

Program & Abstracts

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event.



4TH VICTORIAN CANCER SURVIVORSHIP CONFERENCE

Shifting Gears: Rethinking Survivorship

24–25 MARCH 2022

www.survivorshipconference.com.au | #surv22

 VCCC
Alliance
Overcoming cancer together

 Australian Cancer
Survivorship Centre



Maria Eddy

Warm Solitude, 2019 | Oil on canvas

Donated by Peter Mac Volunteer Service | Peter Mac Art Collection

Reproduced courtesy of the artist.

Maria Eddy is a Melbourne based artist who is inspired by the natural world around her. Growing up in Broken Hill, she was always close to the Australian bush and found beauty in nature, something which remains central to her practice today. Of this painting she has said ".....it captures a moment in time where the world becomes quiet and peaceful, a time to take a deep breath and be immersed and nourished in this warm solitude...."

Maria also worked for fifteen years as a nurse in Peter Mac's Radiotherapy department.

The Australian Cancer Survivorship Centre (ACSC) has reputable resources for health professionals and cancer survivors and their carers.

YOU CAN:



Generate a survivorship care plan

myCarePlan.org.au

mycareplan.org.au



Find tips on common survivorship issues

Common Survivorship Issues Directory

petermac.org/survdirect



Access resources, tools, online learning and more!



Australian Cancer Survivorship Centre

petermac.org/cancersurvivorship



Announcement of a new

SURVIVORSHIP COLLABORATION



VICS + ACSC

We are pleased to announce **Victorian Integrated Cancer Services (VICS)** funding for a strategic collaboration between **VICS** and the **ACSC** to build on momentum created by the "Embed and spread optimal cancer survivorship care across Victoria" (Embed and spread 2020-2022) project. A 24 month program of work, starting April 2022, will involve the co-design and implementation of a statewide approach to improving survivorship care.

We acknowledge the commitment of all those involved in Embed and spread. The Victorian Government has made a significant investment in improving survivorship models of care and this work continues that investment.



Australian Cancer Survivorship Centre



VICTORIA
State
Government



Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia



The Victorian Comprehensive Cancer Centre Alliance and the Australian Cancer Survivorship Centre present the 4th Victorian Cancer Survivorship Conference.



ABOUT VCCC ALLIANCE

The vision for the VCCC Alliance is to save lives through the integration of cancer research, education and patient care.

Founded in the holistic principles of the internationally-recognised Comprehensive Cancer Centre model, the VCCC Alliance brings together 10 of Victoria's leading research, academic, and clinical institutions to achieve what can only be done through integration, collaboration and the inclusion of patient perspectives. We are working together to forge better approaches at a system level and improve outcomes for people affected by cancer across Victoria.

Join the VCCC Alliance mailing list to be kept up to date events, news and activities.

[Join now](#)

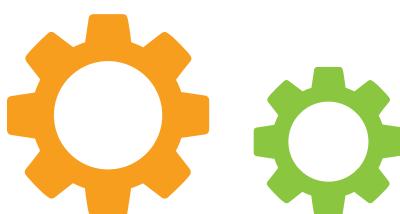
ABOUT ACSC

The Australian Cancer Survivorship Centre (ACSC) is a unique service based at Peter Mac. Our vision is to optimise the health and well being of cancer survivors and their carers.

Peter MacCallum Cancer Centre is a world leading cancer research, education and treatment centre and Australia's only public health service solely dedicated to caring for people affected by cancer. We have over 3,200 staff, including more than 700 laboratory and clinical researchers, all focused on providing better treatments, better care and potential cures for cancer.

Join the ACSC mailing list to be kept up to date with our survivorship publications and newsletters.

[Join now](#)



Future-focused cancer education



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to learn more

Continue your education at the cutting edge of cancer knowledge.

VCCC Alliance member organisations are home to some of the world's leading oncology experts. Tap into this real-world experience through innovative cancer education from the VCCC Alliance in partnership with the University of Melbourne.

Cancer Survivorship for Primary Care Practitioners short course	Cancer and the Older Person short course	Master of Cancer Sciences
<p>Develop an awareness of cancer survivorship and understand the importance of a shared care model to deliver benefits for patients and healthcare system.</p> <p>Designed for primary care practitioners, including GPs, nurses and allied health professionals (CPD points).</p> <p>Duration: four-weeks, part-time</p> <p>Mode: online MOOC (massive open online course)</p> <p>Intakes: 20 June 2022; 3 October 2022</p>	<p>Enhance your understanding of cancer care for geriatric patients and build confidence and knowledge to care for older people who have been diagnosed with or are undergoing treatment for cancer.</p> <p>Designed for GPs, nurses and allied health professionals in the field (CPD points), as well as family members and carers of older people with a cancer diagnosis.</p> <p>Duration: four-weeks, part-time</p> <p>Mode: online MOOC (massive open online course)</p> <p>Intakes: 9 May 2022; 5 September 2022</p>	<p>Gain an unprecedented breadth of integrated, cutting edge, specialist cancer knowledge.</p> <p>Masters, Graduate Certificate and Specialist Certificate pathways.</p> <p>Duration: up to 2 years part-time / 1 year full-time</p> <p>Mode: 100% Online</p> <p>Intakes: April, July and October 2022; January 2023</p>

For more information or to find out about the many other cancer education offerings from the VCCC Alliance, visit our website and subscribe for updates.

vcccalliance.org.au



VCCC Alliance members



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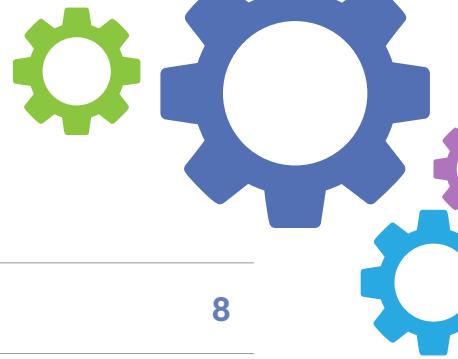
Exhibitors



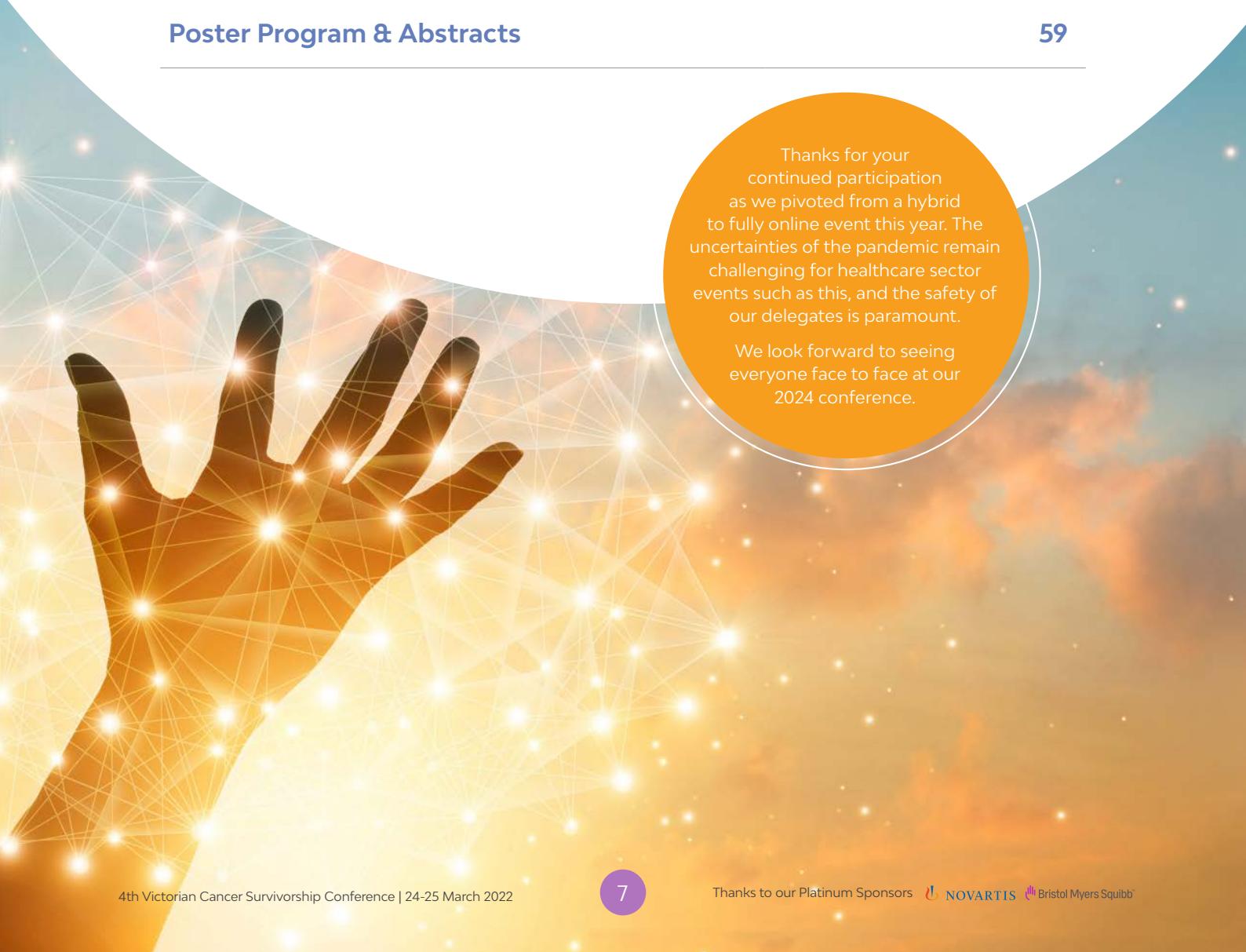
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Thanks for your continued participation as we pivoted from a hybrid to fully online event this year. The uncertainties of the pandemic remain challenging for healthcare sector events such as this, and the safety of our delegates is paramount.

We look forward to seeing everyone face to face at our 2024 conference.

WELCOME



It is my pleasure as convenor, to welcome you to the 4th Victorian Cancer Survivorship Conference, presented by the VCCC Alliance and the Australian Cancer Survivorship Centre.

Our conference theme '**Shifting Gears: Rethinking Survivorship**' will consider how recent advances in cancer survivorship research and care can be adopted, as well as consider future system transformation, to better meet the needs of the growing survivorship population. We will particularly recognise changes as a result of the COVID-19 pandemic.

We are so pleased to have a wonderful faculty! Our invited international speakers are **Professor Smita Bhatia** (USA) and **Professor Christoffer Johansen** (Denmark), and invited local speakers are **Professor Ray Chan** and **Professor Linda Denehy**. All are highly regarded, highly accomplished experts. I know that they will make excellent, thought-provoking contributions.

In addition, we are very pleased to have **Dr Karen Price**, **Professor Zoe Wainer** and **Uncle Ian Hunter** contributing to the opening session. You'll note that we have again included what I'm sure will be a provocative but fun debate. We also have two great interactive panel discussions.

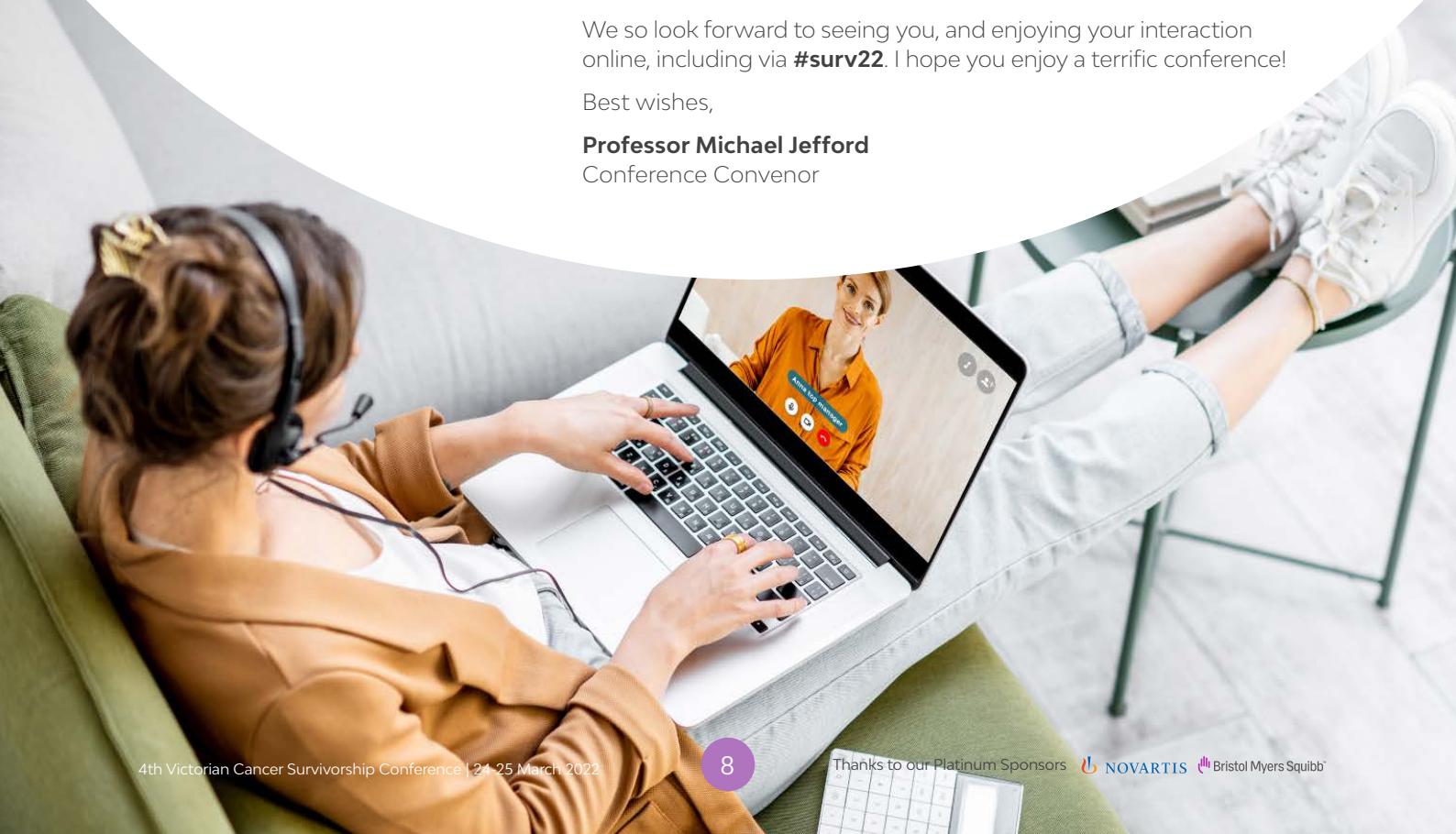
Thank you to everyone who submitted abstracts. The program just didn't allow us to include all high-quality submissions as oral presentations. We invite you to review all posters online, each as 3-minute videos. We will highlight a number of high-quality posters in the poster discussion session on Thursday.

A huge thank you to our sponsors and exhibitors, particularly platinum sponsors **Bristol Myers Squibb** and **Novartis**, gold sponsors **MSD** and **Janssen Oncology**, and bronze sponsor, **Elekta**. Together with our conference exhibitors, **IPSEN**, **Bio-Rad** and **WEHI**. We are extremely grateful for your support.

We so look forward to seeing you, and enjoying your interaction online, including via **#surv22**. I hope you enjoy a terrific conference!

Best wishes,

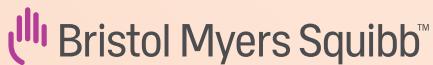
Professor Michael Jefford
Conference Convenor





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We are in the business of breakthroughs—the kind that aims to help transform patients' lives. We are dedicated to our mission of discovering, developing and delivering life-saving innovations that help patients prevail over serious diseases.



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4th VIC Cancer Survivorship Conference

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ORGANISING COMMITTEE MEMBERS



Professor Michael Jefford

Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre

Professor Grant McArthur

VCCC Alliance

Justine Carder

Victorian Paediatric Integrated Cancer Service

Julia Cernaz

Cancer Consumer Representative

Dr Jane Crowe

Deepdene Surgery

Dr Lucy Gately

Alfred Health

Priscilla Gates

Austin Health

Toni Jones

The Royal Women's Hospital

Helana Kelly

Australian Cancer Survivorship Centre

Nicole Kinnane

Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre

Rebecca McIntosh

Peter MacCallum Cancer Centre

Dr Meron Pitcher

Western Health

Yvonne Panek-Hudson

Peter MacCallum Cancer Centre, The Royal Melbourne Hospital

Kath Quade

Western & Central Melbourne Integrated Cancer Service

Meg Rynderman

Cancer Consumer Representative

Liz Simkiss

Department of Health

Cynthia Slattery

VCCC Alliance

Kyleigh Smith

VCCC Alliance

A/Professor Justin Tse

The University of Melbourne

Dr Kirsty Wiltshire

Peter MacCallum Cancer Centre

Dr Shirley Wong

Melbourne Health, Western Health

Dr Nienke Zomerdijk

University of Melbourne, VCCC Alliance





WHAT IS WELLNESS DAY?

Wellness Day was born in 2020 because we became aware of the body of emerging evidence showing that people were avoiding their healthcare appointments and screenings which was resulting in many cancers and other conditions going undiagnosed or delaying the diagnosis.¹

Don't forget to take the time to
#getchecked

www.wellnessday.com.au



IT TAKES TIME

Providing time for employees to get a health check that might have been avoided.



SELF CARE

We aim to encourage the community to prioritise their health and wellbeing by completing a health check.



MAKING CHANGE

We aspire to bring about lasting change in the way that Australian & New Zealand communities encourage health checks.

INVITED SPEAKERS



Professor Smita Bhatia

MD, MPH

Director of Cancer Outcomes and Survivorship,
University of Alabama

Invited speaker sponsor



Professor Christoffer Johansen

Ph.D., Dr. Med. Sci

Head of Research, University of Copenhagen, Denmark

Invited speaker sponsor



Professor Raymond Chan

RN, PhD, GAICD, FACN, NHMRC

Investigator Fellow, Matthew Flinders Fellow Director and
Professor of Cancer Nursing, Caring Futures Institute, College
of Nursing and Health Sciences, Flinders University

Invited speaker sponsor



Professor Zoe Wainer

BMBS, PhD, MPH, FCHSM, AFRACMA, GAICD
Deputy Secretary for Public Health, Victorian
Government, Department of Health



Professor Linda Denehy

B App Sc (Physio); Grad Dip Physio
(Cardiorespiratory), PhD

Head of The School of Health Sciences, University
of Melbourne

Invited speaker sponsor



Dr Karen Price

MBBS, FRACGP

President, The Royal Australian College of
General Practitioners

Invited speaker sponsor



PANELLISTS

Passing the baton, navigating your pathways



A/Professor Justin Tse

MBBS MMed FRACGP FACHI
Clinical Dean / Director of Medical Education, St Vincent's Clinical School, Dept of Medical Education
The University of Melbourne



Dr Greg Wheeler

MBBS, FRANZCR
Chair, Paediatric and Late Effects Service, Peter MacCallum Cancer Centre



Bernadette Zappa

Occupational Therapist
Eastern Health



Meg Chiswell

BAppSc (Medical Radiations), GradCert Org. Coaching
Deputy Director, Centre for Organisational Change in Person-Centred Healthcare, Deakin University, Faculty of Health



Yvonne Panek-Hudson

RN, MN
Nurse Practitioner
Peter MacCallum Cancer Centre



Nicholas Ball

Youth Cancer Action Advocate Member
Peter MacCallum Cancer Centre



FACILITATOR

A/Professor Kylie Mason

MBBS PhD FRACP FRCPA
Clinical Haematologist, Peter MacCallum Cancer Centre and the Royal Melbourne Hospital

PANELLISTS

What's the future of survivorship care?



Mr Neville Board

RN, BA, MPH, FAIDH
Chief Digital Health Officer, Adjunct Fellow,
AIHI Macquarie University



Professor Raymond Chan

RN, PhD, GAICD, FACN, NHMRC
Investigator Fellow, Matthew Flinders Fellow Director and
Professor of Cancer Nursing, Caring Futures Institute, College
of Nursing and Health Sciences, Flinders University



Professor Linda Denehy

B App Sc (Physio); Grad Dip Physio (Cardiorespiratory), PhD
Head of The School of Health Sciences
University of Melbourne



Professor Dorothy Keefe

MBBS, MSc, MD, FRACP, FRCR (Lon)
Chief Executive Officer
Cancer Australia



Dr Karen Price

MBBS, FRACGP
President
The Royal Australian College of General Practitioners



Sophy Athan

Chair, Cancer Consumer Advisory Committee,
VCCC Alliance



FACILITATOR

Professor Michael Jefford

MBBS, MPH, MHlthServMt, PhD, GAICD, FRACP
Director, Australian Cancer Survivorship Centre, Consultant Medical
Oncologist, Peter MacCallum Cancer Centre, Professorial Fellow,
The University of Melbourne

PANELLISTS

The great debate | The use of digital and remote care options will increase inequity



Dr Mahesh Iddawela

BSc, MBBS (Hon), MRCP, PhD (Cantab), FRACP
Oncologist
Alfred Health and Latrobe Regional Hospital



Joanne Hickman

BNurs, GradCert Adv Clinical Nursing (Coronary Care)
Nurse Unit Manager
Monash Health



Dr Ben Smith

PhD
Cancer Institute NSW Career Development Fellow,
Ingham Institute and University of New South Wales,
Medicine & Health



A/Professor Kate Burbury

MBBS, FRACP, FRCPA, DPhil
Consultant Haematologist, Director of Digital and
Healthcare Innovations and Deputy Chief Medical Officer,
Peter McCallum Cancer Centre



Dr Kalinda Griffiths

PhD (epidemiology), MPH, BBMSc, Cert III in
Laboratory Techniques
Scientia Lecturer
Centre for Big Data Research in Health
University of New South Wales



Margaret Polacska

National Manager, Hospital To Home
Red Nose Australia



FACILITATOR

Dr Craig Underhill

MBBS, FRACP
Director of Cancer Services, Albury-Wodonga Regional
Cancer Centre; Clinical Director, Hume Regional Integrated
Cancer Services and Regional Oncology Lead for the
Victorian Comprehensive Cancer Centre

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WEHI brings together diverse and creative people with different experience and expertise to solve some of the world's most complex health problems. With partners across science, health, government, industry and philanthropy, we are committed to long-term discovery, collaboration and translation. At WEHI, we are brighter together.

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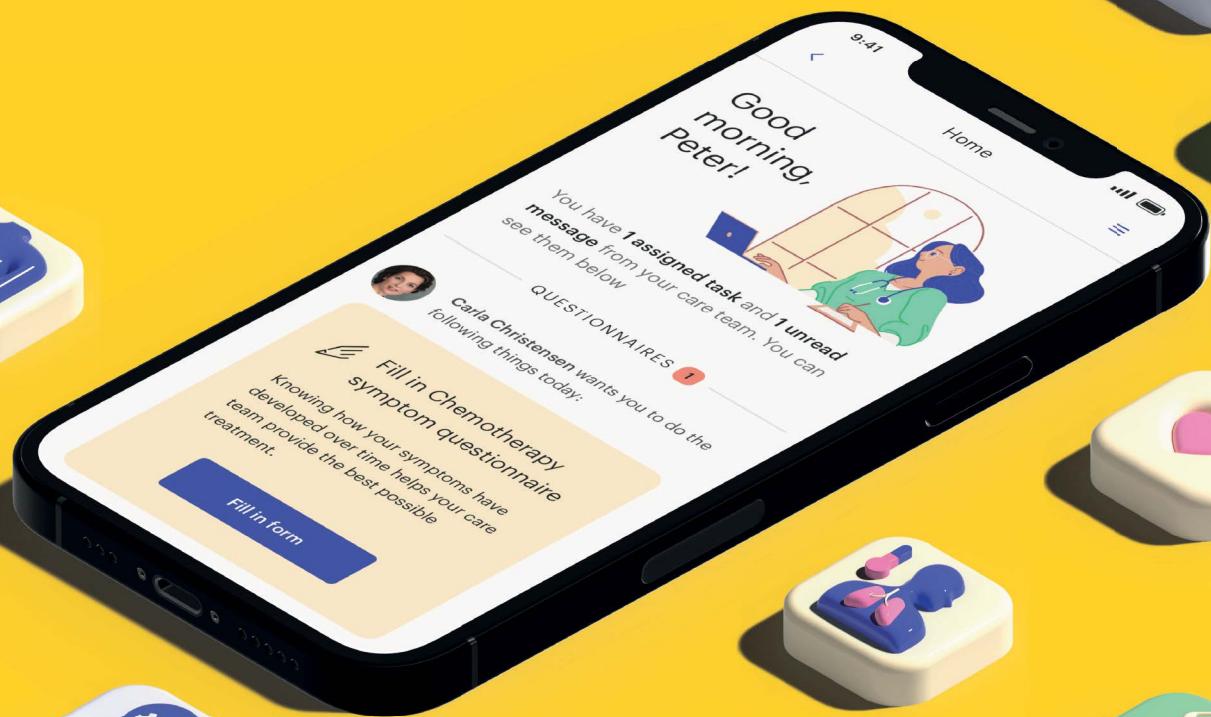
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Kaiku Health digital therapeutics platform keeps patients securely connected to you from diagnosis to survivorship. Intelligent symptom management for care teams. Personalised support and improved quality of life for survivors.

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THURSDAY 24 MARCH 2022 – DAY 1

8.00am	Jump onto the Virtual Platform; and check out the Poster Gallery and Trade Exhibition Start the day feeling fit and healthy ... try one of our Home to Work routines with Energy Health
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SESSION 1 | OPENING SESSION

Chairs: Professor Grant McArthur and Dr David Speakman

SESSION 1:1

9.00am	Session Introduction Professor Grant McArthur, Executive Director, VCCC Alliance
	Welcome to Country Uncle Ian Hunter
	Welcome from the Convenor Professor Michael Jefford, Director, Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre
	Welcome Address Professor Zoe Wainer, Deputy Secretary for Public Health, Victorian Government Department of Health
	Invited speaker Dr Karen Price President, Royal Australian College of General Practitioners Invited speaker sponsor  PHARMACEUTICAL COMPANIES OF Janssen

SESSION 1:2

9.56am	Dr Emma Kemp, Flinders University Outcomes of a pilot study evaluating a nurse-led clinic to reduce burden of cardiovascular disease risk in women with breast cancer
	Questions & Discussion facilitated by Dr David Speakman Chief Medical Officer Division of Cancer Surgery, Peter MacCallum Cancer Centre
10.15am	Invited speaker Professor Christoffer Johansen, Head of Research, University of Copenhagen, Denmark Using registry and cohort data to understand cancer survivorship and late effects Invited speaker sponsor 
10.40am	Morning Refreshments

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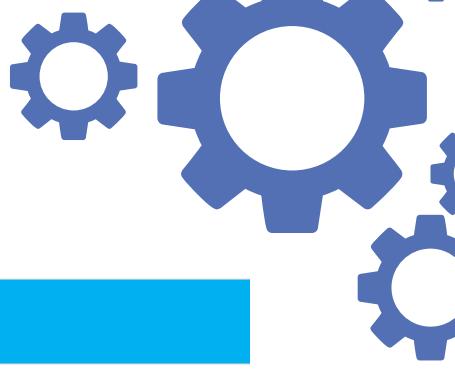
Rapid Fire Presentation



Oral Presentation

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SESSION 2 | QUALITY & EQUITY

Chairs: Karen Botting & Natalie Maxwell-Davis

11.00am	Session Introduction Karen Botting, Manager, Cancer Reform, Department of Health
	Helena Kelly, Australian Cancer Survivorship Centre Progressing the Victorian Quality Cancer Survivorship Care Framework
	Megan Petrie, University of Melbourne Do Australian state and territory cancer plans include survivorship-related objectives and propose quality survivorship outcomes and measures?
	Tegan Nash, Peter MacCallum Cancer Centre A state-wide survey to understand current cancer survivorship care practices in Victorian public hospitals
	Tegan Nash, Peter MacCallum Cancer Centre Educational webinars to increase awareness of cancer survivorship care across Victorian public hospitals: A state-wide project
	Professor Victoria White, Deakin University Disparities in quality of life, social distress and employment outcomes in Australian cancer survivors
	Dr Colin Wood, Peter MacCallum Cancer Centre Unequal experience of follow up care in Australian cancer survivors
	Dr Fiona Crawford-Williams, University of Southern Queensland Using the EPIS framework to identify barriers and facilitators to the implementation of post-treatment cancer survivorship care in rural Queensland: a qualitative study
	Questions & Discussion facilitated by Natalie Maxwell-Davis, consumer representative
12.25pm	Lunch

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Oral Presentation

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SESSION 3 | MODELS OF CARE, CARERS, ADVANCED CANCER

Chairs: Dr Nienke Zomerdijk

SESSION 3:1

1.00pm	Session Introduction Dr Nienke Zomerdijk, University of Melbourne, VCCC Alliance
	Invited speaker Professor Ray Chan, Director and Professor of Cancer Nursing, Caring Futures Institute, College of Nursing and Health Sciences, Flinders University Evidence to support models of care, beyond specialist-led, hospital based (including nurse-led and others) Invited speaker sponsor  MSD
	Questions & Discussion with Professor Ray Chan & Dr Nienke Zomerdijk

SESSION 3:2

1.30pm	Kellie Holland, Counterpart Exploring the impact of Counterpart's peer support program on survivors' well-being: findings from a qualitative study
	Dr Ben Smith, South West Sydney Clinical Campuses, UNSW Medicine & Health, UNSW Increasing access to fear of cancer recurrence treatment: engagement and preliminary efficacy of iConquerFear, a web-based fear of cancer recurrence self-management intervention
	Dr Rona Weerasuriya, University of NSW A systematic review of the unmet supportive care needs of close allies of men with prostate cancer
	Chloe Lim, The University of Sydney The long haul: exploring the survivorship experiences of people with advanced colorectal cancer through a mixed-methods study
	Questions & Discussion facilitated by Dr Nienke Zomerdijk

SESSION 3:3

2.17pm	Poster Discussion Dr Julia Lai-Kwon, Peter MacCallum Cancer Institute Review of the highest scoring posters Proudly sponsored by  IPSEN Innovation for patient care
	Session Remarks Dr Nienke Zomerdijk
2.45pm	Afternoon Refreshments

LEGEND



Invited/Panel Speaker



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SESSION 4 – PAEDIATRICS & AYA, TRANSITIONS

Chair: Dr Kylie Mason

SESSION 4:1

3.00pm	<p>Session Introduction Dr Kylie Mason, Haematologist and Disease Group Lead: Late effects and Survivorship, Peter MacCallum Cancer Centre and the Royal Melbourne Hospital</p> <hr/>
	<p>Invited speaker Professor Smita Bhatia, Director of Cancer Outcomes and Survivorship, University of Alabama Pathogenesis of treatment-related complications Invited speaker sponsor  Bristol Myers Squibb™</p> <hr/>
	<p>Questions & Discussion Dr Kylie Mason & Professor Smita Bhatia</p>

SESSION 4:2

3.33pm	<p>Panel Session Passing the baton, navigating your pathways Panellists Dr Greg Wheeler, A/Professor Justin Tse, Yvonne Panek-Hudson, Bernadette Zappa, Meg Chiswell, Nicholas Ball Facilitator Dr Kylie Mason Proudly sponsored by  NOVARTIS</p>
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SESSION 4:3

4.28pm	<p>Dr Jennifer Cohen, Canteen Australia Identifying education and employment outcomes and support needs in young people diagnosed with cancer to inform intervention development</p> <hr/>
	<p>Emma Vaughan, Peter MacCallum Cancer Centre AYA Can-Sleep: an evidence-based approach to the management of sleep difficulties in young cancer survivors</p> <hr/>
	<p>Arun Sharma, University of Melbourne A systematic review of smartphone applications for cancer survivors</p> <hr/>
	<p>Samantha Van Staalduin ReGenerate: a health, wellbeing and survivorship app for adolescent and young adult cancer survivors</p> <hr/>
4.49pm	<p>Questions & Discussion facilitated by Dr Kylie Mason</p>

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Invited/Panel Speaker



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FRIDAY 25 MARCH 2022 – DAY 2

SESSION 5 | CONSUMER PERSPECTIVE & LATE EFFECTS

Chairs: Priscilla Gates & Yvonne Panek-Hudson

SESSION 5:1

9.00am	Session Introduction Priscilla Gates, Researcher PhD Student, University of Melbourne
	What this all means to the survivor ... a consumer perspective Meg Rynderman OAM & Natalie Maxwell-Davis
	Invited Speaker Professor Smita Bhatia, Director of Cancer Outcomes and Survivorship, University of Alabama Can we predict and prevent treatment-related complications? Invited speaker sponsor  Bristol Myers Squibb™
	Questions & Discussion Yvonne Panek-Hudson, Nurse Practitioner, Peter MacCallum Cancer Centre & Professor Smita Bhatia

SESSION 5:2

9.46am	Dr Sandra Staffieri, Royal Children's Hospital Centre for Eye Research Australia Living with heritable retinoblastoma and the perceived role of regular follow-up at a retinoblastoma survivorship clinic: "That is exactly what I have been missing"
	Andi Agbejule, Queensland University of Technology Self-management support for cancer-related fatigue: a systematic review
	Tiffany Li, The University of Sydney Trajectories of symptom improvement in cancer survivors with chemotherapy-induced peripheral neurotoxicity
	Questions & Discussion facilitated by Priscilla Gates
10.10am	Morning Refreshments

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SESSION 6 | PREHABILITATION / REHABILITATION & PROMS

Chairs: Lisa Somerville & Rebecca McIntosh

SESSION 6:1

10.30am	Session introduction Lisa Somerville, Head of Quality & Strategic Alliances, VCCC Alliance
	Invited speaker Professor Linda Denehy, Professor of Physiotherapy, University of Melbourne Incorporating prehabilitation and rehabilitation into routine care Invited speaker sponsor  MSD
	Questions & Discussion Lisa Somerville & Professor Linda Denehy

SESSION 6:2

10.58am	Chris Sinclair, EXPHYS & Simonie Fox, AIA Australia Cancer survivors improve return to work and health outcomes through exercise physiology delivered in-person and/or via telehealth
	Dr Dianne Sheppard, Ipar The feasibility of 'Beyond Cancer', a support intervention for transitioning back to 'good' work following breast cancer
	Jenelle Loeliger, Peter MacCallum Cancer Centre How do we improve nutrition care and information for cancer patients? Exploration of patient, carer and health professional access, perceptions and practices: a mixed-methods study
	Rebecca McIntosh, Peter MacCallum Cancer Centre Creating interactive cancer nutrition care resources through a co-design process with patients, carers and health professionals
	Questions & Discussion facilitated by Lisa Somerville

SESSION 6:3

11.30am	Kirsten Javier, The University of Sydney Investigating the recommendations on the surveillance and supplementation of vitamins and minerals in cancer survivors after upper gastrointestinal surgery with curative intent: a scoping review
	Alastair Kwok, Monash Health, Monash University Maintaining supportive and survivorship care throughout COVID-19: the role of remote patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs)
	Carolyn Mazariego, The Daffodil Centre Priority recommendations for the implementation of patient reported outcomes in clinical cancer survivorship care: a delphi study
	Questions & Discussion facilitated by Rebecca McIntosh, Senior Dietitian & Project Officer, Peter MacCallum Cancer Centre

12 noon Lunch

LEGEND



Invited/Panel Speaker



Rapid Fire Presentation



Oral Presentation

CONFERENCE PROGRAM

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SESSION 7 | TELEMEDICINE

Chairs: Dr Craig Underhill & Nicole Kinnane

SESSION 7:1

1.00pm	Session introduction Nicole Kinnane, Project Manager Engagement, Australian Cancer Survivorship Centre
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Invited speaker

Professor Linda Denehy - Professor of Physiotherapy, University of Melbourne

Home based and tele-health based rehabilitation

Invited speaker sponsor



Invited speaker

Professor Ray Chan, Director and Professor of Cancer Nursing, Caring Futures Institute, College of Nursing and Health Sciences, Flinders University

Telemedicine- where is the evidence, what is the future?

Invited speaker sponsor



Questions & Discussion Nicole Kinnane, Professor Linda Denehy & Professor Ray Chan

SESSION 7:2

1.45pm	The great debate
--------	-------------------------

The use of digital and remote care options will increase inequity

Debaters | Dr Ben Smith, Dr Mahesh Iddawela, A/Professor Kate Burbury, Margaret Polacska, Joanne Hickman, Dr Kalinda Griffiths

Facilitator | Dr Craig Underhill

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2.45pm	Afternoon Refreshments
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LEGEND



Invited/Panel Speaker



Rapid Fire Presentation



Oral Presentation

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SESSION 8 | FUTURE DIRECTIONS

Chairs: Professor Michael Jefford & Professor Grant McArthur

SESSION 8:1

3.00pm	Session introduction Professor Michael Jefford, Director, Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre
	Invited speaker Professor Christoffer Johansen, Ph.D., Dr. Med. Sci - Head of Research, University of Copenhagen, Denmark The road ahead for cancer survivorship in Europe Invited speaker sponsor  NOVARTIS
	Response to questions, Professor Michael Jefford

SESSION 8:2

	Panel discussion introduction, Professor Grant McArthur
3.30pm	Panel discussion What's the future of survivorship care? Panellists Professor Ray Chan, Professor Linda Denehy, Neville Board, Professor Dorothy Keefe, Dr Karen Price, Sophy Athan Chair Professor Michael Jefford Proudly sponsored by  PHARMACEUTICAL COMPANIES OF 
	Closing ceremony , including presentations for: <ul style="list-style-type: none">• Best Oral Presentation sponsored by • Best Poster Presentation sponsored by • Best Student Presentation• Best Online Engagement Acknowledgements
	Conference concludes

Program Notes

Oral Presentations are allocated 12 minutes for each presentation. Q&A will be held at the conclusion of the session and facilitated by the chair.

Rapid Fire Presentations are allocated 5 minutes for their presentation. A maximum of six presentation slides is recommended.

Q&A will be held at the conclusion of the session and facilitated by the chair.

Posters will be available on demand throughout the conference.

Poster presentations should be limited to 3 minutes; and consist of a 5 + 2 slide presentation (5 slides for presentation plus additional 2 allowed (1 is the title slide of presentation and 1 acknowledgement slide))

LEGEND



Invited/Panel Speaker



Rapid Fire Presentation



Oral Presentation



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Oral Abstracts

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ORAL ABSTRACTS



SESSION 1 | OPENING SESSION

Outcomes of a pilot study evaluating a nurse-led clinic to reduce burden of cardiovascular disease risk in women with breast cancer

Dr Emma Kemp¹, Mrs Teena Wilson¹, Professor Robyn Clark¹, Professor Sharon Lawn¹, Dr Erin Morton¹, Dr Shahid Ullah¹, Mrs Lee Hunt², Professor Joseph Selvanayagam^{1,3,4}, Professor Bogda Koczwara^{1,3}

¹Flinders University, ²Cancer Voices Australia, ³South Adelaide Local Health Network, ⁴South Australian Health and Medical Research Institute

Biography

Dr Emma Kemp is an ECR and Postdoctoral Fellow in Psycho-oncology and Cancer Survivorship at Flinders University.

Aims

Women diagnosed with breast cancer are at increased risk of cardiovascular disease (CVD), due to the combination of anti-cancer treatments and pre-existing modifiable CVD risk factors. Cancer treatment is often associated with limited attention to risk factor management. This study aimed to investigate feasibility of reducing the impact of CVD after breast cancer using a nurse led 'Heart in Breast Cancer' intervention to address modifiable risk factors.

Methods

This study used a single-arm pilot implementation trial design. Women with early-stage breast cancer commencing systemic cancer treatment were invited to attend a nurse-led cardio-oncology clinic where they were provided with information/recommendations and developed individualised goals for self-management of modifiable risk factors, including physical activity, diet, smoking, and alcohol use. They were reassessed at 12 weeks. Feasibility was assessed as adherence to: (a) appointments/assessments; and (b) recommended interventions. Preliminary

efficacy in impacting modifiable risk factors was analysed continuously (Wilcoxon's signed rank test) and categorically (McNemar's test).

Results

Of 50 women approached, 42 (84%; median age=58.5) attended initial assessment, 39 (92.9%) of whom completed follow-up. Recommendations/goals were made to increase physical activity with 29 (69%) participants, of whom 21 (72.4%) made corresponding improvements; change diet with 28 (66.6%) participants, of whom 14 (50%) made improvements; and reduce smoking with 6 (14.3%) participants, of whom 2 (33.3%) made improvements. Of two participants with high alcohol consumption, one made no improvement; the other did not attend follow-up. Increases in physical activity levels and vegetable consumption were significant ($p<.05$) in at-risk sub-samples.

Conclusions

This pilot study demonstrated high recruitment and attendance and improvements in commonly identified CVD risk factors (i.e., physical activity and vegetable consumption), with variable improvements for other risk factors (e.g., smoking). Future practice and research should address readiness/capacity to change during anticancer treatment, available referral pathways, control comparison and longer follow-up.

ORAL ABSTRACTS



SESSION 2 | QUALITY & EQUITY

Progressing the Victorian Quality Cancer Survivorship Care Framework

Ms Helena Kelly¹, Ms Fiona Gallagher¹, Ms Liz Simkiss², Ms Karen Botting², Professor Michael Jefford^{1,3}

¹Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ²Cancer Support, Treatment and Research, Victorian Department of Health, ³Sir Peter MacCallum Department of Oncology, University of Melbourne

Biography

Helana Kelly is the Manager of the Australian Cancer Survivorship Centre (ACSC), based at Peter Mac. Helana leads this innovative team to improve outcomes for cancer survivors across Victoria and more broadly.

Helana has over ten years' experience in public health care across Australia and New Zealand in both clinical and operational management roles. Her clinical background is in Speech Pathology (Bachelor degree in 2010, Masters degree in 2014) focusing particularly on adult swallowing and airway management, often for people living with a diagnosis of head and neck cancer.

She has operational and strategic experience and has delivered, evaluated and reported on health reform projects at a national level, including as Acting Program Director of Advance Care Planning Australia and in her current role with ACSC.

Helana contributes to health research through publication in peer reviewed journals and presentations at national and international conferences.

Aim

In 2020, the Australian Cancer Survivorship Centre (ACSC) developed the Victorian Quality Cancer Survivorship Care Framework (2021) (the Framework) with 30 consensus based criteria that describe quality survivorship care. The most endorsed item was that organisations should have 'a policy ... for the provision of survivorship care' (mean rank 7.78 / 10; SD 3.58).

Methods

In September 2020, ACSC presented the Framework to an expert consensus meeting

to determine which criteria to progress in Victoria. Following consensus, the structure and components of a generic policy template were determined by reviewing related policies, the Framework and the National Safety and Quality Health Service (NSQHS) Standards.

Results

The consensus meeting included 19 experts; cancer survivors (2), program managers (3), health professionals (6), researchers (3), Victorian Department of Health staff (5). Development of a generic survivorship policy was agreed.

ACSC created the Victorian Quality Cancer Survivorship Care Policy (the Policy). The modifiable template allows health services to articulate their commitment to quality cancer survivorship care. It includes standard policy sections: target audience, scope, purpose, related policies / procedures, and 8 survivorship-specific sections: delivering quality survivorship care, taking a coordinated / multidisciplinary approach, using needs assessments and patient-reported outcome measures, providing personalised stratified pathways, collecting patient-reported experience measures, involving consumers / cancer survivors and their carers, reporting and evaluating survivorship care, and nominating an executive survivorship care champion. Content is modifiable for users' organisational context; selection will depend on how established survivorship care is within the organisation. Users can remove policy statements not considered relevant or achievable.

Conclusions

ACSC created a survivorship policy template for Victorian health services that operationalises the most endorsed item within the Framework. The Policy and Framework will be circulated to Victorian health services in 2022. This work delivers on a key commitment in the Victorian Cancer Plan 2020-2024.

ORAL ABSTRACTS



SESSION 2 | QUALITY & EQUITY

Do Australian state and territory cancer plans include survivorship-related objectives and propose quality survivorship outcomes and measures?

Ms Megan Petrie^{1,2}, Ms Helena Kelly², Professor Michael Jefford^{2,3}

¹Melbourne Medical School, University of Melbourne,
²Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ³Sir Peter MacCallum Department of Oncology, University of Melbourne

Biography

Megan Petrie is a medical student from the University of Melbourne currently based at the Royal Melbourne Hospital Clinical School.

In 2021, Megan completed a student placement with the Australian Cancer Survivorship Centre where she worked on her medical school research project.

Aims

This study reviewed Australian jurisdictional cancer plans to: (i) assess alignment of survivorship-related objectives with recommendations from the 2006 US Institute of Medicine (IOM) survivorship report, and (ii) identify objectives related to assessment of survivorship outcomes.

Methods

Australian jurisdiction websites were searched for the most recent government cancer plans. These were reviewed for their inclusion of survivorship-related objectives, which were extracted and coded based on alignment with the 10 IOM recommendations, as well as content relating to outcome assessment and measurement.

Results

Twelve policy documents were identified from 7 of Australia's 8 states and territories. There was variability with respect to the number of IOM recommendations addressed (between 3-8 of 10), the number of survivorship-related

objectives (between 4-37 per state) and the number of survivorship-related outcomes (between 1-25 per jurisdiction with a total of 28 survivorship-specific outcomes identified across all plans). Recommendations relating to raising awareness of survivorship, quality measures and models of survivorship care were more consistently included in jurisdictional plans. No objectives focused on employment-related concerns or adequate health insurance coverage for cancer survivors. More recent plans appeared to have more survivorship-focussed objectives. The importance of measuring survivorship outcomes was highlighted in all 12 cancer plans with quality of life, other patient reported outcomes, and five-year survival rates being the most commonly suggested outcomes. There was a lack of consensus on metrics to assess survivorship outcomes, and little detail regarding how to measure proposed outcomes.

Conclusion

Almost all states and territories include survivorship-focused objectives within cancer plans, however there is considerable variation in (i) alignment with IOM recommendations, and (ii) focus on survivorship-related objectives, outcomes and outcome measures. Opportunity exists for collaboration and harmonisation of work to develop national guidelines and standards of quality survivorship care. Development of the Australian Cancer Plan presents a major opportunity.

ORAL ABSTRACTS



SESSION 2 | QUALITY & EQUITY

A statewide survey to understand current cancer survivorship care practices in Victorian public hospitals

Ms Tegan Nash¹, Ms Nina Brown¹, Ms Fiona Gallagher¹, Ms Kate Cridland¹, Ms Helana Kelly¹, Ms Katherine Lane², Mr Michael Jefford^{1,3}

¹Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ²Cancer Council Victoria, ³Sir Peter MacCallum Department of Oncology, University of Melbourne

Biography

Tegan is a Project Officer at the Australian Cancer Survivorship Centre, based at the Peter MacCallum Cancer Centre in Melbourne. Her background is in health promotion and nutrition, having worked in program development and coordination in obesity prevention, prior to the cancer survivorship space. Tegan is currently leading a state-wide project in Victoria which aims to increase awareness of and commitment to survivorship care. A key focus of her role is providing education to health professionals about why we need improved models of survivorship care, as well as supporting a number of Victorian hospitals on quality improvement activities to move towards more holistic care for cancer survivors.

Aims

Little is known about current survivorship care (SC) practices in Australia. This study aimed to understand SC practices across Victorian public hospitals.

Methods

A survey, based on the Victorian Quality Cancer SC Framework assessed current practice and challenges delivering SC, screening for unmet needs, use of SC plans (SCP), availability of services for common issues, and collection of outcome data. The survey was sent to 20 sites; one response was submitted per hospital, representative of all SC provided to public patients at that site.

Results

All sites returned surveys (18 covering all 20 hospitals, 3 combined as a precinct). Hospitals self-rated their SC as initial (n=6), developing (n=11) or well established (n=1). 13/18 (72%) hospitals reported not having a SC policy.

In addition to traditional oncologist/haematologist-led follow-up care, 11/18 (61%) hospitals reported providing nurse-led follow-up, 6/18 (33%) shared care and 6/18 (33%) multidisciplinary rehabilitation. Dedicated cancer survivorship clinics are provided at 9/18 (50%) hospitals.

8/18 (44%) hospitals reported 'frequently' or 'always' screening for physical effects post-treatment, while 7/18 (39%) do so for psychological and 6/18 (33%) for practical and social effects post-treatment.

SCP use was low. 12/18 (67%) hospitals reported either not providing or only providing SCPs to 0-25% of patients. Commonly reported barriers included inadequate staffing and electronic medical record compatibility.

Hospitals reported limited service availability, either on or off-site, to support many post-treatment issues including financial toxicity (14/18, 78%) and peripheral neuropathy (13/18, 72%). Services addressing pain and fertility (7/18, 39%) were more widely available.

Hospitals most commonly collect data on the survivorship outcomes of new cancer diagnosis (9/18, 50%), recurrence (8/18, 44%) and survival rates (8/18, 44%).

Conclusions

This study provides baseline SC data in Victoria, which can inform design of SC programs. Future work could expand data collection nationally.

Work funded by the Victorian Government.

ORAL ABSTRACTS



SESSION 2 | QUALITY & EQUITY

Educational webinars to increase awareness of cancer survivorship care across Victorian public hospitals: a statewide project

Ms Tegan Nash¹, Ms Katherine Lane², Ms Nina Brown¹, Ms Fiona Gallagher¹, Mr Ngin Tseng Goh¹, Ms Kate Cridland¹, Ms Helena Kelly¹, Mr Michael Jefford^{1,3}

¹Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ²Cancer Council Victoria, ³Sir Peter MacCallum Department of Oncology, University of Melbourne

Biography

Tegan is a Project Officer at the Australian Cancer Survivorship Centre, based at the Peter MacCallum Cancer Centre in Melbourne. Her background is in health promotion and nutrition, having worked in program development and coordination in obesity prevention, prior to the cancer survivorship space. Tegan is currently leading a state-wide project in Victoria which aims to increase awareness of and commitment to survivorship care. A key focus of her role is providing education to health professionals about why we need improved models of survivorship care, as well as supporting a number of Victorian hospitals on quality improvement activities to move towards more holistic care for cancer survivors.

Aims

This study aimed to increase awareness and promote uptake of survivorship resources and services to improve cancer survivorship care (SC) across Victoria.

Methods

Building on learnings from the Victorian Cancer Survivorship Program, a 60-minute educational webinar was developed, targeting all health professionals working in oncology. Webinars provided an overview of common issues experienced by survivors, the need for and evidence to support different models of care, SC plans (SCP), and SC services and resources for survivors, carers and health

professionals. Webinars were developed and delivered by the Australian Cancer Survivorship Centre, in collaboration with Cancer Council Victoria. Participating hospitals also selected an additional topic of choice, such as 'assessing supportive care needs'. Live polls ascertained attendee background and knowledge of topics. An evaluation survey was shared with attendees at the end of each webinar to evaluate perceived effectiveness in increasing awareness of SC, services and resources.

Results

15 educational webinars were delivered to 17 hospitals across metropolitan and regional Victoria, with 453 attendees.

Live poll data from 153/453 indicated attendees were nurses (55/153, 36%), allied health professionals (33/153, 22%), medical oncologists (26/153, 17%) and 'other' (39/153, 25%).

Live poll data from 194/453 attendees indicated initial knowledge of SC was wide-ranging between low (53/194, 27%), intermediate (74/194, 38%) and high (67/194, 35%).

105 evaluation surveys were completed. 97% (102/105) rated the webinar to be either good, very good or excellent. 98% (103/105) reported an increase in their knowledge and awareness of SC and 99% (104/105) indicated they would likely use information from the webinar when caring for survivors.

Participants felt that information about where to access cancer survivorship resources and services was the most valuable part of the webinar content.

Conclusions

Webinars captured a broad workforce, were engaging, and improved self-reported knowledge and awareness of SC, resources and services.

ORAL ABSTRACTS



SESSION 2 | QUALITY & EQUITY

Disparities in quality of life, social distress and employment outcomes in Australian cancer survivors

Professor Victoria White¹, Dr Karolina Lisy², Mr Andrew Ward³, Dr Eli Ristevski⁴, Ms Melanie Clode², Dr Kate Webber⁵, Professor Jon Emery⁶, Professor Maarten Ijzerman⁶, Dr Nina Ashfar⁶, Professor Jeremy Millar⁷, Professor Peter Gibbs⁸, Dr Sue Evans⁹, Professor Michael Jefford²

¹Deakin University, ²Peter MacCallum Cancer Centre, ³Social Research Centre, ⁴Monash University, ⁵Monash Health, ⁶University of Melbourne, ⁷Alfred Health, ⁸Western Health, ⁹Cancer Council Victoria

Biography

Victoria White holds a Professorial position at Deakin University in the School of Psychology. Her research has assessed the impact of supportive care interventions and understanding treatment patterns and experiences of people with cancer.

Background

While overall survival rates following cancer are high in Australia, rates vary by socio-economic advantage/disadvantage. Work in the United States and United Kingdom suggests socio-economic disadvantage can influence quality of life (QoL) outcomes for cancer survivors, however few population-based studies have explored this observation in Australia. This study examined how sociodemographic factors, comorbidities and information needs influence QoL outcomes in survivors of breast, colorectal, or prostate cancer, non-Hodgkin lymphoma or melanoma

Methods

Cross-sectional postal survey with eligible participants identified through the Victorian Cancer Registry. QoL outcomes were assessed by: EQ-5D-5L, Social Difficulties Index (SDI) and, for those employed at diagnosis and under 65 years old, current employment. Regression analyses explored associations between outcome variables and cancer type, age, time

since diagnosis, residential location, socio-economic disadvantage, comorbidities and unmet information needs. Mediation analyses examined whether relationships between outcome variables and socio-economic disadvantage were mediated by comorbidities and information needs.

Results

2115 survivors (45% response) participated. Mean EQ-5D-5L scores (mean=.84) were similar to population averages and SDI scores were low for the entire sample (mean=3.82). In multivariate analyses, being aged over 80, having greater socio-economic disadvantage, comorbidities and unmet information needs decreased EQ-5D-5L. Higher SDI scores were associated with socio-economic disadvantage, comorbidities and unmet information needs. Not being employed was associated with being aged over 50, more comorbidities and socio-economic disadvantage. Comorbidities but not information needs partially mediated the impact of socio-economic disadvantage on EQ-5D-5L and SDI, but not employment outcomes.

Conclusions

Survivorship care programs should consider the overall health of survivors and address any socioeconomic barriers that may limit access to health services. There is also a need to understand mechanisms by which socio-economic position influences QoL.

ORAL ABSTRACTS



SESSION 2 | QUALITY & EQUITY

Unequal experience of follow up care in Australian cancer survivors

Dr Colin Wood¹, Professor Victoria White², A/Professor Karla Gough¹, Dr Eli Ristevski³, Dr Kate Webber⁴, Mr Colin O'Brien⁵, Ms Nikki Davis⁵, Professor Raymond Chan⁶, Dr Karolina Lisy¹, Professor Michael Jefford¹

¹Peter MacCallum Cancer Centre, ²Deakin University, ³Monash University, ⁴Monash Health, ⁵Survivorship consumer advocacy, ⁶Flinders University

Biography

Dr Colin Wood is a Research Fellow in the Survivorship group within the Department of Health Services Research at the Peter MacCallum Cancer Centre.

Dr Wood earned his PhD investigating analysis of health data through applied machine learning involving assimilating and evaluating large, complex data sets, and recently completed a Master of Public Health at the University of Melbourne. Over 10 years of postdoctoral experience in qualitative and quantitative analysis, knowledge translation and evidence-based medicine at PeterMac, with a focus on inclusion of consumers in the complete lifecycle of clinical research.

His current research interest lies in identifying the role social determinants and clinical characteristics play in defining disparities in health outcomes and health-related quality of life. He is also active in exploring novel research methodologies based on monitoring routinely collected clinical data to generate new knowledge employing machine learning and data linkage.

Contributing to team based research alongside researchers with diverse skill sets to build capability in health services through innovation, grant submissions, developing linkages with external colleagues, and publishing work in peer-reviewed journals and presenting at conferences.

Background

Self-reported care experiences are an important metric to judge quality of survivorship

care. Cancer patient experience surveys conducted abroad suggest variation in care experiences between patients with different sociodemographic and clinical characteristics. This study explored variation in follow-up care experiences in a large Victorian sample of cancer patients.

Method

Cross-sectional survey completed on paper (multiple languages) and online (only English) of patients receiving cancer care in Victorian public hospitals in 2018. Experiences of follow-up care were assessed via 11 items covering monitoring for recurrence, check-ups, coping, staying healthy and knowing who is in charge. Responses were recoded to more or less positive experiences, and a composite index of follow-up care computed. Chi-square tests were used to examine associations between more or less positive care experiences, and sociodemographic and clinical characteristics. Multivariate regression was used to explore the association between care experiences during treatment and the composite index of follow-up care.

Results

4998 of 10,662 (47%) surveys were returned; 3771 respondents were receiving follow-up care. Younger age (<50 years), less common cancers (gynaecological, bladder, throat, kidney) and poor self-rated general health were frequently associated with less positive follow-up care experiences. For those who had completed treatment, less positive experiences were reported for 1244 of 3169 (39%) respondents on being provided a written care plan, 1234 of 3037 (41%) respondents on which new symptoms need investigation, 1259 of 3072 (41%) respondents on how people feel after finishing treatment, and 1154 of 3081 (37%) respondents on how to get extra support if needed. Experience of care coordination during treatment was an independent predictor of follow-up care experiences.

Conclusions

Large numbers of Australian cancer survivors report sub-optimal follow-up care experiences. More work is required to improve care coordination during treatment and care provision beyond treatment to ensure all patients receive equitable care quality.

ORAL ABSTRACTS



SESSION 2 | QUALITY & EQUITY

Using the EPIS framework to identify barriers and facilitators to the implementation of post-treatment cancer survivorship care in rural Queensland: a qualitative study

Dr Fiona Crawford-Williams^{1,2}, Ms Bianca Viljoen^{3,4}, Ms Martelle Ford³, Dr Belinda Goodwin^{3,4}, A/Professor Nicolas Hart^{1,2}, Professor Raymond Chan^{1,2}

¹Flinders University, ²Queensland University of Technology, ³University of Southern Queensland, ⁴Cancer Council Queensland

Biography

Dr Fiona Crawford-Williams completed an undergraduate Psychology degree before completing a PhD in Public Health in 2017. She then commenced a postdoctoral position at the University of Southern Queensland, in collaboration with Cancer Council Queensland, focusing on cancer survivorship care and service delivery in regional and remote areas. Fiona is currently a research fellow in cancer survivorship within the Caring Futures Institute at Flinders University.

Background

As the number of cancer survivors increases, improvements to the quality of post-treatment cancer care is required. Specialist-led follow-up continues to be most prevalent; however, this may fail to comprehensively meet cancer survivors' holistic supportive care needs. Specialist-led care also presents a challenge for cancer survivors living in rural areas who must travel to major centres for medical appointments.

Aims

The study aimed to gain the perspective of cancer survivors and health service providers across rural Queensland regarding the barriers and facilitators to implementing post-treatment survivorship care interventions.

Methods

Semi-structured interviews and focus groups were conducted with cancer survivors living in diverse rural locations, as well as local service providers including cancer nurses, community health workers, and support group coordinators. Data were analysed using a reflexive thematic analysis approach with codes mapped to the Exploration, Preparation, Implementation and Sustainment (EPIS) framework.

Results

21 cancer survivors, 4 carers and 12 service providers participated in the study. Barriers to the implementation of post-treatment services predominantly related to: availability of services, MBS funding and inter-organisational networks (outer context); consumer advocacy, individual characteristics and motivations (inner context); adaptability across different locations (innovation factors); as well as financial and logistical travel concerns (bridging factors). Telehealth options were considered viable, but many cancer survivors did not value web-delivered education. There was a push for wider recognition and referral to existing services; however, referrals need to be tailored to meet individual needs.

Conclusions

The current findings identify gaps in the current provision of post-treatment cancer care in rural Queensland. It appears that system and policy-level changes such as funding and referral processes would most effectively facilitate improvements to rural cancer survivorship care. Importantly, recommendations were similar across a diverse group of cancer survivors and health professionals in different communities.

ORAL ABSTRACTS



SESSION 3 | MODELS OF CARE, CARERS, ADVANCED CANCER

Exploring the impact of Counterpart's peer support program on survivors' well-being: findings from a qualitative study

Amanda Coop², Fiona Mcrae¹, Riva Sharina², Anna Uglade², Professor Victoria White², **Ms Kellie Holland¹**

¹Counterpart, ²Deakin University

Biography

Kellie worked for over 20 years as a nurse and midwife, and later as manager of the Women's Health Information Line for Women's Health Queensland. She has also worked as a research assistant at the Viertel Cancer Research Centre at Cancer Council Queensland.

For the past 10 years, she has worked at Counterpart, in the NFP sector, providing support for women with breast and gynaecological cancers and currently manages the delivery of programs and manages and supports a large volunteer team. She has a particular interest in peer support.

She recently co-authored a paper published in the Australian Journal of Cancer Nursing, which reported on the evaluation of a peer support program in the acute care setting

Background & Objectives

The number of women living with breast or gynaecological cancer is rising and there is a need for support beyond the traditional medical and healthcare system. To meet these needs, Counterpart offers a telephone based one-on-one peer support program that connects women with breast and gynaecological cancer, with trained survivors who provide practical and emotional support. Contrasting traditional peer support programs, Counterpart's program does not match support recipients to peers by cancer or demographic factors. Instead, the model allows women to connect to different peers at any point in the cancer trajectory

(diagnosis through to survivorship), ensuring women can learn from a range of survivor experiences. This study aimed to understand women's experiences of this novel model of peer support to assess its impact on cancer survivors' psycho-social wellbeing.

Methods

Semi-structured interviews with women with breast (n=15) and gynaecological cancer (n=2) who had participated in a one-on-one peer support program within the previous six months. Participants were interviewed via telephone between July and September 2021. Interviews were recorded, transcribed and thematic analysis undertaken. Data saturation was reached.

Results

Two major themes were identified. The first 'unique form of support', described women's reflection that peer support was different from the support offered by family/friends and health professionals that provides a sense of connection and community. The second theme 'impact of the program' related to outcomes from the program with peers seen as role-models who helped women build coping skills, improve communication with health professionals, and gain hope about the future.

Conclusions

Counterpart's novel model of peer support provides women with breast and gynaecological cancers a unique source of support that helps women to self-manage by providing mechanisms to normalise emotional responses, strategies to increase coping skills, and enhancing confidence in communicating with health professionals.

ORAL ABSTRACTS



SESSION 3 | MODELS OF CARE, CARERS, ADVANCED CANCER

Increasing access to fear of cancer recurrence treatment: engagement and preliminary efficacy of iConquerFear, a web-based fear of cancer recurrence self-management intervention

Dr Ben Smith^{1,2}, Ms Sharuja Jegathees^{1,2}, Dr Adeola Bamgboje Ayodele^{1,2}, Professor Phyllis Butow³, Professor Britt Klein⁴, Ms Marjory Salter¹, Mr Orlando Rincones¹, Dr Belinda Kiely⁵, Dr Karen Lim⁵, Ms Lisa Morstyn⁶, Ms Brigid Hanley⁷, Ms Rosemerry Hodgkin⁸, Ms Annette Beattie⁹, Professor Afaf Gurgis^{1,2}

¹South West Sydney Clinical Campuses, UNSW Medicine & Health, UNSW Sydney, ²Ingham Institute for Applied Medical Research, ³Psycho Oncology Co-operative Research Group (PoCoG), University of Sydney,

⁴Biopsychosocial and eHealth Research & Innovation (BeRI) and the DVC R&I Portfolio, Federation University Australia,

⁵South Western Sydney Local Health District, ⁶Breast Cancer Network Australia (BCNA), ⁷Cancer Council Queensland,

⁸Cancer Council Western Australia, ⁹Cancer Council New South Wales

Biography

Dr Ben Smith is a Senior Research Fellow at the Ingham Institute and University of New South Wales. Ben's research aims to ensure equitable access to high quality evidence-based survivorship care for all people living with cancer. He has a particular interest in fear of cancer recurrence and digital health interventions.

Background

Up to 86% of breast cancer survivors experience moderate-severe levels of fear of cancer recurrence (FCR), which is commonly reported as an unmet need. Efficacious face-to-face FCR interventions cannot feasibly meet this need. Web-based FCR self-management interventions can increase access to FCR treatment, but have shown limited efficacy to date, possibly due to sub-optimal intervention engagement.

Aim

To evaluate the feasibility of iConquerFear, a five-module, web-based self-management intervention for FCR in breast cancer survivors, by exploring factors associated with engagement and benefit achieved from usage.

Methods

Women with non-metastatic breast cancer participated in an online, single-arm pilot study evaluating iConquerFear. Participant characteristics were collected at baseline and post-intervention (10-weeks), and iConquerFear engagement (i.e., website login frequency, duration and activity) was measured across the 10-week intervention period. FCR was assessed using the validated 9-item Fear of Cancer Recurrence Inventory-Short Form. Qualitative feedback on engagement barriers/enablers was obtained from open-ended questions.

Results

Fifty-four of 65 eligible participants were recruited (83%). 47 participants had 10-weeks access to iConquerFear. 83% of those who had 10-weeks access to iConquerFear completed Module 1 (Introduction to FCR and goal setting), while 35% completed Module 5 (FCR treatment and relapse plans). Older age, lower baseline FCR, and no previous psychological treatment was associated with greater engagement ($p<0.05$). Medium-large reductions in mean FCR levels ($d=0.726$) were reported from pre-intervention ($M=18.3$, $SD=3.2$), to post-intervention ($M=15.5$, $SD=4.6$; $p<0.0001$). Qualitative feedback indicated engagement was enabled by beneficial content, such as attention training exercises, and limited by lack of time, technical issues, and inadequate representation of diverse cancer survivors.

Conclusion

iConquerFear is a feasible tool that generally engages breast cancer survivors and shows potential to reduce FCR. Suggested improvements focused on clearer navigation of the website and personalised content that resonates with all participants may help increase engagement.

ORAL ABSTRACTS



SESSION 3 | MODELS OF CARE, CARERS, ADVANCED CANCER

A systematic review of the unmet supportive care needs of close allies of men with prostate cancer

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Biography

Dr Rona Weerasuriya is a Senior Research Officer at CSI UNSW. She is involved in measuring and evaluating social impact. She is passionate about contributing to building capacity and empowering individuals, communities and organisations to contribute to the changes envisaged for society.

Rona is a qualitative researcher and implementation science specialist with extensive experience creating authentic narratives in partnership and collaboration with those who have relevant lived experiences that can contribute to and drive purposeful social change.

She has over a decade of experience in the community, primary and tertiary health sector, having led the evaluation of a range of projects to understand patient and healthcare professional experiences accessing and delivering health services, and commissioned programs focusing on youth mental health, chronic disease management, cancer screening and Aboriginal and Torres Strait Islander health and wellbeing initiatives.

Her contributions to teaching, research and evaluation at a local and global level have been acknowledged through appointments as an

Honorary Fellow at the Murdoch Children's Research Institute where she continues to supervise medical students, and as a Visiting Fellow at the United Nations University - International Institute for Global Health.

Background

Increases in prostate cancer (PC) survival have contributed to a corresponding rise in the number of people caring for a relative or friend with PC, known as close allies. Some close allies of men with PC experienced higher anxiety than patients, especially concerning disease recurrence. Thus, the need to understand challenges close allies may be facing in supportive roles is imperative. The aim of this systematic review was to identify the unmet supportive care needs of close allies of men with PC, and any differences in needs of close allies by patient treatment type.

Methods

Following PRISMA guidelines, four databases (PsychINFO, Embase, Medline, CINAHL) were searched to identify original research reporting unmet needs of close allies of men with PC. Needs were categorised by the Supportive Care Framework domains. Quality appraisals were performed using the Joanna Briggs Critical Appraisal Checklists.

Results

Of the 692 unique records identified, 13 articles were eligible (one mixed methods, six qualitative, & six quantitative). Unmet informational, emotional/psychological, physical, and practical needs were identified. Two studies mentioned the term "unmet support needs" within their primary aims. Limitations to study quality included small sample sizes and lack of cultural diversity/minority group or same sex couple representation in samples. Research which reported unmet need by treatment type was lacking despite this being an initial aim of this review.

Conclusions

These findings indicate a dearth in literature on the unmet needs of close allies of men with PC, and specifically in allies of men with advanced PC. Several informational and emotional/psychological needs of close allies are inadequately understood and/or acknowledged. This is an important gap to address with future research that should be dually aimed to understand unmet needs of close allies and design strategies to satisfy these needs to ultimately improve the quality of life of carers.

ORAL ABSTRACTS



SESSION 3 | MODELS OF CARE, CARERS, ADVANCED CANCER

The long haul: exploring the survivorship experiences of people with advanced colorectal cancer through a mixed-methods study

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Biography

Chloe Lim is a third year PhD student at The University of Sydney. She is exploring the survivorship experiences of people with advanced colorectal cancer. She is passionate about mental health, quality of life, and public health.

Background

Approximately 18% of all colorectal cancer (CRC) diagnoses are stage IV advanced cancer, while 30-40% of survivors with CRC who have received treatment with curative intent eventually develop recurrent disease. Survival from advanced colorectal cancer (CRC) can be prolonged through treatments including: cytoreductive surgery and hypothermic intraperitoneal chemotherapy (CRS-HIPEC), pelvic exenteration, liver resection, and palliative chemotherapy without surgery. Qualitative

research into survivors' experiences and needs of people receiving these treatments is lacking.

Aim

This study, through a mixed-methods design, aims to examine and compare the experiences and needs of people who receive different treatment(s) for advanced colorectal cancer.

Methods

Adult CRC survivors who have undergone the aforementioned treatments were recruited 0.5-2 years post-surgery (or 0.5-2 years post-diagnosis of advanced CRC for palliative chemotherapy participants). Quantitative data collected included demographic and clinical data, Functional Assessment of Cancer Therapy - Colorectal (FACT-C), Distress Thermometer, and Comprehensive Score for Financial Toxicity (COST). Participants completed a qualitative semi-structured telephone interview exploring quality of life, employment, finances, supportive care needs, social functioning, and impacts of COVID-19. Interviews underwent framework analysis, guided by quantitative scores.

Results

Analysis of 38 interviews (n=10 pelvic exenteration, n=9 liver resection, n=7 palliative chemotherapy, n=6 CRS-HIPEC, n=6 liver resection + CRS-HIPEC) revealed that treatment for advanced CRC may result in side effects that limit survivors' physical functioning, and can impact psychosocial wellbeing, sense of identity, and ability to work. Participants reportedly manage these challenges through distraction, positive reframing, and connecting with other CRC survivors. Most participants expressed satisfaction with their healthcare experiences. COVID-19 telehealth consultations were considered less personal, but convenient.

Conclusions

Advanced CRC survivors face unique challenges that impact several domains of their lives. Improved care co-ordination and monitoring of symptoms throughout follow-up is needed to better support advanced CRC survivors.

ORAL ABSTRACTS



SESSION 4 | PAEDIATRICS & AYA, TRANSITIONS

Identifying education and employment outcomes and support needs in young people diagnosed with cancer to inform intervention development

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Biography

Dr Jennifer Cohen is the Evaluation Manager at Canteen. Dr Cohen has a background as a paediatric dietitian; she worked at the Kids Cancer Centre at Sydney Children's Hospital for 15 years. Her primary research focus has been on health behaviours in children after cancer treatment. Dr Cohen holds a Senior Research Fellow position at the University of NSW and has over 30 scientific publications. Dr Cohen's current work at Canteen involves the development, implementation and evaluation of programs and services that Canteen provides to support young people impacted by cancer.

Introduction and Aims

Adolescents and young adults (AYAs) diagnosed with cancer experience disrupted engagement in education and employment due to cancer treatment and its ongoing effects. There are few evidence-based services that provide tailored support to help AYAs achieve their education and employment goals. We will use the Intervention Mapping (IM) framework to develop an Education & Career Support Service for AYAs aged 15-25 years. This study presents results from IM Step 1, which aims to inform intervention development by identifying the determinants of AYAs' education and employment outcomes.

Method

A cross-sectional survey examined education and employment outcomes, goals, and support

needs in AYAs aged 15-27 years who had been diagnosed with cancer. Results were analysed using descriptive statistics.

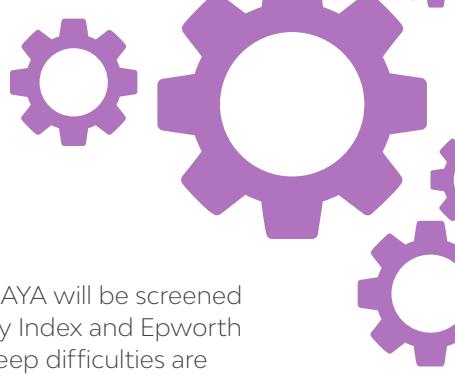
Results

Eighty-two AYAs participated in the survey (mean=21 years; 76% female; 83% finished cancer treatment). A smaller proportion of participants reported being fully engaged in education or employment than their same-age peers (66% and 78%, respectively; AIHW, 2021). Nearly two-thirds of AYAs reported having to change their education (65%) and employment (57%) goals due to cancer, citing physical or mental health, cancer symptoms, and skills or abilities as barriers to goal achievement. Most participants (84%) reported at least one unmet education or employment support need, centring on needing support to understand and manage the impacts of cancer when returning to study or work.

Discussion

AYAs reported that their engagement in education and employment was impacted by their cancer diagnosis and treatment. As young people's long-term well-being and societal participation is associated with education and employment engagement, it is vital that AYAs receive effective services to support them to achieve their goals. Insights on intervention targets and needs will be incorporated into Steps 2-5 of IM as we develop and evaluate a theoretically-driven, consumer-informed intervention for AYAs living with and beyond cancer.

ORAL ABSTRACTS



SESSION 4 | PAEDIATRICS & AYA, TRANSITIONS

AYA Can-Sleep: an evidence-based approach to the management of sleep difficulties in young cancer survivors

Ms Emma Vaughan¹, Dr Maria Ftanou¹, Kate Thompson², Dr Jeremy Lewin², Ilana Berger², Andrew Murnane², Professor Martha Hickey³, Professor Michael Jefford⁴, Dr Joshua Wiley⁵, A/Professor Jeremy Goldin⁶, Dr Dani Bullen¹, Dr Jo Phipps-Nelson⁷, Dr Jeremy Stonehouse⁶

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Biography

Emma is currently the project manager for the AYA Can-Sleep Program at Peter MacCallum Cancer Centre. Emma has experience working as a psychologist for the last 4 years. During this time, she has worked as the cancer care psychologist for Royal Darwin Hospital. She has previous experience running a research study with cancer patients, which included recruiting participants, collecting data, data analysis, and writing up 2 publications.

Background

Sleep problems are common among adolescent and young adult (AYA) cancer survivors. Cognitive Behaviour Therapy (CBT) is considered gold standard treatment for insomnia. Stepped care interventions developed for adults have been shown to improve the accessibility of CBT for treatment of sleep difficulties. These findings have not translated into routine clinical practice for Australian AYA, with no existing programs focused on identifying and addressing sleep difficulties within this age group. This study aims to implement and evaluate the first known stepped care program to treat sleep difficulties in AYA.

Methods

Over a 15-week period, 80 AYA will be screened using the Insomnia Severity Index and Epworth Sleepiness Scale. Where sleep difficulties are identified, AYA will complete further screening for obstructive sleep apnoea and restless leg syndrome and if identified will be referred to a tertiary sleep medicine service. All others will be offered a stepped care sleep program, the first step is a CBT self-management resource and coaching. AYA will be rescreened at 5 weeks and those with ongoing sleep difficulties will be offered the second step, individualised CBT. AYA and clinicians will complete evaluation surveys to assess the feasibility and acceptability of the AYA Can-Sleep Program.

Results

Recruitment for the study began in late October 2021. Seven AYA have been screened for the program; four have received the CBT self-management resource, one has been referred to the sleep medicine service and two had no sleep difficulties. The impact of the program and early learnings from the evaluation surveys will be discussed.

Conclusion

We seek to contribute to the evidence-base regarding screening and treatment of sleep difficulties in the AYA population, through implementation of the AYA Can-Sleep program, and determining its feasibility and acceptability as an approach to care in an Adolescent & Young Adult Cancer Service.

ORAL ABSTRACTS



SESSION 4 | PAEDIATRICS & AYA, TRANSITIONS

A systematic review of smartphone applications for cancer survivors

Ms Sophie Chima¹, Dr Krisha Changrani², **Dr Arun Sharma²**, Dr Gil-Gyu Han², Dr Anushka Sharma², Ms Mairead McNamara¹, Professor Michael Jefford³, Professor Jon Emery¹, Ms Paige Druce¹

¹Centre for Cancer Research and Department of General Practice, Victorian Comprehensive Cancer Centre, University of Melbourne, ²Royal Melbourne Hospital, ³Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre

Biography

Arun Sharma completed his medical degree from the University of Melbourne in 2021. He is completing his internship at the Royal Melbourne Hospital in 2022.

Purpose

Mobile phone apps are well-positioned to support, educate, and empower cancer survivors during post-treatment care. This review aims to assess the utility of these smartphone apps; determine whether their use correlates with improved quality of life and other self-reported outcomes; and understand the feasibility of integrating mobile apps into routine follow-up care.

Methods

MEDLINE, EMBASE, Emcare and PsycINFO databases were searched for studies evaluating apps that addressed at least one of the five Cancer Survivorship Care Quality Framework domains. Study results were narratively synthesised. Barriers and facilitators to uptake were mapped against the Technology Acceptance Model.

Results

Nineteen studies were included in this review. Only one randomised controlled trial (RCT) and one pilot-RCT were identified. Overall, mobile apps were feasible, acceptable, and well-placed to support survivorship care. Health promotion was the most predominant domain, primarily diet and exercise apps.

Moderate improvements were demonstrated in psychosocial and physical outcomes, but the domains of monitoring for cancer recurrence and management of co-morbidities were underrepresented. Barriers to uptake included greater time since active treatment, familiarity with technology, and content not tailored to the user. Improvements in implementation, design and appropriate co-interventions would facilitate optimal uptake in post-treatment care.

Conclusion

Mobile apps are both feasible and acceptable in supporting cancer survivors in follow-up care. However, understanding the utility of such apps is limited by the lack of large-scale, RCTs. Given the number of apps developed for, targeted towards, and available to cancer survivors, practical guidance to help cancer survivors choose apps that are appropriate support tools post-treatment is needed.

ORAL ABSTRACTS



SESSION 4 | PAEDIATRICS & AYA, TRANSITIONS

ReGenerate: a health, wellbeing and survivorship app for adolescent and young adult cancer survivors

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Biography

Samantha Van Staalduinens (Van-stahl-DO-nin) is the Statewide Educator for the ONTrac at Peter Mac Victorian Adolescent and Young Adult Cancer Service here in Melbourne. An educationalist with a Master of Medical Education from the University of Sydney, Sam specialises in the design and development of multidisciplinary postgraduate and CPD programs, with a particular interest in e-learning.

Background

AYA survivors experience a range of poor physical and psychosocial outcomes compared to healthy peers but may not actively seek help in addressing their survivorship needs. Digital health interventions are one approach to supporting young people's long-term health and wellbeing whilst overcoming traditional barriers to care. This project sought to develop and pilot an app that provides AYA-specific education and tools to support young people's transition to life post-treatment.

Method

ReGenerate was developed as a partnership between AYA specialist clinical, academic and commercial creative entities and created through a process of co-design with young people. The result was nine educational modules each comprising interactive text, videos and youth-hosted podcasts, integrated with tools and features to support self-

management. Usability, feasibility and acceptability of the app were explored via cross-sectional survey incorporating the youth-validated Mobile Application Rating Scale (uMARS), administered electronically after three weeks of app use to a purposive convenience sample of AYA 3-24 months post-treatment.

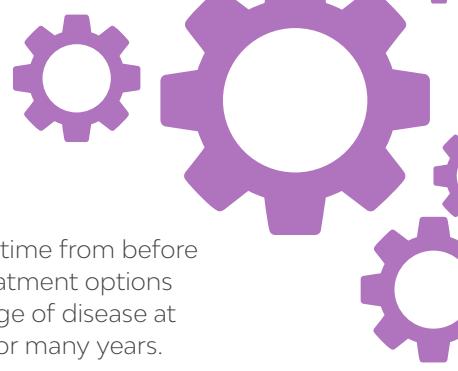
Results

29 AYA cancer survivors aged 15-25 years ($M = 22.4$, $SD = 2.7$) with a range of diagnoses completed the survey. The uMARS app quality mean score was 4.0 (out of 5.0), with high levels of agreement with the app's perceived impact on user knowledge (89.3%), intentions (85.7%), attitudes (82.7%) and help-seeking behaviour (79.3%) in relation to the improvement/management of post-treatment health and wellbeing. Behaviour change was most frequently reported for physical rather than psychosocial domains (exercise = 93.1%; fatigue = 55.2%; diet and nutrition = 48.3%). All respondents would recommend or consider recommending ReGenerate to other AYA survivors.

Conclusion

Results support ReGenerate's potential to improve self-management, help support unmet information needs and promote post-treatment health and wellbeing for Australian AYA cancer survivors. Future work will explore long term use of the app and real versus perceived impact on health and health-related behaviours.

ORAL ABSTRACTS



SESSION 5 | CONSUMER PERSPECTIVE & LATE EFFECTS

Living with heritable retinoblastoma and the perceived role of regular follow-up at a retinoblastoma survivorship clinic: "That is exactly what I have been missing".

Dr Sandra Staffieri^{1,2}, Dr Pernille Grergersen^{3,4,5}, Dr Mikkel Funding⁶, Dr Jan Alsner³, Ms Maja Olsen⁷, Professor Jens Overgaard³, Dr Steen Urbak⁶, A/ Professor Stina Lou^{8,9}

¹Department of Ophthalmology, Royal Children's Hospital, ²Centre for Eye Research Australia, ³Department of Experimental Clinical Oncology, Aarhus University Hospital, ⁴Department of Clinical Genetics, Aarhus University Hospital, ⁵Centre for Rare Disorders, Department of Pediatrics, Aarhus University Hospital, ⁶Department of Ophthalmology, Aarhus University Hospital, ⁷Survivorship and Inequality in Cancer, Danish Cancer Society Research Center, ⁸Defactum - Public Health & Health Services Research, Central Denmark Region, ⁹Centre for Fetal Diagnostics, Aarhus University Hospital

Biography

Dr Sandra Staffieri is a Clinical and Research Orthoptist with over 35 years' experience working at the Royal Children's Hospital, Victoria. She developed the unique role of Retinoblastoma Care Co-ordinator for the Department of Ophthalmology and is affiliated with the Centre for Eye Research Australia, the MCRI and the University of Melbourne. Dr Staffieri is active in retinoblastoma research with a focus on raising awareness of early signs of the disease, translation of genetic testing for familial or heritable retinoblastoma and long-term survivorship.

To improve timely diagnosis of retinoblastoma, supported by an NHMRC Post-graduate scholarship, her doctoral study developed and evaluated a sustainable education program for new parents to raise awareness of the early signs of paediatric eye disease.

Background

Retinoblastoma is the most common intraocular childhood malignancy, where tumours arise

in one or both eyes at any time from before birth to 5 years of age. Treatment options are determined by the stage of disease at diagnosis, and continues for many years.

As the most survivable of all the paediatric cancers, side- and late-effects of treatment (physical and psychosocial) are well-documented. Additionally, 40% of people with retinoblastoma will harbour a germline RB1 mutation with a subsequent predisposition to developing second, primary malignancies during their lifetime for which ongoing surveillance is required. Currently, there are no formal guidelines or disease-specific surveillance programs for retinoblastoma survivors in Australia.

Understanding the survivor perspective can inform programs aimed at providing support to achieve optimal outcomes and quality of life.

Aim

To explore living with heritable retinoblastoma as an adult and the impact of a disease-specific survivorship clinic in Denmark.

Methods

In this exploratory, qualitative study, ten heritable retinoblastoma survivors in Denmark were interviewed following a semi-structured interview guide. Audio recordings were transcribed verbatim and thematically analysed for common themes and sub-themes.

Results

Five overarching themes relating to vision, social life, family planning, second cancer risk and the healthcare system were identified. Subthemes relating to the newly established Retinoblastoma Survivorship clinic included the value of a co-ordinator, psychosocial support and understanding genetics relating to their second cancer risk were characterised.

Conclusions

Although a rare disease, most retinoblastoma survivors will require lifelong clinical and psychosocial care or surveillance. The recurring themes and ideas identified in this study could inform and support the development and implementation of retinoblastoma survivorship programs in Australia. Developing a sustainable framework within which Australian retinoblastoma survivors can be provided with appropriate, timely and relevant information is critical to their empowerment, control of their own health care and optimising health outcomes.

ORAL ABSTRACTS



SESSION 5 | CONSUMER PERSPECTIVE & LATE EFFECTS

Self-management support for cancer-related fatigue: a systematic review

Miss Andi Agbejule, Professor
Raymond Chan¹, Miss Megan Crichton²,
Dr Stuart Ekberg², Dr Nicholas Hart¹

¹Flinders University, ²Queensland University of Technology

Biography

Andi is a cancer researcher with the Cancer Survivorship program. Andi has worked clinically as a radiotherapist and completed her Bachelor of Radiation Therapy in 2018. She is currently completing a post-graduate research degree on enhancing the provision of self-management support for cancer survivors experiencing cancer-related fatigue. Andi has an interest in fitness and healthy living. Her passion is to improve the quality of life and experiences of people living with cancer.

Background

Cancer-related fatigue is one of the most common and distressing symptoms in people with cancer. Effective management of cancer-related fatigue requires cancer survivor self-management; however, there is limited understanding of how to provide optimal self-management support. This systematic review examines the theories, processes, components, and effectiveness of self-management support interventions for individuals experiencing cancer-related fatigue.

Methods

CINAHL, PubMed, Cochrane CENTRAL, and EMBASE were searched (from inception to June 2021) for randomised controlled trials examining self-management support interventions for cancer-related fatigue. Data were screened, extracted, and appraised by two authors. Data extraction was guided by the Self-management Support Taxonomy. A critical narrative synthesis was conducted.

Results

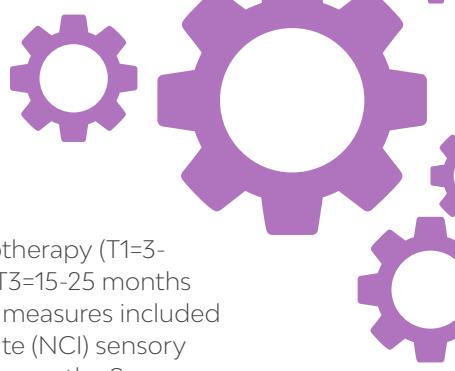
Fifty-one papers representing 50 different studies ($n= 7,383$) were identified. Most interventions were delivered post-treatment

(40%) using in-person encounters (40%) and were facilitated by health professionals (62%). Thirty-one studies (62%) described a specific behaviour change theory to guide their self-management support intervention development. Twenty-nine interventions ($n=29/50$; 58%) had a positive effect for fatigue immediately post-intervention. Of these 29 interventions, 10 (34%) had a sustained positive effect on fatigue over follow-up periods. Self-management support that was underpinned by behavioural theory, delivered after cancer treatment, facilitated by health professionals, and incorporating at least one in-person contact appears to produce the most favourable fatigue and behavioural outcomes.

Implications

Cancer-related fatigue is an unmet need of cancer survivors, with individuals reporting they feel dissatisfied with the level of support they receive. To improve fatigue and behavioural outcomes, it is recommended that support be guided by a behavioural theory that is applied in intervention development, implementation, and evaluation; that program facilitators receive adequate support training; and that the support delivery preferences of cancer survivor are sought. Future research should incorporate adequate intervention follow-up to sufficiently evaluate the impact of programs on cancer-related fatigue and associated self-management behaviours.

ORAL ABSTRACTS



SESSION 5 | CONSUMER PERSPECTIVE & LATE EFFECTS

Trajectories of symptom improvement in cancer survivors with chemotherapy-induced peripheral neurotoxicity

Ms Tiffany Li¹, Dr Hannah C Timmins¹, Dr Terry Trinh², Professor Lisa G Horvath³, Dr Michelle Harrison³, A/Professor Peter Grimson³, Professor Matthew C Kiernan¹, Professor David Goldstein^{2,4}, A/Professor Susanna B Park¹

¹Brain and Mind Centre, The University Of Sydney, ²Prince of Wales Clinical School, UNSW, ³Chris O'Brien Lifehouse, ⁴Prince of Wales Hospital

Biography

Tiffany is a PhD student at the University of Sydney investigating outcome measures, risk factors and phenotypes of chemotherapy-induced peripheral neurotoxicity (CIPN). Her thesis aims to identify optimal measures of CIPN for use in both the clinical and research settings as well as document the development, progression and recovery of CIPN for patients undergoing neurotoxic cancer treatment. Tiffany has been working in the field of clinical neurophysiology for over 4 years and has a background of Master of Biostatistics.

Background

Chemotherapy-induced peripheral neurotoxicity (CIPN) is a common side effect of neurotoxic cancer treatment producing numbness, tingling and pain in hands and feet. Although CIPN may persist for years post-treatment completion, little is known about CIPN outcomes in cancer survivors. This study aimed to evaluate the trajectory of CIPN improvement using clinical and neurological grading, patient reported outcomes (PRO) and semi-objective sensory measures.

Method

Patients treated with neurotoxic chemotherapies (taxanes, platinums, vinca-alkaloids, bortezomib, thalidomide) were longitudinally assessed at three timepoints

post-completion of chemotherapy (T1=3-4months, T2=6-8 months, T3=15-25 months post-treatment). Outcome measures included the National Cancer Institute (NCI) sensory neuropathy scale, Total Neuropathy Score, clinical version (TNSc), a sensory neuropathy PRO (CIPN8, range 0-100), and semi-objective sensory measures on the upper limb (grating orientation task (GOT), Von Frey monofilaments (VF)). Assessment scores over time were assessed using ANOVA and between timepoints using paired t-test. Results presented as mean \pm SD.

Results

163 patients (mean age 55.2 \pm 11.8years, 67.3% female) were assessed, with 107 patients (65.6%) developing CIPN of any grade by T1. There was significant improvement in mean NCI grade over time ($P<0.001$). Patient reported CIPN severity improved by T2 compared to T1 (CIPN8=21.2 \pm 15.8 vs 16.5 \pm 14.9, $P<0.001$), but remained stable at T3 (CIPN8= 16.6 \pm 15.9). On neurological grading scale (TNSc) and both semi-objective sensory measures, there was no improvement until T3 compared to T1 (TNSc= 3.8 \pm 2.6 vs 4.7 \pm 2.6, $P<0.001$, GOT= 3.7 \pm 1.7mm vs 4.3 \pm 2.5mm, $P<0.01$, VF= 0.4 \pm 0.5mN vs 2.7 \pm 10.4mN, $P<0.05$).

Conclusion

CIPN remains a significant side effect, affecting 65.6% of cancer survivors treated with neurotoxic treatment. While patient-reported symptoms improved by 6-8 months, there was no further improvement thereafter. In contrast, neurological and sensory tests did not show improvement until 15-25 months post-treatment, suggesting differences between patient perception and objective assessment of neurotoxicity.

ORAL ABSTRACTS



SESSION 6 | PREHABILITATION / REHABILITATION & PROMS

Cancer survivors improve return to work and health outcomes through exercise physiology delivered in-person and/or via telehealth

Mr Chris Sinclair¹, Mrs Simone Fox²,
Ms Kate Tynan², Ms Niamh Mundell³,
Ms Lauren Reynolds², Ms Manasi Raje²,
Dr Vicky Phillips¹

¹EXPHYS, ²AIA Australia, ³School of Exercise and Nutrition Sciences, Faculty of Health, Deakin University

Biography

Chris holds 17 years clinical exercise physiology experience, following 1st class honours (research) from the University of Otago, Dunedin, New Zealand. He has worked in high performance, corporate health, injury and illness rehabilitation, and medico-legal.

He has represented the Australian exercise physiology profession (Exercise and Sports Science Australia, ESSA), as a subject matter expert on several projects and governmental reviews over the past 15 years.

Chris specialises in exercise oncology, pain science, fatigue science, and mental wellbeing.

As founding co-director of EXPHYS, Chris leads an Australasian team of 20 exercise physiologists that specifically serve the injury and illness insurance industry in Australia and New Zealand.

Simone Fox – Head of Shared Value Partnerships, AIA Australia

Simone has a background in nursing and occupational rehabilitation and has over 20 years' experience working in the insurance industry in both workers compensation and life insurance. She joined AIA 7 years ago. Simone has a strategic role and is responsible for the claims wellbeing customer value proposition and she is also responsible for the shared value strategy at AIA Australia.

She is passionate about supporting customers with mental health conditions, cancer and chronic pain. Simone currently represents the Financial Services Council on the HBGW

Signatory Steering Group and chairs the Communication Subcommittee.

Background

In Australia, 60% of cancer survivors do not meet recommended exercise guidelines. We therefore aimed to evaluate the effectiveness of exercise physiology for return to work (RTW) and health outcomes in adults with a cancer diagnosis claiming life insurance income protection.

Method

This is a single-arm retrospective evaluation of 45 income protection claimants with cancer aged between 26-63 years (mean 52 years) referred for exercise physiology from an Australian life insurance company. Average claim duration prior to participation was 1 year 5 months. The intervention comprised of 6-12 hours (mean 7 hours) of exercise physiology over 5-48 weeks (mean duration 19 weeks), delivered either in-person and/or via telehealth. RTW outcomes were confirmed against claims data at completion of exercise physiology and again 6-months post. Patient-reported outcomes measured at completion included habitual physical activity (Godin Leisure-Time), fatigue (Multidimensional Fatigue Inventory), and mental health (Depression Anxiety Stress Scale). All claimants provided informed consent to participate.

Results

Claimants worked on average 35 hours/week pre-cancer. Average working hours increased from 5 hours/week to 18 hours/week at completion of the intervention (267%). At 6-months following completion, working hours further increased to 23 hours/week (35% improvement from commencement). Physical activity scores improved from 12 (below recommended score of 25 for cancer survivors) to 35. Physical fatigue levels improved by 36%. All mental health domains improved to normal clinical levels (from mild or moderate severity), with reductions in depression, anxiety, and stress by 41%, 43% and 39% respectively.

Conclusion

Exercise physiology delivered in-person and/or via telehealth increased habitual physical activity levels and improved RTW, fatigue and mental health outcomes in cancer survivors on income protection claim. Life insurers have an opportunity to improve health and work outcomes for claimants with a cancer diagnosis by including access to exercise physiology.

ORAL ABSTRACTS



SESSION 6 | PREHABILITATION / REHABILITATION & PROMS

The feasibility of 'Beyond Cancer', a support intervention for transitioning back to 'good' work following breast cancer

Dr Dianne Sheppard¹, A/Professor Georgia Halkett², A/Professor Moira O'Connor², Ms Dorothy Frost³, Professor Michael Jefford^{4,5}

¹Monash University, ²Curtin University, ³MedHealth, ⁴Peter MacCallum Cancer Centre, ⁵The University of Melbourne

Biography

Dr Sheppard is a Senior Research Fellow at Monash University Accident Research Centre (MUARC) and an active researcher in the Victorian Injury Surveillance Unit (WISU) pursuing research in the area of risk screening and facilitating returning to work for those with chronic conditions and injuries. Her expertise is in the area of work-related disability prevention, in particular, screening for psychosocial barriers that increase risk of delayed recovery and designing and implementing tailored interventions to improve work readiness and facilitate return to work. Most recently, Dianne has been awarded an NBCF grant to develop, implement and evaluate an innovative, tailored 'return to work support' intervention for breast cancer survivors. Dr Sheppard has had considerable experience with project management, such as overseeing project recruitment and intervention implementation, results interpretation, report writing, chairing team and expert panel meetings, and contributing to research translation (report dissemination, conference presentations and journal publications).

Background/Aims

There is a recognised gap in services to support breast cancer (BrCa) survivors to return to sustainable work, as part of returning to wellness.

Method

Beyond Cancer, a tailored multimodal return to work (RTW) support intervention, was co-developed by a multidisciplinary team including industry representatives, clinicians, researchers, Cancer Council and consumer representatives. It was delivered largely face-to-face by trained occupational rehabilitation (OR) consultants within the life insurance sector; key components included individualised health coaching, RTW planning and monitoring, and employer education & support. Surveys and interviews with participants, and a consultant focus group examined perceived effectiveness and acceptability. Eligible participants were being / had been treated for BrCa and were referred to the Beyond Cancer program through their life insurer as part of their rehabilitation claim.

Results

Eighty-four females with BrCa working prior to diagnosis were referred to Beyond Cancer between Feb 2019 - Feb 2021. Fifty-five BrCa survivors continued beyond initial assessment; health- and treatment-issues were key barriers to participation. Average program duration was 33 weeks with 78% participating in at least 2 components of the program; however, employer education and support component was not often utilised / required by this cohort. Preliminary indications of effectiveness were 70.9% fully or partially RTW, and significant improvement in a range of biopsychosocial factors at follow up, including quality of life, beliefs, perceptions and expectations around health and work, fatigue and cognitive symptoms. Qualitative feedback from consultants and program participants indicated that participation was beneficial, providing validation that their experience was a normal response to their circumstances, and assisting with goal setting to move toward work readiness.

Conclusions/Implications

Preliminary evidence has shown that Beyond Cancer is effective in supporting women with BrCa to return to wellness and work and is acceptable to consultants and survivors.

ORAL ABSTRACTS



SESSION 6 | PREHABILITATION / REHABILITATION & PROMS

How do we improve nutrition care and information for cancer patients? Exploration of patient, carer and health professional access, perceptions and practices: a mixed-methods stud.

Ms Jenelle Loeliger¹, Ms Rebecca McIntosh¹, Ms Vanessa Hughes¹, Ms Jane Stewart¹, Dr Alexis Butler², Ms Samantha Chandler³, Mr Keith Donohoe³, Ms Andrea Elliott⁴, Ms Tanith Lamaro⁵, Ms Kate Kaegi⁶, Ms Helana Kelly⁷, A/Professor Nicole Kiss⁸, Ms Katherine Lane⁹, Ms Kathy Quade¹⁰, Ms Liz Simkiss¹¹, Ms Natalie Simmance¹², Ms Wendy Swan¹³, Ms Tania Wohling¹¹, Professor Jill Francis^{14,15}

¹Nutrition & Speech Pathology Department, Peter MacCallum Cancer Centre, ²GP Liaison Service, Peter MacCallum Cancer Centre, ³Consumer representative, ⁴Eastern Health, ⁵Access Health & Community, ⁶Austin Health, ⁷Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ⁸Institute for Physical Activity and Nutrition, Deakin University, ⁹Cancer Council Victoria, ¹⁰Western Central Metropolitan Integrated Cancer Services, ¹¹Victorian Government, ¹²St Vincent's Hospital Melbourne, ¹³Goulburn Valley Health, ¹⁴Department of Health Services Research & Implementation Science, Peter MacCallum Cancer Centre, ¹⁵School of Health Sciences, University of Melbourne

Biography

Jenelle is an Advanced Accredited Practising Dietitian and the Joint Head of Nutrition and Speech Pathology at Peter MacCallum Cancer Centre in Melbourne. Jenelle has a strong interest in innovative clinical research and quality improvement activities and using a strategic approach to improve outcomes for patients with cancer and their carers. A particular area of interest is the implementation of pragmatic clinical strategies for malnutrition and sarcopenia. She also provides leadership to the Victorian Cancer Malnutrition Collaborative program of work, working with collaborative partners to reduce the burden of cancer malnutrition on patients.

Aims

Gaps in nutrition information and care provision to cancer patients may lead to poor outcomes. This study aimed to investigate (1) patient/carer access and perceptions, (2) health professional (HP) views and practices, relating to cancer nutrition information and care.

Methods

Cancer patients/carers with a diagnosis in the previous five years, recruited through Victorian health services and cancer consumer networks, completed a study-specific online consumer survey. Teams of 4-7 multidisciplinary cancer HP's from seven health services (hospital and primary care settings) were formed and invited to participate in (1) a study-specific online HP survey and (2) a team key informant interview. Key informant interviews were recorded, transcribed and thematically analysed.

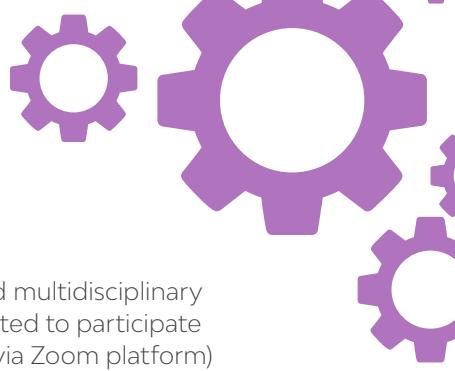
Results

Of 104 consumer survey respondents (n=97 patients, n=7 carers), 61% agreed that it 'took too much time to find evidence-based nutrition and cancer information' and 46% saw a dietitian. Most frequent barriers to accessing nutrition care were 'I did not know I could', 'I was not offered', 'I do not understand the different services available'. Thirty-four of 38 HPs (89% response rate) completed the HP survey and 30 of these HPs participated in a team interview. HP survey responses indicated nutrition care and referral communication from hospital to primary care was poor and confidence was low in identifying post-treatment nutrition services for patients. HP surveys and interviews identified the greatest barriers to delivering nutrition care were lack of referral services, knowledge/skill gap to identify nutrition issues or provide care, and time to identify nutrition and referral issues.

Conclusions

This study has shown access and support for cancer nutrition information and care for patients/carers could be improved with better communication, training and confidence-building strategies by HP. Findings will inform the design of interactive cancer nutrition resources and strategies for implementation of evidence-based nutrition care and information across multiple health settings.

ORAL ABSTRACTS



SESSION 6 | PREHABILITATION / REHABILITATION & PROMS

Creating interactive cancer nutrition care resources through a co-design process with patients, carers and health professionals

Ms Rebecca McIntosh¹, Professor

Jill Francis^{2,3}, Ms Vanessa Hughes¹, Ms Jane Stewart¹, Dr Alexis Butler⁴, Ms Samantha Chandler⁵, Mr Keith Donohoe⁵, Ms Andrea Elliott⁶, Ms Tanith Lamaro⁷, Ms Kate Kaegi⁸, Ms Helana Kelly⁹, Ms Nicole Kiss¹⁰, Ms Katherine Lane¹¹, Ms Kathy Quade¹², Ms Liz Simkiss¹³, Ms Natalie Simmance¹⁴, Ms Wendy Swan¹⁵, Ms Tania Wohling¹³, Ms Jenelle Loeliger¹

¹Nutrition & Speech Pathology Department, Peter MacCallum Cancer Centre, ²Department of Health Services Research & Implementation Science, Peter MacCallum Cancer Centre, ³School of Health Sciences, University of Melbourne, ⁴GP Liaison Service, Peter MacCallum Cancer Centre, ⁵Consumer representative, ⁶Eastern Health, ⁷Access Health & Community, ⁸Austin Health, ⁹Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ¹⁰Institute for Physical Activity and Nutrition, Deakin University, ¹¹Cancer Council Victoria, ¹²Western Central Metropolitan Integrated Cancer Services, ¹³Victorian Government, ¹⁴St Vincent's Hospital Melbourne, ¹⁵Goulburn Valley Health

Biography

Rebecca is an Accredited Practising Dietitian with experience working across the acute, sub-acute and primary healthcare setting. She currently works as Project Officer for the iCanEAT project at Peter Mac, implementing the CanEAT nutrition care pathway which was co-designed to help people with cancer, carers and health professionals achieve and deliver optimal nutrition care.

Aims

Unwarranted variation in access and provision of nutrition information to cancer patients is a concern. This study aimed to develop interactive cancer nutrition resources to meet the needs of patients, carers and health professionals (HPs), to support optimal nutrition care provision.

Methods

Cancer patients, carers and multidisciplinary HPs (target n=20) were invited to participate in four virtual workshops (via Zoom platform) between June and September 2021, utilising experience-based co-design. An iterative process was undertaken to identify nutrition information priority areas, design and refine resources until final product completion. Workshop participants were invited to complete a purpose-designed questionnaire based on the Theoretical Framework of Acceptability (TFA) at the conclusion of each co-design workshop (excluding workshop 1) to measure end-user acceptability of resources.

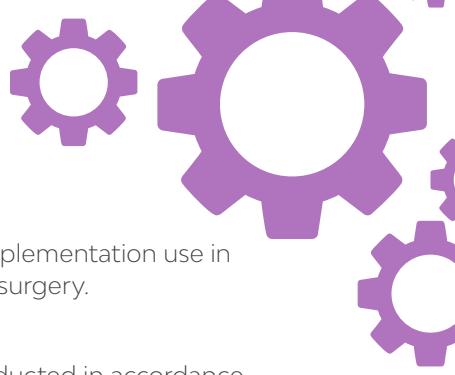
Results

Twenty participants took part in workshops 1-4 (n=10 patients/carers, n=10 HPs) and 46 resources were developed. Formats included a postcard, infographic factsheets (on cancer types, steps in the cancer path and key aspects of nutrition care and information), animations and toolkits for both patients/carers and HPs. At the conclusion of workshop 4, end-user acceptability of the new resources had increased across all seven TFA domains between workshop 2 and 4, as rated by workshop participants. High intervention coherence (acceptability component) was reported by patients/carers and HPs, with 97% agreeing or strongly agreeing that 'content in the resources was easily understood and made sense'. Low self-efficacy (acceptability component) was reported by patients/carers and HPs with 76% agreeing or strongly agreeing that 'using the resources increased confidence in accessing nutrition information and/or nutrition care'.

Conclusions

This study has seen the development of interactive cancer nutrition resources with high acceptability to patients, carers and HPs. The new resources will undergo end-user clinical utility testing at implementation sites to assess acceptability in clinical practice across multiple health settings.

ORAL ABSTRACTS



SESSION 6 | PREHABILITATION / REHABILITATION & PROMS

Investigating the recommendations on the surveillance and supplementation of vitamins and minerals in cancer survivors after upper gastrointestinal surgery with curative intent: a scoping review

Miss Kirsten Javier¹, Ms Sheena Singh², Professor Janette Vardy^{3,4}, Dr Cindy Tan^{3,4}

¹University of Sydney, Discipline of Nutrition and Dietetics, Sydney Nursing School, Faculty of Medicine and Health,
²Nutrition and Dietetics Department, Concord Hospital,
³Concord Cancer Centre, Concord Hospital, ⁴Sydney Medical School, University of Sydney

Biography

Kirsten Javier graduated from the University of New South Wales in 2019 with a Bachelor of Science, majoring in Food Science and Physiology. She completed her Masters of Nutrition and Dietetics from the University of Sydney in 2021. Kirsten was given the opportunity to work with Sydney Cancer Survivorship Clinical team to explore nutrition-related issues in UGI cancer survivors during MND. While she is looking for clinical work, she continues to volunteer her time to work with the SCSC team.

Background

Early stage upper gastrointestinal (UGI) cancer patients are primarily treated with surgery for curative intent. These surgeries can affect gastrointestinal functions which compromise nutritional status and quality of life. There is no standard practice for survivorship nutrition care in UGI cancer survivors, despite the increased risk of nutritional issues. The aim is to explore the literature on the long-term use and surveillance of vitamin and mineral status in UGI cancer survivors after surgery. The following research questions were used to guide the review: what the guidelines are and/or recommendations available and the prevalence

of vitamin and mineral supplementation use in UGI cancer survivors after surgery.

Methods

A scoping review was conducted in accordance with the Joanna Briggs Institute methodology. Databases searched included Medline, Embase, CINAHL, Scopus, Cochrane and PsycINFO. Additional sources included relevant government websites, guidelines, nutrition and cancer organisations. Searchers were limited to publication in English and between 2010 to September 2021. Abstracts (574 studies) were screened based on the eligibility criteria and the relevant data was extracted from 21 studies.

Results

Twenty-one studies were identified; nine narrative reviews, one systematic review, two consensus, six practice guidelines and three expert opinions. Three practice guidelines did not mention vitamin or mineral supplementation but recommended follow up nutrition support. There were no international guidelines or consensus recommendations on vitamin and minerals in UGI cancer survivors. Thirteen studies suggested vitamin or mineral supplementation and twelve studies recommended surveillance of vitamin and mineral status. Three studies reported the prevalence of supplement use.

Conclusion

Evidence-based clinical guidelines are lacking on vitamin and mineral supplementation use in UGI cancer survivors. Studies suggest these patients are at risk and may benefit from vitamin and mineral supplementation and surveillance. Future research is required to obtain more robust evidence on UGI cancer survivorship nutrient status and supplementation.

ORAL ABSTRACTS



SESSION 6 | PREHABILITATION / REHABILITATION & PROMS

Maintaining supportive and survivorship care throughout COVID-19: the role of remote patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs)

Dr Olivia Cook^{1,2}, **Mr Alastair Kwok^{3,4}**, Dr Kate Webber^{3,4}, Dr Michelle White³, Professor Eva Segelov^{3,4}

¹Nursing and Midwifery, Monash University, ²McGrath Foundation, ³Department of Oncology, Monash Health, ⁴School of Clinical Sciences, Monash University

Biography

Mr Alastair Kwok is a Research Officer at the Monash Health Oncology Department. Since July 2019, he has been assisting on the Monash Health research project: "Real-time collection and use of patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) in outpatient oncology."

Background

The continued impact of the COVID-19 pandemic and the sustained use of telehealth poses challenges for supportive care needs assessment. Remote collection of PROMs and PREMs in conjunction with telehealth can inform provision of supportive care. We explored perceptions and experiences of patients and clinicians in relation to remote PROMs and PREMs for telehealth oncology consultations.

Method

Patients completed a suite of electronic PROMs and PREMs at home, up to two days prior to their scheduled consultations. Patient responses were made available to the treating clinician, along with algorithms to direct supportive care provision and referrals. A convergent mixed methods design was employed to evaluate the process in May 2021, incorporating a clinician focus group, patient interviews, and patient

surveys. Data were subjected to an inductive content analysis (qualitative) and descriptive statistics (quantitative).

Results

A clinician focus group (n=15), nine patient telephone interviews (67% female, all aged ≥50), and 57 patient surveys (68% female, 88% aged ≥50) were completed. Clinicians reported that PROMs and PREMs bridged gaps in assessment and communication due to telehealth which was in concordance with patient reports. Clinicians shared their tips for integrating PROMs and PREMs into their telehealth consultations but desired better systems integration. Sixty-eight percent of patients surveyed reported that their clinician discussed the concerns they raised on the questionnaires, of whom the majority (75%-89%) received further information and/or referrals to address concerns. Other patients expressed dissatisfaction when their PROMs and PREMs responses were not discussed by their clinician.

Conclusion

Both patients and clinicians perceived that remote completion of PROMs and PREMs supported assessment and communication in telehealth consultations. PROMs and PREMs data contributed to continued information provision and supportive care referrals during COVID-19. It is recommended that clinicians always discuss PROMs and PREMs responses with patients and incorporate into their consultations.

ORAL ABSTRACTS



SESSION 6 | PREHABILITATION / REHABILITATION & PROMS

Priority recommendations for the implementation of patient reported outcomes in clinical cancer survivorship care: a delphi study

Dr Carolyn Mazariego¹, Professor Michael Jefford^{2,3}, Professor Raymond Chan⁴, Dr Natasha Roberts^{5,6}, Ms Lesley Millar⁷, Dr Antoinette Anazodo^{8,9,10}, Ms Sue Hayes¹¹, Dr Bena Brown¹², Professor Christobel Saunders⁷, Dr Kate Webber^{13,14}, Professor Janette Vardy^{15,16}, Professor Afaf Gurgis¹⁷, Professor Bogda Koczwara^{18,19}

¹The Daffodil Centre, The University of Sydney, a joint venture with Cancer Council NSW, ²Department of Health Services Research, Peter MacCallum Cancer Centre, ³Sir Peter MacCallum Department of Oncology, University of Melbourne, ⁴Caring Futures Institute, College of Nursing and Health Sciences, ⁵Metro North Health Service, ⁶University of Queensland Centre for Clinical Research, ⁷Medical School, University of Western Australia, ⁸School of Women's and Children's Health, University of New South Wales, ⁹Kids Cancer Centre, Sydney, Sydney Children's Hospital, ¹⁰Nelune Comprehensive Cancer Centre, Prince of Wales Hospital, ¹¹Consumer representative, Patients First: The Continuous Improvement in Care-Cancer Project, ¹²Wellbeing and Preventable Chronic Diseases Division, Menzies School of Health Research, Charles Darwin University, ¹³School of Medical Sciences, Monash University, ¹⁴Oncology Department, Monash Health, ¹⁵Sydney Medical School, University of Sydney, ¹⁶Concord Cancer Centre, Concord Hospital, ¹⁷Ingham Institute for Applied Medical Research, South Western Sydney Clinical School, University of New South Wales, ¹⁸Department of Clinical Oncology, Flinders Medical Centre, ¹⁹Flinders Health and Medical Research Institute, Flinders University

Biography

Dr Carolyn Mazariego-Jones is early career cancer survivorship researcher who uses behavioural research and implementation science to understand and improve quality of life and psychosocial aspects of cancer care.

Background

Direct input from cancer survivors on their needs, symptoms and experiences of care is fundamental to the delivery of high quality, personalised cancer care. Benefits of this collection through patient reported outcomes (PRO) have been well established

and include greater patient satisfaction with care, reduced emergency presentations and improved survival. Despite these benefits, routine PRO collection in clinical care remains limited. The aim of this study was to develop priority recommendations for the service level implementation of PROs into clinical cancer care.

Methods

Development of draft guidance statements was informed by a literature review, the Knowledge to Action (KTA) implementation framework, and discussion with PRO experts and cancer survivors. A two-round modified Delphi survey with key stakeholders including cancer survivors, clinical and research experts, and Information Technology specialists was undertaken. Round 1 rated the importance of the statements and round 2 ranked statements in order of priority.

Results

Round 1 was completed by 70 participants with Round 2 completed by 45 participants. Forty-seven statements were rated in Round 2. In Round 1, highest agreement items (>90% agreement) included those that focused on the formation of strong stakeholder partnerships, ensuring ongoing communication within these partnerships, and the use of PROs for improvement and guidance in clinical care. Items ranked as the highest priorities in Round 2 included assessment of current staff capabilities and service requirements, mapping of workflows and processes to enable collection, and using collected PROs to guide improved health outcomes.

Conclusions

This stakeholder consultation process has identified key priorities in PRO implementation into clinical cancer care that include: clinical relevance, stakeholder engagement, communication, and integration within the existing processes and capabilities. Routine adoption of PRO collection by clinical cancer services requires multiple implementation steps; of highest priority is strong engagement and communication with key stakeholders including cancer survivors.

Poster Program & Abstracts

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POSTER PROGRAM

Poster presentations will be available on the virtual platform until 26th March 2023.

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1	Dr Nina Afshar	Murdoch Children's Research Institute	Do age at diagnosis, tumour thickness and tumour site explain sex differences in melanoma survival? A causal mediation analysis using cancer registry data
2	Kate Arkadieff	Leukaemia Foundation	Pilot program for return to work/productivity for people living with blood cancer
3	Susan Butcher	Oedema Institute	Lymphoedema diagnosis and management pathways
4	Tze Lin Chai	Peter MacCallum Cancer Centre	Evaluation of a revised online cancer survivorship course for health professionals
5	Fiona Crawford-Williams	Flinders University	Effectiveness and implementation of models of cancer survivorship follow-up care: an overview of systematic reviews
6	Nathalie Davis-Lameloise	South West Healthcare	Empowering the mind, strategies for coping with cancer: a group therapy pilot study in the SW of Victoria
7	Hayley Dillon	Baker Heart and Diabetes Institute	The short-term cardiovascular consequences of allogeneic stem cell transplantation
8	Katherine Gilmore	University of Texas MD Anderson Cancer Center	Expansion and sustainability of a cancer survivorship clinical program
9	Helen Gooden	ANZGOG	Shifting Gears: ovarian cancer survivors rethinking survivorship as leadership
10	Tegan Ilsley	The Baker Heart and Diabetes Institute	Prevalence of fatigue in patients with haematological malignancy: a systematic review
11	Ria Joseph	Flinders University	Diet and exercise advice and referrals for cancer survivors: an integrative review of medical and nursing perspectives
12	June Khaw	Hannover Life Re	Heart Rate Variability (HRV) – observations of an emerging modality for the objective management of cancer-related fatigue
13	Akiko Kimata	National Cancer Center, Japan	The effects of an informational website on Japanese survivors of adolescent and young adult cancer
14	Nicole Kinnane	Australian Cancer Survivorship Centre	Working in partnership to optimise cancer survivorship education: a webinar series
15	Nicole Kinnane	Peter MacCallum Cancer Centre	User testing the expansion of an online survivorship care plan generator, mycareplan.org.au

POSTER PROGRAM



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16	Nicole Kinnane	Australian Cancer Survivorship Centre	Exploring women's experiences of post-treatment care with high-intermediate and high-risk endometrial cancer: a qualitative study
17	Reegan Knowles	Flinders University	Physical activity in older people with cancer. A review of reviews
18	Reegan Knowles	Flinders University	Health care providers' perceptions, needs and preferences for the identification and management of cardiovascular disease risk in older cancer survivors
19	Julia Lai-kwon	Melanoma Institute Australia	Pilot study of a nurse-led survivorship program for people with metastatic melanoma (MELCARE)- baseline characteristics and preliminary feasibility and acceptability results
20	Sarah Latham	Eastern Health	Is quality of life in rural cancer survivors worse than in urban survivors? A systematic review
21	Jonathon Lo	Canceraid	Usability and quality of life assessment of a digital-based coaching intervention for cancer survivors
22	Fiona Lynch	Barwon Health	An online group psychoeducation intervention for psychology cancer outpatients
23	Lea Marshall	Grampians Integrated Cancer Service (GICS)	Regional collaboration improves survivorship care for wimmera-based radiation oncology patients
24	Andrea Martin	The Royal Women's Hospital	Equitable access to fertility preservation in the cancer patient during COVID 19 via a national ovarian and testicular tissue transportation and cryopreservation service (NOTTCS)
25	Delyse McCaffrey	Neuroscience Research Australia	Evidence for microglial activation as the unsuspected culprit of cancer-related anxiety
26	Dr Fiona McDonald	Canteen Australia	Hearing all their voices: a multi-method, multi-informant process to designing a new Australian AYA longitudinal survivorship study
27	Rebecca McIntosh	Peter MacCallum Cancer Centre	Building the capacity of the community health workforce to support cancer survivors – what are the learning and training needs to deliver community-based survivorship care?
28	Monique Paterson	Monash University	Rural breast cancer survivors experiences of Survivorship Care Plans

POSTER PROGRAM

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29	Caroline Pollard	Leukaemia Foundation	Access to exercise pilot! Putting exercise on the map! City, regional or rural! Let's embed exercise as standard practice for people living with blood cancer!
30	Hannah Pring	Paediatric Integrated Cancer Service (PICS)	The Victorian long term follow-up program (LTFP) for children and adolescents with cancer treatment late effects: evolution towards an empowering, sustainable, best-practice model of care
31	Kathy Quade	Western & Central Melbourne Integrated Cancer Service	Cancer Mind Care: Australia's first online self-help psycho-oncology platform for people affected by cancer
32	Joshua Rowe	Monash Rural Health, Monash University	Nutrition and physical activity-based health coaching in a rural area – cancer survivors' experiences
33	A/Professor Claudia Rutherford	University Of Sydney	Transitioning colorectal cancer survivors back to primary coordinated healthcare
34	Leah Savage	Latrobe Regional Health	Supporting the transition to survivorship care for rural cancer survivors through a nurse-led clinic
35	Dominique Shreeve	The University Of Melbourne	Characterisation of long-term demographics and return-to-work outcomes in adult patients post-allogeneic stem cell transplantation: a retrospective cohort study
36	Andrea Smith	The Daffodil Centre, University of Sydney	How inclusive are Australian cancer survivorship research, services and programs when it comes to metastatic cancer survivors? A protocol for a review and policy analysis
37	Natasha Tham	SA Health	Evaluation of functional and patient reported outcomes in patients undergoing outpatient cancer rehabilitation at Flinders Medical Centre
38	Mei Tran	Peter MacCallum Cancer Centre	A self-management intervention for treating fear of cancer recurrence in early stage cancer survivors
39	Adam Walker	Neuroscience Research Australia	A mouse model of breast cancer survivors: paclitaxel chemotherapy induces long-term memory impairment and neuroinflammation
40	Adam Walker	Neuroscience Research Australia	Primary tumour resection improves cancer-induced cognitive impairment in mouse models of breast cancer

POSTER PROGRAM



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41	Adam Walker	Neuroscience Research Australia	Evidence from animal models and a Swedish nation-wide register-based cohort study on efficacy of aspirin to treat cognitive impairment and stress disorders in cancer patients
42	Adam Walker	Neuroscience Research Australia	Disrupting circadian rhythms promotes cancer-induced inflammation in mice
43	Kate Webber	Monash Health	The impact of real-time patient reported outcome measures (PROMS) on emergency department presentations and hospital admissions
44	Colin Wood	Peter MacCallum Cancer Centre	Variations in experience of financial costs, information and support in Australian cancer survivors



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POSTER ABSTRACTS



Do age at diagnosis, tumour thickness and tumour site explain sex differences in melanoma survival? A causal mediation analysis using cancer registry data

Dr Nina Afshar^{1,2}, Dr S Ghazaleh Dashti^{3,4}, Victoria Mar^{5,6}, Luc te Marvelde⁷, Sue Evans⁷, Roger Milne^{1,2,8}, Dallas English^{1,2}

¹Cancer Council Victoria, Cancer Epidemiology Division, ²University of Melbourne, School of Population and Global Health, Centre for Epidemiology and Biostatistics, ³Clinical Epidemiology and Biostatistics Unit, Murdoch Children's Research Institute, ⁴Clinical Epidemiology and Biostatistics Unit, Department of Paediatrics, University of Melbourne, ⁵Victorian Melanoma Service, Alfred Hospital, ⁶Department of Epidemiology and Preventive Medicine, Monash University, ⁷Victorian Cancer Registry, Cancer Council Victoria, ⁸Precision Medicine, School of Clinical Sciences at Monash Health, Monash University

Biography

Dr Nina Afshar is the inaugural Graham Giles Research Fellow at Cancer Epidemiology Division, Cancer Council Victoria. Her current research focuses on bladder cancer research using the resources of the international NCI Cohort Consortium.

Nina completed her PhD in Epidemiology at the University of Melbourne and Cancer Council Victoria in 2020. Her doctoral research focused on trends and inequalities in cancer survival in Victoria, Australia, with an emphasis on identifying factors explaining socio-economic inequalities in colon cancer survival, applying a novel method of causal mediation analysis to linked population-based health data.

Before joining Cancer Council in mid-2021, Dr Afshar worked at the University of Melbourne Cancer Health Services Research unit as a Research Fellow, and at the Department of Health and Human Services in response to the COVID-19 pandemic.

Background

Previous research has shown that women diagnosed with melanoma have better survival than their male counterparts, but little is known about the underlying mechanisms by which sex affects melanoma survival.

Aims

This study aimed to quantify the contribution of age at diagnosis, tumour thickness and tumour site to sex differences in 5-year melanoma-specific survival.

Methods

We conducted a population-based study using Victorian Cancer Registry data including 5,309 men and 4,645 women aged 15-70 years with first primary melanoma diagnosed between 2007 and 2014. We excluded cases notified via autopsy or death certificate only. Cases with missing tumour thickness and those with overlapping/unspecified sites were also excluded. Deaths to the end of 2019 were identified through linkage to the Victorian and national death registries. Using interventional causal mediation analysis, we estimated the mediating roles of age at diagnosis, tumour thickness, and tumour site in explaining the total effect of sex on melanoma-specific survival.

Results

Compared with women, there were approximately 95 (95%CI 20,149) additional deaths per 10,000 in men within 5 years following diagnosis. Fifty-eight percent of this effect was explained by melanoma thickness [56 (95%CI 40,72) additional deaths per 10,000 in men], while 8% and 3% were explained by age at diagnosis [8 (95%CI -4,20)] and tumour location [3 (95%CI -14,23)] respectively. The indirect effect through interdependence between mediators was [-9 (95%CI -22,4); -8%]. The remainder of the effect was not explained by the assessed mediators [37 (95%CI -32,80) additional deaths per 10,000 in men].

Conclusion

Tumour thickness, but not age at diagnosis or tumour location, explained a considerable proportion of the effect of sex on melanoma survival 5 years following diagnosis. Our results suggest that promoting earlier detection of melanoma in men could reduce the gap in melanoma-specific survival by sex.

POSTER ABSTRACTS



Pilot program for return to work/ productivity for people living with blood cancer

Mrs Kate Arkadieff¹, Mrs Megan Moore¹, Ms Jenni Bourke¹, Mr Andrew Smith¹

¹Leukaemia Foundation

Biography

Megan Moore is a Team Leader for the Victoria/TAS and comes from a background of Oct Rehab and has a Honors Degree in psychology

Kate Arkadieff is a blood cancer specialist at the Leukaemia Foundation and has been working with the foundation for 10 years. She has a Masters in Social Work.

Background

As blood cancer incidence and survival rates increase, there is a corresponding expectation that people living with blood cancer (PLWBC) will achieve a high quality of life, including return to work / productivity. PLWBC have unique care and support needs that exist across a lifetime. This includes greater risk of unemployment and significant financial toxicity leading to poorer psycho-social health outcomes. Lost productivity impacts PLWBC / their families / long term financial security and Australia's GDP demonstrating a clear need to provide specific services focussed on returning to employment / study & productive activity.

Aim

This program will connect PLWBC with a tailored and flexible package of information, education, and support to minimise the impact of blood cancer on employment and productivity.

Method

A literature search and codesign research with health care professionals & Leukaemia Foundation consumers was conducted to determine the prevalence and barriers to workforce participation. Data indicates clear unmet need. A stepped-care program was developed to identify and stratify patient need from

information provision through to structured intervention to meet individual goals. Promotion of the program within the Leukaemia Foundation and with key partners was conducted to recruit participants. Pre- and Post- participation outcome measures are used to track effectiveness of interventions / satisfaction with the program and return to productivity status.

Results

This pilot program is in the early stages of implementation and it is anticipated there will be reportable data available in the first quarter of 2022.

Conclusions & Implications for Practice

Early case data suggest this has broad applicability to PLWBC. It embeds a model of practice that can meet individual information and rehabilitation needs from low to high with links to external specialist supports where required.

POSTER ABSTRACTS



Lymphoedema diagnosis and management pathways

Mrs Susan Butcher¹

¹Oedema Institute

Biography

I am the leading Lymphoedema therapist and Clinical Manager of The Oedema Institute in Melbourne. A highly specialized hub for the treatment of patients with oedema related issues. My role to treat and demonstrate management pathways for patients with oedema related issues, garment education, research/education and product use to medical professionals. A vast amount of time presenting to health professionals at conferences, workshop, webinars teaching awareness of this chronic condition and how best to manage it.

Demonstrate the technology used to monitor patients at risk of developing lymphoedema and how that can benefit both the therapist and patient in detecting at an earlier stage. Monitoring programs before and after surgery are crucial for best outcomes.

Better understanding of Lymphoedema and how it can be managed in patients at risk. Highlighting when to be referred and the best types of clinics to assist patients with their education and treatments.

New advancements in garment and equipment use. So much has changed in this space. Now having new technology in garment fabrics and equipment designed for management of oedema related issues.

POSTER ABSTRACTS



Evaluation of a revised online cancer survivorship course for health professionals

Miss Tze Lin Chai¹, Ms Tegan Nash¹,
Ms Kate Cridland¹, Ms Helana Kelly¹,
Professor Michael Jefford^{1,2}

¹Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ²Sir Peter MacCallum Department of Oncology, University of Melbourne

Biography

Lin Chai joined the Australian Cancer Survivorship Centre in the role of Project Officer as of August 2021.

Lin is a qualified dietitian with a background in research and public health; focused on food security and nutrition interventions.

Lin has also previously worked as a Project Officer in higher education and non-profit sectors where her main focus was in delivering evidence-based advocacy and educational initiatives. She is experienced in facilitating workshops and creating communication materials on various health topics.

Lin is presently involved in various survivorship projects including coordinating professional development workshops for health professionals and facilitating webinars. She has a strong interest in social and behaviour change communication to empower self-management and healthy lifestyle behaviours.

Background / Aim

The Australian Cancer Survivorship Centre developed and launched a free online cancer survivorship educational course for health professionals in 2014 (<https://education.eviq.org.au/courses/supportive-care/cancer-survivorship>). In 2020-21, ACSC aimed to: (1) review, update and re-design the existing six-module course, (2) evaluate users' perceptions of and experiences with the updated course.

Methods

Course content was revised based on updated published data, and reviewed by multidisciplinary health professionals from Australia and internationally, and consumers. Presentation was modified in consultation with

design/user experts, aiming to be engaging and support flexible learning.

User feedback was gathered between October 2020 and April 2021 via evaluation surveys embedded at the end of each module. Surveys evaluated usability, perceived knowledge and confidence providing survivorship care. Open ended comments were included. Results were analysed using descriptive statistics.

Results

1,012 modules were accessed during the six-month evaluation period. 162 (16%) surveys were completed. The majority of respondents were oncology nurses (35%, 56/162) and allied health professionals (20%, 33/162). Others included researchers, project staff and other nurses (45%, 73/162).

Mean overall rating was 4.5/5 across all modules. Respondents reported being satisfied or very satisfied with module length (98%, 156/162), content (96%, 152/162), logical flow of topics (99%, 159/162), look and feel (98%, 157/162), and navigation (98%, 157/162).

99% (160/162) who completed modules reported increased knowledge. 97% (158/162) reported increased confidence providing survivorship care, 97% (158/162) considered the course applicable to their role and 98% (159/162) said they would recommend the modules to a colleague.

Following the evaluation period, minor updates were made based on user feedback, including adding additional case studies and practical tips for clinicians.

Conclusion

The revised online survivorship course is highly rated by health professionals as a relevant and easily accessible tool to improve knowledge and confidence in cancer survivorship. Future review is planned for 2023.

POSTER ABSTRACTS



Effectiveness and implementation of models of cancer survivorship follow-up care: an overview of systematic reviews

Professor Raymond Chan^{1,2}, **Dr Fiona Crawford-Williams¹**, Ms Megan Crichton², Ms Ria Joseph¹, Dr Nicolas Hart¹, Dr Kristi Milley^{3,4}, Ms Paige Druce^{3,4}, Dr Jianrong Zhang⁴, Professor Michael Jefford^{4,5}, Dr Karolina Lisy^{4,5}, Professor Jon Emery^{3,4}, Professor Larissa Nekhlyudov⁶

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Biography

Dr Fiona Crawford-Williams is a research fellow in cancer survivorship within the Caring Futures Institute at Flinders University. Fiona has a background in health psychology research and since completing her PhD in 2017 has conducted research predominantly in the supportive care needs of cancer survivors. Fiona works in close collaboration with Cancer Council Queensland and has a particular interest in cancer survivorship care and service delivery across regional and rural areas.

Aims

The primary aim of this overview was to assess the effectiveness of different models of post-treatment cancer survivorship care evaluated in previously published systematic reviews. A secondary aim was to consider reported barriers and facilitators to the implementation of different models of cancer survivorship care. Method: Four databases (MEDLINE, CINAHL, Embase, and Cochrane CENTRAL) were searched from January 2005 to May 2021 for systematic reviews that compared nurse-led, primary care provider-led, and shared care models of cancer follow-up with specialist-led cancer survivorship care. Article selection, data extraction and critical appraisal were conducted independently by two authors. The models were evaluated according to cancer survivorship care domains, patient and caregiver experience, communication and

decision making, care coordination, quality of life, healthcare utilization, costs and mortality. Barriers and facilitators to implementation of different models were also synthesized narratively.

Results

Twelve systematic reviews were included, capturing 53 primary studies with 7% overlap. Effectiveness for managing survivors' physical and psychosocial outcomes was found to be no different across models. Nurse-led and primary care provider-led models may produce cost savings to cancer survivors and healthcare systems. Barriers to the implementation of different models of care included limited resources, communication, and care-coordination, while facilitators included survivor engagement, planning, and flexible services.

Conclusions

Despite evidence regarding equivalent effectiveness of nurse-led, primary care-led or shared care models, these models are not widely adopted and evidence-based recommendations to guide implementation are required. Further research is needed to address effectiveness in understudied domains of care and outcomes and across different population groups. Rather than aiming for an optimal "one-size fits all" model of survivorship care, applying the most appropriate model in distinct contexts can improve outcomes and healthcare efficiency.

POSTER ABSTRACTS



Empowering the mind, strategies for coping with cancer: a group therapy pilot study in the SW of Victoria

Dr Nathalie Davis-Lameloise^{1,3},
Sharna Purcell¹, Rebecca Hay¹, Dr Jodie Fleming²

¹South West Healthcare, ²The Psychology of It, ³Barwon South Western Integrated Cancer Service

Biography

Nathalie has worked in a broad spectrum of roles related to health and medical research, public health and health promotion. She is passionate about health equity and reducing health disparity existing between metro and rural population.

After a PhD in Biomedical Research and working in a pharmaceutical company in Switzerland, she moved to Australia shifting her career to public health and epidemiology, health promotion, and primary prevention programs. Nathalie has previously worked in a University Department of Rural Health undertaking research. She has also experience in community development work through various projects on obesity prevention, prevention of violence against women, gender equality and sexual and reproductive health.

Outside her role, Nathalie enjoys spending time with her family, swimming, riding her bike or hiking in the Grampians. Travelling is a big part of her interest, especially discovering Australia and the rest of the world, but also coming back to Europe visiting her family and friends.

Introduction

Cancer diagnosis causes elevated distress that may manifest as a range of feelings, further compounded by the potential adverse effects of cancer treatments. Providing support to psychologically vulnerable patients is an important element of supportive cancer care. Regional areas such as South West (SW) Victoria lack psychologists and specific programs to address psychological needs of cancer patients.

Aim

To assess the benefit of conducting a low-cost program incorporating six group therapy

sessions delivered by a clinical psychologist, providing tools and coping strategies for cancer patients.

Methodology

Methodology and recruitment were framed by Medicare requirements. Patients were recruited based on distress screening and clinician discretion. Patient's suitability was determined through an individual appointment prior to the commencement of the program. Participants were encouraged to seek a GP Mental Health Plan allowing them to access the Medicare rebate. Psychological distress, stress, anxiety and depression were assessed at baseline, upon completion of the 6th session and three-month follow up appointment using the K10, HADS and DASS-21. One-hour group sessions were delivered fortnightly, based on Acceptance & Commitment Therapy (ACT), positive psychology and science of wellbeing techniques.

Results

Out of 10 participants, one withdrew after the first session. All participants had a GP Mental Health Plan allowing them to benefit from the Medicare rebate. Each session cost \$6.25 (compared to \$38.35 without the rebate) with both individual appointments bulked bill. The total out-of-pocket expenses for participating in all 6 sessions (including the individual assessments) was \$37.50. Overall, participant experienced improved anxiety (HADS-A) and depression (HADS-D) levels upon completion of session 6.

Conclusion

Overall, we believe our project demonstrates that group therapy may be a low-cost and accessible alternative to addressing the lack of psychological counselling for cancer patient in the SW Victoria.

POSTER ABSTRACTS



The short-term cardiovascular consequences of allogeneic stem cell transplantation

Ms Hayley Dillon^{1,2}, Dr Steve Foulkes^{1,2}, Ms Yuki Horne-Okano¹, Dr David Kliman⁴, Professor David Dunstan^{1,3}, Professor Robin Daly², A/prof Steve Fraser², Professor Bronwyn Kingwell⁵, A/Professor Andre La Gerche¹, Dr Erin Howden¹

¹Baker Heart and Diabetes Institute, ²Institute of Physical Activity and Nutrition, School of Exercise and Nutrition Sciences, Deakin University, ³Mary MacKillop Institute for Health Research, Australian Catholic University, ⁴Department of Haematology, Alfred Hospital, ⁵Commonwealth Serum Laboratories

Biography

Hayley is a third year joint Deakin-Baker Institute PhD student working in the allogeneic stem cell transplantation space. She is particularly interested in characterizing the cardio-metabolic consequences of allogeneic stem cell transplantation, exploring novel means of identifying early cardiovascular dysfunction, and the potential role of physical activity in preserving cardiometabolic function in individuals undergoing cancer treatment.

Allogeneic stem cell transplantation (allo-SCT) offers a potential cure for high-risk haematological malignancy, but long-term survivors face an elevated risk of cardiovascular (CV) mortality. Currently, it is unclear how allo-SCT impacts CV function in the short-term. Thus, we prospectively and comprehensively evaluated the short-term CV impact of allo-SCT in haematological cancer patients, compared to an untreated non-cancer control group (Control). Before and ~3-months following allo-SCT, seventeen haematological cancer patients (45±18years) underwent cardiopulmonary exercise testing (peak oxygen uptake [VO₂peak]), exercise cardiovascular magnetic resonance imaging (cardiac reserve; calculated as peak indexed cardiac output [CI] – resting CI), resting echocardiography (left ventricular ejection fraction [LVEF], global longitudinal strain [GLS]), dual energy x-ray absorptiometry (lean [LBM] and fat mass [FM]), and estimated arteriovenous oxygen difference (a-vO₂diff; via Fick equation). Twelve age-matched controls

(43±13years) underwent identical testing, twice, ~3-months apart. At baseline, body composition was similar between groups, but VO₂peak (34.8±8.1 vs. 22.4±7.9ml.kg⁻¹min⁻¹; p<0.001), cardiac reserve (3.8±1.4 vs. 5.9±1.7, p=0.002), LVEF (59±6 vs. 55±5%; p=0.04), GLS (-20±2 vs. -18±2; p=0.02) and a-vO₂diff (14.7±1.7 vs. 12.0±2.6%; p=0.007) were lower in allo-SCT. At 3-months, VO₂peak, LBM and a-vO₂diff were unchanged in controls but declined 24% (p<0.001), 6% (p<0.001) and 12% (p=0.03) in allo-SCT, respectively (p=0.02, p=0.01, p=0.23). Similarly, cardiac reserve was stable in controls, but reduced following allo-SCT (p<0.001). LVEF, GLS and FM remained unchanged in both groups. In summary, treatment with allo-SCT was associated with a marked reduction in VO₂peak, reflecting a deterioration in both central and peripheral functioning. These results suggest that allo-SCT is a rapid accelerator of CV ageing. Thus, measures are urgently required to mitigate CV risk in patients undergoing allo-SCT.

POSTER ABSTRACTS



Expansion and sustainability of a cancer survivorship clinical program

Katherine Gilmore¹, Patricia Chapman¹, Dr. Guadalupe Palos¹, Dr. Bi WeiQi¹, Kathy Carpenter¹, Maree Joy Pancho-Acorda¹, Dr. Maria Rodriguez¹

¹The University of Texas MD Anderson Cancer Center

Biography

Katherine Gilmore received her undergraduate degree in Sociology from Duke University and her Master's in Public Health with a concentration in Epidemiology from the University of Texas Health Science Center in 2011. She began her career at MD Anderson in 2007 and has worked in various capacities in both research and clinical operations. Currently she is the administrative Director of MD Anderson's Survivorship Program. In this role she oversees the daily operations of the Office of Cancer Survivorship which supports clinical, educational and research efforts for the Institution's Survivorship Program. In 2019, nearly 12,000 patients received Survivorship Care at MD Anderson Cancer Center Survivorship Clinics.

Background

In 2008, our institution launched a Cancer Survivorship Program to promote the delivery of comprehensive care to long-term cancer survivors. Here we describe our program model and present metrics collected over a decade of program expansion and sustainability.

Methods

Seven essential components guided the program's implementation: 1) inclusion of patients treated with curative intent and in remission, 2) transition algorithms designed by disease experts; 3) recruitment of inter-professional clinicians and staff, 4) delivery of clinical services based on four domains of survivorship care, 5) provision of consultative services on-site or through referrals, 6) a quality improvement plan to monitor services provided, and 7) the creation and dissemination of treatment summaries and survivorship care plans (SCPs).

We reviewed electronic health records (EHR) of patients seen in 11 adult disease-specific survivorship clinics between 2008 and 2021. Data sources consisted of EHR operational data universes and a departmental database. Data elements included arrived appointments, demographics, and completion rates for SCPs. Descriptive statistics summarize these metrics.

Results

Eleven site-specific cancer survivorship clinics scheduled appointments for survivors who had completed their curative treatment. A total of 29,035 patients were transitioned to survivorship clinics, completing 107,369 visits. On average, patients completed three years of follow-up after the first visit (range 0-11 years). 90% of patients were living at the time of analysis. Each year, about 20% of patients are seen for the first time in a survivorship clinic (rates vary by clinic). 65% of patients received a Treatment Summary, and 66% received a Passport Plan for Health (SCP).

Conclusions

Results from our 10-year program and its continued expansion suggest the survivorship program model can sustain transitions of follow-up care.

POSTER ABSTRACTS



Shifting Gears: ovarian cancer survivors rethinking survivorship as leadership

Dr Helen Gooden¹, Ms Jane Power¹,
Ms Bree Stevens¹

¹ANZGOG

Biography

Dr Helen Gooden is National Manager of the ANZGOG 'Survivors Teaching Students®' program. Helen is an experienced nurse, researcher and health consultant with project and grant management experience across the health sector in the tertiary, government and not-for-profit sector with specialist experience in ovarian cancer.

Her doctoral research focussed on psychosocial support for people affected by pancreatic cancer and her ongoing research interest is in improving patient outcomes in cancer, health communication and involving consumers in research.

Introduction

Ovarian cancer has the poorest survival rate of all gynaecological cancers at 48%. It is the sixth most common cause of cancer death for women in Australia . For the estimated 6000 plus (Prevalence data 2016) survivors and associated caregivers, living with ovarian cancer is challenging.

The National Framework for Gynaecological Cancer Control (2016) identified priorities: "greater awareness of symptoms of gynaecological cancer, timely investigation and referral of a woman who may have symptoms... improve earlier detection, enabling more timely treatment and improving the chances of long-term survival."

McRae, R. (2016) found despite its prevalence, cancer forms a minute component of medical student assessment highlighting both clinical and assessment gaps in cancer education. Starmer et al. (2020) noted it is "disturbing that some medical graduates feel that their medical school has underprepared them for interactions with the most prevalent patient diagnostic group". Survivors and caregivers affected by ovarian cancer, by sharing their stories with medical students are rethinking survivorship as leadership in cancer education.

Aim

Empower survivors and caregivers to lead as advocates for person-centred cancer care, the importance of good health communication. Share their own lived experience to raise awareness of ovarian cancer with our future diagnosticians and health professionals.

Method

Survivors Teaching Students® is an experiential learning program for medical nursing and health science students, targeting identified priority areas: raise awareness of ovarian cancer signs and symptoms; enhance learning opportunities in medical curricula. This consumer led international program focuses on broadening the student experience of cancer through engaging them with survivors sharing their "real-life experience".

Conclusion

STS demonstrates benefits for survivors (n=110) and students (n=6000). Survivors report feeling empowered in telling their stories. 2020 qualitative data indicates significant benefits reported as: feelings of hope and healing, sense of purpose and regaining control of one's life.

POSTER ABSTRACTS



Prevalence of fatigue in patients with haematological malignancy: a systematic review

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¹The Baker Heart And Diabetes Institute, ²Monash University, ³Alfred Health

Biography

Tegan is a Physiotherapist undertaking her Masters with Monash University and The Baker Heart and Diabetes Institute.

Background

Cancer-related fatigue (CRF) is distressing for patients and can manifest across the cancer journey, from diagnosis, through treatment and into survivorship. CRF impacts daily activities, mood, social relationships, and work, and is associated with decreased quality of life. However, no systematic review has been conducted to analyse the prevalence of CRF specifically in patients with haematological malignancies. Understanding the prevalence of CRF amongst patients with haematological cancer may help guide assessment and management of this distressing symptom.

Aim

To determine the prevalence of CRF in patients with haematological malignancy.

Methods

The review protocol was registered (PROSPERO 2021 CRD42021258752) A systematic literature search was conducted of Medline, Embase, PsycINFO and CINAHL databases from inception to July 2021. Studies published in English that utilised quantitative fatigue measures and reported prevalence data on fatigue in adult patients with any subtype and any stage of haematological malignancy including new diagnosis, refractory and relapsed disease were eligible.

Results

In total, 11,637 articles were screened with 94 meeting the inclusion criteria, involving 40574

patients. The prevalence of CRF in individual studies varied from 15% to 95%. Subgroup analyses showed CRF prevalence ranging from 58-92% in patients with Leukaemia (23 studies, N= 5303), 25-67% patients with Lymphoma (20 studies, N= 15,777), 16-95% in patients with Myeloma (14 studies, N=2277) and 35-95% in patients with a Myeloproliferative Neoplasm (14 studies, N= 11,178). During active treatment, the prevalence of fatigue ranged from 15-94%, with a similar broad range reported into survivorship (12-85%).

Conclusion

This review highlights that fatigue is common among patients with haematological malignancy during treatment and into survivorship. Due to the known association with high CRF and low QOL, management of CRF should be prioritised across the survivorship continuum.

POSTER ABSTRACTS



Diet and exercise advice and referrals for cancer survivors: an integrative review of medical and nursing perspectives

Miss Ria Joseph¹, Dr Nicolas Hart¹, A/ Professor Natalie Bradford², Miss Andi Agbejule¹, Professor Bogda Koczwara¹, Professor Alexandre Chan³, Professor Raymond Chan^{1,2}

¹Flinders University, ²Queensland University of Technology,
³University of California

Biography

Ria is currently pursuing her PhD at Flinders University and is an Accredited Practising Dietitian based in Adelaide, South Australia. Her research focuses on optimising referral practices for dietary and exercise services in cancer survivorship.

Aim

To examine the perspectives of medical and nursing health professionals concerning their perceived roles and responsibilities in providing dietary and exercise guidance to cancer survivors, with referrals to allied health professionals.

Method

An integrative review. PubMed, MEDLINE, CINAHL, PsycINFO, Embase, Web of Science databases, and bibliographies of relevant studies were searched from December 2011 to June 2021. All observational studies were eligible for inclusion. The Mixed Methods Appraisal Tool (MMAT) was used to critically appraise the included studies. Barriers and facilitators to the provision of dietary and exercise guidance and referrals were also identified.

Results

Twenty-one studies involving 3,401 medical and nursing health professionals and 264 cancer survivors of diverse cancer types were included. Ten quantitative, nine qualitative, and two mixed methods studies were eligible, of which 16 studies included health professionals, 3 included cancer survivors, and 2 included both. All included studies met at least 80% of the quality criteria in the MMAT. Major findings

include: (1) health professionals were unclear on their roles in providing lifestyle advice to cancer survivors but agreed they play a key role in providing referrals to dietitians and exercise specialists; (2) most cancer survivors valued the involvement of their general practitioner when receiving lifestyle advice; and (3) barriers included a lack of role clarity, knowledge, and confidence; time constraints; and a lack of standardised referral pathways; while facilitators included established clinician-patient relationships.

Conclusions

Although medical and nursing health professionals understand that referrals to allied health professionals form part of their role, there is a lack of clarity regarding their ability to provide lifestyle advice to cancer survivors. Future studies should focus on addressing the specific barriers and facilitators to providing lifestyle advice and referrals by enhancing role clarity in medical and nursing health professionals.

POSTER ABSTRACTS



Heart Rate Variability (HRV) – observations of an emerging modality for the objective management of cancer-related fatigue

**Ms June Khaw¹, Ms Freya Makinson²,
Mr Brad Domek³**

¹Hannover Life Re, ²TAL, ³Specialised Health

Biography

June Khaw (1). June is a Physiotherapist with 8 years of clinical experience in Orthopaedics and 15 years experience as a Rehabilitation Consultant delivering rehabilitation support services for musculoskeletal, mental health and cancer.

Freya Makinson (2). Freya is an Occupational Therapist with 7 years experience in mental health and community rehabilitation and 4 years experience as a Recovery and Support Specialist delivering rehabilitation support services for musculoskeletal, mental health and cancer.

Brad Domek (3) is an Exercise Physiologist and Director of Specialised Health and Reva Wellness. Brad has 6 years experience as a Rehabilitation Consultant and 10 years experience as a Director of Specialised Health: delivering rehabilitation and conditioning services to musculoskeletal, mental health and cancer.

Cancer recovery is commonly protracted due to the sequelae of treatment side effects, having the potential to impact the cancer burden trajectory. Post-cancer fatigue can persist for decades and often remains under-reported and untreated for a variety of reasons. Whilst well-documented as the most common critical side effect caused by conventional treatments, the literature remains ambiguous on effective rehabilitation support avenues.

Heart rate variability (HRV) is a measure of the variation in time between heartbeats representing the status of the autonomic nervous system. Impacted by various stressors including, but not limited to, physical, environmental, emotional and psychological factors: low HRV is frequently correlated with fatigue, post-exertion malaise, cognitive dysfunction and poor recoverability.

In recent years, HRV has gained prominence as a peak performance tool in the athletic domain to enhance recoverability, adaptability and resilience. It has established efficacy for the management of fatigue symptomatology in chronic conditions including chronic fatigue syndrome and multiple sclerosis.

Clinically, the standard method for assessing post-cancer fatigue relies on subjective patient reporting. The advantage of HRV measurement is it offers objective, empirical data that equips patients with a quantitative mechanism to manage their fatigue. Effective fatigue management improves recoverability and reduces overactivity-underactivity cycling, thus, minimising the impact on quality of life for cancer survivors.

Where HRV was embedded in an individualised, holistic re-conditioning program for post-cancer survivors, patients reported decreased fatigue, an increased ability to self-manage their recovery without external assistance and demonstrated better activity planning and adaptability correlated to observations of long-term sustainable activity engagement.

We further explore and discuss applications of this emerging modality in providing holistic cancer survivorship care.

POSTER ABSTRACTS



The effects of an informational website on Japanese survivors of adolescent and young adult cancer

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¹Division of Healthcare Delivery, Survivorship and Policy Research, Institute for Cancer Control, National Cancer Center, ² Japan Cancer Survivorship Network, ³Division of Cancer Information Service, Institute for Cancer Control, National Cancer Center, ⁴Japanese Red Cross College of Nursing

Biography

October, 2017-Present

Project Researcher, Division of Healthcare Delivery, Survivorship and Policy Research, Institute for Cancer Control, National Cancer Center, Japan

April, 2013-March, 2016

Instructor, School of Nursing, Kanto Gakuin University, Japan

January, 2007-August, 2008

RN Charge Nurse, Keiro Nusing Home, USA

October, 2007-August, 2008

RN Supervisor, Amberwood Convalescent Hospital, USA

April, 1996-March, 2002

RN, Kawasaki Medical School Hospital, Japan

Background

Cancer is rare among Japanese adolescents and young adults (AYA; 15-39 years). Information on the psychosocial issues and stories of survivors are limited, potentially resulting in loneliness and depression among this group. To provide credible information and share survivors' stories more widely, we established the website "AYA Cancer and Living Support" in 2019 (<https://plaza.umin.ac.jp/~aya-support/>). It consists of an information section spanning 22 topics, and a section containing 79 cancer survivors' stories about how to deal with their disease, social life, and tips for daily life. This study aimed to

explore the psychological effects of the website on AYA cancer survivors.

Methods

Cross-sectional semi-structured online/phone interviews were conducted in Japan. Sixteen participants were recruited through cancer support groups from July to October, 2020. Participants selected and browsed the contents of at least six topics and 12 stories. The data of participants' feelings and thoughts related to the contents were audiotaped and transcribed verbatim. Content analysis was performed using NVivo.

Results

The data of 12 survivors (six men; average age: 30.6 years) were analyzed. Content analysis showed the following effects for the information section: "acquiring new information," "experiencing a sense of peace," and "motivation for taking action based on the contents." The story section had the following effects: "feeling positive," "feeling empathy by connecting to one's own thoughts and experiences," and "receiving useful information for daily life and strategies for living."

Conclusion

According to survivors participating in this study, the information section had positive effects in terms of credible information, psychological well-being, and self-efficacy. The story section provided survivors' with a positive mindset, a sense of being less alone, and useful tips for daily living. The findings show that our website can be a psychological support resource for Japanese survivors of AYA cancer.

POSTER ABSTRACTS



Working in partnership to optimise cancer survivorship education: a webinar series

Ms Nicole Kinnane¹, Ms Nina Brown¹, Ms Amy Leeder¹, Ms Kate Cridland¹, Ms Katherine Lane², Ms Marie Malica³, Ms Gillian Mackay³, Ms Jemma Still⁴, Ms Helena Kelly¹, Professor Raymond J. Chan⁵, Professor Michael Jefford^{1,6}

¹Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ²Cancer Council Victoria, ³Clinical Oncology Society of Australia, ⁴Cancer Nurses Society of Australia, ⁵Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, ⁶Sir Peter MacCallum Department of Oncology, University of Melbourne

Biography

I am a project manager (Australian Cancer Survivorship Centre) and a nationally recognised, specialist gynae-oncology nurse with expertise in cancer survivorship. I am an early career researcher, with demonstrated track record of generating and implementing evidence for multidisciplinary cancer and cross sector survivorship care. I am currently undertaking a Master of Philosophy at Melbourne University (final year). My career objective is to improve outcomes and experiences of cancer survivors through a dedicated nurse clinician-researcher role.

Background

There is a need for further cancer survivorship educational opportunities for nursing and allied health professionals in acute, rural and remote settings. The Australian Cancer Survivorship Centre (ACSC) collaborated with the Clinical Oncology Society of Australia (COSA), Cancer Council Victoria (CCV), and Cancer Nurses Society of Australia (CNSA) to develop, deliver and evaluate two webinars: 1. Exploring the role of allied health providing cancer survivorship care in rural and regional settings (AH) 2. Highlighting nurses' roles in integrating optimal survivorship care (NUR).

Methods

For each webinar, 16 experts representing each partner and various disciplines determined the educational requirements of target groups, learning objectives, content, resource lists and targeted promotional communications.

Webinars were 90 minutes' duration, included consumer experts, panel discussion, live polling. Post-webinar evaluation assessed perceived relevance and quality of the webinars.

Results

Webinar registrations totalled 471, 199 AH and 272 NUR. Attendance rates were 49% AH (94/199), 52% NUR (142/272). Of those who attended, 40% AH (38/94) and 32% NUR (46/142) completed post-webinar evaluations. Both webinars were rated very good/excellent 89% AH (34/38), 96% NUR (44/46). Content was rated as extremely/very relevant by 79% AH (30/38), 91% NUR (42/46). Attendees were extremely/very likely to use webinar information in practice 82% AH (31/38), 87% NUR (40/46). The live polls were used by 69% of AH and 54% of NUR participants. Almost 90% of all participants agreed/strongly agreed the webinar increased confidence working with survivors in regional or rural settings, and integrating survivorship care with patients.

Both audiences believed valuable learnings included: understanding the consumer perspective, optimising communication between health professionals and survivors; the value of preparation for survivorship.

Conclusions

Collaboration between leading professional organisations resulted in high levels of webinar attendance. Content was highly valued and relevant to the target audiences.

Work funded by the Victorian Government.

POSTER ABSTRACTS



User testing the expansion of an online survivorship care plan generator, mycareplan.org.au

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¹Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ²Sir Peter MacCallum Department of Oncology, University of Melbourne

Biography

Shariffah Aljunied joined the Australian Cancer Survivorship Centre as a Project Officer in February 2021.

Shariffah has worked as a People & Culture Senior Administrator and EMR Project Officer at Peter Mac.

Dynamic and versatile professional with experience ranging from recruitment and project management. A keen planner and implementer with demonstrated abilities in new technology implementation and event management in a healthcare setting.

Shariffah has a strong interest in health informatics to provide better access to health information and services, improve patient care and safety, and greater coordination of care.

Background

Survivorship care plans (SCPs) are important tools for post-treatment survivorship care coordination and communication. In 2021, mycareplan.org.au, an online SCP generator initially for people treated for early stage breast, colorectal and localised prostate cancer, was expanded to include early stage melanoma, uterine cancer (endometrial) and diffuse large B-cell lymphoma (DLBCL). Work was guided by expert reference groups (ERGs), comprising subject matter experts (SME) including consumers. We undertook user testing to assess usability, functionality and to identify any content gaps.

Methods

Targeted user testing recruited (1) survivors with the particular cancer types, or carers (2) SMEs including health professionals and

members from non-government organisations with experience in one of the three cancer types. Users were requested to create a SCP on the test site and provide feedback via an anonymous online questionnaire. Content changes were made where appropriate in consultation with the ERGs.

Results

52 users participated in testing thus far with a response rate of 64% (52/81); melanoma (11 consumers, 11 SMEs), endometrial (10 consumers, 14 SMEs), DLBCL (5 consumers, 1 SMEs). User testers reported the site to be easy to use (100% 52/52), language as easy to understand (96%, 50/52) and that they would recommend the site to others (92%, 48/52). 92% of consumers (24/26) and 88% (23/26) of SMEs were satisfied or very satisfied with the SCP generated. Users also found the side effects (85%, 44/52), wellbeing recommendations (90%, 47/52), and supportive services (94%, 49/52) listed in the SCP to be relevant. Feedback resulted in: content refinement; addition of optional inclusion of staging information; linkages to primary and community-based services. Free text responses underscored the value and relevance of SCPs.

Conclusion

Consumers and SMEs responded favourably to the expanded SCP generator. Minor amendments were made as a result in this testing phase.

Data collection is ongoing.

POSTER ABSTRACTS



Exploring women's experiences of post-treatment care with high-intermediate and high-risk endometrial cancer: a qualitative study

Ms Nicole Kinnane^{1,2,3}, Dr Donna Milne⁴, Professor Linda Mileshkin^{2,5}, Professor Kailash Narayan^{2,6}, Professor Marie Gerdtz³

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Biography

I am a project manager (Australian Cancer Survivorship Centre) and a nationally recognised, specialist gynae-oncology nurse with expertise in cancer survivorship. I am an early career researcher, with demonstrated track record of generating and implementing evidence for multidisciplinary cancer and cross sector survivorship care. I am currently undertaking a Master of Philosophy at Melbourne University (final year). My career objective is to improve outcomes and experiences of cancer survivors through a dedicated nurse clinician-researcher role.

Background

Follow-up (FU) for women with high-intermediate (HI) and high-risk (HR) endometrial cancer remains intensive. However, there is scant evidence regarding how FU impacts women's quality of life.

Aims

To explore women's experiences of FU.

DESIGN

A qualitative descriptive design was used as part of a larger sequential mixed methods study.

Methods

Women treated for HI and HR endometrial cancer attending medically-led FU were recruited. Purposive sampling targeted women

with a range of experiences post-treatment. Semi-structured interviews were analysed using an inductive thematic approach.

Results

Analysis of 25 interviews yielded four themes: 'The safe haven of FU'; 'Fear of cancer recurrence'; 'It is more than the absence of cancer'; 'Attitudes and relationships to health care professionals'. Women reported receiving little preparation for FU. FU focussed on physical symptoms and both escalated and alleviated fear of cancer recurrence. Generally emotional needs were unmet. Discussions and advice related to health promotion and practical support towards making those changes were absent. Women valued being seen by the treating clinician 'an expert in endometrial cancer'. Women perceived that contact with nursing staff in FU was limited and additionally, nurse led care could provide for unmet needs including emotional and healthy lifestyle support.

Conclusions

Ongoing scheduled FU provided a safety net, a guarantee of having a medical assessment with the cancer expert. However, participants described a range of unmet practical and emotional needs not addressed by the current model of care.

POSTER ABSTRACTS



Physical activity in older people with cancer. A review of reviews

Mrs Reegan Knowles¹, Professor Michelle Miller¹, Dr Emma Kemp¹, A/Professor Kade Davison², Professor Bogda Koczwara¹

¹Flinders University, ²University of South Australia

Biography

Reegan Knowles is a PhD candidate and Research Associate at Flinders University, South Australia. She has a Bachelor's degree in Nutrition and Dietetics (Honours) and has been working at Flinders University in a range of research and teaching roles for the past 12 years. Her research interests are in the assessment of CVD risk in cancer survivors, lifestyle modification in cancer survivors and the use of PROMs and PREMs in cancer care.

Background

Evidence and guidelines support the effectiveness of physical activity (PA) to improve wellbeing in cancer. However, most data are derived from younger adults. Older people with cancer may have different barriers to PA and different biology impacting PA effectiveness, and therefore data from younger people should not be assumed to generalisable to older people with cancer. We aimed to summarise review-level evidence for the impact of PA on health outcomes in older people with cancer.

Methods

In October 2021, we systematically searched six databases for systematic reviews with or without meta-analysis examining the effectiveness of PA on any health outcome/s in people with cancer aged >65 years. The search was not limited by dates. Independently, two researchers conducted screening, data extraction, and quality appraisal according to the PRISMA guidelines and the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis. Outcomes assessed included patient outcomes such as functional performance, fatigue, quality of life (QOL) and depression; and cancer outcomes including recurrence and length of hospital stay. Review findings were synthesised, reported narratively and summarised in a table.

Results

Sixteen reviews involving 84 different primary studies were included. Of 6,523 participants, 56% had prostate cancer. Fifteen studies were high methodological quality, one was moderate. PA increased functional performance and fitness, and reduced fatigue. There were mixed findings for body composition, QOL, depression, anxiety and cancer progression, and insufficient data regarding mortality and health service use. No adverse outcomes were identified.

Conclusion

PA provides a range of benefits in older adults. However, future research should clarify the relationship with health outcomes for which the evidence is mixed, and in cancers other than prostate cancer. Despite the need for clarification for some outcomes, clinicians should encourage physical activity in older people with cancer.

POSTER ABSTRACTS



Health care providers' perceptions, needs and preferences for the identification and management of cardiovascular disease risk in older cancer survivors

Mrs Reegan Knowles¹, Professor Michelle Miller¹, Dr Emma Kemp¹, Professor Bogda Koczwara¹

¹Flinders University

Biography

Reegan Knowles is a PhD candidate and Research Associate at Flinders University, South Australia. She has a Bachelor's degree in Nutrition and Dietetics (Honours) and has been working at Flinders University in a range of research and teaching roles for the past 12 years. Her research interests are in the assessment of CVD risk in cancer survivors, lifestyle modification in cancer survivors and the use of PROMs and PREMs in cancer care.

Background

Older people with cancer are at higher risk of cardiovascular disease (CVD) due to shared risk factors and cardio-toxic treatment. Despite this, many are not assessed for CVD risk or assisted to reduce risk. We aimed to examine health care providers' (HCP) needs and preferences for improving the identification and management of CVD risk in older people with cancer. This is the first step in the co-design of a new approach.

Methods

HCPs participated in focus groups or interviews lasting approximately 15-60 minutes. One researcher facilitated all sessions in-person or via teleconference. Using a semi-structured approach, HCPs were prompted to discuss their perceptions and experiences about the need for identification and management of CVD risk, gaps in the current approach and preferences for improvement. Sessions were audio-recorded and transcribed verbatim. Thematic analysis involved the coding of data, leading to the emergence of themes.

Results

Nineteen HCPs participated, including 7 medical oncologists, 5 nurses, 3 general practitioners, 1 dietitians, 1 physiotherapist and a haematologist. After preliminary analysis, we identified HCPs perceive identifying and managing CVD risk to be important, and that current approaches are lacking. HCPs also reported lack of time and expertise as barriers to their own engagement in the assessment and management of CVD risk. Majority identified other types of HCPs, or patients themselves, as being better-placed to identify risk than themselves. Digital tools, improved awareness and education of HCPs involved in cancer care were identified as important for an improved approach.

Conclusions

CCCs would like to see improved approaches to identifying and managing CVD risk in older people with cancer. However, consensus is lacking regarding how identification and management of risk should be approached, and who should be responsible. The next step in the co-design process will be to seek feedback from older people with cancer.

POSTER ABSTRACTS



Pilot study of a nurse-led survivorship program for people with metastatic melanoma (MELCARE)- baseline characteristics and preliminary feasibility and acceptability results

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Biography

Dr Julia Lai-Kwon is an early career medical oncologist and health services researcher. She is the current Medical Oncology Fellow at the Melanoma Institute Australia and has previously trained at Peter MacCallum Cancer Centre and the Royal Marsden Hospital. Her clinical interests are melanoma and other cutaneous malignancies, while her research focuses on survivorship issues facing people with metastatic cancers and the use of patient-reported outcomes in research and routine care. She is actively involved in medical education and has designed and delivered content for the Masters of Cancer Sciences at the University of Melbourne and VCCC Alliance. Dr Lai-Kwon is a current committee member of the Young Oncologists Group of Australia (YOGA) and the EORTC Quality of Life Group's Early Career Investigator Group.

Background

Checkpoint inhibitor therapy (CIT) and targeted therapy (TT) have improved the survival of people with metastatic melanoma, with around 50% achieving durable disease control. However, they may have unique physical, psychological, social and functional concerns and unmet

needs which are not addressed. MELCARE is a model of survivorship care for people with metastatic melanoma who are likely to be long-term responders to CIT or TT involving two nurse-led telehealth consultations, needs assessment using the Distress Thermometer and Problem List, and creation of a survivorship care plan. We present baseline characteristics and preliminary feasibility and acceptability results.

Methods

>18 year old patients with unresectable stage III or stage IV melanoma, >6 months post initiation of CIT or > 2 years post initiation of TT, with a complete response on recent computed tomography (CT) scan, and able to participate in a telephone consultation and complete electronic surveys were recruited from MIA. Rates of recruitment, reasons for declining, baseline clinical and demographic characteristics were recorded.

Results

From 11- 26 October 2021, 341 consecutive patients were screened; 61 (18%) were eligible. We contacted 54 (88%) to discuss the study. 35 (65%) expressed interest and 31 (57%) consented. Of the 19 (35%) who did not express interest, reasons included feeling well making the intervention unnecessary (n= 11), inadequate time (n=3), not wishing to involve another person in their care (n=1), inability to complete electronic surveys (n=2), 2 did not provide a reason. Participants were mostly male (21, 68%), median age 67 (46- 82) and mostly no longer receiving treatment (27, 87%). Participants were receiving/had received combination CIT (23, 74%), single agent CIT (7, 23%) or CIT with TT (3, 4%).

Conclusion

MELCARE has demonstrated preliminary evidence of its acceptability. Reasons for declining the study will help refine the inclusion criteria for future implementation studies.

POSTER ABSTRACTS



Is quality of life in rural cancer survivors worse than in urban survivors? A systematic review

Dr Sarah Latham¹, Professor Victoria White², Dr Kate Webber³, Dr Colin Wood⁴, Dr Karolina Lisy⁵, Ms Nikki Davis⁶, Mr Colin O'Brien⁶, Dr Nina Afshar⁷, Professor Jeremy Millar⁸, Professor Michael Jefford⁹, Dr Eli Ristevski¹⁰

¹Eastern Health, ²Deakin University, School of Psychology, Faculty of Health, ³Monash Health, ⁴Peter MacCallum Cancer Centre, Department of Health Services Research, ⁵Peter MacCallum Cancer Centre, Department of Cancer Experiences Research, ⁶Consumer, ⁷Cancer Council Victoria, Cancer Epidemiology Division, ⁸Alfred Health, ⁹Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ¹⁰Monash University, School of Rural Health

Biography

I am currently completing my Advanced Training in Medical Oncology gaining experience at Monash Health, Eastern Health and Alfred Health. Medical Oncology has been a long standing focus for me, having also gained experience in the field as a qualified physiotherapist at the Peter MacCallum Cancer Centre. I am passionate about providing holistic care to patients and enjoying a career that is not only multidisciplinary in nature but also relies on strong collaboration with allied health staff.

In addition to rewarding relationships with patients and colleagues in clinical practice, I am excited by a career that is dynamic and where the knowledge and skill base is constantly being renewed and updated. I am a passionate researcher with an interest in quality of life outcomes for cancer patients and survivors and supportive care aspects of cancer management.

Background

A focus on quality of life (QOL) in the survivorship phase is important given the increasing number of cancer survivors, yet little is known about variations in QOL by residence. We conducted a systematic review to 1) describe QOL outcomes in rural cancer survivors (RCS); 2) compare outcomes with urban counterparts.

Methods

We searched Medline, Embase, CINAHL and PsycINFO for studies with adults in rural, regional or remote areas who had completed definitive primary cancer treatment, were no longer receiving anticancer therapy (excluding adjuvant endocrine therapy) and included a comparator (urban location). We reviewed these and conducted a narrative synthesis. The protocol was registered in PROSPERO.

Results

We identified 17 studies involving 5705 participants; 3662 were rural. Most studies included rural-only participants (65%); the majority breast cancer survivors (47%), 1-5 years post-diagnosis (47%) and from the USA (65%). Eleven different QOL tools were used; eight were cancer-specific, one was specific to survivorship. Three studies consistently reported better emotional wellbeing in rural, compared with urban survivors, whilst three found no significant differences. Results were heterogeneous regarding other subscale and global scores. Studies investigating rurality had mixed results: one study showed comparable QOL for rural and remote survivors, whilst another reported an association between increased rurality and improved social function, financial stress and symptom-burden. Two studies included comparison with non-cancer populations; Australian rural and urban cancer survivors experienced greater social wellbeing, but otherwise comparable QOL to non-cancer peers, whilst American RCS had significantly lower QOL across multiple subscales.

Conclusion

We cannot tell if QOL in RCS is worse than in urban survivors. Current research is limited, uses disparate methodologies, and produced largely incommensurate results. Research to elucidate this question requires standardised instruments suited to the survivorship phase and people with different cancer types and from diverse backgrounds.

POSTER ABSTRACTS



Usability and quality of life assessment of a digital-based coaching intervention for cancer survivors

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¹CancerAid, ²University of Melbourne, ³University of Sydney

Biography

Dr Nicole Seebacher PhD, MBBS, is a researcher and medical doctor currently completing her Masters of Experimental and Translational Therapeutics at the University of Sydney. Dr Seebacher's research focuses on the development of novel agents targeting drug-resistant cancers – which has contributed to clinical trials of new medicines treating patients with advanced tumors in Australia. Dr Seebacher has 14 research publications and has presented her work at 22 cancer conferences in Australia and around the world. In 2017 Seebacher was recognized as NSW Young Woman of the Year.

Background

This study sought to evaluate the usability and impact on quality of life of a novel, digital-based coaching intervention that was delivered to cancer survivors outside of the hospital setting.

Method

In a retrospective cohort analysis, patients with cancer and more than 3 months absent from work were provided an intervention consisting of digital resources and calls with a health coach that was delivered over 12 weeks. PROMIS-10 was captured at the start of the 12 week program and at the conclusion. Satisfaction and likelihood of recommending the program were also recorded from patients at the end of the program. Qualitative feedback on what was good about the program and what could be improved were recorded.

Results

54 patients completed the 12 week program. Of the PROMIS-10 questions, greatest improvements were seen in the frequency of

emotional problems and level of fatigue (both 50% reporting an improvement), followed by overall quality of life (48%), along with physical (46%) and mental (46%) health. Fewest patients reported improvements in their level of pain (only 33%). 96% reported being satisfied or very satisfied with the program, while 94% were very likely to recommend the program. Verbatim feedback included favourable use of the app and valued support of the coach. Improvements were noted in program delivery (earlier preferred) and pain management support.

Conclusion

Cancer survivors receiving a 12-week remotely delivered coaching program reported a high satisfaction (96%) to the program and with greatest improvements in fatigue and the frequency of emotional problems. The app and coaching were valued highly.

POSTER ABSTRACTS



An online group psychoeducation intervention for psychology cancer outpatients

Dr Fiona Lynch¹, Ms Shobhna Bag¹

¹Barwon Health

Biography

Fiona Lynch is the Senior Clinical Psychologist at Barwon Health Andrew Love Cancer Centre in addition to her Clinical Psychologist role at Peter Mac. With a background in aged mental health, Fiona has been working in oncology since 2018 and is experienced in delivering evidence-based interventions to people living with and after cancer. In addition to her clinical roles, Fiona is involved in piloting psycho-oncology interventions in novel groups. This has included managing Fear-Less, a stepped-care intervention to treat fear of cancer recurrence in people with Stage IV melanoma treated with novel therapies. And Fiona now leads a project piloting Managing Cancer and Living Meaningfully (CALM) with people with advanced lung cancer treated with immunotherapies or targeted therapies at Peter Mac.

Background

Psychological concerns were already the highest unmet needs for Australians with cancer [1], and have been further exacerbated during the current COVID-19 pandemic [2]. As many as 37% of people with cancer are experiencing depression or anxiety during the pandemic [3]. Clinically, this has resulted in increased mental health referrals [4] and long waitlists are seen in psycho-oncology services. Long waitlists are associated with increased non-attendance to mental health services [5], and timely psychological services is therefore a high priority for cancer patients. Providing an initial low intensity group psychoeducation intervention before individual psychology therapy could help address this high need.

Aims

This presentation aims to evaluate the acceptability of an initial online group psychoeducation session delivered to cancer outpatients referred to clinical psychology.

Method

Outpatients referred to the clinical psychology team at a regional public oncology hospital since July 2021 were offered an initial online group psychoeducation session within one month of their referral. This psychoeducation session was delivered by psychologists, and included information on common psychological concerns during the cancer experience, and strategies to help cope. Patients were asked to complete a feedback form at the end of the session. Patients were invited to contact the psychology team if they wanted further psychology support after the session, and received a follow-up phone call after three weeks if no contact was made.

Results

Acceptability results will be presented including uptake and attendance rates, reasons for declining, rates of patients requiring further psychology support after the session, and patient feedback survey results.

Conclusions and Implications

Delivering an initial low intensity psychoeducation session to psychology outpatients could provide access to more timely psychological care. It also has the potential to reduce non-attendance rates in individual psychology appointments. Further research is needed to evaluate the efficacy of this psychoeducation intervention.

POSTER ABSTRACTS



Regional collaboration improves survivorship care for Wimmera-based radiation oncology patients

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Catherine Olston³

¹Grampians Integrated Cancer Service, ²Ballarat Austin Radiation Oncology Centre, ³Wimmera Health Care Group

Biography

Lea is a registered nurse. Since 2009, she has been working in a non-clinical regional service improvement role Grampians Integrated Cancer Service. Supportive and survivorship care are her main areas of focus. She is a member of the Cancer Nurses Society Association (CNSA) Older Persons with Cancer Specialist Practice Network to improve nurse understanding and care for this large and growing group affected by cancer.

Background

Rural and regional people in the Wimmera area of Victoria's Grampians region need to travel for radiation oncology. Round trips are 4-7 hours and accommodation in Ballarat is usually required. Cancer survival is less in the region (66%) compared to metropolitan Melbourne (71%).

Radiation oncology is often the final part of people's initial treatment combination. This quality improvement project is designed to formalise a post-treatment referral process into the Wimmera's survivorship programs and supportive care services nearer to home.

Method

The Ballarat Austin Radiation Oncology Centre (BAROC) designed internal electronic processes to identify Wimmera-based patients. Discussion and consent for participation occurred with the nursing team. Referrals were sent to the Wimmera Cancer Resource Nurse (CRN). Patients and carers were contacted to discuss and address their needs, provide local support service details and to action referrals. Evaluation occurs through patient experience and cancer team surveys, regular improvement cycles and data collection.

Results

Patient evaluations demonstrate that they felt comfortable and included, would recommend the process, and the process was helpful and timely.

Staff feedback supports the benefit for patients and suggests referrals be integrated into the electronic information system.

Plan-Do-Study-Act cycles have delivered process improvements.

Of patients referred the most common cancers were breast (50%), prostate (21%) and lung (12.5%). Oesophageal, brain and tonsil were the remaining cancers. Breast and prostate patients are now automatically referred to the local tumour coordinators.

Most returning patients are discussed at the regional Wimmera Supportive Care Multidisciplinary meeting and referred to closer services. The Cancer Wellness and Exercise Program is popular.

Conclusion

Patient and cancer team feedback have supported the value of the project. Ongoing process improvements delivered faster communication with returning patients and earlier referral into existing Wimmera services. Post-treatment care and survivorship programs are now available closer to home.

POSTER ABSTRACTS



Equitable access to fertility preservation in the cancer patient during COVID 19 via a national ovarian and testicular tissue transportation and cryopreservation service (NOTTCS)

Ms Andrea Martin, A/Professor Kate Stern, Dr Genia Rozen, Dr Debra Gook

¹The Royal Womens Hospital

Biography

Andrea has an extensive career in women's health, as a nurse and midwife over 36 yrs, with a keen interest in fertility management since 1999. She has been instrumental in establishing the National Ovarian and Testicular Tissue Transport and Cryopreservation Service (NOTTCS) at the Royal Women's Hospital, Melbourne, commencing 2019.

Her passion is facilitating local access to fertility preservation for all cancer patients in a safe and timely manner.

Aim

This paper describes the uptake and ongoing service delivery of the national ovarian and testicular tissue transport and cryopreservation service (NOTTCS) established October 2019. Facilitating regional and interstate oncology referral for fertility preservation of ovarian, testicular tissue and sperm in a recognised centre of excellence, despite access to care and logistical constraints of a worldwide pandemic.

Method

Information/education/instructive resource package developed for oncofertility, supported by a centralised NOTTCS program coordinator and specialist fertility consultants. Referrals are fast-tracked to eliminate treatment delays. Ovarian, testicular tissue, and sperm is collected at the retrieval hospital and transported to RWH using a specialist courier service, for centralised processing, cryopreservation, and storage, as per published protocols¹⁻³.

Results

To date, 45 ovarian tissue, 5 testicular tissue, and one semen sample, have been transported from all Australian states and territories to RWH. External funding support is provided for the subgroup of cancer patients aged 13-30, and for storage for those under 21 yrs.

Conclusions

Provision of a gonadal tissue fertility preservation service, for young people, primarily with cancer, was not widely available until 2019. NOTTCS facilitates recommended best practice oncofertility, with extensive support from a centre of excellence. This has made possible the expansion of patient and provider access to timely fertility preservation, irrespective of geographic location, financial constraints, or global pandemic.

POSTER ABSTRACTS



Evidence for microglial activation as the unsuspected culprit of cancer-related anxiety

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¹Neuroscience Research Australia, ²School of Psychiatry, University of New South Wales, ³Monash Institute of Pharmaceutical Sciences

Biography

Delyse is a first year PhD candidate supervised by Dr Adam Walker, Professor Cynthia Shannon Weickert and Dr Adam Lawther. She is a member of the Laboratory of ImmunoPsychiatry at Neuroscience Research Australia where she successfully completed her Honours in 2020. For her Honours year, Delyse was awarded a high distinction and the Paxinos and Watson Prize (1st in her cohort). She attended the 2020 Biological Psychiatry Australia national conference (held virtually), and submitted an abstract based on this work. Delyse's abstract was accepted for an oral presentation for which she was awarded the Best Student Oral Presentation.

Background

Anxiety in cancer patients is approximately 3-times more prevalent compared to the general population. While the stress of living with a cancer diagnosis undoubtedly causes anxiety, we considered the possibility that the cancer also contributes. Chronic stress activates brain resident microglial cells, which are responsible for stress-induced anxiety. As microglia also respond to inflammation, a hallmark of cancer, we aimed to disambiguate the role of cancer versus stress on microglial activation and evaluate its relationship to anxiety-relevant behaviour.

Methods

To model the physiological impact of stress caused by a cancer diagnosis, mice bearing mammary tumours underwent 2 h of restraint stress (vs handling) from days 3-9 after tumour cell injection, and were assessed for anxiety-relevant behaviour. Iba1 immunostaining was used to visualise changes in microglial activation throughout stress-and-anxiety neurocircuitry.

Results

Cancer and chronic stress increased the average soma area of microglia and Iba1-immunoreactive material in downstream brain structures that transmit signals within stress-and-anxiety-related neurocircuitry, indicating activation of microglia in these regions. Chronic stress and cancer each induced anxiety-like behaviour which correlated with microglial activation. Cancer and chronic stress combined did not further exacerbate microglial activation, despite enhancement of tumour growth by chronic stress which has been previously demonstrated.

Interpretations

The findings implicate a role for microglia in stress-and-anxiety-related disorders in cancer patients, and suggest the potential for interventions that inhibit microglial activation to treat anxiety in cancer patients. For the first time we demonstrate that a peripheral tumour targets the same brain regions and activates microglia to the same extent as chronic stress. Although cancer and chronic stress combined did not produce a cumulative effect on microglial activation, it is possible that they do synergistically interact to cause microglia to burn out/breakdown.

POSTER ABSTRACTS



Hearing all their voices: A multi-method, multi-informant process to designing a new Australian AYA longitudinal survivorship study

Dr Fiona McDonald^{1,2}, Ms Helen Bibby¹, Dr Cindy Kok¹, Dr Natalie Bradford³, Ms Tayhla Ryder¹, A/Professor Pandora Patterson^{1,2}

¹Canteen Australia, ²Faculty of Medicine and Health, University of Sydney, ³Centre for Health Services Research, University of Queensland

Biography

Dr Fiona McDonald is the Research Manager at Canteen, where she has worked since September 2010. Her research investigates the psychosocial impact of cancer (including familial cancer) on adolescents and young adults, including their concerns and unmet needs. She is also involved in the development and implementation of measures and interventions for this population. She holds an adjunct lectureship in the Faculty of Medicine and Health at the University of Sydney.

Background or Aims

Due to relatively high survival rates and young age at diagnosis, adolescents and young adults (AYA) have many years of cancer survivorship. To better understand the long-term impacts of cancer on AYAs a longitudinal study is required. We describe a multi-method, multi-informant process to design an AYA longitudinal survivorship study that addresses existing gaps in the literature; is relevant to AYA cancer survivors, their families and health care professionals; and can be expected to have a meaningful impact on care.

Methods

Phase 1: systematic review to identify which outcomes were previously examined in AYA longitudinal studies, and relevant barriers and facilitators.

Phase 2: online value-weighting survey to determine study priorities with national and international stakeholders (patients, family members, healthcare professionals, academics/

researchers, policy makers).

Phase 3: 25 mixed-stakeholder workshops to advise on recruitment, data collection methods, and sustaining engagement.

Results

Phase 1: 13 longitudinal studies were identified, focussing on physical functioning, quality of life, and psychological impacts; little discussion of barriers or facilitators; no Australian studies; and no studies involved consumers in their development.

Phase 2: (N=74; patient/survivor/family member n=27, health care professional/academic/policy n=47) the highest priorities were allocated to the Psychological and Physical Functioning and Health domains. The highest rated outcomes within these domains, were 'Psychological adjustment to the long-term physical impacts of cancer and/or treatment' and 'Ongoing physical symptoms'.

Phase 3: workshop recommendations included: co-designing recruitment materials with AYAs; presenting key study information in more user-friendly ways; providing surveys in a range of modalities; and sharing back what is being learnt with participants regularly throughout the study.

Conclusions or Implications

Findings from the three phases have provided a strong design on which to build the study maximising the likelihood of obtaining findings that positively impact care and outcomes for AYA survivors.

POSTER ABSTRACTS



Building the capacity of the community health workforce to support cancer survivors – what are the learning and training needs to deliver community-based survivorship care?

Ms Rebecca McIntosh¹, Ms Paula Howell², Ms Bernadette Zappa², Ms Carina Martin¹, Ms Fiona Wallace¹, Dr Bianca Devitt^{3,4}, Ms Kylie Durant⁵, Dr Penny Gaskell⁶, Ms Viv Interrigi⁷, Ms Helana Kelly⁸, Ms Debra Miller¹, Ms Lahiru Russell^{9,10}, Ms Katherine Simons², Dr Wee Kheng Soo^{1,3,4}

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Biography

Rebecca has over 15 years experience working as a dietitian across the acute, sub-acute and primary healthcare setting. She currently manages the Cancer Survivorship project at HealthAbility (previously known as Carrington Health). In 2020 the project secured further funding from the Victorian State government to expand the program to an additional three community health services in the Eastern Melbourne region, improving the accessibility of allied health services to all survivors.

Aims

Transitioning cancer survivorship care from acute to community-based allied health services improves cancer survivors' self-management skills and health outcomes. Education in survivorship care for health professionals (HPs) in community health settings will strengthen transitions of care. This study aimed to 1) assess knowledge and education needs of community-based allied health and nursing staff to deliver quality survivorship care in the community; and 2) conduct training sessions to address knowledge gaps and education needs.

Methods

HPs from four community health services in the eastern region of Melbourne completed a study-specific online mixed-method survey on knowledge and education needs in cancer survivorship care. Questions related to confidence in aspects of care delivery, previous work experience and training content needs.

Results

One-hundred HPs completed the survey (60% response rate). 64% had been referred a cancer survivor in the past 12 months and 87% had not previously received any cancer-specific education. There was low confidence in 'knowing what cancer-specific services or supports were available' (70%) for people with cancer, 'understanding the cancer survivorship model of care' (72%) and in 'accessing reliable and high-quality information and resources' (45%). The preferred method of training was online modules followed by face-to-face delivery. HPs requested 'a general overview regarding cancer survivors' health needs and interventions to address these needs' (78%), 'information about specialist supports and services provided by non-government cancer organisations' (70%) and 'training specific to the symptoms to be treated by their discipline' (68%). Education sessions were delivered at each of the four community health services with a total of 91 staff in attendance.

Conclusions

This study highlighted the education needs of community-based health professionals to support the delivery of quality survivorship care. Findings informed the content of education sessions delivered in the community health setting.

Acknowledgements

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POSTER ABSTRACTS



Rural breast cancer survivors experiences of Survivorship Care Plans

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¹Monash University, School of Rural Health, ²Latrobe Regional Hospital, ³Alfred Health, ⁴Monash University, School of Rural Health

Biography

Monique Paterson is a Bachelor of Biomedical Science Honours Student

Background

Cancer Control authorities recommend the provision of a Survivorship Care Plan (SCP) to support cancer survivors. Whilst there is literature on the components and acceptability of SCPs, little is known about how they are used by cancer survivors, especially in rural areas where health services and resources are limited.

Aim

To explore the rural breast cancer survivors' perspectives on and experiences of SCPs during the transition to post-treatment cancer survivorship.

Methods

We conducted a qualitative descriptive study design with breast cancer survivors in a rural area in Victoria. Semi-structured interviews were conducted and analysed thematically.

Results

Twelve breast cancer survivors were interviewed, with a mean age at interview 68.1 (SD = 9.9) years. The transition to cancer survivorship was defined by the shift to a new identity, with challenges of fear of recurrence and 'getting back to normal'. Participants felt the Cancer Survivorship Nurse (CSN) was a central resource to planning and follow-up in survivorship care, providing reassurance and specialist advice. Despite positive reflections of the treatment summary in the SCP, the SCP itself was thought to be a secondary resource to the CSN. There was no consensus on the preferred medium and format of the SCP; electronic or paper-copy.

Conclusion

Creating a SCP provided valuable contact with the CSN, aiding the transition into survivorship. Before SCPs are implemented widely, further research is required to explore how the SCP was being used in survivorship, and by whom, and the most suitable medium and format for their delivery and on-going use.

POSTER ABSTRACTS



Access to Exercise Pilot! Putting exercise on the map! City, regional or rural! Let's embed EXERCISE as standard practice for people living with blood cancer!

Mrs Caroline Pollard¹

¹Leukaemia Foundation

Biography

Caroline Pollard has an extensive healthcare background and works as a Blood Cancer Support Coordinator Specialist for Leukaemia Foundation. Caroline is passionate about promoting and supporting patients to live well with Blood Cancer.

Background

The Leukaemia Foundation recognises that PLWBC (people living with blood cancer) can often face significant physical, psycho-social and practical challenges because of their disease, treatment and management; decreasing their overall quality of life. Exercise and physical activity are a key component of effective self-management, rehabilitation and recovery.

Aim

The overall aim is to pilot an Australia wide Access to Exercise program using the principles of needs stratification, self-health management and health literacy. Focusing on the safety & efficacy of exercise in Blood Cancer and on the individual barriers effecting their ability to meet exercise and activity recommendations. To improve the health and wellbeing of PLWBC.

Method

Stratifying the need:

ALL PLWBC receive general education on the benefits of exercise, both physical and mental. LF provides links to self-directed exercise resources.

MANY PLWBC, requesting support to accessing an exercise professional/program, either one-on-one, community or hospital based.

FEW PLWBC following intensive medical treatment will identify barriers to accessing

exercise. These FEW will be provided with an individual pathway to access appropriate exercise support, with contact points from Leukaemia Foundation at Weeks 2, 4, 6 and Week 12.

Results

This pilot program is in the initial stages of implementation and it is anticipated there will be reportable data available in the first quarter of 2022.

Conclusions & Implications for Practice

This Access to Exercise Pilot will enhance and elaborate on the existing work done in this space by the Leukaemia Foundation. The aim of which is to ensure PLWBC have access to information, support, and expert exercise professionals to support and promote better health and wellbeing at any stage on the blood cancer journey.

POSTER ABSTRACTS



The Victorian Long Term Follow-up Program (LTFP) for children and adolescents with cancer treatment late effects: evolution towards an empowering, sustainable, best-practice model of care

Ms Hannah Pring¹

¹Paediatric Integrated Cancer Service (PICS)

Biography

Hannah Pring is a Service Improvement Project Lead at the Paediatric Integrated Cancer Service (PICS), currently working with the Victorian Long Term Follow-up Program (LTFP) for childhood and adolescent cancer survivors, leading a comprehensive service review and implementation of resulting service improvement initiatives.

Hannah is passionate about supporting the holistic wellbeing of young people and their families within a healthcare setting, especially during challenging periods of transitions to emerging adulthood and adult services. Areas of interest include cancer survivorship, supportive care and mental health and wellbeing, further explored through current enrolment in the Melbourne University Master of Youth Mental Health.

Background

The Victorian Long Term Follow-up Program (LTFP) has been providing tailored care to paediatric and adolescent cancer survivors for over a decade, supporting over 2000 patients. The program supports long term health and wellbeing issues associated with 'late effects' of a patient's cancer diagnosis and treatment. Following substantial growth, a comprehensive service review was undertaken to explore activity and patient/family and clinician experiences, identify areas for improvements and develop recommendations to support a sustainable, best-practice model of care.

Method

A mixed method phased approach was undertaken incorporating data mapping,

a patient and family survey (n=103) and workshop (n=10), stakeholder consultation (ongoing), international expert review (n=1) and a General Practitioner (GP) and paediatrician (n=13) workshop. Feedback was analysed to inform the recommendations report and implementation plan.

Results

The LTFP is valued by families. For 81% of those surveyed, the LTFP is meeting expectations, and 84% would recommend the program to others. Stakeholder and expert review highlighted the LTFP delivers individualised care through a risk-stratified and multi-disciplinary model aligned with international best practice guidelines. However, long term follow-up is complex, and experiences varied. Activity data illustrated the LTFP is at capacity, and key stakeholders consider current service delivery unsustainable. Thirty-seven recommendations were identified across eleven focus areas including significant transformation developing the GP and paediatrician shared-care model, improving transitions, enhancing research and data collection, and increasing care and support for high-risk patients/families.

Implications

The recommendations represent a 'case for change'. Implementation will ensure LTFP sustainability and accessibility. These advances emphasise evolution towards an empowerment model, promoting positive health and wellbeing. Implementation will streamline identification and management of late effects and enhance monitoring and reporting on quality and outcome measures, contributing to the evidence base and benefiting future families.

Implementation has commenced and will be evaluated against frameworks appropriate to specific initiatives.

POSTER ABSTRACTS



Cancer Mind Care: Australia's first online self-help psycho-oncology platform for people affected by cancer

Mrs Tara Gannon¹

¹Western & Central Melbourne Integrated Cancer Service

Biography

Tara Gannon is a Project Lead at WCMICS and has nine years' healthcare experience, including as a Clinical Dietitian. She is committed to improving health outcomes for individuals and their families, through quality improvement and service re-design projects.

Background

At the peak of the COVID-19 pandemic, clinicians reported an exponential increase in psychological distress experienced by people affected by cancer – a vulnerable cohort that already had pre-existing unmet emotional and psychological needs. A lack of specialist cancer psychologists is reported across regional Victoria, whilst long waiting lists have delayed access to psycho-oncology services across metropolitan Melbourne.

Aim

To create an accessible online psycho-oncology platform, with self-screening of psychological distress using validated tools, and tailored results with cancer-specific content, resources, and support services.

Method

- Gap analysis

A desktop review identified several well-established online resources providing general online psychological self-help strategies; however, an absence of psycho-oncology specific online material. A literature review reinforced the opportunity to address this unmet need.

- Website development

Through extensive consultation, the website wireframe for Cancer Mind Care (CMC) was created to include four portals, 11 psycho-oncology topics and five animation-style videos. The comprehensive psycho-oncology content was written by Psychologists and co-designed with consumers.

The stepped care model incorporates self-screening of psychological distress (NCCN distress thermometer), anxiety and depression (Kessler-10). The real-time 'Cancer Mind Plan' results provide tailored content and recommendations.

Results

CMC is a free, self-help online platform offering tailored psycho-oncology support for people with cancer, their support persons, clinicians, and First Nations peoples. With all details kept confidential, CMC represents a non-threatening, first step for individuals seeking access to psycho-oncology support.

Conclusion

CMC helps address the significant gap in psycho-oncology services across Victoria, in the absence of or delays in access to services. It provides a comprehensive self-help solution to address psycho-oncology concerns for people affected by cancer. CMC is cost-effective, convenient, easy to navigate, and supports self-management.

This project is a collaboration between Western & Central Melbourne Integrated Cancer Service, Peter MacCallum Cancer Centre and Gippsland Regional Integrated Cancer Service.

POSTER ABSTRACTS



Nutrition and physical activity-based health coaching in a rural area – cancer survivors' experiences

Mr Joshua Rowe¹, Ms Georgie Barber², Mr Phillip Jamieson², Ms Anny Byrne², Dr Michael Leach³, Dr Elica Ristevski¹

¹Monash University, School of Rural Health, ²West Gippsland Health Care Group, ³Monash University, School of Rural Health

Biography

Joshua Rowe is a Biomedical Science (Honours) student at Monash University.

Background

In Australian rural populations, modifiable cancer risk factors such as high body mass, poor dietary habits, and physical inactivity are highly prevalent. Potentially preventable comorbidities, including obesity, are associated with cancer-related mortality and are an issue for rural cancer survivors. I.CAN is a nutrition and exercise-based health coaching intervention aimed at changing rural cancer survivors' lifestyle behaviours and promoting chronic disease self-management. This study explores rural cancer survivors' perspectives on and experiences of the I.CAN program.

Methods

A descriptive qualitative study was conducted. Stratified purposive sampling was used to recruit I.CAN participants with breast, colorectal or prostate cancer. Semi-structured interviews were conducted via telephone. Thematic analysis was used to analyse interview transcripts.

Results

Fifteen cancer survivors were interviewed. Participants were on average 70.9 years (7.1), female (67%), diagnosed with breast cancer (53%), and pre-obese (47%) or obese (33%). Participants perceived themselves to not require diet coaching due to a good understanding of nutrition, but still reported learning and adopting key nutritional information and diet self-management skills. Participants perceived the program provided them with achievable exercises that could be easily implemented at home or added to previous physical activity

habits. Participants reported benefiting from the program's group setting, which enabled them to socialise with, support, and learn from each other. The program was perceived to be highly individualised with individual needs being met. Participants perceived that developing rapport with the health coaches was essential to fulfilling survivorship needs.

Conclusion

Health coaching is a feasible intervention in promoting self-management skills in nutrition and exercise in rural cancer survivors. While exercise is considered part of routine cancer care, further research needs to explore nutritional health coaching. The perspectives and experiences of the I.CAN participants indicate key elements of health coaching that could guide the further development of survivor-centred health coaching interventions.

POSTER ABSTRACTS



Transitioning colorectal cancer survivors back to primary coordinated healthcare

A/Professor Claudia Rutherford^{1,2},
Dr Bora Kim^{1,3}, Dr Marguerite Tracy⁴,
Dr Janani Mahadeva⁵, Professor Cheri
Ostroff⁶, Ms Julie Marker⁷, Professor
Kate White^{1,2,8}, Ms Louise Acret^{1,2},
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Biography

Claudia is Deputy Director QOL Office and Associate Professor, University of Sydney, and co-Editor-In-Chief of QLR Journal. She completed her PhD in 2011 in Health Outcome Measurement and specialises in PROs, including HRQOL and symptom burden. She has experience undertaking systematic reviews, qualitative research, PRO measure development and evaluation, cross-cultural and linguistic translation of PRO measures, and psychometrics. Her research interests focus on methodological research to improve the quality of PRO assessment in clinical research. Specifically, improving the QOL of people with chronic health conditions, developing valid PRO measures for use in research and clinical practice, and implementing PROs into routine oncology clinical practice.

Background

Treatment for colorectal cancer (CRC) can have a long term impact on survivors' quality of life leading to side effects and impairments that can last years post-treatment. We aimed to establish CRC survivors' experiences of managing their symptoms and side-effects in the community and explore their perspective on the role of their General Practitioner (GP).

Method

Mixed method study drawing on survey and qualitative interviews of CRC survivors. Surveys focused on: 1) experience of care in the

community post-treatment; 2) post-treatment follow-up care in the community; 3) care gaps; 4) perceptions about GPs role in post-treatment follow-up care. Frequencies of survey responses for closed-ended questions were descriptively analysed. Interviews explored CRC survivors experiences in transitioning their care from hospital to GP-coordinated care. We took an interpretive descriptive approach to analyse qualitative data using thematic analysis.

Results

Survey respondents (n=51) were largely female (79%) and younger than the average CRC patient with 41% younger than 50 years. Participants reported experiencing unmet needs related to ongoing consequences of CRC treatment; fatigue/lacking energy (86%), psychological/emotional concerns (78%), bowel problems (75%), pain/discomfort (69%), neuropathy (71%), and weight loss/gain (69%). A number of participants reported not knowing who to contact regarding treatment-related symptoms/concerns (35.3%). Half of the participants (51.0%) felt more comfortable discussing sensitive concerns such as sexual problems, stress, bowel problems or pain if the GP raised the issue.

Participants were appreciative of the care received from both their GP (85.5%) and specialist colorectal services, but reported a lack of coordination between the service providers.

Conclusion

CRC survivors are a diverse group of people with a shared experience of colorectal cancer. Their long-term care and support requires an individualised multidisciplinary team-based approach with communication gaps and transitions between service providers bridged.

POSTER ABSTRACTS



Supporting the transition to survivorship care for rural cancer survivors through a nurse-led clinic

Mrs Leah Savage¹, Dr Eli Ristevski², Dr Michael Leach³, Dr Tricia Wright⁴, Dr Sachin Joshi⁵, Dr Mahesh Iddawela⁶

¹Latrobe Regional Hospital GCCC Survivorship Clinic - Level 1, ²Monash University, School of Rural Health, ³Monash University, School of Rural Health, ⁴Latrobe Regional Hospital, ⁵Latrobe Regional Hospital, ⁶Latrobe Regional Hospital

Biography

Leah is a Clinical Nurse Specialist with fifteen years' experience in the Day oncology setting. This has included Cancer care coordination, ANUM and cancer care nursing. Other oncology related roles comprise Radiotherapy, In-patient/palliative care & a Cancer service improvement coordinator with Gippsland Regional Integrated Cancer Services (GRICS). Leah has been working as the Gippsland Cancer survivorship nurse since August 2018.

In 2017 we established a nurse-led cancer survivorship clinic to support rural cancer survivors' in their transition from acute care to routine follow-up. Survivors with low grade breast, prostate, colorectal, lymphoma and gynecological cancers are eligible to participate. The clinic provides two one-hour appointments with a cancer survivorship nurse to develop a survivorship care plan tailored to the individual's supportive care needs, cancer type and personal circumstances. Feedback from 92 participants on their experience in the nurse-led clinic has been positive. The majority (83%) reported the length of the end of treatment care plan was just right, 77% would use it for their own records. In the consultation with the nurse they understood the nurse's explanations (88%), found the information provided helpful (87%) and discussed symptoms and late effect of treatment (80%). Follow-up appointments were well organised (94%), the time to the first and second clinic visit was just right (68%, 80% respectively). The two appointment times with the nurse were long enough (88% and 80% respectively). The nurse discussed their worries and fears (68%), treated them with respect and dignity (91%) and did not talk about their as if they were not there (78%). Only 50% stated 'yes

definitely they wanted to be more involved in decisions made about your care and treatment. Overall, participants rated the care they received in the clinic as very good (85%) and 92% would completely recommend the clinic. This data will help shape the future directions of the clinic which is fast growing in demand. Between March and October 2021, 466 patient contacts 117 referrals were documented. The success of the clinic demonstrates the value of the NLC in a regional area to support rural cancer survivors' transitions into survivorship where there are limited health services.

POSTER ABSTRACTS



Characterisation of long-term demographics and return-to-work outcomes in adult patients post-allogeneic stem cell transplantation: a retrospective cohort study

Mrs Dominique Shreeve¹

¹The University Of Melbourne, ²Peter MacCallum Cancer Centre, ³The Royal Melbourne Hospital

Biography

Dominique Shreeve has just completed her Masters degree in Cancer Sciences through the University of Melbourne. Prior to this, she completed a Bachelor of Biomedical Science and Bachelor of Science from Monash University. She is passionate about improving the long-term outcomes in patients.

Background

Allogeneic bone marrow transplant survivors are vulnerable to a range of long-term adverse psycho-social and physical outcomes, which can influence their ability to return to work and maintain a positive quality of life. However, there is a paucity of long-term studies evaluating outcomes in this cohort.

Aims

This study aims to describe the long-term physical, psychological, and quality of life outcomes of an allogeneic bone marrow transplant cohort comparing psycho-social outcomes between patients stratified by work status.

Method

A retrospective cohort study of 546 patients, attending their first visit to a long-term follow-up clinic, at The Royal Melbourne Hospital from April 2014-June 2021. Data were collected using patient questionnaires assessing a series of physical, psychological, and quality-of-life measures. Factors relating to occupational status were analysed and outcomes potentially impacting employment were identified.

Results

A total of 546 patients were included with a mean of 7.7 years since the transplant. 61.3 % were working and 27.4 % not working at the time of the first visit. Preliminary analysis has shown a statistically significant difference ($P<0.05$) between the fatigue severity of people working compared to people not working; statistically significant difference in depression ($P=0.02$) and Quality of life ($P<0.001$). There was no statistical difference in age, gender, or graft-versus-host infection.

Conclusion and Implications

Allogeneic bone marrow transplant patients remain vulnerable to psycho-social distress and experience barriers to returning to work, during long-term recovery. Data offers an opportunity to inform supportive guidelines to assist in the extended care of survivors, contributing to an improved quality of life. More research is needed to better understand these factors and what intervention models are required.

POSTER ABSTRACTS

How inclusive are Australian cancer survivorship research, services and programs when it comes to metastatic cancer survivors? A protocol for a review and policy analysis

Dr Andrea Smith¹

¹The Daffodil Centre, University Of Sydney

Biography

Dr Andrea Smith is an early career researcher involved in collaborative, multi-disciplinary research in the fields of health promotion and disease prevention, with a current focus on the application of implementation science and practice across the cancer continuum, specifically breast, ovarian and melanoma. Recent melanoma research projects include identifying factors influencing implementation of recommendations for sentinel node biopsy in melanoma in Australia, an evaluation of the implementation of a fear of cancer recurrence psycho-educational intervention in melanoma patients, implementation of melanoma risk-based surveillance and education into routine clinical care in dermatology clinics, developing quality indicators for skin cancer for use in primary practice, and understanding factors impacting on the implementation of a personalised immunotherapy platform for patients with advanced melanoma.

Her current research in supportive care in metastatic breast cancer includes understanding the role and value of the specialised metastatic breast care nurse and co-designing an online resource to support healthcare and community organisations to set-up and sustainably deliver professionally led metastatic breast cancer support groups in Australia. She is involved in the Roadmap to Optimising Screening in Australia (ROSA) project which is investigating how the BreastScreen program, and other health services, can be personalised for clients with different levels of breast cancer risk. She is also using implementation science approaches to understand the current referral processes for genetic testing and counselling for women with ovarian cancer and their families, to demonstrate variation that may exist between settings.

Background

The most widely cited definition of cancer survivor includes everyone from point of cancer diagnosis to end-of-life. Within the wider population of cancer survivors are people diagnosed with metastatic cancer. Improvements in systemic treatments mean that people diagnosed with metastatic cancers with a once poor prognosis are now living for extended periods of time, sometimes decades. Ongoing treatment means that in addition to the effects of their disease, these patients must deal with short, late and long-term effects arising from multiple different treatment regimens. Consequently, metastatic cancer survivors have high levels of unmet supportive care needs. Internationally there have been calls for cancer survivorship research to prioritise research in metastatic cancer survivorship, a reportedly neglected area of research.

Aim

This study aims to: (1) understand how diverse and inclusive Australian cancer survivorship research, services and programs are in relation to metastatic cancer survivors; and (2) understand the focus of Australian research into the survivorship needs of individuals diagnosed metastatic cancer.

Methods

The scoping review will identify relevant studies reporting cancer survivorship research in Australia from four electronic databases (MEDLINE; Embase; CINAHL; PsychINFO) published since 2000 (when new systemic treatment options for advanced cancer emerged). Data extraction and coding will allow for: (1) population studied (adult vs childhood cancer survivors); cancer site(s); age; time since diagnosis; inclusion of special populations, e.g. LGBTQIA, rural, or caregivers; (2) the primary survivorship research area of interest (economics/employment/finances, establishment of a cohort, health behaviors and adherence, patterns/quality of care, physiologic and psychosocial, psychosocial sequelae only, physiologic sequelae only, psychometric/data mining tools); (3) study design (observational or interventional). Document analysis of online and print-based materials from major Australian cancer organisations relating to survivorship will identify policies, programs and services relating to metastatic cancer survivor. Data will be extracted and coded using a qualitative content analysis.

POSTER ABSTRACTS



Evaluation of functional and patient reported outcomes in patients undergoing outpatient cancer rehabilitation at Flinders Medical Centre

Ms Natasha Tham¹

¹Flinders Medical Centre

Biography

Natasha was a final year medical student from Flinders University where she did her research project on rehabilitation and oncology medicine. She is currently employed at Lyell McEwin Hospital and Modbury Hospital as an intern.

Background

Cancer and cancer treatments often lead to detrimental effects on patients' physical and mental health. Prior studies demonstrate that rehabilitation can significantly improve outcome measures in both cancer survivors and patients undergoing active treatment.

Objective

The primary objective was to evaluate the functional and patient reported rehabilitation outcomes in patients with cancer undergoing outpatient rehabilitation program through a dedicated cancer rehabilitation clinic (CRC). Secondary outcomes were completion rates of program and reasons for interruptions or early cessation from the program.

Methods

This study was a single centre, observational cohort study of patients with cancer undergoing cancer rehabilitation. Physical measures included quadriceps strength, bicipital strength, grip strength, Timed Up and Go (TUG), 6-minute walk test (6MWT) and Sit to Stand (STS). Patient-reported outcomes included Functional Assessment of Cancer Therapy (FACT), and the Functional Assessment of Chronic Illness Therapy (FACIT). Data was extracted for analysis to compare pre and post intervention for changes in outcome measures.

Results

62 patients with various cancers were referred to CRC; and 48 entered the program. 29 (60.4%) of those who started the rehabilitation program

completed it. The most common reason for interruption or early cessation from the program was due to medical complications. Among the physical measures, rehabilitation intervention resulted in significant improvements only for 6MWT (440 metres on admission vs 520 metres on discharge, P=0.01) and STS (11 seconds on admission vs 13 seconds on discharge, P=0.01) while there were no significant changes in patient-reported outcomes.

Conclusions

This study showed that there is potential for a specialised outpatient rehabilitation program to help significantly improve physical outcome measures in cancer patients. Moreover, further research is warranted to understand the types of outcome measures to be considered to facilitate optimal assessment of the interventions, especially in the context of an increasing demand for oncology rehabilitation.

POSTER ABSTRACTS



A self-management intervention for treating fear of cancer recurrence in early stage cancer survivors

Ms Mei Tran¹, Dr Lachlan McDowell¹, A/Professor Joanne Shaw², Dr Fiona Lynch¹, Dr Ben Smith⁴, Professor Michael Jefford³, Mr Alan White¹, A/Professor Haryana Dhillon², Professor Steve Ellen¹, Ms Clare Halloran¹, Ms Lynda Katona⁵, Professor Orla McNally⁷, Professor David Wiesenfeld⁶, Dr Maria Ftanou¹

¹Peter MacCallum Cancer Centre, ²Psycho-oncology Co-operative Research Group, University of Sydney, ³Australian Cancer Survivorship Centre, ⁴Ingham Institute for Applied Medical Research, University of New South Wales, ⁵Alfred Health, ⁶Royal Melbourne Hospital, ⁷Royal Women's Hospital

Biography

Mei Tran is a clinical psychologist and is currently a project manager in the Psychology department at Peter MacCallum Cancer Centre. She is interested in working towards supporting and improving quality of life for those affected by cancer.

Background

Fear of Cancer Recurrence (FCR) is a significant unmet need of cancer survivors and is consistently associated with psychological distress and impaired quality of life. Although existing FCR strategies have demonstrated clinical efficacy, they are considerably resource intensive. Less intensive interventions are needed to manage survivors with mild-to-moderate FCR.

Aim

To develop and evaluate a self-management intervention for treating mild-to-moderate FCR in early stage cancer survivors, within a stepped-care framework.

Methods

Phase 1: A self-management resource was developed by adapting an existing FCR resource for Stage IV melanoma survivors. The updated booklet then underwent a consumer review.

Phase 2: Over fifteen weeks, 60 early stage cancer survivors who have completed

treatment will be routinely screened for FCR using the Fear of Cancer Recurrence Inventory – Short Form and Fear of Cancer Recurrence - 1 Item Measure, and recruited to our stepped-care program. Survivors experiencing mild-to-moderate FCR will be offered the self-management resource with clinician phone support, while those experiencing severe FCR will be offered individual therapy. This will be evaluated in terms of 1) acceptability (i.e., treatment uptake/adherence, patient/clinician experience) and 2) feasibility (i.e., time taken for intervention delivery).

Results

Phase 1: Seven consumers (mean age 53.4 years) attended a two-hour workshop facilitated by two clinical psychologists. The consumers provided feedback on content, style and design, which resulted in the development of a 52-page booklet. The resource includes education about FCR alongside self-management strategies for FCR.

Phase 2: The levels of FCR experienced by early stage cancer survivors will be presented alongside demographic details including age, sex, diagnosis and treatment. Preliminary data on the acceptability and feasibility of the self-management intervention will also be presented.

Conclusion

This study will evaluate the acceptability and feasibility of a reduced-intensity self-management intervention to address mild-to-moderate FCR in early stage cancer survivors.

POSTER ABSTRACTS



A mouse model of breast cancer survivors: Paclitaxel chemotherapy induces long-term memory impairment and neuroinflammation

Ms Ni-Chun Chung³, Dr Aeson Chang³, Mr Ryan Gillis³, Dr Erica Sloan³, Dr Adam Walker^{1,2,3}

¹Neuroscience Research Australia, ²University of New South Wales, ³Monash Institute of Pharmaceutical Sciences

Biography

Ni-Chun is a PhD student at Monash Institute of Pharmaceutical Sciences supervised by Dr Adam Walker and Dr Erica Sloan. She recently submitted her PhD thesis titled: Identifying novel targets to treat cognitive impairment in cancer survivors. Ni-Chun is currently looking for postdoc positions

Background

Cancer-related cognitive impairment (CRCI) has been reported in cancer survivors 20 years or more after cancer treatment, and has been associated with sustained increases in circulating inflammatory biomarkers. One of the major risk factors for CRCI is chemotherapy, and preclinical studies typically examine the impact of chemotherapy in cancer naïve mice to evaluate potential mechanisms. However, clinical evaluation of the long-term effects of chemotherapy cannot avoid the potential cumulative impact of preceding factors on the brain including the cancer itself and cancer surgery.

Methods

To evaluate the cumulative impact of cancer-related factors on cognitive impairment and hippocampal cytokine expression, we evaluated the effect of paclitaxel chemotherapy vs. placebo on a background of 67NR mammary carcinoma and surgical resection of the primary tumour in mice. Memory was assessed using the Y maze test and novel object/novel place recognition test. Changes in hippocampal pro-inflammatory and anti-inflammatory cytokines, microglia and neuron markers were assessed using qRT-PCR.

Results

Cancer and cancer surgery was sufficient to induce long-term memory impairment and sustained increases in hippocampal pro-inflammatory cytokines. Paclitaxel prolonged spatial memory impairment in the Y maze test and exacerbated hippocampal IL6 and TNFα mRNA expression compared with placebo treatment.

Implications

This is the first animal model of cognitive impairment in cancer survivors that examines the contribution of multiple events throughout the cancer journey on the brain. The findings suggest that cancer and cancer surgery can sensitise the brain to an exaggerated neuroinflammatory response to chemotherapy, and may contribute to sustained chemotherapy-induced cognitive impairment observed in cancer survivors.

POSTER ABSTRACTS



Primary tumour resection improves cancer-induced cognitive impairment in mouse models of breast cancer

Ms Ni-Chun Chung³, Dr Alexandra Ziegler³, Dr Aeson Chang³, Dr Erica Sloan³, Dr Adam Walker^{1,2,3}

¹Neuroscience Research Australia, ²University of New South Wales, ³Monash Institute of Pharmaceutical Sciences

Biography

Ni-Chun is a PhD student at Monash Institute of Pharmaceutical Sciences supervised by Dr Adam Walker and Dr Erica Sloan. She recently submitted her PhD thesis titled: *Identifying novel targets to treat cognitive impairment in cancer survivors*. Ni-Chun is currently looking for postdoc positions

Background

Cognitive impairment is highly prevalent in cancer patients. However, little is known about the impact of cancer surgery on cognition despite many clinical studies that assess the impact of chemotherapy on cognition using post-surgery assessment as an indicator of baseline cognitive performance. Given that we have previously demonstrated that mammary tumours induce memory impairment, we hypothesised that surgical resection of the tumour would improve memory in mouse models of breast cancer.

Methods

We first examined the impact of surgery on tumour-free mice and compared the impact of minor and major surgery (e.g. biopsy vs lumpectomy, mastectomy), which induce variable degrees of surgical stress and inflammation. We then examined the impact of surgery on memory and hippocampal cytokine expression in mice bearing non-metastatic 67NR or metastatic 4T1.2 mammary tumours.

Results

Mammary tumours caused memory impairment and neuroinflammation. Primary tumour resection of 67NR non-metastatic tumours reversed tumour-induced neuroinflammation and memory impairment.

Residual metastatic disease impeded improvement of memory by surgical resection of 4T1.2 metastatic primary tumours. Major surgery caused delayed post-operative decline and neuroinflammation in both tumour bearing and cancer naïve mice.

Implications

The causal role of the primary tumour in inducing memory impairment was confirmed as resection of tumours remedied memory impairment. The findings support the contention that neuroinflammation mediates tumour-induced memory impairment as changes in hippocampal pro-inflammatory cytokines coincided with memory improvement. This is the first study to investigate the impact of magnitude of surgery on cognitive impairment in preclinical studies of cancer, and the findings suggest that clinical studies examining cognition in cancer patients should consider the type of surgery patients receive. The findings suggest that assessment of cognitive performance taken after surgery may not be a true representation of baseline performance, and should be used with this caveat when evaluating subsequent cognitive impairment, for example after chemotherapy.

POSTER ABSTRACTS



Evidence from animal models and a Swedish nation-wide register-based cohort study on efficacy of aspirin to treat cognitive impairment and stress disorders in cancer patients

Dr Adam Walker^{1,2,3}, Ms Ni-Chun Chung³, Dr Aeson Chang³, Ms Keija Hu⁴, Dr Arvid Sjölander⁴, Dr Donghao Lu⁴, Dr Katja Fall⁴, Dr Unnur Valdimarsdóttir⁴, Dr Per Hall⁴, Dr Karin Smedby⁴, Dr Fang Fang⁴, Dr Erica Sloan³

¹Neuroscience Research Australia, ²University of New South Wales, ³Monash Institute of Pharmaceutical Sciences, ⁴Karolinska Institutet

Biography

Dr Adam Walker leads the Laboratory of ImmunoPsychiatry at Neuroscience Research Australia and is a Senior Researcher in the School of Psychiatry at The University of New South Wales. Adam's lab investigates how cancer and cancer treatment lead to cognitive symptoms to identify novel treatments for cancer patients.

Background

We previously demonstrated that tumour-induced neuroinflammation causes cognitive impairment and anxiety-relevant behaviour using mouse models of breast cancer, which is preventable with the non-steroidal anti-inflammatory drug (NSAID) aspirin. To further explore the potential benefit of aspirin in cancer patients, we conducted retrospective epidemiological assessment of the incidence of anxiety, depression and other stress-related disorders in cancer patients taking NSAIDs prior to cancer diagnosis, and experimentally assessed the capacity for aspirin to reverse cognitive impairment and neuroinflammation in a mouse model of breast cancer.

Methods

Led by colleagues at the Karolinska Institute, we performed a cohort study of all patients diagnosed with a first primary malignancy between 2006 and 2013 in Sweden, and

assessed the association of NSAID use during the year before cancer diagnosis with the risk of stress-related disorders in the year after cancer diagnosis.

To assess if aspirin was sufficient to reverse established cancer-induced cognitive impairment and neuroinflammation, we treated mice bearing 4T1.2 metastatic tumours with aspirin in drinking water (vs. placebo) after tumour-induced memory impairment was established and assessed memory and hippocampal inflammatory cytokines.

Results

Of the 316,904 patients, 5613 patients received a diagnosis of depression, anxiety, or stress related disorders during the year after cancer diagnosis. Aspirin use was significantly associated with a lower rate of depression, anxiety, and stress-related disorders compared with no use of NSAIDs. However, use of NSAIDs other than aspirin was significantly associated with a higher rate.

In mice, unlike prophylactic aspirin treatment, treatment with aspirin did not reverse established cancer-induced memory impairment, and enhanced cancer-induced hippocampal inflammation.

Implications

The findings support testing of low-dose aspirin prescription for prevention of cognitive impairment and stress-related disorders in prospective clinical trials in cancer patients that have not yet developed cognitive impairment or stress-related disorders. However, the use of non-aspirin NSAIDS is discouraged.

POSTER ABSTRACTS



Disrupting circadian rhythms promotes cancer-induced inflammation in mice

Dr Adam Lawther^{1,2}, Dr Andrew Phillips⁴, Ms Ni-Chun Chung³, Dr Aeson Chang³, Dr Alexandra Ziegler³, Ms Sophie Debs^{1,2}, Dr Erica Sloan³, Dr Adam Walker^{1,2,3}

¹Neuroscience Research Australia, ²University of New South Wales, ³Monash Institute of Pharmaceutical Sciences, ⁴Turner Institute for Brain and Mental Health, Monash University

Biography

Dr Adam Lawther is a postdoctoral researcher in the Laboratory of ImmunoPsychiatry at Monash Institute of Pharmaceutical Sciences.

Background

Disruption of circadian rhythms occurs as a result of rotating shift-work, jetlag, and in individuals with irregular sleep schedules. Circadian disruption alters inflammatory responses and impairs immune function. However, there is limited understanding of how circadian disruption modulates cancer-induced inflammation. Inflammation is a hallmark of cancer and is linked to worse prognosis and impaired brain function in cancer patients. Here, we investigated the effect of circadian disruption on cancer-induced inflammation in an orthotopic breast cancer model.

Methods

Using a validated chronic jetlag protocol that advances the light-cycle by 8 hours every 2 days to disrupt circadian rhythms, we examined expression of inflammatory cytokines in the hypothalamus which houses the master clock (suprachiasmatic nucleus), liver and tumours of mice bearing 4T1.2 mammary tumours and cancer naïve mice.

Results

Circadian disruption altered cancer-induced inflammation in a tissue-specific manner, increasing inflammation in the body and brain while decreasing IL1b within the tumour tissue. Circadian disruption did not affect inflammation in mice without tumours. Circadian disruption did not affect tumour burden.

Implications

The findings suggest that circadian disruption may be particularly detrimental in the context of underlying inflammatory conditions, such as cancer. The findings question the accuracy of peripheral biomarkers of brain inflammation in cancer patients with circadian disruption given that the influence of circadian disruption differs depending on the organ examined. The influence of circadian disruption on cancer-induced inflammation appears to be independent to cancer progression as circadian disruption did not affect cancer burden. Overall, these findings identify the importance of circadian rhythm synchronicity for limiting cancer-induced inflammation.

POSTER ABSTRACTS



The impact of real-time Patient Reported Outcome Measures (PROMs) on Emergency Department presentations and hospital admissions

Dr Kate Webber^{1,2}, Mr Alastair Kwok^{1,2}, Sok Mian Ng Sok Mian Ng¹, Dr Olivia Cook^{3,4}, Dr Michelle White^{1,2}, Professor Eva Segelov^{1,2}

¹Department of Oncology, Monash Health, ²School of Clinical Sciences, Monash University, ³Nursing and Midwifery, Monash University, ⁴McGrath Foundation

Biography

Dr Kate Webber is a medical oncologist at Monash Health and adjunct senior lecturer at Monash University. She has a keen interest in breast and gynaecological oncology, cancer survivorship and patient reported outcomes research. Kate's PhD and subsequent research has encompassed studies exploring the prevalence, predictors and trajectories of physical and psychological symptoms after cancer treatment, lifestyle and behavioural interventions, and novel models of delivery of survivorship care. She is a member of the COSA Patient Reported Outcomes Working Group and her research team at Monash Health is currently exploring implementation of real time patient reported outcome measures into routine cancer care. Kate is the current co-chair of the Cancer Institute NSW eviQ Medical Oncology Reference Committee.

Aims

To assess the impact of real-time PROMs prior to oncology consultations on subsequent Emergency Department (ED) presentations and hospital admissions, prior to and during the COVID-19 pandemic.

Methods

Patients completed the EQ-5D-5L, Edmonton Symptom Assessment System-Revised (ESAS-R) and the Supportive Care Needs Survey Short-Form (SCNS-SF34) prior to scheduled appointments, either on a touchscreen in the waiting room (in-person, December 2019 – March 2020) or online from home (telehealth, October 2020 – April 2021).

Clinical and demographic characteristics, ED presentations and admissions were extracted from medical records for participants and non-participants. Descriptive statistics were prepared, chi-squared and t-tests used for between-group comparisons.

Results

Data were extracted from 269 in-person consultations with 174 patients and 883 telehealth consultations with 386 patients. Patients had a mean age of 61 (SD 14), were 82% female. Participation in the telehealth PROMs intervention was lower than in-person (46% vs 57%). Non-English-speaking patients were under-represented in both phases (participation 28% and 25%). Non-participants were more likely to present to ED than participants during both phases (15.8% vs 8.2%, p=0.086 in-person and 19.2% vs 12.9%, telehealth). Similar trends were noted for admissions (12.8% vs 7.1%, p=0.117 in-person and 13.1% vs 9.0%, p=0.059 telehealth). Among participants, an ED presentation within 30 days was associated with a 10-point detriment on the EQ-5D-VAS (59.3 vs 69.8, p=0.009). ESAS-R ratings of ≥7/10 for pain, fatigue, constipation and sleep disturbance were each associated with an ED presentation within 30 days (p=0.006, p=0.035, p<0.001 and p=0.054 respectively), as were higher mean scores for the SCNS-SF34 physical needs domain.

Conclusions

Routine collection of PROMs in a real-world oncology setting was associated with reductions in both ED presentations and hospitalisations. These tools allow identification of symptoms which may precede an ED presentation, and as such optimising telehealth access and participation among underserved populations is crucial.

POSTER ABSTRACTS



Variations in experience of financial costs, information and support in Australian cancer survivors

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Biography

Dr Colin Wood is a Research Fellow in the Survivorship group within the Department of Health Services Research at the Peter MacCallum Cancer Centre.

Dr Wood earned his PhD investigating analysis of health data through applied machine learning involving assimilating and evaluating large, complex data sets, and recently completed a Master of Public Health at the University of Melbourne. Over 10 years of postdoctoral experience in qualitative and quantitative analysis, knowledge translation and evidence-based medicine at PeterMac, with a focus on inclusion of consumers in the complete lifecycle of clinical research.

His current research interest lies in identifying the role social determinants and clinical characteristics play in defining disparities in health outcomes and health-related quality of life. He is also active in exploring novel research methodologies based on monitoring routinely collected clinical data to generate new knowledge employing machine learning and data linkage.

Contributing to team based research alongside researchers with diverse skill sets to build capability in health services through innovation, grant submissions, developing linkages with external colleagues, and publishing work in peer-reviewed journals and presenting at conferences.

Background / Aims

Direct and indirect costs associated with cancer care are rising and have been shown

to influence treatment decision-making and patient outcomes. Information and support helps avoid unexpected costs and builds trust in healthcare professionals. The aim of this study was to understand cancer survivors' experience of costs, being financially informed and being offered support.

Method

Cross-sectional survey of patients receiving cancer care in Victorian public hospital settings in 2018. Experiences of care with financial disclosure from before diagnosis through follow-up were assessed via nine items; responses were recoded to positive and less positive experiences. Chi-square tests were used to examine associations between experiences of care, and sociodemographic and clinical characteristics.

Results

4998 of 10,662 (47%) surveys were returned; 4342 respondents had received treatment. 1,210 of 4190 (29%) respondents reported less positive experiences with incurred costs. Patients more likely to report less positive experiences were: female, aged <70, lower SES, receiving chemotherapy, recently diagnosed, from non-metropolitan areas and had solid tumours. 715 of 1683 (42%) respondents reported less positive experiences of being informed about costs associated with treatment. Patients more likely to report less positive experiences were: aged <70, higher SES, received chemotherapy, non-English speaking and had more common cancers. 919 of 4157 (22%) respondents reported less positive experiences of being offered support (financial support programs, planner services, accessing insurance schemes). Patients more likely to report less positive experiences were: female, aged <70, higher SES, receiving chemotherapy, poorer general health, >2 years since diagnosis, from metropolitan areas and had less common cancers.

Conclusions

Significant numbers of Australian survivors report less positive experiences associated with costs, financial disclosure and being offered financial support. More work is required to better support informed financial consent, and ensure all patients, regardless of situation, have the necessary information to make financially informed decisions.

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