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2024 CANO/ACIO Annual Conference Abstracts Index

| Abstract number | Oral Presentation titles | Page number |
|-----------------|---|-------------|
| W-01-A | Enhancing Oncology Nurses' Symptom Management Competencies: A Workshop on COSTaRS Practice Guides | 164 |
| W-02-A | LEADS in Action – A Hands on Workshop to Building Leadership Competencies: How to Surpass, Take Advantage and Control Our Imposter Syndrome | 164 |
| W-03-A | Designing CANO/ACIO's Adult Oncology Nursing Professional Development Continuum: An Innovative Education Resource for Oncology Nurses | 165 |
| W-04-A | My Patient Says They Have Chemo-Brain – Now What? How Nurses Can Screen For, Assess, and Support Patients with Cancer-Related Cognitive Impairment | 165 |
| W-05-A | Caring for Older Adults with Cancer: An Interactive, Hands-On Toolkit Workshop | 166 |
| W-06-A | From Coast to Coast: A Workshop on Clinical Trial Essentials for Specialized Oncology Nurses | 166 |
| W-01-B | From Coast to Coast: Uniting our Practice in Adolescent and Young Adult (AYA) Cancer Care | 167 |
| W-04-B | Tides of Nursing: Navigating Complex Conversations in Oncology Nursing Practice | 167 |
| W-06-B | Connecting to the Network: Developing Coast-to-Coast Connections in Oncology Nursing Informatics | 168 |
| W-01-C | From Awareness to Action: Tackling Substance Use Stigma in Cancer Care | 168 |
| W-02-C | Hematology Nurses Supporting Practice Across Canada | 169 |
| W-03-C | Accelerating Genomics-Informed Oncology Nursing Education and Practice | 169 |
| W-04-C | Coast to Coast: Standardizing Systemic Therapy Education | 169 |
| W-05-C | Building Decision Coaching Competencies: A Workshop for Oncology Nurses | 170 |
| W-06-C | Prevention & Management of Radiation Dermatitis Workshop | 170 |
| W-01-D | Centring the Margins: A Workshop to Advance Equity-Oriented Oncology Nursing Praxis | 170 |
| W-03-D | Clinical Nurses Supporting Cancer Survivors: A Survivorship Special Interest Group Workshop | 171 |
| W-04-D | Cancer Basics Boot Camp: What Oncology Nurses Need to Know! | 171 |
| W-06-D | What the Duct is with Pancreatic Cancer?! Demystifying Pancreatic Ductal Adenocarcinoma and Enhancing Oncology Nursing Care for Patients and Families | 171 |
| W-06-I | Writing for Peer-Reviewed Publications | 172 |
| W-06-II | Clinical Nursing Research in the Making: A Joint Workshop with the Research Committee and the Doctoral Student Network | 172 |
| W-04-III | Priming the Oncology Line: Flashback to 2023 | 172 |
| I-01-A | Implementing CAR T-therapy: Our Experience at the CHU de Québec-UL | 173 |
| I-02-A | Bridging the Gap: Enhancing Oncology Care Transitions from Pediatric to Adult Environments for Young Adults | 173 |
| I-03-A | Insights into the Cancer Patient Journey: Findings from a Provincial Patient Satisfaction Survey Among South Asian Patients in British Columbia | 173 |
| I-04-A | Along the Journey: Outpost Nurses Provide Significant Oncology Care but Lack Assistance | 174 |
| I-05-A | CCP Nursing – Jack of All Trades, Master of None: Reviewing the Benefits and Challenges of Cross-Training in a Community Oncology Program | 174 |

| | | |
|--------|--|-----|
| I-01-B | Charting the Unknown: One Centre's Experience in Implementing Outpatient Bispecific Antibody Therapy | 174 |
| I-02-B | Breaking Barriers: Nursing Strategies to Tackle Financial Toxicities in AYA Cancer Care | 175 |
| I-03-B | Amplifying Women's Voices of the Impact of Breast Cancer on Distress and Quality of Life: Early Insights Using Patient Reported Outcomes from the PROg | 175 |
| I-05-B | Implementation of Shared-Care in Complex Malignant Hematology: An Integrative Review Using the RE-AIM Evaluation Framework | 176 |
| I-01-C | Uniting Our Practice: Supporting the Safe Implementation of Bispecific Antibody Therapies Across the Cancer Program | 176 |
| I-02-C | Patient-Centred Evaluation – Using Client Satisfaction Survey for Evaluation of the Adolescent and Young Adult Program | 176 |
| I-03-C | Improving Health Outcomes for Cancer Patients Using Remote Symptom Monitoring | 177 |
| I-04-C | Northwest Territories Health and Social Services Authority Partnership with Comprehensive Breast Care Program | 177 |
| I-05-C | The Chemotherapy Waitlist Nurse Coordinator: Supporting Access to Systemic Therapy in British Columbia | 177 |
| I-01-D | CRS and ICANS Monitoring in BiTE Therapy: How to Prepare Nursing Staff in a Community Hospital Setting | 178 |
| I-02-D | At a Crossroads: Meaningfully Supporting Adolescents Who Use Substances and Who Have Cancer | 178 |
| I-04-D | Understanding the Social and Workplace Experiences of Cancer Patients in Newfoundland and Labrador | 179 |
| I-05-D | Radiation Oncology Nursing: Highlights of the National Workforce Survey | 179 |
| II-1-A | Best of Oncology Infectious Disease in Myeloid Malignancies: Exploring the Fungus Among Us | 180 |
| II-2-A | Empowering Frontline Nurses in Quality Improvement Initiatives: Lessons from a Hematology Case Study | 180 |
| II-3-A | Getting “Hung Up” on Telephone Care – Trialing a Telephone Triage Program at a Community Oncology Site | 180 |
| II-4-A | Uniting our Practice: Understanding the Needs of Sexually and Gender Diverse People with Cancer | 181 |
| II-5-A | Geriatric Oncology on the West Coast: A Case Example of Implementing a Nurse-Led Model of Care for Older Adults with Cancer | 181 |
| II-1-B | The Implementation of Outpatient Bone Marrow Transplantation at CHU de Québec | 181 |
| II-2-B | Improving Patient Safety with the Implementation of a Provincial Systemic Therapy Incident Reporting and Learning Team | 182 |
| II-3-B | Cultivating an Appetite for a Model Change Within a Systemic Therapy Unit | 182 |
| II-4-B | Caring for Equity Deserving Populations From a Nursing Perspective | 182 |
| II-1-C | Malignant Hematology Day Unit: An Acute Outpatient Care Setting for Management of Malignant Hematology Patients Led by Specialized Nurses | 183 |
| II-2-C | Improving Time to Postoperative Radiotherapy (PORT) for Head and Neck Cancers: A Quality Improvement Initiative | 183 |
| II-3-C | Quebec's Model for a Rapid Investigation Clinic: Guichet d'investigation | 184 |

| | | |
|---------|---|-----|
| II-1-D | Creation and Set-Up of a Haematology Oncology Day Hospital at the MUHC: Phase I; Outpatient Stem Cell Transplant Clinic for Multiple Myeloma Patient | 184 |
| II-2-D | The Revised Edmonton Symptom Assessment System for Cancer (ESAS-r Cancer): Assessing the Utility One Year After Implementation | 184 |
| II-3-D | Community Cancer Support Programs | 185 |
| II-4-D | Association of Smartphone Use and Internet Access With Markers of eHealth Literacy Among Adults Versus Older Adults With Cancer in Ghana | 185 |
| III-1-A | A Nurse Led Initiative In Improving Patient Access to Oncology Sexual Health and Intimacy Care at BC Cancer Victoria | 186 |
| III-2-A | When Everything is New Again: Supporting Transition to Oncology Specialty Nursing | 186 |
| III-3-A | Comforting Words: Transforming Chemotherapy Care With Brief Conversational Hypnosis | 186 |
| III-5-A | Implementing an Oncogenetics Network in Eastern Quebec – An Example of Interprofessional and Interregional Collaboration | 187 |
| III-6-A | Unlocking the Transformative Power of Patient-Oriented Research and Co-Design: Implications for Oncology Nursing Researchers | 187 |
| III-1-B | Identifying and Supporting Cancer Patients With Suicidal Ideation: A Nurse-Led Quality Assurance Process in Cancer Care Alberta | 187 |
| III-2-B | Cellular Therapy and Hematopoietic Stem Cell Transplant Certification for Specialized Oncology Nurses: The East Coast Experience | 188 |
| III-3-B | Managing Cancer and Living Meaningfully (CALM): A Brief Psychotherapeutic Intervention for Patients Living with Life Threatening and Advanced Cancers | 188 |
| III-5-B | Integrating Planetary Health Within Cancer Care | 188 |
| III-6-B | Measuring Readiness of Newfoundland and Labrador Oncology Nurses to Provide Genomics-Informed Care | 189 |
| III-2-C | Uniting Our Practice: Oncology Nursing and Radiation Therapy Combined Approach to Support New Radiation Oncology Nurses | 189 |
| III-3-C | Overcoming Barriers to Early Palliative Care: Implementing an Integrated Care Approach in a Hemato-Oncology Care Unit (French) | 189 |
| III-5-C | Exploration of the Experiences of Endometrial Cancer Survivors and Healthcare Providers Participating in the Cancer Care Transition of Care Program | 190 |
| III-6-C | Secondary Analysis of Qualitative Study ‘Men with Breast Cancer’ | 190 |
| III-1-D | Implementation of a Nicotine Replacement Therapy Pilot Program | 191 |
| III-2-D | A Closer Look at the Challenges of Transitioning-To-Practice for Oncology Resource Nurses | 191 |
| III-6-D | Contrasting Patients’ and Health Care Professionals’ Experience in Hemato-Oncology Care: A Narrative Study | 191 |
| IV-1-A | A Patient/Family Centered Communication Tool for the Recent Admission of a Loved One to the Hematology/Oncology Inpatient Ward: A QI Initiative | 192 |
| IV-2-A | Virtual Care Realities: Canadian Oncology Nurses at the Forefront of Change | 192 |
| IV-3-A | Development of Canadian Best Practice Recommendations for the Topical Management of Malignant Cutaneous Wounds | 193 |
| IV-4-A | Barriers, Facilitators and Motivations to Pursue Specialty Certification in Oncology Nursing: The Case of BC Oncology Nurses | 193 |

| | | |
|--|---|-----|
| IV-5-A | Navigating Care: The Impact of a Nurse Navigator Program in Pancreatic Cancer | 193 |
| IV-1-B | Translating Knowledge to Practice: Improving Advance Care Planning Practices Through Embedded Knowledge Mobilization | 194 |
| IV-2-B | IV Therapy Considerations for Oncology – Know the Lines Out There! | 194 |
| IV-3-B | A United Front: A Collaborative Trial Between Laboratory and Community Oncology Program Staff to Enhance Patient Experience of Outpatient Blood Draws | 194 |
| IV-4-B | The Development and Implementation of a Virtual Oncology Escape Room in Undergraduate Nursing Program | 195 |
| IV-5-B | Measuring the Impact of Cancer Patient Navigation on Diagnostic Resolution and Treatment Initiation in Patients with Primary Lung Cancer in Manitoba | 195 |
| IV-1-C | Advance Care Planning in Oncology Nursing: Developing the Tools, Resources, and Environments for Nursing-Led Advance Care Planning | 195 |
| IV-2-C | Uniting Our Practice to Improve Patient Care: Project Infusion Reaction | 196 |
| IV-3-C | The Delivery of Off-Service Chemotherapy/ Immunotherapy: A Nursing Perspective | 196 |
| IV-4-C | Ambulatory Oncology Nurse’s Perspectives on Patient-Reported Outcome Measures | 197 |
| IV-1-D | Uniting Practice to Become a Successful Oncology Nurse Practitioner | 197 |
| IV-3-D | Applying Best Practice to Clinical Practice: How the 2024 Vascular Access Guidelines Impact Oncology Care | 197 |
| IV-4-D | Enhancing Cytotoxic Spill Clean-Up Simulation with Glo-Germ | 198 |
| IV-6 | Award-Winning Student Research Abstract Session – Symptom Management Guideline Implementation Among Outpatient Oncology Nurses: A Scoping Review of Barriers, Facilitators, and Strategies | 198 |
| IV-6 | Award-Winning Student Research Abstract Session – Introduction by the Research Committee – What do Patients (Want to) Know about Non-Muscle Invasive Bladder Cancer Pathology: Implications for Oncology Nurses | 199 |
| Helene Hudson Lectureship Sponsored by Amgen | The Oncology Nurse in Population Cancer Screening | 199 |
| Clinical Award Lectureship Sponsored by Merck | Closer to Home: Inaugural Oncology Clinic to Better Serve the Residents of Baffin Island, Nunavut | 199 |
| CANO and LLSC Joint Symposium | The Value of the Nursing Perspective in Public Reimbursement Decisions of Cancer Treatments | 200 |
| CANO/ONS/ APHON Joint Symposium | Sowing Seeds of Advocacy: Cross-Border Perspectives on Fertility Preservation | 200 |
| CANO and Canadian Cancer Society Joint Symposium | Advancing and Promoting Cancer Patient Navigation in Canada Through a Patient’s Lens | 200 |

| | | |
|--------|---|-----|
| V-01-A | Metastatic Breast Cancer: A Practical Nursing Approach. What Every Oncology Nurse Needs to Know | 201 |
| V-02-A | Impact and Opportunities: Expanding the Role of the Nurse Practitioner in a Community-Based Oncology Centre | 201 |
| V-03-A | The Evolution of Brachytherapy Nursing Orientation at The Ottawa Hospital | 202 |
| V-04-A | Oncology Advanced Practice Nurse Team Lead: A Pilot Project | 202 |
| V-05-A | Exploring the Need for Specialty Streams of Cancer Patient Navigation in Cancer Care Alberta | 202 |
| V-06-A | From Challenge to Opportunity: Remote Research Procedures During the Pandemic and Beyond | 202 |
| V-01-B | When Specialties Collide: Integrating Infusion Therapy, Vascular Access, and Oncology Nursing | 203 |
| V-02-B | NP-Led Bone Marrow Aspirate and Biopsy Procedural Sedation Clinic: Development, Implementation, and Outcomes | 203 |
| V-03-B | Streamlining Oncology Research Processes Through Collaborative Engagement | 203 |
| V-04-B | Where History Meets the Present: How Understanding the History of the Nursing Profession in Canada Can Help Nurses Advance Health Equity | 204 |
| V-05-B | Enhancing Cancer Care Pathways: Nurse Navigators Driving Collaborative Efforts in the Champlain Region | 204 |
| V-06-B | Exploring Ethical Issues with Clinical Trials to Guide Nursing Practice Across the Continuum of Cancer Care | 204 |
| V-01-C | Uniting our Expertise: Optimizing Nutrition in Patients with Pancreatic Cancer | 205 |
| V-02-C | Supportive Care Needs of Adults Living with Relapsed or Refractory Acute Leukemia (RR AL): An Advanced Practice Nursing Perspective | 205 |
| V-03-C | Establishing a Virtual Care Clinic for Malignant Hematology Patients: A Quality Improvement Initiative at Princess Margaret Cancer Centre | 206 |
| V-04-C | A Novel Planetary Health Internship Program for Front-line Nurses to Learn and Contribute to Low-Carbon, Low-Waste, Sustainable Healthcare Systems | 206 |
| V-05-C | Getting our OATs in! Incorporating ‘Oncotype At Triage’ into Referral Navigation Practice | 206 |
| V-06-C | Strategies to Increase Clinical Trial Access in Rural Communities to Patients Living with Cancer | 207 |
| V-01-D | Improving Outcomes in Stem Cell Transplant Patients: Addressing Oral Mucositis Through Education and Process Enhancements | 207 |
| V-02-D | An Evidence-Based Policy Approach for Implementing and Optimizing a Clinical Nurse Specialist Workforce in British Columbia | 207 |
| V-03-D | Co-Production: A Feasible Model for Updating Cancer Related Symptom Practice Guides | 208 |
| V-04-D | Nursing Leadership in Implementing Value-Based Healthcare (VBHC) in Colorectal Cancer Care Trajectory in a Canadian Hospital | 208 |
| V-05-D | An Update on Primary HPV Testing and Cervical Cancer Screening in Canada | 209 |
| V-06-D | From Coast to Coast: Uniting Oncology Nursing Practice Through the Vital Role of Clinical Research Nurse Study Coordinators | 290 |
| P-01 | Role Optimization of the Licensed Practical Nurse at BC Cancer | 209 |
| P-02 | Bispecifics Are Coming; Nursing Perspective for Non-CAR-T Centres From DLBCL Experiences | 210 |
| P-03 | A Multi-Centre, Three Arm, Phase III Randomized Controlled Trial on the Management of Oral Mucositis in Patients Receiving Radical Radiation for Head | 210 |

| | | |
|------|---|-----|
| P-04 | Impact of a Nurse Practitioner-Led Follow-Up Clinic Within a Rapid-Access Palliative Radiotherapy Program for Patients with Metastatic Cancer | 210 |
| P-05 | Patients with Peritoneal Mesothelioma Whom Received Cytoreductive Surgery (CRS) With Heated Intraperitoneal Chemotherapy (HIPEC) in Ontario | 211 |
| P-06 | Nurses Attitudes Toward Structured Advance Care Planning Conversations | 211 |
| P-07 | Virtual Nursing Oncology Care in British Columbia | 211 |
| P-08 | Bringing Light to the Critical Role of Supporting Patients in the Ambulatory Unit | 212 |
| P-09 | Alternative Models of Care in Ambulatory Oncology: Canadian Review from Coast to Coast | 212 |
| P-10 | Creating Standardized Systemic Therapy Scheduling Guidelines within a Provincial Oncology Drug Formulary | 212 |
| P-11 | Using Experiential Learning to Support Oncology Nurses Working in the Palliative Care Unit | 213 |
| P-12 | Development of Cancer Related Patient Education Materials | 213 |
| P-14 | Early Recognition of Life Threatening Signs and Symptoms in Patients Receiving Bispecific T-Cell-Engaging Antibodies | 213 |
| P-15 | Personalizing Canadian Breast Cancer Patients' Understanding of their Treatment Path | 213 |
| P-17 | Sleep: A Review of Current Recommendations to Improve Nurses' Sleep | 214 |
| P-18 | Understanding and Enhancing the CAR T DLBCL Patient Journey: Insights from a Qualitative Ethnographic Study of the Care Circle | 214 |
| P-19 | Psychosocial Challenges of Adolescents and Young Adults Affected by Cancer: A Systematic Review of Qualitative Research | 215 |
| P-20 | The PRO-SLEEP Program to Improve Quality of Life After Blood Cancer | 215 |
| P-21 | Scoping Review of Wearable Technologies from a Health Consumer's Perspective: Nursing Implications in Oncological Practice | 215 |
| P-24 | The Gendered Experiences of Primary Caregivers of People Living/Dying with Colorectal Cancer: Implication for Oncology Nursing Praxis | 216 |
| P-25 | Exploring the Experiences and Supportive Care Needs of Adults Living with Relapsed or Refractory Acute Leukemia: Preliminary Results | 216 |
| P-27 | Navigating the Meaning of Body Image Among Adults with Breast Cancer: A Photovoice Exploration | 217 |
| P-28 | A Pan-Canadian Community of Practice on Patient Engagement in Cancer Research | 217 |
| P-29 | Economic Burden and Impact of Cancer Treatment and Post-Treatment for Adults Living in Rural Settings in Canada | 218 |
| P-30 | YACC Recover Study: Prospective Recovery of Quality of Life in Young Adults Diagnosed with Cancer | 218 |
| P-31 | Acute Radiation Dermatitis in Anal Cancer: The Impact of Practice Patterns on Toxicity | 218 |
| P-32 | A Nurse-Navigated Approach to Lung Cancer Screening and Prevention in Nova Scotia | 219 |
| P-34 | A Nursing Collaborative: Harnessing Our Synergies to Improve Patient Wait Times | 219 |
| P-37 | Harm Reduction Through Paclitaxel Infusion Using Titration Rate | 220 |
| P-38 | Home Transfusion Program Pilot – Bridging Boundaries for Transfusion-Dependent Patients | 220 |
| P-39 | Referral Cancer Navigators in Ambulatory Oncology: Impetus for Change | 220 |
| P-40 | The Importance of Peer Support for the Blood Cancer Community: Personalized Support from Diagnosis Through Life After Cancer | 221 |

| A | Author Name | Abstract No | C | |
|----------|--------------------|--|---------------------|--|
| | Abosh D | IV-1-A | Burrows K | V-05-A |
| | Adams O | W-06-D | Cacao F | P-34 |
| | Ahmad I | P-20 | Carley M | V-03-D |
| | Akingbade O | P-21 | Carlsson L | W-03-C, V-06-B |
| | Aksenchuk S | P-05 | Carroll C | I-05-C |
| | Alam N | II-5-A | Carson K | I-03-B |
| | Allana S | IV-4-C | Carter N | IV-6 |
| | Allegro S | P-34 | Caruso D | CANO and LLSC Joint Symposium |
| | Allen D | W-04-A | Castledine E | IV-1-C |
| | Allingham C | P-03 | Catsburg J | W-01-B |
| | Alsayheen E | II-2-C | Cerullo L | V-01-C |
| | Alves C A | III-6-D | Chalifour K | P-30 |
| | Ammendolea C | P-15 | Champ S | W-03-A, W-04-C, CANO and Canadian Cancer Society Joint Symposium |
| | Andrade A | IV-4-B | Chartier G | V-04-D |
| | Antonio-Vo K | I-05-C | Chenier-Hogan N | V-04-A |
| | Arbour C | III-3-A, P-20 | Chenier-Hogan N | W-06-C |
| | Archambault Y | P-18 | Chevalier L | I-04-A |
| | Armstrong R | P-15 | Chiu C | IV-1-B, IV-1-C, IV-1-C, V-02-D, V-04-C |
| | Ashford T | II-2-C | Chiu P | W-03-C |
| | Avanthay Strus J | V-04-C | Chung C | P-34 |
| | Avery A | W-06-A | Cleyn S | P-06 |
| | Avery J | W-01-B | Cole K | P-17 |
| B | Baatira M | II-4-D | Colville C | V-05-C, P-39 |
| | Baines K-A | W-03-D | Cowlrick J | III-1-A |
| | Bains S | I-03-A | Cox-Kennett N | IV-1-D |
| | Baker R | III-2-B | Crosby M | III-1-D, IV-1-B, IV-1-C, IV-4-A |
| | Banaszak D | III-2-B | Crotty P | P-30 |
| | Barnhardt L | III-1-A | Cummings B | P-04 |
| | Barrington A | P-30 | D'Souza M | P-29 |
| | Bays S | P-28 | Daigle K | V-01-A |
| | Bazile A | III-5-C | Dakin J | III-5-B |
| | Beck S | IV-4-A, V-02-D, V-04-C | Dale-Tam J | P-11 |
| | Beck S M | W-01-C, W-01-D, I-05-C, P-24 | Dalgleish D | IV-4-A |
| | Bélanger M-È | III-5-A | Dankwah Boahen E | II-4-D |
| | Benc R | W-06-C, I-05-D | Dapillah A | II-4-D |
| | Bevacqua D | a V-01-C | Davydova M | I-03-C |
| | Bhango G | IV-4-C | Dawson L | P-04 |
| | Bilodeau K | W-03-D, III-3-A, III-6-D, P-20 | Day K | P-03 |
| | Bishop D | I-04-D | de Gelder T | W-02-C |
| | Black A | V-04-C | De Nkamba Hodonou B | III-3-C |
| | Bleicher J | P-05 | Dean M L | I-03-B |
| | Bodnar K | IV-1-C | Deering J | P-31 |
| | Boghdady M-L | II-1-D | DeLure A | II-2-D, III-1-B, V-05-A |
| | Book K | IV-3-A | Del Poso-Lee K | P-04 |
| | Boone J | V-02-A | Deraspe S | I-01-A, II-1-B |
| | Borycki E M | IV-2-A | Derwich R | V-04-D |
| | Bouchard C | II-1-D | Desouza T | II-5-A |
| | Bouchard K | III-5-A | Dinur R | W-01-B |
| | Boudreau A | II-3-B | Dodd A | V-01-C |
| | Brandys D | V-03-C | Doerkson M | IV-4-A |
| | Brown M | V-04-C | Doherty M | P-31 |
| | Bruyere S | P-06 | Doichita D | III-3-C |
| | Bryant-Lukosius D | IV-6, V-02-D | Dozois G | II-1-C |
| | Bryden A | II-2-B | Dube Makhosi B | II-4-D |
| | Buchanan G | IV-5-A | Duerksen N | III-2-B |
| | Buchanan S | V-01-C | Eaton G | P-30 |
| | Budgell S | I-04-D | Elimova E | V-01-C |
| | Buenviaje A | P-38 | Elmas S | II-3-C |
| | Buick C J | I-05-D, IV-2-A, IV-4-B, CANO/ONS/APHON Joint Symposium, V-05-D | Enno A | I-03-C |
| | Burnett L | CANO and Canadian Cancer Society Joint Symposium | Etchegary H | I-04-D, III-6-B |
| | | | Facey D | V-01-C |
| | | | Farkas S | W-03-A, W-04-C |
| | | | Farnand M | V-05-B |

| | | | | |
|----------|---------------------|-----------------------|------------------|-------------------------|
| | Farris E | III-6-C | Jin R | W-05-A |
| | Fazal-Kotadia Z | P-21 | Jo Valmonte D | P-04 |
| | Fernandes S | P-14 | Johnston D | IV-3-A |
| | Fernandez N III-6-D | III-6-D | Jolicoeur L | W-05-C |
| | Fifield C | II-2-B, P-12 | Jones J | I-05-A, II-3-A, IV-3-B |
| | Finkler-Kemeny L | IV-1-C | Jurak S | III-1-A |
| | Fitch M | W-06-I, IV-2-A | Kaal K J | V-02-A |
| | Flynn-Post M | W-06-A | Kalogirou M | V-04-C |
| | Forbes M | W-04-C, W-04-D | Kaplan Z | III-6-C |
| | Ford L | V-03-A | Karnay L | I-01-D |
| | Forman M | W-06-D | Katerenchuk J | III-5-B |
| | Freeman B | III-1-D | Kaur J | W-01-C, I-03-A, V-02-D |
| | Freeman C | III-5-C | Kay-Arora M | P-32 |
| | Fullerton C | III-5-B | Kazina E | IV-5-B |
| G | Galica J | P-28 | Kei C | W-06-D |
| | Ganann R | IV-6 | Kelly C | P-31 |
| | Garland S | P-30 | Kelly L | W-06-C |
| | Gibson A | I-03-B | Kennedy K | P-12 |
| | Gidda R | W-02-A, IV-1-B | Kennedy M | II-4-A |
| | Giulione A | W-06-A | Kensall S | V-02-D |
| | Grant R | V-01-C | Kerekes S | I-01-C |
| | Greenland J | I-04-D | Khan O F | I-03-B |
| | Gretchev A | W-03-C | Kilfoil E | P-32 |
| H | Haase K R | II-4-D, P-19 | Kilgour H | V-02-D, V-04-C |
| | Hackett S | W-06-B | Kilgour H M | IV-1-B, IV-1-C |
| | Hales S | III-3-B | Killam A | W-01-A, W-06-C, I-05-D, |
| | Hare K | V-02-D, V-04-C | | V-03-A |
| | Harrie L | III-2-B | King K | I-04-D |
| | Havaei F | V-02-D | King T | CANO and Canadian |
| | Hedges P | IV-1-C | | Cancer Society Joint |
| | Heighton K | W-04-C, IV-4-D | | Symposium |
| | Henriksen C | III-6-D | Kleib M | P-21 |
| | Hercules S | II-4-A | Knox A | IV-4-A, V-04-C |
| | Heron C | W-03-A | Knox J | V-01-C |
| | Herrity E | II-1-A | Ko M | P-07 |
| | Heykoop C | W-01-B, P-30 | Kobekyaa F | II-4-D |
| | Hill J | IV-2-B, V-01-B, P-02, | Kropp A | IV-1-C |
| | | P-12, P-32 | Kuziemyky C | V-03-D |
| | Ho A | II-5-A | Kweon A | IV-2-A |
| | Hoffman T | IV-1-D | Kwon J-Y | P-27 |
| | Hollett A | CANO and Canadian | Lack M | II-2-D, III-1-B, V-05-A |
| | | Cancer Society Joint | Laihem L | IV-1-B, IV-1-C |
| | | Symposium | Lal M | W-02-C |
| | Holmes L A | W-02-C, V-01-D | Lalani A | W-06-D |
| | Horlock H | IV-1-C | Lamanna A | V-05-D |
| | Hou H | P-34 | Lambert L | I-03-A, IV-1-B, IV-1-C, |
| | Howard A F | IV-1-B, P-24 | | IV-4-A, V-02-D, V-04-C, |
| | Howard F | I-03-A | | P-24 |
| | Howard T | IV-1-C | Landry M | III-2-B |
| | Howell D | I-03-B | Larder-Hylands L | III-2-B |
| | Howes-Rousseau J | P-11 | Lauck S | V-02-D |
| | Hutchinson S | V-01-C | Laursen B | W-04-C |
| | Hyde A | III-6-B | Lavallee A | V-03-A |
| | Hyman J | IV-2-C | Lazar L | V-01-C |
| I | Iannucci N D | IV-3-C | Le Tissier S | II-2-A |
| | Ignacio Z | W-06-A, V-06-D | Leblanc J | III-2-B |
| | Inglis J | P-15 | Leduc S | I-03-B |
| | Ireland A | III-2-A | Lee C T | IV-2-A |
| J | Jamieson K | W-03-A, CANO/ONS/ | Lee E I-H | I-01-B |
| | | APHON Joint | Lee O N | P-19 |
| | | Symposium, V-02-A | Lelond S | CANO and LLSC Joint |
| | Jamieson-Wright K | W-04-C | | Symposium |
| | Jang R | V-01-C | Lelond S | W-04-B |
| | Janmohamed-Velani T | IV-1-B, IV-1-C, P-01 | Lemonde M | W-05-A, W-06-II, CANO |
| | Jansen M | I-02-B, I-02-C | | and Canadian Cancer |
| | Javor J | P-04 | | Society Joint Symposium |
| | Jensen M | W-01-B | Leon N | V-04-D |
| | Jhaji A | III-5-C | Lepage K | V-04-D |

M

Leslie K
 Leung B
 Lewis K
 Li J
 Li S
 Li X
 Libey I
 Limoges J
 Link C
 Link C
 Link C
 Listoen K
 Lockart B

 Locke S
 Lois J
 Loisel C
 Lopez C
 Lounsbury J
 Loveless S
 Ludwig C
 Lui A
 Luisa C L
 Lukovic J
 Lun L
 Lyver B
 MaCartney G
 MacDonald C
 MacDonald D
 MacDonald M K
 MacDonald T
 MacDonald-Liska C
 MacDougall A
 MacIsaac E
 MacLeod C
 MacLeod J
 MacPhee M
 Maddigan J
 Malakian A
 Malfitano C
 Malinowski S
 Mann S
 Manos D
 Marcelo K
 Margetts K
 Martel S
 Mathai J
 Mayo S

 Maze D
 McArthur E
 McCart A
 McGuigan K
 McKenzie M
 McNeil R
 McQuaid-Duffy K
 Mheid S
 Milenkovski R
 Millar B-A
 Mirander W
 Mirzadeh P
 Mitchell D
 Moch D
 Mohamed Z
 Monginot S
 Montgomery C
 Montpetit C
 Morrison M

W-03-C
 W-05-A, II-4-D, II-5-A
 V-03-C
 II-1-C
 P-18
 V-04-C
 III-1-A
 W-03-C, V-06-B
 II-2-D
 III-1-B
 V-05-A
 IV-1-C
 CANO/ONS/APHON
 Joint Symposium
 III-2-B
 I-01-B
 V-04-D
 IV-6
 IV-2-A
 P-12
 V-03-D
 I-03-C
 II-1-D
 P-31
 P-34
 II-4-A
 V-03-D
 IV-3-D
 W-04-C, W-04-D
 III-2-B
 I-01-C, III-2-C
 W-03-D
 III-2-B
 III-2-B
 III-2-B
 W-06-B
 V-02-D
 III-6-B, IV-4-B
 III-3-B, V-02-C, P-25
 III-3-B
 W-04-C
 P-08
 P-32
 IV-2-A
 IV-1-C
 V-01-C
 IV-1-A
 W-04-A, I-05-B, V-06-A,
 P-20, P-25
 I-05-B
 V-03-B
 P-05
 III-3-B
 IV-1-B, P-24
 II-2-C
 W-04-C
 P-04
 P-18
 P-04
 IV-3-A
 IV-2-A
 P-07
 IV-4-C
 I-01-B
 W-05-A
 P-21
 IV-1-B, IV-1-C
 II-3-B

N

Morrison S
 Moura S

 Mula-Hussain L
 Murphy-Kane P
 Murray C
 Myers-Harrison J
 Nairy A
 Nancekivell K-L
 Nawaf S
 Nazarova A
 Needham J
 Neil-Sztramko S
 Neville C
 Newton J
 Newton L
 Ng F
 Ng-A-Kein J
 Nguyen H
 Nguyen P
 Nicholson M
 Nicol J
 Nielsen R
 Nixon S
 Noble J
 Noordhof S
 Norris K
 O'Connell T
 O'Leary B

O

Oboudiyat N
 Ogbanufe C
 Ogez D
 Okamoto C
 Oliffe J L
 Ollerhead D
 Olmi L
 Page C

P

Parry M
 Patel K
 Patel Kl S
 Pedernal K
 Peter E
 Peters T
 Phillips A
 Pike A
 Pilkington J
 Pitcher C
 Pitcher C F
 Pittman K
 Pituskin E
 Plourde C
 Porier K
 Portuito Br
 Power J
 Priestley E
 Proba J
 Prodan-Bhalla N
 Puddester R
 Pulsifer S
 Purcell J
 Racine S
 Radu R
 Rahaman L
 Railton C
 Rajkumar C

R

V-06-A
 W-04-B, W-06-D, IV-2-A,
 V-01-C
 II-2-C
 III-3-B
 II-1-C
 P-34
 P-29
 W-04-III
 II-4-D
 V-02-A
 P-28
 IV-6
 IV-4-A
 W-01-A
 I-05-D, IV-2-A
 IV-2-A
 I-03-C
 II-5-A
 V-01-D
 II-2-B, II-2-C
 V-06-C
 III-2-B
 I-05-B, V-02-C
 P-28
 V-05-B
 II-2-B
 V-02-A
 Helene Hudson
 Lectureshiop Sponsored
 by Amgen
 II-5-A
 P-32
 III-3-A
 III-2-A
 P-19
 I-04-C
 I-01-B
 W-02-C, W-03-A,
 W-04-III
 I-05-B
 III-5-C
 W-04-C
 IV-4-B
 V-06-B
 II-2-B, II-2-C
 IV-4-B
 W-03-C, III-6-B
 V-02-B
 I-02-D, V-04-B
 W-01-C
 V-06-C
 III-6-C, IV-1-D, IV-4-C
 III-3-C
 II-2-B
 P-09
 III-5-C
 W-06-C
 W-04-III, IV-3-D
 V-02-D
 W-03-C, III-6-A, III-6-B
 III-2-B
 P-32
 V-06-A
 V-04-C
 P-14
 P-09
 I-02-A

| | | | |
|---------------------|---|----------------|-----------------------------------|
| Ramotar Vieira S | V-01-C | Tebo J | W-05-A |
| Rayar M | P-28 | Teggart K | III-6-A, IV-6 |
| Remin S | P-27 | Tenkorang E | I-04-D |
| Ricard C | P-10 | Thibault T | V-02-A |
| Rider S | P-18 | Thiele S | P-18 |
| Rigby K | P-32 | Thorne S | I-03-A, IV-1-B, V-02-D, P-24 |
| Rioux E | II-3-D | | II-4-D |
| Roberts C | I-04-A, Clinical Award Lectureship Sponsored by Merck | Tiewul M | III-5-C |
| | II-2-B, V-02-A | Tock W L | P-39 |
| Robichaud P | III-3-B, P-25 | Trider A | P-04 |
| Rodin G | P-39 | Tsai J C | V-01-C |
| Rodrigues C | P-40 | Tsang E | II-5-A |
| Rousseau P | P-28 | Tse J | II-2-C |
| Roy H | W-02-A, I-01-A, II-1-B | Turner C | P-32 |
| Ruiz Mangas M-G | W-04-D | Turner J | W-05-A |
| Saini K P | IV-4-A | Vanderbyl B | II-5-A |
| Sangha S | II-3-C | Velani T | V-04-D |
| Santilli S | P-39 | Villalba E | I-01-D |
| Saulnier K | P-20 | Virk K | I-04-D |
| Savard J | I-04-D, P-28 | Vokey M | II-2-D, III-1-B, V-05-A |
| Savas S | P-29 | Wales A | IV-3-C |
| Savoy M | IV-2-C, P-10 | Wang M | P-10 |
| Schlamb T | IV-1-C | Wasney D | II-2-D, III-1-B, V-05-A |
| Schmidt N | II-4-A | Watson L | II-2-C |
| Schultz-Quach C | W-01-B, II-4-A | Weinreich K | IV-2-C, P-10 |
| Scime S | IV-1-A | Whiteside T | IV-1-C |
| Scotland S | IV-4-A | Whitney A | I-04-D |
| Sekhon P | III-2-A | Whitten C | P-25 |
| Shamai J | III-2-D | Widger K | II-3-B |
| Sharma C | P-37 | Wield K | W-01-D, W-05-A |
| Sheikh H | V-02-A | Wiens A | W-04-C, W-04-D |
| Shivakumar S | IV-6 | Wiernikowski J | V-01-C |
| Silva A | W-05-A | Williams C-A | CANO/ONS/APHON Joint Symposium |
| Sirois A | CANO and LLSC Joint Symposium | Wilson Cull K | P-18 |
| Sit C | P-27 | Wilson G | W-04-C, W-04-D, IV-2-A |
| | V-04-D | Wong J | II-4-B |
| Slemon A | P-32 | Wong K G | P-04 |
| Slovinec D'Angelo M | W-06-C, III-2-C, P-18, P-31 | Wong P | P-04 |
| Smith C | V-03-B | Wong R | P-07 |
| Smith J | II-4-A | Wong T | P-28 |
| | W-01-A, W-05-A, W-05-C, V-03-D | Wood D | P-19 |
| Soltys C | III-6-B | Wurz A | P-25 |
| Squire L | III-6-B | Yee K | I-01-D |
| Stacey D | CANO/ONS/APHON Joint Symposium | Zeglinski C | II-3-B |
| | IV-1-C | Zhang R | |
| Stevens K | P-10 | | |
| Stimpert K | W-05-A | | |
| | W-01-B | | |
| Stoliker K | I-04-D | | |
| Streilein S | P-28 | | |
| Strohschein F | V-06-A | | |
| Stuart M | P-39 | | |
| Stuckless T | P-28 | | |
| Sundquist S | II-4-D | | |
| Surajpal M | W-03-A, III-2-B | | |
| Sutherland D | W-02-A, CANO and Canadian Cancer Society Joint Symposium, V-02-A, V-03-D | | |
| Takacs J | III-2-A | | |
| Tampareset M | P-21 | | |
| Tarasuk A | P-30 | | |
| Tarasuk J | P-04 | | |
| | | | |
| Tarver C | | | |
| Tate K | | | |
| Taylor D | | | |
| Taylor E | | | |

CANO/ACIO Annual Conference Workshop Abstracts

W-01-A

Enhancing oncology nurses' symptom management competencies: A workshop on COSTaRS practice guides

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The pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) practice guides are available for use by oncology nurses when providing guidance to patients experiencing symptoms. The COSTaRS practice guides summarize evidence from clinical practice guidelines in easy to use, nurse-friendly formats and can help nurses integrate best practices into their approach to managing symptoms. Since 2020, COSTaRS practice guides also include evidence for managing the unique symptoms from immunotherapy.

Objective: By the end of this workshop, participants should:

- a) feel more confident using the COSTaRS practice guides with patients on chemotherapy and/or immunotherapy;
- b) know how to appraise the quality of symptom management using an assessment tool; and
- c) describe strategies for incorporating COSTaRS into clinical practice and continuing professional development.

Description of the workshop: A 90-minute interactive workshop is planned. First, we will provide an overview of COSTaRS and the 2024 updated practice guides. Second, we will introduce case studies and instruct participants on the role play exercise using COSTaRS practice guides and the Symptom Management Assessment Tool (SMAT) to appraise the quality of a symptom management interaction. After debriefing on the role play exercise, we will discuss research findings from nurses using the COSTaRS practice guides with symptomatic patients. Finally, we will focus on steps for moving the practice guides into clinical practice and discuss strategies for how to address perceived barriers to their use. The workshop will include several interactive activities for engaging participants. The workshop will be conducted in English with some activities in English or French.

W-02-A

LEADS in action – A hands-on workshop to building leadership competencies: How to surpass, take advantage and control our imposter syndrome

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Leadership skills are pivotal in all oncology nursing practice. The leadership skills of an oncology nurse range from being an advocate for high-quality patient care to inspiring others in their nursing practice. Nurses in all areas of oncology practice can benefit from leadership education and support to maximize their leadership potential and help them to become confident leaders.

Our previous CANO/ACIO workshops have focused on the LEADS framework. The LEADS framework highlights a comprehensive approach to leadership development which contains five domains:

1. Leads self,
2. Engages others,
3. Achieves results,
4. Develops coalitions, and
5. affects System transformation.

Informed by the LEADS framework (Canadian College of Health Leaders, 2016), CANO/ACIO recognizes that effective personal leadership can be learned and integrated into practice. At CANO 2023, the focus was on building a leadership toolkit for all members. Through small breakout sessions and large group discussion, imposter syndrome was a recurring theme. For some it was a barrier to using their leadership potential, while for others it was an inner voice that remained and hindered their practice. The goal of this LEADS in Action Leadership Workshop is to explore imposter syndrome in all its aspects: from how to identify it, to strategies to surpass it, manage it, and even take advantage of it. This workshop will provide participants a safe space to revisit the “L” of the Leads domain to further their leadership skills starting with self. Embracing the practice of self-reflection, storytelling, and leadership development fosters personal growth and supports oncology nurse leaders to influence and advocate for excellence in patient, team, organizational, and system outcomes. CANO/ACIO is committed to providing its members with meaningful hands-on opportunities for leadership development at our conference.

W-03-A

Designing CANO/ACIO's adult oncology nursing professional development continuum: An innovative education resource for oncology nurses

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Background: In 2023, the CANO/ACIO Education and Professional Practice committees partnered to align the Specialized Oncology Nurse Learning Pathway with the Nursing Knowledge and Practice Framework for Cancer Care. This collaborative effort was presented and discussed at last year's CANO/ACIO conference, where valuable member feedback was collected to inform and improve the next iteration of the learning pathway.

Purpose: This workshop will introduce the new CANO/ACIO Adult Oncology Nursing Professional Development Continuum.

The aim of the workshop is to bring oncology nurses together to:

1. discuss and validate the new Professional Development Continuum,
2. identify gaps, and
3. collect member feedback to appraise future changes. It is also an opportunity to review and discuss CANO/ACIO's sub-specialty education resources and examine additional learning needs.

Implications: The new CANO/ACIO Professional Development Continuum reflects the CANO/ACIO Nursing Knowledge and Practice Framework for Cancer Care to identify oncology knowledge for all nurses caring for persons with cancer, regardless of practice areas or level of specialization. Furthermore, it provides a comprehensive education framework to guide oncology teams, nurse leaders, educators, and frontline oncology nurses to achieve and maintain specialized oncology competencies. Lastly, it establishes a foundation for career-long learning and professional development to optimize safe and quality care for all persons living with cancer. The continuum emphasizes the ongoing educational needs of nurses as they progress in their careers and respond to the dynamic field of oncology.

W-04-A

My patient says they have chemo-brain – now what? How nurses can screen for, assess, and support patients with cancer-related cognitive impairment

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Purpose: Nurses play a vital role in the screening and assessment of cancer-related cognitive impairment (CRCI), as well as the provision of patient education, self-management support, and referral to specialist services. However, most nurses do not routinely perform CRCI screening or know how to assess for cognitive issues when patients or families report concerns. This workshop will provide nurses with essential skills in screening, assessment, intervention, and follow-up of CRCI.

Learning outcomes: The participant will be able to:

- Describe CRCI
- Screen for patient cognitive concerns
- Perform a basic cognitive assessment
- Provide CRCI-specific patient education and self-management support
- Discuss current and emerging evidence related to pharmacological and non-pharmacological interventions for CRCI.

Background: CRCI is a frequent side effect of cancer and its treatment, affecting 30%–75% of patients at any time along the cancer trajectory. While not all the mechanisms for developing CRCI are well understood, there are many options to help reduce the effects of CRCI, especially if active screening is performed in the clinical setting. Nurses can promote prompt recognition for early detection and management. This workshop will draw on the latest evidence and clinical best practices.

Engagement of participants: Participants in this workshop will learn about the latest evidence and clinical best practices related to CRCI care through simulation-based case studies and small group work. Guided by experts in the field, participants will practice skills in CRCI-related screening, assessment, patient education, and self-management support.

Innovation: This innovative workshop provides hands-on coaching and a quick resource “badge buddy” to guide nurses with confronting the presence of CRCI in their clinical setting.

W-05-A

Caring for older adults with cancer: An interactive, hands-on toolkit workshop

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In Canada, two-thirds of cancer cases are diagnosed among those aged ≥ 65 years. Older adults experience physical, functional, social, psychological, and existential changes that contribute to unique needs and concerns, result in vast variation, and impact cancer care experiences. Important age-related disparities exist in cancer research, treatment, and outcomes, which may contribute to decreasing care satisfaction and increasing unmet needs among older adults. Given that cancer diagnoses among those aged ≥ 75 years are expected to double within 25 years, it is critical that we address the needs and concerns of this growing population.

Geriatric assessment can promote communication about age-related concerns, inform treatment decision-making, and inform non-oncologic supportive interventions to improve outcomes for older adults with cancer. Oncology nurses are often well-positioned to identify and address the needs and concerns of older adults, but often lack the tools and resources to do so. In 2023, CANO/ACIO launched 'Caring for Older Adults with Cancer: A Toolkit for Oncology Nurses,' a new resource to support optimal care of older adults with cancer.

This toolkit includes validated screening and assessment tools related to patient goals and values, cognition, functional status, mobility and falls, comorbidity and sensory impairment, social support and resources, psychological status, nutrition, and medication optimization. In this workshop, a case-based format will be used to familiarize participants with domains of concern for older adults with cancer and provide hands-on practice with tools available in the toolkit. Facilitated by expert nurses with clinical experience in geriatric oncology, participants will discuss nursing interventions; communication with other cancer care team members, patients, and families; referral to allied health and community resources; and approaches to toolkit implementation, all to strengthen care for older adults with cancer.

W-06-A

From coast to coast: A workshop on clinical trial essentials for specialized oncology nurses

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Background: Oncology clinical trials are pivotal for advancing cancer care and enhancing patient outcomes. Within this field, oncology clinical trial nurses are instrumental in ensuring the successful conduct of these trials by safeguarding patient safety, maintaining data integrity, and upholding protocol adherence. Despite their vital role, there remain very few opportunities for formalized training for nurses to specialize in clinical trials. To address this gap, we are offering a comprehensive two-part workshop series: basic and advanced.

Purpose: The first part of this workshop series aims to equip oncology nurses with foundational tools and insights necessary for conducting clinical trials in oncology. Our objective is to enhance participants' understanding of essential concepts in oncology clinical trials, empowering nurses to strengthen their expertise in this dynamic and specialized domain.

Learning Outcomes: Understand the evolution and foundational principles of clinical trials. Enhance awareness of ethical considerations and patient advocacy. Gain proficiency in data collection, adverse event management, and regulatory compliance. Apply learned concepts to practical strategies, fostering effective problem-solving and critical thinking skills. Benefit from shared experiences to enhance learning further.

Engagement: Interactive sessions, real-world case studies, and lively discussions to foster active participation and practical application of concepts.

Innovation: Knowledge transfer amongst peers for collaborative learning on the specialized role of oncology nurses in clinical trials.

W-01-B

From coast to coast: Uniting our practice in adolescent and young adult (AYA) cancer care

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Adolescents and Young Adults (AYAs) living with cancer have distinct concerns compared to pediatric and older adult populations. Navigating the complexities of cancer care presents distinctive challenges for AYAs living with cancer. Unlike pediatric and older adult populations, AYAs living with cancer encounter a unique intersection of medical, social, and developmental challenges. Understanding these distinct concerns is paramount for tailored and effective support strategies.

This workshop aims to offer coast-to-coast insights addressing the unique needs of AYAs with cancer. Drawing on perspectives gathered from nationwide AYA programs, the most up to date AYA Canadian research, and AYA patient perspectives, participants will be introduced to the domains of AYA cancer care including fertility, sexual health, school/work/finances, symptom management, psychosocial care and peer connection and end-of-life care. Through interactive case studies and group discussions, attendees will explore AYA-tailored nursing interventions and community resources.

In addition, the workshop will provide a platform for active contribution to the discourse on Canadian AYA cancer care, particularly through engaging in brainstorming sessions aimed at informing the work of a Canadian Association of Nurses in Oncology/Association Canadienne des Infirmières en Oncologie (CANO/ACIO) AYA special interest group.

Objectives: Describe the domains of AYA cancer care and share the current Canadian research. Empower oncology nurses working with AYA patients by identifying applicable interventions and resources. Identify gaps and facilitators to support AYA oncology nursing care and strategies to improve AYA oncology care.

W-04-B

Tides of nursing: Navigating complex conversations in oncology nursing practice

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Purpose: Oncology nurses play a pivotal role in providing patient-centred care to individuals with advanced cancer. Engaging in complex conversations is an essential aspect of their practice. This workshop aims to equip nurses with skills, confidence, and creative solutions to navigate these conversations.

Learning Outcomes: Identify, initiate, and navigate complex conversations regarding serious illness topics. Demonstrate improved confidence and skills in conducting compassionate and effective conversations. Equip nurses with culturally sensitive communication skills to support patients from diverse backgrounds. Expand understanding of existing tools and strategies, as well as their practical application in clinical practice.

Background: Effective communication is essential to delivering patient-centred care and fostering therapeutic relationships in the setting of advanced cancer. This workshop acknowledges the challenges oncology nurses encounter in navigating complex topics and seeks to provide them with resources, skills, and confidence to engage in critical discussions.

Engagement: Participants will share case studies and engage in role-modeling exercises. These activities will encourage confidence and skill development in a supportive learning environment. Small and large group discussions will offer the opportunity for participants to share experiences and learn from one another.

Innovation: By providing innovative tools and real-world, culturally sensitive scenarios, this session promotes the development of critical skills required by the oncology nurse. The emphasis on practical application represents an approach that empowers participants to immediately put their new knowledge into practice.

W-06-B

Connecting to the network: Developing coast-to-coast connections in oncology nursing informatics

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Purpose: The purpose of this workshop is to share information about the oncology nursing informatics (ONI) role and offer opportunities for networking and national connection. The target audiences for this workshop include those working in informatics and oncology nursing professionals interested in clinical informatics.

Learning Outcomes: Describe ONI and the roles they play in cancer care. Identify and explore the qualities and competencies associated with oncology nurses working in informatics. Share interests related to the development of an oncology nursing informatics special interest group.

Background: Oncology nursing informatics is a relatively new role, and is critical in leading the implementation, maintenance, and support of clinical information systems and digital health initiatives in cancer care. The evolution of cancer care, delivery of increasingly complex treatments, and longitudinal care needs of oncology patients contribute to unique challenges arising in the clinical informatics space.

Engagement of participants: This workshop will engage participants using: Networking-focused icebreaker; case study presentation; digital survey; interactive small group activity.

Innovation: This workshop will provide an opportunity for nurses in this area of practice to make professional connections and develop their knowledge.

The workshop will use innovative facilitation techniques to support participants to explore similarities and differences in their experiences and make meaningful professional connections with others working in ONI.

W-01-C

From awareness to action: Tackling substance use stigma in cancer care

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Purpose: The purpose of this workshop is to equip oncology nurses with knowledge and actionable skills to address substance use stigma (SUS) in cancer care within the context of Canada's escalating toxic drug poisoning crisis.

Learning Outcomes: Participants will learn to:

- (1) describe SUS from an intersectional perspective and locate how it affects the health and health care of people with lived/living experience of substance use;
- (2) critically examine and reflect on their own attitudes and beliefs about substance use, including assessing implicit biases and associated stigmatizing behaviours; and
- (3) integrate evidence-informed, stigma-reducing interventions into their oncology nursing practice.

Background: Health researchers are clear that SUS is a fundamental cause of health and healthcare inequities at an individual and population level. SUS is not merely a result of individual prejudices, but rather is reinforced by institutional policies and practices that marginalize individuals, groups, and communities based on their past or current substance use. As the largest professional workforce in the Canadian cancer care sector, oncology nurses are essential toward (1) eliminating the harms associated with SUS in cancer care, and (2) ensuring the comprehensive person-centred cancer care of people with lived/living experience of substance use at an individual and group level.

Engagement: This workshop employs a critical, emancipatory approach that will engage participants to challenge and rethink the entrenched norms and practices that perpetuate SUS in cancer care—and in health care more broadly—from an intersectional perspective.

Innovation: This workshop addresses the critical intersection of SUS and cancer care amidst Canada's escalating drug poisoning and toxicity crisis and positions oncology nurses at the forefront of equity-oriented cancer care for people with lived/living experience of substance use.

W-02-C

Hematology nurses supporting practice across Canada

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W-03-C

Accelerating genomics-informed oncology nursing education and practice

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Purpose: This workshop aims to identify how CANO/ACIO can meet oncology nurses' immediate needs for education, leadership and role clarity to support genomics-informed nursing practice.

Learning Outcomes: Understand the importance of policy, education and leadership for increasing genomic literacy and for delivering safe, equitable, and competent genomics-informed oncology nursing practice. Initiate action on the policy recommendations made to CANO/ACIO through a CIHR-funded policy catalyst grant, including the creation of a position statement, a special interest group and an educational framework. Identify strategies and priorities to prepare nurses for the growing demands for genomics-informed healthcare.

Background: Genomics is now routinely used in cancer prevention, diagnosis, and treatment. Canadian nurses are advocating for clear roles, education, and policies, such as position statements and practice guidelines, to define their responsibilities and accountabilities.

Engagement: After a presentation on evidence-based strategies and resources used in other countries to implement genomics into oncology nursing, participants will be invited to join small groups using a World Café approach. Participants will be asked for their insights on leadership, education and clinical strategies to meet nurses' immediate needs, and to contribute to a position statement clarifying nurses' roles and responsibilities for genomics-informed practice.

Innovation: This workshop integrates findings from Canadian and global research, and leverages resources and lessons learned from other countries to clarify how CANO/ACIO can support a coordinated approach to augment genomics-informed nursing education and practice. Developing a position statement and clinical integration strategies in collaboration with oncology nurses can lead to tangible actions to prepare the nursing workforce for the genomic era.

W-04-C

Coast to coast: Standardizing systemic therapy education

Komal Saini Patel¹, Donalda MacDonald¹, Margaret Forbes¹, Jennifer Wiernikowski¹, Sydney Farkas², Kate Heighton³, Kara McQuaid-Duffy⁴, Becky Laursen⁵, Sheri Malinowski⁶, Sarah Champ⁷, Kara Jamieson-Wright^{3,7}, Jiahui Wong¹

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This workshop will outline the current state of oncology nursing education related to systemic cancer therapy in Canada. Participants will be able to describe the benefits of a centralized education program that prepares oncology nurses for systemic cancer therapy administration. Across Canada, systemic (chemo-biotherapy) therapies are administered by oncology nurses. To achieve systemic therapy competency, oncology nurses often take organization-based courses, provincial curriculum, or international courses, which may differ from the Canadian experience. In 2012, in partnership with Cancer Care Ontario (CCO), our team developed the first online provincial standardized chemotherapy and biotherapy (PSCB) course to provide virtual education to oncology nurses.

The curriculum includes up-to-date content, with a strong emphasis on reflective practice by using case studies, knowledge checks, and local/virtual workshops. We also offer a continuing competency chemotherapy course on demand 24/7. During this session, our team, provincial oncology educators and leaders from across Canada, and CANO/ACIO board members will provide quantitative and qualitative data to describe the successes and challenges of the PSCB program. Program elements and adaptations to align with various provincial needs, policies, and CANO/ACIO standards will be described. Participants will have an opportunity to engage with this panel of experts during a discussion session. Standardizing oncology nurse education for the administration of systemic cancer therapy in Canada aligns with CANO/ACIO's strategic goal to provide a national approach to systemic therapy competency for oncology nurses in Canada with a goal to enhance quality of care for Canadians experiencing cancer.

W-05-C

Building decision coaching competencies: A workshop for oncology nurses

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An interactive workshop to enhance nurses' competencies in providing decision coaching. Decision coaching is non-directive support by trained healthcare providers to prepare patients to actively participate in making health or social decisions. Evidence from systematic reviews shows it improves knowledge and participation in decision making, without causing unwanted harms.

Learning Objectives: To enhance participants' knowledge, skills, and confidence with providing decision coaching; To learn how to use the Ottawa Personal Decision Guide(s) in a conversation with a patient considering a health decision; To appraise the quality of decision coaching; To discuss strategies for incorporating decision coaching into nursing clinical practice during in person or by telephone.

Description: In this three-hour workshop, we will provide an overview of decision coaching, theories, and evidence. We will introduce the Ottawa Personal Decision Guides for coaching people making individual decisions (available in 13 languages) including one for two people making a decision together (e.g., child and parent; available in five languages). Then, we will use role play exercises in the small group's language of choice (e.g., English, French). Debriefing after the role play will provide an opportunity to reflect on their experiences as the patient, decision coaching, and observer(s). As well, role play teams will be asked to assess the quality of the decision coaching interventions using the Decision Support Analysis Tool. We will explore the roles of oncology nurses in decision support, discuss how decision coaching can be used in clinical practice, including strategies for how to address barriers interfering with its use.

W-06-C

Prevention and management of radiation dermatitis workshop

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Radiation dermatitis is a major side effect associated with ionizing radiation exposure and exists on a continuum ranging from erythema to moist desquamation. Ninety-five percent of patients undergoing radiation therapy will develop some form of skin reaction. The widely accepted goal of skin care

management for patients receiving radiation is to enhance patient comfort, promote healing, and prevent infection if the skin does break down.

There are several recommendations in the literature regarding skin care to minimize radiation skin reactions, including instructions on maintaining skin cleanliness and integrity preventatively. However, there is limited evidence-based research on optimum skin care recommendations for the prevention and management of radiation dermatitis. Interventions to manage skin reactions may include medicated topical agents and dressings to manage discomfort, avoid infection and promote healing. Other goals related to the management of radiation skin reactions include protection from trauma, reduction of pain, promotion of a moist wound healing environment. There is a lot of variability in clinical practices amongst cancer centres across the country as it relates to the prevention and management of radiation induced skin reactions.

The goal of this workshop will be to provide an overview and update of the current evidence related to radiodermatitis prevention and management and provide a forum for nurses from coast to coast to share their practices with each other, using case-based scenarios.

W-01-D

Centring the margins: A workshop to advance equity-oriented oncology nursing praxis

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Purpose: The purpose of this workshop is to equip oncology nurses with knowledge and skills to design, deliver, and evaluate equity-promoting interventions effectively in cancer care.

Learning Outcomes: Participants will learn to: (1) identify and analyze major health and social inequities in cancer care, using evidence-informed frameworks to understand the fundamental causes and explore potential solutions; (2) develop and apply skills for designing, delivering, and evaluating equity-oriented interventions within oncology nursing praxis; and (3) cultivate advocacy skills to champion equity-oriented cancer care in their organizations and across various jurisdictions.

Background: Despite Canada's publicly funded healthcare system, alarming health and healthcare inequities persist across the cancer control continuum. These gaps disproportionately affect communities marginalized by social, economic, geographic, historical, and political structures of contemporary Canadian society. However, many oncology nurses feel under-prepared to design, deliver, and evaluate interventions that are designed to promote health and healthcare equity in cancer care.

Engagement: We will employ an emancipatory and participatory approach that accommodates diverse baseline knowledges and attitudes about health and healthcare inequities while

acknowledging the impacts of personal, structural, intergenerational, and collective experiences of trauma and/or violence on nurses' abilities to engage with these topics.

Innovation: This workshop's unique focus on dismantling health and healthcare inequities in cancer care will foster critical awareness among participants and offer actionable strategies to support equity-oriented oncology nursing praxis.

W-03-D

Clinical nurses supporting cancer survivors: A Survivorship Special Interest Group workshop

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While two in five Canadians will develop cancer in their lifetime, sixty-four percent are expected to survive the disease for five years or longer. It is now understood that cancer survivorship begins at the time of a diagnosis. Moreover, because studies indicate that patients find the end of active treatment to be most difficult, it is critical to start preparing them at the beginning of the cancer care trajectory.

Improvement in patient education and self-management engagement is therefore required to enhance patients' ability to cope with the effects of cancer and its treatment throughout the cancer trajectory. Oncology nurses are ideally suited and situated to provide clinical care to meet the needs of survivors, support patients to self-manage their chronic disease, and provide leadership in program development, not only at the time of discharge from cancer centres, but throughout the entire trajectory. Due its success, the 2023 survivorship SIG workshop will be offered once again at the 2024 CANO/ACIO Conference.

This updated interactive workshop will present a case study to serve as an illustrative example of a patient's unique needs at stages of the cancer trajectory. A discussion will facilitate how the provision of oncology nurse interventions, including self-management support, can assist meeting patients' individual needs from the time of diagnosis to discharge (i.e., diagnosis, surgery, chemotherapy, radiation).

Learning objectives: 1. To enhance clinical oncology nurses' knowledge about the key opportunities at phases of the cancer trajectory to prepare patients to cope with their survivorship concerns. 2. To identify self-management strategies at phases of the cancer trajectory to engage and empower patients to prepare for discharge. 3. To share and discuss the survivorship resources oncology nurses can utilize to facilitate transition.

W-04-D

Cancer basics boot camp: What oncology nurses need to know!

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Caring for people experiencing cancer can be challenging, especially for new oncology nurses or those working outside of cancer care settings. Nurses – whether in a cancer centre, general hospital or community setting – require advanced critical thinking, problem solving skills, and decision-making abilities to care effectively for people with cancer and their families.

CANO/ACIO recommends that all nurses providing care for people with cancer demonstrate the ability to integrate cancer knowledge and oncology nursing competencies. A firm understanding of cancer pathogenesis, various treatment modalities, and management of possible disease and treatment complications are foundational to excellence in oncology nursing care. The purpose of this interactive workshop is to provide a comprehensive review about the fundamentals of cancer care for novice oncology nurses and any experienced oncology nurse who wants a refresher.

This session will cover basic cell biology in the cancer process, diagnosis and staging, assessment, four treatment modalities, safe handling of oral agents and bodily fluids, two oncologic emergencies, and two common symptoms of cancer and its treatment. Oncology nurses will leave this session with foundational knowledge important for providing comprehensive cancer care.

W-06-D

What the duct is with pancreatic cancer?! Demystifying pancreatic ductal adenocarcinoma and enhancing oncology nursing care for patients and families

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Despite pancreatic ductal adenocarcinoma (PDAC) being the 11th most common malignancy in Canada, it is the third leading cause of cancer death. This high death rate reflects the unique challenges in early PDAC detection, high symptom burden, and limited treatment options. In the past two decades, however, evidence-based combination chemotherapy treatments have provided more hope with respect to progression free survival (PFS) and overall survival (OS), as well as improved symptom control and quality of life. Furthermore, early integration of palliative care not only enhances quality of life, but also can improve treatment outcomes and overall survival.

This workshop will address the unique features and complex challenges of PDAC, while highlighting the value of a nursing lens in caring for PDAC patients and their families. We will emphasize nursing-led symptom management via comprehensive assessments and thoughtful interventions together with early integration of palliative care. Topics will include pain management, exocrine pancreatic insufficiency, bowel function, and nutritional status. We also will identify “red flags” of acute PDAC complications such as gastric outlet obstruction, biliary obstruction, cholangitis, and cancer-associated thrombosis. We also will discuss the increasing relevance and growing accessibility of genetic testing in addition to clinical trials and translational research. Learning strategies will include comprehensive case studies, small group breakout sessions, and open group discussions on nursing-forward and patient-centred approaches to pancreatic cancer care.

W-06-I

Writing for peer-reviewed publications

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The purpose of this workshop is to assist oncology nurses in sharing their work through publications in peer-reviewed journals. The workshop will explore ‘practical tips’ to aid in writing manuscripts for academic publications. Our intention is to help attendees learn about ‘getting started’ and ‘being successful’ in their writing endeavours.

The Editor-in-Chief and members of the Editorial Committee for the *Canadian Oncology Nursing Journal* will be facilitating the session, sharing their knowledge and experiences, and responding to questions from the audience about writing. The session will be interactive to allow participants the time to raise questions they have about their goals and plans for producing a manuscript for submission to a peer-review journal. Nurses who are novice writers, as well as those who have experience are welcome.

W-06-II

Clinical nursing research in the making: A joint workshop with the research committee and the doctoral student network

Manon Lemonde

Ontario Tech University, Oshawa, Ontario

Canada has many renowned oncology nursing scholars whose research you have read or implemented in your practice. Would you like to talk with these scholars about your shared interests and research questions? Would you like to discuss getting started with your own research or using the best evidence to inform your practice?

Description: Using “speed mentoring,” attendees are invited to participate in a series of 15-minute, focused conversations with mentors including researchers, doctoral students, advanced practice nurses, and nurse managers with expertise

in oncology nursing research. Conversations may focus on such topics as shared research interests, conducting research in your clinical area, integrating research into clinical practice, handling ethical challenges, looking for funding, graduate studies, and developing research careers. Attendees will proceed to a mentor’s table to introduce themselves and ask their questions or share their research interests. When the bell rings, attendees will be asked to proceed to another mentor’s table. At the end of the workshop, attendees will be encouraged to reflect on discussions and plan their next steps.

Objectives:

1. to provide an opportunity to discuss work-related ideas you have for possible research projects;
2. to obtain beginning steps on how to turn a clinical idea into a research project;
3. to engage in a lively dialogue about nursing research and moving research into practice; and
4. to network with others interested in research.

W-04-III

Priming the oncology line: Flashback to 2023

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Vascular access knowledge is a core practice competency for all oncology nurses. This session will build upon existing work in order to strengthen vascular access resources. Policy makers, educators, administrators and clinicians will benefit from this knowledge sharing opportunity and will be able to share this work in their clinical areas across Canada.

At the 2023 CANO conference, oncology nurses identified the paucity of oncology-specific vascular access resources in the Canadian Vascular Access Association (CVAA) guideline implementation toolkit. Participants explored existing resources and expressed a desire to continue co-designing materials that would be beneficial for oncology populations from coast to coast. Seven main knowledge gaps were highlighted through last year’s table-top discussions and included: IV contrast guidance, needle phobia, central line removal in the presence of a thrombus, tracing infections, locking solutions, central line insertion advocacy, and IV access for those with drug addictions. Post-conference, workgroup members developed preliminary drafts focused on these resource opportunities.

This three-hour workshop will expand on the work done to date while providing participants with an opportunity to refine, inform, and network with other oncology experts to bridge the gaps identified and augment oncology-specific vascular access resources. The highly anticipated publication of the updated CVAA guidelines is slated to occur in the Fall of 2024. The co-design of resources needed will supplement the CVAA guidelines and provide oncology clinicians with standardized tools. This will reduce the margin of error and support vascular access excellence in oncology practice across Canada. Education and resource development are key components

for the continued provision of exemplary oncology care. Additionally, uniting practices across Canada is needed to sustain, advance, and promote excellence in oncology nursing.

I-01-A Implementing CAR T-therapy: Our experience at the CHU de Québec-UL

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In the last years, CAR T-Therapy has generated substantial excitement among healthcare professionals and patients offering a new option for many and having the potential to be a life-saving treatment. For this reason, more and more provinces in Canada are now offering this treatment.

In December 2020, our centre became the second in the province of Quebec to complete successfully the certifications needed to offer this treatment. Since then, we have treated more than 73 patients with this therapy. The aim of this presentation is to present our evaluation of the implementation of CAR T-Therapy in a real care environment. Namely, what are the outcomes, the complications, the use of resources in the hospital for these patients. We also took the time to address the professionals' perspectives on the introduction and delivery of this treatment. Even though, since its research and development phase CAR T-cell therapies have now entered mainstream of cancer treatment, their impact in our healthcare system and our teams remains relatively young. By sharing our experience, we hope to be able to help those who are planning on introducing this therapy.

I-02-A Bridging the gap: Enhancing oncology care transitions from pediatric to adult environments for young adults

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Adult oncology settings often lack the comprehensive support standards present in pediatric care, impacting patient well-being and treatment outcomes. Navigating the adult healthcare environment presents challenges, such as differences in multimodal comfort measures used in pediatric settings, including sedation and anxiolytics, during certain procedures like bone marrow aspirations. These disparities, alongside variations in resource availability, structural constraints, and interprofessional team utilization, can lead to significant distress and hinder optimal care delivery. As a registered nurse with experience in both pediatric and adult oncology environments, I have observed significant challenges faced by young adults, particularly those who have experienced pediatric cancers. This observation is supported by literature reviews nationwide, which also have identified notable support gaps in adult settings, prompting the need to evaluate and refine current care approaches to accommodate these individuals better.

This project aims to raise awareness about the disparities and challenges faced during the vulnerable transition phase from pediatric to adult oncology care through qualitative interviews with patients, families, and healthcare staff. It also aims to understand and improve further the gaps in care and support between these two environments. With this understanding as a foundation, the subsequent steps will include outlining disparities and suggesting targeted interventions reflective of patient needs in hopes of better supporting them. The approach involves cultivating a more supportive oncology care approach that addresses the unique needs of these young adults and unites our practices and experiences from coast to coast in a comprehensive effort to advance oncology care, advocate for better patient outcomes, and support these young adults in navigating their cancer journey.

I-03-A Insights into the cancer patient journey: Findings from a provincial patient satisfaction survey among South Asian patients in British Columbia

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Punjabi-Sikh individuals constitute the largest subgroup within Canada's South Asian diaspora, a significant visible minority in the nation. Within the healthcare system, Punjabi-Sikh patients, particularly first-generation immigrants, face notable hurdles, such as language barriers and challenges in navigating and coordinating care. A multi-phase, mixed-methods study focused on examining unmet needs of Punjabi-Sikh cancer patients during the treatment phase of cancer care.

This four-phase mixed-methods study includes a scoping review, an analysis of a provincial patient experience survey, qualitative interviews with patients and families, and focus groups with community leaders and healthcare decision-makers. This presentation will focus specifically on sharing findings from a secondary analysis of South Asian respondents of a provincial patient experience survey. The Ambulatory Oncology Patient Satisfaction Survey (AOPSS) is a standardized survey instrument used across Canada to evaluate care and measure overall patient experience in the ambulatory cancer care context. The patient experience dimensions include: respect for patient preferences; access to care; physical comfort; coordination and continuity; information, communication and education; and emotional support. Within the Canadian context, often data on race/ethnicity have been insufficient to grasp the impact of Punjabi-Sikh identity on various aspects of the cancer care journey, including morbidity, mortality, patient-reported outcomes, and experiences. Findings from this study will contribute to our understanding of self-reported experiences of care amongst South Asian cancer patients in British Columbia.

I-04-A

Along the journey: Outpost nurses provide significant oncology care but lack assistance

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Introduction: The Lower North Shore (LNS) borders Labrador along the northeast coast of Quebec. The LNS consists of 12 both Indigenous and nonindigenous predominantly English communities and eight outpost clinics. These villages' health care consists primarily of outpost clinics. Outpost nursing is a uniquely comprehensive role providing healthcare in remote areas from prenatal to postmortem and everything in between.

Methods: Remote LNS communities face additional barriers experienced not only by the population, but also by the nurses. These include lack of educational opportunities, removal of pre-pandemic virtual training, and removal of screening programs citing lack of staff.

Results: In Canada, postal code is a determining factor for increased cancer risk. Barriers include, but are not limited to access to screening, travel for diagnosis and treatment, language, extended community separation. Lower North Shore community members rely of their community nurses for oncology navigation throughout. Additionally, communities along LNS have significant Lynch Syndrome carriers who require consistent nurse support. Nurse-led screening programs have been removed with negative impact.

Conclusion: Outpost nurses struggle with receiving oncology education, resources, and various forms of support. Creating awareness and working with the oncology community would greatly assist in bridging the gap between oncology centres and rural area providers.

I-05-A

CCP nursing – Jack of all trades, master of none: Reviewing the benefits and challenges of cross-training in a community oncology program

Jordana Jones

Prairie Mountain Health - Western Manitoba Cancer Centre, Brandon, Manitoba

The Western Manitoba Cancer Centre is a community oncology program that was opened in 2011 “as a joint venture with CancerCare Manitoba and Prairie Mountain Health. WMCC is the only cancer treatment centre located outside of Winnipeg that provides radiation therapy treatments.” This unique centre consists of one single floor, two radiation clinics, one medical oncology clinic, two family practitioner of oncology clinics, one chemotherapy treatment room, one radiation treatment unit, and six clinical exam rooms.

As the Clinical Resource Nurse, it is my responsibility to staff these diverse units and develop nursing rotations that will meet the specialized needs of all clinics, treatment units, staff, and patients. We employ a cross-training approach that allows us to train all of our nursing staff in all areas of our unit. This approach has created a distinctive unit where our staff have a vast knowledge of the entire cancer journey from diagnoses to early palliative care. In my presentation I will discuss the benefits and challenges our unit has faced while adopting this training method within our centre, as well as where we hope to build and expand our program.

I-01-B

Charting the unknown: One centre's experience in implementing outpatient bispecific antibody therapy

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Bispecific antibody therapy is increasingly hailed as a promising treatment option presenting healthcare systems with unique care considerations. With recent approvals of these agents for the treatment of relapsed and refractory disease, patients with lymphoma and myeloma who have already undergone extensive treatment now present to healthcare organizations with additional layers of complexities, including challenges with treatment capacity and toxicity monitoring and management. Amidst inpatient capacity constraints and the imperative to minimize hospital admissions, coupled with patient preferences towards outpatient care, healthcare policies are shifting focus to care in the outpatient setting. This shift presents unique challenges in predicting toxicities across the different bispecific antibody agents, as well as providing ongoing monitoring and management of toxicities traditionally cared for in the inpatient setting.

This presentation will offer logistical insights from an established cellular therapy program aimed at addressing these challenges. With a focus on cellular therapy processes for toxicity identification and management, we will outline our approach for process development, which encompasses comprehensive assessment, ongoing monitoring, adapted medical management guidelines and patient and caregiver involvement. In conclusion, we have found that comprehensive outpatient care of novel therapies is possible through the implementation of clear work processes, monitoring and evaluation systems, and management guidelines. Close collaboration with both patients and caregivers leads to increased treatment accessibility in the most appropriate care setting, efficient optimization of resources, and enhanced patient outcomes.

I-02-B

Breaking barriers: Nursing strategies to tackle financial toxicities in AYA cancer care

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Financial toxicities are increasingly recognized as significant burdens faced by adolescent and young adult (AYA) cancer patients. Unique needs arise due to developmental stages, including education, career establishment and financial independence aspirations. Early identification and assessment of financial toxicities are crucial for timely intervention to mitigate adverse outcomes. Strategies for addressing financial toxicities in AYA cancer patients encompass education on insurance coverage, employment rights, and financial assistance programs. Such interventions targeting financial stressors can improve patient well-being and treatment adherence. Implementation of screening tools and routine assessments during clinical encounters enables proactive identification of patients at risk of financial toxicity. Timely referral to appropriate resources and interventions can alleviate financial burdens and enhance quality of life for AYA cancer patients. By recognizing the unique financial challenges faced by this population and integrating interdisciplinary approaches into oncology care, oncology nurses can optimize support and outcomes for AYA cancer patients navigating financial distress.

This presentation will discuss the following learning objectives: Analyze the impact of financial toxicities for AYAs on treatment adherence, healthcare outcomes, and quality of life among AYA cancer patients, emphasizing the need for comprehensive support strategies; Evaluate the role of healthcare providers, including nurses, social workers, and financial counsellors, in addressing financial toxicities experienced by AYA cancer patients through interdisciplinary collaboration and patient-centred care approaches; Develop practical skills for assessing and addressing financial distress in AYA cancer patients, including the utilization of screening tools, communication techniques, and referral pathways to optimize support and intervention strategies.

I-03-B

Amplifying women's voices of the impact of breast cancer on distress and quality of life: Early insights using patient-reported outcomes from the PROg

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Introduction: Women with breast cancer experience significant distress across the trajectory of cancer with negative impacts on quality of life (QOL). The PROgress Tracker Breast Cancer Registry, a national longitudinal, patient-reported outcome measures (PROMs) and clinical data registry, is the first of its kind that uses a novel, peer-to-peer engagement and retention model directed by Breast Cancer Canada and managed by the University of Calgary's POET Program.

Purpose: In this paper, we highlight baseline data on the impact of breast cancer on distress and surgical QOL, and women's levels of self-efficacy (a critical psychological resource), using PROMs data from the registry.

Methods: PROgress Tracker was launched in October 2023 with an enrollment goal of 50,000 Canadians (Stage 0–IV). Participants complete a comprehensive set of PROMs via a dynamic digital platform every three months for up to 10 years. Descriptive statistics are used to summarize baseline data from PROMs.

Results: Participants (N = 288) are young (median age: 54 yrs), Caucasian (95%), and currently working (57%). 44% of participants reported some level of depression with 23% of participants reporting moderate/severe depression; and 16% report moderate/severe anxiety, 46% reported financial stress. Median Surgical BREAST-QOL scores (standardized scale 0–100) were: 'Physical Wellbeing – Chest' (64), 'Breast Sensation' (59) and 'Breast Satisfaction' (43). Self-efficacy was lowest for managing emotions. Updated data will be presented at the conference.

Conclusion: Amplifying women's voices of the impact of breast cancer over time using PROMs is critical for nurses to identify women who could benefit from early psychological and supportive care.

I-05-B

Implementation of shared-care in complex malignant hematology: An integrative review using the RE-AIM evaluation framework

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Complex malignant hematology (CMH) patients are predominantly treated in academic cancer centres with specialized facilities, and highly trained providers. Travel to these centres can become burdensome for patients. Complex malignant hematology shared-care programs have been established to support patients with access to care closer to home. It is unclear what factors influence successful program implementation.

This integrative review used the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework to examine (a) what is known about CMH shared-care implementation, and (b) what are the barriers and facilitators to achieve optimal implementation. We searched five databases for articles published until January 16, 2024. Articles were included if they were primary data or discussion papers and reported on an experience with shared-care (defined as a reciprocal, patient-sharing relationship between a specialist centre and community hospital) for patients with hematologic malignancies in a high-income country, and examined one or more aspects of the RE-AIM framework. The search yielded 6,523 articles; 10 articles describing eight shared-care experiences were included. Data were extracted using a 21-item tool adapted from RE-AIM.org. Reach (68%) and adoption (56%) were most commonly reported, however patient representativeness and setting characteristics were lacking. Implementation (50%) was variably reported, including necessary resources. Effectiveness studies (32%) supported CMH shared-care; however, quality of life and patient reported outcomes were lacking. Measures of cost and maintenance were not reported. Facilitators included relationship-building, educational support, communication strategies, and virtual care. Barriers included maintaining clinical expertise, lack of infrastructure, and limited resources. Our analysis highlights the lack of implementation research on CMH shared-care, and the need to understand further program delivery strategies.

I-01-C

Uniting our practice: Supporting the safe implementation of bispecific antibody therapies across the cancer program

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Bispecific antibody therapy is rapidly transforming the cancer landscape. With the accelerated approval and availability of a number of these treatments, community hospitals are presented with the challenge of strategically planning for their implementation with often limited guidance and human resources. The role of the Oncology Nurse Educator has proven vital in the coordination, communication, development, and integration of education and materials to facilitate the provision of safe and timely access to care.

In the absence of provincially mandated standardized assessment tools and management guidelines, our centre has pulled together a small team, led by our Nurse Educators, to identify both the inpatient and ambulatory workflows corresponding to the administration of various bispecific antibody drugs, and initiate “just in time” staff training to support effective, evidence-based management of this patient population. In addition, we have initiated the creation of patient and caregiver education materials, while navigating and learning about the evolving nature and unique toxicity profiles of these new drugs ourselves. This presentation will highlight the role of nurse educators, within a multi-disciplinary team, in implementing new cancer therapies in a community hospital. We will focus on the challenges encountered, the education developed for patients and nurses to safely support this work, and share key learnings/recommendations for the introduction of bispecific antibody therapies at other smaller centres.

I-02-C

Patient-centred evaluation – Using client satisfaction survey for evaluation of the adolescent and young adult program

Mackenzie Jansen

CancerCare Manitoba, Winnipeg, Manitoba

The Adolescent and Young Adult (AYA) Program at CancerCare Manitoba provides vital support for individuals aged 15–39 facing cancer. Navigating the complexities of cancer care presents distinctive challenges for AYAs living with cancer. Unlike pediatric and older adult populations, AYAs living with cancer encounter a unique intersection of medical, social, and developmental challenges. The AYA Program aims to enhance AYA quality of life through a multidisciplinary approach, informed by AYA patients.

This study seeks to evaluate the program’s effectiveness, patient satisfaction, and the feasibility of implementing online surveys within the AYA population to continually evaluate program services. To achieve these objectives, a mixed-methods cross-sectional survey was sent to patients within the AYA Program at CancerCare Manitoba. Patient satisfaction

was assessed using a validated survey, Client Satisfaction Questionnaire. The study aims to gain an understanding of the AYA Program's impact on patient satisfaction and identify areas for improvement. This presentation will review the research protocol, early findings, and discuss the significance of program evaluation from patient perspectives when developing and tailoring program services.

Learning Objectives: Understand the unique challenges faced by AYA cancer patients and the importance of tailored support services; Explore the methodology and outcomes of a patient-satisfaction survey conducted within the AYA Program, highlighting insights into program effectiveness and areas for improvement; Gain practical insights into implementing online satisfaction surveys within AYA cancer population, with a focus on enhancing program priorities and optimizing patient-centred care.

I-03-C

Improving health outcomes for cancer patients using remote symptom monitoring

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The Richmond Hospital Cancer Care Clinic, Vancouver Coastal Health, Richmond, British Columbia

The team at the Richmond Cancer Clinic identified a care gap in communicating with and responding to symptom concerns among patients undergoing chemotherapy. This gap arises due to underreporting of symptoms and psychosocial concerns by patients, difficulty of patients reaching the appropriate care provider, and challenges of the nursing team responding in a timely manner due to workflow and workload constraints. Unfortunately, ineffective communication leads to increased symptom burden, decreased quality of life and increased acute care visits for patients.

The routine collection of patient reported outcomes (PROs) is a method to improve patient-provider communication that has been demonstrated to impact these clinical outcomes positively. Therefore, the clinical team saw an opportunity to improve patient care by implementing a digital remote symptom monitoring (RSM) system in conjunction with a reorganization of the nursing team responsibilities to prioritize symptom management. The RSM we are implementing is unique in several ways and many features are not currently available for cancer patients in BC: the patient completes PROs on their own device from home, at specified time points after treatment when side effects are expected to be highest; patients will receive immediate customized symptom management advice via the platform; patients will be triaged for contact from the symptom management nurse; a fully translated Chinese platform will be offered in the next phase. Additionally, the RSM is being deployed at a community setting rather than an academic oncology centre.

I-04-C

Northwest Territories Health and Social Services Authority partnership with Comprehensive Breast Care Program

Diana Ollerhead

Northwest Territories Health and Social Services Authority and Comprehensive Breast Care Program – Alberta Health Services

Within the Northwest Territories (NT) healthcare system, access to specialized breast cancer health is a major barrier for our residents. Challenges within the NT are that we have 33 rural and remote communities; there is a transient primary care workforce; no consistent coordination of care/referral process; limited timely access to specialized diagnostics and services; high vacancy rate for mammography positions; barriers to virtual care; coordination of travel out of communities. Given these challenges, the turnaround time from suspicion to diagnosis was nine weeks.

Therefore, Northwest Territories Health and Social Services Authority developed a partnership with the Comprehensive Breast Care Program (CBCP) in Edmonton, Alberta. Development of this partnership would provide opportunities for those residents of the NT to have a consistent approach to coordination of care; increased equity in access to services for all residents of the NT; clear and streamlined referral processes for NT providers; timely patient access to specialized breast health services; and reduced time to surgical consult and interventions. The focus of the partnership was to develop a clear pathway between the NTHSSA and CBCP for those individuals who received a Breast Imaging Report and Data System (BiRADs) score of 4, 5, and 6 on their breast diagnostic images. This would alleviate delayed coordination of care due to inconsistent referral practices, and streamline access to specialized diagnostics, care and management, and timely access to breast cancer surgeons. Since the partnership was established in April of 2023, the turnaround time from suspicious to diagnosis has gone to 20.8 days, which when rounded is an average of three weeks.

I-05-C

The chemotherapy waitlist nurse coordinator: Supporting access to systemic therapy in British Columbia

Scott M. Beck¹, Courtney Carroll¹, Kristela Antonio-Vo¹, on behalf of the CWNC Working Group

¹ BC Cancer, Vancouver, British Columbia

Problem: The demand for systemic therapy (ST) continues to rise in British Columbia (BC), with an annual growth in demand that exceeds the annual cancer incidence growth in the province (5%–6% and 2%–3%, respectively).

Background: Approximately 50% of ST in BC is delivered at one of BC Cancer's six Regional Cancer Centres. The demand for these increasingly complex services is rising due to a

constellation of factors, which include (1) the rising incidence of cancer in an aging population, (2) the rapid expansion in the number of new systemic treatments, and (3) improvements in cancer mortality and survivorship. The provincial implementation of a new electronic health record at BC Cancer prompted the review of oncology nursing's role in the coordination of systemic therapy treatment requests. As a result, the Chemotherapy Waitlist Nurse Coordinator (CWNC) role was established in three Regional Cancer Centres, with plans to scale the role into all regional jurisdictions.

Discussion: The introduction of the CWNC role has significantly streamlined the coordination of ST treatment requests at three of BC Cancer's six Regional Cancer Centres. Initial feedback from patients, caregivers, and ST prescribers indicates that the role supports transparent communication and expedites scheduling. Ongoing evaluation will quantify the impact of the CWNC role on average wait times for initiation of ST services.

Key Message: The success of specialized roles such as the CWNC demonstrate the untapped potential of oncology nurses to significantly enhance access to ST services in BC Cancer's Regional Cancer Centres.

Innovation: The CWNC is an innovative role that leverages the capabilities of BC Cancer's new electronic health record with a proof-of-concept that can be scaled to new regional cancer centres.

I-01-D CRS and ICANS monitoring in BiTE therapy: How to prepare nursing staff in a community hospital setting

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¹ Unity Health, St. Joseph's Health Centre, Toronto, Ontario

Problem: Bispecific T-cell engager (BiTE) therapy is a highly specialized and complex treatment that requires close nursing monitoring and rapid intervention.

Background: At our centre, we developed an educational program for community hospital oncology nurses that focuses on the monitoring, assessment, and intervention required for the potential, but rare, life-threatening toxicities associated with BiTE therapy, such as cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS).

Discussion: Pre-treatment tests were used for nursing baseline understanding of BiTE treatment. Three learning styles – visual, kinetic, and audio – were incorporated into the program. To capture visual learners, posters, printed resources, videos, and electronic links were provided. Presentations were done to capture audio and visual learners. Simulated scenarios with a BiTE patient actor were performed for the nurses to view the assessments and care required. Lastly, using the

teach-back method, the nurses practised their skills learned to capture the kinetic learners. Post-tests were used for the nurses to self-reflect on their knowledge gained, as well as for program evaluation.

Key message: Providing a robust educational program to oncology nurses is instrumental to proving safe patient care. Oncologic therapies are rapidly evolving and oncology nurses need to maintain their competence to care for complex patients undergoing BiTE therapy.

Innovation: BiTE patients have historically been treated at large, academic cancer centres. Our program focuses on oncology nurses working in a community hospital setting. Future goals of the program are to broaden its implementation to the larger nursing workforce that may encounter BiTE patients, such as intensive care and emergency departments.

I-02-D At a crossroads: Meaningfully supporting adolescents who use substances and who have cancer

Claire Pitcher

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In British Columbia, the leading causes of death among 10- to 19-year-olds are overdoses related to the toxic drug supply (fentanyl) crisis, and suicide. Meanwhile, in 2023, the Canadian Cancer Society (CCS) specifically named adolescents and young adults with cancer as an “underserved community” within the cancer care sector. Given the CCS's focus on advancing health equity and the need to develop strategies to draw underserved communities into care, a powerful opportunity exists for Canadian oncology nurses to consider how they might meaningfully engage with and support young people in the realm of two overlapping areas of healthcare: substance use and cancer.

I will use recent Canadian evidence to explore how substance use impacts all young people, regardless of their current patterns of use. My key messages will focus on how adopting strengths-based and harm-reduction strategies, rooted in a public health approach to substance use, can foster potentially life-saving connections with young people. Research has demonstrated that how healthcare providers treat others, from a relational perspective, matters. Research has also shown that stigma and discrimination can deter young people from accessing a variety of healthcare services; thus, I will suggest a combination of theory and practice-based examples to guide how nurses working in direct care and leadership roles can enhance their practice to draw young people into healthcare services in a meaningful way. I will use innovative strategies to engage attendees (e.g., the use of videos, small and large group discussion, etc.) and to offer opportunities for both personal and professional learning and development.

I-04-D

Understanding the social and workplace experiences of cancer patients in Newfoundland and Labrador

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Introduction: Newfoundland and Labrador (NL) has the second highest incidence rate of cancer in Canada. A previous study estimated that ~25% of individuals living with a diagnosis of cancer in NL experience stigmatization and ~15% experience discrimination. Further research to explore the social and workplace experiences of cancer patients in NL is needed to mitigate these injustices. The objective of this study is to understand the lived social and workplace experiences of cancer patients in NL. We hypothesize these experiences will differ based on geographic location and among vulnerable populations, such as young adults and members of the 2SLGBTQIA+ community.

Methods: Two patient partners are engaged in all phases of the research process. Various strategies are implemented to facilitate participant recruitment. Focus group methodology and thematic analysis is utilized to understand the lived social and workplace experiences of participants. A sociodemographic survey is utilized to collect participant socioeconomic information.

Results: Two focus group sessions have been completed. The following preliminary themes have been identified: psychological burden, financial distress, and inequitable access to cancer care and information. Both positive and negative experiences were reported. Participants emphasized that enhanced peer-support, financial support, and the implementation of supportive workplace policies were crucial strategies to lessen cancer burden and promote cancer care equity. We expect to complete the analyses by Fall 2024 and present key findings at the 36TH Annual CANO/ACIO Conference.

Conclusion: Enhanced peer-support, financial support, and healthy workplace policies may facilitate social inclusion, promote equity, and optimize health outcomes among cancer-affected individuals in NL. An in-depth understanding of the lived social and workplace experiences of cancer-affected individuals may also inform the provision of holistic oncology care.

I-05-D

Radiation oncology nursing: Highlights of the national workforce survey

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Almost half of the global population will develop cancer during their lifetime. Of these people, almost half will require radiation treatment during the course of their cancer care treatment. The visibility and recognition of radiation oncology nurses' practice within their specialty settings is not well documented.

Purpose: There is an urgent need to illuminate the evolving practice of radiation oncology specialty nurses and understand the complexities of assessing their contributions to the delivery of comprehensive cancer care better.

To this end, the Canadian Association of Nurses in Oncology/ Association canadienne des infirmières en oncologie (CANO/ACIO) collaborated with the Canadian Association of Radiation Oncologists (CARO), the Canadian Organization of Medical Physicists (CAMO), and the Canadian Association of Medical Radiation Technologists (CAMRT) on the 'Pan-Canadian Radiation Oncology Health Human Resources Survey' to collect workforce demographics, workplace capacity, and scope of practice trends across Canada. Since the inception of this survey decades ago, this is the first time nurse-specific data are included, offering a unique opportunity to amplify the practice of radiation oncology nursing.

Methods: Quantitative survey data was analyzed using SPSS and qualitative data analyzed using thematic analysis.

Results: Despite a dearth of evidence, this data provides valuable insight to report on the current status of radiation oncology nurses nationally, outline specific challenges to their practice, and discuss recommendations to address development and retention issues to promote practice environment stability. Examples of CANO/ACIO's national and international advocacy efforts in this regard will be shared.

Conclusion: Radiation oncology nursing, as a subspecialty, is crucial to improving both patient and system outcomes as well as enhancing the overall quality of cancer care.

II-1-A

Best of oncology infectious disease in myeloid malignancies: Exploring the fungus among us

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The purpose of this workshop is to equip oncology nurses and nurse practitioners with comprehensive knowledge on the risk factors, clinical presentations, diagnostic approaches, medical management, and nursing considerations pertinent to fungal infections (IFI) in patients with myeloid malignancies (MM).

Learning Outcomes: a) Comprehend the pathophysiological mechanisms contributing to heightened susceptibility to IFIs. b) Identify the diverse clinical manifestations associated with IFIs. c) Recognize the diagnostic workup for IFIs. d) Discuss the common antifungals utilized in IFI treatment, including their mechanisms of action, adverse effects, and nursing considerations.

Background: Patients with MM are at increased risk of IFI, as they experience disease and therapy-related (e.g., chemotherapy, allogeneic stem cell transplant) prolonged neutropenic episodes. Lack of a competent innate immune system in combination with the wide presence of fungus in soil and organic material cultivate germination and invasion of fungus into patient tissues leading to IFI. Nurses are fundamental in the care of such patients recognizing early clinical signs, sending laboratory testing, facilitating diagnostic procedures, and delivering empirical antifungal therapies while monitoring for adverse effects. Strategies utilized to enhance engagement include interactive infection-based case presentations (e.g., candidiasis, aspergillosis, fusariosis, and mucormycosis) that integrate interactive polling, small group discussion, and gamification elements. Integrating familiar patient scenarios with pathophysiology and pharmacology topics creatively connects challenging concepts to existing expertise. Gamification effectively enhances participation and cultivates a collaborative, team-based learning environment conducive to sharing insights. Patient-based studies nurture empathy and establish a personal connection to the material, reinforcing its relevance to oncology nursing.

II-2-A

Empowering frontline nurses in quality improvement initiatives: Lessons from a hematology case study

Sarah Le Tissier

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Nurses play a pivotal role in driving quality improvement (QI) processes, capable of enacting meaningful change due to their unique perspectives and firsthand experiences. However, despite their critical importance, frontline nurses are often underengaged and under-represented in QI endeavors. This phenomenon can be attributed to various factors, including heavy workloads, time constraints, negative perceptions of QI initiatives, and resistance to change.

It is imperative to challenge the misconception held by some nurses that their individual efforts are inconsequential in effecting change. In reality, nurses possess the power to serve as catalysts for transformative initiatives, armed with an intimate understanding of the challenges faced by both their colleagues and patients. Their insights into practical implementation strategies and view on what is a genuine necessity establishes them as invaluable contributors to QI efforts. This presentation aims to underscore the accessibility of QI initiatives for nurses at all levels of experience, using a real-life case study as an example of what can be achieved. Specifically, it will spotlight a QI project initiated and successfully executed by a frontline nurse with only three years of experience.

This project identified and addressed delays in the initiation of chemotherapy agents following patient admission in a malignant hematology setting. By showcasing this case study, the aim is to inspire and equip nurses with practical strategies and interventions to embolden them to initiate their own projects and actively engage in QI processes. Through such initiatives, nurses can harness their potential as agents of positive change, ultimately enhancing the quality of care and improving patient outcomes.

II-3-A

Getting “hung up” on telephone care – Trialing a telephone triage program at a community oncology site

Jordana Jones

Prairie Mountain Health – Western Manitoba Cancer Centre, Brandon, Manitoba

The Western Manitoba Cancer Centre is a community oncology program that was opened in 2011 “as a joint venture with CancerCare Manitoba and Prairie Mountain Health. WMCC is the only cancer treatment centre located outside of Winnipeg that provides radiation therapy treatments.” This unique centre consists of two radiation clinics, one medical oncology clinic, and two family practitioner of oncology clinics. Staff consistently reported telephone care as one area of work that demanded a great deal of their time and that was not appropriately recognized as part of their daily workflow. As a centre, we decided to implement a two-week trial to track, triage, and potentially manage all phone calls coming to clinic nurses across all five clinics.

The goals of this trial were to understand the impact that telephone care had on nursing activities and to collect data related to the number of calls received, the content of those calls, and the amount of nursing time that used for each call. In my presentation, I will discuss how the trial was designed and implemented, the data that were collected, the response from both patients and staff, and the results of the trial – what we learned and what we will be doing with the data moving forward. This trial is currently in progress, so the presentation is not complete. I will be updating the presentation with the corresponding data and results as the trial progresses.

II-4-A

Uniting our practice: Understanding the needs of sexually and gender diverse people with cancer

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Background: Sexually and gender diverse (SGD) people experience unique challenges across the cancer continuum. These can include increased cancer risk, limited access to screening and preventative services, heteronormative practices of care, inadequate provider knowledge of SGD concerns and the impact of intersecting identities on cancer and cancer outcomes. To inform future directions of the Sexual and Gender Diversity in Cancer (SGDc) program, the SGDc team embarked on a qualitative improvement project aimed at assessing the lived experience of 2SLGBTQIA+ people at the Princess Margaret Cancer Centre (PM).

Methods: A comprehensive interview guide was created in partnership with members from the SGDc community. Twenty-one interviews were carried out with SGD people who received cancer treatment at PM. A six-step framework for conducting thematic analysis was completed and themes were shared with interviewees and members of the SGDc team.

Discussion: This presentation will discuss themes identified from the data and identify how the results have informed SGDc's ongoing and future work. We will discuss the impact to oncology nursing practice and highlight SGDc resources available to nurses and other healthcare providers.

II-5-A

Geriatric oncology on the west coast: A case example of implementing a nurse-led model of care for older adults with cancer

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¹ BC Cancer – Vancouver Centre, Vancouver, British Columbia

Problem: More than half of all new cases of cancer diagnosed in B.C. are of people 70 years or older (70+). Older adults (OAs) with cancer have complex and unique cancer-related and supportive care needs, which are often underrecognized and unmet. Geriatric screening and assessments can identify vulnerabilities that can lead to targeted interventions to support OAs with cancer better, but they are not a part of routine oncology care at British Columbia Cancer.

Background: Routine oncology care may not identify impairments and vulnerabilities of OAs with cancer. Consequently, OAs may be over- or under-treated for their cancer, experience more treatment-related complications, have worse quality of life, or have more unplanned hospitalization.

In 2023, the CANO Aging and Oncology Special Interest Group published the Caring for older adults with cancer: A toolkit for oncology nurses to provide readily accessible

resources to support oncology nurses with integrating geriatric assessment and interventions in their practice. In this presentation, we will share our experiences and lessons learned with utilizing this toolkit to integrate geriatric oncology in an ambulatory care clinic.

Discussion: In collaboration with nursing leaders, physicians, and allied health professionals, a quality improvement project to integrate geriatric screening for all OAs 70+ with newly diagnosed lung cancer was conceived. Using the CANO toolkit as our guide, we selected geriatric domains where targeted nursing interventions can be recommended or implemented to support eligible OAs.

The goal of this project is to develop a nursing reference guide to be adopted into nursing practice across all regional cancer centres in BC.

Key message: Oncology nurses can implement geriatric assessment and interventions in routine practice using the CANO toolkit.

Innovation: This presentation offers a real-world account of how oncology nurses can lead and integrate geriatric oncology in the ambulatory care setting.

II-1-B

The implementation of outpatient bone marrow transplantation at CHU de Québec

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In recent years, the number of bone marrow transplants has been steadily increasing. In addition to requiring a lengthy hospitalization for the patient (21 days), these interventions contribute to the pressure on the management of beds in hemato-oncology/transplant hospital units. Over the past few years, some hospitals internationally and in Canada have been turning to an outpatient model for bone marrow transplants, which improves the patient experience and promotes the seamlessness of care episodes. The oncology department at the CHU de Québec shares this vision!

Taking advantage of the opening of the Integrated Cancer Centre, which provides access to an outpatient technical platform, the outpatient transplant project quickly became essential to deal with the current context of staff shortages and difficulty accessing care units. Driven by the desire to offer an optimal patient experience while optimizing resource utilization, we have established an interdisciplinary working group to make this technique a standard in our practices. This team, mainly composed of physicians, pharmacists, nurses, transplant coordinators, professionals, and managers, has met the challenge successfully! For some patients, the entire care episode will be done on an outpatient basis, while for others, it is only a part of it, but in all cases, the patient is admitted only when hospital care is necessary! A great collaborative effort to provide humane and compassionate care to a fragile oncology clientele!

II-2-B

Improving patient safety with the implementation of a provincial systemic therapy incident reporting and learning team

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Healthcare Excellence Canada and Accreditation Canada promote monitoring and analyzing incidents to ensure quality, make improvements, and optimize and share learning from reporting systems.

However, meaningful learning and improvements from patient safety incidents remain a challenge as this can be time-intensive in resource-deficient systems. This is especially important in oncology, as the delivery of specialized oncology care relies on complex systems, and the preparation and administration of systemic therapy for cancer drugs is high-risk for patients and carries an occupational hazard risk for staff. Rates of preventable harm in healthcare are approximately 5%, but that increases to as much as 20% in ambulatory settings and 38% in oncology.

In February 2024, the NS Cancer Care Program initiated a systemic therapy provincial incident reporting and learning team, as part of a quality improvement initiative. The team utilizes an interdisciplinary, intraprovincial, collaborative approach and maintains a systems-level view of incident review, risk mitigation, and shared learning. The team performs thematic analysis on narrative sections of patient safety incident reports with severity, near-miss events with a high risk of potential severity, newly occurring events linked to new policies or protocols, and ongoing, repeated near-miss events. The emerging themes are analyzed leveraging risk scoring, including failure mode effects analysis, and technology including business intelligence products, to make sense of large amounts of complex data. This initiative aims to mitigate risks and promote a culture of safety, continuous learning, and improvement. By disseminating learning through dashboards, reports, quality and operational structures, the team seeks to enhance the overall safety of oncology care delivery. Ongoing evaluation and refinement of this initiative will be essential to sustain and enhance its impacts.

II-3-B

Cultivating an appetite for a model change within a systemic therapy unit

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Increasing acuity and patient volumes within our oncology population drive efforts to diversify resources to provide optimal patient care. Pressures associated with increasing demands within our cancer system have driven the focus of a large, academic ambulatory cancer program to identify and implement new models of care in an effort to decrease fragmentation and improve the level of care delivered to our oncology patients.

How these pressures are recognized and addressed influences strategic development, learnings and outcomes. Environmental scans of current practice and organizational engagement led to the proposal and approval of a one-year, multi-faceted Models of Care pilot project. One aspect of this work was the introduction of a Nurse Practitioner (NP) role within our systemic therapy unit. Within this model, it was predicted the NP role would serve to enhance the overall patient experience by supporting complex patient care needs, point of care symptom management, enrichment of RN capacity and decision support, decrease patient wait times and streamline communication. The role of the Systemic NP in our Centre has evolved throughout this implementation. In this presentation, we will share our approach and highlight the development, implementation, outcomes and evaluation findings. Key benefits, challenges and reflections will also be shared.

Our journey during this pilot has transformed and infused a new perspective on how care is delivered to our systemic therapy patients.

II-4-B

Caring for equity-deserving populations from a nursing perspective

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Cancer care is progressing quickly with new treatment regimens, symptom management tools, and new facilities. However, advancements in cancer care are not always readily available to all patients, specifically those from equity-deserving groups, due to myriad barriers. Equity-deserving populations include any groups that have been historically denied equitable access to health care, or are otherwise discriminated against. Health disparities exist throughout the cancer care continuum and influence areas, such as timely access to screening, medication compliance, and quality of life. As these disparities intensify and become more evident, nurses need to utilize their unique positions within the healthcare system

to address inequity in the delivery and attainment of care. Providing care to equity-deserving populations requires intention, empathy, and continuous education.

Using storytelling, literature review, and case studies, how to care for equity-deserving populations affected by cancer from a nursing perspective will be explored. There will be a focus on historical context, challenges of equity-deserving populations, and tangible interventions to address health disparities in direct clinical practice and community settings. Nurses have a responsibility to provide safe and compassionate care to all individuals and families, and should be empowered to better address the needs of equity-deserving populations throughout their cancer journey.

II-1-C

Malignant hematology day unit: An acute outpatient care setting for management of malignant hematology patients led by specialized nurses

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Over the last few decades, the care of malignant hematology (MH) patients transitioned from inpatient to outpatient due to limited in-patient resources and a need to maintain quality of life. The malignant hematology day unit (MHDU) at Princess Margaret Cancer Centre is an outpatient nurse-led treatment area established 20 years ago and designed to support this need. However, outpatient care of this patient population is becoming increasingly complex. It has witnessed a significant surge in patient volumes and acuity; 40% of MHDU's active patients have relapsed/refractory disease, compounded by a 30% increase in patients over 75 years old in the past 12 months.

Our data showed that the most common complication of MH patients is infection-related events, with febrile neutropenia being the most common presentation. Current clinical guidelines recommend hospital admission for high-risk febrile neutropenia cases. However, this increases pressure on already limited emergency department resources and inpatient beds. The MHDU has successfully managed 67% of these patients in the community through close follow-up and outpatient systemic antibiotic administration using ambulatory infusion pumps, preventing admissions and ED visits.

This presentation describes how MHDU has built a team of specialized registered nurses and nurse practitioners and developed an outpatient care model, over the years, to maintain quality of life in MH patients. Safe and quality care in this patient population requires a nuanced understanding of socioeconomic determinants of health and an individualized approach.

II-2-C

Improving time to postoperative radiotherapy (PORT) for head and neck cancers: A quality improvement initiative

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Problem/background: Head and neck cancers (HNCs) are complex; ideal treatment often requires multidisciplinary teams (MDT). Some HNCs require surgery, followed by postoperative radiotherapy (PORT) +/- systemic therapy. Postoperative radiotherapy, ideally, should be initiated within six weeks of surgery. Achieving this target requires impeccable coordination across disciplines, which is especially challenging in rural and under-serviced regions. A quality improvement (QI) initiative to improve the median time to PORT was implemented at a mid-sized tertiary cancer facility serving geographically rural residents.

Materials and methods: This QI initiative began in September 2023. The organization's internal QI Methodology was applied. A large MDT was formed. A problem statement was identified, citing the primary issue as accumulated delays. Retrospective cases were reviewed for opportunities for improvement. Prospectively, changes were applied, including early involvement of a care coordinator, timed pathways, and optimized navigation. Cases were tracked and analyzed through Plan-Do-Study-Act (PDSA) cycles.

Results: Retrospective analysis of newly diagnosed, radical HNC cases ($n = 16$) revealed a median time to PORT of 73 days (range 49–99), with an interquartile range (IQR) of 25.5 days. Prospectively ($n = 7$), the median time to PORT was 54 days (range 37–67), with an IQR of 25 days. Welch's t-test yielded a p-value of 0.0047.

Discussion/key message: Although the sample size is small, early findings show an improvement in median time to PORT in an under-serviced community where patients, MDTs and healthcare services are geographically dispersed. Ongoing improvement opportunities will be explored. Innovation Early care coordination, timed pathways and optimized navigation.

II-3-C

Quebec's model for a rapid investigation clinic: Guichet d'investigation

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In 2023, Quebec had 67,548 new cancer diagnoses, which is approximately 185 new cases every day. This data is expected to increase further in the years to come, primarily due to the reality of our aging population and their complex healthcare needs. Hence, the Programme de Cancérologie de Québec and the Ministère de la Santé et des Services Sociaux (MSSS) is now focused on improving Quebecers' access to healthcare services, especially those who need a rapid oncology health assessment.

The goal is to implement centralized rapid-investigation clinics throughout the province for patients to have access to a one-stop-shop service that will decrease delays, ensure healthcare professionals can support the patients along their investigation trajectory, and improve patient satisfaction. Using the guichet d'investigation model of care, healthcare professionals will be able to closely follow their patients along their investigation, from the first abnormal symptom to diagnosis. Within the cancer care network, we are now reporting patient data to the provincial government from our already established guichets: the breast and pulmonary clinics. This data has been effective in comparing our organization's accessibility and performance to services as we are using the MSSS provincial benchmarks.

This presentation will focus on how the Cancer Care Mission implemented and standardized rapid investigation clinic within the McGill University Health Centre to enable a systemic methodology for reporting.

II-1-D

Creation and set-up of a haematology oncology day hospital at the MUHC: Phase I: Outpatient stem cell transplant clinic for multiple myeloma patients

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Substantial nursing shortage in recent years, both for recruitment and retention, as well as the increasing number of cancer patients being treated at our centre, caused us to rethink how we could ensure continued access to our specialized care. The increased indications for immuno-cellular therapy, bed closures due to lack of staff and long stays in the emergency while waiting for admission underscore the need for efficient use of inpatient resources. While benchmarking, we found that many centres have moved to an outpatient Stem Cell Transplant (SCT) model. The transition of autologous SCT to the ambulatory setting is one strategy that

was thought to improve access to specialized care; it reduces waiting lists for admission, and ensures that patients receive SCT in a timely manner, as well as reduces hospitalization and costs associated with transplant. The closure of our D10 South (12 beds) in February 2024 provided an opportunity to pilot outpatient SCT in this space with the clinical team who already had the required knowledge and skill set for this type of treatment.

With the support of higher management, oncology and SCT staff were given a tight deadline to find an alternative to hospitalization, an idea that had been explored pre-pandemic. This rapidly translated into a concerted move to action from many stakeholders (medical team, nursing leadership, stem cell lab, pharmacy, quality assurance coordinators, etc.). The pilot began on April 22, 2024, first targeting patients diagnosed with multiple myeloma who needed SCT. Eligible patients received their chemotherapy, stem cell infusion and supportive care until engraftment on the D10 South pod "Haem-Onc Day Hospital." We also put in place an "off hours medical/nursing" coverage for patients. Patients were admitted when complications arose, with defined criteria for readmission established. This care pathway was tested using a PDSA approach. Our goal is to share our successes and lessons learned.

II-2-D

The revised Edmonton Symptom Assessment System for Cancer (ESAS-r Cancer): Assessing the utility one year after implementation

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Introduction: In November of 2022, a new patient-reported outcome (PRO) measure was launched throughout Cancer Care Alberta (CCA). The measure is a modified, expanded version of the revised Edmonton Symptom Assessment System (ESAS-r), which asks patients to rate nine common symptoms using a 0–10 severity scale, and has been used in the province for 10 years.

Purpose: The new measure, the ESAS-r Cancer, includes six additional symptoms and associated severity scales, and updated definitions for all 15 symptoms. The new symptoms were identified as common concerns for the ambulatory cancer patient population and were previously assessed using an additional measure.

Methods: We examined ESAS-r Cancer data from November 7, 2022 to November 6, 2023, or one year post-implementation. Aggregate-level mean scores were calculated for each symptom.

Results: In total, 116,617 ESAS-r Cancer measures were completed by 42,034 patients. Tiredness, well-being, and sleep problems were the symptoms identified with the highest mean scores overall (respectively: 2.72, SD: 2.605; 2.64, SD: 2.364;

2.26, SD: 2.618). The remaining 12 symptoms ranged from a low of 0.71 (SD: 1.593) for nausea, to 1.95 (SD: 2.376) for pain. Sleep problems had the third-highest mean score overall, validating the decision to include it as an additional symptom on the ESAS-r Cancer. This item was previously captured using a checkbox item on an additional PRO measure; however, the 0–10 severity scale provides more information.

Conclusion: The additional symptoms on the ESAS-r Cancer are one way that CCA supports patients in accurately and comprehensively reporting their symptom burden, which, in turn, helps clinicians provide more tailored support and symptom management. The ESAS-r Cancer is currently in use across CCA and has also been adapted for use in other provinces and territories.

II-3-D

Community cancer support programs

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Cancer care traditionally occurs in a hospital setting or facilitated by physicians at community hospital satellite clinics. There have been many studies conducted on the different effects, including financial, social, and psychological, of a cancer diagnosis. Horizon Health Network has taken a different approach to cancer care and added community-based programs in local communities to provide support and rehabilitation of cancer survivors. Cancer survivors in this setting are defined as anyone who has or who has had a cancer diagnosis, as cancer is something that becomes part of the patient's overall life experience and identity.

The goal of these community-based programs is to offer holistic and individualized care to patients and their support persons at any stage in their cancer journey outside of the traditional hospital setting. The communities throughout New Brunswick's Horizon Health Network vary based on demographics, language, resources, and patients' needs. The programs aim to provide a free of charge service without the requirement of referral of a healthcare provider (i.e., physician or nurse practitioner). The structure of the survivorship department at Horizon is unique and does not shadow anything else that is currently being performed at the moment. As healthcare funding is limited, innovative ways have been explored to offer these life transforming programs. This multifaceted and collaborative approach has been successful in a couple of Horizon communities, thus far, with the ultimate goal of expansion to all communities throughout the health authority.

II-4-D

Association of smartphone use and internet access with markers of eHealth literacy among adults versus older adults with cancer in Ghana

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Introduction: There is limited evidence on smartphone use, internet accessibility, and eHealth literacy among Ghanaian adult cancer population. The objective of this study was to examine the association of smartphone use and internet access with markers of eHealth literacy among adults aged <60 years and old adults (OAs) aged ≥60 years with cancer in Ghana.

Methods: A hospital-based survey was conducted with cancer patients from October 2023 to January 2024 at the Komfo Anokye Teaching Hospital in Ghana. Data were collected using eHealth Literacy scale. Multivariate logistic regression was performed to examine associations between smartphone use, internet accessibility, and eHealth literacy among adults versus OAs with cancer.

Results: Of the 315 patients, 249 (79%) were aged <60 years and 66 (21%) OA aged ≥60 years. Most respondents reported using a smartphone (87%, $n = 274$), of which 17% were OAs. Of the 274 smartphone users, only 13% (21) of OAs with smartphones used the internet to access health information. Those OAs with smartphones or internet access were more likely to report that a healthcare provider was their most source of health information (OAs: odds ratio 2.40, 95% CI 1.33–4.32).

Conclusions: Findings from this study have reinforced potential disparities in smartphone use and internet accessibility between adults and OAs with cancer. Nurses need to tailor interventions to address these disparities, ensuring equitable access to eHealth resources for all patients with cancer in Ghana.

III-1-A

A nurse-led initiative in improving patient access to oncology sexual health and intimacy care at BC Cancer Victoria

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Nurse-led oncology sexual health clinic: What we have learned since inception. The partnership between nurses, nurse practitioners, and oncologists in establishing the Victoria Oncology Intimacy and Sexual Health Clinic (VOIS) at BC Cancer exemplifies the transformative impact of multidisciplinary collaboration in addressing the sexual health needs of oncology patients. By leveraging their combined expertise and working together seamlessly, VOIS strives to provide compassionate and comprehensive care that enhances patient well-being and quality of life throughout their cancer treatment journey.

Cancer and/or its treatments often result in profound sexual health challenges that can significantly impact patients' quality of life. Unfortunately, these issues frequently go unrecognized and untreated. Nurse practitioners and nurses play a critical role in addressing oncology-specific sexual health needs through comprehensive assessment, personalized interventions, and patient education, ultimately enhancing the quality of cancer care. Through this presentation at CANO, we aim to share valuable insights, successes, challenges, and key metrics obtained from the creation and implementation of the VOIS clinic. By highlighting our experiences, we hope to inspire and guide healthcare professionals across the country in establishing similar initiatives to better serve the sexual health needs of oncology patients nationwide. VOIS serves as an example of nurse-led, innovative healthcare delivery, demonstrating the profound benefits of teamwork and collaboration in bridging gaps in care and improving patient outcomes.

III-2-A

When everything is new again: Supporting transition to oncology specialty nursing

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In early 2022, an NCI Comprehensive Cancer Center in California experienced an increase in year-one turnover of experienced nurses hired new to oncology. To improve this problem, a review of literature and current practice at other organizations was done. Literature demonstrated the success of nurse fellowship programs in retention and satisfaction. The Oncology Nursing Society (ONS) had just released the Oncology Nurse Orientation Program (ONOP), specially designed for experienced nurses who were new to the specialty of oncology. A demo was held and the team decided to develop an oncology Nurse Fellowship Program (NFP).

The education team designed a curriculum skeleton based on the ONOP weekly coursework and launched its first cohort in less than six weeks. The cohorts include both inpatient and ambulatory oncology nurses. The 10-week NFP includes morning check in, release time to complete the ONOP assigned modules, synchronous review of the modules, scheduled lunch, afternoon specific lectures, as well as group mentoring and “tales from the bedside” (a method for check in and peer support). The curriculum also includes content in alignment with ONS Generalist Competencies, and a self-report pre/post-ONOP assessment of the ONS Oncology Generalist Competencies using Benner’s model. The innovative approach incorporates the educational modules within the didactic day, thus honouring work-life balance. The NFP has graduated four cohorts, and feedback on the ONOP has been a collaborative dialogue to improve the experience. The one-year retention for the first two cohorts was more than 96% with high levels of satisfaction with structure and format. The fifth cohort began in February 2024, and counting this cohort, the NFP has now served more than 110 participants. The program expanded in 2023 to the NCI-CCC’s three out-of-state sites, making the program truly nationwide.

III-3-A

Comforting words: Transforming chemotherapy care with brief conversational hypnosis

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The incidence of cancer cases requiring chemotherapy is increasing globally. While cancer ambulatory care is often associated with high patient satisfaction, a significant portion of patients feel that nurses aren’t adequately addressing pain and other symptoms of toxicity during chemotherapy sessions. To this end, we have developed a novel intervention called conversational hypnosis (CH) to address symptom management during chemotherapy. Overall, CH involves a brief, partially scripted conversation integrating visualization, suggestion techniques, and other language principles of classical hypnosis.

In a pilot trial, we investigated whether integrating CH into nurses’ protocols could improve symptom control. Nurses at one site received CH training, while the other site provided standard care. Patients completed the Edmonton Symptom Assessment Scale before and after chemotherapy. Of the 68 approached patients, 49 participated. Our results showed that patients experienced fewer physical symptoms compared to standard care, with no significant difference in emotional symptoms. Although CH didn’t substantially reduce pain, it prevented its escalation during chemotherapy sessions. No adverse events were reported, and patients expressed willingness to continue with CH, indicating its acceptability.

Secondary quantitative analysis suggests that symptom control with CH is more effective in older patients, reporting lower education, advanced cancer, and undergoing chemotherapy perfusion for less than one hour. These findings underscore the feasibility and benefits of CH in managing symptoms during chemotherapy. To facilitate its adoption, the script and nurse training have been made available in open-access publications.

III-5-A Implementing an oncogenetics network in Eastern Quebec – An example of interprofessional and interregional collaboration

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Developments in genetic medicine, and particularly in oncogenetics, have brought major benefits in terms of diagnosis, prognosis, treatment, and the recognition of cancer risk. Therefore, genetic medicine departments are faced with a growing demand for oncogenetic consultations, in a context of limited resources. In this context of difficult access, the CHU de Québec – Université Laval was given the mandate to set up an oncogenetics network throughout eastern Quebec.

Inspired by the reference framework for tumour site's networks of the Programme québécois de cancérologie (PQC), this mandate translated into a rigorous but, above all, collaborative approach. More than 1,000 stakeholders (users, doctors, managers, nurses, and other professionals) from the various facilities took part in the consultations. In addition to encouraging the sharing of knowledge and experience, this approach has helped to consolidate collaborative links between facilities, and to deepen reflection on access, trajectories, and referral criteria, as well as client care and follow-up. In this presentation, we'll look at the various stages in the process, the issues and needs of clinicians that emerged from the consultations, the impacts, and a few ideas for the future.

III-6-A Unlocking the transformative power of patient-oriented research and co-design: Implications for oncology nursing researchers

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Background: The engagement of people with lived experience is increasingly recognized as a hallmark of high-quality cancer care. In health research, this movement has led to the proliferation of participatory methods and approaches, such as patient-oriented research and co-design.

Problem: Despite the undeniable value offered by participatory methods, these approaches can be difficult for researchers to enact. At times, the use of such methods can be ineffective and, at worst, performative and tokenistic.

Discussion: In this presentation, we critically explore the use of participatory methods and approaches in oncology nursing research. Two case examples of oncology nurse-led, patient-oriented research and co-design projects will be presented in the context of 1) cancer genetics and genomics, and 2) cancer symptom management. Benefits, challenges, lessons learned, and aspirations for future directions will be shared.

Key message: Drawing on the concepts of relational ethos and person-centredness from nursing practice, we will present the case that oncology nursing researchers can leverage these values to be natural leaders in co-producing effective and responsive cancer care research.

Innovation: With the vision of uniting oncology nursing research and practice, this presentation highlights the need for oncology nursing leadership in participatory research and health services design to ensure a deep, abiding commitment to the individuals and populations we serve.

III-1-B Identifying and supporting cancer patients with suicidal ideation: A nurse-led quality assurance process in Cancer Care Alberta

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Problem: The mental distress associated with cancer and its treatment is well-documented, and patients with cancer are up to four times more likely to die by suicide compared to the general population. The routine collection of symptom information using Patient Reported Outcomes (PROs) is an effective way to identify patients struggling with mental health challenges and facilitate more proactive supportive care.

Background: In Cancer Care Alberta (CCA), PROs are collected using a tool called the MySymptom Report (MSR), which screens patients for depression, anxiety, and thoughts of suicide or self-harm, in addition to many other symptoms and concerns. One question on the MSR states: "I have thoughts of harming or killing myself." As of November 2022, patients are able to complete their MSR through an online patient portal up to three days ahead of clinic visits.

Discussion: With the potential for patients indicating suicidal ideations outside of the clinic environment, a new provincial Quality Assurance (QA) process was developed to mitigate risk and ensure patient safety. This process involves daily chart reviews to ensure patients' concerns about suicide and self-harm are discussed and managed. If necessary, a virtual suicide risk assessment is also completed by an oncology registered nurse. In the first year of the QA process, 508 patients indicated "I have thoughts of harming or killing myself" on the MSR. Of these, 68 (13.4%) patients were virtually assessed and supported prior to their clinic visit.

Key message: This presentation will outline the QA process and share data and key learnings from implementation across CCA. As cancer incidence and prevalence continue to rise in Alberta and across Canada, it will be important to consider expansion of this and other innovative QA programs, and support oncology nurses in providing care for patients who may be experiencing thoughts of suicide or self-harm as they navigate all phases of the cancer continuum.

III-2-B

Cellular therapy and hematopoietic stem cell transplant certification for specialized oncology nurses: The east coast experience

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Nova Scotia Health Cancer Care Program (NSH CCP) currently has one site that provides care to patients receiving CAR T-cell therapy or hematopoietic stem cell transplant (HSCT). As this is a small patient population in Nova Scotia, registered nurses (RNs) caring for these patients are also required to work with the general oncology population. Historically, the NSH oncology units had high staff retention rates allowing RNs an abundance of time to consolidate learning of the oncology patient population and systemic therapy prior to embarking on cellular therapy and HSCT training.

When COVID swept across the province, the NSH CCP was hit with unanticipated health human resource challenges. Recognizing that this is a complex patient population, the need for a structured approach to educating and training RNs working in this area was emphasized. NSH CCP's approach to Cellular Therapy and HSCT certification involves RNs completing online self-directed learning, review of standard operating procedures, and facilitated in-person education. An interdisciplinary team of leaders within the NSH Cellular Therapy and Transplant Program support this training process and continually coordinate, evaluate, and make improvements. This presentation will provide the practice development approach used to prepare specialized oncology RNs to provide care to this complex population within NSH's inpatient and ambulatory unit. Successes and challenges will be shared, as the NSH CCP was tested with high rates of nursing staff turnover and forced to adjust preferred timelines for this education and training.

III-3-B

Managing Cancer and Living Meaningfully (CALM): A brief psychotherapeutic intervention for patients living with life-threatening and advanced cancers

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Managing Cancer and Living Meaningfully (CALM) is a brief, evidence-based, psychotherapeutic intervention developed at the Princess Margaret Cancer Centre. Designed to assist individuals living with life-threatening and advanced cancer, CALM aims to alleviate distress and enhance psychological well-being.

Introduced in 2010, subsequent research over the following decade has confirmed its feasibility, acceptability, and efficacy. Care professionals across various disciplines within cancer treatment facilities, such as social workers, psychologists, psychiatrists, nurses, and palliative care doctors, have received training to administer this intervention. CALM has garnered national and global attention for its utility in supporting oncology patients and their caregivers from the time of diagnosis to the end of life.

This workshop aims to provide an overview of CALM to oncology nurses. The objective is to equip attendees with foundational knowledge on the CALM framework to enhance understanding of the patients' lived experience. Additionally, this introductory workshop can expose oncology nurses to a scope of practice that is underutilized in nursing. Those interested in psychosocial care would stand to benefit from the theoretical and practical tools discussed in this workshop and can utilize this opportunity as a starting point for other training in psychosocial, and relational care in cancer.

III-5-B

Integrating planetary health within cancer care

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Problem and Background: The deterioration of our planet's natural systems is reaching a crisis point, directly impacting the health of our families and communities. Healthcare organizations are among the largest culprits in this crime, currently producing more than 5% of Canada's greenhouse gas emissions and greater than 87,000 tons of landfill waste annually. How care is coordinated and delivered directly impacts the air we breathe, the food we eat, the ground we touch, and the disease patterns we currently face.

Discussion: Responding to and mitigating these impacts requires the development of a planetary health (PH) lens. This

involves a recognition of the interconnectivity of wellness and nature, the complexity of the human and earth systems we live and work within, and attention to social justice and equity. In this presentation, attendees will be encouraged to engage and apply a PH lens. Additionally, attending this session will support CANO members in building connections with CANO's first PH SIG and contribute to our building of healthcare system changes to heal our Global Home.

Key message and innovation: Supporting the wellness of our patients within cancer care requires a commitment and comfortableness in supporting the holistic health of our Global Home. To build this capacity in oncology nurses, PH SIG co-chairs will actively engage attendees in case scenarios analyzing and addressing PH challenges arising in cancer care across Canada.

III-6-B

Measuring readiness of Newfoundland and Labrador oncology nurses to provide genomics-informed care

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Introduction: Genomics is becoming an increasingly vital and routine component of the cancer care continuum and healthcare providers need to be equipped to support these patients in Newfoundland and Labrador (NL). There is limited understanding of how oncology nurses are prepared to contribute to genomics-informed practices.

Purpose: This study describes the readiness (knowledge, attitudes, confidence, and practices) of oncology nurses in NL for genomics-informed practices.

Methods: An online survey was administered September 2023 to February 2024 to nurses working in cancer care in NL using the Genomic Nursing Concept Inventory© (GNCI©) and select questions from the Genetics Genomics Nursing Practice Survey (GGNPS). These instruments measured the above variables linked to nurses' readiness for genomics-informed practices. Descriptive statistics are used to report survey findings.

Results: Forty-nine NL oncology nurses completed the survey. While 46% of participants indicated that patients had initiated conversations with them about genomics in the past three months, only 36% of participants indicated they were confident to access accurate information related to genomics. With GNCI© knowledge items specific to oncology, the percentage of participants selecting correct answers ranged from 14%–35%. While participants reported positive attitudes toward genomics-informed practices, nearly half of respondents indicated its potential to increase patient anxiety related to risk.

Conclusion: Findings highlight a need to support oncology nurses in NL with education and resources to meet patients' growing needs and expectations for genomics-informed nursing care.

III-2-C

Uniting our practice: Oncology nursing and radiation therapy combined approach to support new radiation oncology nurses

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Radiation oncology nursing is a specialty that is often overlooked in the general training and foundation education programs, yet we know that more than 50% of oncology patients will require this treatment at some point during their cancer trajectory. Specialized oncology nurses play a significant role in assessing and managing radiation treatment related side effects. Onboarding nurses to radiation oncology clinics has become a challenge due to multiple factors, including lack of experienced oncology nurses entering the program. Historic orientation practices were found to be ineffective in meeting the needs of these new nurses, which resulted in extended orientation. This led to the development of a radiation oncology onboarding program that integrates didactic, observation, and hands-on learning to support and educate nurses on external beam radiation therapy practices.

Using the CANO Radiation Oncology Nursing Practice Standards and the standardized competency checklist for the administration of systemic cancer treatments as inspiration, we created education packages and competency checklists to support a standardized approach to external beam radiation therapy education for nurses. The goal is to provide nurses with the skills required to competently assess, provide management strategies, and educate patients receiving external beam radiation therapy. Our presentation will focus on the processes implemented, tools created to date, identify areas for future developments, and focus on the feedback received from nurses who have attended the training sessions.

III-3-C

Overcoming barriers to early palliative care: Implementing an integrated care approach in a hemato-oncology care unit (French)

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Problem: Despite recommendations for early palliative care in cancer care, implementation remains challenging, leaving many patients without proper access.

Background: Palliative care is an integral part of the cancer care pathway, yet barriers, such as limited knowledge

and misconceptions, persist. Oncology nurses are pivotal in improving early palliative care delivery. Addressing these barriers, a team from a large university-affiliated hospital in Montreal initiated an integrated care approach in a hemato-oncology unit.

Discussion: The project was structured into three phases. Initially, nurses underwent training focusing on palliative care philosophy and management of specific end-of-life symptoms, such as respiratory distress. This training, led by senior nurse advisors, was delivered through 30-minute recorded video capsules covering each topic. Subsequently, we aim to equip nurses with proficiency in utilizing the “Identification of customers who can benefit from a palliative approach” tool. This tool aids in identifying patients suitable for palliative care and facilitates care planning. Finally, we intend to implement Cancer Care Ontario’s Gold Standard Framework (GSF) model, utilizing the integrated palliative approach outlined in the “When and How” guide.

Key messages: Training has been provided to 20 nurses and healthcare team members with positive feedback emphasizing the importance of team involvement. Equipping the team with tools for patient identification, assessment, and care planning enhances the integrated palliative care approach.

Innovation: The project’s success hinges on full team engagement, fostering a shared understanding of early palliative care. Through early integration of palliative care, the aim is to enhance patients’ and families’ quality of life and alleviate suffering throughout the cancer trajectory.

III-5-C

Exploration of the experiences of endometrial cancer survivors and healthcare providers participating in the cancer care Transition of Care Program

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Introduction: Continued reliance on cancer specialists for routine follow-up care that can be equally well delivered in the community creates delays for newly diagnosed patients and reduces access to specialized care. Shared care models promote the transition of follow-up from specialists to community practitioners. In 2021, our cancer centre implemented the “Cancer Care Transition of Care Program” (CCTCP), a model that starts with shared care for cancer survivors (CS) before fully transferring care to the community.

Purpose: This study investigated the experiences and satisfaction with a shared care follow-up model, from the perspectives of endometrial CS, community gynecologists and oncology healthcare professionals (HCPs).

Methods: Semi-structured interviews were conducted with endometrial CS and oncology HCPs. Online surveys completed by endometrial CS and community gynecologists evaluated levels of satisfaction with the CCTCP and its tools.

Results: Seventeen participants took part in the study: 8 endometrial CS, 3 oncology HCPs and 6 community gynecologists. All participants reported high satisfaction levels with the shared-care experience. Endometrial CS viewed the nurse phone consultation as useful and helpful. The CCTCP tools were found to be informative and useful. There was variability between qualitative and quantitative data regarding psychosocial needs being met and challenges were identified regarding communication between the hospital and community practitioners.

Conclusion: This study provided evidence toward key areas of satisfaction with the process of shared care, which could be applied to other tumour sites.

III-6-C

Secondary analysis of qualitative study ‘Men with Breast Cancer’

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Fifty percent of Canadians will be diagnosed with cancer in their lifetime. Breast cancer is the most common malignancy among females. Of this, men account for approximately 1% of all breast cancer cases. This has resulted in an under-representation of men in breast cancer research. Much of the evidence is based on women and does not include male perspectives.

Coping with a cancer diagnosis is difficult for most people. The purpose of this secondary analysis is to describe the ways that men coped while they were receiving treatment for breast cancer. This differs from the primary study, as we will perform in-depth analysis specifically on those participants undergoing treatment. Analysis using interpretive description is currently underway and early results suggest overarching themes. A general lack of knowledge surrounding male breast cancer was prevalent among healthcare providers, families, friends, and colleagues. They faced distressing emotions related to cancer, but with limited support. Additionally, many participants implied an indirect loss of masculinity. As honours BScN students we will continue analysis during our Summer Studentships. Full results will be presented at the conference. We expect this study to capture themes and patterns of the experiences of male breast cancer patients undergoing treatment. Ultimately, these findings will advance the knowledge of oncology nurses and inform their ability to take a holistic approach in this population.

III-1-D

Implementation of a nicotine replacement therapy pilot program

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Tobacco use is the world's leading cause of preventable death. Furthermore, patients with cancer who use tobacco are at risk of reduced effects of systemic and radiation therapy, increased risk of complications related to cancer treatments, and an increased risk of second primary cancer development. Tobacco cessation at the time of cancer diagnosis could lower the risk of death by up to 40% and lead to increased effectiveness of cancer treatments. BC Cancer implemented a smoking cessation program in 2019, which informs patients of the benefits of quitting and connects them with provincial quit services. However, rates of smoking remain higher in Northern BC compared with the rest of the province. To address this disparity, the BC Cancer Smoking Cessation Program, sponsored by the Prevention and Screening Programs, implemented a pilot project in Prince George aimed at dispensing point-of-care nicotine replacement therapy (NRT) to patients who use tobacco products.

The program enables a nurse to dispense a one-week supply of NRT patches and gum to bridge the gap between the patient's consultation and accessing NRT from community pharmacies. This is supported through use of a decision support tool whereby nurses can independently assess tobacco dependence and dispense the appropriate strength of NRT. Additionally, due to the large geographic area that BC Cancer Prince George serves, many patients in rural areas and remote Indigenous communities attend appointments virtually. These communities are also noted to have reduced access to NRT, which is a barrier to tobacco cessation. To address inequities in access, the program enables nurses to mail NRT to patients across Northern BC. While data collection is still in its infancy, the goal is to improve tobacco cessation rates and translate this pilot project into standard of care across the remaining regional BC Cancer centres. This presentation will summarize the pilot project and data collection to date.

III-2-D

A closer look at the challenges of transitioning-to-practice for oncology resource nurses

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It has been well-studied that new graduate nurses (NGNs) face challenges as they transition to independent nursing practice, such as workload, workplace stress, confidence, and available support. However, more research is needed on their effects on NGNs hired onto nursing resource teams, especially in oncology. Using my experience transitioning to independent

practice in the Nursing Resource Unit at Princess Margaret Cancer Centre (PMCC), I aim to highlight the unique challenges for this population of oncology nurses and propose a survey to highlight opportunities for support. Resource nursing teams provide skilled, flexible, and adaptable nurses to meet organizational staffing needs.

The University Health Network maintains a specialized nursing resource team (NRU) for inpatient oncology at PMCC. Although the NRU offers extended clinical orientation, it is after NGNs become independent that these transition-to-practice challenges become most apparent. In addition to managing an independent workload, new graduate oncology resource nurses must retain the preferred communication styles of different healthcare providers and settle into workflows and dynamics specific to each unit's core function. Compared to new graduate staff nurses who work on a unit consistently, new resource nurses take longer to develop positive working relationships and align to workflows, serving as an additional stressor during their transition. Furthermore, as these nurses may not be staffed to the same unit for a stretch of shifts, distress and anxiety can arise when critical patient events occur without opportunity to debrief. I present an anonymous survey to be distributed to NGNs in the NRU at the end of their orientation, at three months of independent practice, and at six months to facilitate self-reporting of their confidence levels and any perceived barriers. This tool will assist management to continue assessing the trajectory of their independent NGNs, improving transitional support.

III-6-D

Contrasting patients' and healthcare professionals' experience in hemato-oncology care: A narrative study

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Context: Hematological cancers represent 10% of cancers diagnosed in Canada. Treatments involve complex care pathways and various modalities, as well as the management and monitoring of various side effects. Little is known about these pathways from the perspective of the people living with cancer (PLC) and the healthcare professional (HCP).

Aim: This presentation aims to present the contrasting experiences of PLC and HCP regarding their experience of the hematological cancer care pathway.

Method: Biographical approach was chosen for this exploratory study. Twenty-one narratives were co-created with PLCs ($n = 12$) and HCPs ($n = 9$). A structural and comparative analysis of the narratives was performed.

Results: Our findings underscore the parallel yet distinct trajectories of PLCs and HCPs, revealing disparate objectives and outcomes in their interactions. PLCs strive for personal equilibrium amidst their journey and necessitate professional assistance, while HCPs are driven by a proactive inclination to intervene and support. Nonetheless, a shared experience between PLCs and HCPs emerges as mutually beneficial.

Conclusion: Our study emphasizes the imperative of delving into the intricacies of the PLC-HCP relationship to enhance healthcare provision and service delivery. Opening this ‘black box’ holds promise for fostering improvements in patient outcomes and care efficacy.

IV-1-A

A patient-/family centred communication tool for the recent admission of a loved one to the hematology/oncology inpatient ward: A QI initiative

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Patients admitted to our hematology/oncology service are usually of high acuity with often lethal or critical underlying diagnoses. During the COVID-19 pandemic, in-person hospital visits by essential care partners were severely restricted for extended periods of time, which resulted in a breakdown of communication between inpatient ward staff and families/designated substitute decision makers (SDMs), an increase in family stress and anxiety, and reduced patient satisfaction.

There are multiple publications in the medical literature that stress the importance of good communication between the hospitalist/inpatient team and the patient, but very little that focus on communication with the SDM. Effective communication often leads to better care experiences for patients and families, and perhaps to better patient outcomes.

It was noted that there was a lack of formalized communication with a newly hospitalized patient's SDM with regard to the reason for admission and the subsequent investigation/treatment plan. A communication tool, titled Admission Summary, was created with the goal that 80% of our patients would have a completed Admission Summary delivered to the SDM (with the patient's approval) within 48 hours of admission. The intention was to improve the patient and SDM care experience by deliberately enhancing communication at the outset of admission. Facets of this multidisciplinary QI project will be reviewed and discussed: system diagnostic tools used (Ishikawa diagram and patient flow diagram) to develop change ideas, the family of measures, PDSA cycles, feedback of staff and in-patients/SDMs, and next steps.

IV-2-A

Virtual care realities: Canadian oncology nurses at the forefront of change

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Introduction and purpose: The COVID-19 pandemic has rapidly propelled the adoption of virtual care in oncology nursing across Canada. However, there is a significant gap in evidence-informed guidelines, particularly regarding the practices of oncology nurses within interprofessional virtual settings. This study seeks to explore the experiences of these nurses with virtual care, aiming to identify key practices, collaborations, facilitators, and barriers.

Methods: A mixed-method, sequential explanatory design was utilized. An online survey was conducted among ambulatory oncology nurses (N = 73) across Canada. Following approval from research ethics boards, the survey assessed their agreement with statements regarding conformity to oncology practice standards, interprofessional collaboration, and the support and training received. This phase was followed by semi-structured interviews with seven nurses to gain deeper insights into key survey findings. Interviews were transcribed verbatim, redacted transcripts underwent content analysis.

Results: Preliminary quantitative results indicated a generally positive perception toward virtual oncology nursing care, with significant correlations between rated adequacy of training and positive practice experience ($r = 0.43$, $p < 0.001$ for standard of practice; $r = 0.36$, $p < 0.05$ for interprofessional collaboration). Qualitative findings further identified specific challenges in providing patient-centred care (e.g., comprehensive assessments) and highlighted the importance of education and resources to support decision-making.

Conclusion: Our participants revealed a gap in the literature on the practice of virtual care among oncology nurses and suggested priorities in supporting the professional development of oncology nurses in this evolving care modality.

IV-3-A

Development of Canadian best practice recommendations for the topical management of malignant cutaneous wounds

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Problem: Malignant cutaneous wounds pose unique challenges in patient care, requiring specialized attention to alleviate local symptoms and enhance the overall quality of life.

Background: The current lack of guidelines and the increased prevalence of these wounds with improving cancer survival rates made the need to establish comprehensive best practice recommendations for their topical management imperative.

Innovation: To meet this need, a task force was drawn from across Canada, comprised of members of Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) and the Canadian Palliative Care Nursing Association (CPCNA).

Discussion: The development of this robust document addresses a recognized gap in standardizing the topical wound care management provided to persons with malignant cutaneous wounds. Recognizing the impact of cultural humility and the need to deliver care that respects individual beliefs and practices is crucial in providing effective and equitable care. The 23 presented recommendations guide nurses, the inter-professional team, and their support persons to enhance the overall quality of optimal wound care management for malignant cutaneous wounds and persons affected by these wounds.

Key messages: This project aimed to synthesize current evidence, expert insights, and patient-centred perspectives to provide a robust framework for healthcare professionals caring for individuals with malignant cutaneous wounds. Recommendations were created to support clinicians in managing malignant cutaneous wounds at the clinician's discretion.

IV-4-A

Barriers, facilitators, and motivations to pursue specialty certification in oncology nursing: The case of BC oncology nurses

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The Canadian Nurses Association (CNA) certification in oncology (CON[C] designation) is the only nationally recognized certification in oncology. It supports nurses to increase their knowledge and has been directly correlated with improved

patient outcomes. Acknowledging the potential patient-, nurse-, and systems-level benefits that are associated with specialty nursing certification, our organization, BC Cancer, is committed to increasing the uptake of CON(C) certified nurses. In spite of more recently having secured funding to support BC Cancer nurses toward certification, oncology certification rates in British Columbia are far below other specialties and provinces.

The Nursing and Allied Health Research and Knowledge Translation department at BC Cancer, along with a group of co-investigators of nurses across the organization, facilitated a research study aimed to gather contextual evidence about the personal, social, and structural factors that influence BC Cancer nurses on their decisions around specialty certification. This study includes two phases: (1) Quantitative phase, an online survey based on a validated survey instrument (Perceived Value of Certification Tool PVCT-12®) measuring nurse's perceived value of certification in nursing specialties; (2) Qualitative phase, a series of focus group interviews with certified and non-certified BC Cancer nurses. This presentation will also share learnings and strategies utilized to build research capacity amongst a novice but integral nursing co-investigator team, including direct care nurses, many of whom were first-time researchers. The findings from this mixed-methods study will be used to guide the development, implementation, and evaluation of an organizational strategy to increase the prevalence of CON(C)-certified nurses at BC Cancer.

IV-5-A

Navigating care: The impact of a nurse navigator program in pancreatic cancer

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Problem: Pancreatic cancer is the third leading cause of cancer death in Canada. Symptoms, which include weight loss, anorexia, and abdominal pain, are vague, which consequently, could lead to delay in diagnosis and unmanaged symptoms.

Background: A three-year nurse navigator (NN) pilot program for pancreatic and biliary cancers has been operational for eight months. The Edmonton Pancreaticobiliary Inflammation and Cancer (EPIC) Program was funded by a donation from a pancreatic cancer patient. The donor expressed that his journey with pancreatic cancer within the healthcare system was fragmented and, at times, insufficient. His wish was to help ease the burden of navigating the healthcare system in patients diagnosed with this disease.

Discussion: The NN contacts the patient upon initial diagnosis and discusses the symptoms they may be experiencing. As a starting point to address those symptoms, a referral to dietary, palliative care, and/or psychosocial resources are made, as needed. The NN liaises with providers such as hepatobiliary (HPB) surgery and gastroenterologists (GI) to ensure smooth transitions between various providers. The program works to minimize potential delays in care and results in expedited referrals and assessment by GI and HPB within two days of

CT results. From there, patients are sent for biopsy and/or stent insertion, if required, within two days. The NN follows up with the patient every four weeks and is available to answer concerns or questions in the interim. Initial program surveys show 100% of patients report “always” or “usually” positive feelings about their healthcare team.

Key message: The NN allows for a patient’s symptoms to be managed prior to being seen by a surgeon or oncologist. The NN ensures that procedures and tests are completed in a timely manner, to avoid delay in seeing an oncologist, and allows for a patient and their family to have continued support from a NN throughout the disease trajectory.

IV-1-B

Translating knowledge to practice: Improving advance care planning practices through embedded knowledge mobilization

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Background: As nursing researchers and leaders, we sought to mobilize recent and local, nurse-led research to support oncology nurses better when engaging in advance care planning conversations with patients and their families. However, knowledge translation, the process of synthesizing and disseminating research to practice, is no easy feat. Researchers have found approximately 70% of organizational change initiatives fail, and it takes an average of 17 years to translate new research to practice. As such, a thoughtful approach is required.

Methods: Informed by knowledge translation and change management methodologies, we developed a knowledge translation plan grounded in co-creation with nursing leaders, advance care planning experts, patient and family partners, and direct-care nurses.

Results: Drawing on learnings from our advance care planning knowledge translation project, we explore the successes and challenges we encountered while implementing a provincial nursing practice change within our complex healthcare system. In this presentation, we discuss important considerations for translating research to practice including (1) identifying and synthesizing research evidence; (2) cultivating operational and direct-care nursing buy-in; (3) tailoring research evidence to our local contexts; (4) developing implementation strategies to raise awareness and build knowledge; and (5) launching, evaluating, and sustaining our practice change.

Discussion: By exploring the challenges and successes of our knowledge translation project, we share key considerations for enacting effective and sustained evidence-informed change. As healthcare organizations strive to integrate research and practice, healthcare leaders must take a thoughtful and systematic approach to knowledge translation to shorten the knowledge-to-practice gap.

IV-2-B

IV therapy considerations for oncology – Know the lines out there!

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The majority of oncology therapies will be administered through some type of vascular access device, whether it is a peripheral IV or a central venous catheter, such as a PICC or a tunneled line (e.g., Hickman™ or Portacath™). For the oncology patient, these devices can be the source of a lot of pain and anxiety, or they can be a source of relief and settle the mind. There is a lot of innovation and research being done on IV therapy and vascular access devices and this presentation will highlight a few important ones that can impact the patient receiving chemotherapy or other IV therapy for their cancer treatment. There are different types and varieties of devices out there, as well as the catheter materials and their benefits and risks.

There will be discussion of what is currently available, as well as a new, hot topic: the ultrasound-guided peripheral IV. The topic of securement of devices will be presented, as it has been highly regarded as important for patient comfort and to ensure therapies can be completed without delays. Occlusion management and lock solutions is another subject that will be discussed in terms of what catheter occlusion means to the oncology patient and strategies to deal with this preventable complication. And finally, clinicians will be made aware and enlightened of the latest evidence and published standards and guidelines to help arm them with the knowledge and confidence to provide best, quality care to patients with vascular access devices.

IV-3-B

A united front: A collaborative trial between laboratory and community oncology program staff to enhance patient experience of outpatient blood draws

Jordana Jones

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Providing outpatient blood draws at a community oncology program – A collaborative trial between Westman Lab (WML) and Western Manitoba Cancer Centre (WMCC) to provide outpatient blood draws to WMCC patients.

Abstract: The Western Manitoba Cancer Centre is a community oncology program that was opened in 2011 as a joint venture with CancerCare Manitoba and Prairie Mountain Health. Westman Lab is the inpatient and outpatient laboratory located within the Brandon Regional Health Centre, providing lab services to Brandon residents. Patients consistently reported frustration at having to go to Westman Lab to have their blood

work drawn rather than have it drawn on site at WMCC. After numerous patient suggestions and an official complaint, a four-week trial was developed collaboratively between WML and WMCC to provide outpatient blood draw services on site at WMCC specifically for oncology patients. The goal of this trial was to evaluate the necessity, interest, and feasibility of providing outpatient blood draws at WMCC. In my presentation, I will discuss how the trial was designed and implemented, the data that were collected, the response from both patients and staff, and the results of the trial – what we learned and what we will be doing with the data moving forward.

IV-4-B The development and implementation of a virtual oncology escape room in undergraduate nursing program

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Oncology nursing practice requires specialized knowledge and expertise. However, nurses across many healthcare settings are required to care for individuals with cancer. The current health human resource challenges compound this issue as it is now common practice to see novice nurses working in specialized areas, including cancer care. Therefore, it is critical that undergraduate nursing programs include cancer care as a foundational component of the curriculum.

This presentation will describe our experience of developing and implementing a virtual escape room for undergraduate nursing students to synthesize and apply knowledge of oncology nursing care to a case-based scenario. Escape rooms are innovative learning activities that have been utilized in nursing and other disciplines to promote active learning and cooperative problem solving. The escape room experience simulates reality-based scenarios where nursing students collaborate to gather clues and solve puzzles related to specific objectives. Escape rooms provide a safe environment for the learner to problem solve through shared decision-making, and apply clinical reasoning and priority-setting skills. Participation in an escape room activity requires communication, teamwork, and collaboration skills. These, in turn, support safe patient care in interprofessional healthcare settings (CIHC, 2010).

The facilitator's role will be highlighted with an emphasis on debriefing as a valuable tool for students to reflect on their experience, analyze decision making as a team, and assess for further review. Participants will have an opportunity to view segments of the oncology escape room and will be invited to reflect on potential opportunities for future integration in diverse educational settings.

IV-5-B

Measuring the impact of cancer patient navigation on diagnostic resolution and treatment initiation in patients with primary lung cancer in Manitoba

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Introduction: Cancer Patient Navigation was first introduced in the province of Manitoba in 2011 as part of the province's INSIXTY cancer patient journey initiative, which sought to move patients from first suspicion of cancer to treatment in 60 days or less. Despite establishment more than a decade ago, no formalized evaluation has taken place to determine the degree to which nurse navigators support the original mandate of facilitating timely oncology care for Manitobans.

Purpose: The purpose of this quantitative research study is to determine the impact of cancer patient navigation on time to diagnosis and time to initial cancer treatment among adults living with primary lung cancer in Manitoba.

Methods: A retrospective, observational, cohort analysis of Manitoba Cancer Registry Data was used to compare all patients diagnosed with primary lung cancer in Manitoba between January 1, 2018, and December 31, 2019, who were assigned a nurse navigator to those who received standard care (were not assigned a nurse navigator) on time to confirmed lung cancer diagnosis, and time to first treatment.

Results: Data analysis is ongoing and results are not available at the time of this abstract writing. Results will be available for the 2024 CANO conference.

Conclusion: Evidence from this research study will help to articulate the nurse navigator scope of practice within the Manitoba context, while also contributing to our understanding of Cancer Patient Navigation as a potential facilitator to timely oncology care during the diagnostic and early treatment phases of the cancer continuum.

IV-1-C

Advance care planning in oncology nursing: Developing the tools, resources, and environments for nursing-led advance care planning

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Advance care planning (ACP) is a process of reflecting on and recording what matters most to you, your personal values and preferences toward care, and sharing these reflections with your loved ones and healthcare team. This process

of reflection and communication supports patients in being actively involved in decision-making throughout their care and ensures the care patients receive aligns with what they want. Despite the known benefits of ACP, the frequency and documentation of these conversations in health care remains low. For example, a recent national survey found that 80% of Canadians want to talk to their healthcare provider about ACP, yet only 8% of those Canadians had engaged in ACP conversations. We recently conducted research to understand ACP practices in our local context and identify what changes are needed for oncology nurses to feel comfortable discussing ACP with patients and their loved ones.

Equipped with the knowledge generated from our research, we aimed to improve ACP nursing practices by developing the resources, supports, and environments needed for nurses to feel confident and competent facilitating these discussions. In this presentation, we explore how we defined ACP to promote clarity in nursing care, created a new standard nursing workflow for ACP in the outpatient oncology setting, and developed the educational resources to support and sustain the new ACP practice. Although nurses see the value of ACP in supporting patient care, healthcare leaders have struggled to create the structures needed to support these important discussions. In this presentation, we explore a tangible approach to ACP in the outpatient oncology setting and share the resources and educational tools developed to support it.

IV-2-C Uniting our practice to improve patient care: Project infusion reaction

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Infusion related and hypersensitivity reactions commonly occur with drugs used to treat cancer. All drugs carry a potential risk for infusion reactions, with incidence and severity varying from drug to drug. Reactions are most likely to occur within the first hour of the first or second dose of the drug. These reactions can be immune mediated (anaphylaxis) or non-immune mediated (i.e., infusion reaction).

It was recognized that CancerCare Manitoba (CCMB) had an increasing number of infusion-related and hypersensitivity reactions, particularly with paclitaxel, and current management strategies were not best practice in accordance with the evidence. CCMB recently undertook a large project broken into two sections. First was the update to the provincial standard operating procedure for Management of Medication Infusion Related and Hypersensitivity Reaction. This included new standing medication orders, new documentation templates, incorporation of allergists, and the abandonment of diphenhydramine.

Second was a review of the way taxanes were administered. Taxanes are an important class of chemotherapy agents used in a wide variety of cancers. Paclitaxel and docetaxel can elicit immediate hypersensitivity reactions in 5%–10% of patients

within the first 10 minutes of the first two cycles. Due to the potential risk and increasing number of severe reactions, CCMB changed the way taxanes are administered by using a graduated rate approach.

This large project was successful in improving practice, maintaining patient-centred care and decreasing the number of taxane infusion reactions. This presentation will outline the development and adoption of these new management strategies, as well as highlight the pearls and learning opportunities encountered along the way.

IV-3-C The delivery of off-service chemotherapy/immunotherapy: A nursing perspective

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Problem: The delivery of off-service chemotherapy/immunotherapy to oncology patients creates additional work for nursing staff and often causes nurses to question if the current methods utilized are best practice.

Background: Oncology nurses receive training and certification to administer chemotherapies/immunotherapies safely. Nurses in non-oncology units rarely have this training. Oncology nurses coordinate with the other nurses, the hematologists, and pharmacists to deliver the off-service chemotherapy/immunotherapy. For highly reactive drugs the oncology nurse stays with the patient for the entire duration of the infusion, keeping them from their duties on the oncology unit. For low-risk drugs, the oncology nurse starts the infusion and leaves, returning when the infusion is to be completed. This leaves the non-certified nurse to monitor the patient during the infusion and respond to any issues. Post-infusion the non-certified nurse resumes care of the patient.

Discussion: There is a lack of literature on best practices for the delivery of chemotherapy/immunotherapy to cancer patients receiving care in a non-oncology unit, such as the intensive care unit or a cardiology unit. This presentation is bringing awareness to the need for best practice guidelines.

Key message: The current method of delivery of chemotherapy/immunotherapy on non-oncology units places nurses in positions where they feel the care is not best practice.

Innovation: To provide the nursing perspective on the delivery of off-service chemotherapy/immunotherapy and suggest possible solutions.

IV-4-C

Ambulatory oncology nurse's perspectives on patient reported outcome measures

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Background: Patient-reported outcome measures (PROMs) amplify the patient's voice and affirm the patient as a director of their care. Beyond improving quality of life by informing healthcare interventions, PROM data may increase efficiency and reduce expenditures. Registered nurses (RNs) are commonly the first-line healthcare provider inquiring about the patients' condition. However, despite the utility of PROMs, tools, such as the Edmonton Symptom Assessment System (ESAS), may not be utilized consistently.

Method: This trainee project is a review of a province-wide survey (2019) in CancerControl Alberta (CCA) aiming to understand ESAS utilization by RNs in ambulatory cancer care settings. The anonymous survey consisted of closed-ended ratings grouped as "more useful" and "less useful" and open-ended textual responses. A convergent mixed methods approach was used to analyze the results.

Results: Of 79 respondents, 57% of RNs felt it was not their role to review ESAS scores. Thirty-five percent felt that this is a joint responsibility of the physician or nurse practitioner and the RN, and 16.5% felt that it was specifically a physician's or nurse practitioner's role to review the ESAS scores. Patient type appeared to influence ESAS utilization: 91% of RNs felt that the ESAS was more useful in patients undergoing treatment with curative intent. However, only 63% of nurses reported the ESAS as more useful when caring for end-of-life patients. Both the ratings and free-text responses suggested the majority of nurses believed that the tool was inadequate for a comprehensive nursing assessment.

Discussion: CCA RNs report widely varying views on aspects of ESAS utility. Role clarification regarding responsibility for symptom review is recommended. Patient type and condition may influence perceptions of ESAS utility. Themes unveiled within this study provide a realistic perspective on using PROMs, and potential directions for improving the ESAS for CCA sites.

IV-1-D

Uniting practice to become a successful oncology nurse practitioner

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Nursing encompasses assessment, planning, intervention, leadership, and teaching at many levels. Working at the oncology inpatient bedside or in an outpatient practice are admirable career paths. For some, the desire to have an autonomous practice with prescribing authority beckons to becoming a nurse practitioner (NP). There are many considerations to ensure success in this career path. Given the requirement of adequate registered nurse (RN) practice hours, is one area of practice more beneficial than others? As there are many educational and delivery options potentially available, what is the best for you? Canadian entry to practice will soon change nationally – how will this affect areas requiring specialty training such as oncology?

Join us in this interactive workshop where three practising NPs take you through their individual journeys toward successful NP practice. Educational options will be discussed including suggestions for negotiating the years in school. Real-world considerations while completing your practicums will be discussed. When job searching, there are many questions to consider and areas of negotiation with your future employer to ensure your success in independent NP practice. Finally, once practising in your oncology specialty area, pro tips and pitfalls to ensure NP success will be considered. This workshop is intended for anyone considering future NP education, current NP trainees, or practising NPs to share their individual experiences. There will be ample opportunity in this workshop for group discussion and collegiality.

IV-3-D

Applying best practice to clinical practice: How the 2024 Vascular Access Guidelines impact oncology care

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Background/purpose: Canadian Vascular Access Association (CVAA) is the national advocate for excellence in evidence-informed vascular access and infusion therapy. In 2019, CVAA developed national clinical practice standards with accompanying implementation tools with the focus of advocating for safe quality care across the healthcare continuum. These guidelines can be adapted or broadly applied to support oncology clinicians in vascular access and infusion therapy.

Findings: CVAA has committed to updating these national guidelines every five years to reflect evidence-informed practices to ensure safe vascular access and infusion therapy.

These Canadian guidelines help support oncology nurses to be advocates, and be champions for change in their organization to standardize care, implement guideline recommendations, and minimize variation of clinical practices. Over the past year, content experts from various practice settings, caring for diverse patient populations, have been working tirelessly to collate updated evidence-based practices from trusted resources and literature in vascular access and infusion therapy. The ADAPTE methodology was used to provide a systematic approach to produce recommendations applicable to the needs of different user groups and settings in Canada.

Recommendations: This concurrent session will provide an overview on pertinent oncology updates in the revised CVAA guidelines for 2024. The intersectionality between the two fields creates unique opportunities for collaboration and knowledge sharing, and is beneficial to enhance the oncology nurse's understanding of how to optimize quality outcomes related to vascular access care.

IV-4-D Enhancing cytotoxic spill clean-up simulation with GloGerm

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Safe handling and cytotoxic spill clean-up are essential components of safe practice for nurses caring for individuals receiving systemic therapy for cancer (STC). In 2021, The Nova Scotia Health Learning Institute for Health Care Providers, in partnership with the de Souza Institute (DI), initiated the Cancer Systemic Therapy Certification course (CSTCC) to support safe and competent administration of STC. Course requirements include an in-person lab day to provide simulation of high acuity, low occurrence events, such as management of a cytotoxic spill. The DI simulation supply list required clear or coloured water to demonstrate a cytotoxic spill.

The use of water did not provide strong visual feedback to learners and, as many common STC agents are clear, coloured water did not accurately portray a typical cytotoxic spill. Without visual impact, we found learners difficult to engage in the activity, and complacency among learners was leading to overestimation of the effectiveness of their clean-up techniques. To address these concerns, we innovated the use of a fluorescent marker, GloGerm, a commercially available gel used to simulate the spread of germs, as a method to simulate a cytotoxic spill. Prior to initiating hands-on clean-up activity, learners are alerted to the presence and the purpose of the GloGerm in the simulated spill, to which we saw a marked increase in learner engagement and attention to technique when participating in the clean-up activity. Post-clean-up, the learner's PPE, and spill site are examined under black light. Any residual GloGerm produces a fluorescent glow, providing immediate visual feedback to learners on cleaning effectiveness. We have noted an enhanced adherence/interest in safe

doffing practices due to viewing PPE contamination. Learner feedback and early evaluation data are positive; we anticipate that utilizing GloGerm will continue to enhance engagement and confidence in effectively managing clean-up of cytotoxic spills.

IV-6 Award winning student research abstract session – Symptom management guideline implementation among outpatient oncology nurses: A scoping review of barriers, facilitators, and strategies

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Introduction: Outpatient oncology nurses are well-positioned to provide high-quality symptom management care following recommendations from existing clinical practice guidelines. Yet, these guidelines are not consistently implemented in practice, and patients report high levels of distressing cancer-related symptoms. Bridging the gap between symptom science and practice has been identified as a top priority for oncology nursing.

Purpose: To identify and describe 1) barriers and facilitators influencing symptom management guideline implementation among oncology nurses in cancer-specific outpatient settings, and 2) components of strategies that have been used to enhance symptom management guideline implementation.

Methods: Following Joanna Briggs Institute methodology, a scoping review was conducted. Four published databases and grey literature were searched; citations were screened for relevance. Data extraction and analysis were guided by the updated Consolidated Framework for Implementation Research (CFIR) and Expert Recommendations for Implementing Change taxonomy.

Results: Thirty-six projects from 2004–2023 were included. Factors influencing symptom management guideline implementation were most often mapped to the “inner setting” (i.e., compatibility, work infrastructure) and “individuals – roles and characteristics” (i.e., oncology nurses' capability, opportunity, and motivation) CFIR domains/constructs. Most projects used multiple implementation strategies within the “train and educate stakeholders” ($n = 29, 85\%$) and/or “develop stakeholder interrelationships” ($n = 20, 59\%$) categories.

Conclusion: Outpatient oncology nurses may face several implementation barriers related to the lack of symptom management guideline integration within their current roles/workflows. Findings from this scoping review can be used to design tailored implementation strategies to move beyond educational interventions to target these barriers to evidence-informed oncology nursing care.

IV-6

Award winning student research abstract session introduction by the Research Committee – What do patients (want to) know about non-muscle invasive bladder cancer pathology: Implications for oncology nurses

Grace Bowry¹, David Berman¹, Jacqueline Galica¹

¹ Queen's University, Kingston, Ontario

People diagnosed with non-muscle invasive bladder cancer (NMIBC) face a host of technical pathological terminology. As technologies for grading and staging NMIBC evolve, it is critical for oncology nurses to understand the information needs of people with NMIBC. Currently, there are no known studies that evaluate the effectiveness of available education tools for NMIBC, nor identify NMIBC patient education needs. Therefore, the study purpose was to explore patients' understanding, experiences, and preferences about NMIBC pathology education. A pre-post study design was employed.

Before reviewing Bladder Cancer Canada's Guidebook, participants completed a demographic and diagnostic history form, and a questionnaire to capture NMIBC pathology understanding. After reviewing the Guidebook, participants re-completed the pathology understanding questionnaire. Quantitative data was analyzed descriptively and with paired t-tests. Qualitative data from open-ended questions were analyzed using content analysis. Fifty-two participants from across Canada completed the survey. Participants were, on average, 65 years of age ($SD \pm 9.66$) and nearly equal numbers identified as male and female. Participants were more familiar with NMIBC staging terminology than they were with grade. Both grade ($t = -3.338, p = 0.002$) and stage ($t = -2.846, p = 0.006$) knowledge increased after reviewing the Guidebook. Qualitative findings indicated that participants appreciate the expertise of their providers and valued the information provided to them. However, they acknowledged the subjectivity of pathologists and the importance of innovative methods for advances in diagnostic technology. Although knowledge about NMIBC pathology improved after reviewing educational material, such improvements may not be clinically meaningful given participants' recommendations for improvement. These findings have implications for oncology nurses and the education and support that they provide to people with NMIBC.

Helene Hudson Lectureship sponsored by Amgen – The oncology nurse in population cancer screening

Bernadine O'Leary¹

¹ Cancer Care Program – NL Health Services, Newfoundland and Labrador

Sociodemographic factors and health system disparities that impact cancer care access is gaining increased attention in cancer-related research. Within Newfoundland and Labrador (NL) the ever-increasing population with no primary care provider presents its own unique challenges. Identifying those at

risk for the development of cancer and intervening early is an important first step in mitigating some of these challenges.

This presentation will introduce the role of the oncology nurse within the realm of population cancer screening. Navigator competencies that are well-defined for the treatment and supportive care domains, such as care coordination, teaching/coaching, and change agent, will be re-examined for the screening population. The role expansion of the Oncology Nurse Screening Navigator into community engagement, as well as Oncology Nurse Navigator leadership in the development of a Lung Screening Pilot Project in NL, also will be detailed.

Clinical Award Lectureship sponsored by Merck – Closer to home: Inaugural oncology clinic to better serve the residents of Baffin Island, Nunavut

Carolyn Roberts

The Ottawa Hospital, Ottawa, Ontario

Introduction: The Inuit of Baffin Island, Nunavut, face significant barriers in accessing cancer care due to limited health-care resources, lack of screening, and long distances to travel to receive specialist care in Ottawa. They face cultural barriers as well as fear of leaving their families and community to receive cancer care. A team from The Ottawa Hospital (TOH) with specialized nurse navigation support started an in-person cancer care clinic in Iqaluit, Nunavut, to deliver care closer to home.

Methods: Between July 2022 and January 2024, a team of three radiation oncologists, a medical oncologist, a First Nations/Inuit/Metis nurse navigator and a clinical specialist radiation therapist travelled to Nunavut approximately every eight weeks to provide follow-up care, assist in new patient assessments and provide home care visits. They also provided virtual care consultation support for patients at the time of diagnosis to expedite workup and better inform patients for decision making prior to leaving Nunavut for care.

Results: There were nine individual clinic weeks (eight in Iqaluit and one combined with a visit to a remote community) during which oncologists completed 158 follow-up visits, 11 new patient consultations, and eight home visits. Sixty-three percent of patients were from Iqaluit and did not require medical travel to attend visits. 37% were from a more remote Northern community. Patients, families, and providers expressed appreciation for being seen close to home, reduction in travel time, ability to have family easily attend appointments, easier access to interpreters, increase in timeliness of care, and TOH providers having a better understanding of the realities faced by northern populations. First ever oncology clinic in the territory.

Conclusion: With this initiative, there has been a significant impact on the proportion of care provided close to home for Nunavummiut. Communication with patients and their families has significantly improved. Knowledge gained and communication pathways created through this pilot will be key in implementing further cancer care strategies close to home for Northern populations.

CANO and LLSC joint symposium – The value of the nursing perspective in public reimbursement decisions of cancer treatments

Stephanie Lelond¹, Dior Caruso², Christina Sit³

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² Princess Margaret Cancer Centre, Toronto, Ontario

³ Leukemia Lymphoma Society of Canada, Toronto, Ontario

Health Technology Assessment (HTA) is a process or a methodology that is used to determine the value of a health technology. New treatments and indications that are Health Canada approved and are hoping for public reimbursement, go through the HTA process. The Canadian Drug Agency (CDA) formerly known as the Canadian Agency for Drugs and Technologies in Health (CADTH) manages the first step in this process.

Traditionally, physicians have been the clinician representatives in the HTA clinician input process. Importantly, nurses are clinicians too and oversee a different aspect of patient care.

As nurses may spend more time with patients than physicians do, they are able to present the clinical and real-world outcomes including mental and emotional outcomes and psychosocial impacts on both patients and care partners.

Nurses play a key role in helping to capture the real-life impact of treatments. Join us as we:

- review the Health Technology Assessment process in Canada
- highlight the clinical value of the nursing perspective in treatment access decisions
- discuss the meaning of advocacy at CANO.

CANO/ONS/APHON joint symposium – Sowing seeds of advocacy: Cross border perspectives on fertility preservation

Barbara Lockart¹, Kyle Stimpert², Kara Jamieson³, Catriona J. Buick⁴, Kelly Wilson Cull⁵

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⁵ Canadian Cancer Society, Halifax, Nova Scotia

Advances in detection and cancer therapies are changing the focus of cancer survivorship to include concerns about temporary or long side-effects of treatment. Infertility or premature loss of reproductive potential is one of the most common and frequently under-discussed long-term effects of cancer-specific treatments. Oncology nurses are uniquely positioned to provide fertility preservation counselling and education to all patients, regardless of age, gender, and sexual orientation, who are receiving gonadotoxic therapies that place them at risk for treatment-related infertility.

The Association of Pediatric Hematology/Oncology Nurses, Canadian Association of Nurses in Oncology/Association Canadienne des infirmières en oncologie, and Oncology Nursing Society published a position statement in 2024 to establish international recommendations to guide oncology nurse practice for fertility preservation in pediatric, adolescent, and adult patients. The APHON/CANO/ACIO/ONS position statement identifies nursing responsibilities for fertility preservation advocacy, research, and education for patients and families. It is the first international collaboration among nursing organizations to advocate for patients' right to access information on infertility risk and available fertility preservation options.

This presentation will highlight the fertility preservation statement, and the steps involved in its development. It will address current trends in fertility preservation for cancer patients and discuss the challenges and advancements in this field across borders. The discussion will include key insights from panelist from the Canadian Cancer Society and fertility nurse navigators.

CANO and Canadian Cancer Society joint symposium – Advancing and promoting cancer patient navigation in Canada through a patient's lens

Laura Burnett¹, Joy Tarasuk², Manon Lemonde³, Tracey King⁴, Amanada Hollett¹, Sarah Champ⁵

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⁵ Alberta Health Services, Edmonton, Alberta

As two key Canadian organizations committed to enhancing experiences and outcomes for people affected by cancer, the Canadian Association of Nurses in Oncology (CANO) and the Canadian Cancer Society have joined together to explore Cancer Patient Navigation in Canada, its impact on patients and families, and how to enhance this service. Facing and receiving a cancer diagnosis can be a stressful and overwhelming time for patients, which is compounded by the fragmented and complex nature of the Canadian healthcare system.

As the number of people living with or beyond cancer continues to grow, it is unrealistic to expect that any one provider can meet a patient's myriad needs, or that all cancer patients will have a standard set of care needs. Cancer Patient Navigation (CPN) programs can ensure timely and equitable access to quality cancer care services, improve person-centred care, and address the challenges people living with cancer face. While the model of care for cancer patient navigation may vary, the core intention and outcomes are the same: to facilitate and enhance timely delivery of high quality, person-centred oncology care. Currently, most provinces and territories across Canada have implemented CPN programs, in addition to the navigation services provided by the Canadian Cancer Society.

While there are a variety of models seen within the different programs, the core of navigation remains the same.

This symposium will review some of the navigation models available within the country, highlighting the experience of a cancer patient and her relationship with her cancer patient navigator.

V-01-A

Metastatic breast cancer: A practical nursing approach. What every oncology nurse needs to know

Kelly Daigle

The Ottawa Hospital, Ottawa, Ontario

Background: Metastatic breast cancer has become a chronic condition in which many treatment options have evolved. The five-year net survival rate for metastatic stage 4 breast cancer is 23%. The number of systemic therapies has increased, improving overall survival for patients with metastatic breast cancer. With the increase in treatment options, the assessment skills and interventions required for the Oncology nurse has also dramatically increased.

Objectives: This presentation will aim to provide an overview to nurses on the practical interventions they need to do for each treatment associated with metastatic breast cancer, such as bloodwork monitoring, assessing for pneumonitis, symptom management, electrocardiograms, as well as practical support options for patients.

Procedure: Through a multidisciplinary effort involving outpatient oncology care, it has been determined there is a gap in close observation for those on oral therapies. There was also a gap noted in obtaining electrocardiograms for patients about to start their cyclin-dependent kinase inhibitor, so The Ottawa Hospital implemented the kardiamobile device to the unit to provide improved quality care to the patients and prevent delays in treatment initiation.

Discussion: The information discussed will focus more on interventions that nurses can use in their daily practice. It will also briefly touch upon various resources for patients with metastatic breast cancer, as well as the need to rebrand the “cancer bell” to be more inclusive for patients with metastatic cancer.

V-02-A

Impact and opportunities: Expanding the role of the nurse practitioner in a community-based oncology centre

K. Julia Kaal^{1,2}, Joy Tarasuk¹, Terrilee O’Connell¹, Pam Robichaud¹, Kara Jamieson¹, Terra Thibault¹, Sudeep Shivakumar¹, Jennifer Boone¹, Anna Nazarova¹

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Problem: Impact and opportunities of Nurse Practitioners in community-based oncology.

Background: A rural community-based oncology centre in Nova Scotia successfully implemented a new model of care to meet patient needs relating to finances, travel, and accessing comprehensive cancer care closer to home better. As part of this pilot project, a hematology-focused nurse practitioner (NP) was added to the cancer care team. Dedicated time and effort facilitated the NP’s successful onboarding and transition to practice.

Discussion: Since completing onboarding, the NP has been able to expand their role and functions as an integral part of a new model of care. Their continued training has allowed them to take on a growing number of patients and conduct more complex procedures, such as bone marrow aspirates, further reducing patients’ need to travel for care. The NP also identified a specific unaddressed need among her patient population: cancer-related fatigue (CRF). To address this need, the NP organized an in-person group to provide comprehensive education on CRF encompassing stress management, sleep hygiene, exercise, nutrition, emotional health, and interpersonal relationships. The group format allows participants to understand, accept and manage their fatigue better. Evaluation demonstrated impact (i.e., reduced fatigue and better quality of life).

Key message: Expansion of specialty NP role provided more complex care (bone marrow aspirates), and addressed a gap in care.

Innovation: Multiple stakeholders were involved in the planning and implementation; adaptation and learning were required by all members of the oncology team to ensure success and expansion of this new position.

V-03-A

The evolution of brachytherapy nursing orientation at The Ottawa Hospital

Amber Killam¹, Amanda Lavallee¹, Lana Ford¹

¹ The Ottawa Hospital, Ottawa, ON

Brachytherapy nursing is a highly specialized area of radiation oncology nursing practice. There are currently no national standards or competencies for brachytherapy nursing, thus training for brachytherapy nurses can differ across institutions from coast to coast.

This poster will show how the education and training for radiation therapy nurses in brachytherapy at The Ottawa Hospital has evolved over the last few years to include more formal perioperative nursing education and skills, as well as more experience in post-operative care, to enhance the specific oncology nursing skills and competencies needed to work safely in this area.

V-04-A

Oncology advanced practice nurse team lead: A pilot project

Nicole Chenier-Hogan

Kingston Health Sciences Centre and Cancer Centre of Southeastern Ontario, Kingston, Ontario

Previously, many advanced practice nurses (APNs) had worked within our organization as staff nurses prior to pursuing further education and transitioning to the APN role. As such, they were familiar with organizational structure and leadership in the organization. Currently, many APN roles are being filled by novice APNs who require individualized orientation and ongoing mentorship in transition to their new role. The Oncology APN group, consisting of clinical nurse specialists (CNSs) and nurse practitioners (NPs), was the largest group of APNs at our organization. With direct report to the Oncology Program Operational Director (POD), there was an identified need for an APN team lead to support both the APNs and the POD. This was a one-year pilot project, an APN was seconded 0.2 FTE to assist with recruitment and retention, by developing comprehensive orientation/learning plans, to educate, mentor, and coach CNS/NPs within Oncology; to act as a facilitator, coordinator, and role model for CNS/NP professional practice and to meet with oncology department heads/stakeholders and CNS/NPs to collaborate and to create a vision for CNS/NP practice and excellence within our organization and cancer centre.

This pilot initiative has facilitated improved recruitment and retention of new APN's, by providing extensive orientation, with ongoing support of the APN team lead. There also has been improved communication between the APN group and key stakeholders within the interprofessional team with further advocacy for the APN role within the cancer centre.

V-05-A

Exploring the need for specialty streams of cancer patient navigation in Cancer Care Alberta

Claire Link¹, Andrea DeLure¹, April Wales¹, Linda Watson¹, Michelle Lack¹, Kathryn Burrows¹

¹ Cancer Care Alberta – Alberta Health Services, Calgary, Alberta

Background: With generous support from the Alberta Cancer Foundation, the Cancer Patient Navigation program within Cancer Care Alberta (CCA) was established in 2012 and provides tailored support to Albertans with cancer. Cancer Patient Navigators are registered nurses with oncology training who help patients and their families navigate the healthcare system throughout their cancer journey.

Problem: The incidence of cancer is rising and there is a need to understand how navigation will continue to meet the current and future patients. Accordingly, CCA conducted a robust evaluation of the Cancer Patient Navigation program in 2023.

Discussion: Interviews were completed with multiple stakeholders across the province including navigators, tumour triage coordinators, managers, and other collaborating healthcare professionals. In addition, administrative data was analyzed for more than 8,000 patients receiving care in CCA.

Key message: CCA currently has navigators who specialize in providing support to rural, Indigenous and adolescent and young adult patients with cancer. However, the results of the evaluation suggest that patients who have metastatic or advanced disease at diagnosis would benefit from a specialized navigator, as these patients often require more in-depth symptom management, an earlier connection to palliative care, and a higher level of support prior to their first consultation. While this patient population was identified as a priority for navigation support, other complex populations could also benefit from this type of specialized support.

Conclusion: The development of additional specialty streams of navigation are being considered in CCA to account for the needs of diverse patients. As a first step, early palliative Navigator roles are being explored to provide an earlier connection to both palliative care and other supportive care services, and sustain these supports throughout the patient's cancer journey.

V-06-A

From challenge to opportunity: Remote research procedures during the pandemic and beyond

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Background: Remote research procedures, initially developed to address safety concerns during the COVID-19 pandemic, are now adopted widely by researchers because of other

demonstrated benefits. Novice researchers may be unfamiliar with how to integrate remote research methods into their work effectively.

Purpose: To share our experience of implementing remote research procedures in oncology nursing research and offer considerations for those interested in using similar procedures.

Methods: Since 2020, our research lab has used remote research procedures for conducting quantitative, qualitative, and mixed methods research to understand the quality of life of people affected by hematological cancers. We have developed procedures for remote recruitment and enrollment from multisite clinical and community settings; remote data collection through asynchronous surveys and synchronous focus groups, individual interviews, and functional assessments; and team coordination and collaboration when working remotely. Establishing our standard operating procedures occurred iteratively over time, based on emerging evidence, available infrastructure and technology, regulatory requirements, participant feedback, and ongoing evaluation of our processes.

Results: We have experienced many benefits of remote research, such as positive response and retention rates; high feasibility and acceptability of remote study visits that reduce barriers to participation; and robust data quality. Considerations for implementation include the individualized needs of the target research population; mitigation strategies for connectivity issues or limited access to technology; and vigilance with evolving technologies and regulatory requirements.

Conclusions: Remote research procedures may offer significant benefits, such as increased participant inclusivity, though preparation for possible challenges is needed. Further research will help establish best practices for diverse types of data collection.

V-01-B

When specialties collide: Integrating infusion therapy, vascular access, and oncology nursing

Jocelyn Hill

St. Paul's Hospital, Providence Health Care, Vancouver, BC

Parenteral administration of chemotherapy has expanded well beyond cancer centres and into general hospitals and outpatient clinics. In these settings, infusion therapy and vascular access nurses may lack proficiency in chemotherapy and immunotherapy administration due to limited exposure to oncology. Conversely, oncology nurses in such settings may possess knowledge gaps in vascular access and general infusion therapy. Such silos in care can impact cancer patients negatively, many of whom receive chemotherapy and other high-risk drugs via a vascular access device.

In addition, published practice standards and guidelines among the intersecting specialties of infusion therapy, vascular access, and oncology nursing are not fully aligned. This session will propose an educational framework for integrating general infusion therapy, vascular access, and oncology nursing specialties to provide quality patient care and to minimize complications among cancer patients.

V-02-B

NP-led bone marrow aspirate and biopsy procedural sedation clinic: Development, implementation, and outcomes

Jessica Pilkington

Princess Margaret Cancer Centre, Toronto, Ontario

Most malignant hematology patients undergo a bone marrow biopsy and aspiration (BMBA) as part of their diagnostic work-up and treatment. Patients receive local anesthetic at the site of the biopsy, but many of them will still experience moderate to severe pain with the procedure. This can lead to physical and emotional distress, as well as compromised care if they refuse future biopsies, or attempts are aborted by providers because of patient discomfort. Until recently, there was no less painful alternative available for patients undergoing BMBA at Princess Margaret Cancer Centre (PMCC).

Procedural sedation is successfully used at some centres to manage BMBA-associated pain. It is within the scope of practice of nurse practitioners to prescribe and manage patients undergoing procedural sedation, and nurse-administered sedation is an established practice at the University Health Network (UHN) in the endoscopy suite. Therefore, an NP-led clinic was implemented to improve the patient experience while undergoing this procedure. This presentation outlines a brief history of the development and implementation of the NP-led sedation clinic at PMCC and the results of an initial patient satisfaction survey. Overall, most patients were either satisfied or very satisfied with the procedural sedation, and patients who had biopsies without sedation in the past overwhelmingly found sedation was a much more comfortable way to proceed. Procedural sedation for BMBA can be safely and effectively delivered in an NP-led clinic. This NP-led sedation clinic is the first of its kind in Canada, and is delivering safe, effective care to a vulnerable patient population.

V-03-B

Streamlining oncology research processes through collaborative engagement

Emma McArthur¹, Cassidy Soltys¹

¹ *QEII Health Science Centre, Halifax, Nova Scotia*

The Oncology Transformation Project at the QEII hospital in Halifax includes an amalgamation of solid tumour and hematology treatment units. With this came the need for research teams to identify how different processes were being executed and align their approach to ensure cohesive practice. One issue identified was the dissimilarities in the provision of clinical trial education. The first step to addressing this issue was to engage key stakeholders, frontline staff, through survey to assess current practice and preferences. The results from this were used to inform decisions on how to change education approaches.

The plan was then sent back to a subset of the stakeholder group for feedback. Once feedback was received, the solid tumour and hematology research teams were given a deadline to revise current education; this included completing a cheat sheet using a template approved by stakeholders and creating presentations for actively recruiting studies. The research team will follow up in six months post-implementation to evaluate how the changes have impacted practice and nurse confidence with clinical trials. This project illustrates how collaboration of healthcare teams through engagement of staff at all levels can guide successful improvement initiatives and shape how we facilitate quality improvement projects in the future.

V-04-B

Where history meets the present: How understanding the history of the nursing profession in Canada can help nurses advance health equity

Claire Pitcher

University of British Columbia, Vancouver, British Columbia

As a profession, nursing in Canada has a history that extends back to the 1600s. Since that time, and over the past 100 years especially, nursing has undergone many significant changes that have fundamentally shaped the landscape of 21st century nursing today. Additionally, monumental shifts in terms of the historical and socio-political context surrounding the nursing profession have shaped the ways in which nurses engage in their daily work. Nursing history has also shaped and been shaped by the ways in which nurses have engaged in advocacy work across time. And, although understanding this history may not necessarily seem like a top priority amidst the busy and competing demands on nurses' time, a key message that I will communicate in my presentation is how nursing history truly does our work in the "here and now."

For example, the Canadian Cancer Society (CCS) released a report in 2023 on the need to advance health equity in the cancer care sector. As part of that work, the CCS specifically named 10 "underserved communities" – that is, groups of people in Canada who have been shown to face greater barriers to accessing cancer care for a variety of reasons. As oncology nurses consider how to operationalize the information from this CCS 2023 report on health equity, I will invite nurses to consider that understanding where we – as a profession – have come from will enable us, as nurses, to move meaningfully into the future. This presentation will offer an innovative approach to learning about health equity, how it relates to nursing's past and future, and how oncology nurses may intentionally stand on the shoulders of decades of nurses before them in service of attending to the needs of those underserved communities named in the recent CCS report.

V-05-B

Enhancing cancer care pathways: Nurse navigators driving collaborative efforts in the Champlain Region

Mary Farnand¹, Shannon Noordhof¹

¹ The Ottawa Hospital, Ottawa, Ontario

The Champlain Regional Cancer Program serves 1.37 million residents over more than 300 kilometers. The Cancer program's "hub" is The Ottawa Hospital (TOH), and more than 10 regional hospitals are partners in providing quality cancer care to the region. Although a standard referral guide and typical flow of patients are followed for the diagnostic phase of cancer care, it can prove to be a confusing and complicated path to appropriate providers. Patients who initially present to the emergency and are found to have a new or suspected cancer, can find themselves lost in a system to which they are unfamiliar.

Nurse Navigators act as a point of contact for patients to gain access to the cancer program when they are initially referred, but also provide holistic support to patients and their caregivers, as they navigate through a new cancer diagnosis. Nurse Navigators have been proven to reduce subsequent emergency visits by patients, as well as improve patient experiences. A key component of the Nurse Navigator role is not only to educate patients, but also fellow healthcare providers who are seeking to support their patients during the trajectory of their cancer care.

This project was started by Nurse Navigators from the Cancer Assessment Clinic at TOH to educate and assist providers from emergency departments in the Champlain regional hospitals. A 20-minute presentation to nurses, doctors, and staff of the emergency departments was given to increase uniformity in standard referral processes and enhance patient outcomes. A survey before and after the presentation was used to measure level of confidence with referral processes and helping patients enter the cancer program. The aim of this project was to spread information about standard referral processes, increase regional healthcare providers' confidence in teaching their patients, and increase collaboration with regional partners.

V-06-B

Exploring ethical issues with clinical trials to guide nursing practice across the continuum of cancer care

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³ Princess Margaret Cancer Centre, Toronto, Ontario

Problem: Cancer Clinical Trials are designed to evaluate the efficacy of novel anti-cancer therapies and improve treatments, yet they pose complex and often challenging decisions and circumstances for patients, participants, and their families.

Background/discussion: The decision to participate in a clinical trial is unique to each individual and can be an important part of cancer treatment at various stages in the cancer care continuum. Each type of trial, such as phase 1, 2, and 3 trials, biomarker driven, pragmatic, or precision health clinical trials, poses unique risks, benefits, and ethical issues. Nurses with an understanding of these issues can help patients and families learn about clinical trials, dispel myths and misconceptions, promote autonomous decisions, and fair and equitable access to clinical trials.

Key messages: Nurses can address topics such as therapeutic misconception, mistrust in science, equitable access to trials and return of results from genetic testing, as well as support patients and families to make informed decisions about trial participation.

Innovation: This presentation reflects the perspectives of three different nurses: a Clinical Trials Nurse Specialist, along with the Chair and an Ethicist from a large provincial research ethics board that approves and provides oversight for hundreds of cancer clinical trials each year. Case studies will be used to provide concrete examples of how nursing practice can address ethical concerns linked to clinical trials.

V-01-C

Uniting our expertise: Optimizing nutrition in patients with pancreatic cancer

Shari Moura¹, Sarah Buchanan¹, Lorena Lazar¹, Linda Cerullo¹, Daniela Bevacqua¹, Stephanie Ramotar Vieira¹, Dorian Facey¹, Shawn Hutchinson¹, Anna Dodd¹, Carole-Anne Williams¹, Sarah Martel², Robert Grant¹, Raymond Jang¹, Erica Tsang¹, Elena Elimova¹, Jennifer Knox¹

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Background: Treatment for patients with pancreatic ductal adenocarcinoma (PDAC) is challenging because many patients present with a high symptom burden and poor performance status. The Wallace McCain Centre for Pancreatic Cancer (WMCPC) observation is that limited significant progress has been made to improve nutrition and bowel function for patients with PDAC regardless of functional status at the time of diagnosis.

Primary objective: To evaluate patient-reported outcomes of a pre-emptive and timely follow-up clinical interprofessional psychoeducational program for patients with advanced PDAC.

Methods: All new patients diagnosed with PDAC treated at the WMCPC will be offered a Registered Dietitian (RD) assessment. We expect approximately 50% of patients will agree to the research component of this clinical intervention for a sample size of 200. Patients will be asked to complete a questionnaire that includes study specific questions, as well as

questions from the EORTC QLQ-C30 (version 3) and QLQ-PAN26 at baseline, 2 months, and 6 months. Regular interval telephone conference calls with the Registered Dietitian, Clinical Nurse Specialist, and Social Worker to patients will be made to allow an opportunity to discuss nutrition- and bowel function-related questions, concerns, and to ensure their supportive and emotional care needs are being met.

Discussion: Seventy-eight patients have enrolled in our study. Preliminary findings will focus on our experience of early RD assessment and intervention, and the interprofessional follow-up phone calls.

V-02-C

Supportive care needs of adults living with relapsed or refractory acute leukemia (RR AL): An advanced practice nursing perspective

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Relapsed or refractory (RR) disease is a common outcome for many adults diagnosed with acute leukemia (AL). This advanced aggressive blood cancer is characterized by distressing physical and psychological symptoms, high prognostic and treatment uncertainty, and low survival rates over the long term. Patients with RR AL often receive multiple lines of anti-cancer treatment, even in the final weeks of life, are more than twice as likely to die in acute care settings, as compared to adults with solid advanced cancers, and experience low referral rates to palliative and hospice care services. These challenging circumstances lead to a need for specialized supportive care. This presentation aims to demonstrate the role of advanced practice nurses, including Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs) in providing a diverse range of supportive care services to adults living with RR AL.

Patients with RR AL suffer from prolonged pancytopenia, necessitating ongoing transfusion support and management of opportunistic infections, including invasive fungal infections. NPs specialize in the management of supportive care needs associated with the unique complications of RR AL, and its treatment. NPs initiate palliative discussions and participate in difficult conversations about advance care planning, including the meaningful benefit of transfusions and anti-microbials toward end of life. The uncertain prognosis and high mortality associated with RR AL can provoke death anxiety and other psychologically distressing symptoms in patients and families. Such distress significantly impacts quality of life and involvement in life activities, including willingness to play an active role in treatment. CNSs, with training in supportive counseling and psychotherapy, can help patients and families cope with these distressing symptoms, aiming to improve their well-being and quality of life throughout their illness.

V-03-C

Establishing a virtual care clinic for malignant hematology patients: A quality improvement initiative at Princess Margaret Cancer Centre

Kirsten Lewis¹, Danielle Brandys¹

¹ Princess Margaret Cancer Centre, Toronto, ON

Given the many changes to our healthcare system over recent years, there has been growing interest in exploring alternative methods to providing care for patients with hematologic malignancies, including virtual care. Traditionally, patients with acute leukemia and other hematologic malignancies require frequent in-person visits for blood work monitoring, symptom assessment, and transfusion support. These patients often come to hospital once to twice per week. At Princess Margaret Cancer Centre, these visits occur in the Malignant Hematology Day Unit (MHDU). A MHDU visit for bloodwork and a nursing assessment can take anywhere between 2–5 hours. In addition, the MHDU sees high volumes of patients with 40–70 patients visiting the unit daily, Monday through Saturday. There is growing evidence that care can be provided to the malignant hematology patient population safely and effectively through virtual care. By transitioning a carefully selected portion of the MHDU patient population to virtual care, potentially include: 1. Improved patient experience by decreasing time and financial toxicity, 2. Improved provider experience through enhanced processes, and 3. Reduction in MHDU patient volumes.

This presentation will focus on the development of a Nurse Practitioner-led virtual care clinic, highlighting quality improvement measures including baseline and post-intervention surveys, tracking of unplanned visits, and the need to organize in-person MHDU visits for transfusion support.

V-04-C

A novel planetary health internship program for front-line nurses to learn and contribute to low-carbon, low-waste, sustainable healthcare systems

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We are living in an unprecedented time where human activity has created grave impacts on the Earth's natural systems. Planetary health (PH) is an evolving transdisciplinary, solutions-oriented movement, which focuses on the global protection and preservation of life and the Earth's natural systems upon which we depend for health and well-being. The PH global crisis has contributed to increased exposure to ultraviolet radiation, air pollution, environmental toxins, and disruptions to food and water access, thus affecting the distribution

and determinants of cancer incidence and outcomes. One specific PH concern is the climate crisis. Healthcare systems are at the interface of seeing increasingly prevalent climate change impacts on the populations we care for due to rising global temperatures. Oncology nurses and patients have experienced firsthand the impact of climate-mediated disruptions to health service delivery across the cancer care continuum.

Nurses are trusted, rigorously trained, and evidence-based clinicians; oncology nurses witness the impacts of climate change on patients and communities and are well positioned to lead PH projects and initiatives. To support nursing-led PH action, we have created a 12-week fulltime internship, where frontline nurses are led through a curriculum to learn key concepts and required shifts in their values and behaviours to improve PH. In addition, they receive training and practical experience with quality improvement and knowledge translation. This internship program temporarily releases nurses from clinical practice to support their full immersion in this innovative professional development opportunity. Not only do they initiate meaningful change leading to more sustainable healthcare, but they also gain valuable career laddering skills, such as presentation skills, networking, and systems leadership. By sharing our pilot program, we hope to inspire other healthcare settings to adopt and scale similar opportunities.

V-05-C

Getting our OATs in! Incorporating 'oncotype at triage' into referral navigation practice

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Wait times in cancer care can have significant implications for patient experience and outcomes. In Halifax, NS, time between receipt of referral to initial consultation can vary from days to weeks, with visits currently falling outside of guidelines. Timely initiation of adjuvant therapy following breast cancer diagnosis is crucial for optimizing patient outcomes. Delays in treatment decisions may affect patient experience, while delays in treatment initiation can potentially impact patient prognosis and outcomes.

The Oncotype At Triage (OAT) process leverages nurse navigation interventions at the time of initial referral processing. This coordinated care model integrates oncotype testing into the referral pathway, allowing for early identification of appropriate patients and initiation of the testing required for a subset of newly diagnosed breast cancer patients. The nurse navigator plays a pivotal role in facilitating patient flow and communication between patients, medical oncologists, radiation oncologists, primary nurses, and referral officers, promoting coordination and expediting the transition of care. By identifying patients requiring oncotype testing at the point of referral and initiating the tests, we can enhance quality of care and encourage the receipt of timely and appropriate treatment, ultimately improving survival and quality of life.

V-06-C

Strategies to increase clinical trial access in rural communities to patients living with cancer

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Clinical trials offer various benefits for patients living with cancer. However, within Canada's healthcare system, clinical trials are primarily based in metropolitan areas, thus leaving rural areas without ready access to a critical program that provides novel treatments for patients who may not have any other options. Although these patients may access clinical trial treatment options through urban centres, the travel and associated costs often create barriers that limit patients with cancer who live in rural areas from accessing clinical trials.

This is problematic for both reasons of social justice and good science. By implementing strategies like the process of remote consenting, telehealth and satellite sites, healthcare organizations can increase clinical trial access to patients living with cancer in rural communities. These strategies will remove barriers and increase access for this patient population, which will increase the recruitment and enrollment of rural patients into research studies, thereby increasing the generalizability of study results and supporting equitable access to care. The access theory is an applicable framework which showcases the feasibility of organizations prioritizing the implementation of cancer clinical trials in rural centres.

Keywords: clinical trials, cancer care, access to care, rural communities

V-01-D

Improving outcomes in stem cell transplant patients: Addressing oral mucositis through education and process enhancements

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The incidence of oral mucositis ranges from 50%–85% in the stem cell transplant patient. Mucositis can cause pain, malnutrition, respiratory compromise, and can compromise adequate graft versus host prophylactics.

In this quality initiative project the authors propose that through education and process changes they can improve patient outcomes. The objectives are discuss incidence of mucositis in stem cell transplant, identify the causes of mucositis, discuss the implications of mucositis on the transplant course, discuss initiatives to increase nurses knowledge on mucositis, and review outcomes of this nursing-led quality initiative.

V-02-D

An evidence-based policy approach for implementing and optimizing a clinical nurse specialist workforce in British Columbia

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Amidst the current environment of critical nursing shortages and mounting capacity constraints within cancer care, British Columbia (BC) has recognized the urgency of introducing a novel Clinical Nurse Specialist (CNS) workforce. This initiative aims to enhance the quality of care, bolster the system's preparedness to tackle the escalating demands on cancer care, and expedite system-level changes.

However, BC currently lacks policies, programs, or initiatives dedicated to facilitating the implementation and optimization of CNS roles within the cancer care system. To bridge this gap, a group of health system researchers and leaders and academic partners sought to utilize research and policy methods in developing evidence-informed recommendations for implementation and optimization of the CNS role. This presentation will highlight the process of an effective use of integrated knowledge translation (iKT) approach to develop a robust, equitable, and evidence-based roadmap for a provincial CNS strategy.

We will share insights from key features of our process such as:

1. forming collaborative teams of health service researchers, knowledge users, policy leaders, and patient partners
2. utilizing diverse methods to capture evidence
3. conducting a policy-setting workshop to tailor solutions for the local context, and
4. piloting policy recommendations within a cancer care organization.

V-03-D

Co-production: A feasible model for updating cancer-related symptom practice guides

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Introduction: Standardized practice guides support a safe, cost-effective strategy that can improve symptom management outcomes for patients receiving cancer treatments in the community. The pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) practice guides are a set of evidence-informed symptom triage decision tools used to support outpatient cancer programs across Canada. Our current research aimed to a) update the evidence in 17 COSTaRS practice guides; and b) evaluate the model of co-production.

Methods: We are co-producing our study with an expanded team of researchers, patient, caregiver, nurses, managers, policy makers, and collaborators (e.g., CANO/ACIO, Cancer Care Ontario, de Souza Institute) who interact with and influence all levels of the Canadian healthcare system. We co-conducted 17 systematic reviews guided by Cochrane methods and reported using PRISMA. Eligible citations included clinical practice guidelines and systematic reviews with meta-analysis. Our co-production approach was evaluated using the Patient Engagement in Research (PEIRS-22) instrument.

Results: We identified 120 guidelines and 64 systematic reviews. Each of the 17 symptom guides had a mean of 19 new citations to be included (range 9 to 38). The 17 symptom guides were updated. There were few changes based on new evidence. Drafts of the 17 updated symptom guides are being validated by oncology nurses from across Canada. Co-production was supported through provision of monthly updates to the team and invitations to participate in ongoing research activities.

Discussion: Despite new evidence syntheses related to symptom management, few changes were required to update decision triage tools. Co-production was an effective approach to engage collaborators from across the country in the review process.

Conclusion: Updated COSTaRS practice guides (available in English and French) unite our practice in care of patients reporting cancer symptoms from coast to coast.

V-04-D

Nursing leadership in implementing value-based healthcare (VBHC) in colorectal cancer care trajectory in a Canadian hospital

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As our healthcare system is stretched beyond its capacity, improving value in cancer care is urgent to ensure that all patients affected by cancer in Canada receive the most optimal care possible. Value-based healthcare (VBHC) offers a systematic methodology for measuring and improving value in healthcare. In this sense, a project has been set up at the CIUSSS Centre-Ouest-de-l'Île-de-Montréal, consisting of implementing the VBHC concept in the care trajectory for the patients followed for a colorectal cancer.

The following activities have been set up to establish the VBHC value agenda steps: mapping of the CRC patient care trajectory; developing a framework for an Integrated Practice Unit (IPU); developing a set of patient-reported outcomes measures (PROMs) and patient-reported experience measures (PREMs); and creating a dashboard to collect and track indicators. Since the beginning of the PROMs in June 2023 until March 14th, 2024, 17 high scores on the 105 answers required a rapid nursing intervention. Moreover, since the Enhanced Recovery after Surgery (ERAS) information sessions began in November 2023 until March 14, 2024, 20 patients have participated and 82.4% declared that it helped them to be better prepared. Also, since the launch of the PREMs until March 14, 2024, 49 have been collected and the global care experience was rated on an average of 9.3/10. Implementing VBHC in a healthcare system is beneficial to patients and clinicians. The patient-reported outcomes (PROs) and measuring them enable rapid intervention, patient involvement in their symptoms' management, and optimization of care and patients' results. Therapeutic education improves performance and compliance to the treatment. The patient-reported experiences (PREs) and their collection promote shared-decision making and patient-centred care. Having a dashboard allows a regular monitoring of the project's indicators. Nursing leadership has been crucial in coordinating the activities carried out to establish a structure focused on patient outcomes.

V-05-D

An update on primary HPV testing and cervical cancer screening in Canada

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Problem: HPV accounts for 5% of all cancers worldwide and is associated with cervical, penis, vagina, vulvar, anal, head, and neck cancers. These associations have led to the clinical validation of HPV testing in specific populations.

Background: Canada and the international community has focused on the integration of primary HPV testing into current cervical cancer screening programs, with some having already transitioned (British Columbia, Italy, UK, Australia). As each province or territory is responsible for the delivery of health-care services, including cervical cancer prevention programs, navigating clinical guidelines for cervical screening guidelines can be overwhelming for healthcare providers. In addition, challenges have been identified from countries that have already transitioned to primary HPV testing. As oncology nurses, it is critical we understand the role of primary HPV testing (including self-sampling) in the oncology care continuum in order to provide evidenced-informed care to patients and families.

Discussion: This presentation will 1) discuss the evidence supporting primary HPV testing in cervical screening programs; 2) highlight the use of HPV testing and self-testing within the context of cancer prevention; and 3) explore facilitators and barriers surrounding this practice change, such as addressing patient's attitudes and healthcare provider knowledge in the context of HPV.

Key message: With this transition, it is crucial that oncology nurses articulate the importance of primary HPV testing and address concerns regarding the change, self-testing, and diagnosis at key points in the cancer care trajectory in order to support patients and their families navigating the changing landscape.

V-06-D

From coast to coast: Uniting oncology nursing practice through the vital role of clinical research nurse study coordinators

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Problem: Oncology clinical research presents unique challenges, including complex treatments, strict regulations, and interdisciplinary demands. Clinical research study coordinators navigate these challenges at every stage of the research process. Despite their vital role, their contributions remain unrecognized. This presentation aims to highlight their contribution, expertise, dedication, and impact on oncology nursing practice in clinical research.

Background: Clinical research nursing has evolved over the past century, with oncology nurses leading in research roles, enhancing patient outcomes. Their pivotal role ensures smooth clinical trial execution and delivery of high-quality care to research participants. By recognizing and supporting their contributions, we elevate the standards of oncology nursing practice within the field of clinical research.

Discussion: The presentation emphasizes the clinical research nurse study coordinators' essential roles in oncology trials, highlighting their responsibilities, challenges, and necessary competencies.

Key message: Highlighting the invaluable contributions of clinical research nurse study coordinators is central to advancing patient-centred cancer care within research. Elevating awareness and support for their role enhances oncology nursing practice.

Innovation: Incorporating real-life challenges faced by clinical research nurse study coordinators enhances audience engagement and fosters innovative approaches to addressing the complexities of cancer clinical trials.

P-01

Role optimization of the licensed practical nurse at BC Cancer

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BC Cancer, Vancouver Centre, Vancouver BC

Problem:

- Capacity to administer injections has been identified as an operational pain point
- Currently only registered nurses may administer hormone injections
- There have been numerous questions from the LPNs regarding scope of practice and their ability to administer these injections.

Background:

- Patients may require hormonal treatment as part of a protocol or for supportive care post initial treatment
- Hormone injections and some supportive care injections are hazardous drugs, class 2
- LPNs have had a restriction on practice through the employer (BC Cancer) to not administer these types of treatments
- While there are community-based referral programs so that patients can receive these drugs at home, many providers are not fully utilizing them
- Volume and demand can be quite challenging for RNs to manage clinics and these injections.

Discussion:

- Based on review of BCCNM and LPN scope of practice, no limits or restrictions were found in relation to Grade 2 Hazardous Drugs

- All nurses (RNs and LPNs) receive education on hazardous drugs safety; however, LPNs have not completed the safety for staff who administer hazardous drugs
- These meds may be given in our ambulatory care clinic areas; some nurses have taken the modified systemic therapy education program and some have not
- Work is underway to standardize education for all nurses administering hormone injections at BC Cancer (across all 6 regional centres)
- A pilot project trialing LPNs administering hormone injections, after receiving the required education, training, and support, will determine the likelihood of success in this effort to optimize the LPN role at BC Cancer.

Key message:

Professional Practice is working to change practice to enable LPNs to administer hormone injections once educational requirements are met and they are competent and confident with the skill.

Innovation:

Engaging LPNs to design the pilot evaluation. To date at BCC, LPNs have not been part of strategic planning work.

P-02

Bisppecifics are coming: Nursing perspective for non-CAR-T centres from DLBCL experiences

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The era of bisppecifics is here, and there is a plethora of information and considerations from the nursing perspective in terms of basic knowledge of the drugs, how to administer them and, most importantly, how to plan accordingly and strategize for implementation and the possible complications/ side effects. Using the experience of a teaching hospital that is NOT a cancer centre or a CAR-T centre, this presentation will outline practical considerations in the coordination and implementation of a comprehensive bisppecific program.

General concepts for nursing education and training, developing protocols and aligning the EHR (Cerner) for documentation and how to administer the doses (first dose and subsequent doses) with the consideration of step-up dosing will be discussed.

The importance of assessment and identification of complications will be highlighted, as there is risk for cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS) based on Immune Effector Cell-Associated Encephalopathy (ICE) scoring. The discussion will include the sharing of local protocols and policies for grading and treatment.

The main objective is to share our experience and facilitate dialogue from others and possibly to standardize policies and procedures to ensure best patient care.

P-03

A multi-centre, three-arm, phase III randomized controlled trial on the management of oral mucositis in patients receiving radical radiation for head

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Radiation-induced mucositis (RIM), including oral mucositis (OM), is the most common high-grade toxicity for patients undergoing curative radiation therapy for head and neck cancer (HNC), severely affecting patients who have a mucosal primary malignancy. Nursing assesses OM weekly in review clinics. Currently, we are using an oncology mouth wash, but this is not a standardized mixture with multiple variations of this “magic mouth wash.” Throughout the course of radiation, OM patients will inevitably need pain management, steroids, and possibly a feeding tube to help with intake and nutrition.

The trial will compare the reduction of maximum Grade 2 oral mucositis with the use of Gelclair versus standard of care (SOC) mouth wash versus a combination of Gelclair with SOC mouth wash in the management of radiation induced OM. This will hopefully allow adequate oral intake, thus eliminating the need for extra pain medications and possible feeding tubes.

P-04

Impact of a nurse practitioner-led follow-up clinic within a rapid-access palliative radiotherapy program for patients with metastatic cancer

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Purpose: Most patients treated in rapid access palliative radiotherapy programs do not receive post-treatment follow-up. Nurse Practitioners (NP) can provide independent follow-up care to these patients for side effects, pain and symptom management, and other health or psychosocial issues. This study aims to evaluate the benefit of a NP-led follow-up clinic for patients with metastatic cancer seen at a palliative radiotherapy program.

Methods: All patients seen in a rapid access palliative radiotherapy clinic at a tertiary cancer centre were followed up independently by a NP two weeks after radiotherapy completion, either by a telephone or in-person visit. Symptom review, radiation side effects, and emerging health issues were assessed during each visit. Appropriate interventions were initiated as warranted.

Results: An NP follow-up clinic was implemented starting May 2023. From May 2023 to February 2024, there were 476 radiotherapy courses representing 379 unique patients. A total of 160 (42%) patients were successfully seen in follow-up by the

NP, and 42 of them (26%) were found to have radiation and/or other health-related issues that warranted further interventions by the NP. Interventions included referrals to another clinical specialty for further care (17 patients, 21%), additional medical management by NP (9 patients, 21%), and consideration of another course of radiotherapy (6 patients, 14%). Among those who were not followed, 49% could not be reached, 23% were admitted or in hospice care, and 11% passed away.

Conclusion: An NP-led follow-up clinic can improve health outcomes for patients with metastatic cancer treated with palliative radiotherapy. The NP plays a valuable role in the early identification of radiation-related and other health issues requiring immediate intervention. Further research is necessary to determine whether increased follow-up frequency and the use of validated assessment instruments can lead to enhanced patient outcomes.

P-05

Patients with peritoneal mesothelioma who received cytoreductive surgery (CRS) with heated intraperitoneal chemotherapy (HIPEC) in Ontario

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Established in 2011, the Ontario Peritoneal Surface Malignancy program serves adults 18 years of age and older, with a diagnosis of peritoneal cancer, including malignant peritoneal mesothelioma, appendiceal, small bowel, and colorectal cancers. The program is one of nine in Canada, and the only one in Ontario, to offer cytoreductive surgery (CRS) with heated intraperitoneal chemotherapy (HIPEC). In this retrospective review, the aim is to describe the patient population and explore the survival rate of patients with peritoneal mesothelioma who received CRS and HIPEC in Ontario since program inception in 2011.

Analysis will include descriptive data on patient demographics, the average length of stay, the number of complications, and type within 90 days of CRS with HIPEC. Attendees will learn the rates and trends among patients with peritoneal mesothelioma, who received CRS with HIPEC in Ontario, as well as a close look into the management of a unique provincial surgical oncology program.

P-06

Nurses attitudes toward structured advance care planning conversations

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As part of a quality improvement initiative aimed at increasing documentation of advance care planning (ACP) and goals of care (GOC), a best practice advisory was introduced to front-line nurses in the cancer modules.

This best practice advisory was initiated on all lung cancer patients who were receiving a palliative intent to treatment. Literature suggests that using a template can ease the conversation and increase documentation. As such, the best practice advisory included asking the patient three questions with prompts to engage the patient in conversation, that led to leaving a documentation footprint in the chart.

Out of 50 best practice advisories, only a handful were completed. In light of the disappointing results, a follow-up questionnaire was delivered to the module nurses to explore their feelings toward this initiative and identify the barriers to its use.

This questionnaire led to significant understanding about the barriers, not just toward this best practice advisory, but also to the barriers around having these difficult conversations in the first place. Sixty percent of nurses reported feeling uncomfortable having ACP/GOC conversations. One nurse reported feeling as though these conversations were too early in the illness trajectory, despite these patients being on palliative intent to treatment.

The results of this survey have highlighted the urgency to build confidence and competence in having these important conversations. An education strategy was devised. Our hypothesis is that an increase in education and serious illness conversation support will lead to an increase in compliance with documentation.

P-07

Virtual nursing oncology care in British Columbia

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Recognizing that British Columbians increasingly are using technology to engage with the healthcare system, BC Cancer saw an opportunity to expand access to our oncology nurses in the virtual space. In November 2023, our team executed a soft launch of a text-based, live chat option into our existing artificial intelligence chatbot tool through the BC Cancer website. A pilot project was completed in 2021 to provide feasibility of the concept. The origin of the BC Cancer chatbot started when the COVID pandemic swept across the world, creating a high demand for chatbot technology across health authorities, as a way for citizens to access health information. This digital health initiative is aligned with the 10-year BC Cancer action plan that is investing in people, technology, and innovation.

Our team has been collecting data since November 2023 that has allowed us to focus in on some challenges, as well as opportunities that we can learn from and improve upon. The team has conducted iterative improvement cycles using the Plan-Do-Study-Act methodology to adjust and refine the workflows between regional centres and provincial nurses. We have uncovered valuable lessons in launching an online virtual nursing service model and would like to share our experience to inspire other oncology nursing teams across Canada.

P-08

Bringing light to the critical role of supporting patients in the ambulatory unit

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Purpose: In the midst of the pandemic, communications to patients took a quick turn, leaving patients feeling anxious before starting chemotherapy. Poor connectiveness underscored the values of face-to-face patient education. Supporting the irreplaceable value of in-person education is a cornerstone in empowering patients to navigate their treatment journey with confidence and resilience.

Method: Research article reviews were conducted to focus on useful educational resources prior to starting chemotherapy. Additionally, an interview with a highly literate, full-time chemotherapy patient provided valuable insights into understanding educational needs, potentially affecting patients and families everywhere from coast to coast.

Results: Challenges posed by the pandemic affected the critical role of nurses' ability to provide education vital for patients and their families before initiating chemotherapy treatment. Reviewing pre-medication to take, discussing dietary options, such as bananas, rice, applesauce, and toast (BRAT) dieting versus anti-diarrhea agents, recommending effective skin care products, and providing oral care tools are all crucial aspects of patient education before chemotherapy. The presence of a nurse allows for personalized Q&A sessions tailored to each patient's needs, ensuring they receive the necessary information and support to manage potential toxicities effectively.

Cicely Saunders wrote 'Suffering is only intolerable when nobody cares.'

Conclusion: Patient-reported outcomes emphasize the importance of in-person education and highlight the significance of mandatory chemotherapy class providing the opportunity to address concerns prior to starting the chemotherapy journey. Prioritizing patient education is essential for ensuring the best possible patient experience.

P-09

Alternative models of care in ambulatory oncology: Canadian review from coast to coast

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Problem: Oncology is in a constant state of evolution, marked by the swift emergence of new therapies and indications. This demands adaptive approaches to care delivery. While many Canadian ambulatory oncology centres persist with traditional specialist-led clinical models, challenges stemming from factors such as population growth, an aging demographic, and increasing treatment indications, require a collective reevaluation of our care provision capabilities.

Background: Canada's healthcare system faces challenges in accommodating the emerging paradigm of care involving oral agents in breast cancer, particularly CDK4–6 inhibitors, such as abemaciclib and ribociclib, in the adjuvant setting.

Our centre grapples with this issue, seeking innovative solutions aligned with regulatory standards. Currently, there's no consensus on the optimal care delivery method, leading providers to explore diverse models based on their settings and regulatory landscapes.

Key message: The evolving landscape of ambulatory oncology demands innovative solutions to accommodate the influx of patients qualifying for alternative care models, particularly with the introduction of CDK4–6 inhibitors in the adjuvant setting. In response, our study conducts a comprehensive literature review on alternative care models and presents a nationwide assessment of nurse-led clinics in 12 prominent Canadian cancer centres.

Innovation: Our nationwide study aims to identify Canadian centres currently employing these models, shed light on the implementation criteria, and evaluate the outcome measures they are assessing. Practical details including patient populations, patient selection criteria, clinic frequency, and patient volumes will be presented and discussed.

P-10

Creating standardized systemic therapy scheduling guidelines within a provincial oncology drug formulary

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All systemic therapy sites within the Province of Manitoba were utilizing their own scheduling guidelines, which led to differences in scheduling times and inconsistent utilization of systemic therapy treatment chairs.

CancerCare Manitoba's Provincial Oncology Drug Program and Systemic Therapy Program are creating a comprehensive approach to include the required scheduling practices on the existing web-enabled drug formulary application. This allows an opportunity to ensure that all scheduling members throughout the province have access to up-to-date, accurate, standard scheduling requirements, which will allow for consistent systemic therapy treatment scheduling.

By utilizing existing formulary management resources, starting at the time of drug approval, CancerCare Manitoba is creating a standard approach to previous inconsistent practice. The end product will be an easy-to-use format for systemic therapy schedulers and is visible to all that require it, regardless of their location within the province.

P-11

Using experiential learning to support oncology nurses working in the palliative care unit

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Five years ago, a four-bed acute palliative care unit was opened on the medical oncology floor to enable complex pain and symptom management and support end-of-life care. Oncology nurses on the unit now routinely provide palliative and end-of-life care. A recent needs assessment identified the need for increased nursing support and improved symptom assessment, management, and documentation. A review of the unit data revealed a high nursing turnover rate (50%) during the pandemic with many new nurses joining the unit team. Between August 2021 and August 2022, there were 21 new hires to the unit and 50% of the unit nurses had less than two years of experience. This led to questions including how to improve nurses' job satisfaction and how to best provide education to 1) improve nursing skills and comfort levels with palliative care, and 2) enable the provision of quality care.

A workshop using a combination of different education modalities was developed to address these identified needs. It includes a focus on end-of-life care principles, communication, and hands-on opportunities to practise skills. The simulation scenarios were developed with guidance from a simulation nurse educator at The Ottawa Hospital. The full day session includes an in-class component with lectures, case studies, and group work. The afternoon involves a start-stop simulation session that allows learners to practice a palliative assessment, recognize needs at the end-of-life, and use tools that support effective communication. Additionally, a procedure-based simulation session was developed to focus on CADD pump use. The pilot test of the start-stop scenario was conducted with palliative care staff, oncology nurse educators, and the nursing education department in February 2024 with the first workshop scheduled spring 2024. This poster will outline the development and implementation of the educational program, provide feedback from nurses attending the workshop, and discuss future directions.

P-12

Development of cancer related patient education materials

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As cancer treatment options become more complex and patient volumes increase, educating and empowering patients to understand their treatments and make informed decisions has become a key pillar in quality, safe care.

Previously, education development was done without oversight and consistency. This was a result of competing demands, workloads, and time constraints. Cancer program staff need to have confidence that education materials they provide to patients meet the patients' clinical needs in today's fast paced

and changing cancer landscape. Additionally, patients need to have confidence that resources provided from clinical teams are evidence-informed and trustworthy.

In response, the Nova Scotia Health Cancer Care Program has developed a provincially standardized approach and policy to support the development of patient education tools that meet the clinical and person-centred requirements. A provincial education team was formed to coordinate a centralized intake and education development approach.

The provincial education team supports clinical teams to develop best practice resources that meet our complex patient demographic. Our updated and systematic approach includes, but is not limited to, gap analysis, literature review, copyright request, environmental scans, coordination of health provider and patient feedback, health literacy assessments, communication, and publishing for all provincial cancer related patient resources.

Recognizing that patients have different learning styles, education materials are created in multiple formats, such as videos, booklets, and paper-based handouts.

P-14

Early recognition of life-threatening signs and symptoms in patients receiving bispecific T-cell-engaging antibodies

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A newly recognized category of anti-cancer treatment is bispecific T-cell-engaging antibodies. William Osler Health System has become one of the pioneering community hospitals in Canada to offer advanced anti-cancer therapy for individuals diagnosed with multiple myeloma. Ensuring the provision of top-tier care necessitates educational materials and clinical direction. Therefore, comprehensive order sets and procedural protocols have been established to assist clinicians in delivering optimal care. Early recognizing cytokine release syndrome (CRS) and immune effector cell associated neurotoxicity syndrome (ICANs) are paramount.

This presentation will highlight the order sets and educational material used to support the delivery of bispecifics in the inpatient and outpatient settings.

P-15

Personalizing Canadian breast cancer patients' understanding of their treatment path

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Problem: Breast cancer patients face challenges in obtaining comprehensive information about their treatment journey, leading to increased anxiety and uncertainty.

Background: The need for educational resources focusing on treatment timelines and recovery expectations was identified

in the Canadian Breast Cancer Network's (CBCN's) 2018 report, "Breast Cancer: The Lived Experience." Respondents emphasized the need for increased understanding throughout their journey, from diagnosis and treatment through to survivorship or palliative care.

Discussion: CBCN established a patient advisory committee (PAC) representing diverse backgrounds, regions, and breast cancer types. They were asked to draw on their lived experience to identify key information gaps within the healthcare system and to direct the development of a resource to guide patients through their treatment journey. To ensure accuracy and alignment with patient values, a medical oncologist at the Ottawa Hospital and the PAC reviewed the research and development.

Key message: CBCN created a personalized navigation tool, "PatientPath," that informs patients of what to expect at each stage of their cancer journey. This resource provides information on anticipated treatment plans, timelines, and standards of care based on a person's specific breast cancer characteristics. It also addresses decision-making considerations and provides resources for under-represented populations.

Innovation: Delivering an innovative, personalized approach to help patients understand their diagnosis empowers and readies them for the expected challenges, ultimately reducing anxiety and enhancing quality of life. Whether dealing with treatment, recovery, or living with metastatic disease, individuals can approach their journey armed with the knowledge of what to anticipate. Importantly, patients can actively engage in decision-making and advocate for their needs. Metrics and feedback show that patients find "PatientPath" easy to use, and accessible.

P-17

Sleep: A review of current recommendations to improve nurses' sleep

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The quality of a person's sleep can vastly affect many aspects of a person's life, such as their physical and mental health, cognition, memory, and immune system. Nurses need to unite to ensure their sleep quality remains a priority. This presentation will focus on increasing understanding of the importance of sleep by reviewing why we sleep and have different sleep phases. A review of sleep disorders and when to seek assistance. An exploration of the effects of alcohol and marijuana on sleep.

Lastly, a review of sleep hygiene with clear recommendations on how to improve your sleep. Nursing is a profession that requires attention to detail, critical thinking, and problem solving. Lack of sleep is known to increase rates of errors when caring for patients. By improving nurses' sleep quality, patient care, therefore, can also be improved.

P-18

Understanding and enhancing the CAR T DLBCL patient journey: Insights from a qualitative ethnographic study of the care circle

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Introduction: The advent of chimeric antigen receptor T cell (CAR T) therapy has improved the survival outcomes for patients with relapsed or refractory large B-cell lymphoma (DLBCL), becoming the standard of care for eligible patients in Canada. Nevertheless, patients' CAR T treatment journey and the roles and importance of caregivers and the care team remain unexplored.

Objective: This study is the first comprehensive exploration of the CAR T DLBCL patient journey. It provides insights into the patient experience and emotional state within the Canadian healthcare system, elucidating key decision points, critical drivers and barriers to treatment, interactions, and sources of information on treatment options.

Methods: In the spring of 2023, ethnographic immersions were conducted with 16 stakeholders across Canada, including CAR T patients, caregivers, physicians, nurses, and CAR T coordinators.

Results: This research offers insights into the CAR T DLBCL patients' treatment and emotional journey, shedding light on the vital support role of CAR T coordinators and cell therapy teams. They highlight the importance of early engagement with cell therapy centres to navigate CAR T barriers, such as timing and capacity issues, which are crucial for treating aggressive DLBCL. This study suggests that patients possess prior knowledge of CAR T therapy before discussions are initiated by their oncologists. Interviewed patients who had undergone a previous stem cell transplant revealed that 3L CAR T treatment was a less challenging experience than anticipated.

Conclusion: This study underscores the importance of CAR T coordinators, holistic support, and early cell therapy centre collaboration in enhancing the DLBCL treatment journey in Canada. It advocates for patient-centric care, informed decision-making, and collaborative strategies to address barriers to treatment and streamline the referral process to improve CAR T therapy experiences and outcomes.

P-19

Psychosocial challenges of adolescents and young adults affected by cancer: A systematic review of qualitative research

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Background: Psychosocial challenges in adolescents and young adults (AYAs) affected by cancer encompass wide-ranging concerns, including emotional distress, impaired cognition, sexual and reproductive health issues, interruptions to education and employment, and strained relationships, which can have negative implications on quality of life. The prevalence of psychosocial challenges has been estimated to impact over 60% of AYAs affected by cancer. Yet, no synthesis of qualitative evidence describing psychosocial challenges from the perspectives of AYAs themselves has been conducted leaving important knowledge gaps. Further, healthcare providers (HCPs) have described lacking AYA-specific knowledge and skills to deliver effective cancer care.

Purpose: The purpose of this systematic review was to synthesize qualitative evidence regarding the psychosocial challenges in AYAs affected by cancer and discuss implications for HCPs in caring for this population.

Methods: MEDLINE, CINAHL, and PsycINFO were searched for qualitative studies published between 2006 and July 13, 2023. Included studies reported on psychosocial challenges experienced by AYAs, diagnosed with any cancer, between the ages of 15 and 39. A meta-aggregative approach was utilized to synthesize the data.

Results: Forty-seven articles were included and 13 distinct psychosocial challenges were generated that were organized into 4 themes: (1) physical, (2) psychological, (3) interpersonal, and (4) daily living challenges. Clinical implications for HCPs were synthesized into 4 thematic findings: (1) providing information; (2) shared decision-making; (3) connecting to resources; and (4) assessing and affirming.

Conclusion: This systematic review affords an integrated and nuanced understanding of the psychosocial challenges in AYAs affected by a cancer experience. The findings provide insights that HCPs may utilize to better address the psychosocial challenges of this population through age-tailored care.

P-20

The PRO-SLEEP Program to improve quality of life after blood cancer

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Sleep disturbances are common after blood cancer with a potentially devastating impact on outcomes and quality of life (QoL). Although oncology nurses are well-placed to address sleep issues, no dedicated sleep health intervention has been developed to this group. The ongoing PROSLEEP study provides the first thorough characterization of sleep and sleep hygiene treatment response in the context of blood cancer. A cohort of 40 adults with a primary blood cancer diagnosis has been recruited so far. Participants' rest-activity cycle was monitored for seven consecutive days/nights at two to four weeks and three months after the end of blood cancer treatment using actigraphy, sleep diaries, and questionnaires, allowing extraction of both quantitative and qualitative aspects of sleep and interaction with fatigue and QoL.

Participants with sleep difficulties at three months (according to a pre-established score) were invited to participate in a two-week program combining a behavioural intervention on sleep hygiene principles, relaxation coaching, and telephone follow-ups. Measures were repeated post-intervention. Semi-structured individual interviews were conducted with 12–20 participants with diverse profiles to gather experiences with the intervention. Preliminary results suggest that 60% of patients at two to four weeks and 52% at three months do not meet the minimal seven hours per day sleep requirements. Sleep after blood cancer is likely influenced by myriad factors including napping habits and natural light exposure during the day. Interviews show feasibility and patient satisfaction.

P-21

Scoping review of wearable technologies from a health consumer's perspective: Nursing implications in oncological practice

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Introduction: Wearable technologies have gained popularity for their potential to enhance oncology patient outcomes by providing real-time health and fitness data; thereby, creating new opportunities for patient engagement in healthcare decision-making. Currently, little is known about health consumers' and nursing perspectives on wearable technologies and best practices for their integration in oncological practice.

Purpose: Systematically map existing literature on wearable technologies from perspectives of health consumers and nurses in oncological practice.

Methods: A scoping review following the framework outlined by Arksey and O'Malley (2005) and the PRISMA-ScR guidelines. A comprehensive search strategy in MEDLINE, Scopus and CINAHL using the keywords “wearable technology,” “consumer health,” “oncology,” “patient perspectives,” “barriers,” “facilitators,” “perception,” “health education,” and “nurses” will be developed and executed with the support of a health services librarian. The inclusion criteria will encompass studies published in English from January 2018 to the present date and focus on wearable technologies in health and wellness from both health consumer and nurse perspectives. Studies examining clinical outcome measurements and non-health-related wearable technologies will be excluded. Search results will be exported to Covidence, duplicates removed, then a two-stage screening (title and abstract and full text) will be completed by two reviewers according to the inclusion/exclusion criteria and documented in a PRISMA diagram. Descriptive and thematic analyses will be applied, results reported using tabular and narrative formats.

Results: This scoping review is in progress. Preliminary results will be reported at the conference.

Conclusion: By synthesizing existing knowledge, the review will identify gaps in literature, inform future research endeavours, and guide nursing education and oncology practice in the context of wearable technologies.

P-24

The gendered experiences of primary caregivers of people living/dying with colorectal cancer: Implication for oncology nursing praxis

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Background: Primary caregivers of people living-dying with colorectal cancer (PLWCRC) assume complex roles and responsibilities across a broad range of physical, emotional, social, and financial domains. Yet, many primary caregivers experience suboptimal support from the cancer care system. This contributes to an array of caregiving-associated health and social toxicities across the trajectory of colorectal cancer (CRC) caregiving, for which gender may be a key influence. However, the implications of primary caregivers' gendered experiences for (1) oncology nursing praxis and (2) the cancer care system remain underexplored.

Methods: This applied qualitative study constructed data through semi-structured interviews, with analysis guided by interpretive description and the principles of gender-based analysis plus (GBA+).

Results: The sample included 12 participants (six primary caregivers and six PLWCRC); interviews were conducted individually ($n = 10$), or as a primary caregiver-PLWCRC dyad ($n = 2$). The gendered experiences of primary caregivers appeared to be complex and shaped by the intersecting effects of (1) hegemonic gender and the division of caregiving labour, (2) the gendered embodiment of health and social toxicities, and (3) institutionalized gender across the trajectory of CRC caregiving.

Discussion: As a result of hegemonic gender roles and relations and institutionalized gender in the cancer care system, primary caregivers of different genders appear to experience CRC caregiving differently. Oncology nurses and other cancer care system actors must take these gendered experiences seriously to provide equitable support to primary caregivers of all gender identities, roles, and relations, and, in turn, provide better support to PLWCRC.

P-25

Exploring the experiences and supportive care needs of adults living with relapsed or refractory acute leukemia: Preliminary results

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Background: Adults with acute leukemia (AL) encounter an illness with sudden onset, complex treatments, and high mortality. Early relapse and refractory (RR) disease conditions are prevalent in this population and may increase uncertainties regarding treatment options and outcomes. Patients affected by RR AL often experience greater healthcare demands compared to those with solid advanced cancers, frequently receiving aggressive anti-cancer therapies in the final weeks of life and more commonly dying in acute care settings with less frequent or later referrals to supportive care services. There is a lack of evidence regarding the experiences, perceptions, and supportive care needs of patients affected by RR AL, which are necessary in the design and delivery of high-quality cancer care.

Study objective: To investigate the adult patient experience of living with RR AL and their perceived supportive care needs.

Methods: This qualitatively driven mixed methods study, integrates both qualitative and quantitative data. The study will select 30 participants through purposive sampling for maximum variation. Core findings from semi structured interviews will be supplemented by patient reported outcome measures in the final analysis using a joint display.

Results/Expected outcomes: Preliminary results from this ongoing study will be highlighted. Findings from this study can be used to inform clinician education, clinical practice guidelines, institutional policies, patient education materials, and the development and implementation of tailored interventions that are contextually relevant, patient informed, and patient centred.

P-27

Navigating the meaning of body image among adults with breast cancer: A photovoice exploration

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This study explores how people with breast cancer attribute meaning to body image, and how contextual influences shape body image. The contextual influences are defined by the participants' responses (potentially encompassing diagnoses and treatments, healthcare professional supports, social norms, et cetera). Although research exists on the topic of body image and breast cancer, there is a paucity of research that allows for participants to describe the multifaceted concept of body image for themselves. The methodology of photovoice will be used in this study. Photovoice is a highly participatory methodology that supports asking experiential questions surrounding the meaning of body image for people with breast cancer. Alongside photovoice, interpretive description will be used as a methodology to scaffold the study to allow the researcher to be critically reflective.

The participant will take up to three photos that they feel best describes what the meaning of body image is for them. Afterwards, participants will meet individually with the researcher for an interview. Questions for the interview were created with the feedback of seven patient partners. Sampling will be accomplished through purposive sampling at a single outpatient oncology centre located in Surrey, British Columbia, BC Cancer Surrey. Up to 10 adults (19 years of age or older), with a diagnosis of breast cancer, living in British Columbia, identifying as any gender, in any point of the cancer-care trajectory (from diagnosis through survivorship) will be included as participants in this study. The value of this study is the inclusion of patient partners throughout the trajectory of the study and the plan to include both participants and patient partners in the KT process post-conclusion of the study. The goal of this study is to build on information provided by the participants and present the captured images and experiences of the participants in a spectrum of published and presented formats.

P-28

A pan-Canadian community of practice on patient engagement in cancer research

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Introduction: People with lived experience contribute uniquely and significantly to research and care. Oncology nurses and others have been strong proponents of the role of patient engagement (PE) in improving cancer research outcomes. However, knowledge-sharing and collaboration have been limited, preventing wide-spread uptake of PE into research practice. The Community of Practice (CoP) was created as one method to address this gap.

Purpose: To describe the creation and evolution of the CoP – Patient engagement in cancer research – a pan-Canadian community of individuals involved in or wanting to get involved in PE, including patients, caregivers, researchers, healthcare providers and others. The purpose of the CoP is to share knowledge of PE activities, bridge siloed efforts, and foster collaboration.

Methods: The authors reviewed and summarized CoP communications and documentation, including meeting minutes, email correspondence, annual evaluation and terms of reference to extract information.

Results: Initially, the vision of a CoP was shared with Canadian Cancer Society (CCS) by a patient partner leader of PE. CCS volunteered executive sponsorship and secretariat. Six additional leaders in PE (including 2 patient partners) were invited to become members of the steering committee, who created the initial work plan and launched the CoP. The CoP held the first meeting in April 2022 and has grown to more than

60 members from seven provinces. Examining the membership, oncology nurses are under-represented and this is an opportunity for growth and greater perspective. The CoP welcomes new members, holds regular virtual meetings with invited speakers, and exchanges knowledge and PE practices. Our 2023 evaluation suggested the CoP facilitates collaboration and knowledge-sharing.

Conclusions: The CoP advances PE in cancer research and is a patient-initiated pan-Canadian community for anyone interested, including oncology nurses in both clinical and research practices.

P-29

Economic burden and impact of cancer treatment and post-treatment for adults living in rural settings in Canada

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Background: Supporting cancer survivors in cancer care is essential for enabling individuals to manage the physical and psychosocial consequences of cancer treatment actively. Engaging newly diagnosed patients is crucial for cancer supportive care delivery through healthcare and community services. Financial toxicity contributes to psychosocial distress among cancer patients and survivors, and contextual factors distinctive to rural settings further impact patient experiences. An inclusive understanding of the interaction between financial toxicity and its association with psychosocial well-being among rural oncology patients is essential.

Aim: This research aims to assess the economic burden and impact of cancer on individuals coping with the consequences of cancer treatment in British Columbia. The study investigates associations between financial toxicity and psychosocial outcomes among a sample of rural cancer patients.

Methods: A mixed methods approach was employed, enrolling cancer survivors who willingly participated in the research. Participants provided insights into facilitators and barriers faced during cancer treatment. Data from 151 participants were utilized to estimate multivariable regression models predicting the impact of cancer based on financial toxicity and its interplay with psychosocial outcomes.

Results: Significant associations were observed between financial toxicity and psychosocial outcomes among the rural participants. Economic challenges were associated with higher age groups, gender disparities, living with caregivers, and treatment barriers among diverse sub-populations in post-treatment, recovery, and coping.

Conclusion: This study reveals essential components for integrating cancer supportive care into cancer care, highlighting the necessity for adaptable approaches tailored to the rural context.

P-30

YACC recover study: Prospective recovery of quality of life in young adults diagnosed with cancer

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Young Adult Cancer Canada (YACC) is a national, non-profit organization dedicated to helping young adults (YAs) live better with, through, and beyond cancer through various online and in-person services, including online groups, social events, intensive retreats, and survivor conferences designed to address the unique needs of this population. YACC subscribes to a holistic view of recovery that includes, mental, physical, social, and financial health. We hope that this study will shed light on this more holistic view of recovery in young adults with cancer in Canada.

This community-led, mixed-methods, longitudinal study seeks to engage YAs with lived/living experience with cancer to understand the holistic quality of life (e.g., physical, mental, social, and financial) over time, and identify recommendations (e.g., policy, practice, research, and programming) to improve the quality of life for young adults and support their recovery.

This five-year, mixed-method, national longitudinal cohort study is informed by participatory action research (PAR) and patient-oriented research (POR), where YAs with lived/living experience with cancer are active research partners.

We aim to enroll 2,000 YAs across Canada by the end of 2024 with representation from various cultural, ethnic, sexual, educational, and financial backgrounds. Currently, we have 464 people enrolled from across Canada, but there is more work to do in terms of reaching out to under-represented populations to ensure we include a broad perspective on quality of life in young adults living with cancer.

Participants will be involved in result interpretation to inform future programming at YACC.

P-31

Acute radiation dermatitis in anal cancer: The impact of practice patterns on toxicity

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Introduction: Acute radiation dermatitis (RD) is observed in 85%–90% of patients receiving radiation therapy for anal cancer. Severe cases (grade 3+) can lead to significant pain and treatment interruptions, which are associated with worse clinical outcomes. Despite the detrimental impact of RD, there is a paucity of literature on its prevention and treatment.

Purpose/objective: To compare the incidence of severe RD (grade 3+) between anal cancer patients treated with two RD management protocols (silver sulfadiazine alone [SS] versus antibacterial leptospermum [Manuka] honey +/- silver sulfadiazine [ALH]).

Methods: This retrospective cohort study included all patients treated with curative-intent for anal cancer between 2018 and 2022. Radiation dermatitis protocol use and timing was at the clinician's discretion. Baseline characteristics, timing and grade of toxicity, and use of SS and ALH was recorded. The incidence of grade 3+ dermatitis between SS and ALH was compared using the chi-square test.

Results: In total, 163 patients were included. Treatment was primary radiation (45 to 63Gy) and concurrent chemotherapy (5-fluorouracil and mitomycin C). There were no significant differences in baseline characteristics including TNM category, skin involvement, immunosuppression, radiation dose, and use of bolus. The use of ALH was associated with a 52% reduction in the odds of RD compared with patients receiving SS only ($p = 0.27$). There was a trend toward a reduced cumulative incidence of grade 3+ dermatitis in patients receiving ALH (HR 0.47, $p = 0.19$).

Conclusions: This retrospective study demonstrates a clinically meaningful reduction in the incidence of severe RD in anal cancer patients receiving skin care with ALH. This has the potential to impact the quality of life of patients on treatment positively and to facilitate the completion of radiotherapy. These two skin care regimens will be evaluated in a prospective future trial.

P-32

A nurse-navigated approach to lung cancer screening and prevention in Nova Scotia

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Problem: Lung cancer kills more Nova Scotians than breast, colon, and prostate cancers combined, with the majority of patients presenting at an advanced stage when diagnosed. The complexity of lung cancer screening warrants a navigated approach to maximize uptake, emphasize prevention, and facilitate screening access for equity-seeking populations.

Background: The Nova Scotia Health Cancer Care Program (NSH CCP) recently launched an organized lung screening program to reduce the burden of lung cancer on Nova Scotians. The program targets a defined population of asymptomatic Nova Scotians who are at very high risk of developing lung cancer. The program employs two navigators who are registered nurses and integral members of the provincial screening team.

Discussion: The navigators focus on the prevention and early detection of lung cancer. They work with healthcare providers across the system to support individuals and their chosen families throughout a defined lung screening pathway. Nova Scotians who contact the program receive information on the signs and symptoms of lung cancer, ways to optimize lung health, and smoking cessation. The navigators administer a risk prediction assessment and invite those who meet the eligibility criteria to screen with low-dose CT. For current smokers, the navigators facilitate access to free nicotine replacement therapy and a referral for behavioural counselling. The navigators also contribute to the development, implementation, and evaluation of lung screening initiatives to support program priorities.

Key message: Nurse navigation is an essential part of the lung screening pathway to ensure a person-centred, culturally safe, and positive participant experience.

Innovation: The nurse navigated approach is designed to alleviate the burden on primary care providers and create equitable access for all, including unattached patients, by accepting self-referrals, promoting lung health and supporting smoking cessation.

P-34

A nursing collaborative: Harnessing our synergies to improve patient wait time

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Keeping pace with the ever-growing cancer referral volumes continues to be a challenge for many Cancer Care settings, particularly in community hospitals. The Cancer Care Clinic at Humber River Health has seen an increase of 26% in new referrals in the last fiscal year. As a result, treatment visits also have increased by 15%. In addition, cancer treatments are more complex requiring increased chair times.

Patient experience survey results revealed moderate to high dissatisfaction during clinic appointments related to excessively long wait times. Monitoring and review of clinic patient activity during nursing and physician appointments identified patients were waiting an average of 52 minutes and 84 minutes, respectively. Other contributing factors include inconsistent adherence to scheduling and standard workflow processes, changes to booking system, recruitment and retention of staff, type of patient appointments, workflow changes from other clinical departments, and patient acuity. These factors also impact staff and physician experience and work satisfaction. The nurses collectively conducted a review and consultations process, working with Clinical Informatics to develop an enhanced wait times strategy. Within a few months of implementation, wait times for nursing improved by an average of 30 minutes, and over 60 minutes for physicians.

This presentation will highlight how point-of-care Oncology Nurses collectively engaged with key stakeholders to guide their design-thinking project for success in improving clinic workflow, patient wait times, and patient experience.

P-37 **Harm reduction through Paclitaxel infusion using titration rate**

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Within the cancer care and hematology clinic at Scarborough Health Network (SHN), paclitaxel infusion reactions are the highest among all Cancer Medication Infusion Reactions (CMIR). Paclitaxel is a chemotherapy medication often used to treat various types of cancer, including breast, lung, and ovarian cancer. It is administered intravenously over one hour or three hours depending on the patient's protocol. The infusion rate can vary based on the medication dose, and the specific cancer being treated. Patients receiving paclitaxel are at risk for developing hypersensitivity reactions (HSRs) despite the use of pre-medication. Most of the reactions are observed during first and second lifetime exposures. Typically, hypersensitivity reaction occurs in early treatment courses and within the first hour of infusion.

The SHN safety dashboard data from April 2022 to July 2023 indicate that 40.3% of all reactions are from paclitaxel infusion. The most recent data was reevaluated after the launch of the Clinical Information System (CIS/EPIC) to assess the accuracy of the data from July (2023) to November 2023 for all CMIRs, which indicates 51.3% of reactions are from paclitaxel infusion. Two independent studies published in 2023 have shown a significant reduction (23% versus 7% and 46.2% versus 18.3%) in HSR incidents using titration rate for paclitaxel infusion. Use of titration rate during the first three lifetime exposures to paclitaxel was utilized to reduce the incidence and severity of HSRs at SHN Cancer Care Clinic. The purpose of this quality improvement is to reduce harm to patients, ensure safe clinical practice for nurses and reduce the extended chair time due to infusion reaction.

P-38 **Home transfusion program pilot - Bridging boundaries for transfusion-dependent patients**

Aira Buenviaje

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Patients with myelodysplastic syndromes undergo multiple visits to The Ottawa General Hospital for vital blood transfusions. These visits are not limited to blood transfusions but also include follow-up appointments with hematologists for coordination and mandatory pre-transfusion blood work. Cumulatively, these lead to at least one to two visits per week to the hospital. Spearheaded by renowned hematologists at The Ottawa Hospital, Dr. Christou and Dr. Mack created The Home Transfusion Program Pilot.

The ultimate goal was to improve the quality of life of transfusion-dependent patients by reducing their visits to the hospital and providing their transfusions at home. Five patient candidates were selected to participate in the initial pilot project. Each candidate required either platelet and/or blood transfusions weekly or every two weeks. The presentation will feature the chronological processes of development, the challenges encountered, and rewarding experiences of the primary transfusion nurse.

This project underscored the foundational role of nursing in the development of comprehensive supportive care for these patients. The program lasted for a five-month period until funds were exhausted, at which point cost analysis and patient satisfaction could be measured. Ultimately, the unanimous collective statement from patients was positive, indicating an improved quality of life and reduced caregiver burden.

P-39 **Referral cancer navigators in ambulatory oncology: Impetus for change**

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All referrals to the Nova Scotia Cancer Centre arrive at a referral office in Halifax staffed by five clerical referral officers. The referrals are directed to the appropriate Cancer Centre (Halifax/Cape Breton) and triaged. Currently, we receive 130% more referrals than we have the clinical capacity for.

Our system relied on referral officers to perform the clerical work of processing referrals, trying to obtain missing information (test, DI, biopsy), booking appointments, notifying patients, and receiving patient inquiries about their appointments and clinical questions until the time of the first consult appointment.

Currently, a referral is entered into the system and each case is sent to an individual physician to advise on or accept. This means there is not a single waitlist and results in the potential for inequitable prioritization of appointments.

Our system was created years ago and has not adapted over time. With the addition of new practitioners, increased referrals, and availability of new technology, need for a change was apparent. Also, the need for clinical judgement and decision making in the referral process was identified, and this level of expertise is out of scope for referral officers. Nursing could play an integral role in this process and the cancer referral navigator role was created. Our goal is for the right patient to be seen at the right time by the right healthcare professional.

The Cancer Patient Referral Navigators (CPRNs) have been involved in role design, process mapping and trialing a new triage process. They also connect and support patients, provide psychosocial support, connect patients with available resources, provide education, and prepare patients and families for their 1st consult appointment.

Our goal is to present the new role of a CPRN in Nova Scotia Cancer care. We will discuss the changes made, the challenges we faced, preliminary impact of these changes and plan to evaluate and report the effectiveness of this role.

P-40

The importance of peer support for the blood cancer community: Personalized support from diagnosis through life after cancer

Pascale Rousseau

Leukemia and Lymphoma Society of Canada

This presentation will describe the results of our literature review on the impact of peer support on health outcomes. In 2022, The Leukemia & Lymphoma Society of Canada relaunched its peer support program with a rigorous process for volunteer recruitment and training, risk management and

ongoing evaluation. More virtual support groups were offered during the pandemic as another way to connect with peers, with an impressive participation rate and excellent evaluation.

People affected by blood cancer can feel isolated and even misunderstood by family and friends during their cancer experience. When this happens, it can be destabilizing. Communicating with someone who has experienced a similar cancer diagnosis can bring a level of understanding. Receiving a blood cancer diagnosis is a traumatic experience, and some people may find it difficult to believe in the future. Talking to someone who has a good quality of life makes the future possible and gives hope.

Many cancer survivors feel the need to give back. Peer support is one way to keep them engaged in their community and give meaning to the cancer experience.