

**Methods:** Thirty adult RDs completed 3 qualitative interviews pre-donation, on the day of donation, and 30 days post-donation. Audio-recorded interviews were transcribed and subjected to thematic analyses.

**Results:** Thematic analyses of responses revealed two overarching themes: i) lived experiences and ii) information/supportive care. Lived experiences included 3 themes: 'do anything for your relative'; 'being anxious' and 'feeling unimportant'. Information and supportive care included 5 main themes: 'timely information'; 'accessible care'; 'communication'; 'shared experience' and 'family support'. RD experiences were influenced by the recipient's health status, with donors of deceased recipients reporting more intense emotions.

**Conclusions:** The donor procedure itself and complications for the recipient, including death, affects all RDs both physically and psychosocially. Information should be delivered as early as possible and psychosocial support should be part of routine care before, during and after donation. The results of this study have informed the development of a psycho-educational resource that is tailored to the specific needs of RDs.

## 199 | The development of Delta: A decision aid to help parents considering enrolling their child in a paediatric oncology clinical trial

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**Background:** Families often find the decision to enrol in a clinical trial difficult. We developed Delta, a world-first online decision-aid to support families deciding on participation in a paediatric oncology clinical trial. Delta aims to improve clinical trial knowledge and decision satisfaction.

**Methods:** To guide the development of Delta, we conducted interviews with 25 parents (mean age of child at diagnosis = 6.9y) within 12-months of their child's diagnosis. We developed Delta, then conducted user-testing, which included eye-tracking and think-aloud interviews with health care professionals (n = 6) and parents (n = 7).

**Results:** In our interviews, parents described feeling overwhelmed with information, yet still not having enough at the same time, highlighting a potential discrepancy between information provision and comprehension. Most parents (86.4%) accessed additional information to help make their decision, including online. Parents (95.2%) preferred to be involved in the decision process, but often felt they "didn't have a choice". Parents emphasised the benefit of question-asking. Following development we conducted user-testing. Most participants (n = 11/13) reported content was easy to read. Eye-tracking showed participants read lines to completion, suggesting engagement with content. Participants reported minor navigational difficulties (n = 7/13). Overall, participants reported Delta had high acceptability and usability (n = 12/13).

**Conclusion:** Families require clearer information provided in multiple modalities, more guidance to engage in decision-making, and more

emotional support throughout the decision process. Delta is an innovative tool to provide accessible, balanced and evidence-based information for families considering enrolment in a paediatric oncology clinical trial. We are currently conducting a pilot of Delta.

## 228 | Complementary and Alternative Medicine and Conventional Medicine use Among Turkish Patients: Differences in Thinking Style, Quality of Life and Patients' Satisfaction

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**Background/Purpose:** Complementary and Alternative Medicine (CAM) treatment is an approach adopted by cancer patients to have better control of their symptoms and increase their quality of life (QoL). Additionally, patients' satisfaction with health professional consultation presents an influencing factor in decision making. The current study compares Turkish cancer patients' thinking styles with their belief in CAM treatment. It also assesses those patient's QoL regarding to their satisfaction from conventional medical consultation.

**Methods:** The thinking style and QoL of 54 Turkish cancer patients were evaluated. Participants were recruited from one health centre in Izmir that solely provides CAM treatment, and one hospital in Ankara which provides only conventional medicine. The Rational Experiential Inventory (REI)-10 provided self-reported rational thinking data, and observed rational thinking was assessed using the "Bean-Task" and QoL Index - Cancer-Version.

**Results:** There is no significant correlation between REI-10 and the "Bean-Task" (t (52) = 0.85; p > 0.05). Patient's satisfaction from conventional medical consultation and CAM use have no impact in the QoL (t (5) = 1.54; p > 0.05). Patients with higher REI-10 believe in the effectiveness of CAM-treatment (t (6) = -0.35; p > 0.05).

**Conclusions:** CAM use is common among Turkish cancer patients regardless of their thinking patterns and satisfaction with conventional medical consultation. Those factors have no effect in improving QoL scores nor choosing CAM. The REI-10 and "Bean-Task" have no relationship between them, which also have no influencing effect in decision-making process for CAM use for these patients. This research could be considered as pilot for further research. Clinically, these results may assist health-professionals during informed decision making.

## 229 | The Adaptation of Emotion Thermometer (ET) for Turkish Speaking Population

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Presenting author: Ozan Bahcivan

**Background/Purpose:** Emotional distress among cancer patients is not assessed routinely, and often neglected in Turkey. This is mainly due to that emotional distress is not considered as the 6th vital sign. The Emotion Thermometer (ET) tool is a practical fast screening tool which is used commonly to identify emotional disorders such as distress, anxiety, depression, and anger as well as the need of seeking help for those problems. The purpose of this study is to adapt and validate ET tool to Turkish language and culture for cancer patients.

**Methods:** The translation and back translation processes were completed and data were collected from 231 cancer patients from a busy hospital in Ankara where many patients come for treatment from all over Turkey. Participants were asked to complete Turkish version of ET along with Hospital Anxiety and Depression Scale (HADS). The concurrent validity of ET assessed by using ROC-analysis, and the internal-consistency of ET evaluated by using Cronbach alpha.

**Results:** An overall Cronbach's alpha of .87. ROC-Curve-Analysis results revealed that using HADS's depression, anxiety subscales as the criterion, optimal cut-off score of 4 for depression thermometer of ET, and 5 for both anxiety and distress thermometers of ET yielded the optimal sensitivity and specificity values (sensitivity scores: .86, .75, .73 and specificity scores: .70, .68, .67 respectively). ET scores were moderately (.63 to .71; all  $p < .01$ ) correlated with HADS scores.

**Conclusions:** Findings with ROC-curve-analysis for ET adaptation study revealed that the scale is acceptable tool for psychological distress screening among cancer patients.

## 264 | Making Community-based Shared Care for Depression in Cancer a Reality: Addressing the Barriers and Facilitators to Support Sustainable Implementation

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Presenting author: Joanne Shaw

**Background:** Emerging evidence suggests that models of collaborative care can improve depression in cancer. In Australia, a shared care model where GPs and community-based psychologists, work with hospital-based psycho-oncology specialists, to deliver treatment is feasible. Analysis of the barriers and facilitators identified effective training and resources for community practitioners coupled with facilitated communication and support from hospital-based specialists, as key for sustainable implementation.

**Methods:** Following a systematic review of the components and relative role responsibilities within previous collaborative depression care models, we used evidence-based principles from implementation science and adult learning theory to inform the development of resources and communication strategies required to support a novel community-based shared care model.

**Results:** Mapping resources and strategies to the PARIHS framework's three domains of evidence, context and facilitation resulted in the development and evaluation of the following: (1) manualized cancer-specific CBT to orientate community-based psychologists with expertise in CBT to cancer, (2) prescribing algorithms and academic detailing for GPs to facilitate evidence-based medication management, (3) oncology education modules to provide educational support, and (4) standardised mentoring and communication protocols to ensure integration of care beyond cancer services.

**Conclusions:** For sustainable implementation, a community-based shared care model needs to be underpinned by clear evidence-based protocols, ongoing review and access to specialised psycho-oncology support. Pilot testing of resources and ongoing engagement with local stakeholders prior to testing implementation in a pragmatic non-inferiority randomised control design, provides the opportunity to tailor resources and strategies to actual clinical practice.

## 409 | Designing a Smartphone Self-Management Program for Cancer Patients Taking Oral Chemotherapy; Patients' Preferences on Structure and Delivery

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**Background:** Taking oral chemotherapy as prescribed maximizes the impact of the treatment and reduces undesirable health complications, including death. The purpose of this study was to explore cancer patients' preferences on how a smartphone self-management program designed to increase adherence to oral chemotherapy (including reminders and information on chemotherapy and side-effects) is structured and delivered.

**Methods:** Semi-structured phone interviews with oral chemotherapy users (16-64 y/o). Data was analysed using Thematic Analysis.

**Results:** Recruitment is currently under way. Five interviews have been conducted with data saturation yet to be reached. To date all participants emphasized the importance of reminder messages being