providers and the healthcare system, (b) personal experiences with cancer, (c) trust in a particular media source, and (d) ability to pay for screening tests. **Conclusions:** Media messaging about cancer screening yielded very little influence on the decision to undergo screening. Rather, when presented with a DA, patients were more likely to place trust in that source, particularly if provided by a doctor. These data suggest a need for greater distribution of evidence-based decision support tools to aid patients in making decisions about cancer screening.

Keywords: Cancer Screening; Media; Cancer Education
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PS1-4:

The Nature of Social Support on Breast Cancer Patients' Treatment Decision-Making

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Background/Aims: With the advent of patient-centered approaches to care, much attention has been directed towards engaging patients in their own care. Healthcare providers seek to achieve this through communication about and inclusion of their patients' values and preferences under the rubric of shared decision-making (SDM). However, few studies have investigated the role a patient's social support network (e.g., family members or friends) may play in medical decision-making or considered how discussions outside of the clinical consultation can affect a patient's treatment decisions. Drawing on interviews with oncology care providers, breast cancer advocates, and women newly diagnosed with breast cancer in Northern California, this study investigated how members of a patient's social support network can influence treatment decision-making for breast cancer. **Methods:** In-depth interviews were conducted with (1) oncology care providers and breast cancer advocates, and (2) breast cancer patients at four time points throughout their treatment journey, to explore the influence of others on treatment decision-making. At each interview, patients completed questionnaires assessing health-related quality of life (HRQOL), role preferences, and treatment satisfaction. EHR abstraction and observational field notes augmented patient interview data. Interview data were coded to identify recurrent themes across all interviews and frequency distributions for questionnaire data were calculated using IBM SPSS Statistics 20. **Results:** We conducted 20 in-depth interviews with oncology care providers and breast cancer advocates, and over 150 interviews with 41 breast cancer patients. We report on care providers' observations of and experiences with members of their patients' social networks in treatment decision-making. We also describe how patients themselves consider the involvement of others in their treatment decision-making, identifying several areas of decisional influence. **Conclusions:** Our interviews illustrate how the current healthcare delivery structure rarely acknowledges the circles of care that can influence decision-making. Lack of attention to the influence a patient's social support network can have on treatment decision-making may lead to sub-optimal decision-making because these influences are not adequately understood by clinicians. Our findings suggest that patient-centered care and patient engagement must go beyond the dominant dyadic models of patient and provider and include an understanding of the influence of others in patients' treatment decision-making.

Keywords: Breast Cancer; Decision Making; Social Support
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PS1-5:

The HMO Cancer Research Network: Evolution and Current Organization and Activities

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Background/Aims: The HMO Cancer Research Network (CRN), continuously funded since 1999 through NCI cooperative agreements, provides support for cancer research in non-profit integrated health care delivery systems. Previously, the CRN included core research projects as a major activity. In its recent renewal, the CRN evolved into an infrastructure-

only grant, with a major focus on promoting and facilitating collaborative cancer research in these settings. **Methods:** The CRN setting has characteristics that result collectively in a unique resource for epidemiologic and health services research. These include scientists with expertise in conducting public-domain cancer research in these settings; defined populations with a combined membership of ~8.5 million; clinical and administrative data systems that capture most aspects of care; archived biologic or biopsy specimens for many members; development and implementation of common data elements in the Virtual Data Warehouse (VDW) to support collaborative, multi-institutional research; and access to clinicians and administrators to facilitate translation of research findings to practice. **Results:** The CRN is led by a Steering Committee with scientists from each CRN institution with a smaller Executive Committee leadership team. With the latest renewal, CRN activities are being modified and enhanced in several areas: establishing an Informatics Core for continual improvement of the VDW's data model and data elements for cancer research, and implementation of distributed query tools to facilitate preparatory-to-research inquiries and collaborative research studies; institutionalizing a CRN Scholars mentored career development program; continuing a Developmental and Pilot Studies Program; and implementing an Outreach and External Collaborations Core to facilitate research collaborations among CRN scientists, investigators at other institutions, and clinical and operations partners. In this renewal, the CRN has also established Scientific Working Groups (SWGs) to promote collaborative research in key areas: Prevention and Screening; Prognosis and Outcomes; Health Care Quality and Cost; and Communications and Dissemination. These Cores, Programs, and SWGs are co-led by scientists at CRN and affiliated institutions. **Conclusions:** The CRN enables and facilitates researchers' development of innovative multi-site, multi-disciplinary cancer research projects in the integrated delivery system setting, and motivates continued evolution of the CRN institutions as the nation's premier learning healthcare systems.

Keywords: Infrastructure; Multi-Institutional Research
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PS1-6:

The Cancer Research Network: Creating New Possibilities for Cancer Prevention and Improved Cancer Outcomes

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Background/Aims: Prevention and early detection can greatly reduce cancer-related morbidity and mortality, yet little is known about how well many interventions perform in large populations and the extent to which implementation failures might be remediable. **Methods:** The NCI-funded Cancer Research Network (CRN) (U24CA17154) continues to build infrastructure for multi-site collaborations. The CRN provides unparalleled opportunities for conducting innovative cancer prevention and cancer screening research. **Results:** Advantages of the CRN include: (1) A large, diverse, membership of approximately 8.5 million individuals for studying prevention and screening across population subgroups in community-based settings. (2) Close ties to CRN health plans whose systems and providers can be intervention targets critical to the success of prevention and screening efforts. (3) Access to the primary care setting enabling study of patient-provider decision making regarding prevention and screening behaviors. (4) Longitudinal data on screening contacts, interventions, and outcomes providing a unique opportunity to evaluate "real-world" screening and prevention, and a means of identifying potentially modifiable failures. (5) Biological samples of biopsies archived for many members. (6) Nationally-recognized leaders in cancer prevention and screening. The CRN investigator-led research portfolio includes expertise in tobacco control, dietary interventions, cancer screening and early detection. (7) Long-term relationships among CRN internal and external scientists to create efficient collaborations. CRN partnerships include the HMO Research Network, NCI-designated cancer centers, federal agencies, and numerous academic institutions. **Conclusions:** Achieving national goals for reducing the burden of cancer will require new knowledge about how to optimize existing strategies for prevention and screening; new research focused on biologic, behavioral, pharmacologic, and molecular risk factors; and evaluation of the

interactions between behavior change, personal factors, the built environment, and health care systems. For more information about the opportunities afforded by the CRN visit <http://crn.cancer.gov>.

Keywords: Cancer Research Network; Cancer Prevention; Cancer Screening
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PS1-7:

Health Plan Participants in a Study of Self-Screening for Melanoma

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Background/Aims: In contrast to declines in the incidence of most common cancers, melanoma continues to rise with 76,250 new cases and over 9,000 deaths in the US in 2012. While melanoma detected at early stage has an excellent prognosis, most Americans do not know skin cancer signs. Population-based physician-initiated screening has proved impractical. Self-skin examination (SSE) has the potential to ameliorate the harm from melanoma in a feasible, cost-effective way. The limited studies of SSE to date were conducted mostly among patients receiving dermatology-specialty care. **Methods:** To test the acceptability and sensitivity/specificity of a SSE toolkit, we recruited subjects from the general membership of Kaiser Permanente Southern California, an integrated health plan serving a geographic area with one of the highest melanoma risks in the world. Potential non-Hispanic white subjects 22-50 years old without a history of cancer were offered the opportunity to compare their assessments of their nevi with clinical evidence from full body skin exams and digital imaging. **Results:** Forty percent of those reached by phone (493/1228) agreed to participate. Acceptors were more likely to be female (74% vs. 57%, $P < .001$), but no differences were found by age (mean age = 39 years), education (44% high school or less), or income (34% annual household less than \$50,000). Few and only small differences in participation were found for diagnoses of overweight or obesity, hypertension, hyperlipidemia, or depression; and co-morbidity score or health care utilization including dermatology services. Participants were more likely to have had a flu shot (47% vs. 39%, $P < .001$) and to be a never smoker (71% vs. 65%, $P = .05$). As expected in this general patient population, fewer than 10% of those contacted had a clinical skin exam in the previous 3 years (8% of participants vs. 2% of non-participants $P < .001$). **Conclusions:** Self-skin examination appears to be of interest to a large proportion of adults contacted by the study, especially women. Few meaningful differences in participation were found. Modestly higher flu vaccination and lower never smoking may indicate a stronger health orientation among participants.

Keywords: Melanoma; Self-Screening; Study Participation
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PS1-8:

A Prospective Study of Breast Cancer Survivorship in Kaiser Permanente Northern California: The Pathways Study

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Background/Aims: With over 2.5 million breast cancer survivors in the U.S. today, identification of modifiable factors associated with recurrence and survival is imperative. The Pathways Study, a prospective study of breast cancer survivors in Kaiser Permanente Northern California (KPNC) is examining the effects of lifestyle (e.g., diet, physical activity, complementary and alternative medicine [CAM]), contextual (e.g., social and built environment characteristics), medical care, and genetic and molecular factors on breast cancer prognosis. **Methods:** Women who are newly-diagnosed with invasive breast cancer are identified daily from KPNC electronic pathology records. Eligibility criteria include being at least 21 years old at diagnosis, no previous history of invasive cancer, and English, Spanish, or

Chinese-speaking. Women are enrolled during an in-person baseline interview with collection of blood and saliva specimens, and followed periodically for lifestyle updates, treatment, and outcomes via mailed questionnaires, telephone interviews, and web surveys. Outcomes are also confirmed using KPNC electronic databases. **Results:** As of October 23, 2012, 4,340 women have been enrolled. The cohort is racially and ethnically diverse: 62% White, 12% Hispanic, 12% Asian, 8% Black, 3% Other. Blood and saliva have been obtained on 89% and 95% of enrollees, respectively. Recruitment is planned to end in March 2013, and follow-up will continue through June 2015 and beyond pending further funding. A total of 230 recurrences and 245 deaths have been confirmed. **Conclusions:** To date, 14 papers have been published on topics ranging from CAM use at diagnosis, quality of life at diagnosis, lymphedema risk factors, physical activity during treatment, employment status and quality of life, adherence to adjuvant hormonal therapy, breast cancer DNA methylation profiles, and correlates of breast cancer subtypes. The Pathways Study has provided a platform for several ancillary studies, investigating lymphedema, racial disparities in treatment, the physiology of aging, and bone health, and also has provided support for several career development awards. The research team has also included Zero Breast Cancer, a nonprofit organization dedicated to breast cancer research through community participation. The Pathways Study has become a rich resource of behavioral, genetic and molecular factors and breast cancer outcomes.

Keywords: Breast Cancer; Survivorship
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PS1-9:

Encouraging Patients to Report Concerns: Development and Pilot Testing of the We Want to Know Campaign

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Background/Aims: In earlier work, we found that many cancer patients believed that something had gone wrong during their care but did not formally report their concerns, inhibiting clinicians' ability to address patients' concerns. In follow-up focus groups and surveys, clinicians expressed their desire to know about patients' concerns. Therefore, we developed the "We Want to Know" campaign to encourage patients to speak up about perceived breakdowns in care. This abstract describes the planned intervention and evaluation. **Methods:** Key components of the We Want to Know campaign are: 1) message content is simple and direct, acknowledging the complexity of cancer care, and inviting patients to speak up about their concerns; 2) the message is delivered to patients via at least two channels – mailed brochure and an outreach telephone call; 3) participating organizations identify staff who can help to address patients' concerns. The campaign will be implemented at two Cancer Research Network sites; assignment to the campaign intervention will be randomized. Cancer patients will be surveyed prior to the intervention; those who respond will be surveyed again approximately 12 weeks later. Analyses will evaluate pre/post changes in communication experiences and perceptions, within and between intervention groups. Patients' reports of problems and their resolution will also be examined. **Results:** Site leadership acknowledged that unreported patient concerns are a problem that merits attention, but wondered whether the intervention itself could generate concerns and stress the clinical system's capacity to respond. The participating CRN sites have differing organizational constraints which have led to minor differences in implementation. At one site, research staff will make outreach telephone calls to patients; at the other site, nursing staff will do so. One site will place campaign posters in clinics in addition to calls and the mailing. In an effort to be sensitive to the organizations' leadership concerns, the campaign will seek to elicit reports of positive experiences as well as problematic ones. **Conclusions:** This pilot study will provide preliminary data on the effectiveness of the campaign in encouraging patients to express their concerns, and about the resources needed to respond to those concerns in real time.

Keywords: Cancer; Communication
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