

prohibited her from inpatient counseling services. With telehealth counseling she was able to connect with her psychosocial oncology counselor via the medical center's WebEx connection, while her granddaughter played in another room.

Telemental health has disadvantages. As a Comprehensive Cancer Center, we draw patients from a wide catchment area but are unable to provide to out-of-state patients due to licensing prohibitions. Other obstacles include: Households lacking high-speed Internet, living arrangements that provide little space for privacy, frozen screens and dropped calls, patients with hearing and/or speech difficulties. Telemental health visits lack the face-to-face interpersonal human connections that are beneficial to patients in need of support while coping with cancer. Inpatient rounds proved challenging: They were ill-timed for the medical team and non-productive for our staff.

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### 18.2 | Social media as community-building and a support tool among young breast cancer previvors and survivors, metastatic breast cancer patients, and their caregivers: The sharsheret experience

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**Background/Purpose:** About 1:40 Ashkenazi Jewish women carry a BRCA mutation predisposing to hereditary breast/ovarian cancer (HBOC). Sharsheret is a national nonprofit linking Jewish women of all backgrounds with educational and supportive programs addressing their comprehensive HBOC needs. Sharsheret navigates young breast cancer previvors and survivors (YBCS) and metastatic breast cancer (mBC) patients across HBOC prevention, to diagnosis, to survivorship. Sharsheret utilizes social media (SM) to promote program awareness and engagement and connect people with shared interests. Here we describe findings from Sharsheret's SM communications strategy to inform similar efforts nationwide.

**Methods:** In late 2019/early 2020 (pre-COVID), Sharsheret surveyed  $N = 393$  community members and conducted 20 key informant interviews with stakeholders who had utilized its programs within the past year.

**Results:** Overall, 63% of respondents "frequently" utilized SM in their everyday lives, and 38% viewed Sharsheret SM platforms. Among viewers, Sharsheret's most utilized platforms were Facebook (58%), Instagram (34%), and YouTube (16%). Demographically, YBCS were among the most likely to follow Sharsheret on SM (44%). On a multidimensional scale evaluating SM engagement (Cronbach's  $\alpha = 0.91$ ), Sharsheret SM uniformly met constituents' expectations for its postings as being: helpful/meaningful (82%), of 'news-worthy' value (84%), topic relevant (54%), informative about upcoming events (72%), beneficial (54%), inspirational (78%), and

actionable/navigable (71%): age was inversely associated with SM engagement, as younger respondents were more engaged ( $r = -0.22$ ,  $p = .01$ ). Key informant interviews revealed constituents were more likely to engage with SM content if/when it featured stories related to their personal circumstances (e.g., YBCS on survivorship, mBC patients on palliative care).

**Conclusions and Implications:** SM communication has emerged as an essential public health tool that organizations such as Sharsheret use to address YBCS, mBC patients, and caregivers comprehensive HBOC needs. Targeted and tailored SM about HBOC, segmented to different audience types, is essential to promote engagement.

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### 18.3 | Telephone-based motivational interviewing consultations to enhance adherence to adjuvant endocrine therapy: A qualitative study on the experiences of women with non-metastatic breast cancer

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**Background/Purpose:** Daily adjuvant endocrine therapy (AET) is prescribed to women for 5–10 years for hormone-sensitive breast cancer (60%–75% of breast cancer cases) to prevent recurrence and reduce mortality. However, a significant number of women experience AET-related issues that may affect quality of life and AET adherence. Few interventions to enhance AET adherence have been developed and tested, and the few studies available to date have generally produced inconclusive results. A telephone consultation program about AET using motivational interviewing (MI) principles was developed to be delivered by nurse navigators. This study aimed to describe women's experiences and perceived impact of this supportive program.

**Methods:** 20 women who were first prescribed AET for non-metastatic breast cancer in the last 5 years and who self-reported AET issues were provided with at least 2 individual, telephone-based MI consultations. Following the last MI consultation, we conducted a qualitative study. Participants were interviewed by a research team member about their experiences and perceptions using a semi-structured interview guide. Interviews were audio-taped, transcribed verbatim, and analyzed using thematic analysis.

**Results:** Four key themes emerged from the analysis. The program was described by participants as: (1) a person-centered cancer care experience; (2) providing key information for self-management; (3) supportive regarding AET side effect management and adherence;

and (4) contributing to a more optimistic perspective on AET. Overall, consultations via telephone were considered as convenient by most participants.

**Conclusions and Implications:** Findings suggest that a telephone-based MI program can enhance side-effect management, motivation and adherence among women with non-metastatic breast cancer who have an AET. Ultimately, the program can better equip women to cope with AET in a less distressing and more optimistic manner. Future work would rely on quantitative approach to assess more broadly these findings.

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#### 18.4 | Usability findings of a of a web-delivered, group-based mindfulness-based program to improve the endocrine therapy adherence

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**Background/Purpose:** Approximately 80% of breast cancer survivors are prescribed endocrine therapy (ET) medication for 5–10 years following primary treatment, making post-treatment adherence to ET a critical aspect of continued clinical care. Despite the therapeutic benefits of ET, nonadherence is problematic, and more than half of breast cancer survivors discontinue ET before completing the recommended treatment course. Notably, side effects of ET (e.g., arthralgia, vasomotor side effects) are related to nonadherence and early discontinuation of treatment. Evidence-based approaches for managing ET side effects include mindfulness-based interventions (MBIs), which focus on bringing non-judgmental awareness to one's present moment experiences. However, it is unknown whether MBIs may also improve ET adherence. To address this question, our team developed My Journey: a web-delivered and group-based MBI program designed to improve adherence to ET via MBI-associated improvements in ET side effects and health-related quality of life (HRQoL). Presented here are findings from preliminary usability testing of the My Journey website.

**Methods:** Usability data were collected as part of a larger randomized-controlled trial (N = 80) that is currently underway.

Participants were women (n = 14) with a first time-diagnosis of hormone receptor-positive nonmetastatic breast cancer (i.e., stages I–IIIa) who had initiated ET within past 12 months. Participants were introduced to a prototype of My Journey and instructed to think aloud while completing specific tasks including ratings of: (1) aesthetic design and visual appeal, (2) relevance of website content, and (3) website ease of use. Participant impressions and feedback were collected qualitatively with open-ended responses and quantitatively using items derived from the Usefulness Satisfaction and Ease of Use (USE) scale.

**Results:** Quantitative feedback was positive, with a mean overall usability score of 106.29 (SD = 7.65; range: 83–115) indicating above average usability. Qualitative data showed that participants found a number of strengths in the initial design of the My Journey website. Participants particularly liked the layout of the website and found the intervention content to be relevant to their own experiences with taking ET.

**Conclusions and Implications:** Findings indicate that the My Journey website is usable, and participant recommendations guided the finalization of the web-delivered and group-based MBI program. Ultimately, given the promising intended and preliminary effects, the program may have the benefit of improving adherence to ET via MBI-associated improvements in ET side effects and HRQoL. This will be evaluated in the larger randomized-controlled trial that is currently underway.

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#### 19 | LIGHTNING ROUND PODIUM SESSION 8—“CREATIVE/ EXPRESSIVE INTERVENTIONS”

11:00 AM–12:00 PM

##### 19.1 | Hematopoietic stem cell transplant recipients' preferences for written experiential information from peers throughout their transplant

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**Background/Purpose:** Cancer patients undergoing hematopoietic stem cell transplant commonly report wanting to learn about the experiences of others who have undergone this challenging treatment. This “experiential information” can help patients feel less isolated and more prepared and hopeful. Yet, it can also be perceived as frightening, irrelevant, or harmful. To inform methods to optimize benefits and minimize harms, our longitudinal study is investigating