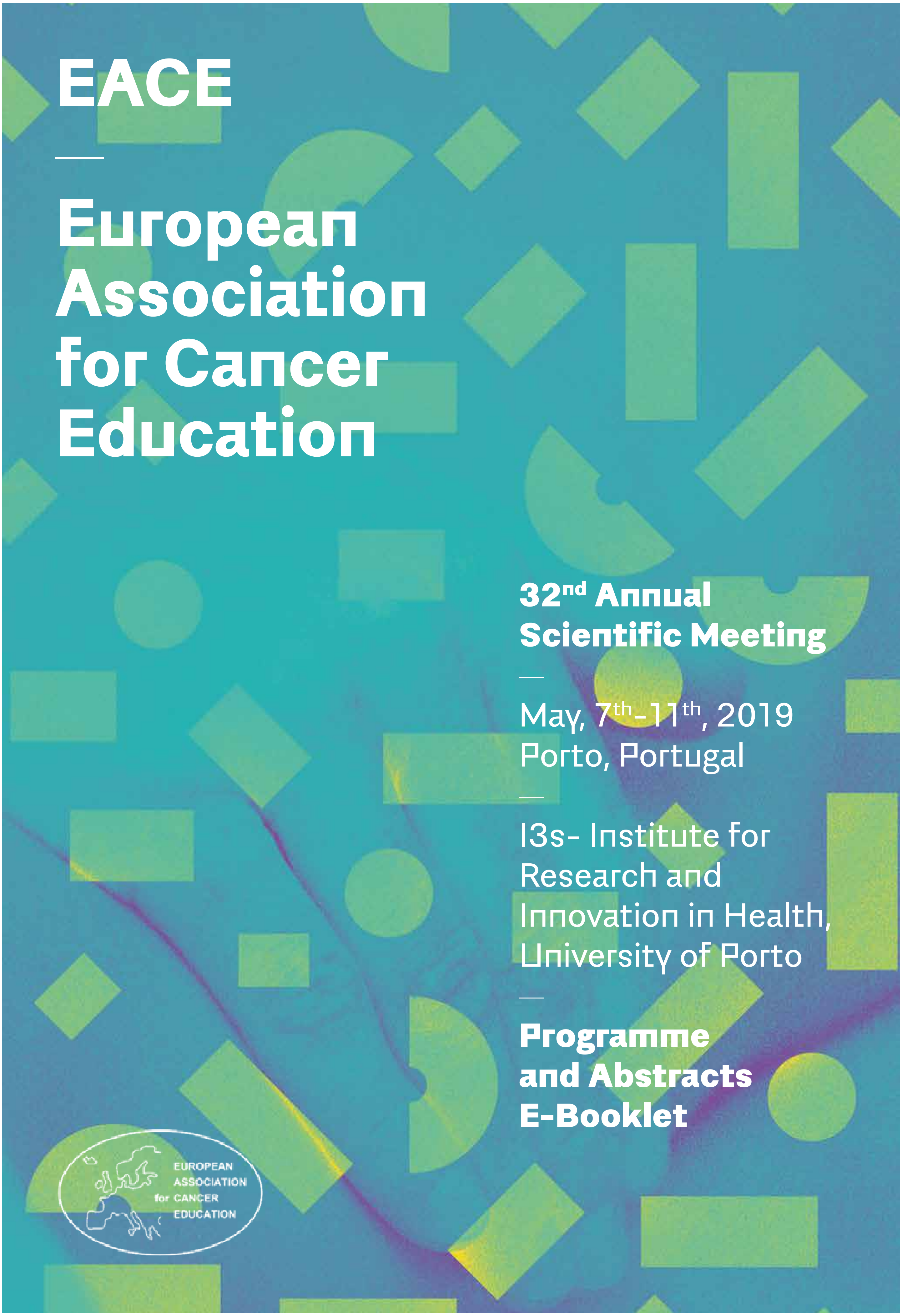

EACE

European Association for Cancer Education

32nd Annual Scientific Meeting

May, 7th-11th, 2019
Porto, Portugal

I3s- Institute for
Research and
Innovation in Health,
University of Porto

Programme and Abstracts E-Booklet

EUROPEAN
ASSOCIATION
for CANCER
EDUCATION

Organized by:

INSTITUTO DE INVESTIGAÇÃO
E INOVAÇÃO EM SAÚDE
UNIVERSIDADE DO PORTO

ipatimup

EUROPEAN
ASSOCIATION
for CANCER
EDUCATION

Sponsors:

U.PORTO

INSTITUTO
PIAGET

janssen Oncology

Baptista Marques Diagnóstica

Conference Location

I3S- Institute for Research and Innovation in Health, University of Porto

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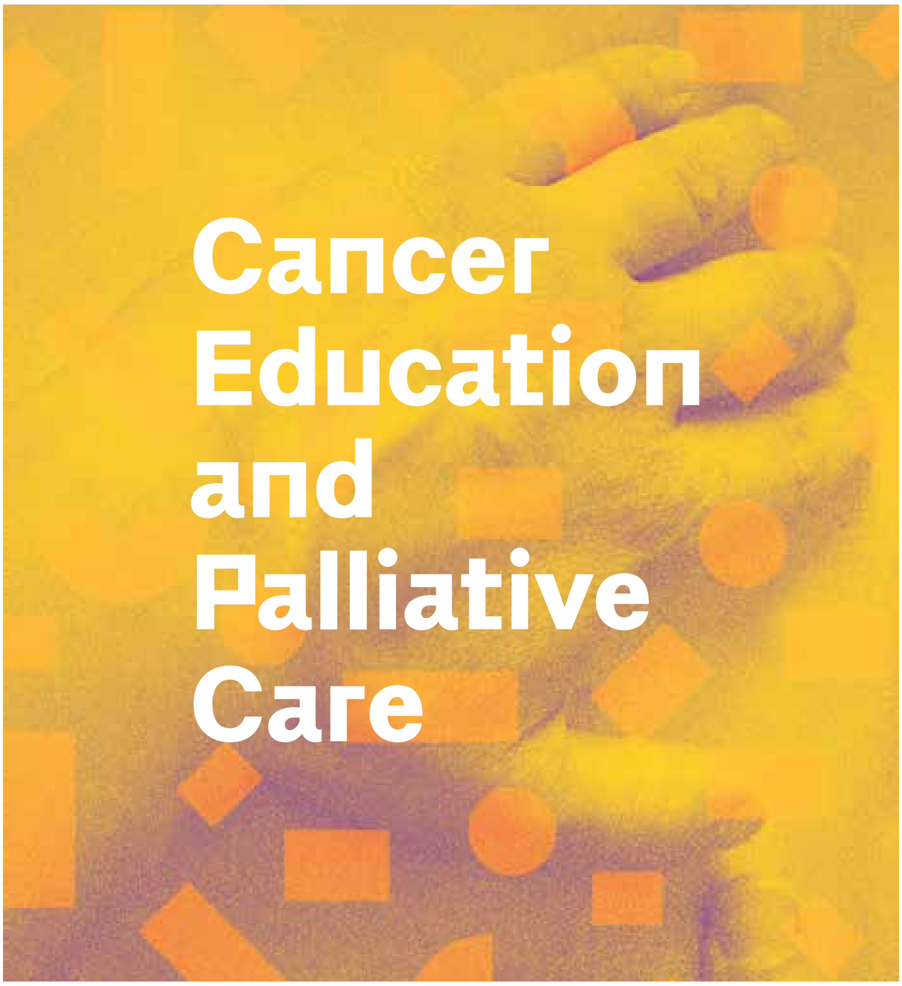
Conference Theme



Welcome Message

We are pleased to welcome you to the 32nd Annual Scientific Meeting of the European Association for Cancer Education at i3S, in the beautiful city of Porto, Portugal.

Located in the Atlantic coast, along the Douro river estuary, in Northwestern Portugal, Porto is one of the oldest European centers (nominated World Heritage Site by UNESCO in 1996). The name of Porto evolves from the celtic-latin Portus Cale (referred to as the origin of Portugal), which reflects the old and vast Celtic and Roman heritage. The city preserved a famous medieval quarter, which also includes many beautiful baroque buildings and lots of modern cafes. Porto is nowadays well known for its magnificent bridges and the production of Port wine.

Beyond the superb architecture and breathtaking sunsets, Porto has been, for centuries, a cradle for restless minds who made significant contributions to reshape the way we see the world and ourselves: from 15th century Prince Henry the Navigator to 20th century Nobel prize laureate neurologist Egas Moniz, Porto has always provided the perfect environment for those who intertwine resilience and endurance with creativity and bold innovation.

Crystallizing this spirit, i3S gathers under a single roof critical mass developing basic and applied research in the health sciences, thus highlighting Porto as a key player in the international scientific setting. It came to be four years ago when three research institutes (Ipatimup, IBMC, INEB) and the University of Porto joined to create a new institution driven to face and overcome the most relevant health challenges society is dealing with today, namely aging, infectious and neurodegenerative diseases and, of course, cancer.

Through an interesting scientific program encompassing invited speakers, oral communications and workshops, this meeting aspires to improve clinical outcomes by way of educating and training professionals working within the cancer and palliative care continuum, as well as to promote communication and networking opportunities between cancer educators.

It is our hope that i3S and Porto inspires you to overcome the challenges of cancer education and to design a healthier future.

On behalf of EACE and the local organizing committee, we welcome you in Porto!

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EACE President

Filipe Santos Silva
Local Organizer

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The European Association for Cancer Education (EACE)

Founded in 1987

MISSION STATEMENT

To improve clinical outcomes through the education and training of individuals involved within the cancer and palliative care continuum and to facilitate communication and networking between those involved in cancer and palliative care education.

AIMS

- To facilitate communication and networking between those involved in cancer and palliative care education.
- To improve interaction between policy makers, educators and those involved in the continuum of care of patients with cancer.
- To support the translation of theoretical concepts into clinical care, for the benefit of patients, through research and education.
- To provide training that enables individual educators and practitioners to:
    - Develop their practice using evidence-based approaches.
    - Identify their needs for personal and professional development.
    - Develop the skills necessary for reflective practice.
    - Determine the effectiveness of their educational interventions.

TARGET AUDIENCE

Cancer educators, physicians, nurses, dentists, social workers, students, educationalists, psychologists, researchers, other health professionals, staff members of comprehensive cancer centres and/or cancer societies/leagues.

FIELDS OF CANCER EDUCATION

Undergraduate and graduate medical, nursing, and dental cancer education; public and patient cancer and palliative care education.

STATEMENT OF PURPOSE

- To achieve excellence in cancer education by promoting and identifying the highest standards of education for health care professionals and others, thereby improving standards of care.
- To work collaboratively and proactively with other cancer educators to more effectively meet the needs of cancer patients and their carers.
- To strengthen the individual and collective expertise of our members and to ensure dissemination of this expertise by holding an annual scientific meeting.
- To promote educational research in partnership with clinical disciplines and practitioners.

ACTIVITIES AND RANGE OF SERVICES AVAILABLE

- Hold an annual scientific meeting.
- Publish with the AACE, the Journal of Cancer Education four times a year.
- Have an exchange agreement with the AACE so that members of either association can attend scientific meetings at a reduced registration fee.
- Identify members with similar interests and facilitate opportunities for networking.

RESOURCES

- · An active Executive Board.
- · Journal of Cancer Education (JCE).
- · Reduction in registration fees for both EACE and AACE annual scientific meetings.

ACTION PLANS

- To seek to develop appropriate opportunities for educational research and development proposals for external funding.
- To ensure effective working communications between the Executive Board, local planning committees, members and prospective members to support local initiatives under the auspices of EACE.

MEMBERSHIP

Membership of the Association is open to all individuals in any area of cancer education Applications for membership should be made to the Secretary of the EACE.

THE JOURNAL OF CANCER EDUCATION

The Journal of Cancer Education (JCE) is the official journal of the AACE and EACE. Of the many journals devoted to cancer, only JCE deals with the cancer education of students, practitioners, patients, and the community. Its readership includes physicians, dentists, nurses, allied health professionals, educators, students and social workers.

THE JOURNAL

- Reports results of educational research.
- Examines the management of cancer patients.
- Evaluates undergraduate, and postgraduate education programmes.
- Regular features include original reports, commentaries, book and media reviews, and announcements of educational programmes, fellowships and grants.

SCIENTIFIC MEETINGS

The EACE hosts an annual scientific meeting each spring: the AACE in the autumn. Members are urged for both associations to present papers/posters on new and innovative techniques in cancer education for health profession students, practicing health professionals, cancer patients, and the general public.

Annie Bosch Memorial Prize

This award has been founded in memory of Annie Bosch (1946-2002), previously, secretary and treasurer of the European Association for Cancer Education 1998-2001.

Annie originally trained as a teacher, and then moved into health care and trained as a nurse. Although she remained in healthcare, she never lost her enthusiasm for, and involvement in education. It was therefore not surprising that Annie ultimately worked for the Comprehensive Cancer Centre for the East Netherlands IKO where she became director for Nurse Education and training. She pioneered several initiatives in education, including education support teams for palliative care, and multimedia interactive education packages. Annie also had a keen interest in palliative care and was a founder member of the International Palliative Nursing Network (IPNN).

Her commitment to improving cancer care together with her generous and caring personality, boundless energy and a love of life meant that Annie was a supportive and caring colleague that will always be remembered by her friends and colleagues.

This award has been funded by her husband Henk Schok to enable her legacy of supporting colleagues as they strive to improve not only their care but also their education and dissemination skills.

This award is presented to the author of the best poster of the scientific meeting as voted by the attending delegates. This is only awarded if posters are included in the meeting format.

Professor Ullabeth Sätterlund Larsson Memorial Prize

This award has been founded in memory of Professor Ullabeth Sätterlund Larsson (1939-2004), President of the European Association for Cancer Education 1995-1997, who always with great generosity, warmth and care received newcomers on the scientific arena.

Ullabeth was professor at the Institute of Health Care Pedagogics at the Sahlgrenska Academy, Göteborg University, Sweden, and also Assistant Dean at the new Faculty of Health and Caring Sciences. She belonged to the first generation of Swedish nurses, who achieved a doctoral degree and embraced an academic career. From 1997-1999 she was the Director of Research at Vänersborg University College of Health Sciences and in 2000 at The University of Trollhättan/Uddevalla. In 2000 Ullabeth became a full professor of Health Care Pedagogics at Göteborg University, where her research focused mainly on communication, health and life style. Then from 2002 to 2004 she was head of a national research platform at the Swedish Vårdal Institute.

She was an active member of EACE and hosted the first Swedish EACE meeting in Linköping 1993. With great enthusiasm, extraordinary skills and humour, she opened the door for those who wanted to go into research and development work.

In line with her caring legacy and her encouraging and confirming attitudes towards new researchers, the Board of the European Association for Cancer Education and Ullabeth Sätterlund Larsson's family have decided to give this prize to a first time presenter, who has demonstrated innovation within the field of cancer education.

This award will be presented to the author, as a first-time presenter at EACE, that is judged as delivering the best overall presentation at the scientific meeting, as voted by the attending delegates.

Conference Programme

May 7TH

17:00h-19:00h - Pre-Conference EACE Board Executive Meeting - Room D

May 8TH

8:30h-9:00h - Registration desk open

9:00h-9:20h - Introduction and Welcome
- EACE President - Sabine Fromm-Haidenberger
- IPATIMUP President - Manuel Sobrinho Simões
- I3S Director - Mário Barbosa

9:20h-9:50h - Opening Talk
- Chair: Sabine Fromm-Haidenberger
- Filipe Santos Silva - i3S / IPATIMUP

09:50h-10:30h - EACE Plenary Lecture
- Chair: Sabine Fromm-Haidenberger
- Schelto Kruijff - Univ.Med.Cent.Groningen

10:30h-11:00h - Refreshment Break

11:00h-13:00h - Selected Abstracts Session 1
- Chair: Darren Starmer

13:00h-14:00h - Lunch

14:00h-15:00h - Educational Workshop 1
- Maria Bishop - University of Arizona, JCE Editor

15:00h-16:00h - Educational Workshop 2
- Luis Moreira - Piaget Institute

16:00h-16:30h - Refreshment Break

16:30h-18:00h - Speed Talks

18:00h-19:30h - Visit to i3S and Welcome Reception

May 9TH

8:30h-8:45h - Registration desk open

8:45h-10:30h - Selected Abstracts Session 2
- Chair: Krysztof Szewczyk

10:30h-11:00h - Refreshment Break

11:00h-11:45h- Milly Haagedoorn lecture
- Chair: Gilad Amiel
- Ana Barros - Institute of Research and Innovation in Health - Univ. Porto

11:45h-13:00h - Invited Talks 1
- Chair: Gilad Amiel
- Cathy Meade - Moffitt Cancer Center
- Luis Costa- Univ. Lisboa / ASPIC - Portuguese Association for Cancer Research

13:00h-14:00h - Lunch

14:00h-16:00h - Educational Workshop 3
- Daniel Epner and Shine Chang - MD Anderson

16:00h-17:30h - Speed Talks

May 10TH

8:30h-8:45h - Registration desk open

8:45h-10:30h - Selected Abstracts Session 3
- Chair: Charles Kelly

10:30h-11:00h - Refreshment Break

11:00h-11:45h - AACE Plenary Lecture
- Chair: Radoslaw Tarkovski
- Charles Moore - AACE President

11:45h-13:00h - Invited Talks 2
- Chair: Radoslaw Tarkovski
- Cristiana Fonseca - Portuguese League Against Cancer/ Union for International
- Rui Henrique - Portuguese Institute of Oncology / Portuguese School of Oncology Porto

13:00h-14:00h - Lunch

14:00h-16:00h - Educational Workshop 4
- Kathleen Heneghan - American College of Surgeons

16:00h-16:30h - Refreshment Break

16:30h-18:30h - EACE Annual General Meeting

19:30h-22:30h - Conference Dinner

May 11TH

8:00h-10:00h - Post-Conference EACE Board Executive Meeting - Room C

Evaluation forms

During the meeting evaluation questionnaire will be handed out for completion. We greatly value the feedback that you provide and act on the results to improve the meeting content and structure.

Mobile phones

We would be grateful if all participants could ensure that their phones and other electronic devices are switched to silent mode during the presentation sessions.

Times subject to change

Please note that all timings are subject to change and the chairperson for each session will endeavour to keep to time.

Any alteration to the programme will be announced at the beginning of each session.

Presentations

If you have a presentation, please note that the total time for the presentation is 20 minutes, which should be 17 minutes for the delivery and then 3 minutes for questions. The chairperson will stand up when there is 1 minute remaining and therefore, if this occurs you should immediately begin to round up your presentation. If the delivery reaches 20 minutes, the chairperson will stop your presentation to ensure fairness for all present.

SPEED-TALKS will be a fast-paced session, each student will have 5-6 min to present the work (6-8 slides) followed by a couple of questions from chairpersons.

PLEASE provide your presentation before the session start, ideally at the beginning of the day.

Networking

We always encourage networking at EACE meetings and therefore, please can you wear your name badge at all times. This will allow someone to introduce themselves to you and to discuss your work and contributions. Please make use of the refreshment breaks to meet new faces and enjoy the networking.

ICEC 2019: International Cancer Education Conference

18-20 September 2019
Salt Lake City, Utah, USA

Theme: Revolutionizing Cancer Education Globally Through Technology Across Generations

The 2019 ICEC will be co-organized by the American Association for Cancer Education (AACE), the Cancer Patient Education Network (CPEN) and the European Association for Cancer Education (EACE).

FOR MORE INFORMATION HAVE A LOOK AT:
http://2019.attendicec.org/

IMPORTANT DATES:

- 11 February 2019 – Abstract Submission Opens
- 29 March 2019 – Workshop Abstracts Due
- 22 April 2019 – Oral/Poster Abstracts Due (Extended Deadline)
- late May 2019 – Registration Opens
- late June 2019 – Late-Breaking Abstract Submission Opens
- 8 August 2019 – Late-Breaking Abstracts Due
- 22 July 2019 – Early Registration Deadline
- 19 August 2019 – Regular Registration Deadline
- 26 August 2019 – Hotel Reservation Deadline

Wednesday, May 8th

Presentations, Workshops
and Speed-Talks

OPENING TALK

Cancer Education in Portugal – Perspectives and Challenges

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Cancer is assuming a major impact in public health systems with an increased incidence of new cases combined with a dramatic rise in cancer survivors due to clinical and research advances. Cancer Education arises currently as a pivotal area for cancer control, requiring that health-related institutions support and nurture research programs and initiatives that are committed to transforming cancer literacy for the future.

In Portugal, the research about cancer education is scarce with studies being conditioned by a lack of adequate assessment tools. Profiling of population cancer literacy levels is overlooked, and impact evaluation of educational campaigns does not exist. To revert such reality, Ipatimup has been promoting since its foundation training programs and cancer educational contents targeted for different audiences. More recently, following that legacy, i3S as the largest national health research center is taking a leadership role to reduce the cancer burden through research-based educational programs for patients, caregivers, families and health professionals.

Cancer education will face an increasing number of threats, stemming from the ongoing digital revolution and related societal changes. Translating the fast-changing available health information into coherent educational programs will be a very demanding task, only comparable to the efforts against the dissemination of myths and false truths by the digital platforms; and also the much-needed coordination with relevant stakeholders of global science-based cancer education programs as reliable alternatives to pseudo-educational non-validated campaigns.

Foreseeing the cancer education needs, consistent research planning should be timely promoted in order to cope with future challenges. Considering the low levels of cancer literacy in our societies, advancing cancer education research will be the most advantageous strategy to produce impactful educational solutions that will empower citizens and significantly reduce the cancer burden in future generations.

EACE PLENARY LECTURE

Summer School Oncology Groningen; Maintaining What's Good and Refining the Old

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The Summer school oncology (SSO) Groningen is an educational institute that has been in existence for several decades and welcomes medical students from all over the world with the aim to provide a basic training on general knowledge in oncology. Usually around 40 students participate in the SSO. The program of the Summer school in the old form (SSO 1.0) consists of lectures, interactive sessions and a number of poster presentations and practical exercises.

In addition, there is and was a highly developed social program to promote the exchange between students in terms of knowledge and background and to provide a network for the future.

The SSO is best suited to the level of knowledge if the medical student has some basic level of clinical reasoning, basic medical skills and possibly some knowledge about the origin of cancer.

Internationally, a Medicine student is usually best well suited in the second year of their studies.After the SSO has been established in 1996, 22 year later we decided to put this "teaching jewel" in a new coat and innovated the program; The Summer School Oncology 2.0 (SSO 2.0). In this talk dr kruijff will elaborate on the changes adapted to current times and how they worked out in practice.

SELECTED ABSTRACT S1.1

Working on Medical Curriculum to Improve Patient-Physician Relationship In Cancer Care

AUTHORS:
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A good relationship between the healthcare professional and his/her patient can be considered one of the most important factor that can improve health outcomes and, at the same time, that can prevent the burn-out of the healthcare provider. In the field of oncology this is even more important, due to the severity of the disease and the threath to the patient life.

It is therefore important to provide all the students a valid vocational training about this relationship, since most of them will face many patients with cancer in their future career.

Although in Italy, in recent years, there has been an increase in education about communication skills and medical humanities, many medical students feel themselves inadequately prepared by their curricula. Furthermore the education cannot deal only with communication skills, but, more widely, with relational competence – a patient-centered communication together with the capacity to manage the emotions of the patient and of the healthcare provider. To do that the curriculum has to provide knowledge and stimulate reflection about many issues such as biopsychosocial model, communication skills, empathy, healing relationship, adherence to treatment, informed consent, death and end of life care, caregiving, burn-out and many other psycho-oncological topics .

The presentation will describe the attempt, over the last ten years, to build a curriculum covering all these issues, at the Faculty of Medicine of Turin.

SELECTED ABSTRACT S1.2

Teaching Geriatric Oncology – The Challenge of a New Oncology Training Paradigm

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In 2018, the Northern Centre for Cancer Care in Newcastle received 8277 new referrals, of which 67% were over 60 years of age and 55% over 65 years. In the past, geriatric oncology used the phrase "Are you are a paediatric oncologist? If not you are by default a geriatric oncologist" and to some extent that is borne out by these figures.

Yet most oncologists have had no formal training in geriatric oncology, the use of geriatric assessment or frailty tools or formal teaching in how frailty or reduced performance status may alter how surgery, radiotherapy and chemotherapy may have to be given depending on fitness and resilience in older patients.

Conceptually, Kolb has questioned whether geriatrics itself should be expanded, raising the question, is geriatric medicine are defined sub-speciality or a series of processes applicable to other defined specialities; and if the latter is the geriatricization of specialities such as an oncology required by the changing geriatric demographic.There is still the danger of the older cancer patient falling into the gap between geriatrics and oncology.

The presence of multiple comorbidities, differing non-cancer prognoses and the need for extended complex shared decision-making with older cancer patients makes the case for increased integrated geriatric oncology education both for oncology professionals and trainees. In the sparse literature available, trainees in the US and the UK feel they are not taught enough about the older patient with cancer. This presentation gives a snapshot of how geriatric oncology is at present being taught, in the few places that it is, and how it may expand to deal with the challenge of an ever growing elderly population.

SELECTED ABSTRACT S1.3

Promoting Interprofessional Scholarship within the Continuing Professional Development Program at the University of Toronto Department of Radiation Oncology

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INTRODUCTION

Continuing Professional Development ("CPD") is necessary to support practice improvement within the University of Toronto Department of Radiation Oncology ("UTDRO"). The UTDRO conducts multiple successful CPD programs annually. Unclear boundaries between CPD, quality improvement, patient safety, knowledge translation and faculty development make it difficult to understand how to personalize and enhance CPD interests.

METHOD

Eleven UTDRO faculty members participated in semi-structured needs assessment interviews. The UTDRO conducted of need assessments, of courses on technological innovations in prostate cancer radiotherapy, and obtained grants related to barriers in patient engagement,

RESULTS

Interviewees identified potential barriers to CPD programs: time constraints, lack of incentives, lack of awareness about relevant CPD programs, and suitability of topics. Twenty-six inter-professional faculty members including radiation oncology, radiation therapy and physicist trainees attended a 2 day, Technological Innovations in Prostate Cancer radiation therapy course. Eighty percent of participants strongly agreed that the course was relevant to their practices and 90 % would incorporate the course information in their practices. The UTDRO education team was successful in obtaining a grant to investigate the barriers to patients' engagement in CPD/UTDRO planning. Collaboration and representation on various national and international organizations such as SHSC ERU, University of Toronto CPD office, CARO, AACE, EACE, ESTRO, AMEE, SACME facilitated opportunities for enhancement of CPD UTDRO offerings.

DISCUSSION

CPD and life-long learning are core tenets of many different healthcare fields. The needs assessment helped to determine what barriers exist in accessing, understanding, and engaging of UTDRO faculty members. Greater representation from the faulty members, particularly physicists should be encouraged.despite their busy academic and clinical practices, the UTDRO faculty members still contribute their skills and knowledge to successful CPD offerings. UTDRO aims to strengthen nationwide and international networks and collaborations related to the CPD portfolio.

SELECTED ABSTRACT S1.4

The Development of a Nursing Pathway to Enhance the Care of Ostomates in the United Kingdom National Health Service

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AIM

To enhance nursing care through the development of a nursing pathway for ostomy patients

BACKGROUND

Changes in UK policy have resulted in fewer numbers of specialist colo-rectal nurses, and increasing numbers of general nurses with limited expertise in colo-rectal cancer and stoma care. It was therefore seen as essential to explore how these changes impact on the patients' journey through care, and their emerging quality of life.

METHOD

Qualitative research was used to gather the rich, in-depth data necessary to gain insight into, patients' perceptions of their care. A grounded theory approach, was used for 4 patient focus groups as this supported discussion and enabled key points raised in one focus group to be added into those that followed

RESULTS

Differences were reported in expertise received with some seeing a specialist nurse on limited occasions. Patients described the importance of expert support at the time of surgery to reduce anxieties, help them accept their diagnosis and transition to life following treatment. They stressed the need for ongoing expert professional support in the period following discharge. The focus groups also revealed the challenges faced as they learned to live with permanently altered body functions, the time it took to learn to anticipate and plan for practical issues and the fear of recurrence of cancer.

CONCLUSIONS

The wants and needs of these patients were clearly articulated and highlighted key areas where improvements need to be considered. Those who had had good specialist support reported less problems, and better coping strategies. Thus, it is essential that a nursing pathway be developed integrating the differing levels of nursing knowledge and expertise to deliver seamless high quality expert care from the onset of treatment. Only then will patients receive care that enables them to achieve the best quality of life possible.

SELECTED ABSTRACT S1.5

Topics in Cancer Prevention: Using "Secret Super Powers" to Teach Multidisciplinary Team Science and Professional Management Skills

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Over time, the leadership model for functional units delivering cancer care and forging discoveries in cancer research has evolved from one organized around a single omniscient doctor or principal investigator to one that is team-oriented often with complementarily trained leaders. During this evolution, inclusion of professional skills useful to team science as an organized curricular emphasis has been uneven in the educational preparation of the oncology workforce. Gaps range from orientation to the types of skills useful for team work, to opportunities to practice these skills under instruction, and to getting feedback on performance. Our graduate course, "Topics in Cancer Prevention," includes a team project to develop a research proposal presented at the end of the semester. Within parameters of an Request-for-Applications focused on a cancer prevention topic developed by instructors, assigned multidisciplinary teams negotiate their own research question to address and then form specific aims, background, significance, materials and methods, ethical considerations, and other components considered in National Institutes of Health grant application review. To help develop team science and professional skills, we assign each student team member a unique "secret super power" (SSP) that they activate during team meetings and in-class team work periods. We provide articles about each color-coded SSP from the business and management literature: 1) Resolve Conflicts/Persuasion; 2) Constructive Feedback; 3) Decision-making; and 4) Delegation/Management. During one mid-course session, students sharing the same SSP meet to discuss strategies and barriers to using their assigned SSP. The previous year's course debrief ("Tips for students in the next year's class")suggests that students utilized strategies (e.g., staying on task, eliciting expertise from team members tactfully, using an online folder to foster individual contributions) to enhance collaboration. Students appeared to enjoy the meta-learning experience and understand the relevance of developing these skills to their future work with oncology teams.

WORKSHOP 1

The Journal of Cancer Education: Opportunities for Mentorship

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During this session, I will review the mentoring opportunities offered by the Journal of Cancer Education (JCE). The JCE is the official journal of the American Association for Cancer Education (AACE) and the European Association for Cancer Education (EACE). The AACE was founded in 1947 as the Cancer Coordinators, an association of cancer educators from US medical and dental schools. In 1967 they renamed their group the American Association for Cancer Education. The EACE was founded in 1984. They have members from eleven different, mainly European countries. Our partnership has a long history. Dr. Milly Haagedoorn was a member of the foundation group of the EACE and also an AACE and JCE editorial board member.

The JCE focuses on cancer education of students, practitioners, patients and the community. The readership includes physicians, dentists, nurses, allied health professionals, educators, students and social workers. This diverse readership reflects the membership of an interdisciplinary team that maximizes the care of patients with cancer. A consistently increasing impact factor reflects the important role of the Journal in enhancing cancer education globally and to realize our vision, "Achieving excellence in education to reduce the burden of cancer worldwide".

The success of the Journal is due to the contributions from authors, reviewers and our readership. To promote the growth of the Journal, mentoring new authors and reviewers is essential. The editorial staff at the JCE is committed to mentoring. With structured guidance of experienced authors and reviewers, both remotely and in face-to-face sessions, we can promote successful submissions and nurture the professional development of our cancer educators globally. We encourage new authors to contact us for guidance as they prepare their manuscripts. We also welcome new reviewers. We have mentors available that will guide you through the reviewing process and co-review with you.

WORKSHOP 2

Cancer Education Campaigns - The Tools Behind Data Collection and Impact Analysis

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Well-chosen and well-implemented methods for data collection and analysis are essential for all types of evaluations. This workshop provides an overview of the issues involved in choosing and using methods for impact evaluations – that is, evaluations that provide information about the intended and unintended effects produced by specific campaigns.

The task of developing a new questionnaire or translating an existing questionnaire into a different language might be overwhelming. This workshop will provide a framework to guide researchers through the various stages of questionnaire development and translation.

We will also address the psychometric characteristics of assessment instruments, and analyze their main features, reliability and validity.

SPEED TALK 1

Physician-Patient Communication in the Terminal Phase of the Disease. Influence of Medical Education and Experience Assessment on the Preference pf Providing the Information.

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INTRODUCTION:

During medical studies, we observe doctor-to-patient conversations about prognosis, palliative care, end of life issues.

AIM:

The aim of our study was to determine preferences in providing information to oncological patients and their families by medical students of various years, by doctors in training, oncologists and non-oncologists.

MATERIALS AND METHODS:

An anonymous online survey was conducted, with 4 demographic questions (age, gender, education, presence of cancer in the family) and 15 closed questions related to preferences in providing information to oncological patients. Preferences were defined on a four-step Likert scale (totally disagree/disagree/agree/totally agree) without a neutral point. The questionnaire was sent through social media to students and doctors. There were 419 responses. Statistical analysis was conducted depending on the distribution of data with the Chi^2, ANOVA and Kruskallis-Wallis tests.

RESULTS:

Medical students accounted for 58% of the respondents, while doctors 42%. The average age of respondents was 25 years (19-54). Significantly lower age (81% of students and 60% of physicians) was found in people who use statistics and appropriately selected vocabulary related to time frames when providing the patient with information regarding cure rates ($p<0.01$). Answering questions regarding cure rates and prognosis was not a problem for the respondents at a statistically higher age ($p<0.001$). This group also disagreed with the statement that end of life topics take up too much time in everyday clinical work ($p<0.001$) and palliative medicine is a significant for burden on the health care system ($p<0.001$).

CONCLUSIONS:

Inadequate amount of time is spent on communication with patients about prognosis and end of life issues. We feel that such conversations should be practised while still in medical training as students and residents to be able to choose proper vocabulary, tone and gesture to provide the patient with comfort, safety and respect in a critical situation.

SPEED TALK 2

Lack of Patient-Clinician-Caregiver Concordance on Supportive Care Needs in Lung Cancer: Data from a Multicenter Italian Study

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Lack of concordance between patients, clinicians and caregivers, on symptoms' reporting, health status, and cancer care, is widely documented. The level of concordance/ discordance between patients, oncologists, nurses and family caregivers with respect to the need of supportive care is instead less investigated. This presentation aims to provide an overview of this topic by examining the data in the literature and to report the results of an Italian multicenter study that evaluated the supportive care needs of lung cancer patients and compared the self-assessment of the patient with the perception of the oncologist, the nurse and the family caregiver. In this cross-sectional multicenter study, took part 405 lung cancer patients (any stage of the disease). Patients completed the Supportive Care Needs Survey (SCNS-SF34), a well-known instrument that examine the supportive care need by exploring 5 domains of need: Psychological, Physical and daily living, Sexuality, Health system and information, Patient Care and support. For each domain of need, the oncologists, the point nurses and the family caregivers expressed their perception of the amount of need the patient they were caring for felt. Most patients experienced Psychological and Physical and daily living unmet needs and these needs were significantly associated with anxiety and depression. Oncologists, nurses and caregivers showed a good concordance with the patients with respect to the areas of greatest need but overestimate the amount of need (with the oncologists that show the major deviation). These findings support the importance of the use of patients-reported outcomes in oncology and the assessment of the supportive care needs. The discordance about the level of need observed between patients, clinicians and caregivers suggest that feeling a supportive care needs is a subjective experience and not always taking into account this may undermine the optimization of the management of lung cancer patients.

SPEED TALK 3

Team Work in Medicine. Patients and Physicians Together About "Oncological Package" in Poland

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INTRODUCTION:

Due to unsatisfactory outcomes of oncological treatment in Poland and in accordance with recommendations from the European Commission, national anticancer programme, known as "oncological package" (so-called "green card") was introduced in Poland in 2015. The main purpose of the programme was to remove financial constraints concerning diagnosis and treatment of people suspected or with confirmed cancer. Programme provides diagnostic path for patients with "oncological package" which should not be any longer than longer than 7 weeks (4 weeks for appointment and basic diagnostics, 2 for advanced diagnostics).

The aim of this study was to compare patients and physicians' opinions on the effectiveness of "oncological package" in Poland.

MATERIALS AND METHODS:

Authors' questionnaire was given out to patients hospitalized in Lower Silesian Oncology Center. Modified version of the survey was published in social media's groups gathering physicians and given out to general practitioners and other specialized doctors. A group of 230 patients and 149 physicians responded.

RESULTS:

The average age was 64 years for patient and 37 years for physician. Almost 73% of patients and 53% of doctors believe that "oncological package" shortens waiting time. 70,4% and 51% (estimated by patients and physician's respectively) of patients had an appointment with specialist within 2 weeks. Time dedicated for patients' diagnostics recommended by specialist was no longer than 3 weeks in 60,4% of cases. Average admission time to the hospital was no longer than 2 weeks in 62,6%. 60,9% of patients believe that the programme should be continued in its present form comparing to 30,2% among physicians. Nevertheless, 29,1% of patients and 46,3% of medical practitioners suggest major repairs.

CONCLUSIONS:

Despite "oncological package" there are still many patients with waiting time exceeding the programme's assumptions. Systemic solutions, based on patients and physician's knowledge, are necessary to speed up diagnostic and therapeutic procedures.

SPEED TALK 4

Cancer Education for Undergraduate Medical Students: the Educational Yield of the Summer School Oncology Groningen

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INTRODUCTION

As approximately a quarter of our population dies of cancer, teaching undergraduate medical students the basics of cancer is of paramount importance. In 1996, in response to a growing need of cancer education for medical students, the first International Summer School Oncology for Medical Students (ISOMS) was organized in Groningen. In 2018, the 15th edition of this summer school was held and welcomed 33 medical students from 21 different countries. This 10-day intensive course featured interactive lectures, patient centred education, and hands-on skills practice. The school focuses on a multidisciplinary approach to cancer care and improving clinical reasoning skills regarding the most common cancers worldwide. To provide future directions in undergraduate cancer education and to assess quality of the school, the educational yield and student satisfaction of the Summer School Oncology 2018 are evaluated.

METHODS

All students made the same test on day 1 and day 10. Additionally, students anonymously completed daily evaluations finalised by an extensive evaluation on the last day. Test results and student evaluation were analysed.

RESULTS

All students had improved test scores, with a mean increase of 12% (SD 7%) in overall test scores ($p<0.0001$). With a 100% response rate on the evaluations, there was a high overall student satisfaction, with a median score of 9 out of 10. Students appreciated interactive sessions and practical’s, the number of subjects covered (97%), and were satisfied with the course level (85%). Improvement points highlighted the need for better integration of research into the programme, a less packed schedule, or were related to specific lectures.

CONCLUSION

The summer school oncology 2018 was a success in terms of student satisfaction and knowledge improvement. To ensure a high quality of undergraduate oncology education, there is a constant need to innovate, evaluate, and improve education.

SPEED TALK 5

“Medical Students Cannot Cure Patients, But They Can Always Help.”

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INTRODUCTION:

Medical studies, especially at the beginning, require huge amounts of theoretical knowledge assimilation. Therefore, it is worthwhile that students during the course of learning engage in additional activities that will help in preparing for future practice.

MAIN PART:

IFMSA is an International Federation of Medical Students’ Association, entered in the polish National Court Register of the Judiciary and having legal personality. Clearly defined organizational structure of the association allows students to be involved in specific area of public activity. In this way, students are divided into sections that focus on: peers’ education, reproductive health, human right, research and professional exchanges and public health. I started working at IFMSA-Poland in 2015 and continued up till now. Initially as a volunteer, then as a coordinator of local activities, ending as a coordinator of Public Health activities on a national scale. Together with other students in 16 Polish cities, we were involved in the organization of educational and preventive actions focused in 6 areas of public health challenges: Infectious Diseases, Chronic Diseases, Substance Abuse, Mental Disorders, Children’s Health and Cancer Diseases. In the field of cancer students voluntarily went to schools to meet parents and organized special events to increase the oncological awareness. Commitment and appropriate coordination of activities in non-governmental student organizations in Poland is continuously a source of increased soft-skills development in contact with future patients. In addition, it increases the knowledge about cancer among students as well as their closest society.

CONCLUSIONS:

We cannot treat patients during our medical studies, but we can always help. Despite the fact that additional student activities require personal sacrifice, they are great opportunity to actively help and educate future patients, learn about their daily problems and learn how to discuss about difficult matters in a simple and open way.

SPEED TALK 6

Colonoscopy as an Important Diagnostic Test Among the Younger and Older Generation

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INTRODUCTION:

Colonoscopy is an endoscopic examination used in the diagnosis and treatment of colorectal diseases: polyps, inflammatory diseases and malignancies. Detection of the above in preclinical phase increases chances of cure.

AIM:

The aim of study was to assess correlation between age, gender, level of education, positive family history, attitude towards colonoscopy and frequency of colonoscopy in patients with colorectal symptoms.

MATERIAL AND METHODS:

An anonymous online survey consisting of 5 demographic and 10 closed questions related to colonoscopy was created and distributed through social media. 230 answers were collected. Statistical analysis was carried out using Statistica. Chi-square test was used to compare the relation between quality variables. When Shapiro-Wilk test showed an abnormal distribution of data, Kruskall-Wallis and Mann-Whitney tests were used. The results were statistically significant when $p<0.05$.

RESULTS:

Mean age of respondents was 25 years. 54.5% of women feared pain during colonoscopy, while 53.7% of men had no objections. Statistically significant higher age was found in people for whom conversation with a doctor about colonoscopy was not embarrassing ($p<0.01$) and in people who have had already undergone this examination ($p<0.001$). Undergoing colonoscopy was influenced by education ($p<0.001$) and the incidence of cancer in the family ($p<0.001$): 38.7% with higher education, 16.4% with negative and 41.46% with positive family history were performing colonoscopy. The most common cause of colonoscopy in young people was diarrhoea of unknown ethiology and constipation. 16.67% of respondents declared inflammatory bowel disease.

CONCLUSIONS:

Colonoscopy is an important diagnostic test in younger and older people because of the range of diseases that can be diagnosed and treated simultaneously. Doctors should place emphasis on informing patients about the examination, how to prepare for it and how it will proceed due to fear of pain, especially among women.

SPEED TALK 7

An Additional Practical Laboratory Diagnostics Course as a Way to Improve the Diagnosis

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ANNA WYSOCZAŃSKA-KLACZYŃSKA

MAŁGORZATA TERPIŃSKA

Current educational program of medicine faculty provides extensive substantive knowledge. During six years of studies student prepare in theoretically and practically to start a professional career. Professional training gives the opportunity to contact each specialization and its specificity. Also doctor's profession requires increasing competence and constant education.

But do young physicians know enough about diagnostic? As a laboratory technologist who works in Paediatric Oncologic Clinic I observe lots of problematic issues. I would like to organize extra – optional classes for medicine faculty students. I would like to invite students to a large laboratory, which carry out general diagnostic, since I have been a part of its staff. The main aims of the lectures will be: - rules of sample preparation, the most common problem with registration of the tests, differences in test-tubes types; - process of the sample preparation in the lab before the evaluation; - different kinds of laboratory equipment and the translation of the most important issues in the desktops: the analysis process helps understanding the result and its description; - most important algorithms of conductions in diagnostic process, for example in coagulation and exclusion of haemostasis factors deficiencies; - analyzes of some interesting, unusual results, presentation of some microscopic views. I believe that understanding the way of laboratory analyzes and rules of work could help in future work. It can contribute to better decision of young physicians in diagnostic process. Moreover, it will reduce the amount of incorrect tests and limited the sacrifice of the patients. However, my main objective is to encourage young doctors to better communication with laboratory staff to improve our both work. The exchange of the information and observations gives us opportunity to better understanding the patient's reaction, disease development and treatment process increasing our knowledge and experience.

SPEED TALK 8

Hematopoietic Stem Cell Transplantation From the Donor's Perspective

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The hematopoietic stem cell transplantation (HSCT) is a crucial treatment for many hematological diseases. However, it is also a physically and mentally demanding process for the recipient and the donor alike. This study focuses on the group of family donors.

The study aims to assess fears and doubts that are felt by donors, their knowledge about the procedure based on information handed out to them and the support donated by donor's family and psychologists.

We collected data as semi structured, close- and open-ended anonymous questionnaires. Participants were family donors of living and deceased patients who had undergone HSCT from 2001 to 2017 in the Department of Pediatric Hematology, Oncology and BMT, Wroclaw Medical University. Median age of responders was 33yrs, range 16-58yrs. Minimal follow up from HSCT was 2 years.

47 responders took part in the study: 28 women and 19 men. 51.1% of answers were provided by parents and 48.9% by siblings. 46 responders were satisfied with information given to them about the upcoming procedure. The fact of being a donor did not have an impact on the attitude to the transplant. The transplant had neither positive nor negative impact on family relations independently on the result of HSCT.

Among parents with living HSCT recipients 21.4% declared the need or benefited psychological care. None of the parents of deceased recipients got psychological help, even though 22.2% declared such a need. Among siblings with living recipients no donor obtained the psychological help, despite 31.3% needed it. In case of recipients' death 16.7% of siblings-responders got accurate help when the others did not get and did not need psychological help.

We conclude that psychological support should be offered to every family donor. There is a significant need for comprehensive, accurate and proper information about the procedure.

SPEED TALK 9

Education Among Survivors of Acute Lymphoblastic Leukemia (All) During Childhood and Adolescence

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Acute Lymphoblastic Leukemia (ALL) comprises almost 80% of all leukemia types among patients under the age of 18. Progress concerning the treatment of mentioned disease over the past years results in complete recovery of over 90% of patients who were diagnosed with ALL at the age up to 18. Satisfactory therapeutic effects contribute to occurrence of late effects related to the previously applied treatment. Hence, every patient treated for ALL during childhood and adolescence should be monitored further on a regular basis.

Education dedicated to the patients and their families includes many aspects, such as providing information based on the most recent and evidence based results of research as well as organizing group meetings with psychologists, nutritionists, and physiotherapists. It is also important to encourage patients to undergo free diagnostic tests and to take part in free consultation with medical specialists.

Over 100 patients after treatment for ALL during childhood and adolescence have used our service so far. It includes medical consultation with specialists and the full set of biochemical tests. Survivors are encouraged to take advantage of the consultation clinic “onkoMOCNI” which is the first one established in Poland and free of charge for the survivors after hemato oncological treatment.

Presented forms of education aim to implement health-promoting attitude in patients’ daily lives. The range of the provided information comprises rules of healthy diet and the essential role of physical activity, which is often omitted. Therefore, it is crucial to make patients aware of the fact that late effects of hematooncological treatment must be identified as soon as possible as that enables to avoid decreased quality of life.

Education for patients after treatment for ALL should be regarded as contribution to health in the long term. Our goal is to create educational system on many levels, starting from patients and their relatives.

SPEED TALK 10

What is the Quality of Pain Management Among Oncological Patients in Poland?

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INTRODUCTION:

One of the important problems accompanying malignant neoplasms is pain. First analgesic "ladder" was introduced by World Health Organization in 1986. Since then there is a great attempt to avoid suffering in oncological patients. Nevertheless data from 2018 say that pain management in over 90% of cancer patients in Poland is unsatisfactory.

AIM:

Attempt to assess the quality of pain management in oncological patients resulting from patient-physician cooperation.

MATERIAL AND METHODS:

Author's questionnaire was created consisting of 3 demographic and 11 closed questions. Patients were recruited in Lower Silesian Oncology Center, at radiotherapy, surgery, chemotherapy departments and radiology unit. There were 101 responses.

RESULTS:

Only one third of invited patients willed to fill out the questionnaire. 68% of the respondents were over 50 years old, the rest was in between 30-50 years of age. Majority (>90%) were during the treatment. 68 respondents felt pain throughout the course of disease (at the diagnosis, during and/or after treatment). 58 patients reported ailments when filling out the questionnaire. The strongest pain most often accompanied head and neck, lung and prostate cancer victims. Only 21 respondents talked to their physician about pain. Out of remaining group 18 persons thought pain has to accompany cancer, 12 claimed that too much analgesics harms, 8 complained about doctors' lack of time, 3 said that former attempts to change pain management didn't work out. 43% of patients declaring conversation about pain with their doctor still didn't have sufficient information.

CONCLUSIONS:

Despite suffering from pain patients rarely talk to their physicians. It seems that patients' lack of knowledge about the pathology and pain treatment is the basic problem, along with conviction that physicians don't have time for them. In my opinion informative talk about pathology and pain management plan should be a part of the whole treatment plan.

Thursday, May 9th

Selected Presentations, Invited Talks an Workshops

SELECTED ABSTRACT S2.1

An Interactive Application for Hospitalized Oncology Patients Providing Real-Time Feedback to Caregivers

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PURPOSE

Hospitalized oncologic patients receiving treatment frequently find difficulties to provide real-time feedback to their caregivers. The reasons are varied and include: Language difficulties, comorbidities, pain and fatigue and the availability of the staff. Therefore, we adopted an interactive smartphone application allowing patients to provide daily feedbacks to their caregivers. We present a pilot project with cancer patients admitted to a Urology Department, utilizing this application.

METHODS

Upon admission, patients were approached and consented, agreeing to receive a daily text and link to a feedback questionnaire. It consisted: 6 close-ended questions with a scale from 1-4 covering different areas: responsiveness, pain control, curtesy and respect, information-sharing, clarity of treatment plan, hospital cleanliness and food quality. Four open-ended questions consisted of requiring additional information, assistance after discharge, required improvements and areas of strength.

RESULTS

In the pilot study, Feedbacks were assessed during 6 months. We have addressed 150 patients of which 69 patients (46%) gave feedbacks. Most of the patients (84%) were generally satisfied by their treatment (≥3 score). The most common complaints were: the amount and clarity of information given by the staff. 66% of the patients that gave a serial feedback have improved their score after being addressed by the medical staff.

CONCLUSION

Although this was a pilot project, it dramatically increased the awareness of the team to the concerns of our patients. This was an impactful tool providing valuable feedback and education to the medical and nursing teams. We plan on disseminating this program in the hospital allowing education to our teams based on the information received from our patients and expand it to our outpatient clinics.

SELECTED ABSTRACT S2.2

Continuing Professional Development Needs Among University of Toronto's Department of Radiation Oncology Faculty: A Qualitative Study

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OBJECTIVE:

Continuing professional development (CPD) and life-long learning are core tenets of most healthcare disciplines. Where undergraduate coursework lays the foundation for entry into practice, CPD courses and offerings are designed to aid clinicians in maintaining these competencies. CPD offerings need to be continually revised and updated to ensure their continued utility. The purpose of this qualitative study was to better understand the CPD needs of members of University of Toronto Department of Radiation Oncology (UTDRO) and determine how these needs could be generalized to other CPD departments.

METHODS:

Given that UTDRO consists of members of various health disciplines (radiation therapist, medical physicists, radiation oncologists, etc.), eleven semi-structured interviews with various health professionals from different hospitals were conducted. Inductive thematic analysis using qualitative data processing with NVivo was undertaken. The data was coded, sorted into categories, and subsequently reviewed for emergent themes.

RESULTS:

Participants noted that a general lack of awareness and lack of access made participation in CPD programs difficult. Members also noted that topics were often impractical, not relevant, or not inclusive of different professions. Members also did not feel motivated to engage in CPD offerings due to a general lack of time and lack of incentive.

CONCLUSION:

To address the deficiencies of CPD programs, a formal needs assessment that engages stakeholders from different centers and health professions is required. Needs assessments of CPD programs should include analysing elements related to access, how to utilize technology enhanced learning (TEL), determine barriers to participation, and understand how to better engage members.

SELECTED ABSTRACT S2.3

HPV: Is it a Female Problem Only? Heterosexual and Non-Heterosexual Men Knowledge About Human Papilloma Virus (HPV) in Poland.

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INTRODUCTION:

Recently there have been many social campaigns about vaccinations as a prevention against human papilloma virus (HPV) in Poland. Not only cervical, vulvar and vaginal cancer, but also anal and oropharyngeal cancer can be caused by the virus, which concerns males as well. Nevertheless, HPV vaccinations are voluntary and mostly not refunded in Poland. The aim of this study was to analyse heterosexual and non-heterosexual men knowledge about HPV infections and HPV-related cancers in Poland.

MATERIALS AND METHODS:

Authors' survey intended for men was published in social media. A group of 169 males (115 heterosexual, 48 non-heterosexual) aged 14-39 responded.

RESULTS:

While 75,6% of the heterosexual and 87,5% of the non-heterosexual men heard about the HPV, only 3,48% of the first group responders and 16,67% of the second were vaccinated against this virus. Knowledge about HPV was most frequently obtained from the Internet (103 responders) then media (48) and relatives (40). 27,8% of the heterosexuals link HPV infections with development of anal cancer and 36,5% with oropharyngeal cancer comparing to 56,3% and 43,8% in non-heterosexual group respectively. What is more, 24,3% of heterosexual and 33,3% of non-heterosexual men relate testicular cancer with the HPV infection. 88,2% of responders think that both females and males should be vaccinated against the virus, while 56,8% is aware of HPV vaccines availability in Poland. According to 84% of men, HPV vaccination should be obligatory.

CONCLUSIONS:

Knowledge about the HPV-related cancers among polish males, both heterosexual and non-heterosexual is unsatisfactory. Moreover, HPV vaccines awareness does not correlate with vaccination rate. Consequently, there is a serious need to broaden educational programmes into males. In our opinion, refunded HPV vaccines might significantly increase the vaccination rate.

SELECTED ABSTRACT S2.4

Cancer Education In Paediatrics Oncology: Breaking Bad News. The Parents' Assessment of the Process.

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OBJECTIVE:

Disclosing unfavourable information as a part of cancer patients education is an exceptionally challenging process. The SPIKES protocol is one of the most popular guidelines for breaking bad news. The aim of this study was to assess the level of SPIKES protocol implementation during first cancer disclosure by paediatric oncologists.

METHODS:

An anonymous survey was conducted among parents of children diagnosed with malignant neoplasm. The tool was the questionnaire considering the SPIKES protocol realisation by the doctor while the diagnosis was disclosed. 181 questionnaires were collected and statistically analysed.

RESULTS:

The Perception and Invitation parts in the two-thirds of cases were insufficiently implemented, whereas remaining steps were fulfilled in a quite satisfactory manner. The parents' education level, as well as the age of children, were correlated with the Subjective Interview Rate, the assessment of privacy and doctor's language understandability. The women assessed a comprehension of language higher than men ($p=0.02$). Four independent predictors of satisfaction with knowledge about the disease and its further management have been revealed: an understandability of doctor's language (OR 1.77), an assessment of efficient amount of dedicated time (OR 2.1) emotional support assessed by a patient as optimal (OR 2.42) and a sense of understanding from a physician (OR 2.15). The independent predictors of higher Subjective Interview Rate were established as the number of parents' years of study (β -0.15), sitting down with parents (β 0.39), an invitation for both parents to the interview (β 0.28) and an assessment of how much information parents want to be given (β 0.14).

CONCLUSIONS:

The assessment of an interview was quite satisfactory, but still left room for improvement. Perception and Invitation are the steps which require the most attention. The SPIKES protocol is a useful tool also for paediatric oncologists, as a compliance with these guidelines improved general assessment of the disclosure.

SELECTED ABSTRACT S2.5

Oncological Patients with Palliative Care Needs in an Internal Medicine Service

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BACKGROUND

Cancer patients are frequently admitted to hospital due to acute conditions or refractory symptoms. In this study, we decided to analyze the characteristics of our cancer patients, their prevalence and comorbidities, as well as, the assessment to potential need for palliative care.

METHODS

A cross-sectional observational study was conducted on patients admitted to the internal medicine service of a portuguese university hospital. Demographic information, clinical data and the results associated with NECPAL CCOMS-ICO 3.1. were recorded from each patient.

RESULTS

One hundred and thirty-two patients were analysed, of whom 39 were diagnosed with neoplasia. The mean age of cancer patients was 79.5 ± 7.8 years (56.4% female). Most of these were dependent on at least one activity of daily living (74.4%), had several comorbidities (mean Charlson comorbidity index 6.0), were polymedicated (89.7%) and 15 were institutionalized. The most prevalent cancers were: colorectal (25.6%); lung (15.6%); prostate, liver, breast and uterus (10.2%); head and neck (7.7%), pancreas (5.1%), central nervous system and ovary (2.6%). Twelve had metastasis. Respiratory failure was the leading cause of admission (51.2%); other complications were pneumonia (38.5%); acute heart failure (30.7%); urinary tract infections (23.1%) and gastrointestinal disorders (20.5%). The NECPAL score was positive in the majority (61.5%), nevertheless 89.7% of patients had not been considered to a palliative care unit.

DISCUSSION

The prevalence of patients requiring palliative care identified in this study makes evident the need to follow the programs in line with most recent health policies. Was notice a considerable lack of awareness about the use of NECPAL score as a tool for identifying patients needing palliative care.

CONCLUSION

A minority of patients with palliative needs are effectively referenced and such action has a devastating effect on their quality of life. It's important to implement a program of dissemination and training for health professionals.

SELECTED ABSTRACT S2.6

An Longitudinal Prospective Study to Develop and Validate a Reproductive Health-Related Educational and Decision Aid for Young Women With Breast Cancer

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INTRODUCTION

Fertility is a vital issue for young breast cancer patients, regardless of culture, background or country's heath system, as demonstrated by our pioneer work with Portuguese and USA patients. However, some survivors reported lack of fertility-related information provision or dissatisfaction with the information provided by health care professionals. Lack of information can negatively influence decision-making and increase decisional conflict, which can be associated with emotional distress and future decisions' regret. Educational materials, decision aids (DA), assist with decision-making. Based on the DA validated by Peate et al (2011), we aim to transcreate and validate a fertility DA for young Portuguese breast cancer patients.

METHODS

At stage I, a process of forward translation, followed by an appraisal of the most recent literature and clinical guidelines on fertility for cancer patients, combined with a panel of Portuguese experts will revise the scientific and cultural aspects of the DA content for a Portuguese context. After employing a process of back-translation, the adequacy of DA's content for a Portuguese audience, is assessed using Learning Verification (LV) in a qualitative cross sectional study, using focus groups. Results from the DA acceptability assessment will inform the final version of the DA. Data will be analyzed using content analysis and constant comparison method to identify key themes/textual units related to LV.

At stage II, a randomized control trial (RCT) will compare DA with standard materials. Patients will be assessed at baseline, one month after and 12 months follow-up by self-reported questionnaires. We will compare measures of cancer fertility knowledge, decisional regret and conflict, psychological distress and QOL.

RESULTS AND CONCLUSIONS:

To our knowledge, this is the first study in Portugal to develop and validate a DA designed for young breast cancer patients. We anticipate that it will reduce decisional conflict and increase fertility knowledge. Our project will contribute greatly to improve clinical practice, patient provider communication and knowledge in Oncofertility.

MILLY HAAGEDOORN LECTURE

Barriers in Cancer Communication - Identifying the Problem and Proposing Solutions

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Cancer education has been assumed as a critical area to integrate an effort on cancer control which requires a solid research effort to provide impactful education solutions. Health literacy, in particularly cancer literacy, the capacity to read or listen and understand (thus, to interpret) the message transmitted and also dependent on the individual's literacy is essential to understand and cope with the disease. Low cancer literacy could have serious implications along the cancer continuum, especially on prevention, screening and treatment.

In this perspective, our research has been focused on the development of cancer education programs for different populations, as also evaluation protocols and instruments for cancer education interventions. Thus, we will present two different interventions, one focused on schools and its potential to improve cancer prevention on students, teachers and their families and another one based on health professionals and patients.

The first one, supports that early interventions, tailored and targeted to specific groups, and monitored, can contribute to positive and durable changes in prevention, specifically regarding cancer prevention, aiming to understand a reality shaped by the traditional health prevention campaigns that result from the interaction of the current epidemiological, cultural and social scenario about cancer, regarding the potential of the schools as a vehicle for cancer education, as well as to transform that reality (in this case, teachers and students cancer literacy).

On the other side, the communication gap between health professionals and patients or caregivers is frequent and highly detrimental for disease outcome. Limited communication skills of healthcare professionals and reduced health literacy of patients are conditioning the health information exchange. In cancer care, this gap is even more critical, so our proposal will contribute towards the improvement of communication between cancer patients and health care providers, increasing patients' health literacy and developing health professionals' communication skills that consequently will positively impact the health outcomes.

To successfully accomplish what we have done so far, we promote innovative solutions based on targeted educational interventions to improve cancer literacy of specific populations. Cancer prevention education research will be the most advantageous strategy to produce impactful educational solutions that empower citizens and significantly reduce cancer burden in future generations.

INVITED TALK 1

Charting a Course Towards R.E.A.L. Cancer Education Interventions: What Should I Pack?

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Overview. This presentation calls attention to strategies that chart a course for strengthening the saliency of cancer education interventions for multicultural and multilingual audiences. Objectives are to: 1) chart the importance of culture and health literacy towards developing evidence-based cancer education interventions; 2) identify effective tools, theories, and R.E.A.L. (Relatable, Engaging, Actionable, and Literacy friendly) strategies that unpack health disparities in our communities; and 3) illustrate participatory approaches that advance cancer research and education for improved community health. Description. Presented are learner-centered techniques that incorporate a culture and literacy 'compass' and methods for creating R.E.A.L. cancer interventions. The impact of community-academic partnerships for improved community health is illustrated through the Tampa Bay Community Cancer Network (TBCCN), a community-academic partnership that has served as a unique springboard to fuel research and education innovations since 2005. TBCCN strengthens our community-based infrastructure, and is characterized by relevant, sincere and trustworthy partnerships, cutting across racial/ethnic groups including a growing number of foreign-born populations. TBCCN seeks to increase knowledge, access, and use of beneficial biomedical and behavioral procedures through health promotion and community outreach and engagement activities; conduct innovative evidence-based research following CBPR principles; and train health disparity researchers across the academic pipeline through diverse learning activities. Also highlighted is a community-informed study called CARES (Colorectal Cancer Awareness, Research, Education, and Screening) that resulted in improvements in colorectal cancer screening uptake among underserved patients in Federally Qualified Health Centers. In summary, this presentation underscores how community partnerships can advance transformational research and cancer education and unpack health disparities in our communities.

INVITED TALK 2

Cancer Education and Innovation

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The impact of Cancer innovation is significant across a wide variety of audiences. Education on cancer innovation should be included as part of training programs for students and health professional trainees involved in the treatment and follow-up of cancer patients – as doctors, nurses, and technicians –, but should also be pursued in the society setting, namely in patient's associations and community-based groups, media, and political decision making. In Portugal, the Portuguese Association for Cancer Research (ASPIC) has conducted and completed Breast and Colorectal Cancer Research surveys and has an ongoing survey about Pediatric Cancer. These projects were developed in collaboration with patient associations and presented in public meetings, and evidenced that the willing for cooperation and understanding are major hurdles in cancer research. A national project intended to characterize the clinical outcomes of cancer patients with the Portuguese BRCA2 gene mutation is currently ongoing. Innovation is a major driver for improvement of patient outcomes and its impact extends beyond the direct effect of new treatments. The spillover effect from new treatments in improving cancer classification, development of new tools to assess quality of life, and advances in guidelines, among other aspects, should be object of research and education. Real-world evidence is able to confirm or rebut findings from research in all cancer areas through proof-of-concept investigations. Education on Cancer Innovation represents the optimal vehicle in the road towards a fruitful communication between all involved parties and stakeholders.

WORKSHOP 3

Using Stories to Teach Cancer Providers Cultural Competence

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Challenging situations that arise in the health care setting with immigrants or foreign visitors are often attributed to "cultural differences". However, people from disparate backgrounds are much more alike than they are different, so the key to cultural competence is patient- and family-centered care that is built on a foundation of key communication skills. The purpose of this 2 hour workshop is to demonstrate how educators can use stories to teach cancer care professionals how to apply universally relevant communication skills to connect with culturally diverse patients and families and thereby create healing and trusting relationships. We will first build a conceptual framework of key communication skills with participants and discuss how those skills parallel principles of effective adult education. We will then read a reflective essay published in the medical literature that describes the emotional toll of caring for a vulnerable patient from the Middle East with life-threatening illness. Participants will then assemble into interdisciplinary small groups led by facilitators to discuss how the essay informs their clinical practice. Well-designed prompts will guide discussions, but there will be sufficient flexibility to adapt to specific needs of participants. Each small group will then share insights from their discussions with the larger group. During the latter half of the workshop, participants will be able to pose questions pertaining to difficult scenarios from their own practices. We will then use enhanced role play to demonstrate key skills for addressing those challenges. Participants will have the option to engage in role play themselves and/or learn by watching workshop leaders model key skills. We will conclude with participants briefly stating what they take away from the process and how they plan to apply it to their clinical practice and teaching.

Friday, May 10th

Selected Presentations, Invited Talks and Workshop

SELECTED ABSTRACT S3.1

„I Choose Health. It's Oncological". Oncologic - Lower Silesian Oncology Center's Informative and Educational Campaign, Wroclaw, Poland.

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On November 16th 2017 an informative and educational campaign of the Lower Silesian Oncology Center in Wroclaw was launched under the slogan "I choose health. It's OncoLogical." It's theme was ONCOLOGY and LOGICAL CHOICES (OncoLogic) in the field of anticancer prophylaxis. Over six months the inhabitants of Lower Silesia were educated in about cervical, breast, skin and lung cancer prevention. The aim of the informative and educational campaign "I choose health. It's OncoLogical " knowledge dissemination in the field of anti-cancer prevention with particular emphasis on cervical, breast, skin and lung cancer. Activities undertaken were aimed at educating inhabitants of Lower Silesia. We wanted to convince them to regular check-ups, avoiding risk factors and to lead a healthy lifestyle. The goal of the campaign was to disenchant the myths about cancer and show that through appropriate prevention we can avoid becoming ill or increase our chances of being cured. The choice of regular screening is the only right and (onco)logical choice. Various activities were organized during the 6 months campaign. Among them ambient action on Olawska street in Wroclaw when pedestrians had two paths to choose from: conscious, logical choice and carefree life from day to day ("carpe diem"). In selected tunnels they learned stories of people who, thanks to prevention and rapid detection, overcame cancer but also warnings from people who have learned too late about their illness and are still fighting it, and this fight is much more difficult. From November 2017 educational workshops in high schools were provided. Another goal was active cooperation with media and social media, where expert films and other interactive information materials were published. Running together through the streets of Wroclaw combined with the day of health, free medical consultations, basic screening tests, advice from dietitians or trainers officially ended the OncoLogic campaign.

SELECTED ABSTRACT S3.2

Development and Evaluation of Targeted Patient Education Interventions to Increase Colorectal Cancer Screening in a High-Volume Safety-Net Healthcare System

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INTRODUCTION:

Despite the availability of effective screening tools for colorectal (CRC) cancer, screening remains underutilized among ethnic minorities and the medically underserved in the United States. As part of a comprehensive cancer prevention project aimed at improving cancer screening and follow-up among medically underserved patients in Houston, Texas, we developed and implemented educational videos, low-literacy instructional guides and distribution bags designed to increase utilization of fecal immunochemical test (FIT) screening.

METHODS:

Eight brief FIT videos were developed targeted to ethnic and linguistic subgroups (English, Spanish, Vietnamese); in addition, a FIT specimen collection kit adapted to low-literacy populations was developed. The videos utilized a testimonial-type format with messaging to encourage patients to obtain a FIT screening test and discuss the test with their physicians. Initial training was conducted in June 2014 to train clinic staff to encourage demonstration of the videos and distribution of FIT kits to all patients ages 50-65 who were due/past due for FIT. Periodic retraining and an incentive program for video utilization were introduced in May 2016. Data analyses represent the period of June 2014 to December 2018.

RESULTS:

Videos and FIT kits were integrated into the patient flow at 17 Community Health Centers (CHCs) and documented in the electronic medical record (EMR). Video utilization more than quadrupled after the introduction of period retraining (from 411/month to 1,816/month). This increase in video viewing was temporally associated with an increase in the FIT completion rate, from an average of 44% completion to 53% completion. Distribution of FITs remained fairly constant at 6,746 FITs ordered per month.

CONCLUSION:

Targeted videos and specimen collection kits deployed at the point-of-care can effectively be integrated into a high-volume clinical setting as a strategy to increase completion of FIT-based colorectal cancer screening.

SELECTED ABSTRACT S3.3

Educating Patient Navigators to Competently Facilitate Care and Improve Health Behaviors

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The purpose of this presentation is to describe the education and training provided to lay patient navigators (PNs) to assure they are competent to both facilitate cancer patients' access to care and to improve the cancer-related health behaviors of their communities. Patient navigators have been used in the US and globally for decades. Over time, the PN role has expanded to encompass activities for all aspects of the cancer continuum from outreach to end-of-life. Native American Cancer Research Corporation (NACR) began its first PN training in 1984 to facilitate American Indian women's access to mammography screening. Since then, NACR has been using lay PNs to provide education, counseling and support to cancer patients, families and communities. To ensure PNs are qualified and competent to undertake navigator roles, NACR developed a standard PN education program with added education content, activities and skills focused on a specific population, health behavior and/or community need. The basic program includes a minimum of 120 hours of content, focusing on cancer/cancer care, education/presentation principles, informed consent/confidentiality, providing counseling and support, and finding resources and facilitating access to care. In addition, PNs take part in interactive activities including role playing, counseling practice, and peer review while faculty undertake direct observation and formal evaluation of the PN's knowledge, behaviors and skills. Most recently education has expanded to include improving health behaviors such as helping community members stop smoking and encouraging cancer patients to be physically active. For the former, specialist training in tobacco cessation and motivational interviewing was added through formal programs; for the latter, the PNs worked with an athletic trainer to facilitate movement and assist patients to use stretch bands. In 2018, quarterly 3-day education programs on all aspects of navigation content and services were added to ensure continual updating of PN knowledge and skills.

SELECTED ABSTRACT S3.4

When a Co-Worker is Diagnosed With End Stage Cancer

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This presentation highlights institutional support, training and education of interprofessional oncology colleagues to provide guidance with compassion to co-workers diagnosed with end stage cancer, developing a transformative workplace model of support. Oncology healthcare professionals spend more waking, productive hours in the workplace than at home. Work not only provides income, but recognition, friendship with co-workers, meaning and purpose in providing oncology, psychosocial, palliative and supportive treatment. What happens when a devastating cancer diagnosis impacts one of our own? Despite a number of laws that may protect the rights of employees with cancer and their caregivers, numerous challenges confront anyone seriously ill with cancer, their co-workers and workplace. When over a period of years, a number of co-workers developed aggressive cancers that led to end-of-life care; the workplace built a transformative approach to meet the needs of all impacted, including the ill employees, their caregivers and the shared grief of the staff. Confidentiality was strictly maintained for employees who wished their illness to be confidential. As soon as the family notified the workplace of their co-workers' death, the workplace gave staff the opportunity, if they wished to attend their colleagues' funeral or memorial service. For employees, who provided permission to inform their co-workers about their need for end-of-life care, there was an outpouring from staff to share their collective experience. Key staff met with Human Resources/Personnel to develop a transformative response to their co-worker's dying. This committee developed creative strategies to share their feelings and admiration for their dying co-worker including: Memory Note Box, Photo Album, paired visits, technical assistance, and outreach to family and partners. These strategies will be explicated in this presentation with goal of providing attendees a replication model. The efficacy of this Transformative Paradigm will be described, with case vignettes, lessons learned, replication handouts and selected bibliography.

SELECTED ABSTRACT S3.5

Educating Rita (and Mary, and John...)

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If anything is clear in today's world is that adequate science literacy is more crucial than ever. From the anti-vaxxer movement, which the WHO already considers one of the top ten threats to global health, to the "natural is always better" what was once a question of science is now too often a "tribal" belief. And cancer patients are no exception. However, proper science literacy is still largely absent from patients education programs. This despite a shortage of 4.3 million health professionals (WHO data) worldwide, and research linking higher health literacy to better health outcomes, including higher life expectancy in older adults. The project "Everything You Always Wanted to Know About ...* (*But Were Afraid to Ask) " challenges the idea that teaching science and critical thinking to adults is just too complicated and impossible to recruit for, and shows how everything is about giving the audience what they really, really want.

SELECTED ABSTRACT S3.6

Spreading Ideas: What is the Inspiration and Engagement When Ted Talks are on Cancer?

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Since 1984, TED (Technology, Entertainment, Design) talks proposes to spread ideas through short and well-structured conferences. Nowadays, TED videos cover a wide range of topics in more than 100 languages and reach billions of views. Despite being a broad source of health communication, there are no studies on how this tool addresses the cancer matter.

OBJECTIVES

In this research, we aimed to enlight some aspects regarding two major issues: 1) Are TED Talks a good source for cancer communication? 2) How does the public respond to cancer-related TED Talk lectures?

METHODOLOGY

We searched for the keyword "cancer" at TED.com website on January 2018. All lectures transcripts were obtained, along with related informations, such as views numbers, likes and dislikes rates, release data, etc. We also analyzed a sample of 938 comments, which correspond to the 10 most relevant (if existing) from each video at TED.com and YouTube platforms.

RESULTS

From the 49 videos related to cancer, 11 had as main subject lecturers with personal experiences whereas 33 were scientific-related. Only three lectures approached prevention themes, considered as of major relevance for cancer communication to broad audiences. Instead, they brought more therapies (16) and diagnosis (12) issues, and often promoted exaggerated extrapolations of their research results (20). Scientific lectures also made frequent use of a "bad vs. good" duality discourse by criticizing current science and policies and then offering hope. Regarding the public response, nonscientific lectures had more negative votes than the scientific ones. Moreover, the audience had two major motivations to provide a comment: to judge the lectures and to share personal stories.

CONCLUSIONS

We spotted positive and negative aspects of cancer-related TED Talks, which are of great relevance to help enhance this tool as a relevant health communication source.

AACE PLENARY LECTURE

Moving Evidence Into Action: Creation Of A Tobacco Cessation Program in a Safety Net Healthcare System

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BACKGROUND/PURPOSE:

Tobacco abuse has decreased in the general population in the US over the past half century due to aggressive media campaigns, increased awareness, education, and federal policy. However, tobacco products continue to cause morbidity and mortality, particularly in areas of low socioeconomic status. The FreshStart® program is an evidence-based series of lectures and activities targeting tobacco use to encourage smoking cessation and maintenance of a smoke-free life.

DESCRIPTION:

The FreshStart® program was adapted by the Grady Health Systems Department of Otolaryngology and incorporated into clinics. This urban, public hospital provides care to primarily indigent patients. Participants are screened for tobacco use at three stages: triage, check-in, and the provider visit. If the patient smokes, a notification is created in the EMR. At each stage, the patient is asked if they would like to enroll in the FreshStart® program. If the invitation is declined, this process begins again at their next visit.

EVALUATION:

Activities are used to engage the participant and encourage critical thinking. Each activity allows dialogue between participants and facilitator so that patient-specific details can be discussed. After each lesson, participants complete questionnaires that gauge understanding, subjective effectiveness, and satisfaction. Sustainability and modification measures are presented to ensure appropriate changes to the curriculum based on current data and patient comments. To date, approximately 500 individuals have registered for the Smoking Cessation Program. The inclusion of the three-step invitation/intervention has resulted in an approximately 50% increase in the acceptance rate of joining the program. Of those completing the program, 59.2% have been tobacco free for longer than 1 year. The successfulness of this program has led to the expansion to the entire hospital system. The FreshStart® curriculum is standardized and easily transferrable among communities and healthcare institutions.

INVITED TALK 3

LPCC: 30 Years Educating For Health

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Health Education and Cancer Prevention are tied up, in a formal way, since the beginning of the northern branch of the LPCC, when the Board decided to create a Department to address this specific issues in school and community contexts.

To understand the path traveled we have to understand the outset of the institution itself, back in the beginning of the 20th century, in a time where the knowledge about cancer was far to be good.

During the talk we will reflect on the framework, projects and activities of the LPCC on almost one century of work oriented by key concepts such as:

1. Awareness
2. Information
3. Training
4. Empowerment
5. Engagement
6. Partnership

Hopefully, at the end, it will possible for us to know a little bit more about the LPCC's Primary Prevention work but also about the institution itself.

INVITED TALK 4

Education In Oncology: an Opportunity for Improving Cancer Healthcare

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The Portuguese Oncology Institute of Porto (IPO Porto) is a reference centre for cancer diagnosis and treatment at national level, leading cancer healthcare in the northern region of Portugal. Every year, about 10,000 new patients are admitted to the Institute, which is accredited by CHKS and certified by OECI as Comprehensive Cancer Centre through the consortium with I3S. Some relevant figures: the work force has 2.148 collaborators, including 295 physicians and 83 residents and 709 nurses. It has 353 inpatient beds and, in 2017, 19 904 surgeries, 46 100 chemotherapy/systemic treatments and 77 631 radiotherapy sessions were performed. The Research Centre (CI-IPO-Porto) is formally recognized by the Foundation for Science and Technology (FCT) as an R&D, comprising five research groups devoted to translational cancer research. CI-IPOP was classified as "Very Good" in the 2014 external evaluation. IPOP shares resources and projects under the model of consortium platforms and collaborative networks at national and European level. IPO Porto i salso considered a reference centre for Clinical Trials conducted in Portugal in the área of Oncology. IPO Porto's role on education is leaded by the Department of Education (EPOP) which is responsible for the management of all educational and training programs at institutional level and establishes the contact with Universities and Polytechnique institutes. In this presentation, the role and modus operandi of EPOP will be emphasized to demonstrate how na educational department is pivotal for accomplishing strategic institutional goals.

WORKSHOP 4

Improving Outcomes for Surgical Cancer Patients Through Education on Safe and Effective Opioid Sparing Pain Control

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PURPOSE:

Opioid use and misuse in the United States is one of the great tragedies of the 21st century. Opioid overprescribing, misuse, opioid transfer to family and friends has resulted in practice and policy changes for the prevention and control of pain in the surgical cancer patient. Thirty four percent of all overdose deaths involve prescription opioids and the past misuse of prescription opioids is the major risk factor for heroin use. For the opioid naive cancer patient receiving curative intent surgery, one in ten are opioid dependent at one year. Employing education focused on perioperative pain management strategies, the decreased use of opioids and safe use of alternatives can have profound downstream effect on the risk of abuse, misuse and overdose.

METHODS:

This workshop will use a surgical breast cancer case study and small group discussions to identify the extent and contributing factors of opioid use and misuse in the surgical cancer patient, describe the impact of professional and patient education programs focused on the safe transition of care with the intent of reducing long term opioid use by patients and family members. Alternatives, inlcuding the use of cannabis, now reported as being used by 10% of the US population and 43% of cancer patients will be presented in the case study. Both US and European data will be included.

OUTCOMES:

All participants will be provided access to E-learning professional and patient education programs on safe and effective pain control for the surgical cancer patient. The case studies inclusive of opioid free, opioid dependent, opioid addicted, narcotic recovered and using methadone, and opioid naïve but avid marijuana user will be supported with decision aids and enhanced recovery polypharmacy protocols or guidelines for use as educational tools in training programs.

OBJECTIVES:

1. Describe the current patient safety and education requirements upon initiating opioid pain control and how to set appropriate patient expectations regarding postoperative pain, return to function, and recovery 2. Identify how guidelines and enhanced recovery protocols can reduce opioid over-prescribing, long term use and have significant improvement in surgical cancer patient outcomes. 3. Identify the Food and Drug Administration and the European monographs perspective on the use of cannabis for medical treatment. Consider pharmacokinetics, pharmacodynamics, delivery, carcinogens and medication interaction of marijuana prior to consideration as a treatment option. 4. Identify the use marijuana for pain control including dose, delivery and concerns.

SELECTED ABSTRACT

I Breast Cancer - Knowledge, Education – What Else we Have to do

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