as a YA on the Brief COPE, and assess how these factors are associated with PTG using the Post-Traumatic Growth Inventory (PTGI).

Impact on practice or Results: Our exploratory analysis suggests a 5-factor structure of the Brief COPE (final eigenvalues > 1), which accounts for 47.3% of the variance. These factors include coping approaches typified by "active coping/planning", "self-blame/behavioural disengagement", "humour", "emotional support/instrumental support/venting", and "substance use". Derived scores for "active coping/planning" ($R^2 = 0.04\text{-}0.18$, $p < 0.001$) and "emotional support/instrumental support/venting" factors correlated significantly with all PTGI subscales ($R^2 = 0.02\text{-}0.16$, $p < 0.001$). Of the Brief COPE factors identified, "active coping/planning" and "emotional support/instrumental support/venting" also displayed the highest correlations with total PTGI scores ($R^2 = 0.10\text{-}0.16$, $p < 0.001$).

Discussion or Conclusions: These findings support an association between coping approach and PTG among YAs with cancer in Canada, particularly for those that endorsed the use of active coping/planning strategies. Our results may aid in identifying strategies that can improve recovery and long-term adjustment.

103 | Perceived Social Support in Young Adults with Cancer Compared to Matched Peers

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Background/rationale or Objectives/purpose: Oftentimes, young adults (YA) with cancer report feelings of isolation and lack of social support, particularly during the post-treatment survivorship phase. This matched case-control study examined the differences in perception of social support of YA diagnosed with cancer compared to their non-cancer peers.

Methodology or Methods: Canadian YA, recruited at Princess Margaret Cancer Centre and online, and diagnosed between the ages of 15-39, completed the 10-item Social Provisions Scale (SPS; range 10-40). They were age and sex matched (1:1) to a randomly selected sample from the 2015-2016 Canadian Community Health Survey. A multiple regression model was fitted to compare cases and controls, adjusting for socioeconomic and clinical variables.

Impact on practice or Results: A total of 326 YA were matched. SPS scores were not found to be statistically different between YA with cancer and matched peers (35.07 vs. 35.68, p=0.085) in paired t-test, and adjusted linear regression analysis (p=0.635). YA in post-treatment had lower SPS scores (βadjusted=-1.709, p=0.002) than those in treatment. Lower scores were reported for breast cancer patients (βadjusted=-2.634, p=0.017, vs testicular cancer), single participants (βadjusted=-1.578, p<0.001, vs. married), and those who had not completed secondary school (βadjusted=-1.772, p=0.045) or only secondary school (βadjusted=-0.888, p=0.049) vs. postsecondary. SPS scores increased by 0.970 points for every point increase in life satisfaction (p<0.001).

Discussion or Conclusions: YA in post-treatment experience lower levels of social support. This is associated with having breast cancer, being single and not having postsecondary education. Greater social support is associated with greater life satisfaction. Interventions need to address YA social support needs during the post-treatment survivorship phase.

104 | Feelings of loneliness and perceived social support in young adults with cancer

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Background/rationale or Objectives/purpose: Loneliness is associated with poor health. Young adults (YA) with cancer commonly report feeling socially isolated. This cross-sectional study examined associations between loneliness and perceived social support in YA cancer survivors.

Methodology or Methods: Canadian YA, recruited at Princess Margaret Cancer Centre and online, and diagnosed with cancer between ages 15-39 years, completed the UCLA Loneliness 20-item scale (range: 0-60). Multiple regression was utilized to examine the association between loneliness and perception of social support, measured by Social Provision Scale (SPS), while adjusting for relevant demographic characteristics and psychosocial factors (anxiety: GAD-7; depression: PhQ-9).

Impact on practice or Results: In a univariate analysis of 343 YA, for every 1 point increase of SPS, loneliness decreased by 1.97 points (p<0.001). Disease characteristics were not associated with differences in loneliness score. Adjusting for other variables, loneliness decreased by 1.31 points for 1 point SPS increase (p<0.001). Higher levels of loneliness were observed in females (βadjusted=2.47, p=0.046, vs. males), being single (βadjusted=3.20, p=0.013, vs. married or in a relationship), and living alone (βadjusted=5.22, p=0.004, vs. living with others). Loneliness increased by 0.45 (p=0.009) and 0.53 (p=0.001) points per 1 point increase in GAD-7 and PHQ-9 scores, respectively. Loneliness was not associated with number and method of contact with friends.

Discussion or Conclusions: YA with lower levels of perceived social support reported higher levels of loneliness. This was associated with being female, single, living alone, and increasing severity of anxiety and depression symptoms. Addressing loneliness in YA with cancer entails comprehensive promotion of psychosocial wellbeing.

123 | The relationship of stressors related to the COVID-19 pandemic with psychological symptoms in non-metastatic breast cancer patients

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Background/rationale or Objectives/purpose: The current COVID-19 pandemic is a highly stressful event that may lead to significant psychological symptoms, particularly in cancer patients. For instance, when immunosuppressed due to cancer treatments, they are at an increased risk for contracting viruses. This study examines stressors related to the ongoing coronavirus pandemic and its relationship with psychological symptoms (i.e., anxiety, depression, insomnia, fear of cancer recurrence) in breast cancer patients.

Methodology or Methods: Thirty-five women diagnosed with a non-metastatic breast cancer completed the *Insomnia Severity Index*, the *Hospital Anxiety and Depression Scale*, the *Fear of Cancer Recurrence Inventory,* and a COVID-19 stressors questionnaire (exposure to 10 stressors) developed by our research team. Participants either completed the questionnaires during (31.4%) or after (68.6%) their chemotherapy treatment.

Impact on practice or Results: Results revealed that most of the participants (62.9%) have experienced at least one stressor related to the COVID-19 pandemic (one: 25.7%; two: 22.9%; three: 11.4%; four: 2.9%). The most frequently reported stressors were the increased responsibilities at home (34.4%), difficulty getting the help or social support needed (20.0%), and the postponement or cancellation of their cancer treatments (20.0%). Higher levels of concerns related to the experienced COVID-19 stressors were significantly correlated with higher levels of anxiety, depressive symptoms, insomnia and fear of cancer recurrence, $r_s(31) = .41$ to $.60$, $p\text{s} < .05$.