

included the use of tools such as calendars and alarms, adherence to a strict routine, accommodation to the child's behavioural changes caused by the treatment, and seclusion. Participants suggested that support interventions should not be solely aimed at strengthening knowledge and providing tools but also at addressing the psychosocial needs related to this treatment phase.

Discussion or Conclusions: Challenges reported by the families represent support intervention targets to ensure optimal use of OCs and improve quality of life during this ambulatory treatment phase.

55 | Romantic Relationships & Sexual Functioning in Adolescent and Young Adult Survivors of Childhood Cancer: A Systematic Review

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Background/rationale or Objectives/purpose: To describe romantic relationships and sexual functioning of adolescent and young adult (AYA) survivors of childhood cancer from the existing literature.

Methodology or Methods: Databases searched include: MEDLINE, PsycINFO, Embase, Web of Science, PubMed, Academic Search Complete, Cochrane Controlled Trials Register, and Nursing Reference Center. Relevant articles were published from 1990 to the present. Articles were included if they: 1) were original research studies; 2) were published in English; 3) included participants with current age 18-39; 4) included participants diagnosed with cancer between ages 0-21; 5) described survivors who were ≥ 5 years post-diagnosis and/or ≥ 2 years post-treatment; and 6) reported romantic relationships and/or sexual functioning outcomes.

Impact on practice or Results: Of 6,829 abstracts screened, 40 articles were included. Sample size ranged from 7 to 6,245 survivors. Twenty-three (57.5%) studies reported survivors' relationship status. Of these studies, survivors in a romantic relationship ranged from 0% to 96.4%. Thirty-five (87.5%) articles reported difficulties related to romantic relationships and/or sexual functioning. Twenty (50%) studies utilized a control group with 15 (75%) providing evidence that AYA survivors experience more relationship and/or sexual difficulties than controls. Evidence suggests that female survivors experience greater difficulties in these areas than males. Concerns related to fertility, body image, and intimacy were common themes among qualitative studies.

Discussion or Conclusions: Current literature suggests AYA survivors of childhood cancer experience difficulties related to romantic relationships and/or sexual functioning. Thus, screening and intervention in follow-up care may be warranted. However, additional research using validated and targeted measures of these concepts is needed to better understand these difficulties in this population.

80 | Connectedness and Post-Traumatic Growth in Online Versus In-Person Peer Support Groups: A YACPRIME study

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Background/rationale or Objectives/purpose: Young adults (YA) with cancer face numerous barriers to accessing peer support. Young

Adult Cancer Canada (YACC) is a community-based organization that provides online and in-person peer support groups and events to overcome access barriers. This study examined whether connectedness to the YA community and post-traumatic growth (PTG) differ between YA who participate in online vs in-person programs.

Methodology or Methods: The data was obtained from the YACPRIME study, a national survey of YA cancer survivors. Individuals self-reported their method of contact with YACC, completed the PTG inventory, and a 5-point Likert scale on their connectedness to the YA community. A chi-square test and ANOVA were used to examine differences in connectedness to the YA community and PTG respectively based on type of engagement.

Impact on practice or Results: The sample included 379 individuals, of which 26.6% reported using online or phone methods only, 5.0% reported using in-person methods only and 68.3% reporting using both. Those who interacted with YACC reported significantly higher connectedness compared to those who did not ($p < 0.01$). YA using online and in-person programs reported higher levels of connectedness compared to those who only used online ($p < 0.01$). The mean PTG score for YA who used online programs (MeanPTGI=59.2) was similar to that reported by YA who used both methods (MeanPTGI=59.7), with no statistically significant differences in PTG ($p = 0.47$).

Discussion or Conclusions: The combination of online and in-person peer support groups and events provides greater feelings of connectedness to the YA community than online alone, but does not show a significant difference in PTG.

95 | Developing the international Pediatric Oncology Exercise Guidelines (iPOEG) Toolkit to Support Implementation

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Background/rationale or Objectives/purpose: Movement reduces symptoms and side-effects experienced by children and adolescents with cancer and promotes well-being, yet few move enough to accrue benefits. Guideline and recommendation statements can support moving more, thus the international Pediatric Oncology Exercise Guidelines (iPOEG) have been developed (release date: Spring 2020). Notwithstanding the contribution the iPOEG makes to the literature, resources to enable end-users (i.e., healthcare providers, fitness professionals, children and adolescents affected by cancer and their families) to use this information are required to move evidence to practice.

Methodology or Methods: The iPOEG Toolkit is a compilation of resources developed for end-users. The iPOEG Toolkits are being developed using the Canadian Institutes of Health Research (CIHR) integrated knowledge translation (iKT) framework to ensure they are based on each groups' needs. Thus, a series of collaboration sessions and studies with healthcare providers, families, fitness professionals, and international experts are underway.

Impact on practice or Results: The iKT approach being used ensures the iPOEG Toolkits capture essential information from the iPOEG in ways that are accessible for each end-user group. The iPOEG Toolkit resources differ by group but generally include posters, infographics, and quick-tip videos for "how to move more". Toolkit resources will be widely available online, with targeted dissemination via the iPOEG network.

Discussion or Conclusions: The development of iPOEG Toolkits for different end-users will effectively enhance and promote implementation efforts of exercise guidelines. Knowledge mobilization, including dissemination and reach of iPOEG Toolkits, will be tracked and future efforts will be undertaken to explore the uptake and implementation, including translation and tailoring of resources by various groups.