

diagnosis, treatment, and survivorship. Focus groups were voice recorded and transcribed. Themes were identified by the interviewers and conceptualized through iterative discussions with the research team.

Impact on practice or Results: The majority of women were with their partner prior to the TC diagnosis ($n=11$); 2 met their partner after treatment but during surveillance (15.4%). Nine (69.2%) were married or common law at the time of participation. Women reported both benefits and burdens following their partner's TC diagnosis. Benefits included developing a closer relationship and the opportunity to provide support to their partner. However, partner burden also meant feeling distressed and isolated. The women valued the focus group as an opportunity to converse with others about a shared experience.

Discussion or Conclusions: Heterosexual partners of men diagnosed with TC experience strengthened relationships, as well as caregiver distress and isolation. Support groups and peer guidance should be further explored as interventions to promote wellbeing and connection in partners as they continue to support TC patients throughout their journey.

493 | Younger (<45 Years) Colorectal Cancer Patient Symptom Experiences, Attributed Causes and Assets to Leverage Healthcare Utilization

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Background/rationale or Objectives/purpose: Incidence trends of colorectal cancer (CRC) among younger adults (<45 years) who are ineligible for screening, continue to rise (+2.3%/year). Using a secondary analysis of CRC cancer survivors we explored younger survivors' 1) symptoms, 2) attributed causes and 3) healthcare utilization assets compared to older CRC survivors.

Methodology or Methods: Directed content analysis of semi-structured interviews collected as part of a larger CRC survivor ($N=252$: younger=35, older=217) cohort study quantified symptoms, attributions and healthcare assets experienced prior to a CRC diagnosis. Descriptives and chi square were used to explore the data.

Impact on practice or Results: Younger survivors were mean age 39 years (range: 25-44), 58% Black and 40% had household incomes <\$30k; older survivors were mean age 61 years (range: 45-94), 44% Black and 43% household income <\$30k. No differences in symptom reports were found except that older survivors more often reported weight loss ($x^2=4.9$, $p=0.03$). Younger survivors believed that they were too young for symptoms to be serious ($x^2=15.6$, $p<0.01$) but received more encouragement to seek healthcare from friends and family ($x^2=4.1$, $p=.04$). Older survivors more often reported having a regular source of care ($x^2=7.7$, $p<0.01$).

Discussion or Conclusions: Recent modification of CRC screening-eligible age reflects changing incidence trends. Younger and older survivors experience similar symptoms, but younger survivors dismiss them as non-serious and don't have a doctor. Expansion of CRC health communication messaging to address these issues is needed. One opportunity may be to leverage social support for education outreach as those <45 depend on healthcare consultation and not screening for diagnosis.

509 | Understanding Sleep Health in Young Adults with Cancer: Results from the YACPRIME Study

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Background/rationale or Objectives/purpose: A cancer diagnosis in young adulthood can negatively impact sleep health. The present study describes sleep issues in young adults (YAs) and analyzes potential demographic and clinical characteristics related to sleep health.

Methodology or Methods: Canadian YAs ($n = 397$) diagnosed between ages 15-39 participated in the study. Pittsburgh Sleep Quality Index (PSQI) items were examined to identify specific sleep issues that occurred 3+ times per week. Demographic, clinical, and symptom-related variables associated with poor sleep health at the univariate level were then entered into a multivariate regression model.

Impact on practice or Results: Participants were predominantly female (90%) with an average age of 32. Of the sample, 81% had a global score greater than 5, indicating poor sleep health. The sleep disturbances most often reported were waking up too early (50%), having to get up to use the bathroom (45%), and being unable to get to sleep within 30 minutes (34%). At the univariate level, greater age, earning less than \$40,000 annually, having experienced a cancer recurrence, currently undergoing cancer treatment, and poorer physical and mental health were associated with worse sleep health. Gender, relationship status, and time since diagnosis were not associated with sleep health. After adjusting for covariates, only greater age ($p = .003$), poorer mental ($p < .001$) and physical ($p < .001$) health and earning less than \$40,000 annually ($p = .003$) remained associated with worse sleep health.

Discussion or Conclusions: Demographic and clinical factors are associated with worse sleep health in YAs. Sleep health should be prioritized to promote function and recovery.

514 | The Experience of Family Caregivers of Patients with Acute Leukemia: A Longitudinal Observational Study to Assess and Evaluate the Occurrence of Traumatic Stress Symptoms

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Background/rationale or Objectives/purpose: Acute leukemia (AL) is a life-threatening cancer of the blood, which most often presents acutely and requires intensive treatment associated with severe physical and psychological symptoms. The diagnosis, progression, or recurrence of AL is likely to be highly traumatic for family caregivers (FCs), but systematic assessments of distress and approaches for its prevention and treatment are lacking. We aim to determine the prevalence, severity, longitudinal course, and predictors of traumatic stress symptoms in FCs over the first year following a diagnosis of AL in their loved one, and to understand the FCs lived experience and perceived support needs.

Methodology or Methods: This two-site longitudinal, observational mixed methods study aims to recruit 223 adult FCs of pediatric and adult patients newly diagnosed with AL at the Princess Margaret Cancer Centre or the Hospital for Sick Children in Toronto, Canada over three years. Quantitative data will be collected from self-report questionnaires at enrolment, and 1, 3, 6, 9 and 12-months after admission. Quantitative data will be analyzed using descriptive and machine learning approaches. Semi-structured qualitative interviews will be conducted at 3, 6 and 12-months and analyzed with grounded theory.

Impact on practice or Results: Since February 2022, 5 FCs have been enrolled. Analysis is ongoing; preliminary insights will be presented.