

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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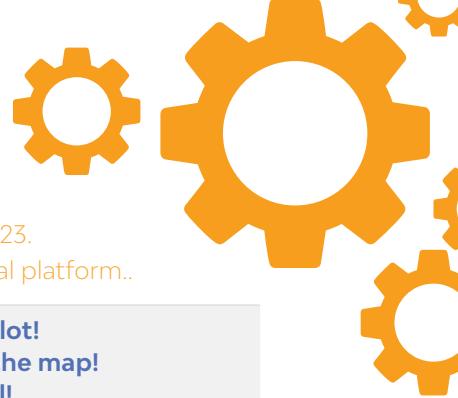
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POSTER ABSTRACTS



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

¹*Oedema 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

¹Flinders University, ²Queensland University of Technology, ³Primary Care Collaborative Cancer Clinical Trials Group, ⁴University of Melbourne, ⁵Peter MacCallum Cancer Centre, ⁶Harvard Medical School

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

Ms Tegan Ilsley^{1,2,3}, Ms Geerthika Galister³, Dr Erin Howden^{1,2}, Professor Anne E Holland^{2,3}

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, PyscINFO 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

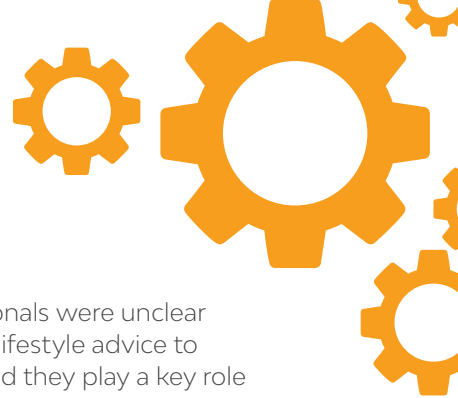
In total, 11,637 articles were screened with 94 meeting the inclusion criteria, involving 40574

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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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 Nursing 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 Helana Kelly¹, Professor Raymond J. Chan⁵, Professor Michael Jefford^{1,6}

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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

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 Mileskin^{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 dietitian, 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

Dr Julia Lai-Kwon¹, Ms Sarah Lane¹, Ms Brooke Kelly^{1,2}, Ms Rebecca Biviano¹, Dr Iris Bartula¹, Dr Frank Brennan³, Ms Ingrid Kivikoski³, A/Professor Haryana Dhillon^{4,5}, A/Professor Alexander Menzies^{1,6,7,8}, Professor Georgina Long^{1,6,7,8}

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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 Afsha⁷, Professor Jeremy Millar⁸, Professor Michael Jefford⁹, Dr Eli Ristevski¹⁰

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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.

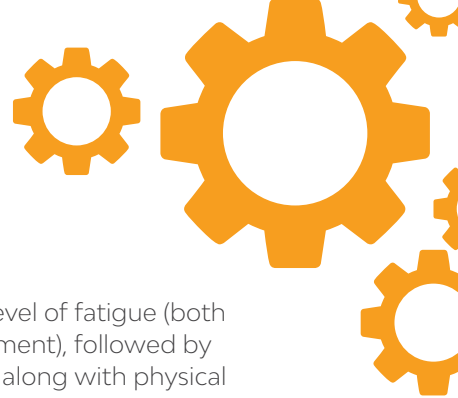
Results

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 heterogenous 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

Dr Nicole Seebacher³, Dr Jonathon Lo^{1,2}, Dr Raghav Murali-Ganesh^{2,3}, Dr Kieran Ballurkar^{2,3}

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

Mrs Lea Marshall¹, Jinu Andrews², Michelle Braybrook², Carmel O’Kane³, 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 protocols 1-3.

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

Miss Delyse McCaffrey¹, Dr Adam J Lawther¹, Dr Adam K Walker^{1,2,3}

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}

¹HealthAbility, ²North Eastern Melbourne Integrated Cancer Services, ³Eastern Health, ⁴Eastern Health Clinical School, Monash University, ⁵Access Health & Community, ⁶GP Liaison Service, Eastern Health, ⁷Consumer representative, ⁸Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre, ⁹Centre for Quality and Patient Safety Research in the Institute for Health Transformation, Deakin University, ¹⁰Centre for Quality and Patient Safety Research – Eastern Health Partnership

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 on-line 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

This project was supported by the Victorian Government.

POSTER ABSTRACTS



Rural breast cancer survivors experiences of Survivorship Care Plans

Ms Monique Paterson¹, Ms Leah Savage², Dr Mahesh Iddawela^{2,3}, Dr Michael Leach⁴, Dr Eli Ristevski¹

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 (71), 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}, Professor Simon Willcock⁵

¹Cancer Care Research Unit, Faculty of Medicine and Health, The University of Sydney, ²The Daffodil Centre, The University of Sydney and Cancer Council NSW, ³Nursing & Midwifery and Health Sciences, Faculty of Medicine, Notre Dame University, ⁴Sydney School of Public Health, The University of Sydney, ⁵MQ Health, Macquarie University Hospital, Primary Care, ⁶The University of South Australia, Business, ⁷Cancer Voices SA, ⁸Sydney Local Health District

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

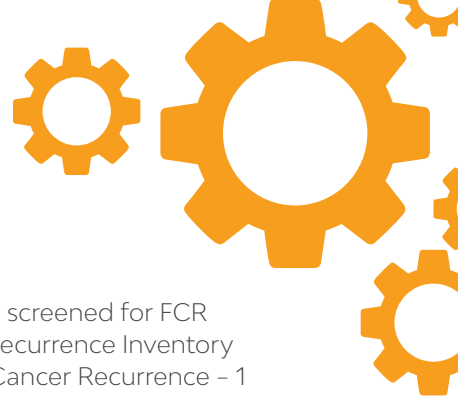
62 patients with various cancers were referred to CRC; and 48 entered the program. 29 (60.4%) of those who started the rehabilitation program

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 Jefford⁵, 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 Tnfa 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}

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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

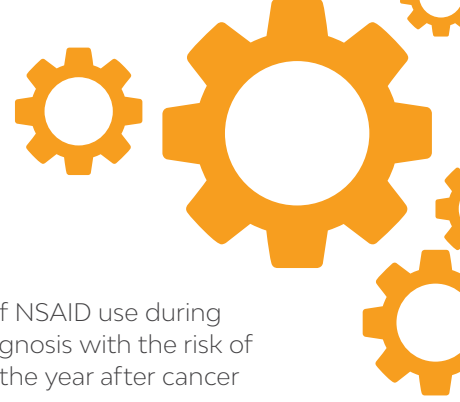
Mammary tumours caused memory impairment and neuroinflammation. Primary tumour resection of 67NR non-metastatic tumours reversed tumour-induced neuroinflammation and memory impairment.

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 naive 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

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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

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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 $\geq 7/10$ 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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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 / 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.