

Abstract Form

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Title of abstract: "Re-engage": An innovative eTech intervention to promote equitable care for all childhood cancer survivors.

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Background:

Due to childhood cancer survivors' (CCS) risk of developing late effects, lifelong surveillance is recommended. However, approximately half of Australian CCS are disengaged from long term follow up (LTFU) care. Specialised LTFU care is delivered at only eight paediatric hospitals across Australia, creating significant inequities between survivors in terms of the financial, travel, and time burden required to attain survivorship care.

Aims:

The aim of this study was to develop a patient-centric, eHealth intervention which would limit known barriers to receiving clinical care and thereby support the re-engagement of survivors currently not receiving quality cancer-related care. An innovative e-tool was developed to assist the triaging/care planning of survivors previously disengaged from LTFU care. Specifically, the primary aim was to test the feasibility of, and satisfaction with, the intervention when delivered in a clinical setting. The secondary aim was to improve survivors' health related self-efficacy as a result of intervention participation.

Method:

Disengaged survivors (had not accessed cancer-related care for >2 years) were invited to participate in the intervention and complete questionnaires at baseline, 1, 6, 12 and 24 months post intervention (data from baseline and post 1-month will be reported). The intervention comprised of three stages: i) a clinical nurse consultant (CNC) led, structured interview via telephone or online to establish medical history and risk, ii) review by a multidisciplinary panel, and iii) a CNC led tele-consult to provide feedback, as well as a written letter to the survivor and their GP summarising treatment and medical information, recommendations, and referral.

Results:

Twenty-seven survivors (59% male, mean age 32 years) participated (73% uptake). More than half (54%) of disengaged survivors were at high-risk of late effects and second malignancies. 100% endorsed Re-engage as beneficial and 31% showed an increase in satisfaction with care. One-month post-intervention, early data show improvements in survivors' self-efficacy.

Implications that impact on your project:

The Re-engage program provides equitable care for all CCS by removing known barriers to LTFU care, such as cost, distance, and "ageing-out" of the paediatric system. Through the use of e-technology, potentially half of the CCS cohort now has the opportunity to "Re-engage" and receive appropriate care in the survivorship period.