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THE RELATIONSHIPS OF HEALTH LITERACY AND ACCULTURATION TO CANCER WORRY IN HISPANIC AMERICANS

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Cancer worry, or the concern that one is at high risk for developing cancer, has been associated with adherence to cancer screening. However, few studies have examined cancer worry among Hispanic Americans (HA), the fastest growing ethnic group in the United States. Stronger health literacy and greater acculturation have also been associated with adherence to cancer screening recommendations. This study investigated whether health literacy and acculturation were predictive of cancer worry among HAs. A community-based sample of HA men and women (N = 913) completed the Cancer Worry Scale, a brief self-report questionnaire that assesses level of cancer worry and its impact on daily functioning. Self-reported health literacy was assessed using a single validated question regarding confidence completing medical forms. Acculturation was assessed using the Brief Acculturation Scale for Hispanics, a four-item self-report questionnaire. Hierarchical linear regression was used to examine if health literacy was a significant predictor of cancer worry and whether acculturation moderated this relationship. After controlling for age, a significant main effect ($\beta = -.15, p < .05$) was found for acculturation as a predictor of cancer worry, whereby lower acculturation was associated with greater cancer worry. Health literacy was not a significant predictor of cancer worry, and the interaction between health literacy and acculturation was not significant. These findings suggest that HAs who are highly acculturated experience less concern about being at risk for cancer. Future studies could explore whether lower cancer worry puts HAs at risk for reduced adherence to cancer screening guidelines. Cancer worry may be an important construct to evaluate in interventions aimed at increasing screening behavior among HAs.

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B-037

POST-TRAUMATIC GROWTH AND BENEFIT FINDING IN ADVANCED CANCER

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Background: Studies that have examined post-traumatic growth (PTG) and benefit finding (BF) among patients with early stage cancer highlight the illness experience as one that may foster psychological growth. Few, however, have explored these constructs among patients with advanced cancer. Understanding factors that impact PTG and BF in this population is critical to improving overall quality of life. The purpose of this study was to examine PTG and BF in patients with advanced cancer of varying primary sites.

Method: Data were drawn from the baseline assessment of 135 patients with advanced cancer enrolled in a randomized controlled clinical trial examining the efficacy of Meaning-Centered Group Psychotherapy in enhancing meaning and spiritual well-being and reducing distress. Measures included an assessment of distress, PTG, and BF. Relationships between study variables were examined using bivariate correlations and one-way analyses of variance.

Results: Lower levels of global distress corresponded to higher levels of BF ($r = -.18, p = .03$) and facets of PTG: personal strength ($r = -.18, p = .04$) and new possibilities ($r = -.18, p = .04$). Additionally, there were significant differences in facets of PTG- spiritual change ($p = .01$) and personal strength ($p = .05$) according to disease type, such that patients with breast cancer reported significantly more PTG than patients with lung cancer in these domains.

Conclusions: Global distress appears to challenge the ability for patients with advanced cancer to find benefit in their illness experience, recognize personal strength, and explore new possibilities to enhance growth. As distress is modifiable and amenable to intervention, future psychotherapeutic interventions should focus on targeting this variable as a means to increasing PTG/BF. Such interventions may be particularly important among patients with advanced lung cancer, for whom finding benefit in the illness experience appears to be especially challenging.

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B-038

FEAR OF BREAST CANCER RECURRENCE: THE IMPORTANCE OF PERSONALIZED INTERVENTIONS

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Fear of recurrence (FOR) is a significant and persistent concern associated with poorer psychological adaptation and quality of life among breast cancer survivors (BCS). To better understand the content of BCS's fears, this study examined associations between ratings of a set of health- and cancer-related verbal stimuli (words) and demographic and psychological variables in BCS. As part of a study to develop a personalized computerized cognitive bias modification (CBM) intervention designed to reduce FOR, women (n = 27) with a history of stage 0, I, or II breast cancer and at least moderate levels of FOR were asked to rate the emotional charge of a set of 35 health- and cancer-related words from +3 (positively valenced) to -3 (negatively valenced), with 0 indicating no charge. They also completed the Concerns About Recurrence Scale (CARS). Participants were on average 55.6 years old, and 89.0% were college-educated. BCS reporting higher levels of health worries as measured by the CARS rated several diagnostic- and treatment-related words more negatively, suggesting a greater level of threat. These included the words, mammogram ($r = -.42, p < .05$), biopsy ($r = -.53, p < .01$), and chemo ($r = -.43, p < .05$). Words reflecting general health (e.g., sickly) or cancer threat (e.g., malignancy) were not significantly associated with CARS scores ($ps > .10$). Younger BCS rated general health words (e.g., paralyzing, $r = -.51, p < .05$) as less threatening, despite the fact that, as has been shown in prior studies, age was inversely correlated with overall FOR, $r = -.47, p < .05$. Survivors with greater health worries appeared to have stronger negative reactions to words related to diagnosis and treatment. This suggests the importance of developing personalized interventions to assist BCS with reducing FOR, particularly to reduce negative emotional reactions to procedures, such as mammograms, that are part of routine follow-up care.

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B-039

THE IMPACT OF CAREGIVING BURDEN ON THE HEALTH-RELATED QUALITY OF LIFE FOR CANCER PATIENTS AND THEIR FAMILY CAREGIVERS

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Background: Caregiving burden exerts physical and emotional health, and consequently may undermine not only health-related quality of life (HRQOL) of caregivers, but also cancer patients. But impact of caregiving burden on patients' HAQOL is generally unknown.

Objectives: This study aims to examine association between caregiving burden and HRQOL for both by developing two path models through a pathway of stress level, sleep quality and emotional health. **Methods:** 233 mixed type cancer patient-caregiver dyads completed an online questionnaire consisting of short form-12 health survey (SF-12), caregiver reaction assessment (CRA), perceived stress scale, Pittsburg sleep quality index, and hospital anxiety and depression scale. Path analysis was conducted to estimate associations among study variables for cancer patients and family caregivers separately.

Results: For caregivers, CRA was significantly associated with stress [unstandardized path coefficient (standard error) = 1.06 (.15), $p < .01$], sleep disturbance [.61(.12), $p < .01$], anxiety [.36 (.09), $p < .01$], depression [.55 (.10), $p < .01$], SF-12 physical health [-1.19 (.34), $p < .01$], and SF-12 mental health [-1.33 (.28), $p < .01$]. CRA showed a significant indirect effect on SF-12 physical health [-.36 (.11), $p < .01$] via sleep quality and SF-12 mental health via stress [-.53 (.14), $p < .01$] and via depression [-.24 (.11), $p < .05$]. For cancer patients, CRA showed a significant direct effect on stress [.59 (.14), $p < .01$], anxiety [.15 (.07), $p < .05$] and depression [.22 (.09), $p < .05$]. CRA showed a significant indirect effect on SF-12 physical health [-.42 (.13), $p < .01$] and SF-12 mental health [-.94 (.19), $p < .01$] via stress, sleep quality, and emotional health.

Conclusion: This study showed that CRA was an important role in HRQOL for both cancer patients and family caregivers, and might shed a light on self-care and use of social support for improvement of their HRQOL.

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