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Background/rationale or Objectives/purpose: Cancer treatment in young adults (YAs) causes appearance-related changes including scarring, weight change, and hair loss, which can affect perceptions of body image long into survivorship. Poor body image may be related to lower perceptions of relevant and valuable social support in YAs. Conversely, perceptions of social support may help to buffer negative body image, but the evidence is scant in YA. The purpose of this study was to examine the relationship between social support and body image among YA cancer survivors.

Methodology or Methods: YAs who participated in the YACPRIME study (n = 526; Mage = 34 years) completed self-report questionnaires on social support and body image. Social support was measured using the Medical Outcomes Survey – Social Support Scale. This is comprised of four domains: emotional and informational support (e.g., someone to confide in), tangible support (e.g., someone to help you), affectionate support (e.g., someone who shows you love and affection), and positive interaction (e.g., someone to get together with for relaxation). Body image was measured using the Body Image Scale.

Impact on practice or Results: All types of social support were significantly correlated with body image (rs = -.17 to -.28; psF(4,521) = 11.28, pB = -.23, p

Discussion or Conclusions: Programs targeting body image in YA cancer survivors should emphasize social support, particularly emotional and informational support, to help reduce negative body image experiences.

469 | Fertility Preservation and Post-Traumatic Growth: A YACPRIME Study

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Background/rationale or Objectives/purpose: The current study seeks to describe the prevalence of fertility preservation (FP) knowledge, discussions, and engagement in a heterogeneous sample of Canadians diagnosed with cancer in young adulthood and test the relationship of these variables to later post-traumatic growth (PTG).

Methodology or Methods: Data was taken from the YACPRIME study, a national cross-sectional survey of Canadians who were diagnosed with cancer between the ages of 15–39. This sub analysis included 487 individuals who were diagnosed after 2006, to coincide with the initial ASCO fertility clinical practice guidelines. Participants self-reported demographic and disease characteristics, responded to questions regarding their experience with FP, and completed the Post-Traumatic Growth Inventory.

Impact on practice or Results: On average the sample was 43.43 years old (SD = 5.38), primarily female (n = 423, 87%), and self-identified as white (n = 425, 87%). 81% reported awareness of risk, 50% discussed FP, and 12% pursued FP. PTG was higher for those with knowledge of fertility risk [F(1, 481) = 6.49; p = .011], but did not differ between those who discussed FP vs. not, or made arrangements vs. not. Those who reported not engaging in FP because of their own choice [F(1, 422) = 7.31; p = .007] or their doctor's recommendation not to delay treatment [F(1, 422) = 8.23; p = .004] reported significantly higher PTG.

Discussion or Conclusions: Although awareness of risk is high, only half of young adults report having had conversations about FP with their team. The results suggest that constructing a "story" around choices made during treatment may positively influence later PTG.

468 | Exploring body image and psychological distress within the posttraumatic growth model among young adult cancer survivors: A YACPRIME study

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Background/rationale or Objectives/purpose: Post-traumatic growth (PTG) is an integral psychosocial outcome during survivorship, yet is poorly understood among YA. Founded on the PTG framework, the purpose of this study was to test the relationship between body image and PTG, as well as explore psychological distress as a mediator of this relationship.

Methodology or Methods: Participants completed measures of PTG, body image, and psychological distress as part of the YACPRIME study, a national survey of Canadians diagnosed with cancer between the ages of 15 and 39.

Impact on practice or Results: A sample of 531 (M_{age} = 34, SD = 6.3 years; 12.4% male) YA cancer survivors completed the questionnaire. Females reported significantly (p < .05) higher body dissatisfaction and no other sex differences were noted. In preliminary analyses, body image was significantly associated with distress (r = .43, p < .001) and PTG (r = -.10, p = .02). Distress and PTG were also correlated (r = -.12, p = .004). Using bootstrapped mediation analysis controlling for relevant personal and cancer specific variables, the indirect effect of distress mediating the association between body image and PTG was not significant (effect = -.10, SE = .06; 95% CI = -.23 to .05).

Discussion or Conclusions: Psychosocial interventions targeting YA should focus on addressing body image concerns and explore other relevant coping strategies to test additional psychosocial pathways identified in the PTG framework to guide the management of distress and growth following cancer in young people.

465 | Connectedness to the Young Adult Cancer Community and Post Traumatic Growth: A YACPRIME Study

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Background/rationale or Objectives/purpose: Support from peer cancer survivors can provide a unique sense of community that cannot be gained from other supportive relationships. Simply feeling connected to the young adult (YA) cancer community may promote health and

wellbeing. This study examined the associations between connectedness to the YA cancer community, general social support and post-traumatic growth (PTG) in YA survivors of cancer.

Methodology or Methods: The data was obtained from the YACPRIME study, a cross-Canadian survey of YA cancer survivors. Multivariate logistic regression, adjusting for relevant demographic and clinical variables, was used to examine the association between connectedness to the YA community (1-item Likert scale) and PTG (low/high), stratified by social support (low/high).

Impact on practice or Results: The sample included 434 individuals (M_{age} = 34.07; SD = 6.01) of which 86.9% were female (n = 377). Feeling connected to the YA community was reported by 71.2% of YAs (n = 309) and 40.6% of YAs reported moderate to high PTG (n = 176). YAs with low social support who are connected to the YA cancer community had 3.77 greater odds of experiencing PTG (p = 0.01) than those who were not connected. YAs with moderate to high social support who are connected to the YA cancer community had 1.36 odds of experiencing PTG, but this effect was non-significant.

Discussion or Conclusions: Connectedness to the YA cancer community is associated with greater PTG, particularly for those YAs who have lower levels of social support. Efforts to promote connection and social support among YA cancer survivors may promote better overall adjustment.

453 | Global usage of an internet-based survivorship care plan tool: opportunities and barriers

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Background/rationale or Objectives/purpose: Since the publication of From Cancer Patient to Cancer Survivor: Lost in Transition (IOM, 2005) awareness of the unique needs of cancer survivors globally has increased. However, gaps remain in the delivery of survivorship care. Internet based care plan tools can assist patients and providers in accessing this information.

Methodology or Methods: OncoLife, is an internet-based survivorship care plan tool that has been available via OncoLink.org since 2007. We observed usage trends of OncoLife from June 2017-January 2019.

Impact on practice or Results: Our data demonstrates significant global usage of the OncoLife tool in a total of 133 countries. A total of 77905 plans were created from 2007 to January 2019, with highest non-US usage in Australia (1893), Canada (1573) and the UK (1227). During the study interval, 20081 plans were completed. The data shows that healthcare providers are more likely to complete survivorship plans with/for patients (88.9%) in the US versus non-US countries (33.8%). The number of patients who had not previously received a care plan or treatment summary also differed across countries: 30% US versus 51% non-US.

Discussion or Conclusions: OncoLife is used globally, predominantly in English-speaking countries. In the US, there is a higher proportion of OncoLife care plans completed by healthcare providers. This may be related to accreditation guidelines that require completion of survivorship care plans. Internet based survivorship tools can increase care plan access, but barriers including availability in languages other than English and reliability of internet access remain.

446 | Comparison of how chemotherapy (temozolomide) versus radiotherapy in patients treated in Canada with low grade glioma impacts social support, depression, anxiety, work participation and income

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Background/rationale or Objectives/purpose: As patients who are diagnosed with low grade brain tumour are expected to survive longer than those with higher grade of brain tumours, it is important to ascertain the impact of treatment on loss of functional abilities which may negatively impact work ability, finances, social support and mood. The presentation will discuss the results of a Canadian socio-behavioural companion study of an EORTC international study comparing chemotherapy (temozolomide) versus radiation in diagnosed patients with low grade gliomas

Methodology or Methods: From 2007 to 2009, participants (36 registered and 27 who were randomized to a treatment arm) from 5 Canadian cancer centers completed a socio-demographic questionnaire about social support, employment status and income, the Hospital Anxiety and Depression Scale (HADs) and Quality of Life Assessments (QLQ-C30 and QLQ-BN20). Participants were asked to complete questionnaires every 6 months before randomization and every three months after randomization.

Impact on practice or Results: Thirteen participants had chemotherapy and 14 received radiation. At 36 months 21 had died or had tumour progression. The results indicated there is a considerable drop in both arms in those who were employed over time and there was no difference between treatment arms in anxiety, depression and work status. However regardless of treatment arms, females were found to be more anxious and males with high income were more likely to report having a paid job.

Discussion or Conclusions: The study showed a need to better support patients diagnosed with a low grade brain and in particular females, with the changes in employment and mood.

444 | Sizing up Stigma: Exploring the Issues of Cancer-Related Stigma among Men with Prostate Cancer in Newfoundland

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Background/rationale or Objectives/purpose: To examine how cancer-related stigma impacts prostate cancer survivors' in Newfoundland, by exploring the perceptions and experiences of prostate cancer survivors' who have encountered cancer-related stigma, and the role of the healthcare system.

Methodology or Methods: Eleven prostate cancer survivors from Newfoundland participated in semi-structured interviews to examine their lived experiences with cancer-related stigma. All participants were minimum six-months post primary treatment. A social ecological framework was used to explore survivors' experience through intrapersonal, interpersonal, institutional, community, and public policy domains.

Impact on practice or Results: Through the social ecological framework, a number of common themes emerged. Interpersonal and intrapersonal factors were most predominant among interviewees. Participants expressed a need to exert control over their condition, most commonly through 'taking action' and removing the cancer from their bodies. Similarly, men reported a feeling of losing control following diagnosis, so taking action may be a way to regain control and one's identity. Some men faced barriers receiving support, whether from community members or other men with cancer. Participants expressed a need for additional support from healthcare professionals. When informational support from healthcare professionals was lacking, participants felt undervalued and ignored.

Discussion or Conclusions: From interviews, prostate cancer stigma is felt most on the intra- and interpersonal level. To address this, improved patient education and support is needed, particularly around patient experiences and shifting identities. Healthcare professionals should