

Toronto, Toronto, Canada; ³Cancer Rehabilitation and Survivorship, Princess Margaret Cancer Centre, Toronto, Canada; ⁴ELLICSR Cancer Rehabilitation and Survivorship Program, Department of Supportive Care, Princess Margaret Cancer Centre, Toronto, Canada; ⁵Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; ⁶Young Adult Cancer Canada, St; John's, Canada; ⁷Department of Psychology, Memorial University, St; John's, Canada; ⁸Discipline of Oncology, Memorial University, St; John's, Canada

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

Lauren Daniel¹, Morgan Pitock¹, D'Angelo Milford¹, Karine Chalifour², Geoff Eaton², Sheila N. Garland^{3,4}

¹Department of Psychology, Rutgers University, Camden, USA; ²Young Adult Cancer Canada, St; John's, Canada; ³Department of Psychology, Memorial University, St; John's, Canada; ⁴Discipline of Oncology, Memorial University, St; John's, Canada

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

Anika Petrella¹, Scott Adams^{1,2}, Catherine M. Sabiston¹, Jacqueline L. Bender^{3,4}, Norma M. D'Agostino³, Geoff Eaton⁵, Karine Chalifour⁵, Sheila N. Garland^{6,7}

¹Faculty of Kinesiology and Physical Education, University of Toronto, Toronto, Canada; ²Cancer Rehabilitation and Survivorship, Princess Margaret Cancer Centre, Toronto, Canada; ³ELLICSR Cancer Rehabilitation and Survivorship Program, Department of Supportive Care, Princess Margaret Cancer Centre, Toronto, Canada; ⁴Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; ⁵Young Adult Cancer Canada, St; John's, Canada; ⁶Department of Psychology, Memorial University, St; John's, Canada; ⁷Discipline of Oncology, Memorial University, St; John's, Canada

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

Ashley Mab^{1,2}, Jacqueline L. Bender^{1,2}, Norma M. D'Agostino¹, Zhihui (Amy) Liu^{2,3}, Catherine M. Sabiston⁴, Anika Petrella⁴, Scott C. Adams^{4,5}, Karine Chalifour⁶, Geoff Eaton⁶, Sheila Garland⁷⁻⁸

¹ELLICSR Cancer Rehabilitation and Survivorship Program, Department of Supportive Care, Princess Margaret Cancer Centre, Toronto, Canada; ²Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; ³Department of Biostatistics, Princess Margaret Cancer Centre, Toronto, Canada; ⁴Faculty of Kinesiology and Physical Education, University of Toronto, Toronto, Canada; ⁵Cancer Rehabilitation and Survivorship, Princess Margaret Cancer Centre, Toronto, Canada; ⁶Young Adult Cancer Canada, St; John's, Canada; ⁷Department of Psychology, Memorial University, St; John's, Canada; ⁸Discipline of Oncology, Memorial University, St; John's, Canada

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