Psychosocial Interventions to Improve Patient Reported and Clinical Outcomes to Decrease Cancer Disparities in Diverse Cancer Survivors

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Sylvester DCC Living Proof Endowed Chair in Cancer Survivorship

SURVIVOR POPULATION GROWS

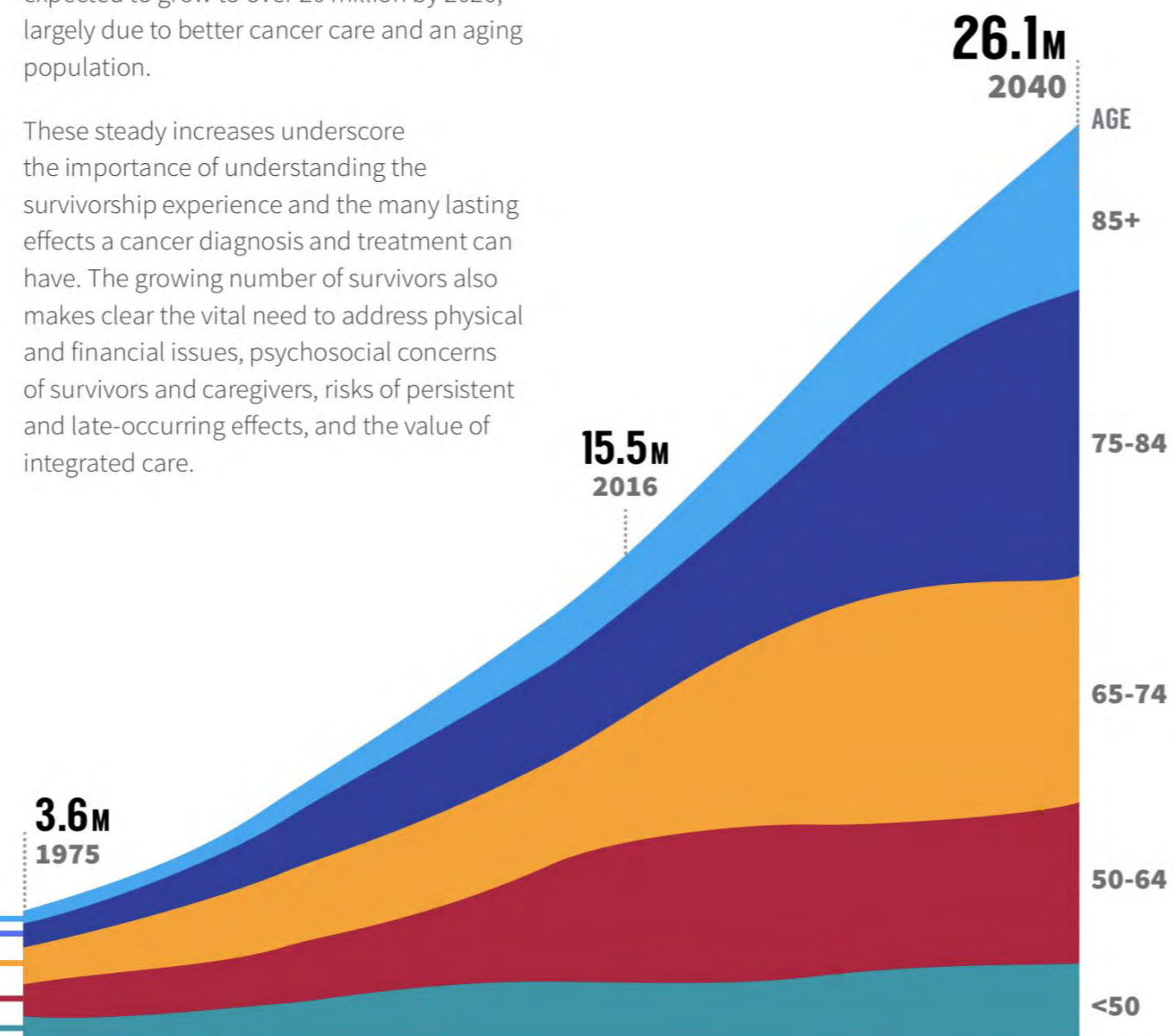68% 5+ YEARS
47% 10+ YEARS
20% 20+ YEARS

Improvements in screening and treatment have helped millions of people live many years after their cancer diagnosis. An estimated 15.5 million cancer survivors now live in the United States, and that number is expected to grow to over 20 million by 2026, largely due to better cancer care and an aging population.

These steady increases underscore the importance of understanding the survivorship experience and the many lasting effects a cancer diagnosis and treatment can have. The growing number of survivors also makes clear the vital need to address physical and financial issues, psychosocial concerns of survivors and caregivers, risks of persistent and late-occurring effects, and the value of integrated care.

26.1M 2040
15.5M 2016
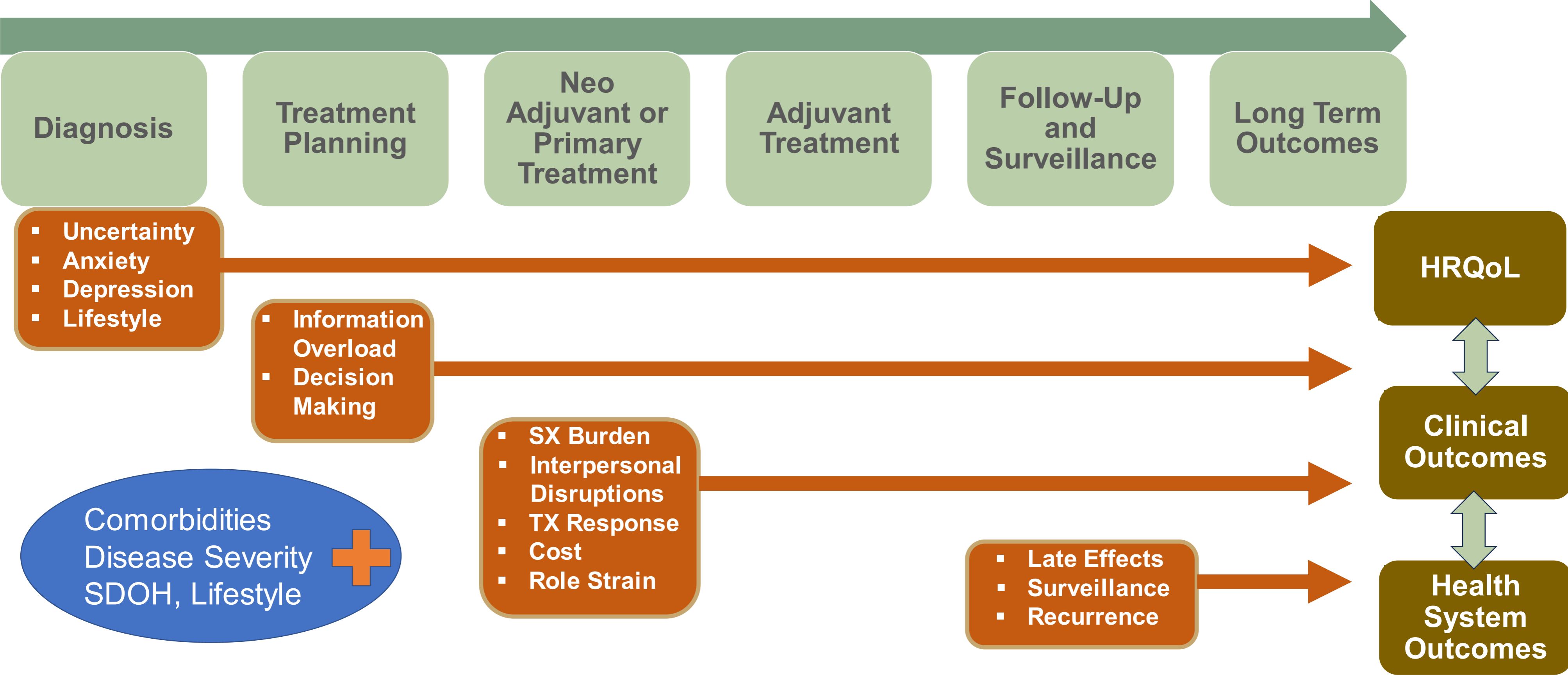3.6M 1975

AGE
85+
75-84
65-74
50-64
<50

THE NUMBER OF CANCER SURVIVORS OVER TIME BY AGE

- **Unprecedented growth in last 40+ yrs.**

- **Early detection & treatment efficacy**
  - 20M Survivors; >26M in 2040
  - 5% of the US population
  - 64% are 65 or older*
  - 20% are Hispanic/Latinos

- **Survival benefit comes with challenges**
  - Provider shortage
  - Chronicity of treatment side effects
  - Aging and comorbidities (67% 3 or >)
  - Care fragmentation
  - Limited access to primary care
  - Lifestyle factors contribute to disease burden, morbidity and mortality

  Multiple Challenges!

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(NCI, 2018; ACS, 2020)

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Survivorship Experiences Across the Care Continuum

Diagnosis | Treatment Planning | Neo Adjuvant or Primary Treatment | Adjuvant Treatment | Follow-Up and Surveillance | Long Term Outcomes

- Uncertainty
- Anxiety
- Depression
- Lifestyle

- Information Overload
- Decision Making

- SX Burden
- Interpersonal Disruptions
- TX Response
- Cost
- Role Strain

- Late Effects
- Surveillance
- Recurrence

Comorbidities
Disease Severity
SDOH, Lifestyle

HRQoL

Clinical Outcomes

Health System Outcomes

Challenges are Prevalent, Underdetected and Undertreated

(Penedo et al., 2020; Benedict, Walsh & Penedo, 2022; e.g., ASCO, COC, NCCN Guidelines)
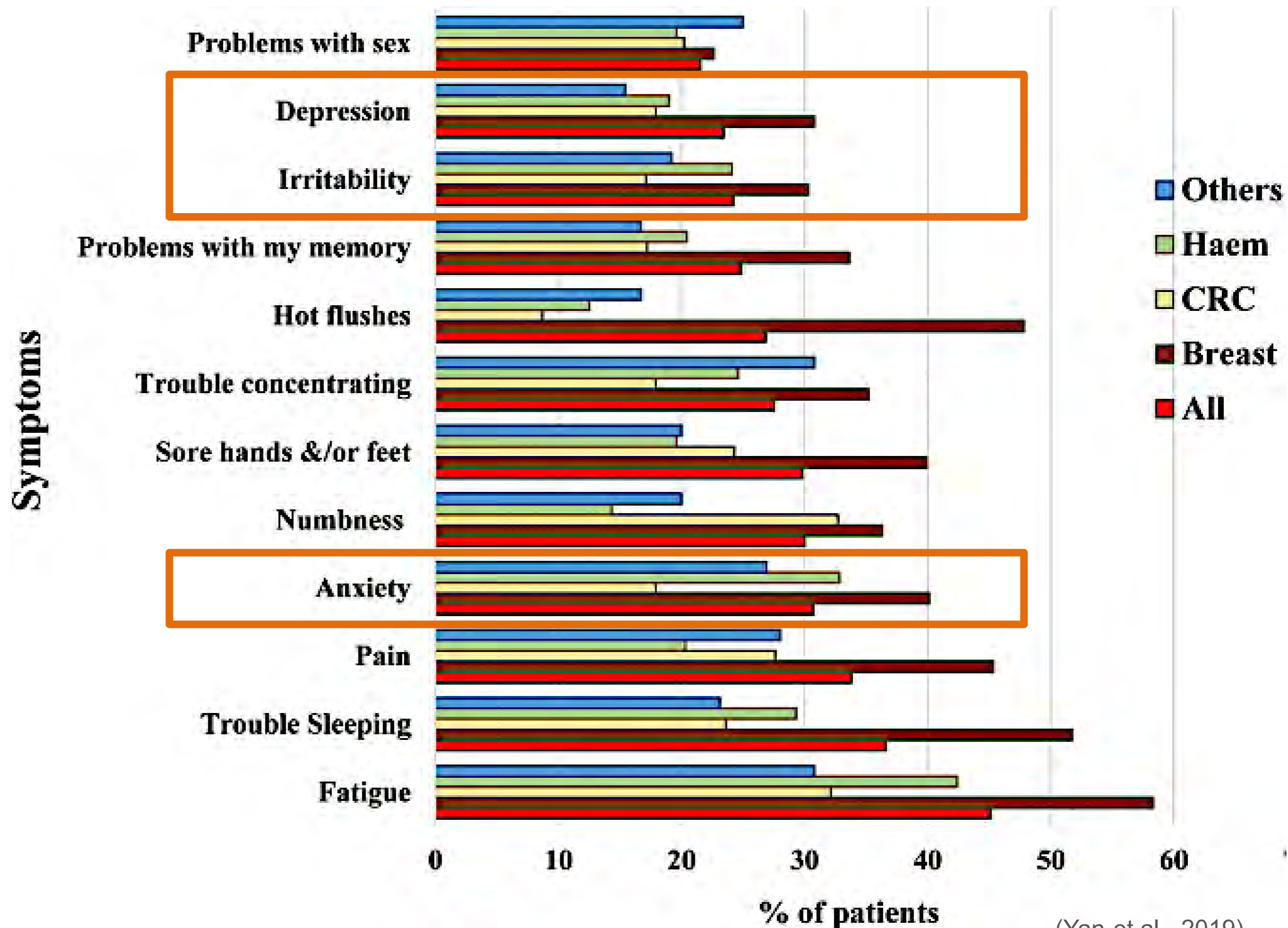
Physical Symptom Burden & Hospitalizations
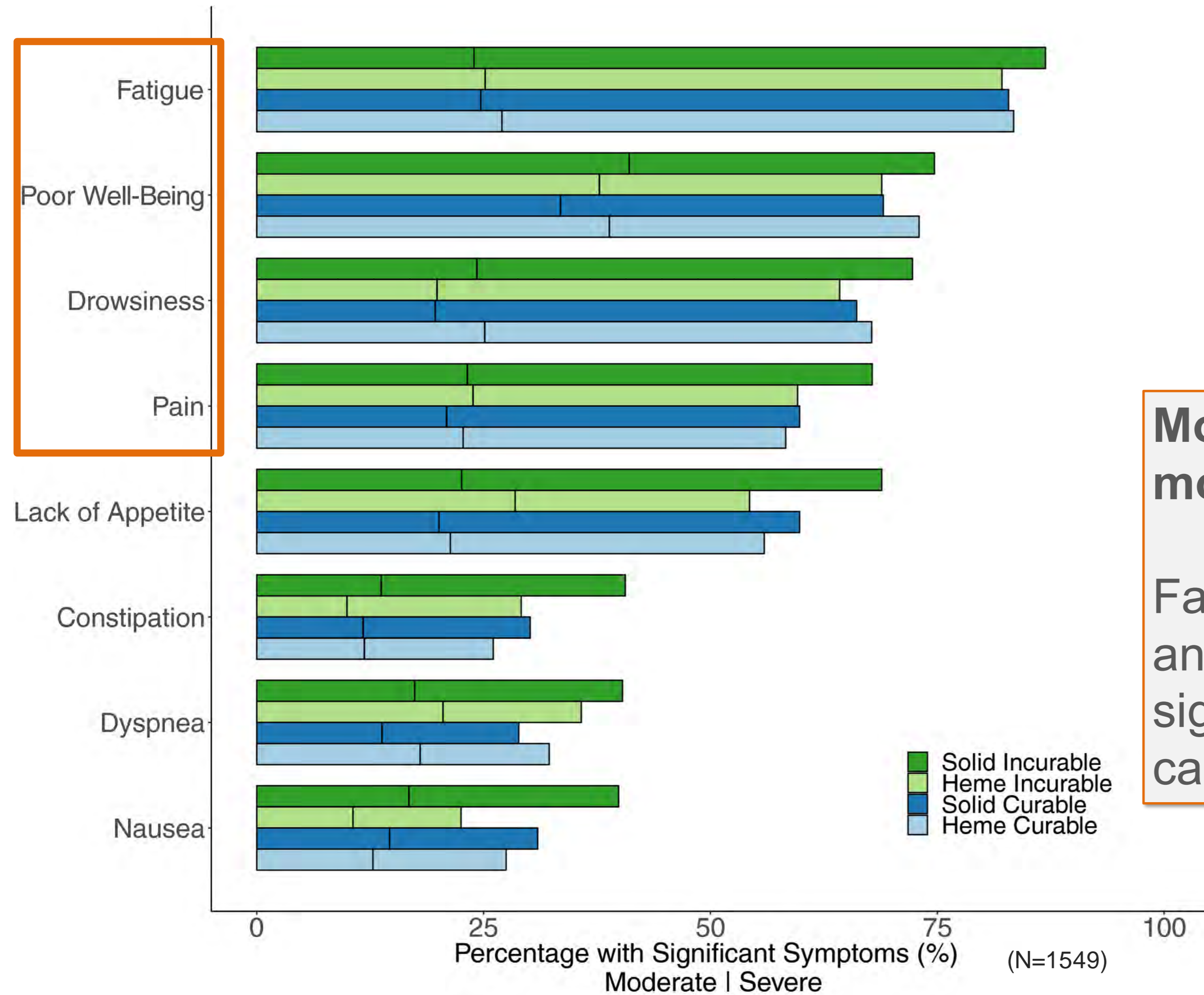
Most patients reported moderate to severe:

Fatigue, poor well-being, pain, and drowsiness with no significant differences noted by cancer type and treatment intent.

Chart legend:
- Solid Incurable
- Heme Incurable
- Solid Curable
- Heme Curable

Y-axis categories: Fatigue, Poor Well-Being, Drowsiness, Pain, Lack of Appetite, Constipation, Dyspnea, Nausea

X-axis: Percentage with Significant Symptoms (%) Moderate | Severe (N=1549)

Prevalence of *Moderate or High* Severity Emotional Symptom Burden is Common

Anxiety (30-40%)
Irritability (20-30%)
Depression (<20-30%)

(Yan et al., 2019)

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High Rates of Unmet Needs are Common

- Over 10K adult survivors
- Breast, prostate, colorectal, melanoma, or hematological cancers

JAMA Network | Open

(Shakeel et al., 2020)

Domain	No. of Responses	Concern Reported	Help Sought	Unmet Need Reported
Physical concerns				
Swelling	10 322	2411 (23)	1499 (64)	958 (40)
Fatigue	10 555	7210 (68)	2573	4702 (65)
Hormonal menopause	10 227	2663 (26)	1300	1417 (53)
Chronic pain	10 375	3573 (34)	2094 (61)	1530 (43)
Bladder incontinence	10 475	3716 (36)	2050 (58)	1650 (44)
Gastrointestinal tract problems	10 432		2304	1521 (40)
Nervous system problems	10 413		1967 (5)	2123 (5)
Change in concentration or memory	10 426	4108 (40)	1016 (2)	3093 (75)
	10 513	4748 (45)	1789 (39)	3027 (64)
Emotional concerns				
Depression	9700		1459 (2)	3010 (67)
Anxiety	9925		1996	4641 (68)
	10 632	3448 (32)	674 (21)	2679 (78)
Change in relationship with family				
Change in relationship with friends	10 577	2235 (21)	270 (13)	1851 (88)
Change in body image	10 594	(40)	849 (22)	3152 (75)
Change in sexual intimacy	10 551	4488 (43)	1282 (30)	3151 (70)
Practical concerns				
Returning to work or school	10 388	2364 (23)	736 (32)	1625 (69)
Getting to and from appointments	10 521	2240 (21)	894 (43)	1229 (55)
Taking care of family	10 399		367 (2)	924 (69)
Difficulty getting health or life insurance	10 364	1642 (16)	457 (30)	1192 (73)
Paying health care bills	10 469	2116 (20)	696 (36)	1373 (65)

10%-70% endorsed concerns

40%-78% reported as unmet

Unmet Need

Fatigue	**65%**
Cognition	**75%**
Sexuality	**64%**
Depression	**67%**
Anxiety	**68%**
Family	**78%**
Work Return	**69%**
Insurance	**73%**
Payments	**65%**

Hispanics/ Latinos

- **60M or 18.5% of the US population**
- **100M by 2050 30% of US pop**

- Cancer is the 2nd leading cause of death among H/Ls (21% of deaths)

- 4 Million H/L Cancer Survivors in the US

- Less likely that non-Hispanic Whites to be dx with the most common cancers (breast, colorectal, lung, prostate)

- Have a higher risk for cancers associated with infectious agents, such as liver, stomach, and cervix.

- Present with more advanced disease and poorer outcomes across several cancers

(ACS, 2022)

Psychological Morbidity & HRQOL in Hispanics

- Systematic review and meta-analysis

- 21 articles (18 datasets)

- Hispanic disparities:
  Distress   (es 0.37)
  Depression   (es 0.23)
  Social QOL   (es 0.45)
  General HRQOL   (es 0.49)

Luckett et al, Lancet Oncology, 2011

Depression is differentially worse for racial/ethnic minorities cancer survivors

Adult California Health Interview Survey (n=42,879)

	White	Black	Latino	Asian	Multi Race	Other
■ No Cancer	2.263	2.514	1.754	2.202	2.895	2.899
■ Cancer	2.645	4.38	3.596	2.847	3.308	5.716
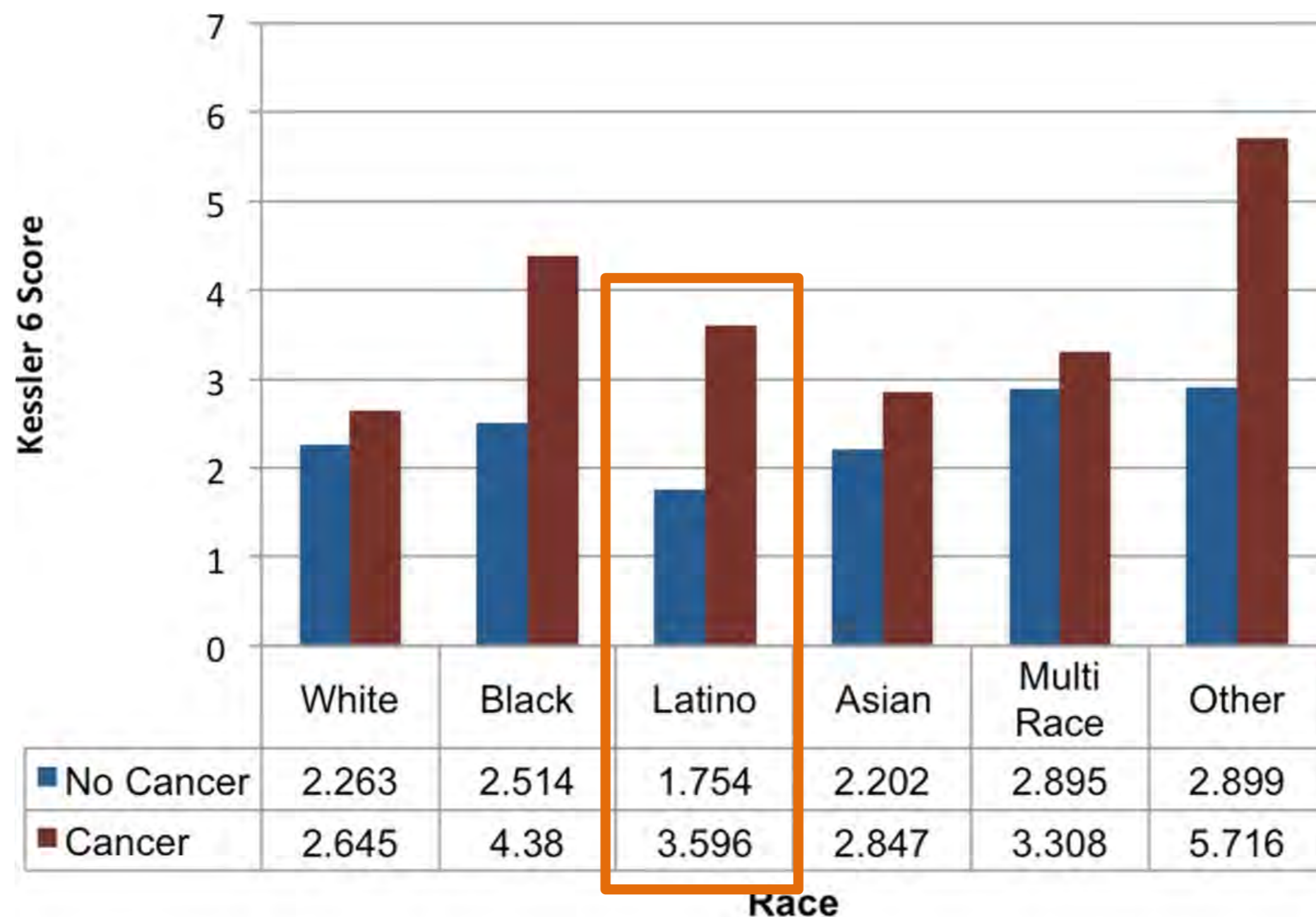
Alcala et al, *BMC Pub Hlth;* 2014

Supportive Care Needs Amon H/L BC, CRC & PC Survivors

- Two most common unmet needs were in the psychological domain:
  - *Fear of recurrence/spread* (32.6%)
  - *Concern for close others* (31.3%)

- *Greater unmet supportive needs* compared to previously published norms in non-Hispanic/Latino white samples

- *Social roles/strain, familism and fatalistic attitudes* may be contributing factors

Unmet Supportive Care Need Domain	Satisfaction with Cancer Care		Prostate Cancer Symptom Burden		Breast Cancer Symptom Burden	
	B (SE)	(95% CI)	B (SE)	(95% CI)	B (SE)	(95% CI)
Psychological (PSY)[a]	-1.66 (1.23)	(-4.08 – .75)	-6.01 (2.02)**	(-10.03 – -1.98)	-8.30 (1.33)***	(-10.95 – -5.66)
Health System & Information (HSI)[b]	-3.81 (1.18)**	(-6.14 – -1.48)	-6.75 (2.12)**	(-10.96 – -2.54)	-6.36 (1.39)***	(-9.12 – -3.60)
Patient Care & Support (PCS)[c]	-3.57 (1.47)*	(-6.46 – -.68)	-5.80 (3.54)	(-12.84 – 1.24)	-4.20 (1.45)**	(-7.07 – -1.32)
Physical & Daily Living (PDL)[d]	-3.65 (1.46)*	(-6.53 – -.77)	-5.80 (3.54)	(-12.84 – 1.24)	-4.18 (1.44)**	(-1.33 – -7.04)
Sexuality (SXN)[e]	-2.05 (1.24)†	(-4.49 – .39)	-8.13 (1.67)***	(-11.44 – -4.81)	-6.24 (1.54)***	(-9.29 – -3.20)

(Moreno et al., 2019)

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Self-Efficacy/Controllability Mediates Care Satisfaction → HRQOL in H/Ls

- 300 H/L BC, CRC, PC

- Satisfaction associated with self-efficacy & greater HRQoL

- Self-efficacy/confidence in managing:
  - psychological distress
  - support from close others
  - social/activities
  - patient-provider communication
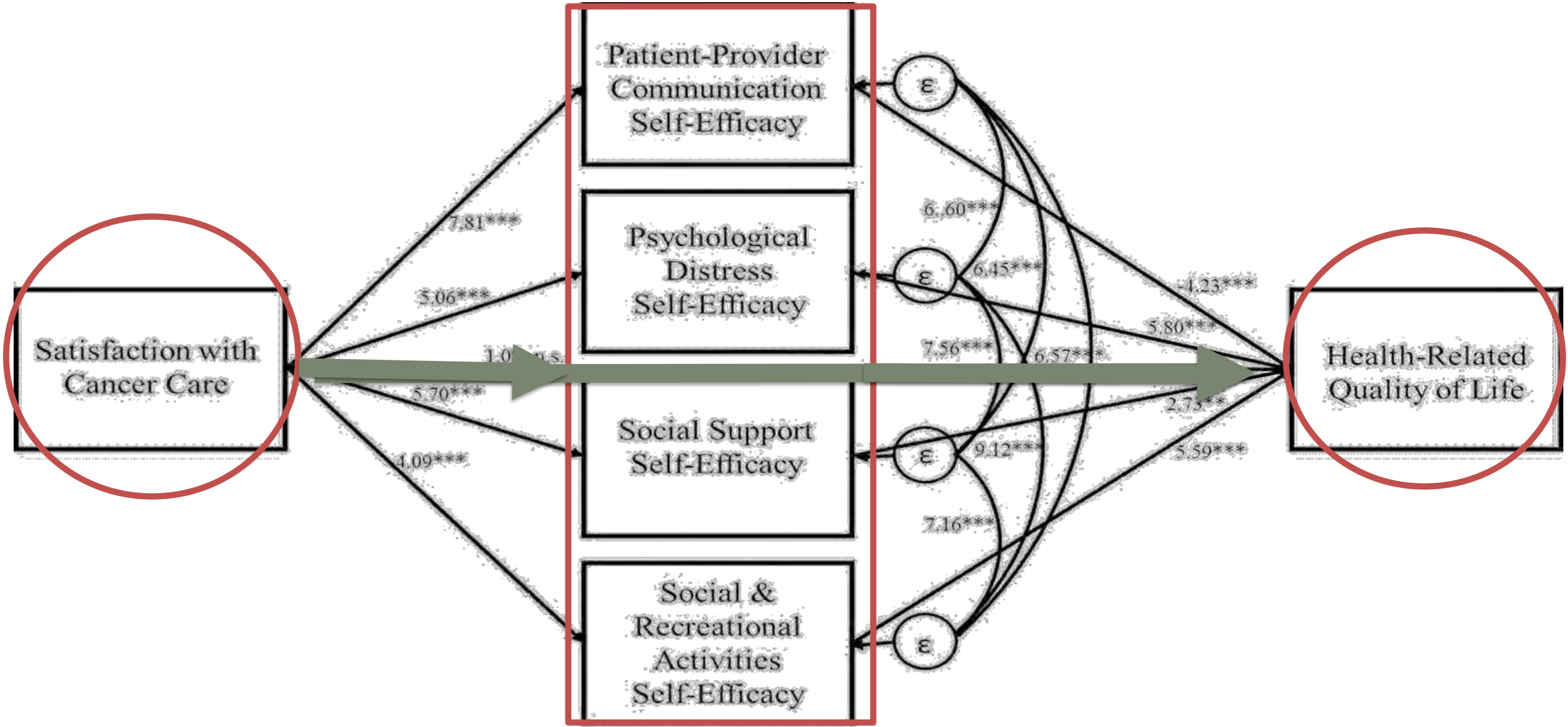
Adjusting for acculturation, language, nativity, and other covariates of HRQoL did not alter findings

(Moreno et al., 2019)

Factors that <u>May</u> Impact Psychosocial Adjustment and Health Outcomes in Hispanics/Latinos

- **Structural disadvantage well documented ✓**
- **Practical needs (e.g., transp., child-care) ✓**
- **Physical and Emotional Symptom Burden ✓**
- **Sociocultural Factors—Limited Work ~**
  - **Homogeneous samples**
  - **Low SES and/or acculturation**
  - **Provider education**

H/Ls Lowest Coverage
Late DX & Poor Adherence

3 or >; Obesity,
Diabetes & Liver DZ

Greater Burden
Poorer HRQoL & Adherence

Acculturation & Education

Lower Self-Efficacy
Lower Optimism

Family Roles, Cohesion,
Role Strain

Structural & Psychosocial Barriers?

Resilience: Extended Family & Cohesion, Spirituality, etc.

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(Gallo & Penedo, 2009; Penedo et al., In Press; Ramirez et al., 2020; Moreno et al., 2019; Yanez et al., 2016)

Potential Benefits of Capturing PROs in Ambulatory Oncology

- Assessment of a patient's symptoms, function and quality of life are **essential to quality medical care.**

- ***Clinician ratings of symptom severity are often lower*** than that reported by patients, especially for subjective symptoms (e.g., anxiety, fatigue).

- Promotes ***risk-stratified care.***

  Growing Literature Supports that PROs can promote:
  - Individualized patient care
  - Enhanced patient-physician communication
  - Shared health decision-making
  - Patient engagement

(e.g., Di. Maio, M. *et al.* 2016; Penedo et al., 2017, 2020)

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☑ My Wellness Check

Patient Engagement
Outreach & engage patients

Technology Optimization
Collect, analyze patient data

Best Outcomes
Best practices

With MyUHealthChart, your medical records are at your fingertips

(Penedo et al., 2022)

My Wellness Check

Patient Eligibility
(e.g., ICD-10, 2nd visit or later, no > once within 30 days, medical appointment)

Reminders
(text, email, or call; 72 hours prior to visit)

At Home
(Patient Portal)

At Clinic
(Intake Nurse)

My Wellness Check Complete
(12-20 minutes)

Patient Report Outcomes
Anxiety, Depression, Fatigue, Pain, Physical Function
Nutrition Needs
Practical Needs (eg, transp.)
Rehabilitation Needs
Quality of Life (FACT-G7)

Real-time Scoring & EMR Coding
(Real-Time Data, EHR, PRO CATs, Needs, HRQoL, Alerts, Reports)

Alert

No Alert

Symptom Management & Provider Disposition Coded
(e.g., Health interventions, telephone counselling, referrals, and medication management)

Social Work
(PHQ-9, GAD 7)
Nutrition
Rehab Med
Medical Team
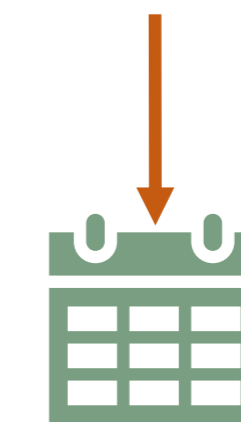
Reassess
(within 30 days, appointment)

PROMIS® Items & Alert Thresholds

PROMIS CATs ITEM BANKS USED	
PROMIS Bank v1.0 (English + Spanish)	Fatigue
PROMIS Bank v1.1 (English + Spanish)	Pain Interference
PROMIS Bank v1.2 (Spanish), v2.0 (English)	Physical Function
PROMIS Bank v1.0 (English + Spanish)	Anxiety
PROMIS Bank v1.0 (English + Spanish)	Depression

PROMIS Scoring Thresholds

PROMIS CAT	SEVERITY CATEGORIES				CLINICIAN ALERT
	Normal	Mild	Moderate	Severe	
Fatigue	< 50	50 - 59	60 - 69	≥ 70	≥ 70
Pain Interference	< 50	50 - 59	60 - 69	≥ 70	≥ 70
Physical Function	> 55	55 - 46	45 - 31	≤ 30	≤ 30
Anxiety	< 55	55 - 64	65 - 74	≥ 75	≥ 65
Depression	< 55	55 - 64	65 - 74	≥ 75	≥ 60

Interpreting PROMIS® T-Scores*

Symptoms — 20 30 40 50 60 70 80 — Symptoms

Within Normal Limits | Mild | Moderate | Severe

Function — 80 70 60 50 40 30 20 — Function

About 80% of general population

About 20% of general population

Patient Portal Interface

PROMIS – Anxiety CAT

Sample EPIC Functionality…

Best Practice Alerts

Item Level Responses

Recorded Disposition

Provider & Patient Facing Trends

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Patient Demographics
10,637 assessments completed by 6,079 unique patients

Patient Demographics	Mean (SD)
Age	62.6 (13.1)
Charlson Score	6.2 (3.7)
Sex	N (%)
Male	2287 (43.7)
Female	2949 (56.3)
RACE	
White	4618 (88.2)
Black	380 (7.3)
Asian	85 (1.6)
Other	19 (0.4)
Refused or Not Reported	134 (2.5)
Ethnicity	
Hispanic/Latino	2506 (47.9)
Non-Hispanic or Latino	2541 (48.5)
Refused or Not Reported	189 (3.6)

Cancer Diagnosis	
Breast	969 (18.5)
Hematology	788 (15.1)
GI	653 (12.5)
Male Genital	571 (10.9)
Head and Neck	415 (7.9)
Lung	412 (7.9)
GYN	426 (8.1)
Skin	236 (4.5)
Uro	203 (3.9)
Sarcoma	129 (2.5)
Brain	63 (1.2)
Other	245 (4.7)
Unknown	113 (2.0)
Cancer Stage	
Stage 0	42 (0.8)
Stage I	425 (8.1)
Stage II	317 (6.1)
Stage III	276 (5.3)
Stage IV	275 (5.3)
Unknown	3901 (74.5)
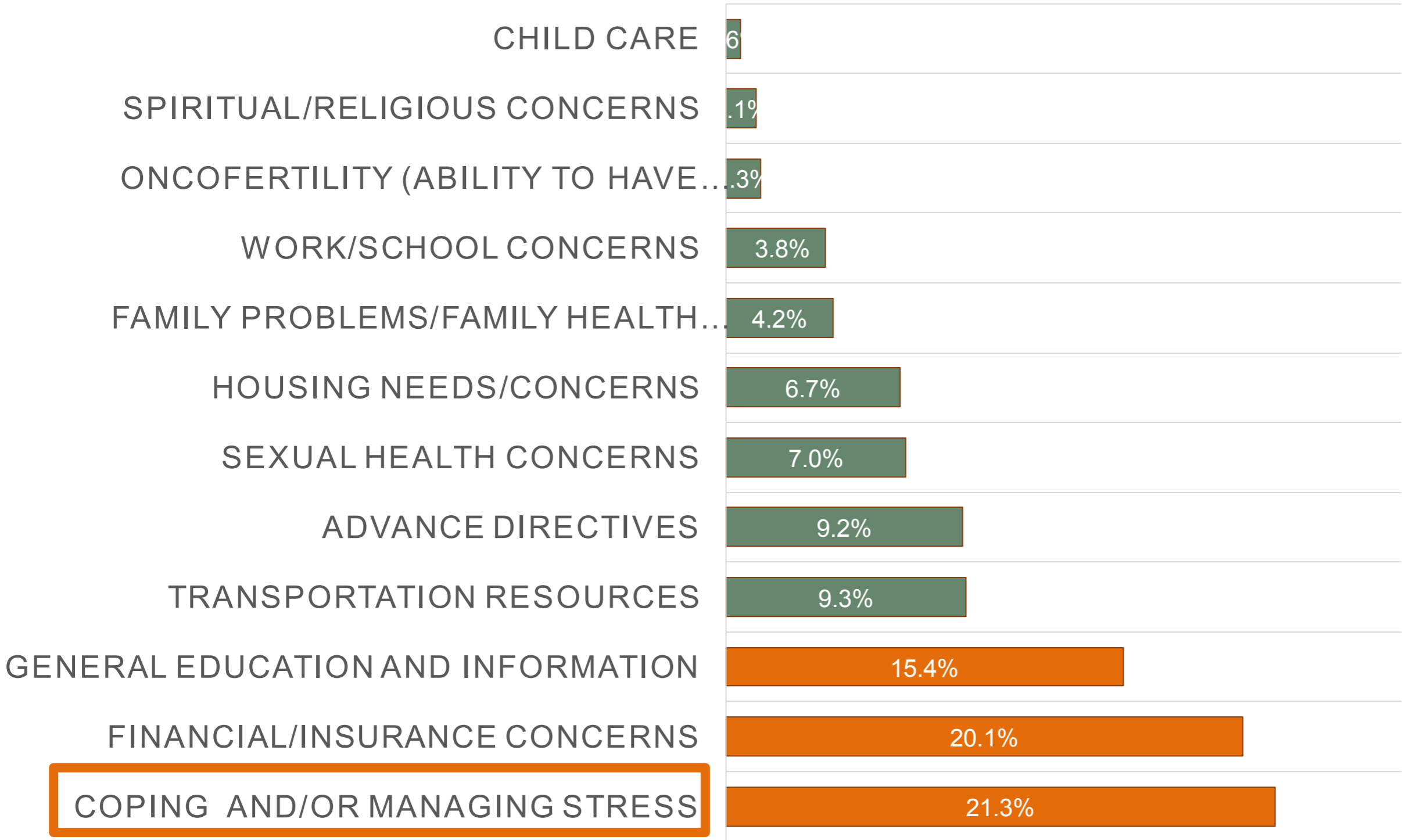
Figure2a ER visit

response	Events/Total	Adj HR (95% CI)
Non-responder	729/5436	Reference
Responder	624/4115	0.81 (0.73-0.91)

Adjusted Likelihood-Ratio P-value: 0.0002 + Censor
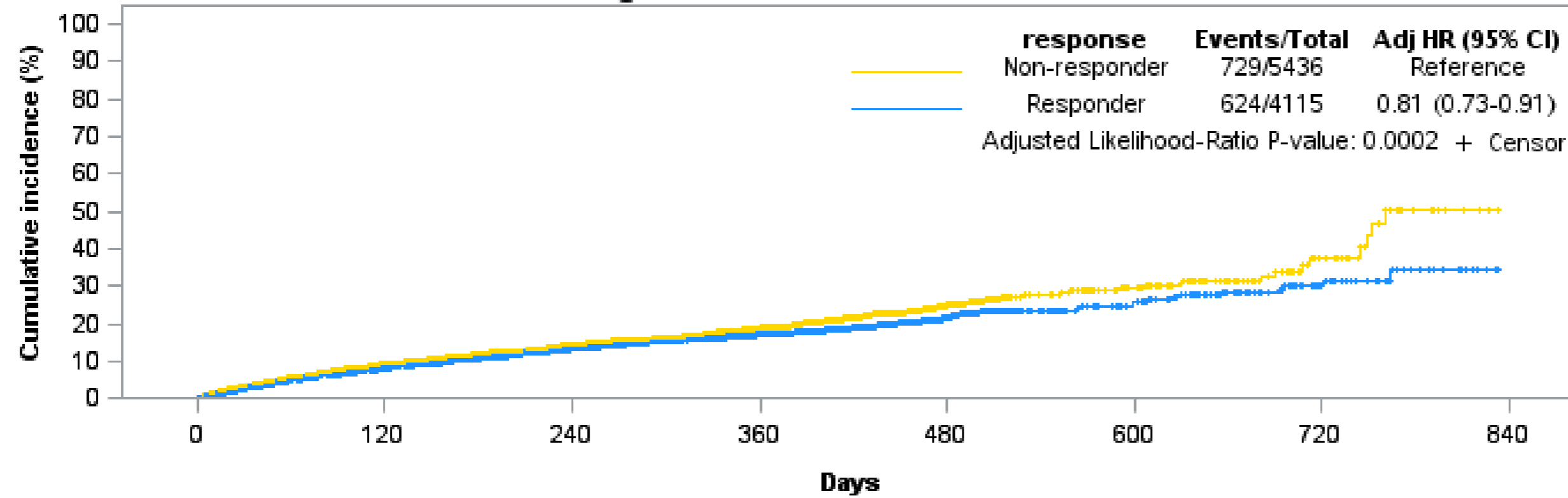
No. at risk

Non-responder	5436	3386	2122	1230	320	118	29	0
Responder	4115	3143	2313	1563	481	152	50	0

Figure2b Hospitalization

response	Events/Total	Adj HR (95% CI)
Non-responder	642/5436	Reference
Responder	558/4115	0.83 (0.74-0.93)

Adjusted Likelihood-Ratio P-value: 0.0010 + Censor
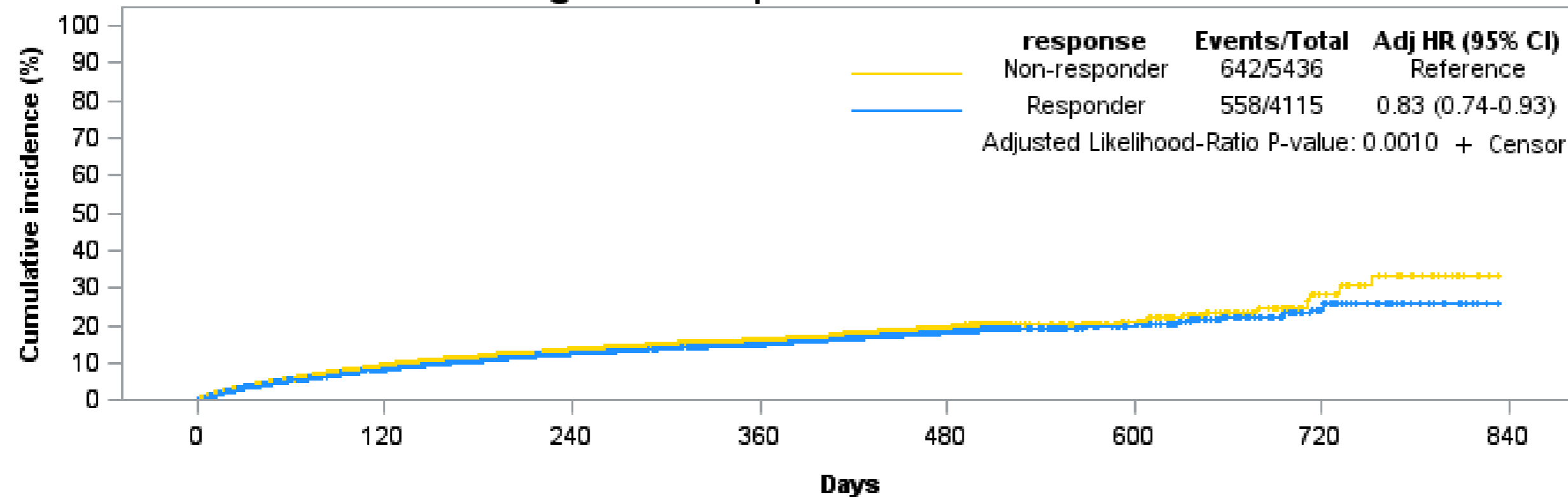
No. at risk

Non-responder	5436	3393	2163	1291	347	137	35	0
Responder	4115	3142	2343	1616	510	162	57	0

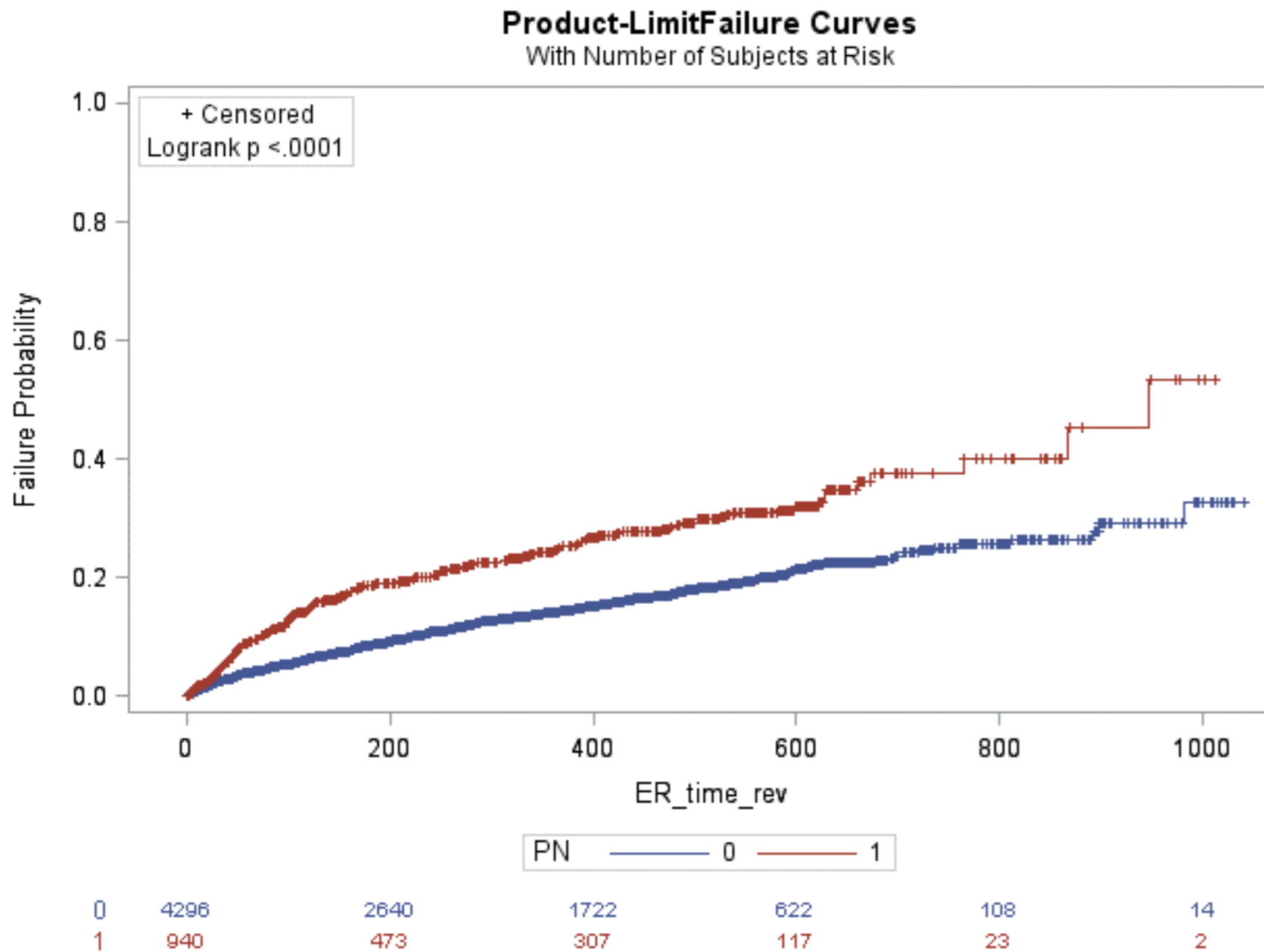**Non-Responders: Greater likelihood of ER Visits & Hospitalization**

Non-Engagement:
- Older age
- Single
- Male
- Hispanic Ethnicity

Journal of Clinical Oncology®
An American Society of Clinical Oncology Journal
(2022)

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Unmet practical need associated with greater likelihood of ER visits and Hospitalizations

Figure 1: Cumulative incidence of ER visits
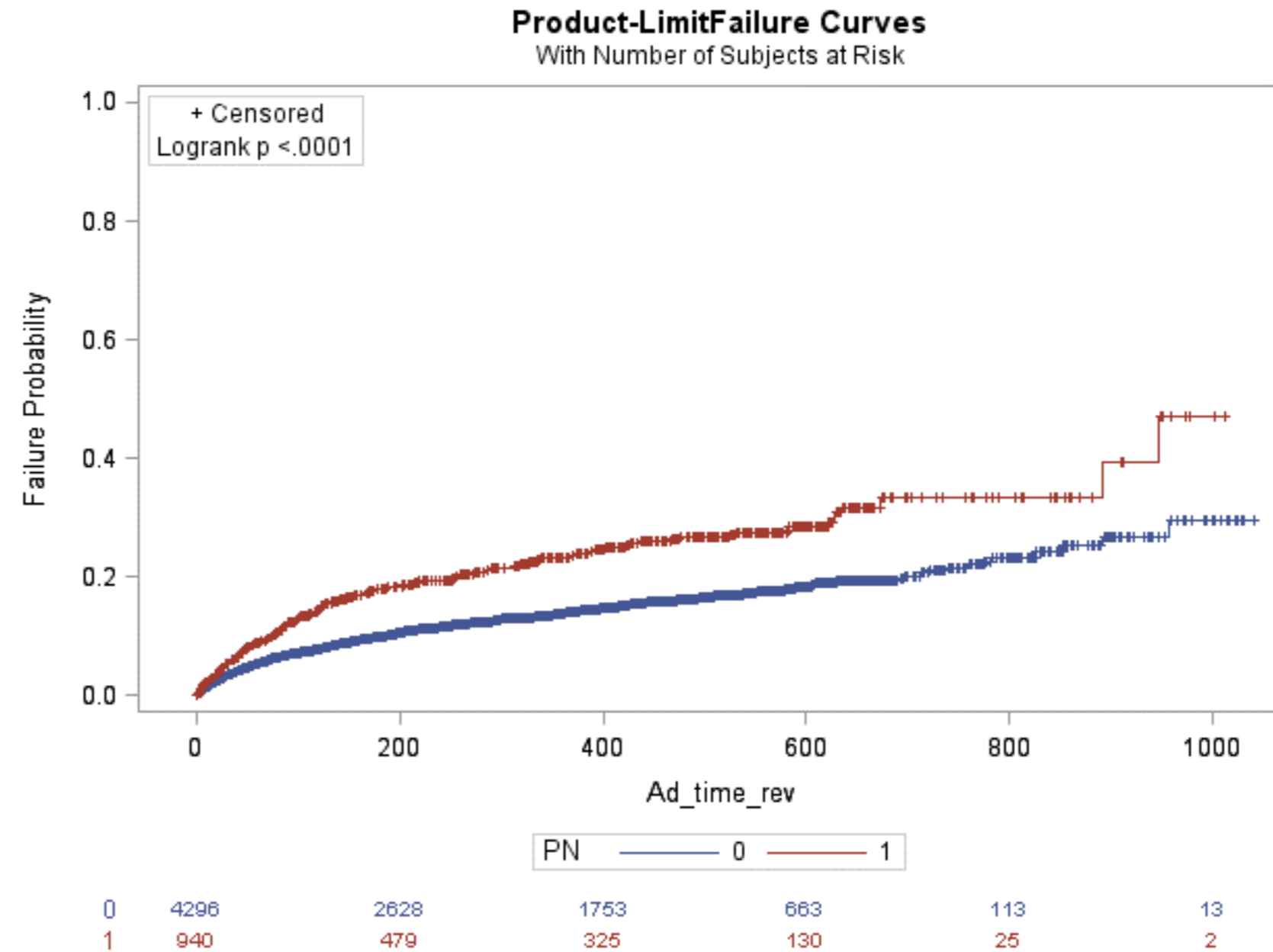
Figure 2: Cumulative incidence of hospitalizations

Unmet practical needs is an independent risk factor for ER visit/hospitalization after controlling demographics and PROs

ER	Univariate		Multivariate	
	HR (95%CI)	P value	HR (95%CI)	P value
Age	0.99 (0.98-0.99)	0.004	0.99 (0.98-0.99)	0.003
Gender				
Male (vs. Female)	0.97 (0.94-1.12)	0.66		
Race				
White (ref)	-	-	-	-
Black	1.43 (1.13-1.82)	0.003	1.66 (1.27-2.16)	0.0002
Other	0.99 (0.67-1.48)	0.98	1.29 (0.85-1.94)	0.22
Unknown	0.41 (0.15-1.08)	0.07	0.44 (0.14-1.40)	0.16
Ethnicity				
Non-Hispanic (ref)	-	-	-	-
Hispanic	0.45 (1.25-1.68)	<0.0001	1.46 (1.23-1.74)	<0.0001
Unknown	0.67 (0.39-1.15)	0.15	0.78 (0.44-1.38)	0.40
Charlson Score	1.17 (1.15-1.20)	<0.0001	0.17 (1.14-1.19)	<0.0001
PROs				
Anxiety	2.19 (1.80-2.66)	<0.0001	1.45 (1.11-1.89)	**0.007**
Depression	1.98 (1.63 – 2.41)	<0.0001	0.95 (0.72-1.26)	0.71
Pain	2.78 (2.15-3.60)	<0.0001	1.52 (1.08-2.14)	**0.02**
Fatigue	2.09 (1.50-2.91)	<0.0001	0.86 (0.58-1.28)	0.46
Physical function	2.55 (2.11-3.09)	<0.0001	1.67 (1.30-2.14)	**<0.0001**
Practical Needs	1.85 (1.58-2.17)	<0.0001	1.48 (1.23-1.77)	**<0.0001**

Hospitalization	Univariate		Multivariate	
	HR (95%CI)	P value	HR (95%CI)	P value
Age	0.99 (0.98-0.99)	<0.0001	0.98 (0.97-0.99)	<0.0001
Gender				
Male (vs. Female)	1.20 (1.04-1.39)	0.01	1.35 (1.15-1.60)	0.0003
Race				
White (ref)	-	-		
Black	1.35 (1.06-1.72)	0.01	1.62 (1.24-2.11)	0.0004
Other	0.98 (0.66-1.46)	0.92	1.49 (1.01-2.20)	0.045
Unknown	0.40 (0.15-1.07)	0.07	0.70 (0.28-1.73)	0.44
Ethnicity				
Non-Hispanic (ref)	-			
Hispanic	1.17 (1.01-1.36)	0.03	1.25 (1.05-1.49)	0.01
Unknown	1.19 (0.79-1.78)	0.41	1.12 (0.7 -1.79)	0.64
Charlson Score	1.20 (1.18-1.22)	<0.0001	1.20 (1.17-1.22)	<0.0001
PROs				
Anxiety	1.67 (1.35-2.07)	<0.0001	0.78 (0.73-1.32)	0.89
Depression	1.80 (1.46-2.01)	<0.0001	0.94 (0.70-1.27)	0.71
Pain	2.35 (1.79-3.08)	<0.0001	1.13 (0.79-1.63)	0.51
Fatigue	2.10 (1.51-2.92)	<0.0001	1.08 (0.73-1.59)	0.72
Physical function	2.50 (2.06-3.03)	<0.0001	1.84 (1.43-2.37)	**<0.0001**
Practical Needs	1.73 (1.47-2.05)	<0.0001	1.48 (1.23-1.78)	**<0.0001**

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Unmet Needs & HRQoL (FACT-G 7)

Explanatory variables	Model 1 Standardized coefficient	Model 2 Standardized coefficient	Model 3 Standardized coefficient
Step 1: Demographics			
Age	0.008	0.01	0.002
Female gender (ref: male)	-0.05**	-0.05**	-0.05**
Race			
White (ref)			
Black	-0.003	0.007	0.02
Other	0.01	0.02	0.01
Hispanic (ref: non-Hispanic)	0.03	0.04*	0.04**
Not insured (ref: insured)	-0.03	-0.03	-0.02
No partner (ref: living with a partner)	-0.09***	-0.08***	-0.06***
Step 2: Clinical factors			
Metastatic disease (ref: early stage)		-0.005	-0.008
Year since cancer diagnosis		0.04*	0.03
Charlson Comorbidity Score		-0.20***	-0.19***
No active treatment (ref: receiving treatment)		0.11***	0.10***
Step 3: Cancer Supportive care needs			
Number of cancer supportive care needs			-0.27***
F	4.99***	17.66***	34.95***
R^2	0.01	0.08	0.15
ΔR^2	--	0.07	0.07
*$p<0.05$, **$p<0.01$, ***$p<0.001$			

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Cognitive Behavioral Stress Management in Cancer

CANCER TX → **STRESS** →

Psychosocial Treatment Targets
- Provide Anxiety Reduction Skills
- Modify Negative Appraisals
- Build Coping Skills & Self-Efficacy
- Facilitate Emotional Expression & Communication Skills
- Reduce Social Isolation
- Reduce Risk Behavior

Emotional & Behavioral Adaptation
- Improved Mood & Social Relations
- Reduced Arousal
- Improved Treatment Compliance
- Improved Health Behaviors

Physiological Adaptation
- Endocrine Regulation
- Immunoregulation
- Other Physiological Mechanisms

Quality of Life & Health Outcomes
- Health Related Quality of Life
- Cancer-Specific Quality of Life
- Health Outcomes

In-Person or Tech; Group-based
Time-sequenced & Manualized
CBT, Relaxation Skills Provision, Support

10 sessions, 1/week, 90 min
6-8 participants

Disease Related Factors
- Treatment Side Effects
- Disease Severity & Status
- Social Stressors

Treatment Moderators
- SES, Age, Ethnicity & Culture
- Personality, Pre-Morbid Function
- Available Inter- & Intrapersonal Resources

(Benedict, Walsh & Penedo, 2022;
Antoni, Moreno & Penedo, 2023;
Penedo, Antoni & Schneiderman, 2008;
Antoni et al., 2006)

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SYLVESTER COMPREHENSIVE CANCER CENTER
UNIVERSITY OF MIAMI HEALTH SYSTEM

CBSM, Symptom Burden
and Health-Related Quality of Life (HRQoL) in Cancer Survivors

**Key Findings &
Dissemination to Community Audiences**

- HRQOL
- Stress management skills
- Coping, Mood
- Benefit finding
- Immunoregulation—Inflammation

Clinically significant improvements in:

- Sexual function
- Emotional well-being (for anxious, socially inhibited & stressed) Improved Immunoregulation
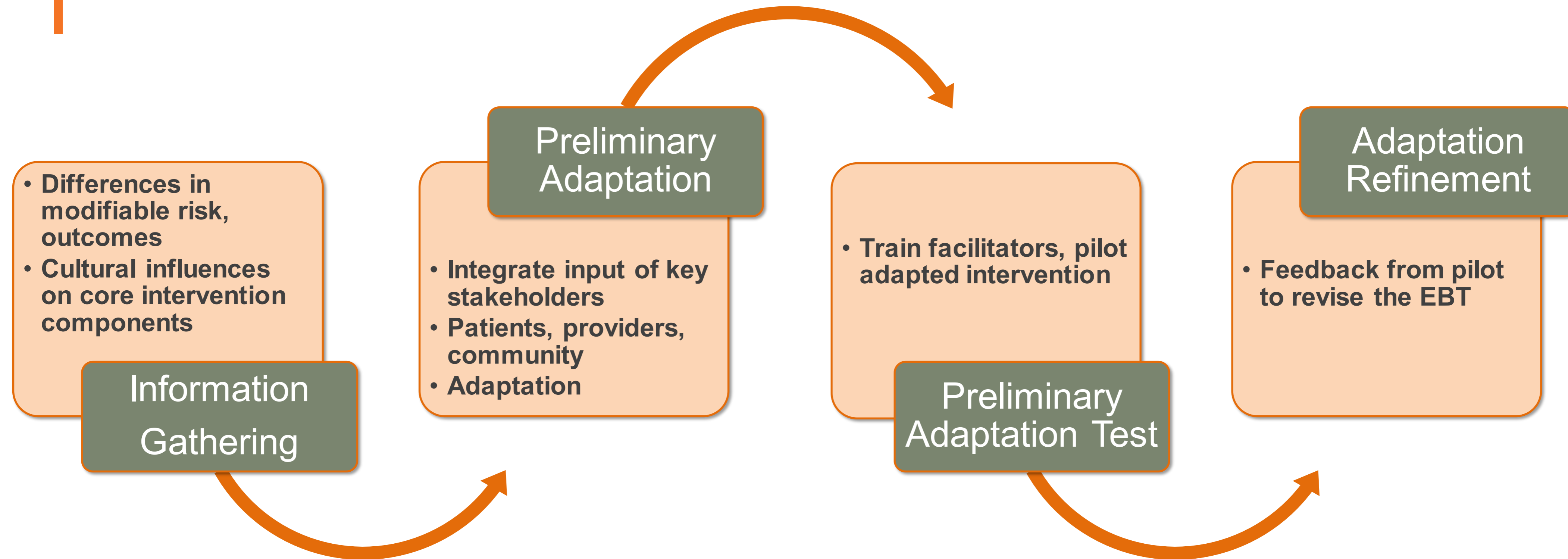
- In person
- Via e/mHealth platforms
- English/Spanish

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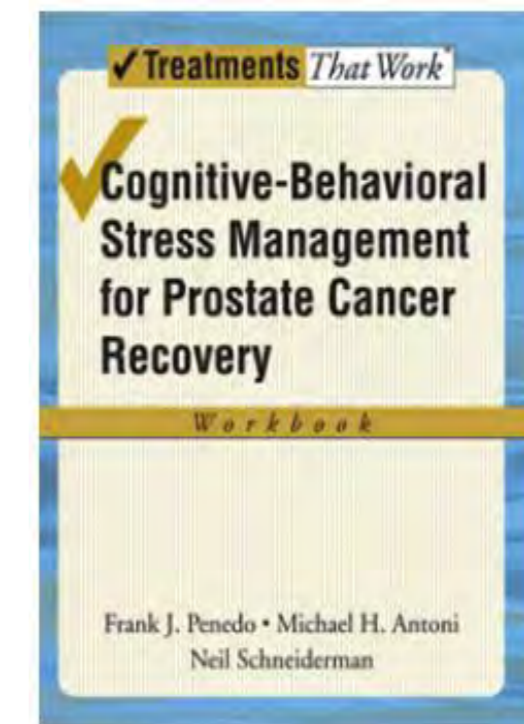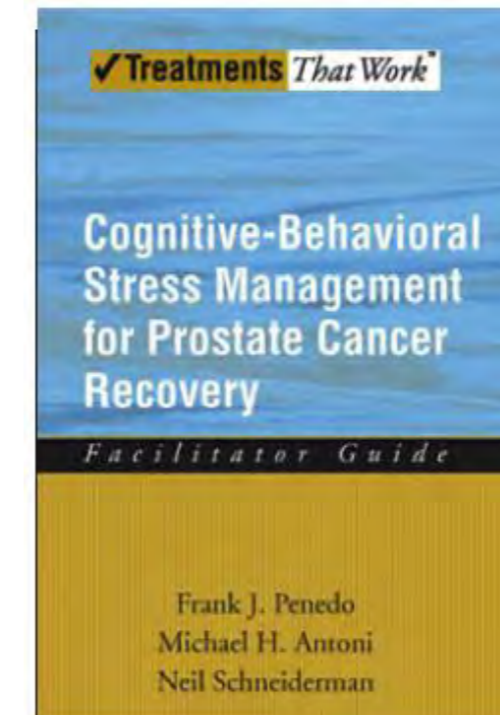
Culturally Adapted
Cognitive
Behavioral
Stress
Management

Adapting Evidence-Based Psychosocial Interventions for Hispanic Cancer Survivors

Four Stages of Cultural Adaptation

Information Gathering
- **Differences in modifiable risk, outcomes**
- **Cultural influences on core intervention components**

Preliminary Adaptation
- **Integrate input of key stakeholders**
- **Patients, providers, community**
- **Adaptation**

Preliminary Adaptation Test
- **Train facilitators, pilot adapted intervention**

Adaptation Refinement
- **Feedback from pilot to revise the EBT**

- Bernal G, Domenech Rodriguez MM. Advances in Latino family research: cultural adaptations of evidence-based interventions. *Fam Process.* 2009; 48(2):169-178.

- Hwang WC. The psychotherapy adaptation and modification framework: application to Asian Americans. *Am Psychol.* 2006; 61(7):702-715.

- Barrera M Jr, Castro FG, Strycker LA, Toobert DJ. Cultural adaptations of behavioral health interventions: a progress report. *J Consult Clin Psychol.* 2013; 81(2):196-205.

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Standard CBSM vs. Culturally Adapted CBSM (C-CBSM) in Hispanic PC Survivors

n=260; Spanish Monolingual/Less Acculturated; in person

Stress Awareness	Cognitive Restructuring	Communication	Self-Management	Coping & Social Support

Culturally Adapted

Family, Gender Roles
Cultural Beliefs & Attitudes
Ethnic-Specific Challenges
Health Literacy

Cognitive Behavioral Therapy Techniques

Relaxation Techniques

Neuroimmune Regulation/ Gene Expression

HRQoL & PC Symptom Burden

Deep Breathing	Meditation	PMR

Encuentros de Salud
Por tu salud después del cáncer

Hispanic Sociocultural Influences on Core Intervention Components: Implications for CBT Approaches & CBSM Cultural Adaptations

Cultural Factors	Cultural Process	Psychosocial Implication	Culturally Adapted CBT-Based Strategy in C-CBSM Framed by Hispanic Cultural Factor	
Familism	**Strong attachment /interdependence with nuclear & extended family**	▪ ***Therapeutic gains must benefit & extend to family network***	▪ ***Identifying efficacious sources of support within the extended family***	▪ ***Importance of self-care to maintain a strong family***
Simpatía & Power Distance	Non-confrontational interactions & conformity / powerful others as authority figures to respect	▪ *Authority figures (e.g., health care providers) not questioned*	▪ *Assertiveness skills, distinction between assertive vs. confrontational styles*	▪ *Demystifying powerful figures/others*
Fatalism & External Locus of Control	**Destiny is beyond one's control**	▪ ***Very little one can do to change the future***	▪ ***Cognitive restructuring of fatalistic attitudes***	▪ ***How culture can shape fatalistic beliefs*** ▪ ***More attention to controllability and modifying outcome expectancies***
Male Gender Roles	Strong masculine pride and identity	▪ *Sexual dysfunction as a major threat to identity*	▪ *Cognitive restructuring to address multiple aspects of a masculine role*	▪ *Attention to how benefits to self support masculine role*

Cultural Tailoring for Hispanic

- Poorer physical, social & emotional outcomes
- Limited evidence-based programs

Como Nuestra Cultura Puede Afectar o Ayudar su Ajuste y Recuperamiento

Enfoque Cultural: Procesos Socioculturales en Hispanos

Este manual está adaptado culturalmente para que cada una de las siguientes sesiones tenga un enfoque cultural. Nos enfocaremos en seis valores culturales Hispanos y en dichos o refranes relevantes al contexto de cáncer de próstata. No todos los hombres se relacionarán con estos

Didactic on cultural patterns

How adages may influence appraisal and coping processes

Reducing cultural stigmas about cancer & emotions

Enfoque Cultural

Objetivo del Facilitador respecto a la Competencia Cultural: Normalizar la expresión emocional y reducir el estigma de la enfermedad.

Los Hispanos pueden tener más probabilidad de participar en estrategias de ajuste que no son

Nuestro mundo es: Una serie de eventos positivos, neutrales y negativos. Como usted interpreta los eventos con una serie de PENSAMIENTOS que pasan por su mente lo llamamos su "diálogo interno". Este diálogo influye en cómo nos sentimos.

Dicho: "Ojos que no ven, corazón que no siente"

Guion: Este dicho implica que si no vemos lo que pasa no podemos ser afectados por el evento. Lo más importante de este dicho es que de una manera u otra habla sobre la relación que existe entre los eventos, nuestra interpretación (el diálogo interior) y como nos sentimos.

Estado de ánimo: Sus pensamientos, es decir su **diálogo interno**, y no los eventos como tal, son los que crean sus sentimientos. Todas las experiencias son procesadas a través de su cerebro y tienen un significado para usted antes de sentir o tener cualquier respuesta emocional.

How culture may influence sexuality

Ejercicio 3.2: Como la cultura puede afectar relaciones íntimas

¿Cómo cree usted que el (seleccione abajo) _____ afecta sus relaciones íntimas?

En qué manera le afecta el o la:

- Machismo: _____
- Respeto: _____
- Simpatía: _____

Peer story as frame of reference

Actividad en grupo: Vamos a leer la historia de Pedro.

1. Cree que el diagnóstico de cáncer de próstata es un castigo por algo que hizo mal y entorno algo que se lo merecía.

- Patrón de pensamiento (distorsión / pensamiento negativo):
  _____

- Patrón cultural (poner en práctica la cultura):
  _____
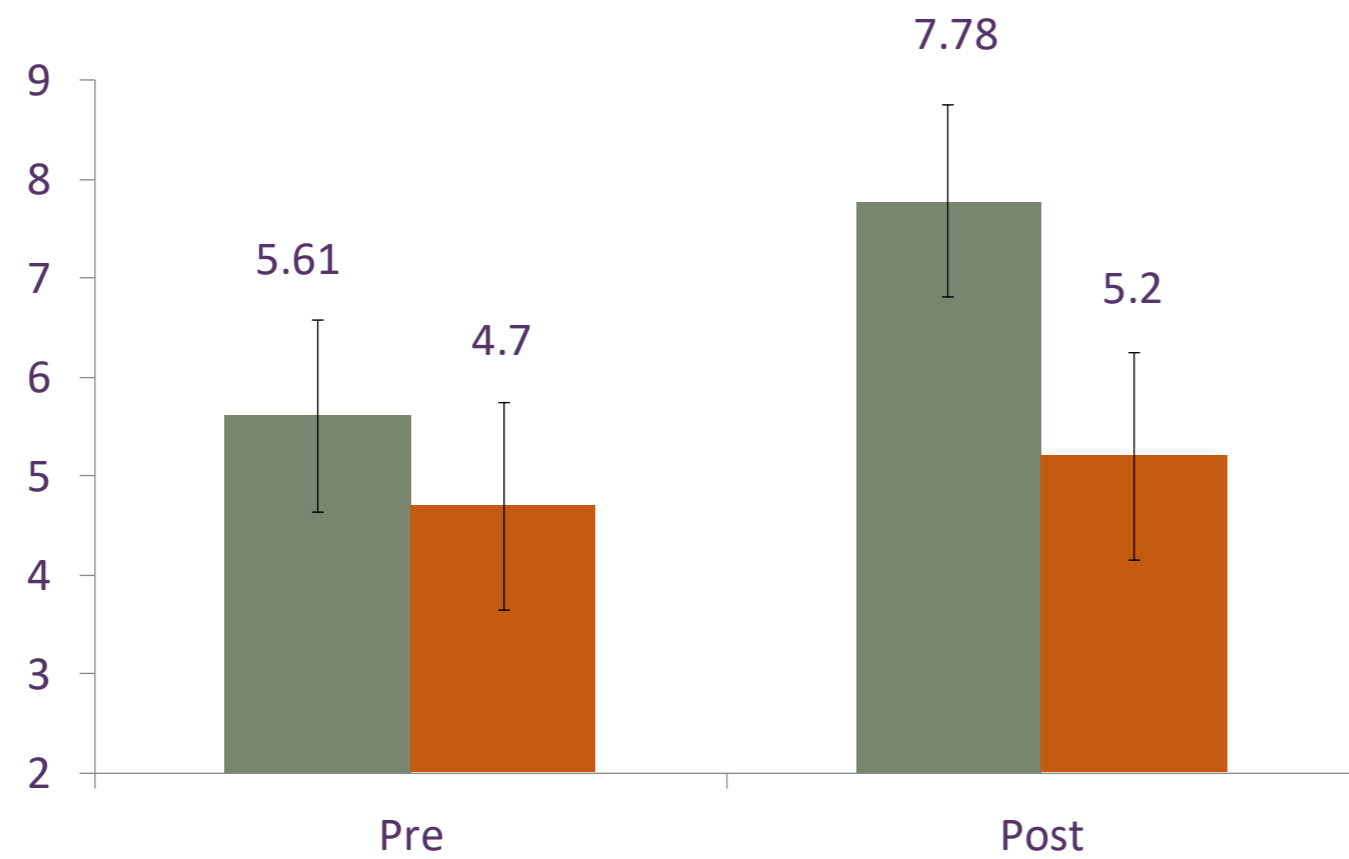
C-CBSM Intervention Effects in FACT HRQOL (Preliminary)

General Well Being

$F(3,66) = 27.7$, $p < .001$.
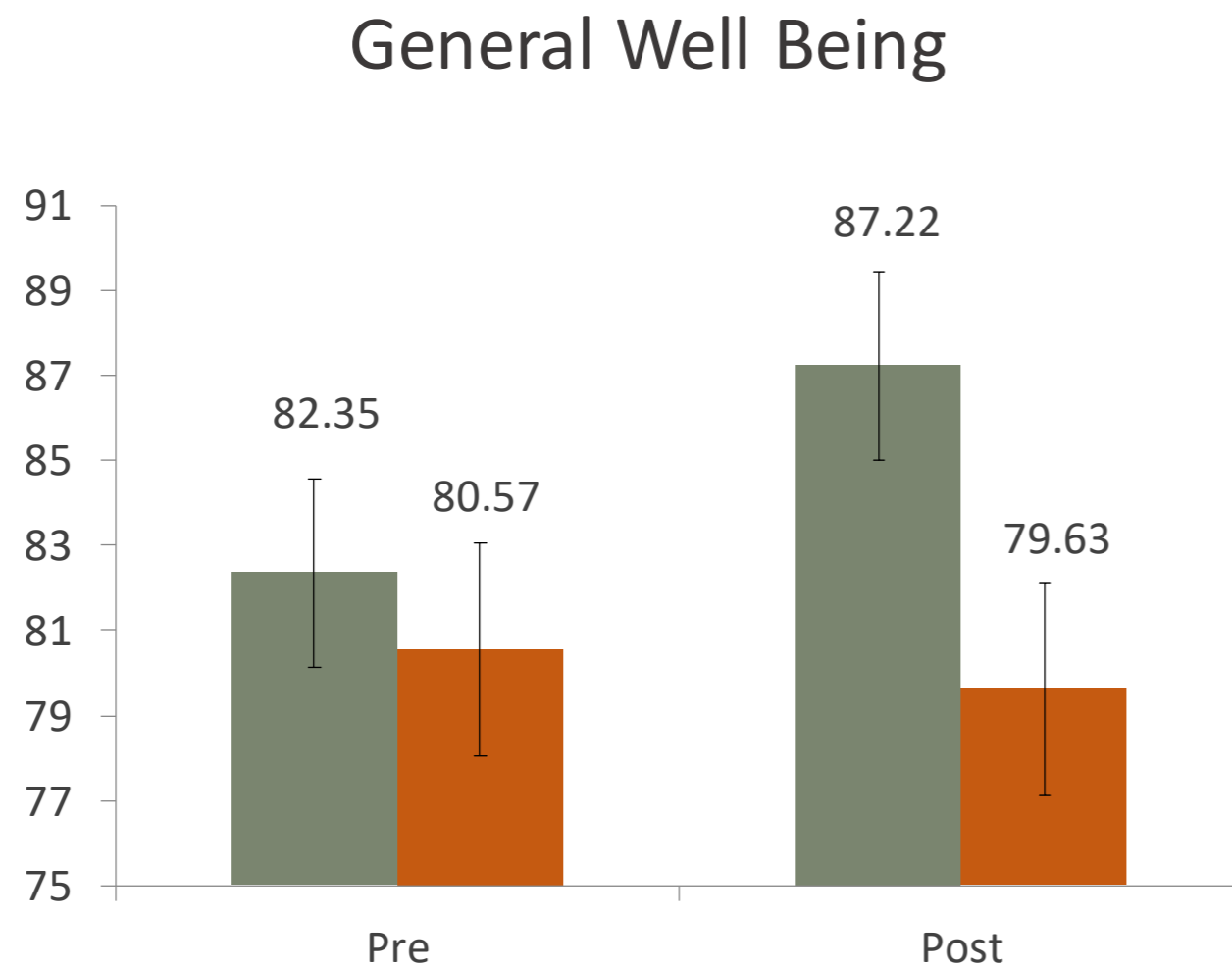
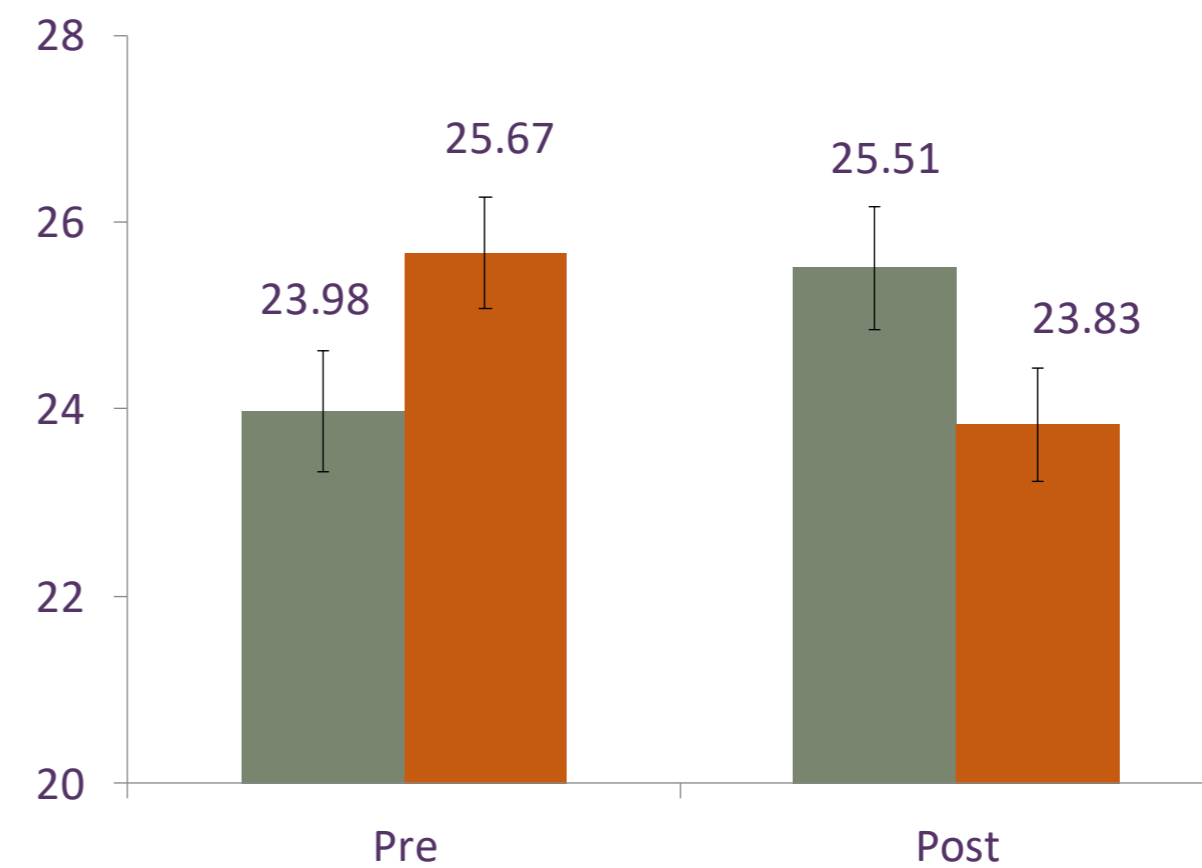## Emotional Well Being
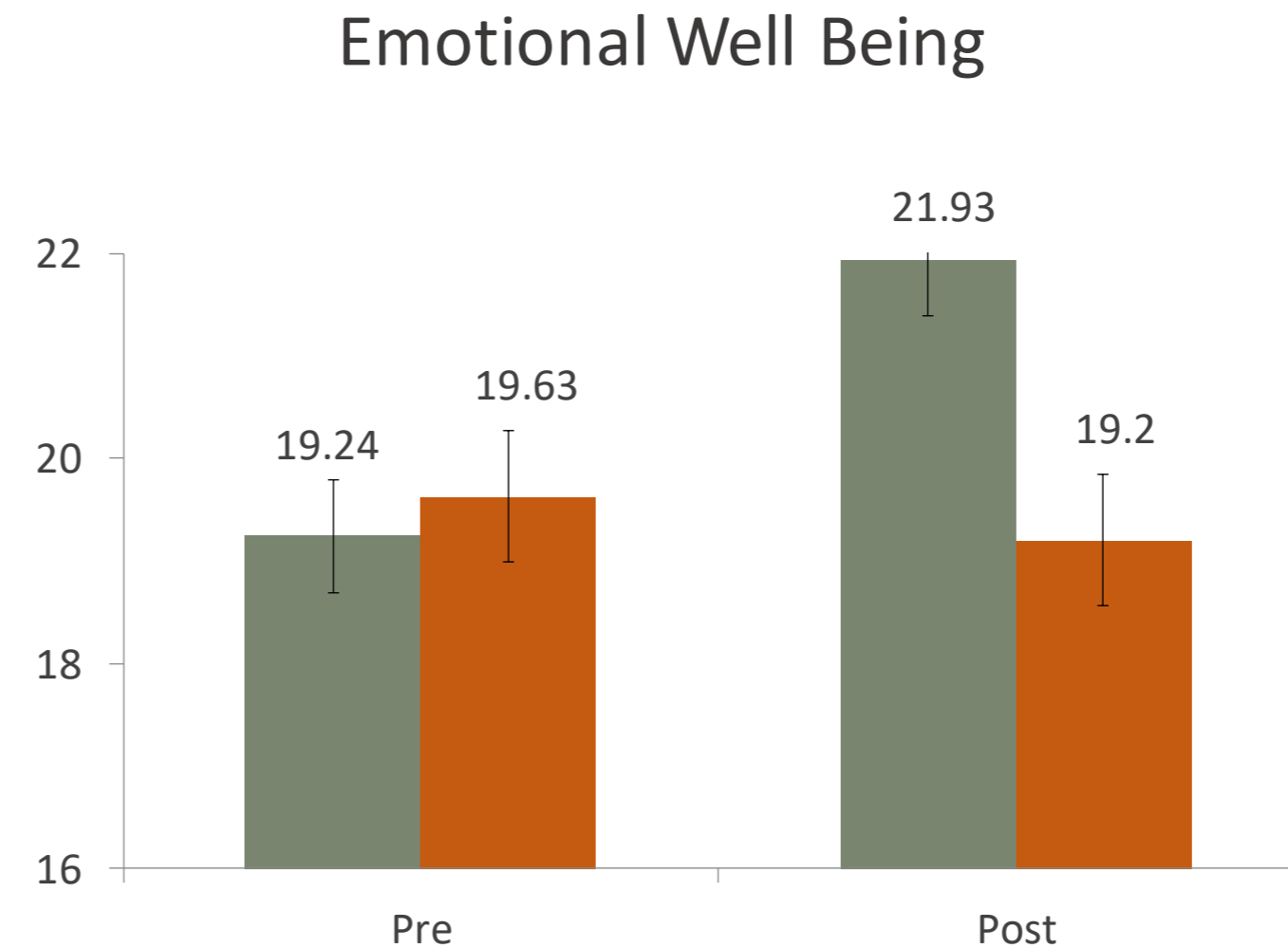
$F(3,67) = 7.3$, $p < .001$[a]

C-CBSM Intervention Effects in HRQOL (Preliminary)

EPIC - Sexual Functioning

$F(2,68) = 69.5, p < .001$[a]

FACT - Physical Well Being

$F(4,65) = 8.5, p < .001$[a]

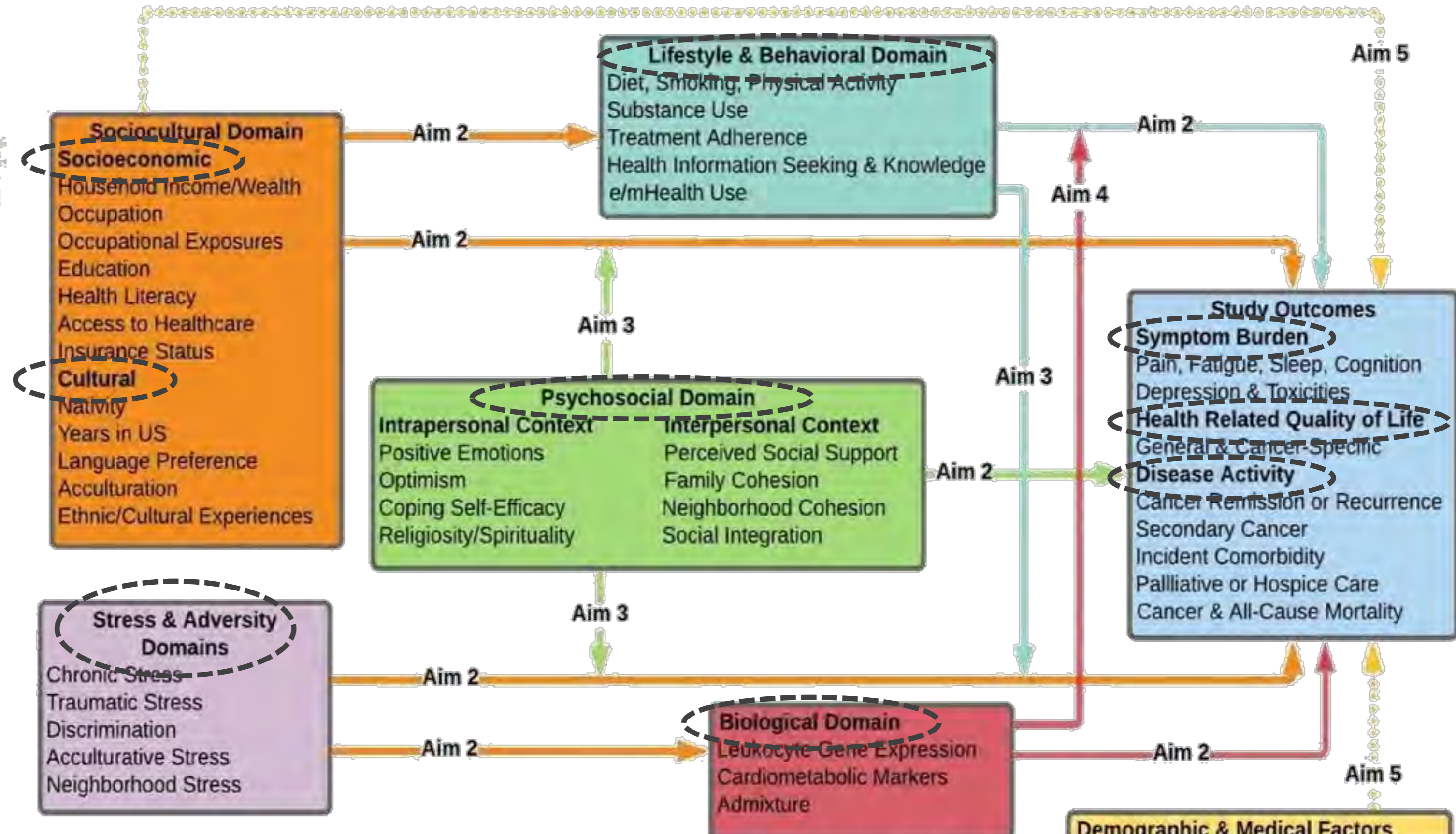# Ongoing Work & Next Steps

Hispanic Survivorship Cohort

EHR Integrated Psychosocial Intervention

Ongoing Work: Hispanic/Latino Cancer Survivorship Cohort Study

- UG3/UH3 – 6-year study
- Longitudinal cohort
- N=3,000
- 50% Mex Am/50% Other
- 50% Female
- ~70% Ca Ctr
- ~30% State Registry
- ~30 Rural
- 8 Solid Tumors
- N distribution reflects rates seen in FL and TX

Figure 1. Conceptual Model and Test of our Specific Aims. Figure 1 depicts our Integrated Model of Biopsychosocial Determinants of Health Outcomes in H/L Cancer Survivors which forms the basis of the conceptual organization of the cohort measures, proposed aims and hypothesized relationships. Pathways leading to boxed domains represent proposed direct associations, while pathways leading to lines represent mediation or moderation pathways. Dashed paths represent select tests of moderation.

Ongoing Work:
EHR Integrated & Risk Stratified Assessment and Intervention

Patient-Facing Engagement Tools: Enhanced Visualization
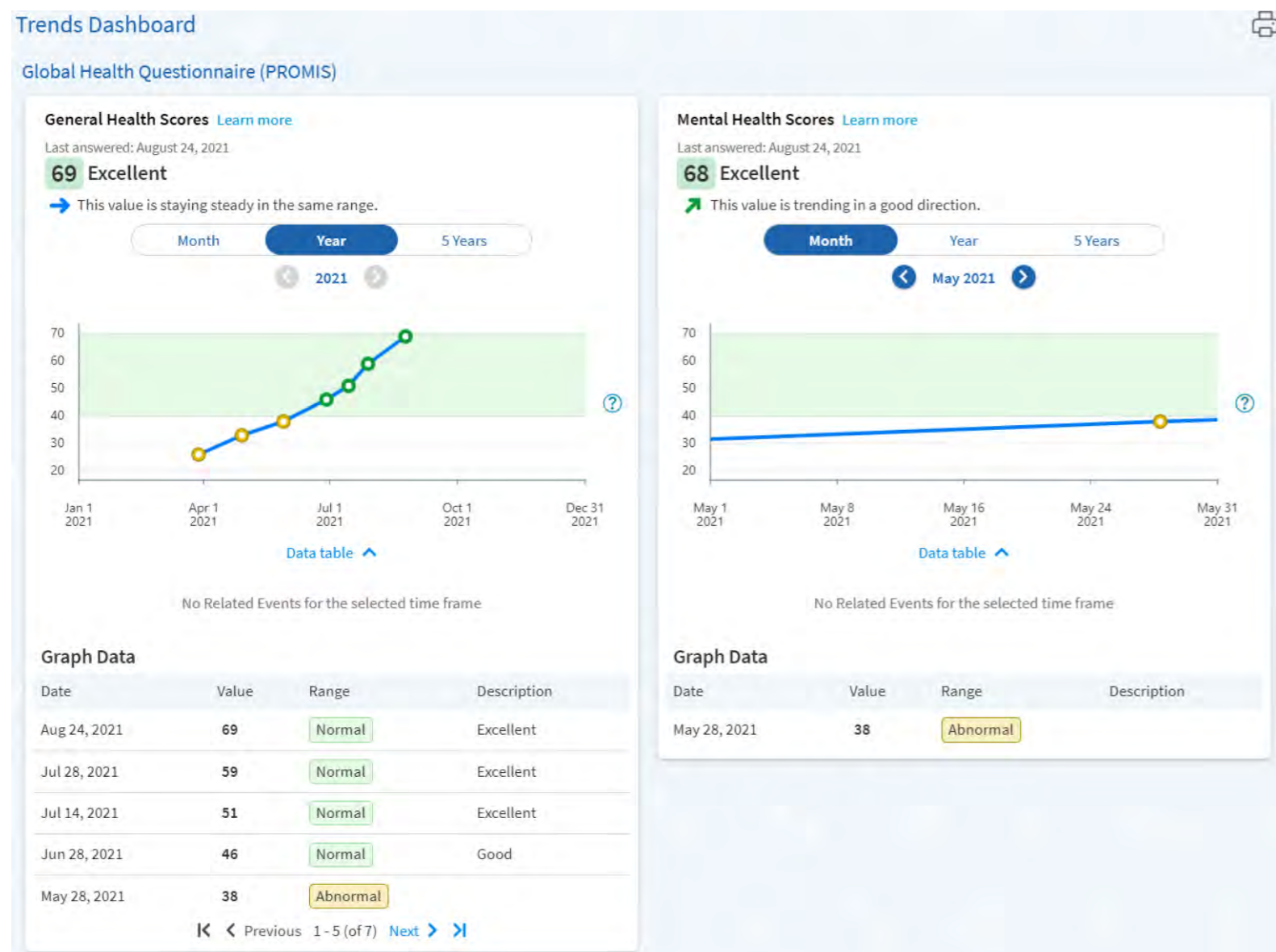
PRO-Guided Pragmatic Trial: Elevated Depression SXs

Evidence-Based Interventions: Specific Populations (PACA, HSCT, HIV+ CA SURV)

Acknowledgements…
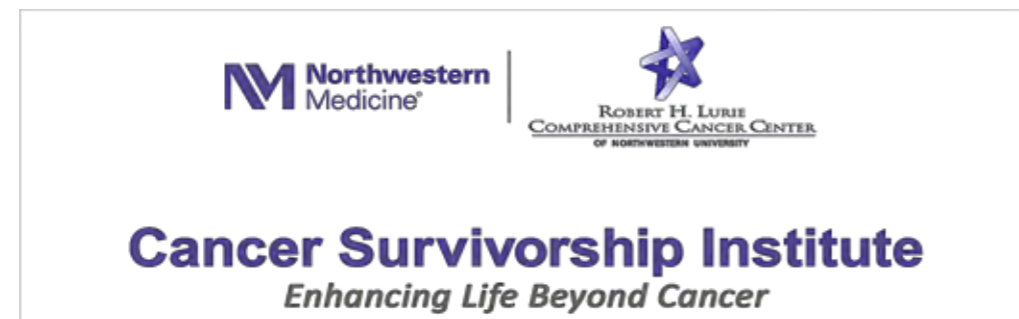
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Across Sites:

- Our staff & dedicated participants

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Thank you!

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