

investigated the roles mothers with cancer assume, coping strategies used, and their perceived ability to cope.

**Methodology or Methods:** We used a cross-sectional mixed-methods design. Participants included mothers diagnosed with any type or stage of cancer, in treatment or < 3 years post-treatment, experiencing cancer-related disability, with a dependent child (<18 years, living at home). One questionnaire and a semi-structured interview were completed. Descriptive statistics, correlations, and thematic inductive analyses are reported.

**Impact on practice or Results:** Participants' (N=18) mean age was 45 (SD=5.50) years. 67% were in active treatment. Mothers reported retaining most of their role demands, and developed problem-focused and emotion-focused coping strategies. Self-efficacy (M=43.34, +5.62), role participation (M=42.74, +6.21), and role satisfaction (M=43.32, +5.61) were significantly lower than the general population score of 50. Role participation and role satisfaction were significantly correlated ( $r=.74$ ,  $p<.001$ ). Quality of life was dependent on mothers' capacity to balance their roles. Mothers' self-concept was related to their caregiving capacity and autonomy, which were both challenged by cancer. Mothers expressed a lack of resources for their unique needs. We developed the Role Coping as a Mother with Cancer (RCMC) model to explain mothers' experiences coping with interacting role demands.

**Discussion or Conclusions:** The RCMC model is a holistic and intersectional conceptualization of mothers' experiences that has potential research and clinical utility. Participants reported role demand challenges and expressed an unmet need for support groups as part of their care.

#### 491 | Barriers to Cancer Screening during the COVID-19 Era among a Diverse, Under-served Urban Community

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**Background/rationale or Objectives/purpose:** A national COVID-19 crisis response formed unique barriers to cancer screenings. The Montefiore Einstein Cancer Center in Bronx, NY serves one of the most diverse and underserved constituencies in the nation. Since the pandemic, the Bronx has experienced disruption in cancer screening with drops in mammography and colonoscopy as high as 21% and 34%, respectively. This cancer outreach initiative seeks to elucidate current barriers to cancer screening and sociocultural correlates.

**Methodology or Methods:** Cancer survivors and pre-medical interns trained in patient navigation administered a survey evaluating barriers to cancer screening to community members at Bronx health fairs. Demographic data was subsequently collected by phone for a sample subgroup.

**Impact on practice or Results:** The top three barriers to screening indicated by respondents (n=194) were general lack of knowledge about cancer screenings (25.93%), lack of physician encouragement/referral (22.22%), and cost concern (20.74%). Among those who completed the demographic survey (n=75), respondents identified as Black (32%), Hispanic (34.7%), foreign-born (50.7%), non-English dominant (33%), and female (83%). Foreign-born status was positively associated with number of barriers endorsed ( $c2=12.19$ ,  $p=.032$ ). Additionally, race was significantly associated with barriers related to screening knowledge ( $c2=12.24$ ,  $p=.032$ ), medical mistrust ( $c2=26.25$ ,  $p<.001$ ), and concerns about language, immigration status, and religion ( $c2=11.39$ ,  $p=.044$ ).

**Discussion or Conclusions:** Engaging primary care in routine referral and reinforcement and ensuring cultural considerations are taken into

account when designing cancer screening outreach programs in diverse communities are critical steps to critical to addressing cancer care disparities. Culturally tailored education programs for community members and physicians paired with insurance enrollment initiatives may mitigate barriers to screening.

#### 528 | Increasing sociocultural representation in research on adolescent and young adults with cancer

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**Background/rationale or Objectives/purpose:** The mental health of adolescents and young adults (AYAs) diagnosed with cancer is poorer compared to their peers without cancer. However, existing work has been based on dominant populations. AYAs with cancer who are Black, Indigenous, a Person of Colour, or from other sociocultural communities have been underrepresented, which may contribute to healthcare disparities. The purpose of this work was to evaluate the sociocultural representation in research on AYAs using existing datasets to better understand the disparity in evidence for those from different sociocultural groups.

**Methodology or Methods:** Members of the Young Adults in Their Prime/YACPRIME study team examined cross-sectional and longitudinal published data on AYAs with cancer. Sociocultural demographic (ethnicity, age, sex, gender, socioeconomic status) and methodology (recruitment strategy, period of data collection, key variables of interest) were collected.

**Impact on practice or Results:** Samples collected across two cohorts of AYAs with cancer (total n = 1736) highlighted an inconsistent and limited representation of AYAs with cancer from diverse sociocultural backgrounds. Cohort 1 was comprised of Mage = 34.15 years, 55% men, and 86% White, and cohort 2 was comprised of Mage = 20.1 years 13% men, and 87% White. Other similarities and differences in methodology in relation to representation are described.

**Discussion or Conclusions:** Areas of strengths and needs faced by underrepresented groups and communities in AYA cancer research are examined. Identification of these components can help to shape the direction of future research, as well as the development of a collaborative partnership for AYAs with cancer from all social and cultural backgrounds to engage in this work.

#### 583 | Cancer Pain and Psychological Distress During COVID-19 in Patients Newly Diagnosed With Cancer: A Prospective Longitudinal Study of Bio-Psycho-Social Risk Factors and Health Disparities

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**Background/rationale or Objectives/purpose:** A critical part of cancer care is detecting and managing cancer pain and cancer-related distress to