

214 | Prevalence and Predictors of psychological distress among first-cycle chemotherapy patients

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Background/rationale or Objectives/purpose: Cancer diagnosis and treatment can cause psychological distress, which can affect patients' emotional, psychological, and physical well-being and quality of life. Using routine clinical data, this study aims to examine the prevalence of psychological distress and the factors that contributed to increased psychological distress among first-cycle chemotherapy in-patients.

Methodology or Methods: Cancer patients (n=574) who were admitted at MVRCCRI, Kerala to receive their first cycle chemotherapy were screened for psychological distress using distress thermometer and clinical interview.

Impact on practice or Results: Among the patients who were assessed for psychological distress, 41% (n=236) reported no distress, 35.12% (n=202) mild distress, 16.9% (n=97) moderate distress, and 6.3% (n=36) severe distress respectively. Out of these, 23.29% patients (n=133) required psychological intervention to alleviate their distress. 91.9% of patients were apprehensive about chemotherapy.

Discussion or Conclusions: It was observed that patients who reported no or mild distress were aware of the chemotherapy treatment, its side effects, and how to manage them. Moderate to severe patients were either inadequately informed or did not get appropriate information regarding chemotherapy prior to commencing the procedure, causing in increased anticipation. However, anticipatory anxiety was observed to be greater in neurotic personality types. Patients who reported no or mild distress at the time of screening were said to have had severe distress prior to the procedure, which only subsided when they understood the procedure. Hence pre-chemo orientation programmes can improve quality of care and reduce physician burden.

223 | Is there a "right" way to cope with cancer? Exploring scoring approaches to assessing coping among young adults affected by cancer

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Background/rationale or Objectives/purpose: Coping is poorly understood, particularly amongst young adults affected by cancer (YA). The Brief COPE questionnaire may provide insight into this phenomenon. Yet, it can be scored variably, and the implications of each approach are unknown. We sought to describe three Brief COPE scoring approaches and to compare each with relevant mental health outcomes (i.e., distress and posttraumatic growth [PTG]) in this unique population.

Methodology or Methods: As part of the larger YACPRIME study, 622 YA (M_{age at time of study} = 34.2 years; SD = 6.3), aged 15-39 years at cancer diagnosis, completed an online survey with questionnaires

assessing coping, distress, and PTG. Three common Brief COPE scoring approaches were used and 14 original subscales, four data-driven subscales (derived via principal components analysis), and two composites (i.e., problem/maladaptive, approach/adaptive) were independently correlated with distress and PTG using bivariate correlations (Pearson's r).

Impact on practice or Results: The 14 original Brief COPE subscales, four data-driven subscales, and two composites were significantly correlated with distress (rs = 0.09-0.58, ps < 0.05) and/or PTG (rs = 0.09-0.58, p < 0.05). Two variables (comprising the 'self-distraction' subscale) and four variables (comprising the 'humour' and 'religion' subscales) were omitted from the data-driven and composite approaches, respectively.

Discussion or Conclusions: Findings suggest similar patterns across the three scoring approaches with regards to the general nature of relationships between coping and distress and PTG amongst YA. However, results also underscore nuanced strategies YA might use when coping. Retaining items and considering alternative approaches for exploring and assessing coping may enhance our understanding of coping and inform strategies to better support YA and their mental health.

232 | Pediatric Thyroid Cancer Health-Related Quality of Life, Parenting Stress, and Parent Distress

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Background/rationale or Objectives/purpose: Caregiver perception of lower quality of life in their child with cancer is linked to difficult adjustment to their child's diagnosis. Moreover, perceived child vulnerability, or susceptibility to illness/injury, is related to parenting stress (Lemos et al., 2020). Little is known, however, about parenting stress in pediatric thyroid cancer (TC), where survival rates are among the highest (American Cancer Society, 2021). This study aimed to examine the relationships between perceived youth physical and psychosocial HRQoL, parenting stress, and caregiver distress.

Methodology or Methods: Caregivers of youth (M_{age} = 15.14) with TC completed questionnaires at diagnosis (n = 62) and 2-years (n = 43) as part of a clinic-based psychosocial screening program. This study focused on the PedsQL 4.0 Parent Proxy, Pediatric Inventory for Parents, and the PTSD Checklist-Civilian-6 (PTSS).

Impact on practice or Results: Biased-corrected bootstrap regression analysis revealed parenting stress mediated the relationship between psychosocial HRQoL and PTSS at baseline (IE = -.16, 95% CI [-.230, -.086]) and 2-years (IE = -.06, 95% CI [-.099, -.019]), suggesting as youth psychosocial HRQoL worsens, parenting stress increases, and PTSS increases. Parenting stress mediated the relationship between youth physical HRQoL and PTSS at baseline (IE = -.10, 95% CI [-.196, -.013]) but not 24-months (95% CI [-.074, .005]).

Discussion or Conclusions: Parenting stress mediated the relationship of only psychosocial HRQoL and caregiver distress at both diagnosis and follow-up, suggesting that caring for the youth's psychosocial needs increases stress in caregiving roles. Despite high survival, caregivers experience stress in the context of childhood thyroid cancer, warranting long-term monitoring. Interventions to improve youth psychosocial HRQoL as well as those targeting parenting stress may decrease caregiver stress and PTSS.