

While many parents felt supported, the survey results reflected that others felt they needed additional support in the form of professionally facilitated groups or one-on-one counselling with a professional. In addition, parents of survivors felt that their many of their children could also benefit from more support. Stated barriers included lack of financial resources, and an inability to find and access these services.

Impact on practice or Results: In response to this information, Candlelighters decided to collaborate with Jennifer Finestone, a community-based Registered Psychotherapist with experience in oncology, to offer complimentary support groups. The groups are for parents of on treatment patients, parents of off treatment patients or survivors, and young adult survivors of pediatric cancer. Individual sessions – often subsidized – are also offered. The format of the groups has been evolving, as has access to individual sessions, but overall feedback has been positive.

Discussion or Conclusions: The results of the survey and the ensuing collaboration in developing and offering psychosocial support services will be explored in more detail, as will the challenges to providing these services, and directions for the future.

FINAL CATEGORY: H. CULTURE AND SEX/GENDER

12 | A cross-sectional gender-sensitive analysis of depressive symptoms in patients with advanced cancer

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Background/rationale or Objectives/purpose: Patients with advanced cancer commonly report depressive symptoms. Examinations of gender differences in depressive symptoms in patients with advanced cancer have yielded inconsistent findings. The objective of this study was to investigate whether the severity and correlates of depressive symptoms differ by gender in patients with advanced cancer.

Methodology or Methods: Patients with advanced cancer ($n=305$, 40% men and 60% women) were recruited for a psychotherapy trial from outpatient oncology clinics at a comprehensive cancer center in Canada. Participants completed measures assessing sociodemographic and medical characteristics, disease burden, and psychosocial factors. Depressive symptoms were examined using the PHQ-9, and other measures included physical functioning, symptom burden, general anxiety, death related distress, and dimensions of demoralization. A cross-sectional analysis examined the univariate and multivariate relationships between gender and depressive symptoms, while controlling for important covariates in multivariate analyses.

Impact on practice or Results: Severity of depressive symptoms was similar for men ($M=7.09$, $SD=4.59$) and women ($M=7.66$, $SD=5.01$), $t(303)=1.01$, $p=.314$. Greater general anxiety and number of cancer symptoms were associated with depressive symptoms in both men and women. Feeling like a failure ($\beta=.192$), less death anxiety ($\beta=-.188$), greater severity of cancer symptoms ($\beta=.166$), and older age ($\beta=.161$) were associated with depressive symptoms only in men, while greater disheartenment ($\beta=.216$) and worse physical functioning ($\beta=-.275$), were associated with depressive symptoms only in women.

Discussion or Conclusions: Women with advanced cancer are not more likely than men to report depressive symptoms but the pathways to depression may differ by gender. These differences suggest the potential for gender-based preventive and therapeutic interventions in this population.

19 | Moving Beyond the Biomedical Model of Transgender Cancer Care: A Descriptive Review of the Psychosocial Needs and Experiences of Transgender Cancer Patients

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Background/rationale or Objectives/purpose: Compared to their cisgender counterparts, those who are transgender can experience cancer

differently. Previous research has assessed the psychosocial experiences of LGBT cancer patients; however, the experiences of transgender patients are often grouped with cisgender sexual minority patients, limiting our understanding of their unique experiences. This review aimed to better understand the psychosocial impact of cancer in transgender individuals (i.e., treatment, interactions with providers, feelings of gender dysphoria, etc.) to inform future clinical and research efforts.

Methodology or Methods: Relevant electronic databases (e.g., PubMed, PsycInfo) were searched for research published between January 2000 to January 2020 on the experience and impact of cancer on transgender individuals.

Impact on practice or Results: To date much focus has been placed on the biomedical aspect of the transgender cancer experience, particularly as it pertains to hormone replacement therapy and other gender-affirming procedures. While this is relevant, it does not take into account their psychosocial cancer experience. Based on initial literature searches, we located three studies that focused exclusively on transgender patients or separately assessed the experiences of transgender and cisgender patients. All were qualitative and primarily focused on those designated as female at birth, and only one study thus far focused on the case of a transgender woman.

Discussion or Conclusions: Because sex and gender play a large part in determining many aspects of the cancer journey, the psychosocial experiences of transgender patients can be very different from those of cisgender patients. A call to action is needed to address identified knowledge and care gaps.

43 | A comparison of sleep and symptom profiles in age-matched breast and prostate cancer patients one-year post-diagnosis

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Background/rationale or Objectives/purpose: Sleep and other disturbances during and after treatment are common after cancer but may be experienced differently by breast (BCa) and prostate (PCa) cancer patients. The current analysis compares BCa and PCa patients on measures of sleep quality, insomnia, and mood one-year post-diagnosis.

Methodology or Methods: Participants completed the Pittsburgh Sleep Quality Index (PSQI), Insomnia Severity Index (ISI) and wore an actigraph for one week to measure objective sleep. Other symptom measures the Hospital Anxiety and Depression Scale (HADS). A MANOVA was used to analyze and compare groups.

Impact on practice or Results: Participants were 24 men and 24 women ($N=48$) with a mean age of 68.94 years. Using a cut-off of 5 on the PSQI, 83.3% of women and 62.5% of men had poor sleep quality. Women reported more severe insomnia symptoms (9.30 vs. 5.60; $p=.028$) and were twice as likely than men (20.9% vs. 8.3%) to report moderate or severe insomnia. Women also reported longer objective sleep onset latency (23.12 vs. 16.00 minutes; $p=.011$), less total sleep time (307.66 vs. 389.46 minutes; $p=.001$), but greater sleep efficiency (76.60% vs. 67.44%; $p=.017$) than men, though both are still below the recommended 85%. Four times as many women (33.3% vs. 8.3%) experienced clinically significant anxiety, but depressive symptoms in men and women were similar (8.3%).

Discussion or Conclusions: The current results suggest that women with BCa experience poorer sleep quality and mood after receiving treatment, compared to same-age men with PCa. These differences may leave women vulnerable to poorer health outcomes if not corrected.

71 | How do males treated for breast cancer feel about the label "survivor"?

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Background/rationale or Objectives/purpose: Individuals diagnosed and treated for various cancers are not equally comfortable with the label “survivor”. In general women treated for breast cancer (BC) like the term, whereas men with prostate cancer do not like the label. We explore how males with BC feel about the label “cancer survivor”.

Methodology or Methods: Males with any stage BC were eligible to participate in an online survey about their comfort with various labels used to describe cancer patient populations. Descriptive statistics were used to characterize the sample and thematic analyses were undertaken on open-ended responses.

Impact on practice or Results: Sixty-eight participants have completed the survey so far. The majority were from the USA (47%) or Australia (21%), within age ranges of 60-69 (37%) and 70-79 (27%) and diagnosed as stage 2 (45%). Preliminary results indicate that 58% moderately-to-strongly like the term “survivor” but 14% moderately-to-strongly dislike the term.

Forty-three percent of participants believe the term “cancer survivor” best describes their identity compared to: “a person who has had cancer” (37%), a cancer “patient” (14%), “victim” (2%), and other (5%). Factors associated with endorsing the survivor label include: being cancer-free without recurrence, and the notion that they are “still living” and/or “back to normal”.

Discussion or Conclusions: Men vary in how comfortable they are with the label “cancer survivor” depending on the disease and disease status. In general male BC patients more closely align with female BC than with prostate cancer patients. Comfort with the label “survivor” appears to be more influenced by the disease status, progress, and control than with sex/gender.

89 | How important is culture when helping families cope with loss?

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Background/rationale or Objectives/purpose: Several factors can influence how families adjust to the loss of a loved one. Culture is often considered one of these. Cultural norms, values, beliefs can shape the experience of loss. However, how one copes with loss often transcends culture. The challenge is to what extent do we need to pay attention to culture in delivering interventions. Does culture account for 100% of the total variance in defining how one experiences loss?

Methodology or Methods: Goals of this workshop are three-fold:

1. Identify common cultural factors that can impact families' adjustment to loss through self-reflection practice
2. Use clinical vignettes to identify culturally sensitive interventions
3. Invite participants to join in small groups to identify key elements in guiding their practice

Impact on practice or Results: When delivering culturally sensitive interventions, health care professionals have to be aware of their own biases that could interfere in delivering care. Proper assessment of the family's needs must also take into account the potential impact of the family's cultural values, norms and beliefs when facing the loss of a loved one.

Discussion or Conclusions: Culture can be an important factor in how families experience loss. However, overemphasis on culture at the expense of the individual might misdirect one's interventions. As Dr. Gomez-Carrillo states: we need to [refocus on the individual rather than treating “the culture”].

105 | Fear of Cancer Recurrence in Men Diagnosed with

Breast Cancer

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Background/rationale or Objectives/purpose: Fear of cancer recurrence (FCR) has been associated with anxiety and depression and is one of the most commonly reported problems for cancer survivors. Little is known about how men with breast cancer experience FCR. The purpose of this study was to document the prevalence and examine factors associated with FCR in men diagnosed with and treated for breast cancer.

Methodology or Methods: Males with any stage of breast cancer were eligible to participate in an online survey that examined levels of FCR using the Fear of Cancer Recurrence Inventory- Short Form scale (FCRI-SF). FCRI-SF scores < 16 indicate minimal levels of FCR. Scores of 16-21 indicate problematic levels of FCR, and scores 22 ≥ indicate clinically significant FCR. A frequency analysis was used to determine the percentage of participants that fell above or below the clinical cutoff.

Impact on practice or Results: To date, 68 participants completed the survey and 65 completed the FCRI-SF. The mean FCR score was 24. The majority of participants (64.6%) had clinically significant levels of FCR. 20% of participants had problematic levels of FCR and 15.4% of participants had minimal levels of FCR. A linear regression analysis showed that age was the only significant factor ($p < .05$) associated with FCR. FCR levels increased with age until participants reached the age of 70, where FCR levels then began to decrease.

Discussion or Conclusions: Males treated for breast cancer report clinically significant fear of cancer recurrence. Compared to published data for women with breast cancer, our study suggests that men have greater FCR than women with the same disease.

FINAL CATEGORY: I. EHEALTH RESEARCH & INTERVENTIONS

35 | Increasing access to cancer supportive modalities: The roles of e-health, volunteers, and patients-as-partners

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Background/rationale or Objectives/purpose: Individuals with cancer often experience barriers to accessing psychosocial support in busy cancer care settings. Timely, accessible, and cost-contained support is imperative. This study began pilot testing a blended modalities supportive approach comprising informational e-handouts and volunteers/patient-as-partners' phone calls.

Methodology or Methods: Individuals diagnosed with cancer within the last six months at a University-affiliated cancer center in Montreal, Quebec completed the 25-item Cancer Support Community distress measure and were presented with various formats of cancer supportive services.

Impact on practice or Results: Of the 88 participants who took part in this study, 76% requested one or more modality (i.e., informational e-handouts, $n = 42$; phone calls, $n = 4$; or both, $n = 21$). Eighty-four percent requesting these modalities reported not having used any psychosocial support services in the past year (e.g., support groups, professional support, counselling or a psychiatrist). A significant negative correlation was found between participants' age and requested modalities ($r = -.351, p < .05$) with younger making more requests than older participants. Those who requested both modalities reported significantly lower distress compared to those who did not [$F(3,64) = 3.52, p = 0.02$]. Ninety-two percent thought that newly diagnosed individuals would want to receive similar resources, with all agreeing or strongly agreeing that volunteers/ patients-as-partners were knowledgeable in discussing distress-related issues. Overall, supportive modalities usability scores