

cancer. In this presentation, descriptive data will be presented about the community's purpose and platform features, demographics of users, and growth. Best practices for online program management, with a particular focus on the composition and role of the Community Mentors, will be a key part of the knowledge shared.

Impact on practice or Results: Best practices in online community management, including deployment of Community Mentors, will help bring awareness of Cancerconnection.ca and provide inputs pertinent to other online programs.

Discussion or Conclusions: Online support programming requires specific management strategies to ensure a high quality experience and impactful outcome. The successes of CancerConnection.ca will inform similar initiatives.

75 | Phenomenological Experiences During MAiD: An experiential multi-disciplinary workshop

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Background/rationale or Objectives/purpose: Since the legalization of medical assistance in dying (MAiD) in Canada, over 7000 individuals have received this intervention. Often, multidisciplinary team members become involved in cases and provide support from various perspectives. Recent qualitative study results have shown that music therapy provides a platform for patients, families and caregivers to engage in life review, explore identity through music, and connect to health care team members in a unique and meaningful way. There is limited understanding of the integration of multidisciplinary team experiences during the MAiD process.

Methodology or Methods: Based on Kolb's experiential learning theory, this workshop will be presented from the multidisciplinary perspectives of a psychiatrist and music therapist working in an urban cancer centre in downtown Toronto. A description of several clinical cases will provide the basis of an exploration of the roles both psychiatry and music therapy through an experiential process within medical assistance in dying.

Impact on practice or Results: Participants will gain insight into a multidisciplinary approach to care for patients requesting MAiD, as well as into the role of music therapy in MAiD. The facilitators will be sharing vignettes and personal reflections, and participants will be invited to consider their own experiences while gaining reflective tools for application in the MAiD process and intervention.

Discussion or Conclusions: Our clinical experiences have demonstrated support for a multidisciplinary approach to the MAiD process. Exploration of the phenomena experienced by various MAiD clinicians can provide direction on identifying needs and tools for optimization of MAiD processes, patient care, and clinician wellness.

77 | Development of the SOIE program to enhance adherence to adjuvant endocrine therapy among breast cancer survivors

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Background/rationale or Objectives/purpose: Adjuvant endocrine therapy (AET) is prescribed for 5 or 10 years to women with non-metastatic breast cancer to reduce recurrence and mortality risks. However, AET adherence is suboptimal for many women. Our objective is to de-

scribe the development of SOIE, an AET adherence-enhancing program.

Methodology or Methods: The development of SOIE was guided by the six-step *Intervention Mapping* approach: logic model elaboration (Step 1); formulation of objectives (Step 2); selection of intervention methods and applications (Step 3); intervention development (Step 4); planning its implementation (Step 5); and its evaluation (Step 6). Clinicians and women prescribed AET were consulted at key steps.

Impact on practice or Results: The logic model was based on women's needs identified through a qualitative study (Step 1). The behavioral outcome of the intervention is the optimal use of treatment for each woman with a new AET prescription. A woman is expected to: acquire AET knowledge; make an informed decision about AET initiation and persistence; respect administration modalities and cope with side effects (Step 2). Various theoretical methods (e.g. persuasive communication, motivational interviewing, mobilizing social support) guided program development (Step 3). It includes an educational group, telephone follow-ups and chat sessions facilitated by health professionals (Step 4). Training and standardized tools for program delivery were designed (Step 5). A pilot randomized controlled trial is underway to evaluate program acceptability, feasibility and preliminary effects (Step 6).

Discussion or Conclusions: This intervention, grounded in women's own perceived needs and developed following a systematic approach, has the potential to enhance adherence and quality of life in breast cancer survivors.

85 | A Single Arm Study Investigating the Impact of Cognitive Behavioural Therapy for Insomnia on Perceived Cognitive Impairment In Survivors of Breast Cancer

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Background/rationale or Objectives/purpose: Insomnia and perceived cognitive impairment (PCI) are prevalent and persistent symptoms in cancer survivors. Cognitive Behavioral Therapy for Insomnia (CBT-I) is effective but few empirically supported treatments can improve PCI. This feasibility study explored the impact of CBT-I on PCI following cancer.

Methodology or Methods: 10 breast cancer survivors with insomnia disorder and PCI received 7 weekly individual sessions of CBT-I. They completed the Insomnia Severity Index, the Functional Assessment of Cancer Therapy - Cognitive Function, fatigue and mood questionnaires at baseline, post-treatment and at 3 months. Repeated measure ANOVAs with pairwise comparisons assessed change over time.

Impact on practice or Results: Women (Mean: 50.8, SD 6.84) were predominantly diagnosed with stage II breast cancer (70%). There was a significant main effect of time for insomnia severity over 5 months [Mean: 19.4 to 9.1; $p < .001$, $\eta^2 = .789$]. Insomnia severity was significantly lower at post treatment [$p < .001$] and at follow up [$p < .001$] compared to baseline. Insomnia severity at post-treatment was not significantly different than at follow-up [$p > .05$]. There was also a significant main effect of time for PCI over the 5 months [Mean: 50.7 to 71.9; $p < .01$, $\eta^2 = .557$], which exceeded the minimally important change value of 10.6. PCI was significantly better at post treatment [$p < .01$] and follow up [$p < .01$] compared to baseline. There was no significant difference in PCI scored between post-treatment and follow-up [$p > .05$]. There were similar improvements in fatigue and mood.

Discussion or Conclusions: CBT-I may improve PCI in cancer survivors, but future randomized controlled trials with larger samples are needed.

87 | How do fear of cancer interventions work? Mediation analyses of the FORT trial

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