

Background/rationale or Objectives/purpose: For cancer couples, enhanced dyadic coping may be the core of couple-based interventions to help them better adapt to cancer. The purposes of this study were to systematically summarize the specific characteristics of existing cancer couple-based interventions in terms of dyadic coping; to identify the overall effectiveness of interventions on the dyadic coping of couples; and to provide useful recommendations for future research.

Methodology or Methods: Eligible articles published in English or Chinese were retrieved from the establishment of five electronic databases (MEDLINE, PubMed, EMBASE, Cochrane Library, and PsycINFO) to December 2021. The literature references were also reviewed for additional studies that met the criteria. Review Manager software and Stata software were used to perform meta-analysis of randomized controlled studies.

Impact on practice or Results: A total of 20 studies were included in this study, eight of which were available for meta-analysis. Most interventions used clear theoretical frameworks to guide the intervention design and were conducted by experienced interventionists through multiple delivery forms. These interventions were similar in content, which mainly included psycho-education and skills training. Overall, the interventions positively improved the communication and positive dyadic coping of cancer couples, with effect sizes ranging from 0.29 to 0.49. However, this study did not find a significant intervention effect on negative dyadic coping.

Discussion or Conclusions: Based on the methodological characteristics and effectiveness of cancer couple-based dyadic coping interventions summarized in this study, more dyadic coping-targeted interventions could be promoted for cancer couples. Additionally, more research is still needed to further determine intervention designs that benefit cancer couples.

359 | The ARC clinic: Applying psychological insights to personalising early rehabilitation and support in 'treatable-not-curable' cancer

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Background/rationale or Objectives/purpose: Personalisation of cancer support, in the context of advanced disease and on-going treatment, requires focused attention to the psychological processes of adjustment and self-efficacy. We designed a 'one stop' AHP-led clinic built on research and psychological science, to offer an innovative approach to personalised care planning of early rehabilitation and supportive care in 'treatable-not-curable' cancer.

Methodology or Methods: The ARC clinic was piloted with patients with metastatic breast or prostate cancer, and myeloma, who were 6-12 months into their treatment. A face-to-face reflective consultation, underpinned by the Adversity, Restoration, and Compatibility (ARC) framework (1) was offered by a Rehabilitation Practitioner. The outcome was a Holistic Needs Assessment (HNA) and collaborative care plan. A 1-month follow-up call gathered adherence and patient experience data. We compared patients HNA concerns, distress scores and care plans at time of diagnosis, at the ARC clinic and at follow-up.

Impact on practice or Results: Compared to initial HNA and care plan completion rates of 55% and 11%, ARC clinic achieved 95%, an average of 12 new concerns were identified per patient, and 96% of patients were guided to achieve at least one of their goals. Patients valued the space for

reflection, active personalisation and follow-up, and clinicians valued the collaborative and coherent approach to meeting patients' needs.

Discussion or Conclusions: In the context of 'treatable-not-curable' cancer, the ARC clinic provides a valuable opportunity for guided reflection, validation of the person's strengths and efforts, psycho-education on the adjustment process, and setting achievable plans that align with personal values.

376 | Qualitative Assessment of Needs and Preferences for a Smartphone App to Treat Insomnia in Cancer Survivors

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Background/rationale or Objectives/purpose: Insomnia in cancer survivors is highly prevalent, long-lasting, and associated with reduced satisfaction with quality of life and poorer objective health outcomes. Although research supports cognitive behavioral therapy for insomnia as the recommended treatment for insomnia, it remains inaccessible for many Canadians due to a lack of trained providers.

Smartphone apps represent a promising treatment-delivery route to bridge this gap between research and practice. However, existing insomnia treatment apps do not adhere to evidence-based guidelines, and none are tailored to cancer survivors.

iCANSleep will be an evidence-based insomnia treatment app tailored to cancer survivors, developed according to the principles of User-Centered Design. The goal of this research is to understand the needs and preferences of cancer survivors for an insomnia treatment app.

Methodology or Methods: Assessment of user needs will comprise a series of interviews with a purposive sample of cancer patients (n=30). Interview topics will cover past experiences with cancer and insomnia, preferences for insomnia treatment, and perceived barriers/facilitators to engaging with an insomnia treatment delivered via smartphone app. Emergent themes will be identified from interview transcripts through a qualitative process of thematic analysis and translated into a set of functional requirements and design guidelines that will be used to create the prototype.

Impact on practice or Results: Development of iCANSleep will increase access to evidence-based insomnia care for cancer survivors, improving quality of life and health outcomes.

Discussion or Conclusions: In alignment with user-centered design principles, future research will refine the usability of this prototype through iterative testing among a group of target end users.

419 | Characterizes of family caregivers referred to the Caregiver Clinic at the Princess Margaret Cancer Centre

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Background/rationale or Objectives/purpose: Family caregivers make significant contributions to the overall care of cancer patients and can be seen as the "invisible backbone" of the health care system. Consistent evidence shows that family caregivers are not only our partners in care, but that they may be patients in their own right. A dedicated Caregiver Clinic was launched in 2017 at the Princess Margaret Cancer Centre in Toronto, Ontario, Canada. The aim of this presentation is to describe the characteristics of the family caregivers referred to the Caregiver Clinic in 2021.

Methodology or Methods: As part of an ongoing Quality Improvement project, we are conducting a chart review of all family caregivers who were referred to the Caregiver Clinic in 2021, in order to identify demographic