

# Health Section's Presentation Awards

From CPA Meeting June 2024



## BEST ORAL PRESENTATION: Sophie Lebel

### **Authors:**

Sophie Lebel, University of Ottawa; Sara Beattie, Tom Baker Cancer Center; Jennifer Jones, Princess Margaret Cancer Center; Cheryl Harris, The Ottawa Hospital; Sheila Garland, Memorial University; Andrea Feldstain, Tom Baker Cancer Center

### **Title:**

**The perspectives of clinicians and decisions makers on facilitators and barriers to adoption and initial implementation of the Fear of Recurrence Therapy (FORT) intervention in five Canadian cancer centers**

### **Summary:**

**Rationale:** Fear of cancer recurrence (FCR) is the number one unmet need of cancer survivors, with 59% reporting clinical levels of FCR. We need to accelerate the implementation of evidence-based interventions for FCR into clinical care. The goal of our study is to assess barriers and facilitators before implementing the Fear of Recurrence Therapy (FORT) intervention, an evidence-based group therapy, at 5 Canadian cancer centers.

**Methodology:** We interviewed psychosocial oncology clinicians and managers (n = 19) at each site. The interviews were based on the Consolidated Framework for Implementation Research (CFIR). The content of the interviews was summarized and presented back to the advisory board of each site.

**Summary of analyses:** Content analysis was conducted using the CFIR codebook and NVivo project template. Common facilitators across sites: 1) FCR is seen as an important issue, 2) FORT can reduce individual wait times, and 3) the site has a history of offering group interventions, a triage system, and a clear referral pathway. Common barriers were concerns about resources and identifying the right patients.

**Conclusion:** Using the CFIR allowed us to identify relevant factors before implementing FORT.

**Overview of actions:** This analysis will guide the tailoring of implementation strategies (e.g., getting buy-in) and implementation tools (e.g., training) for each site.



## BEST POSTER PRESENTATION: Christina Beck

### Authors:

Christina Beck, University of Victoria; The Youth Vaccine Confidence Study Team: Cian Dabrowski, University of Victoria; Maddie Gregory, University of Victoria; Megan Ames, University of Victoria; Theone Paterson, University of Victoria

### Title:

## The impact of mental and physical chronic illness on COVID-19 vaccine hesitancy in Canadian youth

### Summary:

**Background:** Chronic illness is a risk factor for more severe COVID-19 infection. While up to 40% of Canadian youth have a chronic illness, this population remains understudied. This study examines impact of chronic illness on vaccine hesitancy in youth and how mental illness and chronic illness load affect vaccine attitudes in chronically ill youth.

**Methods:** Youth (n = 2012) aged 14-25 completed the Canadian Youth Vaccine Survey, which included items asking about vaccine hesitancy/intent, and physical and mental health conditions. Chi-square analyses examined impact of chronic illness on vaccine hesitancy. Binary logistic regression explored impacts of mental illness and number of chronic illnesses on hesitancy in those with chronic illness, controlling for age and sex.

**Results:** Those with chronic illness were no more likely to be vaccine hesitant ( $p = .42$ ). There was no difference in hesitancy between chronically ill youth with and without a mental illness ( $p = .13$ ), and neither mental illness, nor chronic illness load, predicted hesitancy ( $p = .45$ ).

**Conclusions:** Chronic illness status was unrelated to vaccine hesitancy. Neither having a mental illness, nor having multiple chronic illnesses predicted vaccine hesitancy in youth.

**Impact:** Government health campaigns should continue to focus on general risk factors for hesitancy among youth to increase youth vaccination.



## BEST POSTER PRESENTATION: Krista Greeley

### Authors:

Krista Greeley, Memorial University of Newfoundland; Joshua Tulk, University of Calgary; Joshua Rash, Memorial University of Newfoundland; Rachel Lee, Memorial University of Newfoundland; Sheila Garland, Memorial University of Newfoundland

### Title:

**Who benefits most? Factors associated with improvements in cancer-related fatigue following Cognitive Behavioural Therapy for Insomnia**

### Summary:

**Background:** There is a bi-directional relationship between insomnia and cancer-related fatigue (CRF). This study examined which demographic and clinical factors were associated with significant improvement in CRF after completing Cognitive Behavioural Therapy for Insomnia (CBT-I).

**Method:** Atlantic Canadian cancer survivors completed CBT-I as part of a randomized controlled trial. A significant change in fatigue was defined as a decrease of  $> 10.79$  pts on the Multidimensional Fatigue Symptom Inventory -Short Form. Binary logistic regressions were used to examine demographic and symptom-related predictors of a significant change in CRF.

**Results:** 75% of participants (N=132, 77% female, Mage= 60yrs, 45% breast cancer) reported significant improvements in CRF. At the univariable level, identifying as female (OR=2.71,  $p=.030$ ), high levels of pre-treatment depression (OR=1.15,  $p=.030$ ) and anxiety (OR=1.18,  $p=.005$ ) were associated with greater odds of improvement in CRF. Older age (OR=-0.95,  $p=.022$ ) was associated with no significant improvement of CRF. At the multivariable level, only identifying as female remained significantly associated with improved CRF (AOR=2.86,  $p=.038$ ).

**Conclusion:** Gender appears to influence the likelihood of secondary fatigue benefits from an insomnia intervention.

**Action/Impact:** CBT-I effectively improves sleep and may also reduce CRF, particularly for women.



## BEST ABSTRACT BY AN EARLY CAREER SCIENTIST: Dr. Jenny Olson

### **Authors:**

Jenny Olson, Ottawa Hospital Research Institute; Amelia Palumbo, Ottawa Hospital Research Institute; Alain Stintzi, University of Ottawa; David Mack, Children's Hospital of Eastern Ontario Research Institute; Manoj Lalu, Ottawa Hospital Research Institute; Justin Presseau, Ottawa Hospital Research Institute

### **Title:**

**Barriers and Enablers of the Receipt and Enactment of a Novel Intervention for Children and Youth with Inflammatory Bowel Disease: a multiple goals perspective**

### **Summary:**

**Background/rationale:** Clinical trials often require integrating trial activities into daily life. Conflicts between activities performed in pursuit of trial alongside life goals may impact treatment fidelity; clarifying how trial participants navigate multiple goal pursuit could support treatment fidelity. **Methods:** We conducted semi-structured interviews with youth=15 and children=7 (and their caregivers=20) of 2 pilot clinical trials testing a new therapy for pediatric Inflammatory Bowel Disease (IBD). Barriers/enablers of trial activities were examined from a multiple-goals perspective.

**Results:** Data were coded inductively via content analysis. Codes were then mapped to Personal Projects Analysis units. Three themes were developed: 1) impact of living with IBD and its treatment, 2) features of trial activities that may impact their enactment; and 3) integration of trial/daily life activities.

**Conclusions:** Treatment fidelity may be affected by inherent challenges associated with trial activities and by competing demands in life (school/work/household/extra-curricular). These challenges can be exacerbated as individuals adjust to living with IBD and its treatment.

**Action/Impact:** Goal conflict is negatively associated with goal attainment. Trialists should be aware that challenges integrating trial activities into daily life may impact treatment fidelity.