

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"?