

preferences for focused interventions targeting the identification of patient sexual concerns and offering resources/referrals and convenient format. A model of effective patient-provider communication about sexual concerns, defined as communication that meets patients' information needs and fosters a positive patient-provider relationship, was developed to guide intervention efforts. Key implications of this model are that effective communication can be self-sustaining and that a multipronged approach that utilizes both patient and provider-focused skills-based communication interventions is needed.

**Conclusions:** Findings suggest that to improve patient-provider communication about sexual concerns, we need skills-based interventions that activate patients and equip providers for effective discussions about sexual concerns and institutional changes to incentivize such discussions. Effective communication about sexual concerns can validate patients' concerns, underscore a positive patient-provider relationship, and lead to the adoption of strategies that support patients' health and relationship outcomes.

**Funding:** This study was supported by MRS-14-031-CPB from the American Cancer Society and R21CA191354 and P30CA006927 from the National Cancer Institute.

## T13

### Concordance between patient and provider understanding of intent and nature of treatment

Katharine Duckworth<sup>1</sup> | Robert Morrell<sup>1</sup> | Gregory Russell<sup>1</sup> | Mollie Canzona<sup>2</sup> | Bayard Powell<sup>1</sup> | Edward Levine<sup>1</sup> | William Blackstock<sup>1</sup> | Nathan Streer<sup>1</sup> | Olivia Riffle<sup>3</sup> | Richard McQuellon<sup>1\*</sup>

<sup>1</sup>Wake Forest Baptist Medical Center; <sup>2</sup>Wake Forest University; <sup>3</sup>The University of North Carolina at Charlotte

**Purpose:** Patients who have an accurate understanding of the nature and intent of their treatment are in a better position to make more informed decisions and may have improved outcomes. We studied concordance between patient and physician perception of both the intent and nature of treatment as well as associations of variables that may contribute to discrepancies.

**Methods:** One hundred patients (16% black, 84% white, 73% married, x age = 59, assorted cancer diagnoses) completed questionnaires at a clinic appointment. Thirty-four oncologists (26 medical, 5 radiation, and 3 surgical) rated patients. Inclusion criteria included (1) completed at least one cycle of treatment or undergoing treatment for a minimum of 1 month or (2) had a scheduled surgical treatment. Participants completed a questionnaire designed to assess understanding of their treatment as well as measures of distress, social support, spirituality, and satisfaction. Nonparametric tests (Wilcoxon Rank Sum Test) were used to assess differences between study groups in FACIT-Sp-12 and Distress Thermometer outcomes.

**Results:** Patient-provider agreement regarding the goal of treatment (ie, curative, extend life several years, extend life for 6-12 months, or palliative) occurred 61% of the time. Seventy-four percent of patients and 50% of providers respectively reported a curative intent of

treatment. Patients who believed their treatment was curative scored higher on spirituality ( $P = 0.02$ ) than those who reported noncurative intent. Patients who reported understanding of the likely side effects endorsed significantly lower distress scores (mean DT = 2.5) than those who endorsed not understanding associated side effects (mean DT = 4.1;  $P = .008$ ).

**Conclusions:** A substantial minority of patients misunderstood the goals and nature of their treatment. Greater distress was associated with poorer understanding of probable side effects. Higher spirituality scores were associated with the expectation for curative intent. Findings suggest the need for repeated patient educational efforts prior to and during treatment, distress screening and intervention, and provider education initiatives.

**Funding:** The authors wish to acknowledge the support of Gregory Russell, MS of the Biostatistics and Bioinformatics Shared Resource, Comprehensive Cancer Center of Wake Forest Baptist Medical Center, and NCI Cancer Center Support Grant P30 CA012197.

## T14

### Development of a mindfulness-based stress reduction program for Spanish-speaking Hispanic breast cancer survivors to improve cognitive impairment (CI)

Cecile Lengacher<sup>1\*</sup> | Carmen Rodriguez<sup>1</sup> | Manolete Moscoso<sup>1</sup> | Sophia Ramesar<sup>1</sup> | Richard Reich<sup>2</sup> | Kevin Kip<sup>1</sup> | Hongdao Meng<sup>1</sup> | Heather Jim<sup>2</sup> | Carmen Rodriguez<sup>1</sup> | Lakeshia Cousin<sup>1</sup> | Alice Le<sup>1</sup> | Carissa Alinat<sup>1</sup> | Carly Paterson<sup>3</sup> | Jong Park<sup>2</sup>

<sup>1</sup>University of South Florida; <sup>2</sup>H. Lee Moffitt Cancer Center; <sup>3</sup>National Cancer Institute

**Purpose:** Breast cancer is one of the leading causes of cancer death among Hispanic women, who are also reported to suffer more from poorer psychosocial outcomes. Translation of self-regulating interventions for breast cancer survivors (BCS) may reduce ethnic disparities and have the potential to improve CI among Spanish-speaking populations. No identified trial has examined the efficacy of MBSR(BC) for improving CI among Hispanic BCS. The purpose of this study within the current R01 trial is to test the efficacy of the MBSR(BC) program for Spanish-speaking women, compared to the Breast Cancer Education Support (BCES) program and usual care(UC) for improvements in cognitive functioning.

**Methods:** The design and delivery are described as follows. First, 25 Spanish-speaking Hispanic BCS, out of 330 BCS, are being recruited who are diagnosed with stage 1, 2, or 3 BC and completed chemotherapy(CT) or CT/radiation within 3 years. They will be randomized to either the Spanish 6-week MBSR(BC) program, Spanish 6-week BCES program, or usual care (UC). Second, all educational materials for the delivery of the MBSR(BC) and BCES programs are being translated into Spanish along with attaining the Spanish-translated objective and subjective cognitive measurements.

**Results:** Evidence suggests that Hispanic BCS, similar to non-Hispanic White BCS, will experience improved cognitive functioning upon

completion of the MBSR(BC) program. Currently, all documents have been designed, and patients are being recruited. Lessons learned for the procedures and methods are being reviewed.

**Conclusions:** The effectiveness of MBSR(BC) for treatment of CI among Spanish-speaking BCS will be evaluated by objective and subjective cognitive assessments. Our long-term goal is to refine the MBSR(BC) program for Spanish-speaking BCS, so they may benefit from self-regulation of symptoms through formal and informal mindfulness meditation practices, subsequently improving cognitive functioning. This may be particularly impactful for this population, as Hispanic BCS are often underrepresented in clinical trials.

**Funding:** The project described was supported by NIH grant 1 R01 CA199160-01 from the National Cancer Institute.

## T15

### The role of meaning-centered psychotherapy in advanced care planning

Allison Applebaum<sup>1</sup> | Sally Reisch<sup>1\*</sup> | Hayley Pessin<sup>1</sup> | Barry Rosenfeld<sup>2</sup> | William Breitbart<sup>1</sup>

<sup>1</sup>Memorial Sloan Kettering Cancer Center; <sup>2</sup>Fordham University

**Purpose:** Advanced care planning (ACP) is a process of thinking ahead to treatment choices, goals of care, and/or choosing another person (proxy) to speak for oneself at a point in the future. ACP has evolved from a legal document-driven process to one that requires communication between patients, caregivers, and health care professionals (HCPs). Existential distress has been identified as a key barrier to such communication and, hence, ACP. The purpose of this study was to evaluate the relationship between engagement in meaning-centered psychotherapy, an intervention that specifically targets existential distress and ACP among patients with advanced cancer.

**Methods:** The medical records of N = 60 deceased participants (an equal number of whom were randomized to receive meaning-centered psychotherapy, supportive psychotherapy, or enhanced usual care) were reviewed for the following: completed Do Not Resuscitate (DNR) order, Health Care Proxy identified, occurrence of advanced care planning discussion with medical team, patient's and/or family's goals of end-of-life care outlined, life-sustaining care administered, and location of patient death.

**Results:** Data indicated associations between randomization to IMCP and increased ACP, including completion of DNR orders, identification of a health care proxy, and deaths in the home or in inpatient hospice facilities. Participants randomized to SP or EUC were less likely to have documented ACP discussions and more likely to receive aggressive care at EOL and die in the hospital.

**Conclusions:** Though correlational, our results suggest that MCP has the potential to improve ACP among patients with advanced cancer and to alleviate burden on patients, families, and the health care system. Future investigations with larger samples are needed to examine the role of various outcomes evaluated in MCP (ie, meaning and spiritual wellbeing) as mediators of ACP.

**Funding:** This study was funded through grant 5 R01 CA128134 06 from the NCI to William Breitbart, MD

## T16

### Use of art making interventions for pain and quality of life among cancer patients: A systematic review

Kyung Soo Kim<sup>\*</sup> | Sarah Loring | Kristine Kwekkeboom

University of Wisconsin, Madison

**Purpose:** Pain is a burdensome cancer-related symptom that severely impacts quality of life (QoL). Pain management has traditionally focused on treating physical pain through pharmacological intervention. Recently, integrative, holistic approaches to pain management have been proposed and adopted. These approaches treat pain as a multidimensional experience with physical, psychological, and spiritual components. One such method, art making has been used to help cancer patients manage pain and promote QoL. The purpose of this systematic review is to evaluate and synthesize evidence for the efficacy of art-making interventions (eg, painting and drawing) in decreasing pain and improving QoL among cancer patients.

**Methods:** Academic Search Premiere, CINAHL, ProQuest, and PubMed were searched using the terms: neoplasm, cancer, tumor, pain, pain management, quality of life, QoL, art therapy, painting, and drawing. Inclusion criteria were (1) adult cancer patients, 18 or older; (2) measured pain or QoL; (3) used painting, drawing, or other art-making methods; (4) used experimental or quasi-experimental design. Articles were excluded if they (1) studied pediatric patients only or (2) were not written in English. Selection of articles is currently in progress. Quality and risk of bias will be evaluated with Yates quality rating scale. Data will be extracted to a matrix and synthesized. Effect sizes will be calculated where sufficient data are provided.

**Results:** Findings will be reported with respect to populations studied, characteristics of the art-making intervention, control or comparison groups used, and efficacy of the interventions for pain and QoL.

**Conclusions:** This review will provide a synthesis of current evidence to guide practice and may direct future research to design and test art making interventions for pain and quality of life among cancer patients.

**Funding:** None

## T17

### Social support: Predictor of mortality in gastrointestinal cancer patients

Jennifer Steel<sup>1\*</sup> | Meng Hua<sup>1</sup> | Paul Scott<sup>1</sup> | Hannah Cheng<sup>1</sup> | David Geller<sup>1</sup> | James Marsh<sup>1</sup> | Michael Antoni<sup>2</sup> | Lora Burke<sup>1</sup> | Frank Penedo<sup>3</sup> | Lisa Butterfield<sup>1</sup> | Yorum Vodovotz<sup>1</sup> | Allan Tsung<sup>1</sup>

<sup>1</sup>University of Pittsburgh; <sup>2</sup>University of Miami; <sup>3</sup>Northwestern University