

F51 | Development and implementation of a Spanish, mindfulness based stress reduction (MBSR,BC) program for breast cancer survivors MBSR(BC)

Carmen Rodriguez¹; Cecile Lengacher¹; Manolete Moscoso¹; Katterine Chauca¹; Coralie Nieves Bravo¹; Graciela Frias¹; Lucia Hamilton¹; Jessamine Cadenas²; Kristine Donovan²; Richard Reich²; Trudy Wittenberg¹; Jong Park²

¹University of South Florida; ²H. Lee Moffitt Cancer Center

Presenting author: Carmen Rodriguez

Background/Purpose: Mindfulness Based Stress Reduction relies on the recognition that cognitive impairment (CI) is a functional problem that may be related to the mind-body interactions of stress, rumination, focused attention, distraction, and activation of the neural systems that regulate attention. Research associated with the establishment of MBSR as an effective treatment for CI among Spanish-dominant breast cancer survivors (SBCS) is limited. SBCS will participate as a subgroup to evaluate if MBSR improves cognitive functioning.

Methods: Inclusion criteria: age 21 or >, a diagnosis of stage I, II, III breast cancer, completed chemotherapy or chemo-radiation and within 5 years posttreatment; and experiencing CI. Recruitment, screening, and consenting of individuals was conducted by Spanish-dominant research staff, including the implementation of the MBSR (BC) program. All study instruments are available in Spanish.

Results: Currently, seven patients are enrolled, and two new patients have been recruited. Preliminary studies show that the majority of our patients fall between the 30-50s age group with education ranging between fifth grade to bachelor's degrees. Major barriers to recruitment and enrollment show transportation measures, caregiver's schedules, and working schedules. All seven participants completed the MBSR (BC) program, or the BCES program at week 6, 12, and 26. Preliminary data shows that the Spanish group is low in compliance with their assigned homework compared to the English group, but all have completed the 26 weeks fully.

Conclusions and Implications: The effectiveness of the (MBSR,BC) program will be evaluated by objective and subjective cognitive assessments. Recordings documented by SBCS in diaries will facilitate understanding of patients' perceptions about improvement in cognitive functioning over a 6-month period. Many patients are caregivers, and this impeded their full participation in the study. Possible future design will have to consider convenience of materials and offer transportation as a research service.

Acknowledgement of Funding: This grant "Efficacy of MBSR Treatment of Cognitive Impairment Among Breast Cancer Survivors" 1 R01 CA199160-01 is funded by the National Cancer Institute.

F52 | Patterns and predictors of benefit finding in young black breast cancer survivors

Claire Conley¹; Brent Small²; Juliette Christie³; Aasha Hoogland¹; Bianca Augusto¹; Jennifer Garcia¹; Tuya Pal⁴; Susan Vadapampil¹

¹H. Lee Moffitt Cancer Center & Research Institute; ²University of South Florida; ³University of Maryland College Park; ⁴Vanderbilt University Medical Center

Presenting author: Claire Conley

Background/Purpose: To examine the patterns and covariates of benefit finding over time among young Black breast cancer (BC) survivors. **Methods:** Black women (N = 305) with invasive BC diagnosed ≤50 years were recruited an average of 1.9 years post-BC diagnosis. Participants completed self-report questionnaires of benefit finding, social support, and illness intrusions at three time points (M time since BC diagnosis: T2 = 3.1 years, T3 = 4.0 years). Relationships between posttraumatic growth constructs (social support, illness intrusions) and benefit finding over time were examined using mixed models. Models controlled for African American cultural variables (religiosity, time orientation, and collectivism), receipt of chemotherapy, general health status, and partner status.

Results: Participants reported high levels of benefit finding (M = 2.99 on a 0-4 scale). Benefit finding scores decreased 0.05 points per year since BC diagnosis (P = .02). Benefit finding scores at BC diagnosis were associated with more illness intrusions, greater religiosity, and having received chemotherapy (all Ps < .05). Social support was associated with change in benefit finding scores over time, such that a 1-point increase in social support was associated with a 0.05 increase in benefit finding per year (P = .02). Adding the between-subjects predictors explained 44% of the variance in interindividual differences in the intercept.

Conclusions and Implications: This study addresses key gaps in knowledge regarding benefit finding among Black cancer survivors. Several psychosocial constructs are associated with increased levels of benefit finding among Black BC survivors. Consistent with findings from majority White samples, social support and illness intrusions appear to play a key role in benefit finding in Black BC survivors. African American cultural constructs must also be considered in future studies of benefit finding among minority populations, with a specific emphasis on religiosity.

Acknowledgement of Funding: This work was supported by grants from the American Cancer Society (RSG-11-268-01-CPPB, PI: Vadapampil), the Florida Biomedical Research Program (IBG10-34199, PI: Pal), and the National Cancer Institute (P30CA076292, PI: Sellers; R25CA090314, PI: Brandon).