

0.008; $\beta = 0.499$, $t(43) = 3.260$, $p = 0.002$; $\beta = 0.438$, $t(43) = 2.899$, $p = 0.006$), respectively).

Discussion or Conclusions: SPBT and HC have similar brain volumes, however, effect sizes suggest that greater sample size may lead to significant effects of brain volume.

74 | Psychosocial needs of cancer survivors: what factors impact needs met?

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Background/rationale or Objectives/purpose: The purpose of this study was to describe the psychosocial needs of cancer survivors and examine whether sociodemographic factors and health care providers accessed impacted needs met.

Methodology or Methods: All Nova Scotia survivors meeting specific inclusion and exclusion criteria were identified from the Nova Scotia Cancer Registry and sent an 83-item survey to assess psychosocial concerns and if their needs were met. Descriptive statistics (frequencies, percentages) and Chi-square analyses were used to examine and report survey findings.

Impact on practice or Results: The survey was sent to 3492 cancer survivors, with a response rate of 44.6%. Anxiety and FCR, depression and changes in sexual intimacy were major areas of concerns for survivors. Many survivors reported they chose not to seek help because they thought their concerns were normal or expected. Increased education level and internet use had a negative impact on having psychosocial and informational needs met but a positive impact on general emotional health. Having both a specialist and primary care practitioner in charge of follow-up care and accessing a patient navigator resulted in a significantly ($p < 0.05$) higher degree of psychosocial and informational needs met compared to one or no follow-up physician or not accessing a patient navigator, respectively.

Discussion or Conclusions: Our study identified some of the psychosocial needs of cancer survivors and the factors that impact needs met, such follow-up care by both a primary care practitioner and specialist and access to a patient navigator. This will help inform future management of the psychosocial concerns of cancer survivors.

76 | Self-Rated Fatigue, Perceived Cognitive Function, Depression, and Anxiety in Women with Breast Cancer in the First Year of Treatment

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Background/rationale or Objectives/purpose: The first year of cancer treatment is characterized by significant disruption. The objective of this study was to explore changes in fatigue, perceived cognitive function (PCF), depression, and anxiety during a 12-month time period in newly diagnosed women with breast cancer (BCa).

Methodology or Methods: This study is part of a larger ongoing prospective observation cohort study of sleep and cognition in women with early stage BCa. Participants completed the Multidimensional Fatigue Syndrome Inventory-Short Form (MFSI-SF), the Functional Assessment of Cancer Treatment-Cognition (FACT-Cog), and the Hospital Anxiety and Depression Scale (HADS). One-way repeated measures ANOVA analyses were used for each measure to determine statistically significant changes at four time-points (baseline [T1], 4-months [T2], 8-months [T3], 12-months [T4]), with T1 occurring prior to treatment initialization. Tukey HSD was used for pairwise comparisons.

Impact on practice or Results: Data were collected from 100 women with newly diagnosed BCa. Over the 12-month period, the means for total fatigue [$p < .05$], PCF [$p < .05$], and depression [$p < .05$] significantly

changed. Post hoc comparisons showed that total fatigue was significantly lower at T1 ($M=6.88$, $SD=19.52$) than at T2 ($M=13.27$, $SD=19.67$) and T3 ($M=12.87$, $SD=18.35$), PCF was significantly lower at T1 ($M=90.69$, $SD=16.84$) than T2 ($M=84.99$, $SD=18.18$), T3 ($M=84.10$, $SD=16.73$), and T4 ($M=84.70$, $SD=16.45$), and depression significantly increased from T1 ($M=3.24$, $SD=3.39$) to T2 ($M=4.00$, $SD=3.65$). There were no changes to anxiety at any time-point.

Discussion or Conclusions: Fluctuations in cognitive function, fatigue, and depression occur during treatment. Research is needed to identify those most at risk for persistent problems to appropriately time intervention.

86 | The buffering effect of social support in the relationship between stress, immune function and infections in women receiving chemotherapy for breast cancer

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Background/rationale or Objectives/purpose: The goals of this naturalistic study were: 1) to evaluate the associations between stress and infections and the mediating role of immunity; and 2) to investigate the buffering effect of social support in the relationship between stress, immune function, and infections during and after chemotherapy in women with breast cancer.

Methodology or Methods: Fifty women about to receive chemotherapy for breast cancer completed the Inventory of Recent Life Experiences for Cancer Patients (IRLE-C) and the Friends subscale of the Perceived Social Support from Friends and Family (PSS) and a semi-structured interview on infections, and provided blood samples for immune measures at pre- (T1) and post-treatment (T2), and 3-month follow-up (T3).

Impact on practice or Results: A higher stress level at baseline significantly predicted a greater occurrence of infections at T2 but not at T3. None of the immune markers significantly explained this relationship. Social support (marital status alone or combined with perceived support from friends) had a strong protective effect on the relationship between stress and infections at T2. Single patients with a lower perceived support from friends showed the strongest (significant) association between stress and infections at T2, while the weakest association was found in partnered patients with a higher support from friends.

Discussion or Conclusions: These findings suggest that women reporting more daily hassles related to cancer before initiating chemotherapy are at a higher risk of developing infections during chemotherapy and that social support, in particular having a life partner but also the perceived support from friends, protects women from experiencing this deleterious effect of stress.

92 | Coping patterns and post-traumatic growth in young adults with cancer: A YACPRIME Study

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Background/rationale or Objectives/purpose: Patterns of coping with a life-threatening illness such as cancer varies by person. Certain coping patterns may promote better overall adjustment and the development of post-traumatic growth (PTG), wherein positive change arises from a major life crisis. Although coping style has been implicated in PTG, the nature of this association has yet to be explored among young adults (YAs) with cancer.

Methodology or Methods: In the present study, we employ factor analysis to examine responses of 548 Canadians diagnosed with cancer