

sustainability. Our results can help promote sustained adoption of effective distress screening programs.

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#### T44 | Facilitating comprehensive, person-centered, and evidence-based real time symptom management in cancer care across Quebec with mobile technology: The e-IMPAQc project

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**Background/Purpose:** Based on previous findings, we found that Patient-Reported Outcomes (PROs) completed by oncology patients electronically at point-of-care was acceptable and provided immediate, focused discussions with clinicians regarding symptom management. To date, no distress-screening program includes screening for Caregiver-Reported Outcomes (CROs). The aim of e-IMPAQc is to develop, implement and evaluate the effect on outcomes of the systematic assessment of PROs using mobile technology, and complete foundational work on the feasibility of the systematic assessment of CROs. The mobile application will integrate PROs data into the electronic health record and trigger stepped-care referral and clinical care pathways integrating evidence-based, self-management information tailored to the patients' and caregivers' experience.

**Methods:** Seven Quebec cancer centers are participating in this project, including two pediatric centers. Patient partners are integral members of the project team. Research and consultation for the development phase of the project were divided into working groups. Methods for the PRO/CRO and patient education working groups are presented here. The PRO/CRO working group held focus groups across centers with patients (n = 25), caregivers (n = 16), and providers (n = 42) and distributed surveys (n = 775) to clinicians and clinical

managers implicated in oncology distress and symptom screening programs. Qualitative analysis identified emerging themes and provided real-world context that was considered alongside current literature to finalize the questionnaire module of the application. The patient education working group used the Suitability Assessment Measure and the DISCERN for an objective evaluation of existing, high-quality resources, and made evidence-informed decisions about their inclusion in the education module of the application.

**Results:** The physical and psychosocial symptoms identified as priority PROs and CROs from patient and professional perspectives will be presented. Results from the evaluation of the educational resources as well as additional considerations for selection will be presented.

**Conclusions and Implications:** This project brings together multi-disciplinary healthcare professionals and patient partners to innovate the field of PROs by promoting an integrated approach to symptom management through timely assessment and the incorporation of self-management materials into the clinical care pathway. The implementation of e-IMPAQc is in collaboration with the Quebec Ministry of Health and aligned with current distress and symptom screening and management guidelines.

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#### T45 | Genetic counseling preferences and psychosocial outcomes for women testing positive for BRCA1/2 mutations

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**Background/Purpose:** Individuals testing positive for the BRCA1/2 genes, or hereditary cancer mutations, are 33-55% more likely to develop breast and ovarian cancers before the age of 70. Family members who are deemed at "most risk" undergo genetic counseling. The current SOC is individualized counseling, but there are exploratory frameworks, family-based counseling, being proposed. Very little research exists regarding women's preferences for individual vs family-based counseling and psychosocial outcomes of women undergoing genetic counseling.

**Methods:** This is a cross-sectional study of women testing positive for BRCA1/2 within the past 5 years. Participants were recruited from online support groups for women with BRCA1/2. Each participant completed a screener to confirm eligibility and an online questionnaire for demographic and genetic counseling information, preferences for type of counseling, and psychosocial outcomes. Descriptive analyses focus on type of counseling received vs preferred type (individualized