



British Psychosocial Oncology Society Conference Report March 2018

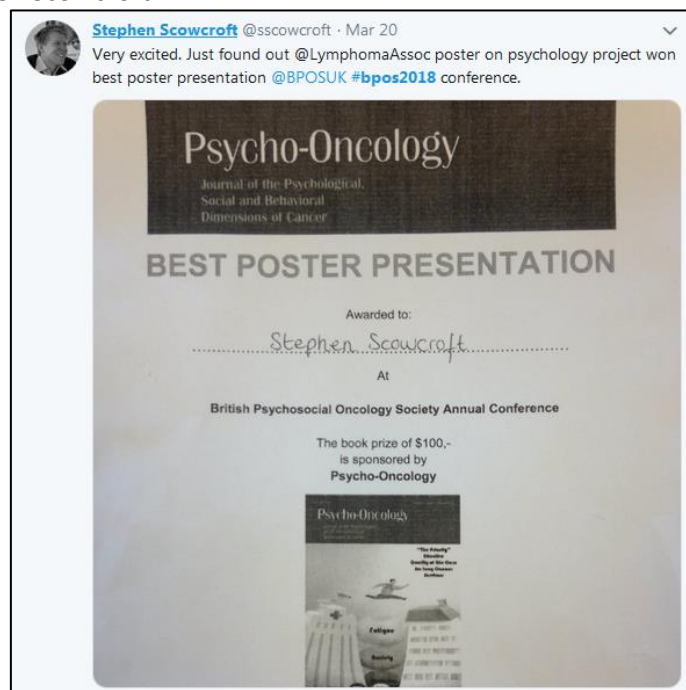
We had over 70 delegates, a very full and varied programme, and enjoyed entertainment from the local ukulele band at the conference dinner! Thanks to Clare Foster and colleagues in Southampton for hosting so well.



For those of you unable to attend the abstracts were published as a [Psycho-Oncology Journal Supplement](#).

We want to offer congratulations again to the following prize-winners at the conference:

- Best Oral Presentation: Carol Rivas
- Best Poster: Stephen Scowcroft



- Best Student Poster: Eden Robertson

Top tips from our student poster prize winner

Eden Robertson is currently completing her PhD which aims to develop and evaluate a decision aid ('Delta') for parents and adolescents with cancer deciding whether or not to enrol in a paediatric oncology clinical trial. Eden has worked as a psycho-oncology research officer at the Behavioural Sciences Unit, Kids Cancer Centre since 2014. She has also worked with Starlight's Research and Evaluations team, Wiser Healthcare at The University of Sydney, and the FUTuRE Fertility program. This is her account of her recent experiences at the BPOS 2018 conference.

I was extremely privileged to be able to attend the BPOS 2018 conference. I was given the opportunity to present an oral and poster presentation showcasing the work I am conducting for my PhD at UNSW Sydney, Australia. My oral presentation entitled "Decision making in paediatric oncology: experiences and preferences of parents" summarised the results of my qualitative study. I highlighted the difficulties that families with a child with cancer experience when making treatment decisions. These findings contributed to the development of Delta – an online decision-aid supporting families deciding whether to enroll in a paediatric oncology clinical trial, which I also presented in a poster at BPOS. My poster outlined the Agile web-development

process we used and the results of our eye-tracking analysis. We were able to determine the acceptability and usability of the Delta website through the eye-tracking analysis. We identified several areas for change, which have now been implemented for our pilot evaluation. This work has now been published in JMIR Research Protocols (Vol 7, No 5 (2018): May).

I was extremely grateful to have received the 'Best Student Poster' award for this presentation. I also would like to thank Psycho-Oncology for sponsoring the book prize that I received. My top 6 tips for presenting a poster are:

1. Create your poster from your study abstract (i.e. what are the key/take home messages) – don't worry about cutting information as you can always list the citation for the full study or your contact details. You can also have the manuscript print-out available for viewers that are interested in finding out more.
2. Prepare a short spiel to present at your poster – don't be caught off-guard!
3. Have an A4 print out of your poster available for people to take away with them – if possible, make sure this has your contact details and twitter handle.
4. Try to use short, succinct sentences on your poster so not to overwhelm viewers with too much content.
5. For a standard A0 poster, try and use font at least size 36 font.



6. Use informatics and graphics where possible to help the reader navigate your information (e.g. use an infographic of a person to indicate 'demographics')

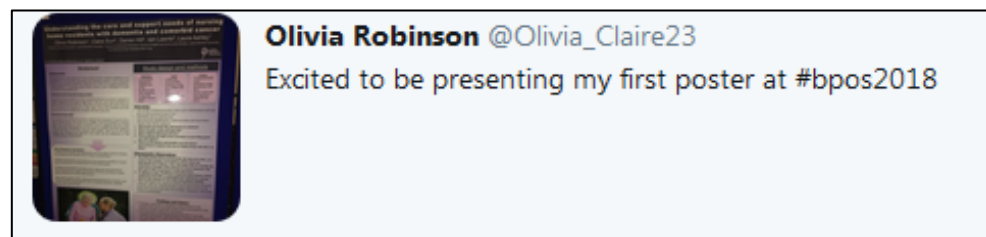
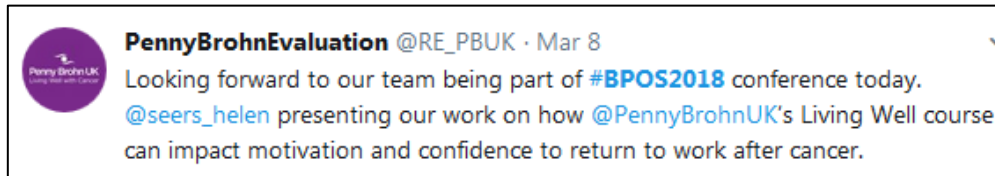
BPOS 2018 was a fantastic opportunity for me to meet researchers from across the U.K., having travelled all the way from Sydney, Australia. The atmosphere of the conference was welcoming and collaborative. I felt that my ideas and knowledge were respected, which allowed me to have many stimulating conversations with other researchers. The quality of the presentations was also very high. I felt that I was able to take at least one piece of information from every presentation that I could directly translate in to my work. I also thoroughly enjoyed the mentoring luncheon where I was able to meet and discuss my work with a leader in my field and other PhD candidates. The conference dinner was also a great opportunity for me to build my collaborations in a more casual setting.

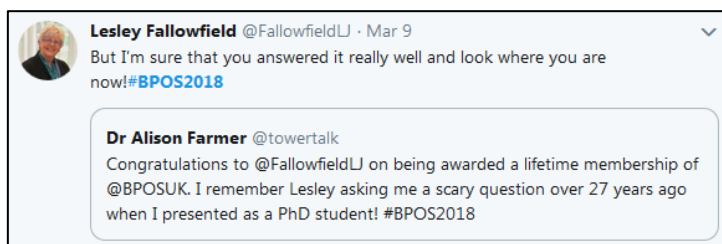


Eden Robertson @Eden_Robertson · Mar 9

Thanks so much to @BPOSUK #BPOS2018 for a wonderful conference and for making me feel very welcome in the UK! Made even better by receiving the best student poster award! Now for the 25 hour trip home to Sydney ...

Some interesting tweets from the conference...







EDITED BY PETER D. BAKER, UNIVERSITY OF LEEDS
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BACKGROUND

- Children with brain tumours are surviving longer – most reach adulthood.
- Due to continuous improvement in survival rates the identification of post treatment effects, issues, and consequently needs are necessary.
- Adolescent and young adult (AYA) post treatment experiences are vastly different from children or older brain tumour survivors.

This systematic review focused on the issues and support needs of AYA childhood brain tumour survivors and their caregivers. Further knowledge can help improve and tailor supportive care to better meet survivors' and caregivers' needs.

OBJECTIVES:

- What issues do AYA childhood brain tumour survivors and their caregivers experience?
- What are the support needs of AYA childhood brain tumour survivors and their caregivers?
- Do survivors and caregivers feel their needs are being met?

METHODS

DATA SOURCES:

CINAHL, Cochrane, Embase, Medline PsycINFO, NICE evidence database, PubMed, Web of Science

SEARCH STRATEGY:

MeSH terms for brain tumours (mainly, 'brain neoplasms'), with terms for children (such as, 'child', 'child:1'), 'AYA' childhood brain tumour survivors then combined with MeSH terms for survivorship (tumours). Alongside the MeSH terms, a truncated keyword search was also carried out to maximise inclusion.

INCLUSION

- Reported brain tumour survivor/caregiver data separately from other cancers
- Survivors aged 14 to 39 years old
- Diagnosed <14 years old
- All study designs
- Any publication date
- Available in English

EXCLUSION

- Not reporting survivor and caregiver issues and/or needs
- Secondary data (i.e., systematic reviews, book chapters)
- Not available in English

STUDY INCLUSION FLOW CHART

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graph TD
    A[Records identified through database searching (n=342)] --> B[Records after duplicate removal (n=239)]
    C[Additional records identified through references (n=19)] --> B
    B --> D[Records after title and abstract screened (n=194)]
    D --> E[Records excluded (n=149)]
    D --> F[Records included in full text articles screened (n=50)]
    F --> G[Records excluded (n=30)]
    F --> H[Records included in final review (n=20)]
    
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RESULTS

STUDY CHARACTERISTICS:

- Identified 56 articles published 30 studies
- Over half (50.9%) were published before 2013
- The majority originated from the UK (54.3%)
- Mixed methods = 14.6%, Quantitative = 75%, Qualitative data = 14.4%
- Most had a cross-sectional design

KEY FINDINGS - OBJECTIVE 1:

SURVIVAL ISSUES:

- Survival issues were most commonly reported (30 articles) followed by cognitive (15 articles) and physical (13 articles) issues. See figure below.
- Many issues were more prevalent or more problematic than in other cancer diagnoses.
- Medulloepithelioma survivors and those with more intense treatment experienced more (challenging) issues than other brain tumours.
- Issues were connected:
 - if a poor processing speed → poor social functioning → isolation

AYA Survivors of Childhood Brain Tumours

- Survival**
 - Survival issues
 - Relapse
 - Side-effects
 - Neurocognitive
 - Neuroendocrine
 - Family
 - Work and education
- Cognitive**
 - Concentration
 - Memory
 - Processing speed
 - Attention
 - Memory
 - Executive function
 - Learning
 - Problem solving
 - Verbal ability
 - Visual spatial ability
- Physical**
 - Headaches
 - Neuropathic
 - Neurological
 - Endocrine
 - Cardiovascular
 - Reproductive
 - Immunological
 - Haematological
 - Respiratory
 - Other
- Psychological**
 - Mood
 - Emotion
 - Thought
 - Behaviour
 - Personality
 - Self-concept
 - Identity
 - Stress
 - Quality of life
- Spiritual**
 - Meaning
 - Beliefs
 - Values
 - Religion
 - Philosophy
 - Existential
 - Transcendental
 - Other

CAREGIVER ISSUES:

- There was less reported on caregiver issues (3 articles).
- Caregiver survivors echoed that of the survivors' their ability to succeed socially, academically and their current future health.
- Caregivers had less time and energy to try to dedicate to accompanying self and family facing bereavement, reduced social relationships and loneliness and stress.

KEY FINDINGS - OBJECTIVE 2 & 3

- There was very little data on survivors or caregivers needs and/or current needs.
- Survivors felt the current NHS health care delivery didn't meet all their needs.
- Problems included diagnosing issues with survivors, and inadequately communicating with survivors.
- Caregivers felt that there was not enough support available for themselves or their survivors during bereavement and young adulthood.
- Both survivors and caregivers, valued social support services – it was unclear where they were needed.

IMPLICATIONS FOR FUTURE RESEARCH



Expected findings and implications

We will start recruiting from April 2018 for approximately 18 months

We expect:

- The intervention will lead to significant reduction in distress and improvement in quality of life
- High level of unmet needs, coexisting with distress and low quality of life
- We will statistically model processes of change and outcome mediators to increase clinical and cost effectiveness

Our work is timely in the context of the move to expand IAPT for chronic health conditions (see Orginal 2016)

- Co-delivery by nurses and psychological wellbeing practitioners (alongside clinical psychologists)
- Low intensity, 8 session, group delivery

Thanks to the University of Chester (research funds), Wandsworth Carew Support (intervention funds) and Essex-Cambridge University Health Board

psychology CRUPH



BPOS on Twitter

The BPOS Twitter feed has been growing over the last year. At the time of writing we have 1,241 followers. If you or your organisation are on Twitter, do follow us. And do share with Carol Rivas, c.rivas@ucl.ac.uk anything that you would like to tweet about.

Looking forward to the 2019 conference....

SAVE THE DATE!

2019 British Psychosocial Oncology Society Annual Conference

Joint meeting with NCRI Psycho-Oncology & Survivorship Clinical Studies Group

Conference Theme: "Innovations in Psychosocial Oncology: Research, Education & Practice"

28th February-1st March 2019 at the Double Tree Hilton Hotel, Chester



For further updates please see the BPOS website www.bpos.org