**Practice Implications:** There is increasing recognition that the amount of sedentary behavior that an individual engages in has a large impact on health, regardless of the person’s exercise participation. Reducing sedentary behavior may be a viable new strategy that practitioners can adopt to improve recovery and health outcomes of cancer survivors. It may be more feasible for obese/overweight survivors and older survivors (the latter group are the majority of the survivor population) to reduce sitting time and replace it with light-intensity activity. It is timely for practitioners to help modify their patients’ sedentary behavior.

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**U-3**

**A pilot study of subjective cognitive functioning following the mobile mindfulness-based stress reduction for breast cancer (mMBSR(BC)) survivors program**

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**BACKGROUND/PURPOSE:** Cognitive impairment (CI) is a distressing symptom with prevalence rates that vary between 20% and 90%, among breast cancer survivors (BCS). The mMBSR(BC) program offers a nonpharmacological, complementary alternative medicine approach for CI. The purpose of this pilot study was to test the effects of the mMBSR(BC) program on subjective cognitive functioning among post-treatment BCS.

**METHODS:** Using a pre-post design, 15 BCS (stages 0–III) participated in the 6-week mMBSR(BC) program delivered through an iPad integrating the four MBSR meditative techniques (sitting and walking meditation, body scan, and yoga). Demographic data, clinical history, and subjective cognitive functioning were collected at baseline and at the end of week 6. Cognitive functioning was evaluated using the Everyday Cognition Scale (ECog). Participants recorded practice time on the iPad in a diary application (app). Within groups, comparisons between baseline and week 6 were made using the Wilcoxon signed rank test. **RESULTS:** The mean age was 58 years. Of the 13 (87%) who completed the study, there were statistically significant within-subject improvements from baseline to 6 weeks in cognition on the following ECog scales: Memory, Language, and Global Cognition (all \( p < .10 \)). These results provided preliminary support that the mMBSR(BC) program is a possible effective program for the improvement of subjective cognitive functioning in BCS. **CONCLUSIONS:** This study provides evidence for improvements in subjective cognitive functioning among BCS after using the mMBSR (BC) program, during training from baseline to 6 weeks. Furthermore, the study indicated that mobility through the use of technology can be an effective intervention for cancer survivors.

**Research Implications:** The present study provides preliminary evidence on the feasibility and effectiveness of a mobile stress reducing behavioral intervention (mMBSR(BC)) for improvement of cognitive functioning among BCS. Despite the magnitude of the problem, important gaps in knowledge remain. Although there is considerable evidence for cognitive changes due to chemotherapy, there is need for randomized trials that test the effects of mobile nonpharmacological programs to increase executive functioning.

**Practice Implications:** The present study identified the clinical benefits of the mMBSR(BC) program as a mobile intervention that can be easily delivered with less subject burden in oncology clinics and may benefit BCS by increasing their cognitive functioning.

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**U-4**

**Are there patients who benefit less from a self-administered cognitive-behavioral therapy for cancer-related insomnia?**

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**BACKGROUND/PURPOSE:** It is generally believed that self-administered psychological interventions are more appropriate for younger, more highly educated and less symptomatic patients, but evidence supporting this claim is lacking. The goal of this study, conducted in women with breast cancer, was to assess the moderating role of several demographic (e.g., age and education) and clinical (e.g., psychological comorbidity) variables on the efficacy of a video-based cognitive-behavioral therapy (VCBT-I) for insomnia. **METHODS:** As part of a three-arm randomized controlled trial, 80 women with breast cancer and insomnia symptoms received a 6-week VCBT-I (60 min video + 6 booklets). At baseline and post-treatment, they completed a battery of self-report scales including the Insomnia Severity Index (ISI) and the Hospital Anxiety and Depression Scale (HADS) and a 2-week daily sleep diary providing assessment of sleep efficiency (SE).