

academic community uniquely positioned to foster learning, networking, collaboration, “healthy” competition, social, and financial support. Through the reliance on information technology, face-to-face exchanges, dedicated workshops and research internships, PORT’s program offers varied and innovative research skills building activities which have been throughout the years instrumental in shaping the developing career of its trainees. **RESEARCH IMPLICATIONS:** In a field as competitive as research, an excellent training experience is invaluable in building capacity. Research training programs such as PORT enhance the development of skills and competencies to enable fellows to design and carry-out innovative, high quality, person-centred, and feasible studies. **CLINICAL IMPLICATIONS:** Supporting aspiring young researchers to think outside the box, design timely studies, innovate in their field, and proactively disseminate their results can directly contribute to enhancing clinical practice. The knowledge gained through such training programs set the conditions and contexts that most favorably launch junior researchers into an exciting career. **ACKNOWLEDGEMENT OF FUNDING:** Julie Lapointe is currently a postdoctorate CIHR Fellow in PORT a Strategic Training Initiative in Health Research (STIHR) funded by the Canadian Institutes of Health Research (CIHR). Fay Strohschein has received funding from the FRQ-S; the Quebec Network for Research on Aging, the PORT Program; the McGill University Faculty of Medicine; and the Jewish General Hospital Department of Nursing. Shannon Groff is funded through the Alberta Cancer Foundation, the PORT Program, Knowledge Translation Canada and the CIHR.

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Coping Profiles of Patients With Different Functional and Psychosocial Status: A Person-Oriented Approach

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BACKGROUND: Due to medical-technical progress, cancer became a treatable, even curable disease and cancer patients have to deal with their disease and its consequences sometimes over many years. Hence, psychosocial support of cancer patients becomes more and more essential. To understand the growing need for psychosocial care of cancer patients, assessment of patients’ coping behavior is necessary. The present study investigated coping profiles of cancer patients from France with different functional and psychosocial

status. **METHOD:** The study followed a quantitative cross-sectional design. We assessed 99 non-hospitalized cancer patients attending ambulant radio- and/or chemotherapy with different health status and age (15–82). The patients filled out a questionnaire assessing sociodemographic and disease-related variables, illness perception (using the French version of the IPQ-R-Brief), subjective well-being (using the French version of the FACT-GP) and coping styles (using the French version of the Brief-COPE). Five persons had to be excluded from the analysis due to too many missing values or outliers. Data of 94 persons was analyzed using hierarchical and non-hierarchical cluster analyses, ANOVAS and Chi-Squared tests. **RESULTS:** We found 4 groups with different functional and psychosocial status. The biggest group (39 persons) indicated overall well-being. One group (29 persons) showed only physical and functional burden, the third (19 persons) reported social burden and lack of support. The smallest group (7 persons) showed the highest ratings of physical, functional and emotional burden. This last group used significantly more dysfunctional coping strategies such as self-blame and less “positive” strategies as acceptance, positive reframing and humor. The groups with highest ratings of physical and functional impairments reported significantly more pain. No pronounced differences were found regarding demographics and disease-related parameters. **CONCLUSIONS:** Our study identified four clusters with different profiles of functional, physical, social and emotional well-being that interestingly did not differ with respect to disease progression indicators. The groups differed however concerning their coping behavior. Especially, persons reporting the highest emotional burden showed less “positive” but more self-blaming coping behavior as the other groups without such emotional strain. These findings thus indicate different coping profiles for patients with specific disease burden that may require different psychosocial interventions. **RESEARCH IMPLICATIONS:** The study emphasized a differential approach to well-being and coping behavior in cancer patients. In order to provide effective interdisciplinary care and treatment, it is evident to detect patients who are highly affected by their disease. Interventions should always be tuned to the differential needs of patients in a given life situation. One step in this direction clearly lies in the development and use of screening instruments in oncological settings. **CLINICAL IMPLICATIONS:** Especially the cluster with the highest burden used less so-called “positive” coping strategies such as acceptance, positive reframing and humor. If one considers these strategies as threat minimization strategies this finding may indicate that in case of heightened burden a positive appraisal of one’s situation may be difficult to achieve. The concept of “depressive realism” may

be used here to describe this phenomenon and its clinical-therapeutic implications. **ACKNOWLEDGEMENT OF FUNDING:** The study presented above took place within the framework of the Tempus (Trans-European Mobility Program for University Studies) Program JEP-26029-2005 with funding by the European Commission and the participating universities (Luxembourg, Strasbourg, France, and Omsk, Russia). This project emphasized the development of teaching in oncology in the oblast of Omsk and was carried out from 2006 to 2009.

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Dance Movement Therapy for Patients Undergoing Radiotherapy: A Qualitative Investigation of Motivation, Needs and Benefits

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BACKGROUND: Radiotherapy often leads to a multitude of physical side effects leading to psychological distress and impaired qualities of life. Focusing on mind-body connection, dance-movement therapy (DMT) can potentially bring upon both physical and psychological healing through its creative movement processes. This presentation will comprehensively explore patient needs during radiotherapy, motivation to participate in body-mind interventions, changes as a result of DMT, and attitudes after radiotherapy, which is little known for Chinese breast cancer survivors. **METHOD:** 105 Chinese breast cancer patients who were undergoing or just completing radiotherapy were recruited from hospitals in Hong Kong. The qualitative study design complements a larger randomized-controlled trial to provide in-depth understanding on the needs and experience of patients. Upon completing the 6-session DMT (9 contact hours), participants commented (in writing) on how the intervention benefited them (or not), what helped them get through the 5 week radiotherapy and what was now most important to them. Comments were coded using content analyses. Resultant themes were verified and detailed via focus groups with 8 participants conducted once before and once after DMT. **RESULTS:** Participants agree that radiotherapy is time to resume participation in groups so as to resume normality. DMT was attractive compared with other psychosocial groups for its physical benefits. Patients were motivated to resume exercise appropriate for them and overcoming the side-effects of preceding

chemotherapy; despite painful arms and fear of sweat affecting radiotherapy sites. Patients appreciated both physical and psychosocial benefits of DMT. Physical improvements counteracted side effects of treatments, leading to better sleep and increased willingness to exercise at home. Psychosocial benefits included released emotions through movement, enhanced cancer coping particularly through radiotherapy, changed attitudes, feeling less alone, etc. **CONCLUSIONS:** For breast cancer patients, radiotherapy is typically a period when they battle with residual side-effects from chemotherapy or surgery compounded by fears of other side-effects arising from radiotherapy. Yet, seeing an impending end to frequent hospital visits, their budding desire to resume exercise renders body-mind interventions particularly appealing to patients at this stage. Understanding their needs and motivations at unique treatment periods enable the design of appropriate interventions. Nonetheless, patients' motivation is dampened by not knowing the intensity and type of exercise deemed appropriate. DMT is recommended for patients undergoing radiotherapy for its extensive mental, physical and social therapeutic elements. **ACKNOWLEDGEMENT OF FUNDING:** This study is part of a randomized controlled trial funded by the Hong Kong Research Grants Council's General Research Fund (HKU745110H). We would also like to thank the Hong Kong Cancer Fund, Queen Mary Hospital and Pamela Youde Nethersole Eastern Hospital, but most of all, participating survivors in this study.

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In the Name of God the Compassionate the Merciful – Psychodynamic of Psychiatric Problems of Head and Neck Cancers Comparing with other Cancers

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BACKGROUND: Psychological problems of cancer are affecting prognosis and therapeutic process of diseases. Different psychiatric disorders can complicate diagnosis and therapy, so to know these disorders can help the therapist and patients. Even if different types of cancers might have all types of psychiatric disorders, but some of psychiatric problems see more in some types of cancers (e.g., suicide and depression). **METHOD:** Objective: Compare psychiatric problems in cancer of head and neck and other parts of the body in psychodynamic view. Methods: Using 2 types of studies, retrospective (review 200 psychiatric consultations) and self filling questionnaire by 20 pts. with head and neck cancers and 20 pts. with other types. One of questioner was Beck, and another was suicidal ideation questionnaire. **RESULTS:** This study has proven that suicide and depression are more