

## A125

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## MINDFULNESS BASED STRESS REDUCTION IMPROVES STRESS MANAGEMENT AND MEDICATION ADHERENCE AMONG YOUNG ADULT CANCER SURVIVORS

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Following cancer treatment, patients are often asked to adhere to a variety of medications to maintain health and prevent recurrence. Despite this, many cancer survivors do not take them as prescribed. One important reason for non-adherence is psychosocial distress. Therefore stress reduction interventions, such as mindfulness-based stress reduction (MBSR), may help patients to better manage stress as well as adhere to preventive medications. This study examined the impact of an 8-week MBSR course on stress management self-efficacy and medication adherence among young adult cancer survivors. Participants were randomized to either MBSR ( $N = 68$ ) or a waitlist control group ( $N = 58$ ). Using single item rating scales, they were asked about their confidence in their ability to manage stress and their preventive medication adherence at baseline, 8 weeks, and 16 weeks. We hypothesized that participants who were randomized to MBSR would report greater improvements in outcomes. Mixed models revealed a main effect of assessment time point,  $F(2, 81.27) = 3.38, p = 0.039$ , such that the MBSR group reported increases in their stress management confidence at week 8 ( $p = 0.005$ ) and week 16 ( $p = 0.004$ ). Additionally, there was a group by time interaction effect,  $F(2, 81.35) = 3.30, p = 0.042$  such that compared to the waitlist, the MBSR group reported significantly greater increases in confidence at week 8,  $t(86.09) = 2.43, p = 0.017$ , and marginally significant increases at week 16,  $t(84.76) = 1.93, p = 0.057$ . With regard to self-rated medication adherence, mixed models indicated there were no main effects of assessment time point or group at week 16; however, a group by time interaction was observed  $F(2, 80.40) = 7.71, p = 0.001$ , such that compared to the waitlist, the MBSR group reported significantly improved medication adherence at week 8,  $t(86.79) = 2.99, p = 0.018$  but not at week 16,  $t(80.26) = 0.10, p = 0.923$ . In sum, MBSR participants reported significantly greater confidence in their ability to manage their distress. Additionally MBSR may be a promising intervention for improving medication adherence in this population. It is important to further examine why improvements in stress management were sustained, while changes in medication adherence dissipated. Future studies should utilize more rigorous measurement techniques. Additionally, conducting larger trials will allow for more complex statistical analyses such as mediation.

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## A126

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## SURVIVORSHINE: WEB-BASED LIFESTYLE INTERVENTION PREFERENCES AND ACCEPTABILITY AMONG CANCER SURVIVORS

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**SurvivorSHINE: Web-based Lifestyle Intervention Preferences and Acceptability among Cancer Survivors**

**Background:** Nearly half of the U.S. population will be diagnosed with cancer during their lifetime. Cancer survivors face unique challenges to their quality and quantity of life. Achieving and maintaining a healthy weight through diet and exercise may significantly reduce cancer survivors' risk of secondary cancers and recurrence. Despite these advantages, roughly 31% of cancer survivors are obese, 33% are physically inactive, and 70% do not meet the 5-A-Day recommendation for vegetables and fruits. Past interventions such as the Reach-Out to ENhance Wellness (RENEW) program, have produced improvements in diet quality, physical activity, physical functioning, body mass index (BMI) and quality of life among cancer survivors via telephone counseling and mailed print intervention materials. A web-based intervention adapted from the RENEW program may provide a more cost-effective and accessible delivery method.

**Objective:** We explored cancer survivors' preferences regarding web-based lifestyle interventions aimed at helping them improve their diet, increase physical activity, and manage their weight.

**Methods:** The RENEW intervention (tailored workbook, 4 tailored quarterly newsletters, 8 tailored telephone prompts, and 15 telephone counseling calls) was adapted to a web-based platform, SurvivorSHINE ([www.survivorshine.org](http://www.survivorshine.org)) through an iterative formative research process with the target population. First, we convened four focus groups (among Black women, Black men, White women, White men;  $N=27$ ) to gather opinions and preferences for web-based lifestyle interventions. This formative research informed the development of the SurvivorSHINE website. We then conducted another round of one-on-one semi-structured interviews with 48 cancer survivors (12 Black women, 12 Black men, 12 White women, and 12 White men) to solicit feedback on a beta version of the website.

**Results:** Focus groups revealed cancer survivors' desire for a no-cost, interactive, web-based platform where they can access credible physical activity, nutrition, and weight management information to assist them in achieving and maintaining their health goals. Data from interviews supported the website's ease-of-use and overall satisfaction. Respondents indicated the intervention could be improved by adding more interactive learning modules, exercise videos, video testimonials, longitudinal goal tracking, webinars with health professionals and opportunities to communicate with other survivors. The SurvivorSHINE website is undergoing further refinement based on participant feedback in preparation for a recently funded clinical trial.

**Funding:** R01 CA106919 and ACS CRP-14-111-01-CPPB

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