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## P-089 | Improving the process of referrals to psychosocial care for young adults

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Standards of care for Young Adult (YA) Oncology include integration of developmentally appropriate psychosocial support. A supportive care program within one academic medical center addresses the unique psychosocial needs of young adults (ages 18-39), but low referrals in gastrointestinal oncology were identified relative to the number of YA patients receiving medical treatment. To explore and address this concern, quality improvement (QI) methodology was utilized to gather baseline data, generate solutions with a project team, use plan do study act (PDSA) cycles of change, and gather change data. Baseline data obtained through program statistics showed 7% of YA patients within the GCC were referred to the program over a 6-month period. Through a survey, medical providers identified barriers in referring, citing lack of familiarity with the services and uncertainty of the referral process. Patient feedback reinforced the importance of hearing about psychosocial services directly from their medical providers. The project team developed several change solutions to educate clinical providers about the psychosocial needs of young adults and the impact of support services targeting those needs. Change data collected after three PDSA cycles showed an increase in referrals to 15%. Next steps include working on a developmentally appropriate tool to help medical providers introduce the importance of the psychosocial program, and finding ways to sustain behavior change. This approach is adaptable and can be used to improve the process of referrals to psychosocial care in other disease centers and oncology settings.

## P-090 | Long-term changes in self-esteem and value orientations after antineoplastic therapy in childhood

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Due to progress in modern therapeutic protocols for Acute Lymphoblastic Leukemia (ALL) and Hodgkin's Lymphoma (HL) survival rates increased significantly. Therefore study of long-term consequences of conducted antineoplastic treatment is becoming a question of vital importance. Situation of severe and life-threatening disease affects child personality development. The aim of the research: study aspects of motivation, value orientations via structure of self-esteem and locus of subjective control in various spheres of life.

Patients after antineoplastic therapy in childhood, in a present clinical remission (5-14 y remission duration). N = 60 (ALL), N = 50 (HL). Mean age-14 (ALL), (HL)-19 years. N = 60 control group.

Psychometrics methods (Dembo-Rubinstein Method, Rotter's LOCS, original questionnaire) were used. Factor analysis was used to determine the factor structure of actual and prospective self-esteem. Credible factors rate at least 5% contribution to the total dispersion (34 scales of self-esteem were factorized). Clinical and control factor structures were compared.

Two orthogonal factors in actual and prospective self-esteem were defined. Data for internality (Rotter's LoCS) clinical to control group (in males) internality of achievements (7.57 and 5.51  $P < .005$ ), failure (6.95 and 5.57  $P < .005$ ), family (2.71 and 6.71  $P < .005$ ), health (2.71 and 6.71  $P < .005$ ), production-working (5.71 and 7.11  $P < .005$ ). In females: internality of health (2.48 and 3.23  $P > .005$ ) and family (5.08 and 5.31  $P > .005$ ).

Patients demonstrate uncertainty about self-control in production-working (males) and family (females) spheres. Health for clinical group is more significant value in actual self-esteem (in control in prospective self-esteem). It can be highlighted: clinical group has more internal attributive style. Leading factors in actual self-esteem in clinical group: health, vitality, intelligence, emotionality. In prospective self-esteem: financial well-being, beauty, general adaptation. Psychological rehabilitation programs should take into account changes in patients self-esteem. Consequently, psychotherapeutic interventions are necessary in long-term period after clinical remission.

## P-091 | A scoping review of research on the antecedents, correlates, and outcomes of physical activity in adolescents and young adults diagnosed with cancer.

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Physical activity (PA) can improve health, functional capacity, and quality of life, and independence in adults with cancer. PA may also offer important benefits to adolescents and young adults with cancer (AYAs). However, concerns have been raised with regards to our limited understanding of PA and its antecedents, correlates, and outcomes in AYAs. Thus, we conducted a scoping review to determine the extent and nature of published studies on PA in AYAs, identify gaps, and propose strategies for advancing knowledge.

We followed Arskey and O'Malley's methodology. We searched 4 electronic databases for published studies. Two authors independently scanned the titles, abstracts, and full-texts against inclusion criteria: AYAs (aged 15-39 y); on-/off-treatment; reported on PA and antecedents, correlates, or outcomes of PA; original research; published in English peer-reviewed journal. Data were extracted from studies meeting these criteria and subsequently summarized.

Our search yielded 3156 studies; 10 met inclusion criteria. These included 4 cross-sectional and 1 longitudinal studies that explored sociodemographic, physical, psychological, and/or social antecedents or correlates of PA, and 5 interventions focused on changes in behavior, physical and/or psychosocial health, and/or quality of life. We identified