpose of Screening for Distress. The videos create space for conversations about Screening for Distress above and beyond its surface level purpose as a simple referral/triage tool or, as some clinicians see it, an additional piece of paperwork that takes time away from their patient interactions.

This presentation will screen three of the short videos and explore the discussion points associated with each story. Attendees will leave with links to the videos and a discussion guide that they can use to increase understanding of Screening for Distress in their own clinical contexts.

B218 • Reflect, Refocus, Rebuild: An introduction to the narrative-informed model of psychosocial adjustment for AYAs used by Survive & Thrive Cancer Programs

Michael Lang

Survive & Thrive Cancer Programs is a not-for-profit organization dedicated to using adventure therapy, films, experiential workshops and retreats to encourage and inspire young adults touched by cancer to live well. It has been operating in Canada and the USA since 2009, taking hundreds of young adult cancer survivors and supporters on week long wilderness expeditions and reaching thousands more through films, workshops and retreats. In 2013, Survive & Thrive won the Critical Mass Young Adult Alliance “Excellence in AYA Models of Care” award for their narrative-informed “Reflect, Refocus, Rebuild” model of psychosocial adjustment.

In this presentation, Founder and Executive Director, Mike Lang, will deconstruct Survive & Thrive’s “Reflect, Refocus, Rebuild” model, walking attendees through the AYA-specific reflective exercises, experiential education activities and facilitation techniques that are useful for exploring the salutogenic side of living well with, through and beyond cancer. A case study will be presented describing how combining adventure activities with experiential education, in-depth reflection and a semi-structured facilitation process can lead to profound life change in young adults with cancer.

AYA cancer care professionals will leave with new ideas about how to facilitate post-traumatic growth in young adults with cancer in an informal, yet structured way in both a wilderness and urban setting. Attendees will gain a greater understanding of the theory behind adventure therapy, leading to a clearer picture about how and why adventure activities are developmentally appropriate for AYAs and can create such positive life change.
B220 • Speaking Their Language: An RCT pilot study of professionally facilitated online synchronous chat groups for young adults with cancer in Canada

Michael Lang, Janine Giese-Davis, Joseph Dort, Joanne Stephen, Marilynne Hebert

PURPOSE: The established CancerChatCanada (CCC) synchronous online chat group program is well positioned to support Adolescents and Young Adults (AYAs) with cancer as it is easily accessible, reaches a wide geographic population and combine's peer and professional support. Based on AYA developmental psychology, a narrative-informed emotion-focused group psychotherapy model (NIEFP) could be more effective for AYAs than the standard psycho-educational psychotherapy (PEP) model currently used in CCC groups. A pilot study to determine the feasibility of a RCT to test this question is a necessary first step to further exploration of online, AYA-specific psychosocial interventions.

METHODS: We conducted a randomized pilot study with the CCC platform, using both qualitative and quantitative data to compare the NIEFP and PEP online psychotherapy models. The three primary aims of the study were to explore “Proof of Concept” (content sensitivity and group processes), “Appropriateness of Outcome Measures” (construct and change over time) and “Study Design Feasibility” (recruitment/retention, attendance, usability, satisfaction, statistical power).

RESULTS: 34 AYAs in Alberta participated in the study and all feasibility targets were met. Participants rated the NIEFP model more suitable and it appeared to improve important group processes and psychosocial outcomes. A power calculation providing sample size estimation for an RCT indicated that more than 90 participants would be needed to demonstrate differential efficacy between groups. This randomized study design is feasible with some important modifications.

CONCLUSION: Online synchronous chat groups can effectively provide psychosocial care for AYAs. Future RCTs could provide evidence of efficacy for age-specific psychotherapy models.

B221 • Body Awareness - a Friend or a Foe; The Impact of Somatic Awareness on Psychological Distress in Breast Cancer Patients

Kate Szymanski, Carolyn Springer, Lijljana Zecevic

PURPOSE: Breast cancer originates from within a body, and treatment can create substantial physical deformation, thus both of these factors may account for some of the psychological distress experienced by cancer patients (Gurevich et al, 2002). Somatic awareness – directing attention to body experience and associated feelings – has been suggested as a healing heuristic for patients with body distress. The aim of this study was to explore if somatic awareness can reduce psychological distress in breast cancer patients.

METHODS: 126 women with breast cancer aged 19-76 (mean age = 45.0; SD = 12.4) completed survey measures including demographics and health history; somatic awareness (Scale of Body Connection); psychological functioning (Brief Symptom Inventory); trauma symptoms (PCL- C checklist); anger (Novaco Anger Inventory) and affect regulation (Affect Intensity Measure).

RESULTS: There were significant positive correlations between somatic dissociation (lack of body awareness) and poor psychological functioning on all BSI subscales (e.g. Depression Pearson r = .484, Anxiety r = .483, p < .001); trauma symptoms(= .667, p < .001); anger (r = .299, p<.01) and negative emotional states (reactivity r=.183, p<.05; intensity r=.259, p<.01). Body association was significantly associated with trauma’s hyperarousal (r=.184, p<.05). Younger women (r=-.361, P<.001) were higher on somatic dissociation.

CONCLUSION: These findings suggest that somatic awareness could serve to protect breast cancer patients from negative psychological symptoms (including trauma) and negative emotional states, and that it might vary with age. Younger women seem to be at particular risk due to higher body dissociation. Implications for recognizing the new concept of somatic awareness in clinical care of cancer patients and its age related characteristics are discussed.
B225 • Check Yourself...self-care messaging through social media

Lorna Larsen

Reaching young people with their cancer risk and self-care messaging requires health promotion strategies that are both engaging and entertaining. In Canada, the Team Shan Breast Cancer Awareness for Young Women (Team Shan) multi-faceted social marketing approach has been successful in reaching this population at risk, but ongoing technical advances require innovative approaches to share vital self-care information. Young women have provided feedback to help guide Team Shan activities. They have recommended ‘more’ awareness, particularly in the use of social media.

PURPOSE: to educate young adults about self-check practices to help increase earlier diagnosis and improve outcomes for young adults with breast or testicular cancer.

METHODS: building on the success of a social media video strategy initiated in the United Kingdom, Team Shan was approved to develop a Canadian version of the Check Yourself video.

Through a partnership with the SAIT Athletics and Recreation department, the Taylor Swift parody video was produced. Using lip syncing, lip dubbing and flash mob style dancing the Check Yourself musical video was created and launched on Facebook and YouTube in October 2015.

RESULTS: the video has received close to 61,000 views on social media and has been shared across Canada and beyond. Team Shan social media activity and website visits increased during the video blitz and earlier detection of cancer is beginning to be realized.

CONCLUSION: the Check Yourself video has set the stage for personal self-care and encouraged young women and young men to incorporate breast and testicular self-checks into their daily lives.

B226 • Cultivating Compassion: What do patients say about training healthcare providers?

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

PURPOSE: Patients consider compassionate care to be an essential ingredient in comprehensive cancer care. In response to this patient need and high profile case were compassion was lacking, healthcare policy makers and educators are increasingly considering compassion as a standard of care and a practice competency. This presentation reports on a subset of a larger qualitative study on patients’ understandings and experiences of compassion, focusing on the importance, methods, and challenges associated with compassion training.

METHODS: Qualitative interviews with 53 advanced cancer patients were conducted, with each interview being transcribed verbatim and analyzed independently by members of the research team in accordance with Straussian Grounded Theory.

RESULTS: Initially, many patients were critical about the feasibility of compassion training, as compassion seemed to be dependent on the inherent qualities that healthcare trainees possessed at baseline and did not seem amenable to traditional teaching methods. Nonetheless, patients did feel that compassion aptitude could be cultivated, through experiential learning, mentorship, and reflective practice.

CONCLUSION: Compassionate care is delivered relationally. While patients have limited experience in curriculum development and pedagogical expertise they are directly impacted by the educational experiences of their healthcare providers and can provide valuable insight on compassion training which may help to address this gap.
B227 • Codifying Compassion in Cancer Care

Shane Sinclair, Tom Hack, Susan McClement, Shelley Raffin Bouchal, Harvey Chochinov, Neil Hagen, Jill Norris, Shelagh McConnell

PURPOSE: Compassion is increasingly recognized as a key component of a person centred approach within comprehensive cancer care. Unfortunately, it is a construct that is liberally employed, ill defined, lacks specificity and has not incorporated the perspectives of advanced cancer patients. What is compassion—really? What do patients consider the key qualities of compassionate care providers? How do these views compare/contrast with the healthcare literature?

METHODS: We conducted a scoping review of compassion and conducted 1-on-1, audio recorded interviews with advanced cancer in-patients at a large acute hospital. Interviews were analyzed in accordance with Grounded Theory methodology.

SUMMARY: Results of the scoping review identified a number of gaps in the literature, including the absence of patients’ perspectives on compassion. A conceptual model of compassion emerged from the data, delineating the key components of compassion within healthcare.

CONCLUSION: Compassion is a liberally employed term in clinical practice, healthcare policy and within the healthcare literature. While there has been an influx of scholarly activity on the topic in recent years, the perspectives of patients remains largely unaddressed. The compassion model provides an empirical foundation for future research and evidenced based clinical care that aims to enhance this essential ingredient of quality care.

B231 • Update on the Science of Stress: Neurobiology, Interventions, and Outcomes in Oncology

Rob Rutledge

A new paradigm about stress is emerging which shows that our attitude about stressful situations has a profound influence on our physiology, quality of life and even longevity. This presentation will review the burgeoning scientific literature related to

a. The neuroscience of the stress reaction including the role of oxytocin (a pro-social hormone which mitigates the damaging effects of stress), and the DHEA / cortisol (a ratio measuring our ability to learn while stressed)
b. Population-based data relating the mind set about stress to productivity, health and meaning
c. The attitude of ‘stress as enhancing’ as positively influencing function and fulfilment
d. Simple interventions to teach people to reframe their stressful experiences as opportunities to learn and grow.

This presentation will also explore how we can empower people affected by cancer by encouraging a shift in attitude about stress in a way that is both compassionate and wise. Equally we can apply these research findings to our own work in oncology. By embracing stressful situations a natural part of life and practicing the outlined interventions we can be happier, healthier and better able to serve others.
B232 • White Mouse Medicine: A qualitative study of clinical trial decision making among Chinese immigrant public hospital cancer patients

Evaon Wong-Kim, Icarus Tsang, Nancy Burke

BACKGROUND: Public hospital patients, often of low socioeconomic status and diverse race/ethnicity (the “underserved”), have few options for understanding and managing their illness, and they are also underrepresented in cancer clinical trials (CCTs). Especially when English is not the first language or not spoken at all, understanding cancer treatment regimens, and the options provided by CCT participation, is extremely difficult.

METHODS: Our study employed ethnographic methods to explore clinical trial decision-making processes with Chinese public hospital patients who had been approached for study participation. This included in-depth qualitative interviews with Cantonese-speaking patients (N=11) who had been approached for CCT participation, regardless of their decision about participation.

FINDINGS: Across all interviews, patients described pervasive confusion about insurance coverage, treatment recommendations and processes, and institutional expectations. Therefore, it was not surprising that participants were generally unclear about participation in cancer clinical trials.

DISCUSSION: Our study documents the attitudes and concerns of medically underserved patients about participation in cancer clinical trial research. Consistent with this previous research, our study identified 1) lack of understanding of clinical research; 2) lack of understanding regarding how clinical research is conducted; 3) lack of awareness regarding the individual and global benefits of clinical research; and 4) lack of time as factors influencing CCT participation. Unlike this previous research, however, our study details how concerns about experimentation – e.g. ‘white mouse medicine’ are not necessarily a barrier to participation. Rather, participants in our study discussed awareness and acceptance of experimentality, thus indicating a trust in science rarely reported.

B233 • Successful Academic and Vocational Transition Initiative (SAVTI): The Emerging Needs of Adult Paediatric Cancer Survivors

Carly Fleming, Lucie Légault, Sarah Brandon, Lori Otte

SAVTI is a program of the Paediatric Oncology Group of Ontario (POGO) which provides academic and vocational counselling to paediatric cancer survivors in Ontario. These survivors, as a result of their disease and/or treatment may have neurocognitive deficits that can create barriers in education, training and employment. The SAVTI program has traditionally focused on the post-secondary transition, but it has become clear that survivors’ academic and vocational needs change with age. This presentation will focus on SAVTI clients who are over 25 and discuss the interventions used to assist in achievement of academic and vocational goals. Case studies will be used to highlight the need for varying definitions of success in this unique population.

Barriers which hinder employment or academic success in this group include:

- educational and employment – setting realistic goals and accessing accommodations
- regional – access to community partners is not consistent across the province
- social – parental support wanes or ends as parents age or die
- medical and cognitive – risk of medical late-effects and cognitive decline increases with age

SAVTI counsellors work with clients on an individual basis to provide supports to assist survivors to set goals, overcome barriers, and learn self-advocacy skills.

As the population of survivors continues to increase and age, programs such as SAVTI will need to adapt to meet the needs of this group.
B234 • Cancer information the Canadian Cancer Society way

Tracy Torchetti

People with cancer, survivors and caregivers consistently report information as an unmet need. And evaluations consistently show that the Canadian Cancer Society's information products and services have a positive impact on people's cancer journey, on their knowledge and their ability to cope. After members of the healthcare team, the internet and print resources are the most common sources of information about cancer. But are people finding the right information at the right time?

Many Canadians see us as the trusted source of cancer information in Canada. Why do so many Canadians turn to us for information? In this presentation, you’ll learn about how we develop information for people living with cancer – information that is accurate, credible, up to date and easy to understand.

You’ll understand how we put our audience first, what goes into our gold-standard development process, the importance of medical experts in our process and how we know our information is having an impact on patients and caregivers. You’ll also hear about new directions in cancer information provision, how to help patients find what they need and how you may be able to use your knowledge to support the development of new resources.

B235 • CCSN’s A Seat at the Table Program

Jackie Manthorne

In 2012, CCSN surveyed its membership to gather insights on the impact of patient involvement in advocacy and public policy development. The majority of survey respondents said that they had been involved in advocacy campaigns, written letters or met with politicians/decision makers, or been interviewed by media. CCSN found that patient advocacy generally has a positive impact on the self-image of those doing it: many volunteer advocates felt better, more hopeful, more useful, helpful, effective and powerful. Given this positive impact of volunteer advocacy on how cancer patients see themselves, CCSN recently launched a new program, A Seat at the Table. Its objective is to increase the number of informed cancer patients, survivors and caregivers sitting on cancer and other healthcare Boards, committees and research peer review committees where decisions are being made about cancer diagnosis, treatment, post-treatment care and research funding. Part of this program is to develop a patient education training program over time. This presentation will provide an update on this new program.

B237 • On the Road of Survivorship: An Autoethnography of a Survivor’s Journey to Understand her Experience

Zeba Tayabee

PURPOSE: With advances in treatment, many adolescents diagnosed with cancer are surviving into adulthood. Nevertheless, there is limited research that incorporates narratives told by patients or survivors of paediatric cancers, especially those who are racialized. The study used the author’s personal experience as a South Asian female cancer “survivor” to explore the issues concerning the complexities of survivorship, identity and meaning-making.

METHOD: Writing an autoethnography, the author collected literature, personal data, and conducted three interviews. Engaging in thematic analysis helped to connect personal stories to the broader socio-cultural context to provide a deeper understanding of the effects of cancer.

RESULTS: Four themes emerged: loss of childhood; acceptance and coping; fitting in and belonging; and celebrated “heroism.” Findings suggest that despite being in remission, cancer is still present in the lives of survivors, and influences how they make sense of their experiences. Cancer is viewed as an “adult” disease, and young adults are often left out of conversations concerning their health. Acknowledging that the meanings survivors give to their experiences are riddled with complexities, can challenge popular notions of survivorship.

CONCLUSION: There is a need to shift the focus to illness narratives, specifically to those whose voices are marginalized within dominant discourses of cancer. Disrupting these spaces will allow for the inclusion of identities that do not fit the mould of an “ideal”; survivor, specifically of young racialized survivors. Resisting ideal representations of how cancer should be embodied can become a site for research, and lead to a critical cancer community.
B239 • Isn’t all Oncology Hermeneutic?

Nancy Moules, Catherine Laing

Hermeneutic research is concerned about the particular; the individual case is important and does not have to be verified by amassed, aggregate data in the ways that other research methods do. The late oncologist Robert Buckman said that every time he entered a new patient’s room, it changed his practice forever. Our hermeneutic research in paediatric oncology brings a unique understanding. Oncology is the practical science of handling natural science research but the practice of it, as Buckman suggested, is deeply hermeneutic in character. There is an obvious, profound, and natural fit of hermeneutic research in understanding lives, relationships, suffering and experiences of those affected by cancer.

In 2014, we received a book contract with Peter Lang to write Conducting Hermeneutic Research: From Philosophy to Practice (Moules, McCaffrey, Field, & Laing, 2015). In his Foreword, Dr. John Caputo offered this idea that what the book does is: catches hermeneutics in the act. It brings home in the most vivid way just what hermeneutics really is – in the concrete. Its authors are concretely engaged and hermeneutically enlightened practitioners who are describing the difficult and delicate conditions under which concrete hermeneutical work takes place. (p. ix)

In this presentation, I will speak to my program of research using hermeneutics to understand the complexity of childhood cancer around topics across the lifespan: adolescents with cancer and sexuality; romantic partners of adolescents with cancer; impact of childhood cancer on the parental relationship; grandparents experiences. Descriptions and results of these studies will be discussed.

B241 • Difficult Conversations Made Easier

Shawna Ginsberg

For many newly diagnosed parents, their first thoughts turn to their children and how they will cope with the diagnosis, changes in the family, and routine. This presentation will explore various digital tools and resources for empowering caregivers and professionals with the information and language to speak to children openly and honestly about cancer. The focus is to give age-appropriate information that promotes the understanding of cancer, its treatment and side effects; and provide opportunities for children to express feelings and fears related to the changes within the family so they can develop coping skills.

From books, to new engaging videos, participants will leave with a deeper understanding of why this type of open communication is important and the confidence to speak to caregivers about tools and resources available to help them.
B242 • Tracking and Trending “Fit” (Feedback Informed Treatment): Early Results of Patient Reported Outcomes at the BC Cancer Agency

Heather Rennie

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

However, until now, the BC Cancer Agency does not systematically collect data on patient satisfaction or outcomes from clinical work. Both patient-reported outcomes (PRO) and patient-reported outcome measures (PROMS) are important Canadian Partnership Against Cancer initiatives. Vancouver Coastal and Fraser Health Authority (Mental Health and Addictions) and other programs internationally are using a program – Feedback Informed Treatment: Improving Effectiveness by Doing What Counts (FITS) – to collect this information with the goals of improving adherence and effectiveness in clinical practice. Using a validated, standardized outcome measure should result in improved health outcomes and can be used provincially as quality performance indicators and for program sustainability.

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

B243 • Cancer Chat Canada: Moving Beyond Survival to a Sustainable Future

Heather Rennie, Mary Jane Esplen, Jiahui Wong

Cancer Chat Canada provides a national service of professionally-led online support groups. Until September, 2015, this program was hosted by the BC Cancer Agency, with funding support from the Canadian Partnership Against Cancer (CPAC) and in kind support from a pan-Canadian collaborative group. It is now under new leadership – namely, the de Souza Institute, University Health Network. de Souza has secured additional funding from CPAC to help with this transition, but plan to have this program self-sustaining by December, 2016. This presentation will focus on the successes and challenges of transitioning a National online program to a new leader, and the possibilities imagined for the program’s future. This presentation is timely in that many programs currently face similar challenges of attaining financial sustainability.

B245 • Shades of grey: Reconceptualizing health care and social support for an aging population

Lorraine Venturato

One of the least recognized consequences of the greying of the population in developed nations is the impact of discourses associated with older people and an aging population within a rapidly changing health care system. Longevity, chronic disease, and socio-political changes all serve to challenge current understandings of the relationship between older adults and the health and social care systems. This presentation will explore and critique assumptions and discourses about older people from a socio-cultural and political perspective, and consider strategies for working with older people within health and social care settings that challenge contemporary understandings and practices.
WORKSHOPS
W102 • Strength-training for couples: Adopting a resilience framework in counselling couples where one partner has cancer
Karen Fergus, Karen Skerrett

Current thinking about relationship resilience suggests that couples grow stronger because of, not despite, an adversity like cancer. Successful coping and adaptation to cancer is an expression of both already established strengths that couples bring to the experience of illness, as well as resources discovered through the process of struggling to accommodate new challenges brought forward by it. Processes necessary for couple resilience include: mutual empathy, vulnerability, compassion, and respect; unified meaning construction in relation to cancer; consideration and prioritization of the relationship; a relational backdrop of trust and security; and the couple's storehouse of shared wisdom. Helping couples realize their relationship strengths (both existing and emergent) requires a shift in focus from a “patient-caregiver” paradigm to an emphasis on the couple's co-constructed, shared identity or “We.” This workshop draws on theory, evidence and practical tools presented in our recent co-edited book, “Couple Resilience: Emerging Perspectives” (Skerrett & Fergus, 2015). Participants will have an opportunity to deepen their theoretical understanding of the concept of ‘We-ness’ as well as the accumulating evidence for its potent role in resilient outcomes for couples. Approaches to assessing the strength of a couple’s ‘We’, and intervening in ways that harness the unique shared identity of each couple, will be presented and discussed.

W114 • Où en sommes-nous avec les modules web “Parlons-en” qui visent à soutenir des enfants et adolescents lorsqu’un proche est atteint d’un cancer?
Andrea Maria Laizner, Kimberley Thibodeau, Laura Delany, Andreanne Robitaille

“Start the Talk/Parlons-en” est un projet novateur implanté en 2013 par l’Association Canadienne d’Oncologie Psychosociale (ACOP). Développé par un groupe d’experts, il s’agit de modules web placées sur le site internet de l’ACOP pour guider les cliniciens dans leur conversation avec le patient et sa famille. Les 4 modules ont pour thème:
1) l’information sur le cancer et les étapes de la maladie;
2) les réactions des enfants et des adolescents;
3) les rôles et responsabilités des intervenants, et
4) des stratégies de communication et ressources disponibles en anglais et en français.

Chaque modules inclus de l’information pertinente et suggestions concrètes. Présentement, même avec toute l’information disponible, les sondages démontrent que cette information ne se rend pas au public ciblé.

Le projet initial entre dans la deuxième phase au Québec dans le cadre d’un projet d’amélioration de la qualité des soins qui vise deux objectifs. Le premier est d’élargir l’accessibilité de ces modules aux cliniciens francophones et aux patients en traduisant le contenu en français. Le deuxième objectif est de mettre en lumière les défis de l’utilisation d’outils web et d’identifier des solutions créatives pour augmenter leur usage.

À la fin de cet atelier, vous serez en mesure de:
• connaître les modules et leur contenu,
• connaître les résultats préliminaires des sondages distribués aux cliniciens et patients dans le cadre du projet d’amélioration de la qualité,
• identifier des stratégies de diffusion des capsules applicables à votre milieu clinique.

Cet atelier sera bilingue.

Le programme “Start the Talk/Parlons-en” a obtenu le soutien de l’Institut de Souza et du Réseau de cancérologie Rossy.
W140 • Extending the spectrum of cancer care: New online tools to support immigrants and refugees, Indigenous people, and the bereft

Shelly Cory, Shane Sinclair, Marissa Ambalina, Glen Horst, Fred Nelson, Kali Leary, Brenda Hearson, Eunice Gorman

Indigenous people, immigrants, refugees and the bereft are commonly underserved by the cancer care system. Through collaborations with pan-Canadian partners, Canadian Virtual Hospice has recently launched three online tools steeped in the lived experience of members of these populations. These tools are designed to empower and support those living with advanced cancer and their families and serve as rich educative tools for health professionals wishing to enhance their capacity to provide culturally safe and inclusive clinical care. Indigenous Voices: Stories of Serious Illness and Grief is a series of videos and text-based tools that engage First Nations, Inuit and Metis living with advanced cancer, their families and health care providers from 10 diverse communities across Canada. LivingMyCulture.ca empowers immigrants and refugees by sharing the insights and wisdom of respected cultural leaders, people living with advanced illness and their families from ten ethno-cultural communities in this new video series. MyGrief.ca offers self-directed, online psycho-educative modules that complement existing services and are an accessible option for those who don’t or can’t access in-person services. Join us for a “walk through” of the tools: view videos, explore the MyGrief.ca modules, learn about early evaluation data and contribute to a discussion on how you can use these tools to support patients and families and improve your clinical practice. These tools were developed through the financial support of the Canadian Partnership Against Cancer.

W145 • Bad therapy! Masters in psycho oncology discuss difficult sessions

John Christopherson, Andrea Feldstain, Alan Bates, Deborah McLeod, Zeev Rosberger

Counselling therapy happens behind closed doors. We are well-qualified professionals, trained in the best practices, yet every now and then things go off the rails. This is a panel presentation where some of our best practitioners take turns sharing one or two of their more memorable sessions.

Inspired by the book Bad Therapy: Master Therapists Share Their Worst Failures. (2003. Jeffrey A. Kottler and Jon Carlson), Learning points may emerge from this workshop, ranging from how to recover from difficult situations, to how to expand on our best practices to cover a broader range of therapeutic interactions. But most importantly, the goal of this workshop is to acknowledge that therapy is a human-to-human encounter, and the process and outcomes are subject to all the vagaries of human nature.

Processing perceived failures constructively is a big part of what makes us good at what we do. This workshop is in the same spirit as the book – our hope is that such courageous and honest revelations will help others discuss more honestly their own limitations and weakness, and perhaps move beyond. Only when we confront our own imperfections are we truly able to learn and move forward.
W196 • On the tip of the toes Foundation: presentation of an innovative therapeutic expedition program and the results from a one year follow-up study using a multiple respondents mixed method design

Linda Paquette, Jean-Charles Fortin

The survival rate of adolescents and young adults with cancer has consistently increased over the last decades, reaching 85%. This rise in the survival rate justifies the implementation and scientific validation of innovative programs aiming at the psychosocial rehabilitation of this population. The On the tip of the toes Foundation is offering therapeutic expeditions for adolescent cancer survivors. The objectives of this workshop is to present the psychosocial rational of the therapeutic expedition program and to present the results of a one year follow-up study conducted with 52 adolescents and their parents from 7 different expedition cohorts. A mixed method design using qualitative interviews and quantitative validated questionnaires (Rosenberg self-esteem questionnaire, Inventory of Parent and Peer attachment, Health related quality of life questionnaire -Kidscreen 52) was conducted at 4 different measurement moments:

1) 2 weeks before the expedition,
2) 2 weeks after the expedition,
3) 4 months after the expedition and
4) 1 year after the expedition.

Multilevel growth curve analysis indicates a significant improvement with a quadratic curve of self-esteem, the quality of the relationship with the mother, the father and the peers and several dimensions of the health related quality of life (psychological, moods and emotions, self-perception, autonomy, parents relation, financial resources). Principal thematic content analysis realized using NVivo 10 indicates 4 principal categories of impacts related by the adolescents and their parents:

1) Ludic, pleasure dimension,
2) personal growth,
3) relational, social growth,
4) physical, corporal challenges and growth and
5) program evaluation, appreciation.

W201 • Integrating the Wisdom of Neuroscience and Yoga Therapy

Robert Rutledge, Anne Pitman

Participants will learn new and innovative ways to diminish fear and anxiety and lay down the neural tracks that maintain the benefits of therapy and mind/body practices in the long term.

Through various yoga, meditation and somatic practices you will learn how to investigate your clients’ suffering, and work with trauma related cancer issues such as diagnosis, surgery and treatment side effects.

Help your clients return to themselves; grounded, mindful and available – and into their authentic experience of facing cancer.

Most people are at high risk of relapsing into their previous ways of thinking and feeling after their therapeutic sessions. Maintaining these beneficial states of mind is based on principles of neuroplasticity. We will review recent neuroscience research, evolutionary biology, the negativity bias, neural pathways of stress/relaxation and meditation to show how to maintain healthy changes in mind-state for the long term.

FORMAT: The workshop will be part presentation, part experiential practice.
**W209 • 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 little 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 annual CAPO conference in which multiple CBOs presented innovative programming, collaborative projects, and research results in a structured but interactive fashion. The feedback from the ‘CBO showcase’ in previous years has been overwhelmingly positive. The attendees felt the session was helpful, inspiring and should be offered to a much wider psychosocial oncology audience.

This year’s CBO showcase will feature up to nine 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.

**W211 • The CCO Management of Depression in Patients with Cancer Guideline: Clinical realities and opportunities for interventional research**

*Mark Katz, Madeline Li, Erin Kennedy, Nelson Byrne, Homa Keshavarz, Scott Sellick*

The 2015 Cancer Care Ontario management guidelines for depression in cancer utilized Program in Evidence-Based Care methodology to update a 2007 systemic review on this topic. A surprisingly small number of new pharmacologic and non-pharmacologic RCT were identified in the last decade, although a new area of research on collaborative care interventions for depression in cancer was identified. This workshop will present results from the systemic review and meta-analysis, and then examine them from the lens of what is lacking from the data. The reality at a clinical level is that complex, multimodal interventions are often being delivered to cancer patients with depression, including combinations of newer psychopharmacologic agents from different classes and combinations of medications with psychotherapeutic modalities, with little or no cancer specific research to guide these choices. Current practice is based on extrapolation from research in non-cancer populations, uncontrolled trials in cancer, knowledge about side effect profiles and drug interactions, and clinical expert opinion. Examples of this phenomenon, supplemented by data on clinical practice patterns concerning the prescribing of psychotropic drugs in cancer will be highlighted. New and existing forms of psychotherapy which seem clinically helpful but have been inadequately studied in cancer patients with depression will be presented. Finally participants will be engaged in interactive discussion of some urgent priorities for interventional research in depression in patients with cancer.
W215 • Evidence Based Treatment Options for Sleeping Well with Cancer Across the Lifespan
Sheila N Garland

Sleep disturbances, primarily in the form of insomnia, are an especially important, but frequently overlooked, consequence of cancer. Several large-scale epidemiological studies demonstrate that close to 60% of people treated for cancer experience insomnia. Once chronic, sleep disturbances are unrelenting if not appropriately treated. Sleep difficulty is one of the most frequent reasons that cancer survivors visit their general practitioners and corresponds to 7.8 fewer workdays and $2,280 in lost income per person per year. When patients were asked about the development of their insomnia, most reported that it began with, or followed, their cancer diagnosis and that the effects of poor sleep were more overwhelming than the effects of cancer treatment.

Considering the prevalence, significance, and impact of insomnia, cancer patients require information about treatment options in order to make timely and informed decisions. The treatment for cancer patients with sleep difficulties is typically pharmacological. However, long-term hypnotic use is associated with continued sleep difficulty and performance problems, memory disturbances, driving accidents, and falls in the general population. As such, many patients often prefer non-pharmacological interventions to treat insomnia.

This presentation will review normal sleep across the lifespan, from young adulthood into older age, and describe how a cancer diagnosis and treatment can negatively impact this basic activity. Specific focus will be on the identification and treatment of insomnia. The evidence for the use of Cognitive Behaviour Therapy for Insomnia (CBT-I) will be reviewed and instruction will be provided on its delivery for clinical or research purposes.

W219 • Responding to Expressions of the Desire to Hasten Death
Keith Wilson

In the Carter vs. Canada decision, the Supreme Court overturned the prohibition against assisted suicide, thereby setting the stage for legal access to medical aid in dying for terminally ill individuals who express a desire for hastened death (DFHD). This workshop will combine didactic and experiential learning to address several key questions, such as: (1) how common is medical aid in dying in jurisdictions where euthanasia or assisted suicide have already been legalized? (2) What are the prevalence rates and clinical correlates of the DFHD in palliative cancer care? (3) How relevant are psychosocial factors in motivating the DFHD? (4) What recommendations and guidelines are available that can help clinicians formulate a thoughtful response to expressions of DFHD? Workshop participants will also be asked to share their past experiences with DFHD requests, discuss their own approaches to responding, and voice their thoughts about how legal medical aid in dying may affect the practice of psychosocial oncology clinicians.
**W236 • Understanding Long Term Disability Benefits – helping the professional to help the patient**  
*Pamela Bowes, Ilene Shiller*

More than 60% of cancer patients return to work. Almost 40% of full time employees in Canada have Long Term Disability benefits through their employer. Half of cancer LTD claims transfer to mental health claims. Financial concerns, workplace attachment and re-entry are concerns for patients and frequent topics for knowledge enhancement within the psychosocial oncology world.

Patients lack knowledge on how LTD works. Getting on LTD, staying on and then returning to work often proves challenging for patients, many who make naive or uncooperative decisions that jeopardize their ongoing eligibility.

Oncology professionals are asked by patients to help them navigate through the LTD process. Professionals may lack the specific and concrete knowledge to help patients with needed information and guidance. The LTD industry is complex to understand for both patients and professionals. This customized training will draw upon the inner workings of the LTD industry –statistics, trends, professionals involved with the case, role of medical information - and provide participants with sound knowledge to help patients make informed and educated decisions each step of the way.

This workshop will draw upon case examples from Wellspring’s financial and workplace programs, examine LTD application/medical forms, review the typical and a-typical return to work strategy, when and how conflicts arise, and how to help patients manage conflicts or potential terminations. By knowing more about LTD, professionals will be better poised to alleviate the financial and workplace concerns patients’ experience.

The presenter has 25 years of experience helping people manage financial and workplace concerns.

**W238 • Stories That Heal: Understanding the Effects of Creating and Viewing Digital Stories with Paediatric and AYA Oncology Patients, Families, and Healthcare Teams**  
*Catherine Laing, Mike Lang, Nancy Moules, Andrew Estefan*

Digital storytelling is a medium through which children and adolescents/young adults (AYA), either currently on treatment or survivors, can thoughtfully, purposefully and impactfully tell their stories. Our recent research has demonstrated great therapeutic value for this group through the act of learning how to “find” and narrate their story, incorporate the appropriate images to illustrate their story, and finally to overlay music to enhance their message. The result is usually an impactful, often emotive piece of work that they are free to use in whatever way they like. Additionally, digital stories of children and AYA’s cancer experiences have shown educational and generative effects on healthcare team members, as practitioners come to a deeper understanding of the experience of having cancer and its effects from a non-medical perspective; changes in policies, practice, and programs may result from this deeper understanding.

In this workshop, we will focus on how to help children and AYA identify “story” (not just the chronology of events) and take participants through the process of inception to final product. Participants will have the opportunity to practice with the technology and learn the basics of how to lead people through the creation of a digital story in their own healthcare settings. Digital storytelling has the potential to mitigate suffering, and is an effective tool for the health care team as a way of providing insight and understanding into patients’ and families’ unique experiences with childhood cancer.
SYMPOSIA
SYMPOSIA
S107 • Implementation of distress screening and patient-reported outcome measures: Successes and challenges across the iPEHOC sites in Ontario and Quebec.

Moderator: Doris Howell
Discussant: Zeev Rosberger

Background: The Improving Patient Experience and Health Outcomes Collaborative (iPEHOC) is a quality improvement initiative in six diverse cancer programs in Quebec and Ontario and remote Aboriginal clinics. The goal of iPEHOC is to facilitate a quality response to a standardized core set of patient-reported outcome measures (PROMs) in routine cancer practice, and to evaluate effects on patient-reported experience measures (PREMs).

Methods: The iPEHOC system includes electronic collection of PROMs for symptoms of pain, fatigue, depression and anxiety, with a graphic output for customizing care in the clinical encounter. Standardized case-based education modules for each symptom were developed and provided to clinicians to enhance integration of PROMS in care, clinician skills in collaborative treatment planning, and patient activation for symptom self-management. This system was implemented within the collaborative, in sites with differing initial stages of readiness, models of care, and complexity of patient population.

Discussion: Lessons learned from the unique experiences of iPEHOC implementation sites will be shared. Routine collection and clinical uptake of PROM data in clinical care is feasible with attention paid to organizational priority alignment, change management strategies involving key stakeholders, and case-based training to clinical teams. Few patient or clinician concerns emerged. The next steps for iPEHOC will be to measure patient and clinician satisfaction and evaluate impacts of PROM use on health outcomes.

Abstract 1 – Challenges and Solutions to Implementation of an Electronic Platform for Distress Screening and Quality Response in Montreal

Rosana Faria, Marc Hamel, Nancy Drummond, Karine Gimmig, Jeff Mangerpan, Benedict Romano, Scott Owen, Vivanne Amos, Bernard Larocque, Zeev Rosberger

Background: Under the Rossy Cancer Network’s (RCN) umbrella, and in collaboration with Cancer Care Ontario (CCO), three Montreal Hospitals (the McGill University Health Center, the Jewish General and St-Mary’s hospitals) have engaged in implementation of iPEHOC. While numerous pilot projects (including electronic platforms) were carried out in recent years, no RCN-wide systematic implementation of distress screening or patient-reported outcomes was previously instituted. We present the various challenges faced and solutions implemented while carrying out this multisite project and how these were managed across the RCN hospitals.

Implementation/Results: The opportunity to implement systematic distress screening was in alignment with the RCN’s mission to improve person centred care. Multiple challenges presented themselves initially and throughout the process. These included: stakeholder engagement (patients, staff, administrators, IT, etc.); coping with and adjusting to the historically different working cultures; disparate patient populations and resources existing at each Montreal hospital; determining whether this was a research project or qualitative initiative; ethical issues surrounding data sharing agreements between hospitals and provinces; apprehension about generating a large number of referrals without sufficient resources; fear of creating more work in already busy, understaffed clinic environments. Through weekly teleconferences, in-hospital consultations and stakeholder engagement, solutions were arrived at with varying degrees of success. Distress screening began in October 2015. Descriptive statistics (e.g., patient demographics, screening rates, number of PROMs completed, etc.) will be presented.

Lessons Learned: Enhancing stakeholder and collaborative partnerships are vital to establishing routine symptom screening success and ensuring sustainability at the RCN hospitals in Montreal.

Abstract 2 – Facilitating PROMS use and best practices in symptom management in diverse disease site teams: A whole organization approach at the Juravinski Cancer Centre
Lorraine Martelli, Anne Snider, Denise Bryant-Lukosius

**Background:** Provincially mandated symptom screening with the Edmonton Symptom Assessment Symptom-Revised (ESAS-r) had previously been established, with variable success. Two disease site teams (DST’s) (ie: neuro-oncology and gyne-oncology) with diverse patient populations and symptom management needs were strategically invited to participate in the Improving Patient Experience and Health Outcomes Collaborative (iPEHOC). An organizational change management process informed by a provincial study on the barriers to and solutions for improving uptake of patient reported outcomes (PROs) was adopted to guide the preparation, management and reinforcement of iPEHOC implementation, utilization and sustainability.

**Implementation/Results:** Key to the implementation strategy was alignment of the initiative with the strategic priorities of the cancer centre and allocation of sufficient resources in the form of a project coordinator. The project coordinator was embedded as a key clinical champion and coach within each DST to proactively address areas of resistance to PRO's uptake, and to facilitate change management strategies addressing models of care, knowledge and skill, communication, patient engagement and technology. Clinic processes were evaluated and modified through PDSA cycles to ensure a successful implementation. Clinicians reported that the utilization of PRO's was feasible and helpful for their practice. Initial screening rates reached 100%, with 65% of patients triggering additional iPEHOC PROMs.

**Lessons Learned:** Successful implementation of PRO's to improve patient health outcomes requires senior management commitment, and change management resources to address patient, clinician, healthcare team and organization barriers to uptake.

**Abstract 3 – Implementing Patient Reported Outcome Measures in an Ambulatory Psychosocial Oncology Program**

Carole Mayer, Katherine George, Sheila Damore-Petingola, Jessica Diplock

**Background:** The Supportive Care Program (SCP) at the Northeast Cancer Centre is an out-patient program for cancer patients and family members to access the services of dietitians, Aboriginal patient navigator, social workers, psychologist, psychometrist, speech language pathologists, physiotherapists and pediatric Interlink nurse. On October 5, 2015, patient reported outcome measures (PROMs) were implemented in the program in addition to the Edmonton Symptom Assessment Symptom-Revised (ESAS-r) scale and the Patient Reported Functional Status (PRFS) for the adult cancer patient population as part of the Improving Patient Experience and Health Outcomes Collaborative (iPEHOC).

**Implementation/Results:** This presentation will focus on how the PROM’s were implemented in the program; engaging the clinicians, establishing a clinic flow for electronic PROM completion, and enhancing process pathways to respond to symptom scores. Results will be presented for: (1) screening rates with the PROMs (2) time spent by patients completing the PROMs (3) frequency of PROMs triggered (4) severity of symptom scores (5), and frequency of the suicide prompt triggered on the Patient Health Questionnaire-9. We will discuss some of the successes and challenges working with the PROMs and addressing patient concerns. Next steps to sustain the initiative will also be discussed.

**Lessons Learned:** PROMs provide more precise information to the SCP clinicians about the severity of symptoms triggered on ESAS-r. This information can guide the clinician's assessment and interventions. Very few concerns were identified by patients and clinicians during implementation.

**Abstract 4 – Fostering practice change in responding to Electronic Patient Reported Outcomes (ePROs): Lessons learned in case-based education**
Background: Princess Margaret Cancer Centre (PM) implemented electronic patient reported outcomes (ePROs) in 2012, maintaining screening rates for anxiety and depression in addition to the Edmonton Symptom Assessment Symptom-Revised (ESAS-r) > 70% for the last 3 years. With a high level of organizational readiness, the Improving the Patient Experience and Health Outcomes Collaborative (iPEHOC) initiative was implemented in lung and sarcoma pilot sites.

Implementation/Results: In the first month, ESAS-r screening rates remained high (66% in lung, 94% in sarcoma), with 53% of lung patients and 50% of sarcoma patients completing additional PROMs. PROM completion rates varied from 89% to 98%, indicating minimal patient survey fatigue. To facilitate integration of PROs and best practice interventions in routine care, education tools were created based on clinician input and combined with the iPEHOC education modules. Informal case based debriefs between clinicians were held bi-weekly in the clinic work space and facilitated by experts. Three main tools were utilized during these debriefs: 1) a quick tip sheet; 2) a patient-centred case debrief tool; and 3) an IPEHOC Monthly Report, for audit and feedback.

Discussion: The teaching provided through expert facilitated education debriefs was met positively. There was high interest in understanding how to respond effectively within the time and clinic flow constraints. Overall the interactive education, and audit and feedback tools served as catalysts to enhance staff engagement, increase inter-departmental communication, and foster local expertise.

S111 • Recognizing the importance of the prevention perspective in psychosocial oncology research and practice

Moderator: Zeev Rosberger
Discussant: Mary Jane Esplen

Since approximately 30-50% of cancers are related to psychosocial and behavioural factors, research exploring these relationships and which lead to effective interventions is clearly necessary. However, research in the field of psychosocial oncology has almost uniquely focused on the myriad issues related to diagnostic, treatment, survivorship, and end of life issues.

In a recent paper in PsychoOncology (Rosberger et al, 2015), we proposed an expanded model of research that included primary and secondary prevention as important areas for the field to embrace. In this symposium, we present examples of significant psychosocial research into important areas related to cancer onset and prevention, such as tobacco, physical activity, obesity, and sexually transmitted infections.

Abstract 1 – I’m afraid I might get cancer too: Understanding the impact of family history of cancer on adults’ preventive health beliefs and behaviours

Jennifer Brunet, Kristina Karvinen

Background: Physical activity (PA) helps reduce the risk of cancer. Yet, most adults are inactive or insufficiently active, which suggests examining PA correlates is warranted to inform interventions. Based on the Health Belief Model, cancer can prompt changes in PA by influencing adults’ beliefs regarding: the severity of cancer (perceived severity), the risk of developing cancer (perceived susceptibility), the efficacy of PA to reduce the risk of cancer (perceived benefits), perceived barriers to PA, and competence to engage in PA (self-efficacy). Thus, we assessed these five beliefs among adults with and without a family history of cancer to explore if having a relative diagnosed with cancer impacts beliefs. We also examined the links between these beliefs and PA in both groups.

Methods: Data were collected online from 490 adults (Mage=36.1; 57% had no family history of cancer).
Results: Groups did not differ in their levels of perceived severity, perceived benefits, or self-efficacy, but adults with a family history of cancer reported higher perceived susceptibility and lower perceived barriers ($F=8.35$, df=5, $p<.001$). Among adults with a family history of cancer, perceived susceptibility ($\beta=.11$), perceived barriers ($\beta=-.18$), and self-efficacy ($\beta=.27$) were associated with PA ($R^2=.15$). Among adults without a family history of cancer, perceived barriers ($\beta=-.15$) and self-efficacy ($\beta=.29$) were associated with PA ($R^2=.21$).

Conclusions: Having a family history of cancer may affect adults’ own perceived risk of developing cancer, which can promote PA. Adults with a family history of cancer should be informed about the importance of PA for cancer prevention.

Abstract 2 – A men’s workplace cancer prevention intervention targeting physical activity and healthy eating: Results of the POWERPLAY Program

Joan L. Bottorff, John L. Oliffe, Sonia Lamont, Margaret Jones-Bricker, Steve T. Johnson, Christina M. Caperchione, Megan Klitch, Holly Christian, Kerensa Medhurst, Sally Errey, Theresa Healy, Gayl Sarbit

Purpose: Cancer incidence and mortality rates are higher for men than women in Canada; yet few prevention programs have targeted men specifically. A gender-sensitive workplace intervention targeting physical activity and healthy eating was designed for men in northern British Columbia (BC). This presentation will describe the evaluation of the POWERPLAY program.

Methods: POWERPLAY was delivered in 4 male-dominated workplaces. Using a pre-post design, data were collected via computer-assisted telephone interviews and included measures of physical activity, self-efficacy, and daily fruit and vegetable intake at baseline and after 6 months. Repeated measures ANOVAs were used to compare baseline and follow-up measures.

Results: At baseline, 139 men in participating workplaces completed surveys. At 6-months, 80 (63%) of the eligible participants completed follow-up surveys. Participants reported significantly more weekly minutes of moderate physical activity at follow-up compared to baseline ($M=188.75$ vs. $M=96.81$ minutes, $F(1,79)=28.56$, $p < .001$) as well as significantly more weekly minutes of strenuous physical activity ($M=192.5$ vs. $M=90.75$ minutes, $F(1,79)=23.06$, $p < .001$). Significantly more men were meeting recommended levels of moderate to vigorous physical activity (i.e., 150 per week) at the 6-month follow-up ($n=65$, 81.3%) compared to baseline ($n=41$, 51.3%), $X^2(1, 80) = 19.4$, $p < .001$. Self-efficacy for physical activity scores were significantly higher at follow-up compared to baseline. No differences were found for fruit/vegetable intake. Testimonials from participants will be shared.

Conclusions: POWERPLAY program is a promising approach to improving physical activity among working men to reduce their risk of cancer.

Abstract 3 – What influences parents’ decisions to accept the human papillomavirus vaccine for their sons as a cancer prevention strategy?

Zeev Rosberger, Samara Perez, Gilla Shapiro, Ovadia Tatar

Background: The human papillomavirus is a sexually transmitted infection that causes cervical cancer, as well as significant proportion of oropharyngeal, anal, penile, vulvar and vaginal cancers. After almost a decade of vaccinating girls in provincial schooled-based programs with a highly effective, safe vaccine, variability in uptake between provinces is high, having implications for herd immunity. Parents are now faced with the challenge of accepting the vaccine to protect their sons.

Methods: We studied parents’ HPV vaccine decision-making process using a stage theory framework (Precaution Adoption Process Model). Using quantitative and qualitative survey methodology, we collected data on-line from
a representative group of Canadian parents. The surveys included questions about: demographics; knowledge, attitudes and beliefs about HPV and the vaccine; social influences and norms; intentions to vaccinate; perceived cancer risk; and sexual health.

**Results:** Surveys were carried out before the start of provincial school-based programs for boys. Results from our studies of almost 3800 parents of vaccine eligible boys indicated that approximately 70% of parents have either never heard of HPV or are unengaged in the consideration. Less than 3% of boys had already been vaccinated. Almost 10% had decided against vaccination and only 5% were intending to vaccinate their sons. Significant correlates of these results will be discussed.

**Conclusion:** The likelihood of parents accepting the HPV vaccine for their sons was extremely low. Factors such as cost, safety, efficacy, physician’s recommendation and government policy are significant factors in parents’ decisions to vaccinate their sons.

**Abstract 4 – Mobilizing masculinities for cancer prevention: Strategies for supporting men’s smoking cessation**

Joan L. Bottorff, John L. Oliffe, Gayl Sarbit

**Background:** There is growing evidence for the value of gender-sensitive health promotion programs to prevent cancer. The purpose of this presentation is to describe approaches used to integrate gender-related influences in the development of *QuitNow Men*, a novel on-line smoking cessation resource. Men’s responses to *QuitNow Men* will also be described.

**Methods:** *QuitNow Men* was based on focus group findings and evidence-based cessation strategies, and designed to incorporate a masculine look and feel through the use of images, direct language and interactive content, including interactive video dramas. *QuitNow Men* was evaluated with men interested in quitting smoking (N=117).

**Results:** On average, participants were 40 years old (SD=11.03), had been smoking for 24.6 years (SD=12.12). The majority (88%) had not previously used a quit smoking website and had not used websites that focus on men’s health (90.4%). At the 6-month follow-up, the majority of men used *QuitNow Men* more than 6 times (43.3%). They agreed or strongly agreed that the website was easy to use (79.7%), the design and images were appealing (65.6%), they intended to continue to use the website (65.7%), and that they would recommend *QuitNow Men* to others (71.9%). At 6-month follow-up 16 (23.9%) participants had quit, 27 (40.3%) had reduced their smoking and 24 (35.8%) had not changed their smoking habits.

**Conclusions:** The results support efforts to integrate gender-sensitive approaches in cancer prevention interventions targeting men, and indicate that this novel web-based resource has potential in supporting men’s smoking cessation efforts.

**S138 • “Cancer Survivorship: Challenges and Threats”**

**Moderator:** Carmen Loiselle  
**Discussant:** Carmen Loiselle

Improvements in detection and treatment have resulted in a growing number of survivors, however this population faces significant challenges, including choosing what to call themselves (“survivors” vs. “patients”), dealing with fear of cancer recurrence, and adopting health behaviors. Health care teams are also faced with the challenge of helping patients transition into survivorship. This symposium will offer recommendations on how psychosocial oncology personnel can address these challenges.

**Abstract 1 – What’s in a Name? Patient or Survivor?**
Gerald M. Devins, Nicole Consentino, Kenneth Mah, Alexandra Easson, Jeffrey Lipton, Andrew Matthew, Aaron Schimmer, Jonathan Irish

**Background:** Many believe that labeling people as cancer “survivors” rather than “patients” facilitates adaptation. There have been few empirical tests. We investigate the implications of these labels by examining their associations with identity, the sense of self, stressor experiences, subjective well-being, and health-related quality of life.

**Methods:** Respondents included 326 people undergoing treatment for cancer: head and neck (40%); prostate (29%); hematologic (28%); breast (3%); or gastrointestinal (1%); with wide-ranging severity of disease (25% Stage III or IV). The semantic differential task tapped identity as a “cancer patient” and as a “cancer survivor.” Widely used self-report instruments tapped: cancer-related effects on the sense of self (posttraumatic growth, dignity, self-esteem, engulfment, body integrity, feeling “back to normal”); stressors (cancer-related, independent life events, disfigurement, stigma, illness intrusiveness); subjective well-being (life happiness, positive and negative affect, depressive symptoms); and health-related quality of life. Respondents self-administered the questionnaires and returned them by post.

**Results:** Identifying as a “cancer patient” and as a “cancer survivor” correlated substantially (r = .50, p < .001). Both correlated (p < .05) with sense of self, stressor experiences, subjective well-being, and health-related quality of life, but the magnitudes were small (r < .30). Identifying as a “cancer survivor” correlated with more positive outcomes than did the “cancer patient.”

**Conclusions:** Cancer “survivor” and “patient” identities may be less distinct than believed. Neither was associated with a dramatic psychosocial impact, but subtle, meaningful effects may shape the experience of everyday life and the pursuit of life following diagnosis and treatment.

**Abstract 2 – From normal response to clinical problem: Definition and clinical features of fear of cancer recurrence**

Sophie Lebel, Brittany Mutsaers, Georden Jones, Nicole Rutkowski, Christina Tomei, Caroline Séguin Leclair, Danielle Petricone-Westwood, Sebastien Simard

**Purpose:** Fear of cancer recurrence (FCR) is a common among cancer survivors. However, there is no agreed-upon definition of this phenomenon and the characteristics that differentiate clinically significant from non-clinical levels are unknown. This paper reports two studies, one that sought to establish a consensus about the definition of FCR and a second that identified potential hallmarks of clinically significant FCR.

**Methods:** A Delphi study included 25 research experts, patient advocates, and policy makers to review existing FCR definitions and to propose a new alternative. A convenience sample of 40 cancer survivors (47.5% female) participated in the Semi-Structured Interview for Fear of Cancer Recurrence to differentiate those with clinically significant vs. non-clinical FCR based on qualitative analysis.

**Results:** After three rounds of discussion and voting, a consensus was reached on a new definition of FCR: “Fear, worry, or concern relating to the possibility that cancer will come back or progress.” Clinically significant FCR was associated with: death-related thoughts; feeling alone; believing that cancer would return; experiencing uncertainty; having cancer-related thoughts and imagery that were difficult to control; daily and recurrent; lasted 30 minutes or more; increased over time; caused distress and impacted their daily life.

**Conclusions:** The consensus definition of FCR reflects the broad spectrum of ways in which patients experience FCR. Identifying characteristics of clinically significant FCR may help to identify those who require psychological assistance and may inform the development of effective interventions.

**Abstract 3 – How Complementary and Alternative Medicine Impacts Self Efficacy and Fear of Cancer Recurrence**
Erica Drexler, Caroline Séguin Leclair, Sophie Lebel, Kevin Stein

**Purpose:** Fear of cancer recurrence (FCR) is a distressing phenomenon and a common concern among cancer survivors. There has been an increase in the use of complementary and alternative medicine (CAM) in cancer patients as a way to manage one’s disease and its side effects. Although CAMs are readily used, there is little in the literature about their relationship with FCR. This study explores the relationship between CAM use and FCR by examining self-efficacy with regard to one’s health as a possible reason for CAM being helpful for managing FCR.

**Methods:** A secondary analysis of data collected by the American Cancer Society’s Studies of Cancer Survivorship at 8 years post diagnosis (n=3,138) will be conducted. Structural equation modelling will be performed to analyze the fit of our proposed model of the relationship between the following variables: FCR, CAM use, perception of helpfulness of CAM use, and self-efficacy with regard to one’s health.

**Results:** Results are expected to show a positive relationship between FCR and CAM, and a negative relationship between self-efficacy and FCR. We hypothesize that the relationship between CAM use and self-efficacy will be moderated by how helpful CAM use is perceived where individuals who perceive their CAM use as helpful will have higher self-efficacy.

**Conclusion:** The findings of this study will add to the understanding of how the uses of CAM impact an individual’s FCR level. If our proposed model is confirmed, we will be better able to integrate the use of CAM in current FCR interventions.

Abstract 4 – Predictors of attendance to the Wellness Beyond Cancer Survivorship class for low-risk endometrial and breast cancer survivors in transition to primary care

Danielle Petricone-Westwood, Georden Jones, Caroline Séguin Leclair, Monique Lefebvre, Robin Morash, Lynne Jolicoeur, Carrie Liska, Gail Larocque, Sophie Lebel

**Purpose:** Following treatment at The Ottawa Hospital Cancer Centre, low-risk endometrial and breast cancer survivors are referred routinely to a class to cultivate empowerment and autonomy as they transition from tertiary to primary care, but not all attend. This study aims to identify characteristics (socio-demographic and medical) and survivorship needs that may predict attendance.

**Methods:** A retrospective analysis will compare data from 340 cancer survivors (170 endometrial; 170 breast) who completed the Needs Assessment Survey Tool (NAST) when they were referred to the class (September 1, 2008 to December 31, 2014). Data, including NAST results, were abstracted from charts medical records. Survivors who attended the class will be compared to those who did not. A logistic regression will compare socio-demographic, medical, and survivorship-needs data between attenders and non-attenders to identify potential determinants of class attendance.

**Summary of results:** Socio-demographic variables that were identified included age, civil status, ethnicity, whether or not survivors had children, and postal codes for calculating distance of their residence from the hospital. Medical characteristics included the cancer site diagnosis, treatments received, and their age at diagnosis. Evaluated survivorship needs were classified as: emotional, physical, spiritual, social, and other. Final analyses will be conducted in February 2016.

**Conclusions:** Results may identify survivor characteristics that predict attendance, and may thereby inform recruitment strategies and suggest ways to adapt interventions to address survivor needs most effectively.
The “Therapeutic Practice for Distress Management (TPDM) Project” was funded by CIHR as a Partnership in Health Service Improvement project. In this symposium, we address various aspects of the project, including a core intervention, the TPDM Course, barriers to implementation, and sustainability.

Abstract 1 – The Therapeutic Practices for Distress Management Course: Development, Processes and Lessons Learned

Deborah McLeod, Mary Jane Esplen, Angela Morck, Lise Fillion

Patient outcomes for cancer-related distress are not as good as they might be, with a wide variety of barriers preventing optimal management. While knowledge, skill and attitudes are not the only barriers, we found they were significant barriers.

As part of a larger intervention, the TPDM course was developed to address knowledge, skills, and attitudes toward distress management in relation to four clinical practice guidelines (CPG). The CPGs include fatigue, pain, anxiety, and depression. The course was initially piloted, revised and is now being tested with nurses and social workers from 4 sites in Manitoba, Ontario, Quebec and Nova Scotia. The course involves 4 modules, each 4 weeks in length, and 8 reflective practice sessions, 2 between each module, over a one-year period. The primary target audience was nurses, but social workers are also participating.

This presentation reviews the course development, the content, the underlying pedagogy and the course processes. Part of the discussion will include the role of clinical supervision in developing skills and attitudes and possibilities for offering clinical supervision, including reflective practice sessions and clinical case studies. We will present lessons learned to date, including discussion regarding intensity of the intervention and implications going forward.

Abstract 2 – Towards Sustainability of the Program Aimed at Improving Patient Outcomes In Mild To Moderate Distress: PHSI Study

Mary Jane Esplen, Deborah McLeod, Thomas Hack, Lise Fillion, Jiahui Wong, Doris Howell, Margaret Fitch

Today, it is not uncommon for Funding agencies and Ministries to require strong sustainability plans. Thus, from the onset our team has developed plans to support program implementation after the study is completed.

We are using various strategies and have identified key components relevant for sustainability planning. Study findings from all stages of the research will inform our long term plan. This multi-faceted approach includes factors ranging from the inclusion of key stakeholders on the study team (e.g. nurse leaders, national cancer agencies, educators, ministry, funding agency, patients), the use of partnerships, the generation of relevant data to support lobbying for such a program, demonstration of training with multi-clinical sectors and within services that vary across provinces to support a pan Canadian approach, ongoing communication strategies, and the generation of data to support business case development.

The presentation will provide an overview of current thinking around sustainability, and illustrate challenges and opportunities. Examples of how we will use our emerging data from the study and the course experience (phase I and Phase II results) will be included. Opportunity for open discussion with the audience on how to sustain the training program post study will also be provided.

Abstract 3 – Helping Oncology Nurses respond to Mild-Moderate Psychosocial Distress: Barriers and Challenges
Thomas Hack, Deborah McLeod, Mary Jane Esplen, Lise Fillion, Doris Howell, Margaret Fitch

Over the past two years, Drs. McLeod and Esplen have led a national team of researchers, administrators, nurses and social workers in implementing a national course for improving oncology nurse skill and confidence in responding therapeutically to cancer patient fatigue, pain, anxiety and depression. The success of this project has depended in large part on the early identification and rectification of barriers to nurse participation in, and completion of, the course. The course is divided into 4 modules spaced three months apart, and each module is comprised of weekly, 90-minute online course delivery for 4 weeks, followed by 8 weeks of reflective practice. In this presentation, the barriers to successful course implementation will be discussed. These barriers tap several dimensions of implementation, including staff motivation, administrative support, compensation, mentorship, competing work demands, and technological support. Examples will be shared from experiences in Quebec City, Halifax, Toronto and Winnipeg. Working through these barriers has generated tips and suggestions that will be shared in this presentation. The importance of building strong relationships with power brokers within data collection sites will be emphasized.

S184 • How you and your prostate cancer patients can benefit from the TrueNTH Movember survivorship programs

Moderator: John Robinson
Discussant: Marg Fitch

An integrated series of survivorship programs and resources for men with prostate cancer have been developed through Movember Foundation funding and the support of Prostate Cancer Canada. Attendees will learn what is currently available and what is in development. Most importantly, they will learn how to access these resources and how to enroll their patients in these programs.

The programs are:
1. Peer navigation program for men with prostate cancer and their partners or caregivers
2. Decision support for men newly diagnosed with prostate cancer
3. Exercise, nutrition and wellness toolkits for facilitators to use in their institution and online information for survivors
4. Online course to equip health care providers with the skills and knowledge necessary to deliver sexual health support to men and their partners,
5. Online sexual recovery program for single men and couples
6. Face-to-face and online programs to help men on androgen deprivation therapy remain healthy physically and emotionally, and keep their relationships strong
7. Recommendations and resources for managing treatment related bowel and bladder dysfunction.

Abstract 1 – TrueNTH Peer Navigation Program: what is provided and why

Jackie Bender, Arminee Kazanjian, Shimae Soheillipour, Parminder Flora, Aaron Miller, Lisa Parvin, Nandini Maharaj, Roberta Casabon, Andrew Matthew, Shaun Lorhan

Men with prostate cancer and their partners and caregivers have unmet supportive care needs related to challenges accessing relevant information and support. Addressing these types of non-medical needs is a priority given their impact on treatment and quality of life.

The TrueNTH peer navigation program matches prostate cancer patients and their partners or caregivers with a prostate cancer survivor who is trained to guide them through their care journey to mitigate barriers to care and ensure support needs are met. It is accessible in-person, online or by phone to customize peer support per individual preferences. Program components include: a competency-based peer navigator training program; a web-based platform with tailored interfaces for patients, caregivers and navigators (tools for matching, communication, and management, and resources categorized by journey stage); a moderated virtual support community and meet-ups for peer navigators; and a professional management structure.

The first of its kind in Canada, this program was rigorously developed and validated with and for Canadian men with prostate cancer, their partners/caregivers, and healthcare professionals. Program development included: an
environment scan of cancer patient navigation programs in Canada and abroad; a systematic literature review of cancer peer support programs; semi-structured interviews with stakeholders; co-creation and prototyping workshops with stakeholders; and iterative user-testing and validation.

The program is being piloted at cancer centres in Ontario and British Columbia, where it is being evaluated for feasibility, acceptability and preliminary efficacy. This presentation will describe the program and its development in greater detail, and report some preliminary findings.

**Abstract 2 – Decision support: what is provided and why**

John W. Robinson, Deb Feldman-Stewart, Christine Tong, Michael Brundage, Jackie Bender, Hannah Carolan, Joseph Chin, Joyce Davidson, Arminee Kazanjian

We recently conducted a population survey of prostate cancer patients in British Columbia (N=492, 51% response rate, RR), Alberta (N=318, 46% RR), and Saskatchewan (N=197, 55% RR). Across provinces, 97% of respondents wanted information about prostate cancer and its treatments, and 77% wanted decision support beyond what doctors offer in the consultation.

TrueNTH decision support is available online at no cost, and includes two components. One component provides information for men newly diagnosed with the disease: doctors’ answers to Frequently Asked Questions (FAQ). The information helps the patient become familiar with the new world of prostate cancer, and helps orient him toward his upcoming treatment decision. The second component is a decision aid for men diagnosed with early-stage disease. It is a web-based program that helps the patient make his decision in a step-wise manner.

The two components are built on tools developed through a systematic, rigorous process. The FAQ is built on an education booklet whose development began by identifying the questions that prostate cancer patients want answered between diagnosis and treatment decision-making. Its development ended with a randomized controlled trial that showed the booklet’s efficacy compared to the standard information provided at the time.

The decision aid’s early development included identifying the decision processes that patients find challenging. The aid includes exercises to assist the difficult decision processes, in addition to balanced information about the treatment options. The aid’s development ended with a randomized controlled trial that showed its efficacy compared to information alone.

Available: decisionhelp.truenth.ca

**Abstract 3 – TrueNTH Lifestyle Management: Building Wellness Resources for Men with Prostate Cancer**

S. Nicole Culos-Reed, Ashley N.R. Zahavich, Michael F. Dew, Daniel Santa Mina, Michael J. Mackenzie, Christy Brissette, Cheri L. Van Patten, Sylvie D. Lambert

**Purpose:** The TrueNTH Lifestyle Management (LM) solution will improve the quality of life for men with prostate cancer via access to wellness resources. With experts across the country, comprehensive literature reviews of evidence and community-based programming has resulted in development of physical activity, stress-reduction (yoga) and nutrition resources. Continued work on further stress-reduction resources, nutrition tools and programs, and resources for support persons will continue in 2016. In addition, the LM team will engage in building local “champions” of professionals working in prostate cancer to lead the implementation of community-based programming.

**Work to date:** Training of fitness professionals and workshops for the TrueNTH LM champions and key stakeholders occurred in Toronto and Calgary (n=46), providing the capacity for program implementation in twelve urban centres. Pilot implementation of the PA and yoga community-based programs has occurred in Calgary and Halifax (n=54), as well as in Toronto (yoga, n=5), with programs starting in Edmonton and Vancouver in early 2016. Spring 2016 sites include Ottawa, Winnipeg, and additional rural communities in Alberta. The online portal resources have been built for both men with prostate cancer and for professionals working in the field. For men, these include educational resources, online access to PA and yoga programming (videos and handouts of programs), nutrition resources, and connecting with others. For professionals, these include educational materials, information on trainings, building a network and connecting with survivors.
Significance: The LM solution will continue to build awareness and capacity to become the “go-to” resource for men with prostate cancer.

Abstract 4 – Sexual Health and Rehabilitation eTraining (SHAReTraining) and eClinic (SHAReClinic): Canadian TrueNTH Initiatives

Andrew Matthew, Deborah McLeod, John W. Robinson

Background: The prevalence of sexual dysfunction (SD) after prostate cancer (PC) treatment, coupled with the severity/breadth of impact and rarity of intervention makes SD post-PC treatment one of the most substantial quality of life burdens in all of cancer survivorship. Our multi-disciplinary team developed two related projects to narrow this gap in care. Project #1 (SHAReTraining) involved the development of a specialized training program to equip Canadian healthcare practitioners (HCPs) with the skills necessary to deliver sexual health support to survivors of PC. Project #2 (SHAReClinic) established a nation-wide, web-based, HCP-facilitated sexual health intervention for patients/couples who have undergone treatment for localized PC.

Method: The SHAReTraining curriculum and SHAReClinic intervention were the product of a national collaboration of Canadian HCP experts and patient/partner advocates. SHAReTraining was modelled after existing sexual health and cancer training programs offered through Inter-professional Psychosocial Oncology Distance Education and the British Columbia Institute of Technology. SHAReClinic was modelled after existing sexual rehabilitation programs at Vancouver General Hospital, Tom Baker Cancer Centre, Princess Margaret Cancer Centre, and Sunnybrook Hospital.

Results: SHAReTraining is a 13-week online course consisting of weekly 2-hour seminars, message board discussion, and virtual expert rounds. The curriculum covers sexual health theory, assessment, and intervention. The SHAReClinic is a virtual bio-psychosocial clinic involving scheduled visits over a critical 2-year follow-up period, personalized guidance/support via an eCounsellor, and consensus-based biomedical treatment recommendations.

Conclusion: The complementary nature of SHAReTraining and SHAReClinic is designed to promote access to equivalent care regardless of location to Cancer Centres or Hospitals

Abstract 5 – The Androgen Deprivation Therapy Educational Program: A Canadian True NTH Initiative

Dr. Richard J. Wassersug, Erik Wibowo, Lauren M. Walker, Shawn Wilyman, Andrew Matthew, Deborah L. McLeod, & John W. Robinson

Background: Androgen deprivation therapy (ADT) is commonly used to treat prostate cancer, but has many adverse effects that can directly impair patients’ quality of life and indirectly that of their intimate partners. In five Canadian cities, we offer a program on how patients and their partners can stay physically and emotionally healthy, and co-supportive when the patient is on ADT.

Method: Patients, recently prescribed ADT and their partners, attend a 1.5 hour class and receive the book Androgen Deprivation Therapy: An essential guide for men with prostate cancer and their partners (Wassersug et al., 2014). Attendees learn strategies for managing ADT side effects and use goal-setting exercises to make beneficial lifestyle adjustments to help manage ADT side effects. To evaluate the effectiveness of the educational program, participants complete questionnaires before attending the class and again 2-3 months later. The questionnaires assess: 1) ADT side effect frequency and bother, 2) self-efficacy in side effect management, 3) physical activity and 4) relationship adjustment.

Results: As of December 2015, 232 patients and 150 partners have attended the program in Halifax, Toronto, Victoria, Vancouver, and Calgary. 86 participants consented to participate in the evaluation of the ADT Educational Program. Participant feedback has been overwhelmingly positive.

Conclusions: The ADT Educational Program is becoming usual-care at these centres. It remains to be seen how effective the program is in limiting the bother from ADT side effects and helping couples maintain strong relationships. An online version of the program will soon be available for patients across Canada.

S204 • Screening for Distress and Distress Management: The Atlantic Experience
Moderator: Janice Howes
Discussant: Janice Howes

There is clear recognition across Canada that the impact of cancer on individuals and families is multifaceted and involves many challenges. In this symposium, we focus on improving person-centered care by expansion/development of screening for distress and distress management in Nova Scotia, Prince Edward Island, Newfoundland and Labrador in order to better meet the psychological, emotional, practical, social, spiritual, and physical needs of adult cancer patients. The presenters highlight the successes and challenges of the clinical program in each of the three provinces. This work has been supported by funding from Health Canada through the Canadian Partnership Against Cancer.

Abstract 1 – Expanding Screening for Distress in Nova Scotia: Successes and Challenges
Janice Howes, Marianne Arab, Katie Heckman

Over the past few years we have been integrating Screening for Distress and Distress Management into Oncology Services for newly diagnosed adult cancer patients across Nova Scotia. This clinical program was initiated in conjunction with the development of the “Best Practice Guideline for the Management of Cancer-Related Distress in Adults” (Howes et al., 2015) in Nova Scotia. In the last year, we have expanded this program so that patients seen at the two tertiary care cancer centres are now also being rescreened at specific, important transition points in their care (e.g., end of chemotherapy and radiation therapy).

Results will be presented focusing on the impact and burden of cancer, with special attention to cancer-related anxiety, depression, fatigue, and pain, as well as the management of cancer-related distress. Successes (e.g., clinical leadership support, knowledge translation to support frontline staff, involvement of frontline staff, use of referral pathways, development of psychosocial education sessions, centralized provincial database), and challenges and barriers (e.g., busy clinics, competing demands, practice change, limited psychosocial oncology resources) in the implementation and sustainability of this clinical program will be discussed.

Abstract 2 – Measuring Patient Reported Outcomes to Address Patient Experience: PEI Perspective
Dawn MacIsaac, Kara McQuaid-Duffy, Jennifer Jelley

A standardized process for distress screening has been embedded in clinical oncology practice throughout Prince Edward Island since 2012. Rescreening patients at the end of a treatment phase has recently been introduced within the cancer care program to better understand the burden of cancer at another critical transition point in the patient’s journey.

We will provide an overview of the current process and lessons learned. Information collected via the Edmonton Symptom Assessment System-revised (ESAS-r) and the Canadian Problem Checklist (CPC) will be presented, comparing patient reported experience between age groups. Similarities and differences in symptom severity and concerns reported across the life span will be discussed. Creative efforts to build capacity, using available resources, to effectively manage psychosocial concerns are underway. Specifically, the development of a standardized care pathway and the use of cognitive-behavioural interventions to address mild-to-moderate concerns will be described. Building on work to date at the PEI Cancer Treatment Centre, future initiatives will be discussed to ensure sustainability.

Abstract 3 – Implementing Screening for Distress in Newfoundland and Labrador
Chris Power, Bernadine O’Leary, Farah McCrate

Since 2013, the Cancer Care Program of Newfoundland and Labrador has collaborated with partners in Nova Scotia and Prince Edward Island to improve person-centered cancer care delivery in centers with dedicated oncology resources. This presentation will provide an overview of the Newfoundland and Labrador Screening for Distress Implementation project, highlighting some of the success and challenges experienced during the planning, implementation and evaluation phases. Within Newfoundland and Labrador the Screening for Distress project involved the selection and
implementation of validated screening tools.

Using a phased-in approach, screening was implemented in centers throughout the province where dedicated oncology resources exist. Knowledge translation activities for health care providers involved with care of patients with cancer and their families occurred, outlining the importance of a standardized approach to screening, interpretation of scores, therapeutic conversations, and assessment of patient identified needs and negotiating a plan of care. Resource/referral pathways were developed to assist health care professionals to select appropriate available resources to meet patient and family needs. A database was created to ensure quality of patient reported data in relation to screening, referrals and priority ranking of symptoms. Findings of patient and health care professional evaluations of the process will also be presented, as well as plans for sustainability of the project.

S230 • Collecting and Utilizing Patient Reported Outcomes Tri-Provincially: Using Data to Improve Patient Experience

Moderator: Esther Green
Discussant: Barry Bultz

This symposium will explore the tri-provincial Patient Reported Outcome (PRO) project, which includes Alberta, Saskatchewan and Manitoba, funded by the Canadian Partnership Against Cancer. This project aimed to enhance the person-centredness of these provincial cancer agencies through the development of a quality improvement culture where patient and family reported outcomes are harnessed to improve system effectiveness and patient experience.

Abstract 1 – Patient Reported Outcomes: Improving System Effectiveness and the Patient Experience in Alberta

Linda Watson, Andrea DeIure, Louise Smith, Shannon Groff

Background: Patient and family engagement is increasingly being recognized as a key component in achieving high quality affordable healthcare. However, in many ways, patient and family members are untapped resources in terms of assessing the quality of healthcare, as systematic integration of their perspective in health system evaluation and program design is uncommon. Alberta is working to identify, collect and utilize PROs to drive care and strategic decision making in the province of Alberta.

Knowledge Transfer: PROs can be defined as outcomes that are 1) reported by the patient 2) matter to the patient and 3) are distinct from disease-focused outcomes. In the province of Alberta, PROs are currently being collected through the use of a provincial Screening for Distress tool which identifies patients’ psychosocial, practical, and physical concerns. The second PRO collection tool is the Ambulatory Oncology Patient Satisfaction Survey (AOPSS). Currently, a provincial electronic strategy is being implemented to support PRO driven quality improvement work.

Conclusion: This presentation will describe the current state of PROs being collected and early trends visible in that data in the province of Alberta. As a result of early trends to evaluate symptom burden, fatigue has been identified as the first of two quality improvement initiatives in the province. The development of a provincial fatigue management strategy will also be discussed. Future goals of this project will be highlighted to understand how the continual collection and analysis of PROs can guide quality improvement work aimed at improving the patient experience.

Acknowledgement of Funding: Canadian Partnership Against Cancer

Abstract 2 – Patient Reported Outcomes: Lessons Learned in Changing Practice to Improve the Patient Experience in Manitoba
Jill Sutherland, Jill Taylor-Brown, Carrie O’Conaill, Grace Musto, Tannis Erickson

**Background:** Building on previous screening initiatives, programmatic Screening for Distress was implemented at CancerCare Manitoba in 2011, and has since become a standard of care across the province of Manitoba. Routine Screening for Distress at multiple time points is currently in place in all ambulatory medical and radiation oncology clinics throughout Manitoba which includes two tertiary centres, sixteen rural Community Cancer Programs and four urban community hospitals. Screening for Distress data, including responses to distress, is transcribed into the electronic medical record, allowing for flexibility in data analysis and reporting.

**Knowledge Transfer:** Developing a robust Screening for Distress program requires support from leadership and an interdisciplinary team approach to patient care. The fundamental component of the program is ensuring that patients are not only screened for distress, but receive an appropriate response to their distress. Through project work, a variety of methods have shown value in increasing staff members ability to respond to distress including education and clinic aids, staff and patient engagement and data analysis and reporting. Further program enhancements have been supported through a commitment to continual quality improvement.

**Conclusion:** This presentation will describe the current state of our provincial Screening for Distress program. Challenges, successes, and lessons learned will be described as well as examples of data reports that are provided to clinical teams. Future plans for progress and growth will be highlighted, emphasizing physician, staff, and patient engagement.

**Acknowledgement of Funding:** Canadian Partnership Against Cancer

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**Abstract 3 – Patient Reported Outcomes – The Saskatchewan Experience**

Deborah Bulych

**Background:** As part of the CPAC funded Prairie Provinces PRO Project, the province of Saskatchewan is building a data driven cycle of continuous improvement based directly upon our patient’s voice regarding the impact of care and services on their experience.

**Knowledge Transfer:** The two PRO’s utilized in this program are the AOPSS and Screening for Distress (a multi-symptom tool used to identify patient need). Our AOPSS data was evaluated in 2014 and identified several areas of high patient needs. Three new programs were implemented as direct response to those needs. Screening for Distress data has identified pain and fatigue as areas of high patient need and quality improvement initiatives are being implemented in response to each of these needs as well.

**Conclusion:** This presentation will describe Saskatchewan’s current state of implementing a provincial PRO program and the data available through current PRO collection and reporting. Programs implemented in response to the PRO data will be described as well as subsequent evaluation of those programs and service enhancements. Our vision of additional person-centred care enhancement through ongoing collection and analysis of PRO’s will be shared. We will also describe our vision of sustaining the PRO program to consider patient voice in all of our strategic planning and provincial priority setting within the Saskatchewan Cancer Agency.

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S248 • CAPO / CANO Invited Symposium – Sleep Disturbances in Adults with Cancer
Getting a good night’s sleep is important because of its restorative function. Although serious insomnia is reported by about 10% of North American adults, the prevalence of insomnia is even higher for cancer patients with 25-59% reporting insomnia. Patients are not sure if it is related to their cancer diagnosis, treatment or other factors. Cancer patients are often reluctant to report sleep problems, sometimes thinking that it is outside the job of cancer care professionals. Health professionals need to screen and assess for evidence of sleep difficulty and know about evidence-informed strategies to manage sleep disturbances such as insomnia. Therefore, this symposium will provide an overview of the prevalence of insomnia and factors contributing to its development, present the Pan-Canadian Practice Guideline for Sleep Disturbances in Adults with Cancer, and explore how evidence-informed treatment strategies have been implemented in different cancer care programs including acceptability for patients.

Abstract 1 – Why is insomnia so common in the context of cancer?
Josée Savard

Background: Concerns about sleep disturbances, especially insomnia, are prevalent among patients with a cancer diagnosis. Patients, their family members, colleagues and health professionals alike want to understand sleep disturbances such as insomnia in adults with cancer. Therefore, researchers have tracked the prevalence of sleep disturbances, including insomnia in different cancer populations. Work has also occurred to find an appropriate theoretical model to explain the occurrence of insomnia.

Method: This presentation will review epidemiological data documenting the prevalence of insomnia in the context of cancer. Dr Savard will also present an overview of the factors that are presumed or have been found to increase the risks for cancer-related insomnia. To do this, she will use Spielman’s theoretical model of insomnia, which distinguishes predisposing (e.g., younger age), precipitating (cancer treatments and their side effects) and perpetuating (e.g., maladaptive sleep behaviours) factors.

Lessons Learned: Epidemiological data and specific research focussed on understanding sleep disturbances will be shared. This information will help you to think about ways that you might share and discuss this information with your colleagues, administrators and your patients.

Abstract 2 - The Pan-Canadian Practice Guideline: Prevention, Screening, Assessment and Treatment of Sleep Disturbances in Adults with Cancer
Doris Howell

Background: This guideline was developed through a partnership between the Canadian Partnership Against cancer and the Canadian Association of Psychosocial Oncology. The objective was to inform Canadian health authorities, program leaders, administrators and health care providers about the optimal strategies and interventions for the prevention, screening, assessment and management of cancer related sleep disturbances in adult cancer populations.

Method: A systematic search of the published health literature and targeted search of the grey literature was conducted to identify randomized controlled trials, clinical practice guidelines, systematic reviews and other guidance documents. These were evaluated and recommendations developed that were consistent with evidence-based guideline recommendations for insomnia in the general population. Overall, the evidence suggests that adult cancer patients should be screened on a routine basis for sleep disturbance using specific Patient Reported Outcome measures (PROMs). Cognitive behavioural therapies are effective in improving sleep outcomes.

Lessons Learned: The CPAC/CAPO Practice Guidelines for Sleep Disturbances provide recommendations and care path algorithms for practice. You will learn about the appropriate screening and assessment tools recommended for clinical practice.

Abstract 3. “When Counting Sheep is Not Enough“: Implementing a Provincial Approach to Improve Cancer-Related Fatigue
Heather Rennie

**Background:** The BC Cancer Agency has been screening patients at their initial appointment using the Canadian Problem Checklist for the past two years, and sleep is consistently reported as one of the top three problems for cancer patients. Use of a cognitive behavioral approach for insomnia (CBT-I) is the “gold standard” for treating sleep problems. However, not all cancer patients and their family members can access a trained CBT-I therapist, or access a face to face CBT-I group.

**Method:** This presentation will highlight several psycho-educational, self-management approaches to manage cancer-related insomnia, including: face to face groups, online groups, single group sessions, and web resources. Providing a range of options for patients allows them to access the level of support that they need, and fits with a tiered approach to psychosocial care. Offering a range of web resources also allows patients who cannot access face to face supports at a cancer center due to illness, geographical distance or time demands to access support. Results from a recent feasibility study of an online group approach to offer CBT-I will be highlighted.

**Lessons Learned:** You will be more informed about the use of a tiered approach to dealing with sleep disturbances in your patients. You will be aware of print and online resources that may be a resource to your patients. You will learn the results of a feasibility study that tested the use of an innovative, online approach for addressing cancer-related insomnia.
POSTER PRESENTATIONS

P103 • Attributing Breast Cancer to Stress: Demographic and Psychological Associations

Kaitlin McGarragle, Doris Howell, Lynn Gauthier, Gary Rodin, Lucia Gagliese, David McCready, David Warr, Christine Elser, Jennifer Jones

PURPOSE: Breast cancer (BC) survivors commonly identify "stress" as the leading cause of their BC, despite a lack of evidence corroborating this effect. The objective of the present study was to examine demographic and psychological variables associated with attribution of stress as a cause of BC.

METHODS: BC survivors (n=41) with Stage I-III BC were recruited from a surgical oncology clinic in Toronto. Participants completed measures of depression (CESD-R) and self-rated health (single item from SF-36), at end of treatment (after chemotherapy and/or before radiation). Demographic information was also collected. Participants were categorized as attributing their BC to stress (internal) or non-stress (external) factors such as genetics, by their responses on the Brief Illness Perceptions Questionnaire.

RESULTS: Participants were female, mostly white (87.8%), had completed some college or university (70.7%), and were a mean age of 59.81 (SD=10.96). Compared to participants who attributed their BC to external factors, participants who attributed their BC to stress were younger (p=.031), had greater depressive symptoms (p=.005), and worse self-rated health (p=.034). Similarly, further analysis found that BC survivors who met clinical criteria for depression were more likely to attribute their cause of BC to stress (p=.002). Level of education did not differ between groups.

CONCLUSION: The present study found that younger BC survivors with higher psychological distress and lower self-rated health were more likely to attribute their cause of cancer to stress, even after treatment completion. These findings suggest that this may be an at-risk population who may benefit from future psycho-educational interventions.

P105 • The Role of Communication in Alleviating Death-related Distress in Patients with Advanced Cancer

Ekaterina An, Erica Wennberg, Judy Jung, Chris Lo, Sarah Hales, Camilla Zimmermann, Rinat Nissim, Gary Rodin

BACKGROUND: The circumstances of advanced cancer heighten the need for the communication of mortality-related concerns. Managing Cancer and Living Meaningfully (CALM) is a supportive-expressive therapy designed to facilitate such communication in patients and caregivers facing advanced disease.

PURPOSE: To explore the perceived challenges to communicating death-related distress to family and close ones, and the perceived influence of CALM therapy on this outcome in patients with advanced cancer.

METHODS: Semi-structured interviews were conducted with a subset of patients with advanced cancer (n=24) participating in a CALM phase 3 trial at a large urban regional cancer centre. Interviews were transcribed and qualitative data was analyzed using thematic analysis.

RESULTS: The experience of death-related distress was perceived to be related to: fear of nonexistence, worry about the future, and fear of suffering. The barriers to communicating such distress were perceived to arise from the reluctance of their loved ones to discuss issues related to mortality or to be more generally available, and from the participants’ own reluctance to discuss death-related concerns. CALM therapists were perceived to facilitate discussion of death and dying in sessions and to support patients’ communication of death-related distress with health care providers and with loved ones.

DISCUSSION: Barriers to communication of mortality related concerns are perceived by patients with advanced cancer to arise from the reluctance of their loved ones and from their own reluctance to discuss such issues. CALM therapy was perceived to facilitate such communication and thereby to relieve distress related to dying and to death.
P108 • Construct Validation of the Skin Self-Examination Self-Efficacy Scale

Agnessa Karapetian, Zofia Czajkowska, Adina Coroiu, Julia DiMillo, Annett Körner

BACKGROUND: Self-efficacy has been shown to be a key predictor of health behaviour change. In the context of melanoma prevention, self-efficacy for skin self-examination (SSE) is expected to predict engagement in and maintenance of SSE. Skin self-exams have the potential to decrease mortality among people at risk for melanoma via early detection of cancerous lesions. This research included developing a 5-item measure assessing self-efficacy for SSE (e.g., “I know what to look for when doing skin exams”) scored on a 4-point Likert-type scale ranging from 0 (strongly disagree) to 3 (strongly agree).

METHODS: 172 patients diagnosed with melanoma enrolled at two hospitals in Montreal for a longitudinal study assessing barriers and facilitators of skin self-exams. Self-report baseline data were factor analyzed with MPlus7.

RESULTS: Exploratory factor analysis (EFA) with a weighted least squares means and variance adjusted estimation (WLSMV; Muthén, 1993) and Geomin (oblique) rotation was conducted with the 5 items of the SSE self-efficacy scale. The EFA suggested a 1-factor solution: one Eigenvalue >1, one bend in the curve, as per the screeplot, and factor loadings ranging from .47 (item 5) to .78 (items #1, #2). While the model fit was not ideal, 2(5) = 27.67, p < .001, RMSEA = .16, 90% CI [.11, .22], CFI = .95, TLI = .90, Cronbach’s alpha was .71.

CONCLUSIONS: These analyses suggest the 5-item SSE Self-efficacy Scale is unifactorial. However, future research should further explore the validity of this scale among other samples of individuals at increased risk for melanoma.

P110 • Do Psychological Interventions Work in Addressing Insomnia Complaints in Cancer Patients?

Gilla Shapiro, Samara Perez, Zeev Rosberger

Objectives: Insomnia is a prevalent complaint among cancer patients. Chronic insomnia can interfere with physiological, psychological, and behavioural functioning and can have multiple and wide-reaching repercussions. Given the often severe side effects of cancer therapies and the risks associated with long-term usage of hypnotic medications, there are many advantages to using non-pharmacological interventions in the treatment of insomnia in cancer patients. The objective of this narrative literature review was to evaluate the evidence of non-pharmacological interventions that have been developed, adapted and used to treat insomnia.

Methods: We reviewed the available literature on non-pharmacological interventions to treat chronic insomnia including Cognitive Behavioural Therapy, Mindfulness Based Stress Reduction, exercise, and yoga. These interventions are described and the evidence of their efficacy is reviewed.

Results: Cognitive Behavioural Therapy for Insomnia (CBT-I) appears to be the treatment of choice for chronic insomnia. Other non-pharmacological interventions have shown some promise in improving cancer-related sleep disturbances; however, comparative studies with CBT-I, for instance, are lacking. Furthermore, some benefits have also been found with physical exercise and yoga, though studies have generally not included patients on the basis of clinical insomnia at baseline.

Conclusion: When insomnia presents in cancer patients, effective intervention should be offered. While pharmacotherapy is still the most commonly used treatment, CBT-I is considered the treatment of choice for chronic insomnia and its efficacy in the cancer context is now well established. Research gaps as well as future directions to improve patients’ access to effective treatments for cancer-related insomnia are also discussed.
P115 • Associations between quality of life and objectively measured physical activity among breast cancer survivors currently undergoing adjuvant therapy

Cynthia Forbes Melanie Keats, Daniel Rainham, Tallal Younis, Robyn Laczy, Chris Blanchard

PURPOSE: Physical activity (PA) improves quality of life (QoL) in breast cancer survivors (BCS). Moderate-to-vigorous PA (MVPA) has been positively linked with health-related QoL (HRQoL) indicators. This study examined associations between HRQoL and objectively measured PA (MVPA and light) and sedentary behaviour.

METHODS: Participants completed baseline surveys and wore an accelerometer to measure MVPA during waking hours for nine consecutive days. Seven valid days were used by deleting the first and last day if nine were completed. Self-report survey items measured satisfaction with life, anxiety, depression, and general and cancer related QoL. T-tests and repeated measures Analysis of Variance (ANOVA) were used to determine differences between time points and potential associations with PA.

RESULTS: BCS were recruited from the QEII Health Science Centre in Halifax, Nova Scotia. Of the 114 approached 77 (68%) agreed to participate. Participants were aged 57 years, 68% married, 51% employed, and BMI of 28kg/m2. 70 (91%) and 56 (72%) provided PA data for ≥3 valid days at T1 and T2 respectively. General QoL (p<.001) and cancer specific QoL (p<.001) decreased, while depression (p=.022), total MVPA (p<.001) and light intensity PA (p=.048) increased. MVPA bout duration did not change (p=.35). Few meaningful associations between HRQoL and activity levels were noted.

CONCLUSIONS: BCS were fairly inactive; though even a non-intervention study may have influenced PA levels. Overall MVPA and light activity significantly increased. However, both general and cancer-specific QoL decreased while depression score increased. These findings are somewhat contradictory and further study is warranted.

P117 • Barriers and Facilitators to Adopting Healthy Lifestyle Changes after Treatment for Breast Cancer: A Multiple-Case Study Analysis

Shira Yufe, Karen Fergus, Dana Male

BACKGROUND: One of the most common challenges for breast cancer survivors is weight gain, often resulting from treatment. There has been a growing interest in the study of weight loss interventions for this population, yet our understanding of the most effective ways of maintaining motivation within a prescribed program is limited.

PURPOSE: The purpose of this study was to qualitatively examine breast cancer survivors’ adherence to a healthy lifestyle and weight management program. We aimed to focus on (1) motivation for implementing healthy eating and activity changes and (2) barriers and facilitators to health behaviour change.

METHODS: In-depth semi-structured interviews were conducted with four participants who volunteered to take part in a pilot trial of the intervention. A multiple-case study design was employed in analyzing the transcripts.

RESULTS: Preliminary analyses revealed that all participants desired to take control of their lives in the aftermath of cancer by implementing healthy lifestyle changes. Three participants were able to implement the principles of the intervention to varying degrees, while one was less successful. Each woman’s unique change trajectory, including social, emotional and motivational barriers and facilitators to change, is presented.

CONCLUSIONS: Although participants ranged in their ability to adhere to the program, this study suggests that breast cancer survivors are motivated to participate in a healthy lifestyle intervention to empower themselves and help alleviate fears of cancer recurrence, beyond lose weight. This research may help to identify factors that are conducive to or interfere with long-term health behaviour change among breast cancer survivors.
P118 • Empowerment in Cancer Survivorship and Rehabilitation: Preliminary results of a grounded theory study

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

PURPOSE: Cancer and its treatment can lead to complex physical and psychosocial outcomes and place patients at risk for life-long disability. Yet, the post-treatment period is characterized by systemic gaps in care making it challenging for clinicians to help survivors address day-to-day and long-term needs. Patient empowerment has been proposed as a way to address these challenges. This poster offers preliminary results from a grounded theory study revealing if/how empowerment evolves from cancer survivor experiences.

METHODS: Semi-structured interviews with post-treatment survivors are used as the primary means of data collection. Interviews explore participants’ meanings of empowerment through their perceptions and self-management behaviours of their physical and psychosocial needs.

RESULTS: Early results suggest that empowerment is a process occurring when survivors have the ability to discover and implement their own management techniques by incorporating their illness perceptions, participation preferences and available resources into day-to-day and long-term management. However, the process is highly dynamic and influenced by feelings of despair and marginalization. Data collection continues to elaborate on emerging themes involved in this process.

CONCLUSIONS: Patient empowerment is seen as an integral process associated with patient-centred care and related to other concepts such as patient-engagement and activation. However, the process and its connections to these concepts remain ambiguous and not fully understood. By using grounded theory, this study goes beyond the description of empowerment and provides a theory that illuminates its taken-for-granted meanings and processes that can guide future research in cancer survivorship and rehabilitation.

P127 • A self-help program for coping with cancer: Motivation for and adherence to bibliotherapy

Annett Körner, Tia Maric, Zosia Czajkowska, Nicole Roberts, Bethsheba Ananng

Background: Research has shown the effectiveness of bibliotherapy for depression and anxiety. However, there remains a lack of research regarding bibliotherapy as a means of coping with cancer. Who is motivated, adheres to, and benefits from this low-cost, minimal intervention approach?

Purpose: The present study aims to provide insight into the characteristics of patients interested in bibliotherapy, their motivation, and adherence to the prescribed self-help intervention.

Methods: A randomized controlled trial including 89 patients with cancer demonstrated the acceptability and efficacy of the Nucare self-help workbook focusing on personal control, and emotional and instrumental coping responses. The current study examined socio-demographic, cancer-related, and psychological characteristics, such as distress, quality-of-life, and motivation in the total sample before randomization. Treatment adherence was analyzed for the intervention group at the end of the 6-week bibliotherapy period.

Results Summary: The majority of patients interested in bibliotherapy were female, had completed college/university, and were less than 60 years old. Participants indicated early to advance-staged cancer, various cancer types, high autonomous motivation, and moderate levels of distress. Participants completed between 25%-100% (Mean: 80%) of the workbook, spent on average 58 minutes/week engaging in the self-help material and most frequently practiced mindfulness and relaxation techniques. Patients with more depressive symptomology spent less time with the workbook (r=-0.42, p=0.01) but did not read less of the material (r=0.13, n.s.).

Conclusion: The discussion of our sample characteristics based on a comparison to several large cancer populations hopes to inform clinical decision-making regarding whom to offer bibliotherapy in clinical practice.
P128 • Stay Strong Cancer Rehabilitation Program: a Pilot Project

Andrea Tilley, Carolyn Khitab, Kathy Woodhouse

PURPOSE: The Stay Strong cancer survivorship care program was designed to provide support for people with psychosocial issues during and following treatment for cancer as well as to encourage participants to incorporate regular physical exercise into their lives. The Nurses Health Study showed that 3-5 hours of cardiovascular exercise per week could have a dramatic preventive effect on cancer recurrence.

METHODS: A 6-month pilot project was proposed to begin in October 2014 that would provide Cancer survivors a 12-week free, guided exercise program at the local Saint John YMCA. The program would consist of a physical assessment by a physiotherapist and nurse, followed by twice-weekly individualized exercise sessions. At the initial assessment, outcome measures were evaluated for a baseline measure for ESAS, BFI, 6 min walk and sit to stand. Participants were encouraged to use the many services and classes that the YMCA had to offer 7 days a week during their 12-week membership. As part of the program, participants were offered to take part in a one day Psychosocial support day which consisted of education sessions in a comfortable non-hospital setting with a Dietitian, Social worker, Sexual Intimacy Counsellor, Physiotherapist, and Yoga/Qigong instructor.

RESULTS:

Brief Fatigue Inventory
Initial 31.16/90 Discharge 15.76/90

ESAS Initial 20/100 Discharge 12.6/100
(Clinical significance?)
Chair Rise Initial 27.2 seconds Discharge 20.85 seconds

6-Minute Walk
Initial 515.14 m Discharge 588.88m
clinically significant change is 54m

CONCLUSIONS: Fatigue was reduced, ESAS scores were reduced and participants on average had clinically significant improvements in endurance and strength measures. Participant satisfaction questionnaire was overwhelmingly positive for both the exercise and support portions of the program.

P129 • Psychosocial resource use by patients with cancer during bibliotherapy versus treatment as usual

Katelyn Ward, Tia Maric, Nicole Roberts, Annett Körner

PURPOSE: Research has shown the benefits of the Nucare intervention “Coping in good times and in bad” in group or individual sessions delivered by health care professionals. Little is known about its effectiveness when provided as a take-home workbook for patients with cancer. Yet, a recent randomized controlled trial demonstrated improvements in empowerment, quality of life, and distress. The present study asks whether there are differences in psychosocial resources used by individuals who received the Nucare coping workbook compared to patients in the control group who only had access to treatment as usual (TAU).

METHODS: Eighty-nine patients with various cancer types enrolled in a randomized controlled trial examining acceptability and efficacy of the Nucare self-help workbook for coping with cancer. Use of resources by the intervention group (IG) during the 6-weeks bibliotherapy period was compared the resource use of the control group (CG) during the 6-week TAU period.

RESULTS: The most frequently used resources for both IG and CG were one-on-one social support (e.g., from family member, doctor, or peer). The most frequently used resource during the trial period was emotional support from a friend or family member (IG: 85%; CG: 98%). Participants in both IG and CG used literary, online, and group support much less frequently in comparison to one-on-one social support.

CONCLUSION: The examination of the use of resources by our study sample may inform the provision of resources to the growing cancer population and the guidance of patients toward the different, available support resources.
P134 • Predicting survival of individuals with high-grade brain tumours using neuropsychological test measures

Mark Collins, Matias Mariani

INTRODUCTION: High-grade brain tumours are rapidly progressing tumours with poor prognosis. Individuals with these tumours frequently report difficulties with neurocognitive functions such as memory, attention and executive functioning. Although assessment of neurocognitive functioning primarily allows for the development of treatment plans to help patients cope with their symptoms, recent findings suggest test results may play a prognostic role in estimating patient survival.

METHODS: Thirty-one outpatients being treated for WHO grade 3 & 4 primary brain tumours participated in neuropsychological assessment as part of their routine workup. Participants completed a range of tests measuring neurocognitive domains including attention, processing speed, motor function, memory, language, and executive function. Kaplan-Meier Survival Analysis was conducted to determine the utility of using number of impaired tests to estimate survival time. Tests falling below a T-score of 35 were considered to be impaired. Only participants who completed at least 7 measures were included in the analysis.

RESULTS: Participants with 3 or more impaired measures had poorer survival than participants with 2 or fewer impaired measures. Potential trends in predicting survival based upon individual test measures and the role of potential covariates will also be examined.

DISCUSSION: This preliminary analysis indicates that there may be clinical utility in estimating survival time based on patient's performance on neuropsychological measures for patients with malignant CNS tumours.

P144 • If you build it will they play? Physical activity program development for testicular cancer survivors

Anika R Gentile, Daniel Santa Mina, Andrew G Matthew, Robert J Hamilton, Catherine M Sabiston

BACKGROUND: Testicular cancer is the most common cancer diagnosis in men aged 20 to 40. Current estimates suggest that over 1,000 Canadian men are diagnosed with testicular cancer each year and over 95% of these men are cured. The high survival rate highlights advancements in the treatment of testicular cancer and has led to a growing number of testicular cancer survivors in need of long-term follow-up care. Given the young age of these men, appropriate supportive care programming for improving quality of life is not available. This is unfortunate since age-appropriate interventions can emphasize personalized approaches aimed to enhance quality of life for testicular cancer survivors. Exercise programs may be an effective supportive care strategy for these men, as exercise has been deemed feasible, safe, and beneficial in this population.

PURPOSE: To outline the development of exercise supportive care programming for testicular cancer patients.

METHODS: A three-phased approach was designed. Phase 1 involves the collection of a needs assessment questionnaire developed for testicular cancer patients, followed by semi-structured qualitative interviews with key stakeholders (e.g. physicians and patients). Phase 2 is the development and execution of a pilot intervention protocol utilizing exercise, peer-to-peer support, and psycho-education aimed to improve quality of life followed by a randomized control trial in Phase 3.

CONCLUSION: Insights from this preliminary investigation will contribute to the development of an exercise intervention protocol to be utilized in Phase 2 and 3. Data from phase 1 will be presented.
P146 • Training Prostate Cancer-Specific Peer Navigators to Provide Psychosocial and Cognitive Support

Lisa Parvin, Aaron Miller, Parminder Flora, Shimae Soheilipour, Jackie Bender, Arminee Kazanjian

PURPOSE: An environmental scan was completed to gather information on existing cancer patient navigation programs in Canada, UK, Australia and selected US programs. The main purpose was to adopt and adapt existing navigation training programs and materials to create a prostate cancer-specific competency-based peer navigator training curriculum and toolkit of resources.

METHODS: An exhaustive internet search was conducted to identify and collect specific details of relevant navigation programs from websites and available reports, documents, and published literature. Program officials were contacted to gather information regarding number of patients and navigators involved annually, number of patients a given navigator can carry at any point in time, length of service, and modality, cancer phase and criteria to match navigator with patient. Information on navigator training requirements, and training curriculum and materials were collected.

RESULTS: Thirty-four support programs were identified in Canada that includes only six peer-led programs. Five pilot projects in the UK, and three patient navigation programs in Australia were also identified. Six dedicated peer navigation programs were considered from the USA. A list of core competencies with six domains (Navigator Attributes, Communication, Knowledge/Information, Ehealth/Technology, Working with Older Adults and Caregivers) were generated in order to develop a prostate cancer-specific competency-based peer navigator training curriculum.

CONCLUSIONS: Absence of a prostate cancer-specific peer-led program suggests a gap in survivorship care for older men with prostate cancer. Our project aims to train prostate cancer survivors as ‘peer navigators’ to provide psychosocial and cognitive support across cancer care continuum to bridge this gap.

P152 • Healthcare providers’ perspective on tele-oncology benefits and challenges

Mark Collins, Carole Mayer, Nicole McDonald, David Want

INTRODUCTION: Through the Ontario Telemedicine Network (OTN), oncology patients receive follow-up care from physicians and staff at a tertiary cancer centre in Northeast Ontario. Telehealth, via videoconferencing, has helped close the gap between urban and rural/remote communities to provide cancer patients’ access to oncology specialists. Results from a patient satisfaction survey completed in 2006 confirmed that patients approved the use of telemedicine in an outpatient oncology setting. As the program reached over 400 visits per month, patterns of high and low use of the technology were observed amongst various disciplines. To further develop, implement, and improve telehealth processes and pathways, it was deemed necessary to understand health care providers’ perspective on this technology.

METHODS: After receiving ethical approval to pursue the study, focus groups and interviews were held in 2009 with several disciplines, including radiation and medical oncologists, primary nurses, OTN nurse coordinators, and other health care professionals. Key informant interviews were held with administrators and support staff to identify opportunities for service enhancement. All interviews were transcribed and coded by two researchers using thematic analysis; when discrepancy was noted for themes, agreement was reached through consensus.

RESULTS: Eight themes regarding Health care providers’ perspectives on telehealth benefits and challenges were extracted from interviews, including resource allocation, confidentiality, and dealing with the unexpected. We will also review how the use of OTN has continued to evolve in the cancer centre for the past seven years.

CONCLUSION: In conclusion, understanding the healthcare providers’ perspective is beneficial to understanding and improving clinical pathways for patient care.
P153 • Promoting psychosocial oncology collaboration in Ottawa: The Interdisciplinary Psychosocial Oncology Study and Research Laboratory

Danielle Petricone-Westwood, Sophie Lebel, Jennifer Brunet

Psychosocial oncology (PO) research’s interdisciplinary nature contributes a holistic understanding of patient and family’s cancer experiences. PO is increasingly being recognized as a subspecialty within health and social fields, however researchers often face attitudinal, communication, academic/professional, institutional, and practical barriers to interdisciplinary collaboration. Indeed, few of Ottawa’s PO researchers have collaborated on interdisciplinary projects and PO trainees lack opportunities to study in an interdisciplinary environment.

To overcome these barriers, we have created a Psychosocial Oncology Research Group. Our directors obtained a three-year grant from the University of Ottawa Faculty of Social Sciences and have recruited researchers and trainees from the university, hospitals, and community centres. Our membership spans the fields of psychology, human kinetics, nursing, occupational therapy, and sociology, for a total of 28 members. Our 2-hour meetings began in September 2015 and will occur 7-8 times per year for the next three years.

The program’s first months have been successful. In a meeting held amongst researchers and healthcare providers, we discussed goals, funding opportunities, and collaborative opportunities. In meetings with all members, one professor and one trainee have presented ongoing research, which fostered discussion and provided presenters with valuable feedback. Trainee presentations were eligible for a conference travel award. Additionally, the group funds a trainee research assistant who coordinates meetings and solicits new members.

This poster will discuss reported experiences of group members following our first academic year. It will provide recommendations for other research and/or healthcare teams who are interested in forming such a collaborating group.

P159 • Use of the Canadian Problem Checklist in a Paediatric Oncology Population

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

PURPOSE: 1) To describe the use of the Canadian Problem Checklist (CPC) in a paediatric population across various stages of the cancer trajectory; and 2) To explore the correlation between CPC items and patient quality of life.

METHODS: Eighty-three families were recruited from the Alberta Children’s Hospital at three stages: New Diagnosis (n=13), Active Treatment (n=21), and Survivorship (n=49). Parents of patients completed the CPC and the Paediatric Quality of Life Inventory 4.0 (PedsQL) Parent-Proxy Report. Patients completed the PedsQL Self-Report.

RESULTS: Patients had a mean age of 11.90 (male=63.9%). The most endorsed CPC concerns were “Fears/Worries” (50.6%), “Sleep” (37.3%), “Work/School” (34.9%), and “Sadness” (33.7%). Participants in the New Diagnosis group endorsed significantly more items on the CPC (m=9.23, SD=3.70), than those in Active Treatment (m=3.38, SD=3.37, p<.01), or Survivorship (m=2.61, SD=3.40, p<.01). PedsQL Parent-Proxy and Self-Report scores were strongly correlated with overall scores on the CPC (r=-.60, p<.01; r=-.49, p<.01), and were significantly related to CPC items including “Sadness” (r=.41, p=.01; r=.52, p<.01), and “Knowing about available resources” (r=.42, p=.01; r=.43, p<.01).

CONCLUSIONS: Overall, higher scores on the CPC may indicate poorer psychosocial functioning in patients, suggesting the CPC remains relevant in a paediatric population. Families with a newly diagnosed child endorsed significantly more concerns than at any other time in the cancer trajectory; however, items on the CPC were also endorsed by patients on active treatment and in survivorship suggesting that this tool may be used reliably as a screening tool across the cancer journey.
**P160 • Non-melanoma skin cancer – Nothing to worry about?**

*Annett Körner, Gabrielle van Dongen, Rosalind Garland, Zofia Czajkowska, Adina Coroiu, Manish Khanna*

**BACKGROUND:** There is a paucity of psychosocial research on non-melanoma skin cancer, despite the fact that these malignancies mainly develop on the head and neck, frequently recur, and are associated with an increased risk for other cancers.

**PURPOSE:** The current study aims to respond to this gap in the scholarship by determining the prevalence of supportive care needs of patients with non-melanoma skin cancer and examining the relationship between patients’ needs and distress.

**METHOD:** The cross-sectional research protocol included a consecutive sample of 60 patients with squamous and/or basal cell carcinomas who completed a survey comprised of the Skin Cancer Index (SCI), the Hospital Anxiety and Depression Scale (HADS), the Supportive Care Needs (SCNS) Survey, an inquiry about informational needs regarding skin cancer prevention, and a socio-demographic questionnaire.

**RESULTS:** More than half of the patients indicated unmet needs, most frequently endorsing moderate and high needs for help with the prevention of future skin cancers, the health system and informational matters. Psychological needs were strongly associated with skin cancer-specific and general distress. Higher levels of anxious and depressive symptoms were related to greater patient needs across all domains.

**CONCLUSIONS:** Despite non-melanoma skin cancer not being life threatening in the majority of cases, there is a significant proportion of patients who have unmet supportive care needs and experience heightened distress levels. Health care professionals might want to be vigilant about the supportive care needs and the psychological health of patients with non-melanoma skin cancer.

**P161 • Identity Related Growth and Loss as Predictors of Quality of Life among Young Breast Cancer Survivors**

*Lianne Trachtenberg, Niva Piran*

**PURPOSE:** Young breast cancer survivors’ sense of self is powerfully affected by the illness experience. Given their particular life stage, where they see endless possibilities for themselves, breast cancer can pose a pronounced disruption on their identity and worldviews. Yet, current quality of life (QOL) instruments and studies have done little to address the topic. The Impact on Self Concept Scale (ISCS) is an innovative measure exploring identity-related growth and loss as two separate but related constructs affecting QOL. The aim of the present investigation was to examine whether identity related growth and loss were predictive of QOL among a younger sample of breast cancer survivors.

**METHODS:** Breast cancer survivors were recruited in both community and hospital-based settings. Participants completed the ISCS, and two QOL measures, including the Functional Assessment of Cancer Therapy-Breast (FACT-B), and the Experience of Embodiment Scale (EES). Correlation and multivariate regression analyses were conducted to examine the relationship between identity-related change and QOL in this population.

**RESULTS:** Of 113 participants, the mean age of diagnosis was 36.51 (SD = 6.15), with the majority of participants diagnosed between stages I-III (88.7%). In a multiple regression model, self-loss and self-growth significantly predicted FACT-B scores, R2 = 51.0%. Likewise, self-loss and self-growth also predicted EES scores, R2 = 36.3%.

**CONCLUSIONS:** The results suggest that self-growth and self-loss are meaningfully distinct constructs that are associated with young women’s overall QOL and wellbeing after medical treatment. These findings have important implications for psychological interventions with young breast cancer patients entering survivorship.
P162 • An Exploratory Study of the Worst-Case Scenario Exercise in the Context of a Cognitive-Existential Intervention for Fear of Cancer Recurrence

Chelsea Moran, Sophie Lebel, Christina Tomei, Monique Lefebvre, Christine Maheu

PURPOSE: The worst-case scenario exercise is part of a 6-week cognitive-existential group intervention for fear of cancer recurrence (FCR) which requires participants to describe the scenario they most fear when they think about the possibility of their cancer returning. The current study aims to: 1) describe the linguistic and thematic features of the worst-case scenarios produced by cancer survivors to identify specific features related to FCR levels; and to 2) determine whether repeated exposure to this worst-case scenario is related to a decrease in FCR.

METHODS: Participants are female cancer survivors (n=18) who were instructed to write their worst-case scenario in their therapy workbook and to re-read the scenario daily for one week as homework, rating their level of anxiety before and after this exercise. Scenarios will be quantitatively analyzed using the Linguistic Inquiry Word Count program along predetermined dimensions (positive emotion, negative emotion, anxiety, sadness, death) and will also be evaluated by three independent judges. Adherence to the homework exercise will be evaluated to investigate the relationship between the amount of exposure to the worst-case scenario and self-reported FCR levels.

Expected RESULTS: We expect the patterns of word use of the scenarios to vary according to participant FCR levels. Increased exposure to the feared scenario, through adherence to the homework exercise instructions, is predicted to be related to lower FCR.

Conclusions: Identifying the distinctive features of the scenarios written by participants with positive clinical outcomes will provide specific guidelines to maximize success during future administration of the exercise and therapy.

P163 • Body mapping as a method to evaluate well-being in breast cancer survivors

Stephanie Saunders, Ryan Hamilton, Roanne Thomas, Jennifer Brunet, Wendy Gifford, Tricia Morrison

PURPOSE: Body mapping has been used in different health contexts as a therapy and research tool. It provides a unique approach to understanding the meanings associated with health and illness along with the social context in which such experiences occur. To understand how breast cancer affects women, we used body mapping as part of a larger intervention designed to improve well-being.

METHODS: Five of eight women completed the body mapping exercise. While drawing their body map, they were asked to think about challenges associated with breast cancer and resources available. Approximately 4 weeks later, the five women were asked to discuss their body maps during a qualitative interview. Interviews were transcribed verbatim and body maps were scanned, saved electronically, and embedded in the transcripts. Thematic analysis was completed using NVivo.

RESULTS: The main challenges of survivorship discussed with the exercise were related to concerns over cancer (e.g., fear of recurrence), ability to accept emotional support from others (e.g., trust), and handling responsibilities (e.g., logistical concerns). The personal qualities that participants identified in survivorship were renewed purpose (e.g., perseverance), acceptance, (e.g., feeling more calm) and compassion (e.g., understanding).

CONCLUSION: Whereas body mapping was applied in this study to understand women’s experience with breast cancer, its application was also therapeutic. It was a valued component of a broader intervention that provided a means of reflection and allowed women to explore their own challenges and strengths. The body maps generated data that can help researchers determine priorities for psychosocial interventions for breast cancer.
P164 • The CAPO Digest: A Novel Way to Promote Knowledge Translation

Jennifer Brunet, Amanda Wurz, Mary Ann O’Brien, CAPO Research Committee

BACKGROUND: Globally, over 1.5 million scientific articles are published each year. Considering the volume of available research, staying informed about the most recent developments in the field of psychosocial oncology can be challenging. To address this issue, members of CAPO’s Research Committee created the CAPO Digest as a resource for those working in psychosocial oncology to learn about new research.

METHODS: Beginning in 2013, members of CAPO’s Research Committee invited CAPO members to identify studies recently published in peer-reviewed journals relevant to psychosocial oncology. Members were instructed to choose a study they deemed would be of interest to the CAPO membership, and write a brief study summary and share their opinion about the study’s merits and relevance to practice. While not peer-reviewed, each Digest was reviewed by ≥ 1 member of CAPO’s Research Committee. Accepted Digests were posted on CAPO’s website and announced via email.

RESULTS: To date, 7 Digests have been produced and posted on CAPO’s website. Topics spanning “across the ages” included physical activity for childhood cancer survivors and challenges faced by older cancer patients and their caregivers. Web analytic data showed there were 947 views (793 unique) of the web pages containing the Digests.

CONCLUSIONS: The CAPO Digest has the potential to help researchers stay informed about recent studies and help increase clinicians’ awareness of new evidence. CAPO’s Research Committee hopes to expand the topics to include other aspects of psychosocial oncology, attract new contributors - both clinicians and researchers, and publish 7-8 digests yearly.

P165 • Effectiveness and content analysis of lifestyle interventions to support engagement in physical activity: A systematic review

Julie Lapointe, Valérie Martineau, Garnet Lau, Carmen G. Loiselle

PURPOSE: Several health care programs aim to support patients in adopting a healthy lifestyle, one that integrates physical activity in a life routine that is balanced and satisfying. Several randomized controlled trials (RCTs) assessed the effectiveness of lifestyle interventions. However, these lifestyle interventions are highly heterogeneous.

Objective: Analyze the effectiveness and content of lifestyle interventions that support engagement in physical activity.

METHODS: In July 2015, a systematic search was conducted in MEDLINE, Embase, PsychINFO and Cochrane. RCTs needed to designate their intervention “lifestyle”, be published in English or French, and include a population of adults with or without a chronic condition. Interventions were analyzed according to the CALORE taxonomy for behaviour change techniques and the Canadian Model of Occupational Performance and Engagement.

RESULTS: A total of 60 RCTs met the criteria; 27 interventions were effective, 18 had mixed results and 15 were not effective. All interventions that integrated at least nine behaviour change techniques had positive results in supporting engagement in physical activity. When the behaviour change techniques are not integrated, the success rate was only 9% (1/11). No study mentioned that their lifestyle intervention considered the overall activity balance in the lives of their participants.

CONCLUSIONS: An efficient and comprehensive lifestyle intervention needs to integrate several behaviour change techniques and consider the person’s unique balance across the self-care, productivity and leisure activities, particularly if this balance is already challenged by the need to undergo treatment and manage a chronic condition.
P169 • Clinical and psychological correlates of cognition in pain. The role of Clinical Hypnosis and Self-Hypnosis to relief pain, anxiety and pain-related symptoms in Palliative Care. One-year follow-up in a group therapy at Verona University, Italy

Maria Paola Brugnoli, Enrico Polati, Stefano Tamburin, Giancarlo Pesce

PURPOSE: The Department of Anaesthesiology and Pain Therapy of University of Verona, Italy, engaged in a 1-year research, on the role of Clinical Hypnosis to relief pain and anxiety in Palliative Care.

METHODS: nonrandomized clinical trial of 2 groups of 25 patients each, were cured with conventional pharmacological therapy for pain and anxiety in Palliative Care. The group n.1 had an adjuvant therapy with clinical hypnosis and self-hypnosis, the group n. 2 only medicines.

Before the study, and after 1-year follow-up, we compared:
1. VAS the visual analogical scale for the evaluation of the pain
2. HAMA Hamilton anxiety scale.

STATISTICAL ANALYSIS AND CONCLUSIONS: the coefficients from the linear regression models show the hypnotic therapy and the VAS score at baselines have a significant and independent association with the decrease of the VAS score after 1 year; in particular the group who had the hypnotic treatment had a decrease of 16 points in the VAS score. The coefficients from the quantile regression models show the hypnotic therapy and the Hamilton anxiety score at baselines have a significant and independent association with the decrease of the Hamilton anxiety score after 1 year. The group who had the hypnotic treatment had a decrease of 7 points in the Hamilton anxiety score. Who practice hypnosis has a less risk of 60% to have to increase the pharmacological therapy. Clinical hypnosis and self-hypnosis are patient-centred therapy strategies, to relief pain, anxiety and pain and anxiety related symptoms in Palliative Care.

P178 • Development of a Support Group for Parents of Children Hospitalized for Cancer Treatment and Bone Marrow Transplant (BMT): A Pilot Study

Fiona Schulte, Alicia Smith, Wendy Pelletier, Laura Scott-Lane, Nicole Racine

PURPOSE: The purpose of the current study was three-fold: 1) to describe the development of a parent support group for parents of children hospitalized for cancer or BMT; 2) to evaluate the impact of a parent support group on parent distress levels; 3) to evaluate the satisfaction and feedback of parents on the parent support group.

METHODS: The protocol for a weekly parent support group was developed by a multi-disciplinary team at Alberta Children’s Hospital (ACH) including supportive counselling and an education component. The ongoing group was offered for one hour weekly for eight weeks to parents of paediatric cancer and BMT patients admitted to an in-patient unit. Parents provided a self-report of their distress using a numerical rating scale from 0-10 pre and post group. Parents completed a satisfaction questionnaire at the end of each group.

RESULTS: Recruitment of this group is ongoing. Currently, eight parents have attended the support group for an average of two sessions. Weekly group size has ranged from 1-6 participants. There was a significant decrease in mean distress rating from pre to post-group (t = 3.15, p = .01). On average, parents reported the group to be helpful (3.36/4), relevant to their needs (3.36/4), that they were satisfied with the group (3.4/4), and that they would recommend it to another parent (3.87/4).

CONCLUSIONS: The parent support group is an effective intervention for reducing parent distress of hospitalized children with cancer/BMT and was deemed to be acceptable and helpful to parents.
P180 • Development of a Tool to Assess and Manage Cancer-Related Fatigue: a Clinically-based Student Project

Emilie Hudson, Lina Doan, Kayleigh Fallon-Theroux, Valérie Renaud, Lia Sanzone

PURPOSE: Cancer-related fatigue (CRF) is the most common symptom experienced by cancer patients and survivors. CRF is multifactorial in etiology, subjective, can be persistent and debilitating, and impacts cognitive, affective, and physical domains. Despite this, literature demonstrates that cancer care teams often neglect bio-psychosocial CRF assessment and management due to barriers and misconceptions. Self-management strategies have been shown to help decrease the impact of CRF across the cancer trajectory. The goal of this project was empowering cancer patients to self-manage CRF and initiating CRF discussions between cancer patients and their interdisciplinary teams.

METHODS: Evidenced-based research on CRF was conducted and a literature review drafted. The Fatigue Pictogram, a validated visual assessment scale was chosen, and recommendations for CRF management from leading Cancer Care agencies were selected. The tool was developed and tailored to maximize readability and was validated by professionals and patients on the unit.

RESULTS: The tool is a two-sided handout developed for at-home use. On one side is a calendar where users rate their daily fatigue level using the scale. On the reverse are evidence-based recommendations to assist in the self-management of CRF. With ideal use, the tool is to be returned to cancer centres after it has been completed to precipitate a discussion based on users’ CRF trends.

CONCLUSION: Due to time constraints, the tool was not piloted, however this is recommended. Further research could determine whether this concept could be adapted for other cancer-related issues.

P182 • Quality of Life in patients with Multiple Myeloma. Are the psychosocial needs of these patients taken into consideration? A literature review

Suzanne Rowland, Paul Kaups

PURPOSE: Multiple Myeloma (MM) is a non-curable cancer, with treatment aimed at extending survival, while optimizing quality of life (QOL). Existing evidence on the QOL of MM patients has focused on the physical consequences of treatment and disease. It is well documented that these patients experience significant fatigue and pain. However, an understanding of the lived experience is necessary to ensure the psychosocial needs are met. Within this patient population, we encounter marginalized people with unique needs (homeless, homosexual, transgendered, mentally ill). Without a full understanding of these patients’ QOL beyond the physical domain, patients remain vulnerable with needs unmet. We undertook a literature review to a) describe the psychosocial needs of patients with Multiple Myeloma; b) identify important gaps to inform future research in this area.

METHODS: A broad literature search was conducted for primary studies and systematic reviews in 4 electronic databases: Medline, CINAHL, EMBASE and PsychINFO. Studies were included if they focused on the psychosocial needs of myeloma patients, regardless of study design. Reasons for study exclusion were those focused on QOL from only a physical perspective, non-English studies and studies before 1990.

RESULTS: Our review suggests that very few studies have been done on psychosocial QOL in patients with Multiple Myeloma. Upon reviewing 194 papers we have determined that the psychosocial needs of these patients, specifically emotional, social, mental and spiritual aspects of health, are not being met.

CONCLUSION: We ascertain that the effects on the psychosocial areas of QOL need to be examined.
P187 • Physician Support of Skin Self-Examination Scale: Preliminary Validation

Adina Coroiu, Rosalind Garland, Adamo Donovan, Zofia Czajkowska, Annett Körner

PURPOSE: Physician’s support of health behaviours is an important predictor of adherence to medical regimens. For patients with melanoma, physicians may play a crucial role in the initiation and maintenance of skin self-examination, which facilitates the early detection of subsequent melanoma. As there are no standardized self-report measures of physician support of skin self-exams, our team developed a 9-item measure based on recommendations from clinical practice guidelines for melanoma follow-up care.

METHODS: Patients diagnosed with melanoma (n = 190; 48% female; Mage = 59) were recruited from two hospitals in Montreal for a longitudinal study assessing barriers and facilitators of skin self-exams. Self-report baseline data for the scale of interest were factor analyzed in MPlus7.

RESULTS: Two items of the new scale had inter-item and item-total correlations > .9. Given this and their overlapping content, they were excluded from an initial exploratory factor analysis (EFA) with a 1-factor solution: $2 = 52.03$, $p < .001$, RMSEA = .12, 90% CI [.09, 1.16], CFI = .99, TLI = .99. A subsequent 1-factor EFA, after eliminating one item with potential high cross-loadings, showed a good fit, $2 = 17.37$, $p = .04$, RMSEA = .07, 90% CI [.01, .12], CFI = .99, TLI = .99. Cronbach’s alpha was .94.

CONCLUSIONS: These analyses suggest the 6-item Physician Support of Skin Self-Examination Scale is unifactorial. Future confirmatory factor analysis is needed along with the examination of convergent, divergent, and predictive validity across heterogeneous samples of individuals at risk for melanoma.

P189 • Physical activity to live well: the development of an evidence-informed pamphlet for adolescents with cancer

Amanda Wurz, Jennifer Brunet

PURPOSE: Most adolescents diagnosed with cancer are inactive or insufficiently active. By prescribing PA, healthcare providers (HCPs) can exert considerable influence over patients’ decisions to engage in PA. However, PA is not consistently prescribed which may be due to resource constraints. Tools are needed to help HCPs prescribe PA to adolescents with cancer. Thus, we are developing a pamphlet to assist HCPs in prescribing PA in this population. This presentation will describe the development process and present an initial version of the pamphlet.

METHODS: The Appraisal of Guidelines, Research, and Evaluation II was used as a framework. The pamphlet covers three topics: (1) PA Benefits based on the results of a systematic review we conducted, previous reviews, and guidelines for paediatric and adult cancer survivors, (2) Safety Tips following recommendations by the American College of Sports Medicine, and (3) Tips to get Active based on behavioural techniques with established effectiveness. Pilot testing to refine the pamphlet will begin in January 2016 with HCPs and adolescents with cancer. The final pamphlet will be introduced into practice at the Children’s Hospital of Eastern Ontario. To assess the success of implementing the pamphlet into practice, we will monitor the distribution of paper copies during clinic visits.

CONCLUSION: An internationally accepted framework guided the development of this pamphlet. Additional strengths include the systematic literature search to develop the content and involving end-users in the process. It is hoped this pamphlet will be used by HCPs to promote PA amongst adolescent patients diagnosed with cancer.
P190 • Improving Cancer Survivorship Supports for First Nations Peoples: An Indigenous Knowledge Translation Strategy

Wendy Gifford, Roanne Thomas, Chad Hamilton, Janet Jull, Ian Graham, Gwen Barton

Cancer amongst First Nations (FN) peoples is increasing faster than overall Canadian rates. Lack of survivorship support contributes to poor health outcomes and low 5-year survival rates. Many FN peoples do not seek survivorship support because of stigmatization of cancer, fear, and lack of culturally responsive healthcare approaches.

PURPOSE: The purpose of this presentation is to describe the theoretical and methodological underpinnings of an Indigenous Knowledge Translation (KT) strategy proposed to implement culturally responsive cancer survivorship strategies and supports for FN peoples.

METHODS: Methods include a participatory, mixed methods design that builds on our previous study that engaged >40 survivors, caregivers and Elders through sharing sessions, individual interviews and arts-based activities. Our team includes representatives of a Mohawk community of approximately 12,000 people and the Ottawa Hospital Aboriginal Cancer Program.

RESULTS: Indigenous KT requires grounding in transformative theoretical and methodological paradigms. As our parent study shows, it must integrate local knowledge and traditional values (e.g., spirituality, nature in healing), a variety of dissemination practices (e.g., story-telling, kinship networks, cultural protocols, ceremonies), and an awareness of historical impacts of colonization, marginalization and discrimination. Participation by community members, leaders, Elders, and other stakeholders is critical to developing an effective KT strategy to transform healthcare practices.

CONCLUSION: A fundamental underpinning of Indigenous KT is that FN people have a long and established history of translating their own knowledge into actions through oral traditions, experiential learnings, sharing circles, and cultural engagement. Understanding Indigenous KT is important to improve health care delivery and outcomes for FN people.

P191 • Parental Management of Paediatric Cancer Pain at Home

Perri Tutelman, Christine Chambers

PURPOSE: Pain is one of the most problematic aspects of a paediatric cancer diagnosis and persists throughout the course of the disease. Improvements in paediatric cancer prognoses and shifts towards models of outpatient cancer care mean that parents have become increasingly responsible for assessing and treating their children’s cancer pain at home. However, literature on what parents do to manage their children’s cancer-related pain outside of a medical setting is sparse.

METHODS: The current study will investigate how parents assess and treat their children’s cancer pain at home and seeks to identify how parental beliefs, misconceptions, and characteristics may impact their ability to optimally manage their child’s cancer-related pain. 200 parents of children with cancer across North America will be recruited to complete an online survey through a partnership with the Cancer Knowledge Network (www.cancerkn.com), an online forum for those living with cancer and their caregivers. In addition to demographic characteristics, parents will be asked to answer questions about the prevalence of their child’s cancer-related pain, their perceived ability to assess and treat their child's pain, their use and views of pharmacologic and non-pharmacologic pain management modalities, and their levels of pain catastrophizing.

CONCLUSIONS: Data collection is ongoing. The study's background, design, goals, outcome measures, and implications will be presented.
P194 • Implementing a Mindfulness Meditation Pilot Program at a Regional Cancer Centre in North-eastern Ontario

Sheila Damore-Petingola, Julia Martellacci Haddad

Mindfulness meditation is a biopsychosocial intervention that has been effective in improving quality of life in patients of all ages and at all stages of cancer through reducing symptoms of stress, anxiety, fatigue, and physical pain throughout the cancer trajectory (Speca et al., 2000; Carlson & Garland, 2005; Hoffman et al., 2012; Foley et al., 2010). Mindfulness-based interventions have also been suggested as effective in improving quality of life for caregivers of people with cancer (Wood et al., 2015).

In the region of north-eastern Ontario, comprised of a large geographical area and diverse population, there are no known mindfulness-based group interventions offered to cancer patients and caregivers. To meet this need, a mindfulness meditation pilot program was developed and implemented for persons with cancer and caregivers or families in the Supportive Care Program at the Northeast Cancer Centre in Sudbury, ON.

This poster will provide an overview of key steps in successfully implementing a pilot mindfulness meditation program in an outpatient oncology setting. The group intervention was based on the Mindfulness Based Stress Reduction program of Kabat-Zinn and colleagues (1990), and included ten participants over eight sessions from November 2015-January 2016. Essential implementation steps will be presented such as collection of best-practice literature, creating education amongst referring clinicians on potential benefits, pre-participant screening, orientation sessions, and completion of pre and post measurement scales. Additionally, this poster will share insights on new learning obtained from the pilot that can enhance program success in the future.

P195 • Personalizing psychosocial support for adolescents and young adults (AYA) with cancer

Chana Korenblum, Laura Mitchell, Norma D’Agostino, Abha Gupta, Gary Rodin

PURPOSE: Cancer disrupts a young person’s ability to achieve independence, adopt peer codes, assign increased importance to body image, and establish identity. Mounting evidence shows that these issues are not optimally addressed by many existing cancer services, highlighting that AYA with cancer have supportive care needs that differ from children and older adults. This report describes the psychosocial support arm of the AYA program at the Princess Margaret Cancer Centre (PM), which provides personalized care for patients under 40 years of age.

METHODS: A clinical nurse specialist (CNS) trained in AYA oncology sees self- or provider-referred patients in consultation, and screens for emotional distress using a specialized AYA tool. Low risk patients are offered psychosocial support and links to AYA-specific peer support programming. Patients with higher distress are referred to psychosocial services within the AYA team, comprised of psychiatry, psychology, and Adolescent Medicine. The psychologist and Adolescent Medicine specialist (AMS) have training in both adult and paediatric care, maximizing their understanding of the developmental trajectory of AYA; the AMS is also able to provide psychopharmacologic adjuncts to psychotherapeutic interventions where indicated. AYA patients are also seen as part of routine care in two oncology clinics, eliminating barriers to access and information, and reducing stigma and attrition rates. Referral information is catalogued in AYA and Psychosocial Oncology databases.

RESULTS: 1300 AYA are diagnosed at PM annually, of which 30% are seen by the AYA program. Combined, the psychosocial providers see 15 new patients and 50 follow ups on average per month. Approximately 25% are referred from the AYA CNS, with the remaining 75% directly from oncologists. No-show rates across all referrals are under 10%.

CONCLUSIONS: The AYA program’s personalized developmental model, including support embedded at the point of care, shows anecdotal evidence of benefit. Program evaluation is currently under way to quantify these effects. Large, randomized studies are also required to provide the highest standard of care for this underserved group of young people.
P202 • The Babes for Breasts Head Start Program for women newly diagnosed with Breast Cancer

Sarah Young, Anne Pitman, Dugald Seely, Rabia Wilcox, Linlu Zhao

We will present the beneficial impact that our Head Start Program for women newly diagnosed with breast cancer has on participants at the Ottawa Integrative Cancer Centre. While beginning a new world of conventional cancer treatments, our program provides support and guidance at a crucial time of flux in a woman’s life, and addresses the spiritual, physical and mental emotional health of women of all ages, from generation Y through to our elders, who are dealing with a cancer diagnosis.

This 6 week program is comprised of workshops, support group sessions and experiential mind body techniques, and is led by a group of therapists skilled in cancer’s psychological and physiological effects.

The presentation includes a description of the workshops and the mind-body techniques used in the program, including visualization, decision making tools, embodied yoga and breath work and how they develop positive health habits and empower each woman physically, emotionally and mentally.

The research outcome measures of the program to date will be touched upon.

Through our fundraising initiatives and partnership with the Babesforbeasts organization we are able provide this program at no cost to the participants. www.oicc.ca/headstart

P203 • Addressing Cancer-Related Anxiety, Depression, Fatigue, and Pain: Group Psycho-education

Janice Howes, Katie Heckman, Andrew Harris

Psycho-education is an evidence-based intervention that has been shown to be effective in the management of mild and moderate distress. As another component of our distress management program for adult cancer patients in Nova Scotia, we have developed four psycho-education group sessions focused on patient-reported outcomes (PROs) of anxiety, depression, fatigue and pain. Each of these PROs are frequently reported symptoms experienced by adult cancer patients. Each two-hour group session includes education about the specific symptom, normalization, support, empowerment, coping/management strategies, and an experiential component. The sessions are presented by psychosocial oncology specialists. Data are presented based on the patients’ qualitative and quantitative feedback. In summary, the sessions have been well received by patients and feedback has been positive. The cancer-related worry and anxiety session has had the most notable uptake with patients. Use of group psycho-education is a helpful way to meet the needs of specific adult cancer patients, and can help build capacity where psychosocial resources are limited. Integrating this new referral option for patients into the practice of frontline staff presents some challenges.
P206 • Male Sexual Distress Scale: Psychometric Validation in Men with Sexual Dysfunction

Angela Danko, John Robinson, Pablo Santos-Iglesias, Lauren Walker

PURPOSE: According to the DSM-IV-TR, sexual dysfunctions are not diagnosed unless there is a component of distress. While there are several measures of male sexual dysfunction, to-date there is no measure of sexual distress validated for men. The purpose of this study was to validate the Female Sexual Distress Scale, herein called the Sexual Distress Scale (SDS), for use in a population of men with sexual dysfunction.

METHODS: Thirty-four participants (ages 35-76), 59% had cancer, completed four validated questionnaires: the Expanded Prostate Index Composite – Sexual Bother (EPIC – Sexual Bother), International Index of Erectile Function (IIEF), Profile of Mood States – Short Form (POMS – SF), and Brief Sexual Attitudes Scale (BSAS). Psychometric tests of reliability, convergent, concurrent criterion, and divergent validity were performed.

RESULTS: Preliminary analyses of the SDS revealed a high degree of internal consistency (Cronbach's alpha, r = .93). Pearson correlations showed significant positive correlations with sexual bother, erectile function, and “negative affect” subscales on POMS – SF, supporting the convergent and concurrent criterion validity of the SDS. Weak or non-significant correlations with “Energy” subscales on POMS-SF, and the sexual attitudes confirmed the divergent validity of the SDS. Data collection and analysis will continue until spring 2016.

CONCLUSIONS: Preliminary results show that the SDS is a valid and reliable tool that assesses male sexual distress. The SDS can facilitate future research into male sexual distress and, may have utility as a clinical assessment tool to aide with diagnosis and treatment. Data collection and analysis will continue until spring 2016 to confirm that the SDS is valid for male cancer patients.

P207 • Culturally appropriate PSO Supports for Closed Religious Communities

Irene Maendel

BACKGROUND: Closed religious communities (CRCs) hold unique traditions, beliefs, and social practices that go beyond the conventional views of what constitutes a religious denomination. The elderly are deeply respected and are holders of the traditions and beliefs within these communities. They hold that the will of the community is far superior to the interests of the individual and promote strategies to control outside influences. Research has shown that the power control within CRCs, the lack of information on alternative strategies and the idea of accepting fate “without complaining” may act as barriers in expressing their emotional and cultural needs to health care providers. It has been proposed that cultural sensitivity improves establishment of rapport and can promote cooperation and adherence to therapy.

PURPOSE: As a former CRC member, my current experience as a psychosocial oncology clinician, and based on review of literature, I propose that care we provide to patients of CRCs can be enhanced with a better understanding of the cultural and organizational barriers of CRCs. This can be achieved by exploring the following aspects with our clients: (1) community role in providing support; (2) ability to cope in the context of faith and prayer; (3) seeking emotional support beyond the community.

CONCLUSION: An individual or collective understanding of suffering, illness, and death is shaped by the shared culturally informed knowledge that can become significant information for healthcare providers. Exploring several aspects of the way CRCs experience psychosocial needs can improve support for those populations.
P212 • Behind the scenes: An analysis of the creation of safe spaces during cancer survivorship workshops

Ryan Hamilton, Ryan Hamilton, Roanne Thomas, Yvonne Anisimowicz, Marquelle Piers

PURPOSE: While group-based workshops are widely accepted and valued as psychosocial interventions for people living with the long-term effects of cancer and its treatment, few researchers have examined the ways in which safe spaces are created, maintained, and threatened during such workshops.

METHODS: Three days of workshops were offered to 19 participants in two groups. Sixteen women and three men living with lymphedema after cancer participated. Workshops were transcribed verbatim and analyzed thematically using NVivo. Post-workshop interviews and surveys provided additional data about workshop processes.

RESULTS: Analysis of the interactions between workshop facilitators and participants reveal that various techniques and approaches contributed to a safe space. These include facilitators’ disclosures and their demonstrations of vulnerability, modifications to workshop content in response to participants’ feedback, as well as the use of story telling and humour. Threats to safe spaces include insufficient responses to excessive complaining and disagreements among participants.

CONCLUSION: The creation and maintenance of safe spaces are fluid processes that evolve throughout workshop participation. Given these dynamic processes, an examination of workshop techniques via the analysis of transcripts and other data, may help facilitators to develop strategies for the creation of safe spaces that extend beyond content and advance preparation.

P213 • Collaging hope within a psychosocial intervention for cancer survivors with lymphedema

Roanne Thomas, Roanne Thomas, Ryan Hamilton

PURPOSE: Systematic reviews of the impact of lymphedema after cancer demonstrate that ensuing effects include functional impairment, as well as depression and anxiety. Lymphedema also has implications for social domains, including work and leisure activities. Our pilot of a psychosocial intervention for cancer survivors with lymphedema demonstrates that active conceptualizations of hope can help to address some of the challenges associated with this condition.

METHODS: Collaging was one activity offered to participants during the intervention, consisting of in-person workshops. Eleven of 19 participants chose to complete and discuss a collage. Workshops were transcribed verbatim and collages were photographed. A thematic analysis was completed using NVivo.

RESULTS: The two main overlapping themes address the processes connected to the completion of the collages and the content of the participants’ work. The former addresses participants’ discussions of brainstorming, selecting images, and composition, and how these activities were connected to experiences of illness and hope. The latter integrates sub-themes related to movement or progress depicted in the collages, reflecting a conceptualization of hope as action. Simultaneously, participants’ presentations of their collages illustrate opportunities for group support and for facilitators to enhance hope and coping skills.

CONCLUSION: Collage, a low cost and accessible intervention component, shows promise in fostering hope. Participants’ reflections on both the process and content of collages prompted discussions of numerous facets of hope. Our study shows that collaging is congruent with active and empowering orientations found within the existing hope literature and that future exploration of its potential impact is warranted.
P222 • Cycles of silence around cancer within First Nation communities

Chad Hammond, Roanne Thomas, Wendy Gifford, Carolyn Brooks, Ryan Hamilton, Tricia Morrison, Jennifer Poudrier, Tracy Scott, Doris Warner

PURPOSE: First Nation peoples with cancer have higher distress, higher burdens of disease, and higher mortality rates than non-Indigenous peoples in Canada. The National Picture project explored the survivorship experiences of First Nation women who had cancer and/or cared for someone with cancer.

METHODS: An arts-based, participatory study was conducted with 43 participants (cancer survivors and caregivers) from four First Nation communities in Canada.

RESULTS: Two major themes have come out of initial analyses: 1) Suffering without support leads to a cycle of silence: several social, historical and institutional barriers inhibit speaking about cancer and finding/providing support. 2) Helping and being helped without having to ask: these barriers were overcome by participants who strived to create safe spaces to talk about cancer, as well as by community members who provided voluntary, non-verbal and unsolicited support.

CONCLUSIONS: First Nation women with cancer found it essential to their healing and recovery to receive emotional, social, and financial support within their informal networks. While they valued the caregiving roles of people within their communities, they called for institutional provision of care that is culturally safe, addressing culturally relevant needs, colonial impacts on cancer communication, and the disproportionate burdens of disease on First Nation families.

P223 • Developing, Implementing, and Evaluating an Interdisciplinary Team-Based Care Approach for Patients with a Suspected or Confirmed Thyroid Cancer (ITCA-ThyCa)

Melissa Henry, Gabrielle Chartier, Christina MacDonald, Magali Dewitte, Martin Black, Richard Payne, Alexandre Mlynarek, Antoinette Ehrler, Carmen Loiselle, Zeev Rosberger, Saul Frenkel, Michael Tamia and Michael Hier

BACKGROUND: No studies evaluate an interdisciplinary team based care approach (ITCA-ThyCa), including a dedicated nurse, in patients with a suspected or confirmed thyroid cancer. The goal of this clinical research program is to evaluate the impact of such care

METHODS: The clinical approach for the dedicated nurse comprised of: 1) Screening for Distress (ESAS/CPC/PHQ-9/GAD-7); 2) Nursing meetings mapped on treatment trajectory/research; 3) Targeted interventions on clinical symptoms (ESAS>4); and 4) Interdisciplinary communication/treatment planning. Our program evaluation is based on the Centers for Disease Control and Prevention (2014) and CPAC (2012) guidelines, including screening for distress data, patient satisfaction, interviews, service utilization, and implementation notes.

RESULTS: Over the past twelve months ninety patients received care in ITCA-ThyCa. Patients were representative of the clinical population. Results underline how complex thyroid cancer is when seen through a biopsychosocial lens. Thyroid cancer patients present high levels of anxiety, fatigue, and pain; complex medical cases; surgical complications; psychosocial and psychiatric comorbidities; and difficult readjustment to Synthroid, to name a few. Patients identify needing a nurse integrated into their healthcare team, a human touch for an illness too often minimized. Because of the nurse, patients described their concerns as being addressed earlier, in a timelier manner, and more effectively through information provision, symptom management, and referrals to hospital and/or community services.

CONCLUSION: Our data illustrates that hospital resources should not simply be allocated based on medical trajectory alone, and that a biopsychosocial approach provides effective and ultimately cost-saving results in the future.
P224 • Breast Cancer Awareness...impact on young women diagnosed

Lorna Larsen

The Team Shan Breast Cancer Awareness for Young Women (Team Shan) public awareness campaigns have successfully reached young women with their breast cancer risk and breast health information since 2007. Named after Shanna (Shan), the multi-faceted social marketing model incorporates Shan’s face and personal story to message the theme breast cancer... not just a disease of older women.

PURPOSE: to educate young women about early detection, risk reduction and prevention of breast cancer.

METHODS: Team Shan campaign evaluation questionnaires have been completed by young women on college and university campuses across Canada. Content analysis of evaluation tool responses was conducted and further analysis of reported key take home messages has been completed to further understand the impact of the campaigns.

Team Shan has also tracked campaign responses from young women diagnosed with breast cancer.

RESULTS: campaigns have been effective in reaching young women with their breast cancer risk. Shan’s Story has resonated with the target population and made a difference in communicating breast health messaging to young women.

Young women diagnosed with breast cancer have responded positively and thanked Team Shan for addressing breast cancer awareness for young women. Shan’s Story and self-care messaging made a difference in their self-detection and earlier diagnosis.

CONCLUSIONS: educating young women has the potential to promote risk reduction and self-care strategies to last their lifetime.

Team Shan messaging has positively impacted the journey for a number of young women diagnosed with breast cancer. This impact will be shared in the poster presentation!

P228 • Patients at risk for melanoma recurrence: Partner comfort and support as predictors of skin-self examination self-efficacy

Annett Körner, Miranda Giambra, Rosalind Garland, Nathan Hall, Hélène Ezer, Manish Khanna, Julia DiMillo

PURPOSE: The increasing incidence of melanoma, its poor prognosis if diagnosed at a late stage, and high risk of recurrence, makes early detection and prevention of this chronic and life-threatening disease of utmost importance. Skin self-examination (SSE) and partner-assisted skin-examination (PASE) have been recognized as effective methods for the early detection of melanoma in high-risk populations. The objective of the current study was to examine whether the SSE self-efficacy of patients with melanoma and their romantic partners is affected by partners’ (a) comfort with SSE and (b) SSE support.

METHODS: One hundred patient-partner dyads completed a questionnaire package. Approximately half of the participating partners (n = 52) attended a SSE education session with their partner (the patient) on the early detection of melanoma, while all patients received the SSE education intervention.

RESULTS: Partner attendance at a SSE education session, as well as partner SSE support and SSE comfort, significantly predicted partners’ SSE self-efficacy. Furthermore, male patients were found to be significantly more comfortable with partner-assisted SSE, and felt more supported with SSE, than female patients.

CONCLUSIONS: These findings highlight the role of partner comfort in assisting with SSE, partner involvement in SSE education, and underscore the importance of gender differences. Findings are discussed in terms of improving partner SSE self-efficacy to facilitate SSE practice during melanoma follow-up care. Overall, this study provides important information that could assist health professionals to augment partner-assisted skin examination with the goal of increasing the early detection of melanoma.
P244 • Vaccine Conspiracy Beliefs and Cancer Prevention

Gilla Shapiro, Samara Perez, Zeev Rosberger

OBJECTIVE: Oncogenic strains of HPV can cause a number of cancers. Three prophylactic vaccines that protect against the oncogenic strains of HPV are available and recommended in Canada. However, uptake remains suboptimal. Parents’ vaccine attitudes influence their decision regarding child vaccination. To date, no study has evaluated the impact of vaccine conspiracy beliefs on human papillomavirus vaccine acceptance. The authors developed and validated a Vaccine Conspiracy Beliefs Scale (VCBS) and determined whether this scale was associated with parents’ willingness to vaccinate their son with the HPV vaccine.

METHODS: In a cross-sectional design, Canadian parents completed a 20-minute online survey. Measures included socio-demographic variables, HPV knowledge, health care provider recommendation, Conspiracy Mentality Questionnaire (CMQ), the seven-item VCBS, and parents’ willingness to vaccinate their son at two price points.

RESULTS: A total of 1427 Canadian parents completed the survey in English (61.2%) or French (38.8%). A Principle Component Analysis revealed the VCBS is one-dimensional and has excellent internal consistency (α=.937). The construct validity of the VCBS was supported by a moderate relationship with the CMQ (r=.44, p<.001). Hierarchical regression analyses found the VCBS is negatively related to parents’ willingness to vaccinate their son with the HPV vaccine at both price points (‘free’ or ‘$300’) after controlling for gender, age, household income, education level, HPV knowledge, and health care provider recommendation.

CONCLUSIONS: Understanding vaccine conspiracy beliefs is important in cancer prevention efforts. The VCBS is a brief, valid scale that will be useful in further elucidating the correlates of vaccine hesitancy.