

one of the most frequent side-effects of cancer treatment and affect very heavily patients' quality of life, international studies reveal that this topic is rarely addressed by healthcare professionals. This study explores how communication about sexuality is experienced by cancer patients and their partners in Flanders (Belgium).

**Methodology or Methods:** Stand up to Cancer, the Cancer league based in Flanders, launched in June 2021 an online survey to explore possible barriers for communication about sexual problems between patients and healthcare professionals. 436 cancer patients and partners responded to the survey. In addition, three focus group interviews were conducted with healthcare professionals and patient representatives to discuss practical recommendations to improve communication about sexuality and intimacy during consultation.

**Impact on practice or Results:** Only 25% of the respondents received information about the possible impact of proposed cancer treatment on sexuality before the start of the treatment, and less than 50% had a conversation about it any moment during or after treatment. Also most patients or partners had to address the topic of sexuality themselves during consultation. Furthermore, the open-ended questions in the survey revealed that both many healthcare professionals and patients face barriers that impede a thorough discussion of sexuality during consultation.

**Discussion or Conclusions:** There are still many barriers for a thorough communication about sexuality in Flemish oncology care. Practical recommendations will be discussed.

### 384 | Superwoman Schema and Voluntary Uptake of Psychosocial Support Services among Black Female Cancer Patients in the Bronx

*Brittany Miller, Alyson Moadel-Robblee*

*Montefiore Einstein Cancer Center, Bronx, NYC, USA*

**Background/rationale or Objectives/purpose:** Black women are at increased risk of prevalence and mortality of some cancers including breast, colorectal, and cervical. Subsequently, they face disparities in psychosocial morbidity. Understanding barriers to mental health care utilization is critical to addressing these disparities. Black women have identified stigma around seeking mental healthcare, and this has been related to the Superwoman Schema (SWS; a cultural tendency and perceived obligation to show strength). This study aims to examine the association of SWS with voluntary uptake of cancer-related psychotherapy and support groups among Black female cancer patients in Bronx, NY.

**Methodology or Methods:** To date, 39 women identifying as Black in a previous survey study of cancer patients participated in this optional follow-up survey, in part comprised of the Strength, Suppress, and Help subscales of the Giscombé Superwoman Schema Questionnaire (G-SWS-Q).

**Impact on practice or Results:** Respondents were between 37 to 82 years old ( $M=61$ ) with G-SWS-Q scores ranging from 7-59 ( $M=33$ ; possible scores range from 0-66). There was a significant difference in the G-SWS-Q scores for respondents who have engaged in individual and/or group therapy since diagnosis ( $M=38.50$ ,  $SD=12.50$ ) and have not engaged ( $M=27.32$ ,  $SD=11.81$ );  $t(37)=-2.87$ ,  $p=.0007$ .

**Discussion or Conclusions:** Counter to expectation, this study finds that Black female cancer patients who seek psychosocial support more closely identify with SWS than those who do not. Given that expressions of strength are influenced by cultural factors and social norms, these findings may be unique to a metropolitan NYC sample. Future analyses

will examine cultural sub-identities towards fleshing out nuances in strength and help-seeking.

### 398 | Exploring the relationships between distress and social support in rural and urban young adults in the YACPRIME study

*Joshua Tulk @jgjtulk<sup>1</sup>, Sharon Hou @sharonhjh<sup>2</sup>, Anika Petrella @anika\_petrella<sup>3</sup>, Amanda Wurz @amandawurz<sup>4</sup>, Fiona Schulte @SchulteFiona<sup>2</sup>, Geoff Eaton @geoffeaton<sup>5</sup>, Karine Chalifour @yaccmom<sup>5</sup>, Sheila N Garland @SNGarlandPhD<sup>1,6,7</sup>*

<sup>1</sup>Department of Psychology, Faculty of Science, Memorial University, St. John's, NL, Canada. <sup>2</sup>Department of Oncology, Division of Psychosocial Oncology, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada. <sup>3</sup>Cancer Clinical Trials Unit, University College Hospital, London, United Kingdom. <sup>4</sup>School of Kinesiology, University of the Fraser Valley, Chilliwack, BC, Canada. <sup>5</sup>Young Adult Cancer Canada, St. John's, NL, Canada. <sup>6</sup>Discipline of Oncology, Faculty of Medicine, Memorial University, St. John's, NL, Canada. <sup>7</sup>Beatrice Hunter cancer Research Institute, Halifax, NS, Canada

**Background/rationale or Objectives/purpose:** Geographic location plays a significant role in the health and wellbeing of those with cancer. This project explored the impact of rurality on distress and social support in young adults (YAs) with cancer in Canada.

**Methodology or Methods:** The current study analyzed a subset of 505 participants ( $Mage=32.1$  years,  $SD=4.8$ ) from the YACPRIME study. Participants completed the Kessler Distress Scale (K10) and Medical Outcomes Study – Social Support Survey (MOS-SSS). Social support was grouped into low, medium and high based on the 33rd and 66th percentiles. Group differences were assessed with t-tests, chi-squares and bivariate correlations.

**Impact on practice or Results:** Of the sample, 25% identified their location as rural. Rural YAs with cancer reported higher levels of distress ( $M=26.4$ ,  $SD=7.8$ ) compared to urban YAs ( $M=24.4$ ,  $SD=7.7$ ). Group differences for social support approached significance, with rural YAs reporting higher affectionate ( $p=.07$ ) and lower tangible ( $p=.10$ ) supports. No differences were observed for emotional/informational and positive social interaction. Distress was associated with all MOS-SSS subscales for both groups. For rural YAs, the three strongest associations were tangible ( $r = -.278$ ), positive social interactions ( $r=-.275$ ), and affectionate support ( $r=-.231$ ). For urban YAs, the three strongest associations were emotional/informational ( $r=-.351$ ), positive social interactions ( $r=-.329$ ), and tangible supports ( $r=-.269$ ).

**Discussion or Conclusions:** Rural YAs with cancer experience higher levels of distress than urban YAs, despite experiencing similar levels of social support. Additional research is needed to determine how best to understand and address distress in rural YAs with cancer.

### 418 | “You’ve got 38 balls in the air and you’re just hoping none of them drop”: Insights from a mixed-methods study of mothers with cancer

*Athina Spiropoulos @AthinaSpiro<sup>1</sup>, Julie Deleemans @jmdeleem87<sup>1</sup>, Sara Beattie<sup>1,2</sup>, Linda Carlson @Linda\_E\_Carlson<sup>1</sup>*

<sup>1</sup>University of Calgary, Cumming School of Medicine, Department of Oncology, Division of Psychosocial Oncology, Calgary, Canada. <sup>2</sup>Tom Baker Cancer Centre, Alberta Health Services Calgary, Canada, Calgary, Canada

**Background/rationale or Objectives/purpose:** Mothers with cancer struggle to balance maternal roles and cancer. Strategies mothers use to cope with multiple role demands remain unexplored. This study