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# 2020 CANO/ACIO Annual Conference Oral Presentation Abstracts

## O-01

### You Get Used to a Certain Kind of Horrible”: An Interpretive Description of Moral Distress in Oncology Nursing

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While moral distress (MD) is frequently discussed in the nursing literature, few studies include or focus on oncology nurses. Those that do have inconsistent findings. Oncology care is distinct from other areas of practice in ways that are significant for the development of MD. This study, the first to focus on MD in Canadian oncology nurses, employed interpretive description to understand the experience of MD, the role of contextual factors, nurses' responses to MD and their perspectives on strategies to mitigate MD. Semi-structured interviews were conducted (via telephone or FaceTime) with 25 oncology nurses, who were recruited from the Canadian Association of Nurses in Oncology. Data collection has been completed and data analysis is ongoing. This presentation will review the findings of the study.

## O-02

### An Exploration of Healthcare Provider Work-Related Grief and Strategies for Moving Through it

Allison Pedersen<sup>1</sup>

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Led by a Clinical Nurse Specialist with experience in both oncology and palliative care, this presentation will explore work-related grief experienced by oncology nurses and how it may impact both their work and their personal lives. Whether it's a nurse experiencing multiple deaths in a month; a rural physician whose friend dies in their care; or a healthcare aide whose favourite patient has had a devastating diagnosis; grief is a familiar yet silent struggle for many individuals working in healthcare. The impact of grief on healthcare providers is often under-recognized and unsupported. This presentation will equip nurses with skills in grief recognition, processing, and management, as it relates to their daily practice. A review of how nurses can support their colleagues will also be provided. The Canadian Virtual Hospice is collaborating with the CNA, CANO, the CMA, the Society of Rural Physicians, and the Canadian Society of Palliative Care Physicians for this project, to develop free online learning modules, which will feature personal video stories, for supporting healthcare providers' understanding of how grief may impact them while learning strategies for working through their grief and building resilience. Topics include personal, relational, and organizational factors, attachment style, strategies and rituals, situations unique to rural and northern care, the cumulative impact of multiple deaths, and more.

## O-03

### Experience of Oncology Nurses and Cancer Survivors During Cancer Treatment Transition from Oncology Teams to Primary Care Providers Teams

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The number of cancer survivors has been growing. Coordinated and continuous cancer care for cancer survivors transitioning from oncology team to primary care provider team is considered to improve their quality of life. Unfortunately, coordination and continuity of cancer care for cancer survivors in treatment transition is fragmented and suboptimal.

The purpose of this study was to explore the experience of oncology nurses and cancer survivors in treatment transition. Five cancer survivors and three oncology registered nurses were recruited by purposive sampling from a regional cancer centre. Semi-structured interviews were used to collect data. Nursing Theory of Transition framework and Interpretive Phenomenological Analysis approach were applied to guide the research. Both patient and nurse participants had positive and negative (barriers) experiences promoting or inhibiting delivery of quality cancer care. Cancer survivors received cancer care and oncology nurses provided quality cancer care to improve their health and well-being. However, cancer survivors were not satisfied about cancer care and believed that cancer care obtained were not sufficient and specific to address their concerns and meet their needs. The oncology nurses contributed to cancer survivor's health improvement in treatment transition. Nursing care had strengths on clinical patient care but had weakness on sensitive issues (e.g. sexuality activity) and employment and financial issues. Similarities and differences of experiences of patient and nurse participants were identified. This presentation will highlight the findings that can provide information to capture both cancer survivors and oncology nurses in treatment transition, improve nurse's knowledge and experiences, enhance coordination of healthcare teams, identify and address cancer survivor's concerns and needs.

## O-04

### Improving Pleural Effusion Management—The 11 Vic Experience

Stephanie Bickford<sup>1</sup>, Marilyn Landry<sup>1</sup>, Angela Whynot<sup>1</sup>, Harry Henteleff<sup>2</sup>, Simon Houston<sup>3</sup>

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Traditionally in Nova Scotia, to manage malignant pleural effusions, patients were admitted to an inpatient unit for a minimum of three days and an indwelling pleural catheter (Tenckhoff) was inserted in the operating room. With increased pressure on inpatient beds and OR time, the ambulatory systemic therapy unit recognized this as an opportunity to collaborate with Thoracic surgery to develop a new process to better meet the needs of this patient population. In 2017, through collaborative efforts between the ambulatory systemic therapy unit and Thoracic Surgery, an outpatient malignant pleural effusion clinic was created. The ambulatory systemic therapy unit was able to dedicate space and staff for this clinic to occur on a weekly basis. This allows patients to receive treatment in an outpatient setting under local anesthetic instead of in the OR and requiring a hospital admission. For the majority of patients requiring a Tenckhoff catheter placement, their disease is end stage and treatment options are for palliation only. The malignant pleural effusion clinic provides this patient population the opportunity to stay at home with loved ones longer while still receiving treatment to improve overall quality of life. In addition to the cost savings from freeing up OR time and inpatient beds, this unit also offers continuity of care for patients. For the majority of patients, the nurses working in this clinic are the same staff who have administered their systemic therapy and in the same location, adding to the ease of the experience for patients. This clinic also allows space for patient follow-up visits to monitor their effusions and for catheter removal, as needed. This presentation will highlight the process of implementing the malignant pleural effusion clinic in an outpatient systemic therapy unit, discuss the impact of this clinic on the patient experience and encourage the practice of working with other disciplines to broaden the oncology nursing knowledge base.

## O-05

### Causes, Consequences, and Management of Persistent Hiccups in Advanced Cancer Patients

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We have all experienced having the hiccups from time to time. While annoying, they are usually self-limiting. Research suggests, however, that upwards of 5% of people living with advanced cancer suffer from hiccups characterized as being either persistent (lasting more than 48 hours) or intractable (lasting longer than a month). Though rare, persistent and intractable hiccups contribute to decreased quality of life, anxiety, fatigue, insomnia and weight loss among this patient population. CANO Standards of Care speak to the imperative of nurses providing care that is informed by the best evidence available. Therefore, nurses need to be conversant with existing literature regarding the etiology, consequences and management of chronic hiccups in advanced cancer patients. This presentation will examine current information about hiccup typology, etiology, and suggested approaches for management. Implications for future research will also be identified. Armed with this information, nurses will be well positioned to deliver appropriate therapeutic interventions aimed at mitigating the physical and emotional discomfort hiccups can cause in those with end-stage disease.

## O-06

### Introducing Telepractice Oncology Nurse for the Provision of Remote Cancer Symptom Management Support

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**Purpose:** To create an effective, efficient model for delivering telepractice nursing in the cancer clinics that provides patients at home with quick, convenient access to a Specialized Oncology Nurse (SON) and frees up nursing time to respond to direct patient needs within the clinic.

**Background:** The Juravinski Cancer Centre is re-designing the ambulatory model to improve population health outcomes, the patient experience, the cost effectiveness of the system, and the provider experience. The introduction of a centralized Telepractice Nurse role is one component of the new model. Currently, patient calls are received by clerks and SONs are paged for urgent calls. This process results in delays for patients with urgent needs, who often wait for long periods to access a SON. It also creates work inefficiencies for the SON, who is typically pulled away from direct patient care in clinics to respond to urgent patient calls.

**Methods:** A centralized Telepractice role was developed, implemented and evaluated. Existing Oncology Nursing Telepractice Standards and pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Guides was integrated to train the SON for telephone triaging and symptom management.

**Implications:** Nurses reported the training increased their skills and 82% of them have improved comfort level for Telepractice nursing. The results of the Telepractice model change will be shared, including: Reach–Activity levels; Effectiveness–Satisfaction, wait times; Adoption–Delivery of intervention; Implementation–Challenges; Maintenance–Role integration.

## O-07

### Exploring Cancer Patients' Perceptions of Accessing and Experience with Using the Educational Material in the Opal Patient Portal

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**Purpose:** Opal is a new patient-centred mobile application that gives cancer patients access to their real time medical data in conjunction with disease- and treatment-specific educational material. Few studies have focused on patients' experiences with such mobile applications. This study's objectives were to (1) explore cancer patients' perceptions of accessing educational materials through Opal and (2) explore their experiences using these educational materials.

**Methods:** A qualitative descriptive design was used. Patients were invited to participate in the study via Opal itself. Semi-structured individual interviews were done in person or over the phone, transcribed verbatim and analyzed using qualitative content analysis.

**Results:** Nine women were interviewed. Three themes were identified as participants spoke about their perceptions of and experiences with Opal. First, "Opal makes me feel like I have more control", conveying how learning more about their diagnosis and treatments allowed patients to advocate for themselves and plan their care. Second, "Opal tends to reassure me", illustrating that having access to information was reassuring. Lastly, "Opal is just starting to have information which could help meet my needs", reflecting patients' belief Opal is on the right track but could provide more of their medical record, treating team contact information and education material.

**Conclusion:** This study illustrates that patients can feel more empowered when using a patient-centered mobile application. It also highlights how patients believe that mobile applications have potential for improving collaboration with healthcare professionals and facilitating care coordination. Healthcare professionals, including nurses, should be involved in supporting patients' use of mobile applications.

## O-08

### Processes of Treatment Decision Making Among Older Adults with Colorectal Cancer: Implications for Oncology Nursing Practice

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**Background:** Treatment decision making (TDM) is an important concern among older adults (OA) with cancer. Vast variation in health and functional status, increasing tension between quality and quantity of life, and limited clinical research present important challenges for all involved. Nurses are uniquely situated to inform and support TDM. However, their role often remains invisible. Where it is made visible, focus remains on cognitive aspects of decision support. A framework to understand nurses' role in cancer TDM among OA more broadly is needed.

**Purpose:** To consider the nursing implications of a grounded theory of TDM constructed from the perspectives and experiences of OAs with colorectal cancer (CRC).

**Methods:** Constant comparative methods were used to construct a dynamic, substantive grounded theory of TDM, based on 35 interviews and 480 participant diary entries/interactions generated with 18 people aged 71-88 years diagnosed with CRC. Each category of the resulting theory was considered with respect to its implications for oncology nurses' involvement in and support of TDM.

**Results:** Nursing practice may impact how and when OAs step into the healthcare system, and how and if they are able to align themselves with the momentum of care. Oncology nurses can support OAs' ability to situate themselves, manage self and system, and build trust relationships, all of which may be impacted by aging and shape how and if OAs come to receive cancer treatment.

**Conclusion:** This theory makes visible the multiple ways in which nursing practice can shape the cognitive, practical, and relational dimensions of cancer TDM among OAs, family members, and healthcare professionals. Strategies to strengthen nurses' impact within TDM may include facilitating patients' ability to ask questions, enabling options, implementing navigation roles, and participating in multidisciplinary rounds. System recognition and adequate resources are necessary to support nurses' involvement in this process.

## O-09

### Who is Your SDM? Empowering Nurses to Engage in the Conversation

Erin Fess<sup>1</sup>, Kaminiben Patel<sup>1</sup>, Lisa Tinker<sup>1</sup>, Kelly McGuigan<sup>2</sup>, Laura Olmi<sup>1</sup>  
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A leukemia diagnosis often has a sudden onset, leaving patients overwhelmed and uncertain of their future. Although a cancer diagnosis can be life threatening, in our experience, many patients have not identified a Power of Attorney (POA) for personal care or are informed of the substitute decision maker (SDM) hierarchy defined by the health care consent act. Some patients have had this conversation with their family, however, have not outlined it in writing and have not been asked to provide it by their healthcare team.

An opportunity for improvement with nursing documentation of SDM was identified through chart audits on leukemia inpatient units. A nursing survey was conducted to further identify factors that acted as barriers and gaps to nurses clarifying SDM name and completing documentation. The rationale for this initiative was to provide nurses with the education and tools to empower them to engage in patient/family conversation and education about SDM and improve documentation about the designated SDM and subsequent communication with the multidisciplinary team. Education was provided to all nurses to enhance their understanding and knowledge about SDM and POA. A standardized document was developed by the interprofessional team to identify if the patient has a POA for personal care and/or is aware of the SDM hierarchy and document the SDM in the patient's chart to ensure the entire team is aware. A six-month post implementation survey will be conducted to evaluate the outcomes of the forms completion as well as the nurses knowledge and comfort level in having these conversations with patients. It is envisioned that the initiative will enhance staff comfort and completion of the SDM forms thus supporting the crucial conversation about who can speak for the leukemia patient and their wishes in the event they cannot do so themselves.

## O-10

### Assessing and Documenting Complementary and Integrative Medicine at a Provincial Cancer Agency

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**Background:** Cancer patients are frequent users of complementary and integrative medicine (CIM). Despite this, CIM use is infrequently assessed and documented as part of standard care by oncology healthcare professionals (HCP), hampering efforts to provide comprehensive and informed care.

**Methods:** The CIM best practice guideline project was launched at one provincial cancer agency in Canada to standardize assessment and documentation of CIM use among cancer patients. This multi-site study was conducted over three months and included the development of a standardized CIM assessment form and updating the electronic health record to include commonly used CIM therapies. At point-of-care, oncology HCPs or patients were asked to complete the CIM assessment form. The forms were then entered into each patient's electronic health record. Descriptive analyses summarized CIM therapies and patient demographics. Univariate and multi-variable logistic regressions were conducted to determine predicting factors in CIM use, natural health product use (NHP) and mind-body therapies.

**Results:** 3,500 CIM assessment forms were completed by patients or oncology HCP during the study. A total of 1,873 unique patients were included in the sample, with 73% using at least one CIM therapy. The most common CIM therapies included Vitamin D, calcium, and green tea. Women and older individuals were significantly more likely to be users of CIM, as well as those diagnosed with breast cancer or a hematological malignancy in comparison to other cancer types. In contrast, stage of cancer at diagnosis and being on active treatment were not significantly associated with CIM use. Finally, those who reported increased anxiety and tiredness were more likely to be users of CIM.

**Conclusion:** As previously observed, the use of CIM is common in individuals with cancer. This study further highlights the need for standardized assessment and documentation of CIM and presents a potential efficacious way to do so.

## O-11

### Strengthening Oncology Nurses' Collective Voice in Optimizing Care of Older Adults with Cancer and Their Caregivers: Contributing to an International Position Statement

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This is an initiative of the CANO/ACIO Oncology and Aging Special Interest Group, in collaboration with the International Society of Geriatric Oncology (SIOG) Nursing and Allied Health Interest Group.

Canadians aged 70 or older comprise nearly half of all new cancer cases, a number that continues to increase. Age-related disparities in cancer treatment and outcomes raise questions about how we address age-related concerns within our cancer system. Oncology nurses are uniquely positioned to advocate for and address the needs of older people with cancer. However, training, resources, and support is lacking. A framework to strengthen the collective voice of oncology nurses in addressing age-related concerns in clinical care, policy, and research is needed. To gain insight into nurses' perspectives and experiences related to the care for older adults with cancer, we conducted 13 roundtable sessions involving 143 nurses from eight provinces. Insights gained will contribute to an international position statement and inform Canadian oncology and aging initiatives.

Nurses identified challenges in providing age-appropriate care related to the person, the family, and system, highlighting ethical concerns, treatment decision making, and survivorship as areas of concern. They described services and resources that are working to optimize this care, and highlighted the need to increase awareness, develop simple screening tools, and redesign models of care, attending to processes, space, equipment, and team composition at the point of care while strengthening collaboration with community services. Nurses describe their unique role in terms of noticing, advocating, and acting. The purpose of this session is to share the insights gained and present a draft position statement for discussion and feedback.

## O-12

### How can Dynamical Neurofeedback Help Cancer Survivors with Persistent Symptoms: Current Evidence and Therapy Demonstration

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**Background:** Cancer survivors often experience persistent and debilitating symptoms that linger months to years following completion of cancer treatments. Cancer-related fatigue and post cancer cognitive impairment or "chemobrain" are particularly distressing symptoms that have few effective interventions. Cancer survivors with unmet needs often turn to Complementary and

Alternative Medicine (CAM) therapies. Neurofeedback or EEG biofeedback is a form of brain training that is non-invasive, drug-free and reported to help with a variety of symptoms including pain, fatigue, depression, anxiety, sleep problems and cognitive decline.

**Purpose:** This purpose of this session is to describe a novel program of nursing research exploring the potential for dynamical neurofeedback to manage persistent debilitating symptoms in cancer survivors.

**Description of session:** This session will offer evidence from the literature and the presenters' program of research. We will specifically discuss the applications of non-linear dynamical neurofeedback for management of postcancer cognitive impairment, cancer-related fatigue, and psychological symptoms. We will show a video demonstration of dynamical neurofeedback to highlight the ease of use and portability of the equipment.

**Funding:** Queen's University School of Nursing Research Development Fund (RDF), and the INCAM Research Network Canadian CAM Research Fund (CCRF).

## O-13

### Adventures in Quality Improvement: Lessons and Experiences with Implementing a Frailty Screening and Deprescribing Process at CancerCare Manitoba

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<sup>2</sup>Community Health Sciences, University of Manitoba, Winnipeg, Manitoba

**Background:** Frailty and polypharmacy are cause for concern for cancer patients. Associated with increased risk of chemotherapy intolerance, mortality, falls, and increased hospitalization, the presence of frailty and polypharmacy can influence whether and how patients proceed with treatment. Mitigating these potential outcomes requires cancer agencies to improve existing processes for identifying concerns related to frailty and medication safety. As part of a national initiative with the Canadian Patient Safety Institute, CancerCare Manitoba's Frailty Tailored Treatment (FiTT) initiative conducted a quality improvement study to evaluate the feasibility of implementing a frailty screening and medication deprescribing process. **Methods:** All new patients attending their first appointment were screened for frailty by clinic nurses using the modified G8 tool to determine whether additional interventions or assessments were required. Following their appointment, pharmacists conducted a medication review using algorithms developed by the Canadian Deprescribing Network to identify potentially inappropriate medications. Opportunities for medication optimization were communicated to the patient and their primary care provider through a deprescribing letter, who then determined whether to modify the medications. Pharmacists followed up with patients after their initial appointment at the 1- and 3-month interval to determine if changes were made.

**Results:** Although frailty and deprescribing interventions resulted in referrals to supportive services (e.g. dietitians) and changes in medication, the study encountered numerous barriers to implementation. We will report on those barriers and lessons learned.

## O-14

### Now and the Twenty-First Century: Special Issues in Oncology Patients and Oncology Nursing

Edith Pituskin<sup>1</sup>

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Oncology nurses are now faced with entirely new and unforeseen populations of patients. Two major groups have recently been identified:

- survivors with major organ dysfunction with persistent debilitation symptoms, and
- patients with advanced disease living for years during treatment with chronic targeted therapies.

This presentation will review common issues experienced in these patient groups, best practice in nursing assessment and interventions, and future considerations and opportunities in comprehensive oncology nursing practice.

## O-15

### Good Clinical Practice in Cancer Research Trials: What Does It Mean for the Role of the Oncology Nurse?

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Current and future trends in oncology nursing practice suggest that oncology nurses will play an increasingly active and vital role in the conduct and integrity of oncology clinical trials, which are paramount to scientific discovery and advances in patient care. Oncology nurses ensure the safe administration of experimental treatments, assess, monitor and document clinically significant events, educate and advocate for patients. Oncology nurses must follow international, as well as institutional standards for the safe, efficient and ethical conduct of clinical protocols. At a minimum, oncology nurses require: 1) appropriate representation on research ethics boards to advocate for nursing specific needs, 2) relevant training on the core principles of Good Clinical Practice (GCP) compliant with the International Conference on Harmonisation (ICH) of technical requirements for registration of pharmaceuticals for human use, 3) adequate human and material resources to safely implement the trial, and 4) timely education about the experimental drug and trial procedures.

This presentation will cover some of the basics of the ICH-GCP guidelines and highlight specific issues pertaining to the role of the oncology nurse. We will describe the initiatives taken by the Department of Nursing at the McGill University Health Centre to reclaim nursing's agency in oncology clinical trials with regards to nursing education, trial feasibility, and cost recovery of funds incurred by the impact of research trials on unit resources. A discussion will challenge nurses to examine their current role in oncology research trials and consider whether there is professional parity in status, education, and finances in the conduct of clinical oncology research trials.

## O-16

### Nursing in Uncertain Times: The Art of Being a 'Nuisance'

Sally Thorne<sup>1</sup>

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**Background:** Nursing's defining feature is its capacity to adapt to the evolving circumstances it faces and bring to bear the full spectrum of its scientific, relational and contextual knowledge in finding solutions to complex problems. As the pandemic has unfolded, COVID-19 has challenged the world with a multitude of new uncertainties, including the intersection between public health and politics, the evolving "best evidence," and the shifting societal pressure points. These have fueled wider societal questioning as to what we can know and believe, and how we ought to move forward. Because providing expert support for patients on an uncertain trajectory is what we know best, oncology nurses have a deep understanding of this uncertainty context. These globally uncertain times have exposed some of the vulnerabilities in our systems of health care about which nursing has long been frustrated. We know that there are significant problems with modern corporatized health leadership/management philosophies, staffing priorities, and scope of practice limitations. Although such concerns may seem matters of professional self-interest, we know them to be of vital relevance to patient quality of life and safety. How, therefore, can we capitalize on a moment in which the world may be more open than usual to a nursing perspective? In this presentation, we will reflect on how we can ensure our individual voices are heard on matters about which we have expert knowledge. We will also reflect on how we can mobilize that collective voice into action on some of the systemic problems familiar to nursing that have surfaced in a new public manner during this crisis.

## O-17

### CANO-CAPO Joint Symposium—Feasibility, Acceptability, and Potential Effects of a Comprehensive Oral Anti-cancer Therapy Program

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<sup>4</sup>Associate Professor, School of Nursing, McGill University, Montreal, Quebec

**Background:** This symposium is relevant to clinicians, educators, healthcare administrators, researchers and students. In this pilot randomized controlled trial (RCT) called ON-BOARD (Oncology-Bolstering Oral Agent Reporting related to Distress), we address the information and support needs of individuals on oral chemotherapy in a practical and accessible manner. More specifically, we examine the feasibility, acceptability, and potential effects of a comprehensive oral chemotherapy self-management support program on key health-related outcomes including physical and psychosocial issues, treatment adherence, patient knowledge and activation, and healthcare service use. Components of the intervention are based on prior feedback from patients and caregivers, healthcare providers, a Quebec's health ministry representative, and a non-profit cancer organization. The intervention includes: (1) online symptom management tip-sheets presenting information and supportive resources for related symptoms and treatment side effects; (2) newly developed videos on oral therapy management and professional services available; and (3) supportive phone calls from trained patient partners/volunteers and pivot nurses.

**Method:** The study is taking place at three University-affiliated hospitals in Montreal, Quebec. Participants (N = 80) with cancer at any stage, aged 18 to 69 and within their first cycle of oral chemo will be recruited and randomized to either the oral chemo program or usual care. Health-related outcomes will be assessed online at baseline, then every two weeks for five months or until oral therapy is completed.

**Lessons learned (so far):** The protocol and content of the intervention were adjusted based on initial feedback from stakeholders. A key challenge was to meet institutional research ethics requirements regarding the digital and electronic data capture study components. Driven by patient convenience, potential quality-of-life improvements, cost-effectiveness, and now the COVID-19 pandemic, oral anti-cancer therapy—defined as chemotherapy, targeted therapy, or immunotherapy taken by mouth to treat cancer—is increasingly being prescribed. Whereas oral therapy is considered less invasive and easier to administer, its handling and day-to-day management often require intensive involvement of patients and informal caregivers. Patients often report feeling ill prepared and unsure about therapy requirements and adherence issues as well as next steps when significant treatment side effects occur.

This symposium addresses significant components of support for individuals on oral anti-cancer therapy. Recognizing the importance of complementary roles, the panel includes perspectives from nursing, social work, and a patient representative. As the use of oral agents to treat cancer continues to grow, a more integrated approach is key to ensuring engagement of all stakeholders so that optimal treatment outcomes are attained.

## O-18 COVID and Cancer

Reanne Booker<sup>1,2</sup>, Christine Maheu<sup>3</sup>

<sup>1</sup>CANO/ACIO President

<sup>2</sup>Alberta Health Services, CANADA

<sup>3</sup>Associate Professor, McGill University, Montreal, Quebec

This presentation will review the impact of COVID-19 on cancer care, discuss the impact of COVID-19 on nurses' research, and discuss strategies to mitigate the adverse impact of COVID-19 on cancer care.

## O-19 International Workshop: Looking Within and Beyond Our Borders

Margaret Fitch<sup>1</sup>, Maureen McQuestion<sup>2</sup>, Reanne Booker<sup>3</sup>, Tayreez Mushami<sup>4</sup>

<sup>1</sup>Interim Vice-President CANO/ACIO, Editor-in-Chief CONJ, Adjunct Professor University of Toronto, Nurse Education Specialist School of Nursing and Midwifery University of Rwanda

<sup>2</sup>Clinical Nurse Specialist, Princess Margaret Cancer Centre, Retired May 2020

<sup>3</sup>President CANO/ACIO, Alberta Health Services

<sup>4</sup>Adjunct Faculty, Aga Khan University School of Nursing and Midwifery

Over the past five years, CANO/ACIO developed an international strategy to address the association's role in international work. Past workshops and oral presentations have highlighted the involvement of various CANO/ACIO members in international work in Africa, Asia, the Middle East, South America and our collaborations with international societies and partners. Feedback from members has supported CANO/ACIO's role in international work with low/middle resourced countries, but emphasized that we also must focus on the needs of those with fewer resources and underserved populations within our own borders. Discussion papers, an environmental scan and dialogue

at conferences helped to develop a Framework for International Work focused on membership engagement, exchange of resources, international engagement, and influence and partnerships within and across borders for joint advocacy, education, professional practice, and research. In 2019, the CANO/ACIO Board recognized the need for structure that would enable further development of the strategy and guide members in their engagement to improve the quality of cancer care at home and abroad. We wanted to move the international strategy beyond the development phase to action in two directions: work within our borders and work beyond our borders. We will establish working groups to provide oversight for each of these directions. The 2020 Virtual International Workshop will focus on an action strategy for CANO/ACIO's role in addressing needs beyond our borders. Exemplars of members' international activities will be shared and opportunity for dialogue with participants will set the stage for the future work in collaboration with our international community. A future webinar will focus on planning the work within our borders.

## O-20 Special Interest Group Presentation: Trading Cocktails with Friends for Chemo Cocktails—Coming of Age with Cancer

Megan MacMillan<sup>1</sup>

<sup>1</sup>Clinical Nurse Specialist, Princess Margaret Cancer Centre, Toronto, Ontario

Adolescent and young adult patients face unique challenges when diagnosed with cancer. Not only do they have to navigate a complicated healthcare system, but they are also trying to meet their unique developmental needs such as establishing independence from their parents, forming their personal and professional identity, and increasing their connections to peers and romantic partners, among others. This presentation will look at the case of one such young adult and will highlight some common challenges that may be encountered with this patient population.

## O-21 Special Interest Group Presentation: Meeting the unique needs of cancer survivors: Tips from the CANO Survivorship Manual

Karine Bilodeau<sup>1</sup>, Carrie MacDonald-Liska<sup>2</sup>

<sup>1</sup>Assistant Professor, Faculty of Nursing, University of Montreal, Montreal, Quebec

<sup>2</sup>Clinical Care Leader, The Ottawa Hospital Nurse Specialist, Princess Margaret Cancer Centre

Cancer survivorship is an important issue for patients diagnosed with cancer. Oncology nurses are ideally suited and situated to provide clinical care to meet the unique needs of survivors, support patients to self-manage their chronic disease, and provide leadership in program development not only as patients transition from cancer centres to primary care, but throughout the cancer trajectory of care. For these reasons, the Adult Cancer Survivorship Manual was updated this year to provide the most recent evidenced-based state of knowledge. This presentation will demonstrate how this manual can be useful in daily nursing practice. A case study presenting a person's challenges to cancer issues at the end of active treatment will serve as an illustrative example.

## O-22

### Special Interest Group Presentation: Immuno-oncology Nursing... Now and Forever

Leslie Marvell, Marcie Flynn-Post<sup>1</sup>, N Godin, N Gregorio

<sup>1</sup>Nurse manager, Clinical Trials, Princess Margaret Cancer Centre, Toronto, Ontario

Immunotherapies are here to stay in cancer care and with ongoing clinical trials, new types of immunotherapies continue to be introduced. With the very different side effect profiles, it is important for oncology nurses to understand the mechanism of action, side effects and how to monitor patients to ensure that they are able to provide the best case that they can. Patients are also being treated with immunotherapies in combination with other therapies such as chemotherapy and radiation, which adds to the complexity. During the presentation, we will briefly highlight the most prominent classes of immunotherapies that oncology nurses may be working with today however the discussion that we hope to generate is around how oncology nurses across Canada are learning how to properly manage their patients on I-Os (alone or in combination) and ensure ongoing education. With novel therapies being developed, how are oncology nurses able to develop and maintain their I-O practice to better care for their patients? Do cancer care facilities across Canada provide education or have set standards for I-O nursing practice? Attendees are encouraged to use the “chat” function during the presentation to discuss and share.

## O-23

### CANO-CCS Joint Symposium: Bridging the Cancer Between the Clinic and the Community—Supporting Patients and Their Caregivers Living with Advanced Cancer

Laura Burnett<sup>1</sup>, Reanne Booker<sup>2</sup>, Suzanne Bays<sup>3</sup>

<sup>1</sup>Vice President, Patient Support, National Programs, Canadian Cancer Society

<sup>2</sup>CANO-ACIO President, Alberta Health Services

<sup>3</sup>Executive Consultant

As cancer treatments continue to evolve, a growing number of patients are living longer with advanced cancer. This population has unique needs and seeks to access information, support and practical resources that specifically address their experience. Unfortunately, oncology nurses and others in the broader healthcare team face challenges in meeting these needs due both to a lack of tailored services and to barriers to accessing the resources that do exist, particularly among patients receiving care in the community. This symposium will seek to review evidence regarding the unique needs and experiences of this population. Further, speakers will provide an overview of CCS initiatives that aim to help provide greater access to information and support programs for these patients and their caregivers.

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## 2020 CANO/ACIO Annual Conference Poster Presentation Abstracts

### P-01

#### Targeting Malnutrition Risk: A Collaborative Approach to Early Identification and Intervention of Patients in a Community Hospital's Cancer Care Clinic

Vondell Klein<sup>1</sup>, Vivian Kong<sup>1</sup>, Lisa Lun<sup>1</sup>, Shirley Goguen<sup>1</sup>

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With an average of 35% of all cancer diagnosis being GI malignancies at the hospital and 30% of palliative care admissions comprising of the same, the cancer clinic nurses, in collaboration with the dietitian, sought to improve the process of early identification of patients at malnutrition risk. A more in depth systematic screening tool was needed to complement ESAS in order to assess high-risk patients, and their nutritional concerns. A literature review was conducted corroborating clinical practice findings where 20–80% of cancer patients are malnourished, however only 30–60% who are at risk actually receive nutritional therapy. A validated screening tool called Nutriscore was found to have the highest sensitivity (97.3%) and specificity (95.9%) compared to other malnutrition risk screening tools. The cancer clinic nurses and the dietitian collaboratively initiated screening based on the tool's defined parameters. A score is automatically calculated and an auto-referral to the dietitian is generated if the Nutriscore is 5 or greater. The methodology allows for immediate identification of high-risk patients to the team and a nutrition intervention is implemented in real-time. This has helped to address timely access to the dietitian with limited or no patient wait time, and to enhance efficiencies to patient flow. Incorporating malnutrition risk screening with the standard cancer symptom assessment has resulted in 10% more patients identified at malnutrition risk, and an increase in the proportion of high risk patients receiving nutrition therapy from 6.5% preimplementation to 24.9% post implementation. There was also an additional 20% increase in the number of patients who were provided

with nutrition intervention following risk identification. This collaborative initiative has highlighted the importance of oncology nurses participating in malnutrition screening with the dietitian in real-time thereby improving actual and potential patient and treatment outcomes.

### P-03

#### Breast Cancer Survivorship Program: Implementing a Follow-Up Care Model in a Community Hospital Cancer Clinic

Jane Li<sup>1</sup>, Monica Elligsen<sup>1</sup>, Sabrina Allegro<sup>1</sup>, Punam Rana<sup>1</sup>, Elizabeth Leblanc<sup>1</sup>, Lisa Lun<sup>1</sup>, Jane Sanders<sup>1</sup>, Francis Cacao<sup>1</sup>, Cecile Marville-Williams<sup>1</sup>

<sup>1</sup>Humber River Hospital, Toronto, Ontario

In Canada, breast cancer is the most commonly diagnosed cancer in women, with a five-year survival rate of greater than 88%. Literature has demonstrated transitioning breast cancer survivors to primary care results in similar quality of care and lessens the burden on acute care. However, there needs to be an efficient and reliable system of communication between areas of care during this transition. Humber River Hospital's Cancer Clinic aimed to bridge the gap in the breast cancer survivorship pathway, by integrating the patient's treatment summary and surveillance recommendations within the electronic health record (EHR). This allows for effective communication and safe transition of patients to their respective primary care providers (PCP). Stakeholders from the Patient Family Advisory Council, primary care, and medical oncology were engaged in the development of the Breast Cancer Survivorship Program. This involved designing the process of enrolling patients, and building the Survivorship Care Plan (SCP), a transition document with the treatment summary and evidence-based surveillance recommendations. Testing with super-users revealed the

ease of electronically accessing the SCP by the interdisciplinary team, and the seamless transfer of patient information to primary care. Data was collected to monitor the number of eligible patients enrolled and the effectiveness of the transition. Since inception, 130 breast cancer patients were transferred to over 50 PCPs. Preliminary survey results revealed the PCPs were satisfied with the program and felt the SCP provided a useful summary of surveillance guidelines. All patients surveyed were satisfied with their transition to primary care. Oncology nurses and medical oncologists also felt well-prepared to transition patients in this program. This program can help guide future initiatives in transitioning cancer survivors into the community, relieving the cost and burden from acute care settings.

## P-04

### A Scoping Review of Palliative Psychotherapy in Adult Patients with Advanced Leukemia

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In recent years, major advancements in the medical treatment of hematological malignancies have enabled patients with advanced leukemia to live longer. Living with advanced leukemia involves managing the day-to-day challenges of the disease while simultaneously facing one's own mortality. Patients with advanced leukemia experience psychological distress related to feelings of hopelessness, meaninglessness, and fear of the unknown, which may directly impact their quality of life. These complex psychological symptoms manifest in various forms. For a more holistic approach to care, health-care providers working with these patients must utilize palliative and supportive care interventions to assess, intervene and evaluate psychological distress. A scoping review was conducted to uncover the effectiveness of palliative psychotherapeutic interventions and their impact on psychological distress experienced by patients living with advanced leukemia. Three bibliographic databases were searched for relevant studies published up to June 2019 pertaining to palliative psychotherapy for adults living with advanced leukemia. Of the 52 results screened, 12 randomized and non-randomized trials met the criteria of the search. Preliminary findings suggest that palliative psychotherapeutic interventions alleviate psychological distress and improve the overall quality of life for patients with advanced cancer. While many of these studies involved a multitude of advanced cancers including leukemia, no studies focused directly on patients living with advanced leukemia. Moreover, no studies examined nursing's impact in providing psychotherapeutic interventions, despite nurses' traditional role in delivering this form of supportive care. As nursing's role grows in collaborative healthcare, the profession is primed to utilize its broad scope of practice to implement evidence-based interventions that elevate psychological distress and improve the overall quality of life for their patients.

## P-09

### A Nurse Navigator's Experience in Supporting Indigenous Patients and Families Living with Cancer

Tara Abdul-Fatah<sup>1</sup>, Carolyn Roberts<sup>2</sup>, Gwen R. Barton<sup>2</sup>, Gifford Wendy<sup>1</sup>, Roanne Thomas<sup>3</sup>

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Cancer rates are disproportionately higher among Indigenous Peoples (First Nations, Inuit, and Métis) in Canada compared to overall Canadian rates. Many Indigenous Peoples have difficulty accessing care and do not receive culturally safe care due to a longstanding history of marginalization and colonization. The nurse navigator (NN) role was developed to improve continuity of care and overall health outcomes for Indigenous Peoples. However, limited research exists on what a NN does or how they are perceived. This study aimed to describe the experiences of a NN working in a tertiary care hospital in Ontario, and how the NN practiced supporting Indigenous cancer patients in a culturally sensitive manner. Using constructivist case study methodology, six in-depth interviews were performed with health care providers and administrators, and shadowing of a NN occurred over two weeks. Interviews were audiotaped and transcribed; all data was coded thematically in NVIVO 12 qualitative analysis software. Analysis revealed the NN to be an important complement to clinical care and a key resource to navigating the health care system, providing mechanisms for building trust, and raising awareness of the historical context of colonization. By practising non-conventional patient-centered approaches, advocating and interpreting healthcare for patients, and aiding patients to have autonomy over their healthcare, all participants felt the NN had a positive influence on health and wellbeing. Results inform nursing practice in helping to improve quality of care and outcomes for Indigenous cancer patients.

## P-11

### Bile, Worm, Cell, Me: A Brief Sociocultural History of Cancer and Identity

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Cancer is an ancient disease riddled with superstition, myth, magic, and assumptions. For many centuries, cancer was considered a parallel experience: the objective reality of corporeal cancer and the subjective nature of the experience of cancer. Long associated with tumours and ulcers that ate and consumed, cancer has been called many things: wolf, worm, black bug, devil, attacker, beast. Identified as masses within an Egyptian papyrus dating from before 1500 BC, what became known as "cancer" was called *onkos* and *karkinos* by Hippocrates (460BC to 370BC?) and *carcinomas* by Celsius (25BC to 50AD). Since this time, some of our most incredible philosophers and scientists have put their minds to explaining, discovering, and treating cancer. From a disease of humors, cancer morphed and twisted into a personal disease attributed to certain personality types, vices, and employments. Our modern (or most correctly, our post postmodern) attitudes about cancer further emphasized the separation of body, spirit, and mind in a way that even Descartes would have found surprising.

This presentation offers a concise review of the main highlights in the sociocultural history of cancer in which identity is used as an exploratory lens. Historic and contemporary literature, stories, poetry, anecdotes, and scholarly literature are entwined with drawings and photographs to provide an educational and informative investigation of cancer as both a biological reality and a social construct. Personal identity drives the discussion which focuses on the lived experience of the person with cancer. While focus is primarily on Western cultures, the influence of international ideologies and beliefs intermingles the texture of overarching sociocultural thinking.

P-15

### Getting Ready for a New Normal: A Formal Education Program to Establish and Maintain Competency on Immune Effector Cell Therapy

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Oncology nurses must be equipped with up-to-date knowledge to recognize and manage toxicities associated with evolving cancer treatments. Treatment administration, toxicity assessment and management of Chimeric Antigen Receptor T-cell therapy (CAR-T), a type of immune effector cell (IEC) therapy is significantly different from that of traditional treatments used in the malignant hematology patient population.

Nurses involved in IEC patient care at various points in the treatment trajectory were provided didactic education sessions focusing on foundational information about IEC treatment, administration, toxicity assessment, symptom management and patient education. A formal education program was also established for nurses on an inpatient malignant hematology unit to build capacity on IEC product administration and patient care, including requirements for the maintenance of competency on an annual basis. The established formal educational program prepares novice and experienced inpatient nurses for IEC product administration, the unique assessment, monitoring and management of toxicities of IEC therapy such as cytokine release syndrome and IEC related-neurotoxicity, escalation criteria for deteriorating patients and targeted patient education. The program ensures consistency in the training of nurses and includes elements to allow for the evaluation of nursing competency on an ongoing basis.

P-17

### On-Demand Respite Care: A Protocol to Develop a Proof-of-Concept of a Smartphone Application for Coordinating Nursing Respite Care Services for Families with Cancer

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**Background:** As medical therapies have advanced, cancer has become a chronic condition for many families, necessitating ongoing support in the community. This support is most often provided by family caregivers. Stakeholders of cancer caregiving suggest that a critical research priority should be for home care supports, including for respite care (i.e., services that allow caregivers to take short breaks from caregiving). Without supports such as respite care, caregivers are at risk of additional distress and burn-out. Smartphones' unique capabilities offer opportunities to facilitate the provision of more flexible, on-demand respite care services. However, on-demand smartphone applications ("apps") have not been researched for in-home nursing respite care services.

**Purpose:** To share a protocol for a study to design an interactive proof-of-concept of an app that will optimize the provision of on-demand nursing respite care services to families coping with cancer.

**Design:** The design of this study is convergent mixed methods. Guided by Hevner's cyclical information systems research framework, we plan to recruit a total of 9-25 nurses with oncological nursing experience, 9-25 cancer caregivers, and 9-25 people living with cancer over the course of three to five design circuits. The perspectives of participants will be solicited with questions directed towards measuring the subjective usability, acceptability, appropriateness, and feasibility of

the proposed proof-of-concept; measuring end-users' objective performances (i.e., effectiveness and efficiency) while using the proof-of-concept; and exploring their desire for such a service.

**Implications:** This study proposes to co-design a smartphone service to facilitate access to trusted and flexible respite care. An app resulting from the development of this proof-of-concept may help to reduce caregiver distress and better support both, people living with cancer, as well as their family caregivers.

P-18

### Enhancing Nurses' Confidence Levels in Managing Hypersensitivity Reactions Among Oncology Population

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**Background:** Infusion reactions commonly occur with several anticancer medications, ranging from mild to severe symptoms, such as anaphylaxis, which requires emergent care. Although not always preventable, managing hypersensitivity reactions can be very stressful for healthcare team members, especially for nurses new to administering chemotherapy and/or biotherapy. At Markham Stouffville hospital, in a newly developed Medicine/Oncology inpatient unit, nurses voiced for additional training and support in appropriately managing hypersensitivity reactions.

**Method:** Using CCO's 'Management of Cancer Medication-Related Infusion Reactions' resource, we aim to: 1. Evaluate nurses' knowledge and confidence level in managing hypersensitivity reactions via baseline questionnaire; 2. Deliver a series of education on Management of Hypersensitivity Reactions; 3. Develop an Escalation of Care Protocol using Interprofessional Collaboration, and 4. Deliver a Simulation Based Learning to enhance nurses' competency, skill and knowledge to confidently assess and manage hypersensitivity reactions among oncology patients receiving chemotherapy and biotherapy regimens.

**Conclusion:** By using a multi-prong approach in enhancing nurses' confidence level in managing hypersensitivity reactions among cancer patients, we foresee improved confidence levels among staff, enhanced role clarity and increased efficacy in team communication.

P-19

### Indigenous Voices 2: Improving Care for Indigenous Patients and Families

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Indigenous people in Canada have limited access to culturally relevant palliative care when facing advanced cancers or end stage chronic diseases. The Canadian Virtual Hospice (CVH) has been working with Indigenous Elders, patients, families, healthcare providers, and researchers from across Canada to envision and co-design tools to educate and empower Indigenous peoples and communities aiming to improve culturally safe care. This presentation will provide an overview of the key considerations and contextual challenges in developing culturally relevant palliative care education, resources, and services in Indigenous communities. It will describe how CVH worked to address these challenges through the expansion of culturally relevant tools and resources within the LivingMyCulture.ca project. Participants will be introduced to newly developed tools and resources

including a series of online learning modules on cultural competencies for healthcare providers and resources to support personhood and advance care planning discussions for Indigenous peoples. A series of videos and interactive tools, created by Indigenous people for Indigenous people will also be presented. These narratives represent the lived stories of 75 Indigenous people across Canada, speaking about the intersection of culture, spirituality, advanced illness, and dying and the care that matters. A group discussion will follow to highlight the applicability of the resources in delivering culturally safe and relevant care to Indigenous peoples. All of these resources provide education, support, and understanding for those affected by life-limiting illnesses.

## P-20

### Informing Enhanced Nursing Care in Pediatric Oncology: Did You Say Something About a New Easy-to-Use Intervention?

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**Background:** Supporting families of children in treatment for cancer is an essential aspect of oncology nursing care given the impact cancer may have on all dimensions of family health. The development, evaluation and implementation of accessible interventions will support nurses in engaging Canadian families in their child's healthcare with the aim to increase their hope, self-efficacy, and sense of control, and reduce distress and anxiety.

**Purpose:** To test the Keeping Hope Possible (KHP) Toolkit in parents who have children with a variety of life limiting and life-threatening illnesses including cancer, and evaluate its acceptability, effectiveness, and feasibility.

**Methods:** The KHP Toolkit was tested using a quasi-experimental approach. Participants were randomly assigned into one of two sequence groups. Measures of parents' hope (HHI), feelings of control (GSUS), distress (K6), and uncertainty (PPUS) were collected pre- and postintervention and at three months. Qualitative evaluation interviews were conducted to assess parents' experiences with the intervention.

**Findings:** This presentation will describe findings from the quantitative analysis of the four measures and qualitative analysis of the interview data to support an enhanced understanding of best practices for family-centred nursing in pediatric oncology care. Implications for Oncology Nursing: Awareness of effective supportive interventions for families in oncology will support nurses in engaging in exciting opportunities for development in education, research, and practice to better support families who are experiencing uncertainty and isolation in their lives.

## P-21

### Nursing in the Era of Genomics: A New Frontier

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Given the rapid uptake of genetics and genomics (genetics/genomics) in cancer care, additional nursing knowledge and practices are required to support patients in their health-related decisions and to optimize care. There are complex clinical and ethical requirements arising from genetics/genomics and contributions by nurses from all domains of practice are needed to advance the profession.

Three examples from practice are used to explore current and future opportunities for nursing in the genetics/genomics era. The first example involves research that explored women's experiences with multi-gene panel testing. The second explores the ethics of genomic testing and return of results. Lastly, we examine education for student and practising nurses, and how this can prepare nurses with the knowledge required to participate in personalized healthcare. We consider Canadian and international experiences and recommend strategies to advance nursing practice. This presentation will focus on developing genomic literacy, inter- and intra-professional collaboration and nursing interventions that incorporate genetic/genomic technologies.

Moving forward, inter- and intra-professional collaboration, including across the five domains of nursing practice, will ensure nurses develop competencies in genetics/genomics and associated clinical and ethical practices. Foundational knowledge and ethical discernment will enable nurses to assist patients to navigate the complex and uncertain terrain of genomics. Understanding the patient experience will identify existing gaps in care and support patient-centred care. Nurses can provide leadership to transform health care by integrating genomics. This presentation will be of interest to nurses in practice, education, research, policy and leadership.

## P-29

### The Role of the Allogeneic Transplant Nurse Practitioner in the Outpatient Setting

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In 2017, the Allogeneic Stem Cell Transplant (ASCT) Program launched a new model of care for newly discharged allogeneic transplant patients. Historically, these patients were discharged to the outpatient allogeneic transplant clinic and care was provided by their transplant physician. Many were referred to the transfusion centre (TFC) for additional interventions. Under the present model, these patients are discharged directly to TFC and managed by Nurse Practitioners (NPs) within a collaborative practice model. Patients typically remain in this setting until approximately two months after their ASCT and then transition to their physician follow-up clinics. The primary mandate of this new model is to provide efficient and patient centered care during the early phase of their posttransplant trajectory in the outpatient setting. This patient population requires frequent follow-up visits for assessment, diagnostic investigation, interventions, and care coordination. By providing these aspects of care in one setting, the number of healthcare providers previously utilized is reduced. The TFC provides NPs the flexibility to see patients

outside the confinements of the physician clinic schedule, allowing for timely interventions and avoidance of ED visits. Overall, the response to this model implementation has been positive. Continuity of care has improved, and overall clinic times have decreased. This model allows the NP to work to their full scope and promotes strong collaborative relationships within the interdisciplinary team.

### P-30 Communicating Effectively: Working with Patients and their Families across the Cancer Continuum

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Cancer and its treatment can significantly impact the functioning and psychosocial wellbeing of patients and their families. Clinicians must understand and address concerns from both patients and families as a “unit of care” to help them cope and adjust, as they move through the cancer continuum. Open communication is an essential skill for oncology nurses, especially when faced with decisions over goals of care and cancer treatment. The purpose of this presentation is to help nurses feel better prepared to communicate effectively with patients and their families. Participants will learn about the nine factors that influence how individuals and their families cope with cancer, the principals of goals of care, and common root causes of potential conflict within the healthcare team and between the patient and family. The content is from an online course, iEPEC-O, based on the Education in Palliative and End of Life Care-Oncology (EPEC-O) curriculum originally developed by a team of oncology and palliative care clinicians in Northwestern University in USA and adapted by a team of expert clinicians in Canada. The goals-oriented model, SPIKES seven-step protocol, and serious illness conversation guide will be introduced to prevent, address and reduce conflict.

### P-32 Ambulatory Oncology Nurses Perspectives of Patient-Reported Outcomes in Alberta

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**Background:** Patients in Alberta report significantly lower levels of satisfaction than the national average in terms of physical comfort, coordination and integration of care, information, communication, and education. Although patient-reported outcomes and the Edmonton Symptom Assessment System (ESAS) have been utilized for decades, nurses in Alberta still appear to undervalue such assessment tools.

**Objective:** To gain an understanding of nurses' opinions and beliefs regarding the patient-reported outcome tool (ESAS).

**Methods:** A province-wide online survey was emailed to all nurses working within the ambulatory oncology setting. Descriptive statistics and independent t-test were used to analyze the quantitative results from February 7-29, 2020.

**Results:** Of the ~300 eligible nurses identified, respondents = 74. 91% agreed or strongly agreed that “ESAS serves as a useful starting point to assess patients' symptoms.” Eighty-one percent of nurses reported that they encouraged their patients to complete the ESAS. Forty percent reported challenges such as time constraints, lack of access to the ESAS and that the ESAS is too subjective. Almost 50% of nurses expressed that the ESAS does not cover the majority of the symptoms their patients experience. Six percent considered symptom management outside their scope of practice.

**Conclusion:** While uptake of ESAS is generally good, there remains areas for improvement. Challenges such as availability or technologic barriers of PROM may influence attitudes and utility. Future research should further explore nursing perspectives of PROs in other settings and nursing subgroups.

### P-33 Using Patient Reported Outcomes (PROs) in Ambulatory Cancer Care: Using an Unfolding Case Study to Examine the Role of the Oncology Nurse and the Potential for Improvements in Practice

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Unmanaged symptoms and concerns can negatively impact cancer patients' quality of life. Gathering Patient Reported Outcomes (PROs) can provide important information to guide targeted symptom management. However, ensuring PRO data is easy to interpret and that clinicians have time to act on symptoms and concerns identified is imperative. Informed by input from clinicians and patient advisors, CancerControl Alberta (CCA) has developed and implemented a number of electronic PRO dashboards that display data from the ESASr and the Canadian Problem Checklist (CPC) that the patients routinely complete at their clinic visits. These digital tools include a: Clinic List, Individual Trended PRO Dashboard, patient facing Symptom Tracking Report (STR), and the discipline specific Symptom Cluster Reports (SCR). They provide visual tracking of symptoms and/or concerns the patients are experiencing, thus enabling clinicians to provide timely, targeted symptom management. This presentation will introduce a real-world example of a patient being seen at an ambulatory oncology clinic over a six-month period. The evolution of the patient's symptoms and concerns will be used as part of an unfolding case study to demonstrate how clinicians could have used PRO dashboards/visual PRO data trends to improve their capacity to connect this patient to appropriate resources and improve their cancer care experience. The important role oncology nurses have in complex symptom management will be highlighted and the value add of using trended PRO data alongside with other clinical data to inform care delivery. PROs can lead to effective communication, targeted nursing assessments, integration of supportive care and improve the overall quality of care delivered.

### P-34 La télésanté dans la pratique des infirmières pivots en oncologie (IPO)

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**Contexte/Problématique:** Le patient (PT) touché par le cancer souhaite pouvoir compter sur des soins de qualité et de proximité. L'IPO agit comme ressource dès l'annonce du diagnostic, pendant les traitements et jusqu'au moment de transition. Pour rencontrer son

IPO, dans certaines situations le PT doit parcourir des kilomètres, assumer des frais de déplacement, trouver un accompagnateur, et ce, sans compter les jours où sa capacité à se déplacer peut-être limitée par la fatigue et le déconditionnement secondaires aux traitements. Quelquefois, les appels téléphoniques sont décevants car le contact visuel est manquant. De ce fait, un système de télésanté est mis en place afin que l'IPO puisse bonifier ses soins, offrir un meilleur accès au PT tout en réduisant ses déplacements.

**Méthodologie:** En 2019, un groupe de travail d'experts IPO a élaboré un modèle organisationnel de télésanté basé sur la littérature et les besoins cliniques des PT et des IPO. Il en est ressorti un projet provincial de télésanté destiné aux IPO et exportable, peu importe le milieu. **Résultats:** La consultation de l'IPO par télésanté permet d'accroître l'accessibilité aux soins et services, de diminuer les déplacements des PT et d'éviter certaines aggravations. Par le fait même, l'IPO optimise son offre de service auprès des PT en étant mieux outillée pour évaluer, soutenir, informer et assurer une surveillance de leur état de santé et intervenir au besoin. Les PT expriment une satisfaction envers la télésanté : meilleur accès, augmentation de leur confiance, de leur autonomie et de leur qualité de vie.

**Conclusion:** La télésanté en cancérologie permet de soutenir la pratique des IPO. En permettant de voir le PT, les évaluations sont optimisées ce qui permet de mieux outiller l'IPO pour décider de la suite. De plus, la télésanté offre un meilleur accès au PT et réduit les visites inutiles et leurs déplacements, parfois grandement limités par la fatigue et le déconditionnement secondaires aux traitements.

### P-38 Utilizing Middle-range Nursing Theory to Improve the Delivery of Supportive Care Resources for Patients with Head and Neck Cancers

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**Background:** Patients with head and neck cancers have complex supportive care needs and high symptom burden related to their disease and its intensive treatment. Feedback received from patients and caregivers highlighted an opportunity to improve the patient journey with head and neck cancer through our regional cancer centre.

**Purpose:** This presentation will highlight the role that advanced practice nurses in oncology can play in leading quality improvement projects guided by middle-range nursing theory to promote superior outcomes for patients living with head and neck cancer.

**Methods:** Guided by the UCSF Symptom Management Theory, a literature review and patient feedback was used to understand the symptom experience of head and neck cancers. Informal interviews and observations of oncology care providers from more than 10 disciplines took place to understand current symptom management strategies, including who was providing what information, when, where, how, and why. Existing supportive care educational materials were collected and analyzed according to the conceptual model.

**Outcomes:** A care pathway was developed to guide the delivery of supportive care resources based on the patient journey and symptom trajectory. This includes what information patients with head and neck cancers need to receive, when/how it should be delivered, and by which members of the multidisciplinary team. Areas of duplication and inconsistencies identified opportunities to improve evidence-based resource provision and interprofessional collaboration in an ongoing quality improvement project.

**Significance:** This project provides an example of how middle-range nursing theory can be successfully integrated into the development of projects that aim to improve patient care processes. Advanced practice nurses in oncology are leaders in quality improvement and facilitating collaboration among members of the multidisciplinary team in cancer care settings.

### P-39 Catheter Lock Solutions: The Debate, the Triple Threat and the Solution

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Catheter line-associated blood stream infections (CLABSI) and intraluminal occlusions are common complications in vascular access devices. We now understand that the interrelationship between bacteria, biofilm, and fibrin are responsible for the high incidence of treatment failure and catheter loss. It is through the understanding of these complex interactions in CVADs that we can begin to develop strategies to improve outcomes. The approach to solving this clinical problem may be multifactorial and finding an effective catheter lock solution is an important piece of the puzzle.

**Objectives:** The objectives of this presentation are to discuss: how important three interrelated processes (clot, bacterial colonization and biofilm) act as a whole rather than separate entities within catheters; understanding biofilm and how it contributes to antibiotic resistance; and scientifically review current catheter lock solutions.

**Results:** Putting up bacterial roadblocks and reducing the risk of occlusion are extremely important and making sure an optimal lock solution is instilled every time the catheter is manipulated is a key piece to the puzzle. This optimal lock solution should effectively prevent all three processes but can also eradicate bacteria and associated biofilm when needed.

**Conclusion:** Patients should be able to focus on their disease, not on complications associated with the device that is delivering their life-saving treatment. Bacteria, fibrin and biofilm contribute to these vascular access device related infections, occlusions and antibiotic resistance complications. The Solution: an optimal catheter lock solution acting as a triple threat disinfectant.

### P-40 Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Practice Guides Version 2020

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**Background:** In 2017, an identified research priority was to update COSTaRS practice guides with evidence on novel therapies including immunotherapy. The overall aim is to summarize the changes to the practice guides based on new evidence including immunotherapies.

**Methods:** We conducted a systematic review of literature published since August 2015 to identify clinical practice guidelines and systematic reviews focused on one or more COSTaRS practice guide symptoms including immunotherapy specific symptoms. We searched five electronic databases, reference lists of relevant guidelines and websites of organizations that produce clinical practice guidelines. After screening citations, relevant data was extracted using a standardized form and the updated COSTaRS practice guides were validated by COSTaRS members and team of nurses with expertise in immunotherapy from nine provinces and two US states.

**Results:** For version 2020, we added evidence from 74 sources (range 2-15; mean 9 per guide) including 11 focused on symptoms specific to immune checkpoint inhibitors and we removed 21 outdated sources. The 15 COSTaRS practice guides were updated, and we added two new guides for mouth dryness and skin rash. New assessment items and medications for symptoms related to immunotherapy are denoted with a symbol and shaded. We added NCI-CTCAE grading to the assessment results using superscript G1=Grade 1, G2=Grade 2, >G3=Grade 3 or 4. ESAS questions are consistent with ESAS-r. We changed “review self-care” to “review 3 or more self-care strategies.” Given COSTaRS use in face-to-face symptom management, “caller” was changed to “patient.” There were changes based on new evidence and ensuring consistency across practice guides.

**Conclusions:** The 2020 update adds immunotherapy related management and indicates the need to more urgently triage patients experiencing these symptoms. COSTaRS symptom guides present evidence on symptom management in user-friendly formats and using plain language.

### P-41 Breast Cancer Survivor Experiences with a Dynamical Neurofeedback Intervention: Preliminary Results of a Qualitative Descriptive Study

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**Background:** Cancer-related fatigue and postcancer cognitive impairment or “chemobrain” are distressing symptoms that may persist for months or years following completion of cancer treatment. Cancer survivors with unmet needs often turn to Complementary and Alternative Medicine (CAM) therapies. Neurofeedback or EEG biofeedback is a form of brain training that is non-invasive, drug-free and reported to help with a variety of symptoms including pain, fatigue, depression, anxiety, sleep problems and cognitive decline.

**Purpose:** The purpose of this study was to describe the experiences of a sample of breast cancer survivors who participated in a pilot feasibility study of a dynamical neurofeedback intervention.

**Methods:** Sixteen breast cancer survivors with persistent cognitive impairment and fatigue completed 20 sessions of neurofeedback and reported statistically significant improvements in perceived cognition and fatigue levels. Subsequently 11 of the participants were interviewed about their experience with neurofeedback.

**Results:** Preliminary thematic analysis unveiled the following themes: *debilitating impact of cancer treatment; relaxing experience of neurofeedback; kicked in quickly; no negative side effects; improved concentration; sleep and energy; wish they had started sooner; and time commitment challenge.*

**Conclusions:** These results support the need for further trials of various neurofeedback protocols in different populations of cancer survivors to manage debilitating symptoms.

**Funding:** Queen's University School of Nursing Research Development Fund (RDF), and the INCAM Research Network Canadian CAM Research Fund (CCRF).

### P-47 Evaluating the Effectiveness of a Learning Pathway to Guide Nurses Being Orientated to the Hematopoietic Stem Cell Transplant Coordination Role

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**Background and purpose:** There has been an increased demand for Hematopoietic Stem Cell Transplants (HSCT) in Ontario. This increase in HSCTs requires a critical mass of transplant trained nurses, including nurses in the Transplant Coordination (TC) role. An orientation program was developed to support this new role, but its effectiveness has not been determined. This study examined the effectiveness of a TC orientation program for nurses, developed as a project for the DeSouza Advanced Practice Nurse Fellowship.

**Methods:** A learning pathway and other learning resources including an orientation package and competency record, were developed to support the new TC orientation program. The program was designed and evaluated using the first three levels of the Kirkpatrick Model. Newly hired nurses in the TC role within the HSCT program used the learning pathway and completed the TC orientation program.

**Findings:** Nurses rated the orientation program positively and had an increase in knowledge following completion of the program. More importantly, the learning pathway allowed the nurses to gain competencies for the TC role. They advanced beyond Benner's novice level during the orientation period as evidenced by their ability to practice independently.

**Recommendations:** It is important to determine the effectiveness of any training program and ensure that learners are translating what they have learned into practice. These types of tools can assist in supporting nurses new to this expanding area of oncology nursing.

### P-49 Adolescent and Young Adult Cancer Survivors Preferences in Survivorship Care

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Adolescent and young adults, (AYA) aged 15–39, with cancer have specific care needs during posttreatment survivorship care. With the increasing number of curative treatments, many AYA are living longer and thus are at increased risk for long-term toxicities, cancer recurrence and psychological distress. The literature shows that during follow-up care AYA have a low degree of healthcare utilization and poor knowledge around their treatment history and its potential risks on their future health status. We are conducting a mixed-methods (Qual-Quant) sequential study to understand the unique needs of the AYA population in the survivorship posttreatment phase of their illness trajectory. In order to ensure appropriate and valuable care is provided, this study is exploring what AYAs want in their posttreatment survivorship care at the Princess Margaret Cancer Centre (PM). We will present the qualitative component of the research, based on focus group discussions with AYA patients receiving care at the Princess Margaret Cancer Centre (Toronto, Canada).

## P-50

### The Road to CAR-T: Understanding the Process, Administration, and Patients' Lived Experiences

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Ontario is building capacity for CAR-T cell therapy. Currently, there are two CAR-T cell therapy centres for the adult population in Ontario—Juravinski Cancer Centre and the Princess Margaret Cancer Centre. While it is gaining prominence as a “living therapy”, there are still gaps in the nurses' knowledge around CAR-T—the process, administration, and insights on the patient's journey. Therefore, the speaker took the leap to pursue a placement in Roswell Park Comprehensive Cancer Center in Buffalo, NY, as part of the application for the de Souza nurse designation not only to gain experience around CAR-T but, as well, to map out the patient's experience after a referral is made to Roswell Park (out-of-country). The purpose of this presentation is to share the author's experience in her quest to learn more about CAR-T including CAR-T administration, processes, and to map out a Canadian patient's experience who is receiving CAR-T in the United States specifically at Roswell Park Comprehensive Cancer Center. In keeping with the theme of this year's CANO/ACIO conference, “Now and Forever Oncology Nursing”, this presentation will not only broaden the participant's knowledge about CAR-T, but they can also gain insights and critical awareness by mapping out the patient's lived experiences before, during, and post CAR-T.

## P-51

### The Contribution of Illness Perception, Meaning in Life, and Coping to Anxiety and Depression in Advanced Cancer Patients Undergoing Chemotherapy

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**Purpose:** To explore the contribution of illness perception, meaning in life, and coping (active coping, planning, positive reconstruction, and interpersonal coping) to anxiety and depression in advanced cancer patients undergoing chemotherapy.

**Methods:** This study was a cross-sectional and descriptive design. Patients with advanced cancer undergoing chemotherapy (N = 60) completed measures of Hospital Anxiety and Depression Scale, Brief Illness Perception Questionnaire, Meaning in Life Questionnaire, and Korean Cancer Coping Questionnaire. Descriptive analysis, Mann-Whitney U test, Spearman's rank correlation coefficient, and logistic regression were performed in SPSSWIN 24.0 program.

**Results:** The median age was 66 years and 76.7% were men. Participants with anxiety ( $\geq 8$  score) was 36.7% and those with depression ( $\geq 8$  score) was 65.0%. Higher anxiety was associated with more negative illness perception ( $r = .57, p < .001$ ) and lower positive reconstruction ( $r = -.27, p = .035$ ). Higher depression was associated with more negative illness perception ( $r = .66, p < .001$ ), less meaning in life ( $r = -.64, p < .001$ ), lower positive reconstruction ( $r = -.35, p = .003$ ), and lower interpersonal coping ( $r = -.27, p = .042$ ). The multivariate logistic regression models identified that negative illness perception

(B = 1.15, odds ratio [OR]: 3.15,  $p = .010$ , 95% confidence interval [CI]: 1.32–7.54) was a predictor of anxiety. Poor performance status (B = 1.91, OR: 6.73,  $p = .019$ , 95% CI: 1.36–33.25), lower use of planning (B = 1.6, OR: 5.00,  $p = .031$ , 95% CI: 1.16–21.54), and negative illness perception (B = 1.09, OR: 2.97,  $p = .027$ , 95% CI: 1.13–7.83) were predictors of depression.

**Conclusion:** Our finding suggests that illness perception and coping are contributors of anxiety or depression in advanced cancer patients undergoing chemotherapy. Nursing intervention that aims to adjust advanced cancer patient's illness perceptions and to enhance coping strategies to facilitate a decrease of anxiety and depression are needed.

## P-52

### The Clinical Nurse Specialist Role in Oncology

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In 2019, the Canadian Nurses Association (CNA) published the Pan-Canadian Framework for Advance Practice Nursing, defining, and highlighting the competencies surrounding the role of a Clinical Nurse Specialist (CNS). The CNS is a master's-prepared registered nurse with advanced nursing knowledge, skills, and clinical expertise in making complex decisions to support and meet the health needs of patients and their families. In response to the CNA publication and the Cancer Care Ontario expert recommendations and role clarity guidelines (2018), the CNS Community of Practice (CoP) at the Princess Margaret Cancer Centre (PM) reviewed how the CNS roles in oncology aligned with the national and provincial competencies and guidelines. An oncology CNS role clarity document was developed with the goals of: 1) increasing awareness of the diverse CNS roles within the oncology program and 2) to guide the process for new CNS hires at the PM.

This presentation will describe: 1) steps taken by the PM CNS CoP in developing the role clarity document, 2) strategies utilized to create awareness of the document and highlight oncology CNS roles, and 3) next steps for dissemination of the document to oncology CNS beyond the PM.

## P-53

### A Phase IV, Real World Observational Study on the Use of Netupitant/Palonosetron (NEPA®) for the Prevention of CINV in Patients Receiving Highly Emetogenic Chemotherapy (HEC) Over Multiple Cycles

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**Objective:** This multi-centre, observational real-world study examined the effects of CINV on quality of life in patients treated with NEPA and receiving HEC. The effectiveness and safety of NEPA were also assessed.

**Design:** Patients prescribed HEC received NEPA (single capsule) and dexamethasone before each chemotherapy cycle consistent with the Product Monograph. Patients recorded nausea, vomiting, rescue medication use and AEs in diaries (d1–5/cycle). The primary outcome measure was the Functional Living Index–Emesis (FLIE) completed at Day 5 (120hrs) postchemotherapy during cycle 1. Secondary endpoints included the Day 5 FLIE in cycles 2–4. Results: 207 adults (81.7% female; 58.3±12.2 yrs) scheduled to receive HEC (≤2d) and NEPA were enrolled. Breast cancer (59.4%) was the most common cancer diagnosis, followed by lung cancer (22.3%). Anthracycline/cyclophosphamide was the most frequent HEC agent (47.4%). The FLIE questionnaire total score (cycle 1) showed 58.2% of patients reported no impact of nausea and vomiting on their daily life (vomiting domain 78.8%; nausea domain 49.7%). The FLIE total score increased in cycles 2–4 (66.3%, 71.2%, 76.8%). The most common treatment-emergent AEs were constipation (21.8%) and headache (5.1%). One SAE (visual hallucinations) was reported.

**Conclusion:** CINV was well controlled in patients receiving NEPA, which was well-tolerated.

## P-54

### Presence and Severity of Perceived Cognitive Difficulties Across Cancer Types: Findings from a Large Retrospective Analysis

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Despite the availability of evidence-based resources to support the identification and management of cancer-related cognitive dysfunction, perceived cognitive difficulties remain a major unmet need among cancer survivors. The lack of knowledge regarding the burden of cognitive difficulties across a range of cancer types (particularly beyond cancers of the central nervous system and breast) is a likely contributing factor to the challenge in translating evidence into practice. To address this gap, we are currently investigating the presence, severity, and predictors of perceived cognitive difficulty across cancer types. Methods comprise a retrospective analysis of adults with cancer who responded to a patient-reported outcomes screening questionnaire item related to perceived cognitive difficulty between 2010-2019 in ambulatory clinics at a tertiary cancer care centre. The presence and severity of perceived cognitive difficulty will be compared across cancer types, with multivariable logistic regression used to identify the impact of various demographic, clinical, and symptom factors for predicting perceived cognitive difficulty. The early phases of our work indicate data from over 14, 000 distinct patients are available for

analysis; results will be available for presentation in Fall 2020. Nurses are well positioned to engage in early identification and counselling related to cognitive issues. The findings of this study will inform the implementation of evidence-based strategies to meet the unique needs of each cancer population.

## P-55

### Oncology Nurses' Constructions of Inequitable Access to Oncology Care among Indigenous Peoples

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Cancer among Indigenous Peoples in Canada, once virtually unheard of, is now a major public health concern, and cancer-related disparities continue to widen between Indigenous and non-Indigenous Canadians. These disparities are typically rationalized as a result of 'culture' or 'lifestyle choices', yet in reality, reflect inequities in access to cancer care throughout the trajectory. While access to cancer care is mediated by a range of factors, evidence suggests that healthcare providers, including nurses, play a significant role in shaping equitable access to care. The purpose of this qualitative study was to critically examine oncology nurses' perceptions of access to oncology care among Indigenous Peoples in Canada, and their role. Critical and post-colonial theoretical perspectives informed this study. A multiple-methods design included a national online survey with diverse methods of recruitment resulting in 78 oncology nurses responding to the survey. Analysis of responses was guided by an interpretive descriptive approach. Nurse participants described a wide range of barriers to accessing oncology care among Indigenous Peoples, which tended to be situated as barriers at individual and systems levels; nurses see themselves as working for and with Indigenous patients to improve access to care. However, their perceptions and efforts seem to be constrained by biomedical perspectives. Through a biomedical lens, perceptions of access will be dominated by an individualist ideology, placing primary responsibility for health on the patient, abstract from their context. As evidence increasingly demonstrates that historical and ongoing oppressive systemic structures, rather than individual factors, are the root causes of inequitable access among Indigenous people, strategies to inform oncology nurses' understanding of structural determinants of health are imperative to effectively address inequitable access to care and cancer disparities among Indigenous Peoples.

## P-57

### Optimization and Standardization of the Administration of Intravenous Chemotherapy and Biotherapy in Quebec: A Collaborative Approach

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**Background:** The administration of intravenous chemotherapy and biotherapy (AICB) is an important component of oncology nursing. Variability in practices across centres was identified in Quebec. Optimization and standardization of chemotherapy nursing

practice was identified as a priority by the Ministry of Health and Social Services through the development and implementation of a provincial policy and procedure (P&P).

**Methodology:** 28 institutions were asked to share their P&P. Out of 24 responses, 10 identified organization-specific P&Ps and 14 used one common P&P. An expert committee was convened. This group conducted an in-depth review of these P&Ps and the literature. In consultation with the provincial oncology nursing group (PONG) and the provincial pharmacy group, it produced a provincial P&P. Dissemination included webcast meetings with oncology nursing leaders from each centre, and the development of a common audit tool. Each institution was responsible for a self-evaluation and development of a roll-out plan.

**Results:** The first version of the P&P was published in August 2018. A second version was published in November 2019 following a review by the PONG. Translation to English is expected to promote accessibility. This collective work confirms the need to contribute and to share best practices amongst oncology nurses. The diversity of patient populations, types of treatments, clinical settings and regions was considered to ensure representation. Thus far, three sets of audits have been completed. The results demonstrate uptake and improvements in practices.

**Conclusion:** The concerted involvement of the PONG made it possible to develop a single P&P as reference for the entire province, based on best available evidence and expert opinion. Implementation is monitored through mandatory twice yearly audits. This endeavor supports best practices and promotes patient safety with regards to AICB.

## P-58

### Is Patient Activation Associated with Perception and Satisfaction with Information Provision, Symptom Distress, and Quality of Life in Lung Cancer Patients?

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**Aims:** Patient activation refers to the knowledge, skills, and confidence to manage one's health and is associated with improved self-management, ability to interpret changes in symptoms and the higher functional status. This study assesses the factors associated with patient activation and its effects on quality of life (QoL) among lung cancer patients in South Korea.

**Methods:** Participants (N=103), 60.2% male, with a mean (SD) age of 60.90 (8.55), were surveyed. The European Organization for Research and Treatment of Cancer Quality of Life Group Information 25 questionnaire, Patient Activation Measure-13 scale, MD Anderson Symptom Inventory for Lung Cancer, and Functional Assessment Cancer Therapy-General scale, which measures multidimensional domains of QoL (physical, social/family, emotional, and functional well-being) were used. Descriptive analysis, independent t-test, one-way ANOVA, Pearson's correlation, and hierarchical regression were performed in SPSSWIN 24.0 program.

**Results:** Approximately 40% reported low patient activation and the mean score for patient activation was 62.55 ± 14.82 (range 0-100). Patients with higher activation were religious ( $p = .024$ ), had shorter time since the cancer diagnosis ( $\leq 6$ month) ( $p=.011$ ), cancer stage (1-3)

( $p=.045$ ), receiving adjuvant treatment ( $p=.025$ ), and had higher perception and satisfaction with information provision. Higher activation was not associated with lung-specific symptom distress, but had a significant effect on QoL domains of social/family well-being ( $\beta = 0.28, p = .005$ ), emotional well-being ( $\beta = 0.25, p = .008$ ), and functional well-being ( $\beta = 0.30, p = .001$ ) except physical well-being ( $\beta = 0.07, p = .356$ ).

**Conclusion:** Higher levels of patient activation in lung cancer patients were associated with greater QoL. Patient activation may be enhanced by increasing with the provision of appropriate information. This study may serve as the basis for developing nursing intervention to improve activation in lung cancer patients.

## P-59

### Tailored Training for Hematology/Oncology Nurses

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The Leukemia & Lymphoma Society of Canada (LLSC) carried out studies looking to better understand the training needs of hematology/oncology nurses in primary, secondary and tertiary cancer centres around the country. The studies were first completed in 2017 in the province of Quebec and secondly in 2018-19 to the rest of Canada. In Quebec, 120 nurses in 20 cancer centres participated and more than 100 nurses from the rest of Canada. This initial step revealed a critical need for training on the 137 types of blood cancer in both official languages. The clinical information on blood cancer is complex and changing. Since 2017, the LLSC has offered online training on blood cancers to hematology/oncology nurses to meet the most pressing needs. Our objective is to make it as simple as possible to keep up with the latest information about blood cancer treatment. The high participation rates and positive evaluations encouraged us to continue this process. In February 2020, the LLSC sent a questionnaire to Canadian nurses to understand these needs and to start a pilot training project using online modules. Our poster will present the results of phase II of our study, the impact of our training, as well as the first modules of our training program in English and in French.

## P-60

### Stepping into Graduate Studies: Exploring how Graduate Education can Impact Your Practice in Oncology and Patient Care

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Nursing graduate education has an important impact on patient care and is key to the professionalization of nursing. However, the decision to step into graduate studies can have important professional and personal implications. In addition, there may be difficulties associated with transitioning between clinic and academic environments. The purpose of this presentation is to discuss key aspects of pursuing graduate education, particularly within an oncology context. Members of the CANO/ACIO Doctoral Student Network (DSN) will share their

experiences in undertaking and completing a master's and/or doctoral degree, answer questions and spark a spirit of inquiry aimed at inspiring oncology nurses to consider embarking on a similar journey. We will: (1) explore the reasons why oncology nurses choose to pursue graduate education including potential barriers and facilitators; (2) provide examples of clinical and academic roles oncology nurses have obtained after completing graduate education; and (3) share advice and insights from graduate-prepared oncology nurses on how to succeed and thrive while undertaking a graduate degree. This presentation will draw on the results of a recent international survey conducted by the DSN of oncology nurses who are completing or have completed graduate studies. This session will provide an opportunity for participants to think about their own goals, reflect on challenges and tensions in pursuing graduate studies; and find strategies and connections to move forward.

## P-62

### Multidisciplinary Teams in Radioactive Iodine-Refractory (RAI) Differentiated Thyroid Cancer (rDTC): Analysis of the Canadian Patient Support Program (PSP) for Patients' (pts) Outcomes, Such as Progression Free Survival (PFS) and Objective Response Rate (ORR), and Treatment Patterns with Lenvatinib (LEN)

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DTC is viewed as an indolent disease, but 5–15% of patients become refractory to RAI treatment. It has a poor prognosis, three to six years life expectancy, and accounts for ~200 deaths/yr in Canada. Management of rDTC evolves over time, with either monitoring or systemic therapy including LEN. In the SELECT Study, LEN provided 19.4 month (mo) median PFS and an ORR of 60.2%; all patients had some toxicity. In Canada, a PSP offered LEN to rDTC patients prior to public funding. We report the management practices and treatment patterns of these patients. Between Aug 2015–Jan 2019, 223 patients with rDTC started LEN, as part of the PSP. Prescriber information, patient demographics, start and discontinuation dates, starting/modification of doses and reasons for discontinuation were ascertained whenever possible. Kaplan-Meier method estimated persistency on LEN, defined as time from first prescription to discontinuation. Treating physicians were medical oncologists ( $n = 141$ ), endocrinologists ( $n = 21$ ) or other various disciplines ( $n = 55$ ), together with their multidisciplinary teams. Median study follow-up was 15.8 mo. Mean starting dose was 21.2 mg using 24 mg for 158 patients (66%), 20 mg for 35 patients (15%) and

lower for 47 patients. Median KM estimate of persistency on LEN was 15.8 mo and was similar for patients starting on full or reduced dose. Treatment persistency was similar between all provinces, but there was a trend favouring prescribers with more than one patient in the PSP versus those with only one patient (18.0 versus 10.2 mo) and for patients treated by endocrinologists compared to other specialties (10.4 versus 6.0 mo). There was also a trend for longer persistency in patients who had dose modifications compared to patients treated with constant doses (19.0 mo versus 9.8 mo,  $p = 0.0577$ ). LEN was discontinued in 112 patients, only 14 from toxicity. To date, this is the largest presented real-world analysis of the treatment patterns of LEN in rDTC patients and our estimates of treatment duration as proxy for effectiveness are comparable to the phase 3 SELECT trial.

## P-64

### Understanding the Lived Experience of Inpatient Cancer Patients Receiving Care from a Specialized Oncology Nurse Practitioner: A Research Proposal

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The climate of modern healthcare is characterized by evolving issues of accessibility and sustainability in the face of financial pressures, demographic changes, high incidence of chronic illness, increased acuity of hospitalized patients and shortages of healthcare professionals. Such issues are profoundly evident in the context of the cancer care continuum. New cancer diagnoses top 1 million annually and carry an estimated cost of more than \$2 billion. The incidence of cancer also increases with age, with great than 66% of cancer survivors 65 years or older. This further catapults the modern healthcare system into crisis, as the demand for quality cancer care increases against a shrinking/aging workforce. The role of a specialized oncology nurse practitioner (NP) is a proven, innovative and cost-effective solution that enables for continuity and holistic care for cancer patients and their complex needs. Despite this, there is little research exploring patients' perspectives of the quality of care they receive from NPs at various stages across the cancer care continuum. This poster presentation will showcase a research proposal aimed at understanding the lived experience of inpatient cancer patients receiving care from a specialized oncology NP.

## P-67

### Embracing Diversity: Awareness Events Based on Listening to Patients' Experiences and Addressing Unmet Needs

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Patients and families living with/after head and neck cancer (HNC) have diverse needs including physical, functional, social, and emotional concerns related to sequelae of disease/treatment. One of the featured events of our HNC Survivorship Program has been the annual HNC Awareness Symposium, held in the evening during Oral Cancer Awareness Month each April. Established in 2016, the goal of the event is to raise awareness of HNC, provide education, and facilitate interactions among patients and families with similar

experiences. To date, there have been five patient-focused events with gradually increasing enrollment, most recently more than 120 participants. Topics have included patient and spousal experiences while undergoing treatment, human papilloma virus-related HNC, re-embracing life after cancer treatment, coping with late effects and navigating the road to recovery. The event includes a reception, displays by community partners, and presentations by patient/family and clinicians and audience discussion. Participants enjoy the interprofessional staff attendance and collaborative learning. Comments have included "Thank you for organizing this wonderful evening of survivors sharing their story and giving strength and hope to people in treatment." Annual evaluations have been very positive. Participants value the networking, hearing from survivors, learning about what others have been through and the sharing of resources. Participants strongly agree that the annual event is an important part of patient care and public education. This presentation will address the development, implementation and evaluation of the awareness event.

## P-70

### Head and Neck Cancer Surgery: Patient and Staff Perspective on Preoperative Educational Needs

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Head and neck cancer surgery involves a complex operation that often leads to significant deficits in quality of life postoperatively. These deficits may include difficulties with speech and swallowing, facial disfigurement, and interpersonal relationships. In Calgary, it's been recognized that there's limited education provided to patients who are presented with the option of surgical resection. Following our literature review, we found that the long-term educational needs of this population are fairly well explored. However, little data exists to inform us of the immediate postoperative concerns of this particular population.

We are conducting a qualitative study, using Interpretive Description design that will explore the perspectives of postoperative patients, caregivers and healthcare providers about the preoperative educational needs of patients undergoing H&N cancer surgery. Data collection is planned to take place in the form of individual interviews with patients and focus groups with staff. We anticipate there may be recurring themes due to patients having a lack of knowledge regarding what to expect and not understanding their immediate postoperative challenges. We are hopeful that the information gathered will eventually create a robust teaching approach to meet the needs of patients, whereby minimizing fears and anxiety regarding the challenges of HNC surgery. At CANO, we will speak to the literature review that we completed regarding HNC surgery education and also to preliminary findings available from interviews and/or focus groups.

## P-71

### New Patient Intake Assessment at BC Cancer Victoria: From Problem centred to Patient centered Care

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On the occasion of a BC Cancer-wide change towards adopting an electronic health record, nurses will be responsible for completing a comprehensive intake assessment with all new patients at their first

appointment. To prepare for this, it is mandated that nurses begin assessing patients at their first visit in the early part of 2020. This presents a unique opportunity for nurses to optimize their roles and responsibilities within a patient-centred care delivery model. Prior to this, nurses had not been involved in new patient appointments at BC Cancer Victoria since 2006. This resulted in missed opportunities in addressing problems in a timely manner, identifying individuals with complex needs and supporting patient's unique experience and individual needs. A team composed of registered nurses, a clinical nurse leader, a clinical nurse educator and a senior practice leader in nursing are conducting a pilot project to introduce nursing assessment into the first patient appointment. Oncology nurses will assess patients who have tumours of the lung or CNS and complete their intake form addressing their individualized needs. We will evaluate the impact of early identification of complex patient needs, interprofessional collaboration, and the timing of the intake process using weekly consecutive PDSA cycles and ongoing team huddles over a three-month period of time. This poster will outline the background, process, and the planned measures to study the outcomes and improvements to the quality of patient care.

## P-73

### Cardio-Oncology Screening and Assessments in Patients Referred for Autologous Bone Marrow Transplantation

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**Background:** Cancer patients (PTS) referred for autologous bone marrow transplantation (autoBMT) are frequently pretreated with established cardiotoxic medications including anthracyclines, cyclophosphamide and kinase inhibitors. As a result, PTS may not have adequate cardiac function to survive potentially lifesaving autoBMT. Furthermore, with mobilizing and consolidation chemotherapy, PTS receive serial exposures to cardiotoxins resulting in high risk of both short- and long-term cardiac morbidity and mortality.

**Aim:** To evaluate the effectiveness of multidisciplinary cardio-oncology assessment and intervention in an unselected serial patient population referred for autoBMT.

**Method:** Between January 1, 2013–December 31, 2018, 434 PTS referred for autoBMT were systematically screened for comorbid conditions, cardiovascular risk factors and eligibility by a single assessor. One hundred percent underwent complete physical assessment, laboratory (ECG, complete blood profile) and transthoracic echocardiogram with contrast.

**Results:** PTS with abnormal findings were referred to the Edmonton Cardio-Oncology REsearch (ENCORE) program. Findings included LVEF < 50%, increased IVsd/LVpWd, ECG abnormalities and significant cardiac history. Eighty-two patients (19%) required assessments and interventions by the ENCORE Team. As a result of cardio-oncology interventions, all eligible PTS subsequently proceeded safely through transplantation.

**Significance:** With systematic screening, 1 in 5 PTS referred for autoBMT required cardio-oncology care acutely during the mobilizing and transplantation period to safely receive autoBMT. At CANO we will present specific ENCORE interventions and patient-specific cardiac outcomes.