231 | A Prospective Analysis of Insomnia and Subjective Cognitive Impairment in Men with Prostate Cancer on Androgen Deprivation Therapy

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Background/rationale or Objectives/purpose: Androgen deprivation therapy (ADT) is related to subjective cognitive impairment (CI) in men with prostate cancer (PCa). This study examined whether insomnia symptoms mediate the relationship between ADT and CI and whether depressive symptoms, fatigue severity, and physical activity moderate the strength of this relationship.

Methodology or Methods: ADT recipients (n = 83) were compared to matched men with PCa not on ADT (n = 92) and healthy controls (n = 112). Participants were assessed before or within one month of starting ADT as well as 12 and 24 months later. Self-reported cognitive impairment and satisfaction was assessed using the Everyday Cognition Scale. Insomnia was assessed using the Insomnia Severity Index. Multilevel mediation analyses were conducted to estimate the indirect effect of ADT on CI through insomnia symptoms. Exploratory moderated mediation analyses assessed whether the indirect effect of ADT on CI through insomnia symptoms was dependent on levels of fatigue, depression, or physical activity.

Impact on practice or Results: Insomnia symptoms significantly mediated the relationship between receipt of ADT on subjective cognitive function ($p < .001$) and satisfaction with cognition ($p < .001$), after controlling for medical comorbidities. Men with greater fatigue had a more pronounced association of ADT with insomnia severity. Conversely, men with greater depressive symptoms had a stronger association between insomnia severity and cognitive function. Physical activity was not a significant moderator of the relationship between ADT and CI.

Discussion or Conclusions: Insomnia was associated with worse cognitive function in men on ADT. Interventions to address insomnia, fatigue, and depression may improve subjective CI.

230 | Pain, cannabis use, and cancer status: A Canadian population-based study

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Background/rationale or Objectives/purpose: There is limited evidence regarding cannabis use among cancer patients and survivors who experience pain. The research objective was to evaluate the association between self-reported pain and cannabis use in a Canadian population-based sample.

Methodology or Methods: Data from the Canadian Community Health Survey (2011–2012; 2013–2014), with a sample of 59,036 respondents, was analyzed with multivariable logistic regression analysis, stratified by self-reported cancer status (previous, current or no cancer) and adjusted for the confounding effects of sociodemographic factors. Estimates were probability weighted using pooled sampling weights from Statistics Canada.

Impact on practice or Results: Pain that prevented activity was reported by 16.4% of respondents, while 6.1% reported pain that did not prevent activity. Cannabis use greater than one time in the past 12 months was reported by 12.0% of respondents.After adjusting for confounders, pain that prevented activity was associated with a significantly increased odds of cannabis use among respondents in the previous cancer stratum (adjusted odds ratio [OR] = 3.75, 95% confidence interval [CI] 2.20–6.41) and less so in the non-cancer stratum (adjusted OR = 1.65, 95% CI 1.44–1.89). Non-significant decreased odds were observed in the current cancer stratum (adjusted OR = 0.90, 95% CI 0.40–2.00).

Discussion or Conclusions: This is the first Canadian, population-based estimate of the relationship between pain, cannabis use, and cancer status. In particular, these results suggest a strong association between pain and cannabis use among cancer survivors. Considering the recent legalization of cannabis in Canada, this study highlights the importance of integrating questions about cannabis use into the clinical assessments of cancer survivors.

193 | PSYCHOLOGICAL FACTORS ASSOCIATED WITH CHEMOTHERAPY-INDUCED NAUSEA: AN EXPLORATIVE STUDY IN A SAMPLE OF GYNECOLOGICAL CANCER PATIENTS

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Background/rationale or Objectives/purpose: Despite improvements in antiemetic prophylaxis, Chemotherapy-Induced Nausea (CIN) still represents one of the most distressing side effects of chemotherapy treatment. Previous studies showed that psychological factors may be involved in the development of both acute and delayed nausea. The current study aimed to investigate the role of anxiety and coping strategies in the prediction of CIN.

Methodology or Methods: One hundred and sixty-five patients (mean age = 58.23, SD = 13.19) treated for gynecological cancer at the San Raffaele Hospital completed the State-Trait Anxiety Inventory and the Coping Orientation to Problems Experienced. Data concerning nausea was collected after the first and the third chemotherapy infusion using the MASCC Antiemesis Tool (MAT). Logistic regression analyses were performed; p-values of < 0.05 were considered significant.

Impact on practice or Results: Both anxiety and coping strategies are involved in the development of delayed nausea; no association was found with acute nausea at both infusions. Specifically, a higher state anxiety represents a risk factor for delayed CIN (OR = 1.030, $p = .020$) after the first infusion of chemotherapy; having a higher problem-focused coping style is a risk factor (OR = 1.062, $p = .022$) for delayed CIN after the third infusion.

Discussion or Conclusions: This study found that patients' psychological characteristics represent risk factors for developing delayed nausea during chemotherapy treatment. In order to contrast CIN, the influence of patient-related risk factors should be considered, along with those related to treatment: specific psychological interventions aimed at encouraging more adaptive coping strategies and at managing anxiety could in turn help to control CIN.

160 | Applying the conceptual framework for action on the social determinants of health to a Canadian late-effects clinic for adult survivors of childhood cancer

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