Abstract #FPN 547-Title: Cancer Supportive care - Efficacy of an online delivery program

Authors: P.P. Bapsy¹, S. Ravi². A. Sadanandan¹, Medical Oncology, Apollo Hospitals, Bannerghatta, Bangalore, India², Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India³, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁴, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India³, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁴, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India³, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁴, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India³, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁴, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India⁵, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁵, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India⁵, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁵, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India⁵, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁵, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India⁵, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁵, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India⁵, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁵, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India⁵, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁵, Supportive Care, Prameya Health Pvt. Ltd., Bangalore, India⁵, Psychology Department, Apollo Hospitals, Bannerghatta, Bangalore, India⁵, Supportive Care, Psychology Department, Psychology Departme

BACKGROUND

Breast Cancer is the most common cancer among Indian women. Early detection and advances in treatment have improved survival rates. The Indian registry data shows that majority of patients are in the age group of 35-64. Cultural and ethnic factors play a major role in treatment and outcomes. This has a significant impact on quality of life in all domains- physical, emotional, social and spiritual. Patients face issues related to unmet supportive care needs from diagnosis through survivorship.Literature review and our own preliminary analysis of 320 patients has shown that unmet needs are related to appearance, hair loss, skin changes, body image, and emotional problems . Many of the interventions are directed to one dimension alone. So, a holistic, patient centric approach can address these unmet needs through a multidisciplinary program. Our program -SAHAI , A restorative support to address these unmet needshad a positive impact on patients with anxiety and depression and the results were presented in ESMO Asia 2019. These results encouraged us to devise an intensive structured program as an extension of the study. A holistic multidisciplinary program was devised to address these unmet needs. The preliminary results of a study on 320 patients were encouraging. Hence a restructured Reboot your life Sahai -12-week program to address the functional, emotional, nutritional and spiritual dimensions of care was planned. This included goal setting, nutritional advice, functional fitness like yoga, mind body therapies and healing with the arts therapies. The program was decided to be conducted online from April 2021 - Jan2022, due to recent pandemic situation. Cancer patients are immunocompromised and were hesitant to travel to the centre . With the advent of digitalisation, online consultation and programs have become a useful and mandatory resource. Conducting the program online has the advantage of being at home, escape traffic, save time and money and instant doubt resolution. All the weekly sessions were conducted through Zoom meetings.

OBJECTIVES

The main objective of the study was to assess the feasibility of conducting the program online, through Zoom platform and also to identify the barriers for participation

PATIENTS AND METHODS

The study was conducted by Prameya Health Pvt Ltd, a Preventive and Supportive Care organization based in Bangalore, India, after obtaining Ethics committee approval. Women cancer patients referred by oncologists were enrolled into the Reboot your Life Sahai FENS program after informed consent. The patients were either on treatment or had completed treatment. Demographics, treatment details and baseline QOL assessment were obtained prior to starting the program. They were required to log in to an online platform once a week for 12 consecutive weeks. The structure of the online program encompassed the 4 major dimensions of Physical, emotional, nutritional, and spiritual support delivered through 12 different sessions of goal setting, Supervised physical activitiesand yoga, relaxation therapy, psychological counselling, creative visualization, nutritional tips, and personal grooming. An online sharing platform was created for the patients to interact and share their experiences. At each session, the patients were asked about their progress in the different domains of support and asked to complete a QOL (FACT G) questionnaire at the end of 12 weeks. A questionnaire on google form was shared with the participants to get the details of ease of access of the online portal and reasons for non-participation.



The participation of patients in this study was possible only through patient referral and referral by oncologists in Bangalore and other cancer centres in the country

RESULTS

Results I

72 patients consented to participate in the program. 60 (83%) patients (attended at least 6 sessions. We noted that people who were on treatment and those with difficulties using online portals could not attend regularly. (59%)43 patients were less than age 50. (47%)34were on treatment and the rest had completed. Majority 95%(69/72) had set their goals by session 4, 72%(52/72)had begun practicing yoga and relaxation techniques by week 2, and 80% (58/72)adopted nutritional advice by week 3. There was significant reduction in anxiety 86% (62/72) by week 12.

The QOL assessment done at the end of 12 weeks showed

20 2 (17 10 1 0)	11C-IIICCI VCIICIOII	1 Ost- Intervention
Physical well being		
Energy levels	48/72(66.6%)	63/72 (87.5%)
Pain relief	55/72(76.3%)	59/72 (81.9%)
Social Well Being		
Social Well Being	46/72 (63.8%)	63/72 (87.5%)
Family support	64/72 (88.9%)	64/72 (88.9%)
Emotional Well being	50/72(69.4%)	61/72 (84.7%)
Coping with the illness		
Functional Well being		
Enjoying life	52/72 (72.2%)	59/72 (81.9%)
Content with QOL	49/72 (68.0%)	58/72 (80.5%)

Results 2

72 patients of Breast cancer were included in this study and a survey questionnaire was sent to all 72 participants. After repeated reminders and direct contact through phone calls, only 42 responded (58%) through the google form. Non-responders had multiple reasons most common being lack of knowledge regarding use of Google Form.

DISCUSSION

According to a Business Standard survey in 2021,59% women of the total population in India owned and used smart phones. It is seen that the trend of using of smartphones have increased during the pandemic. In our study also the program was deliveredonline and most of them received the sessions using their smart phones. Participants responded that since they could attend the program from their own homesand it

No. of participants: 72	No of participants responded to the survey: 42 (58%)	
Age Group	Less than 50 years: 51%	Above 50 years: 49%
iteracy	Illiterate: 5%	Literate: 95%
Accessing the portal	Smartphone: 90%	Laptop: 5%
Assistance required	Yes: 26%	No: 79%
Attendance to the sessions	Attended less than 6 sessions: 21%	Attended more than 6 sessions: 79%
og in oroblems: 32%	Network issues: I 1%	Other problems (smart phones being used by other family members in the house for their online classes and work)34%

was more convenient, easily accessible and flexible. Travelling could be avoided completely during the pandemic thereby reducing exposure to Covid 19 and saving costs. Care giver dependance for travel was not needed. For participants who could not effectively use the online platforms on their own, the reasons were 1) Not having access to smart gadgets. 2) Technical difficulties while logging in and through the sessions. 3) Due to on-going treatments. 4) Non Availability of care giver assistance for logging in due to their work schedules. Most of the houses also had only one smartphone and it was used by the students to attend their online classes. The participants, who could not completely attend the sessions regularly through online due to multiple reasons, were offered replay of the session.

CONCLUSION

A holistic multidisciplinary program to address the unmet supportive care needs is a much-needed addition that could be integrated into the treatment plan for breast cancer patients to improve their quality of life through survivorship. An online delivery model is a feasible option for better reach. Cancer Supportive Care can be effectively delivered through an online programme. Most of the participants responded well to the programme. Use of the online portal can improve the reach of supportive care programs to cancer patients. Educating patients on use of these online platforms and troubleshooting for log in issues can improve participation and help patients to a great extent.