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
doi:10.3121/cmr.2013.1176.ps1-6

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
doi:10.3121/cmr.2013.1176.ps1-7

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
doi:10.3121/cmr.2013.1176.ps1-8

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
doi:10.3121/cmr.2013.1176.ps1-9