

Feasibility and Acceptability of Integrating Psychology Services into a Specialty Clinic for Managing Cancer Risks in Children with Hereditary Predispositions

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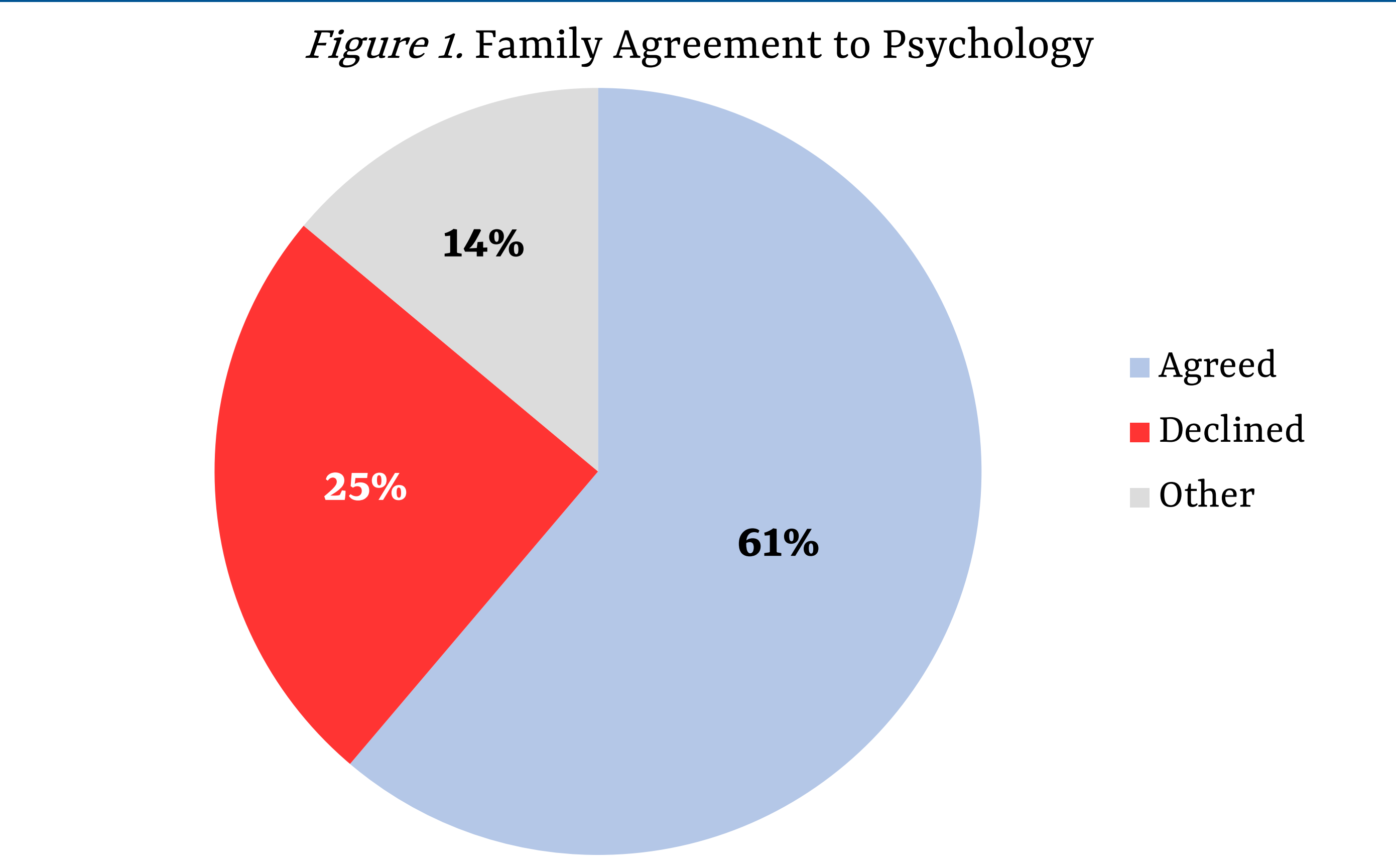
INTRODUCTION

- Up to 15% of childhood cancers occur within the context of hereditary **cancer predisposition syndromes (CPS)**.¹⁻²
- Surveillance of patients with CPS includes routine medical exams, bloodwork, imaging, etc., to mitigate future cancer or tumor-related events.³
- There is very limited research on clinical service models within CPS, especially the role of Psychology.
- Most literature examining mental and behavioral health outcomes of individuals with hereditary cancer risk is among adults.
- The limited child and adolescent literature largely focuses on benefits (e.g., ability to participate in prevention efforts) and drawbacks (e.g., negative emotions related to test results, increased uncertainty) of genetic testing and disclosure.⁴⁻⁶
- Diagnosis of CPS is associated with disruption of parent-child relationships, uncertainty about cancer/tumor events, increased burden of surveillance, and procedural worry.⁷⁻⁸

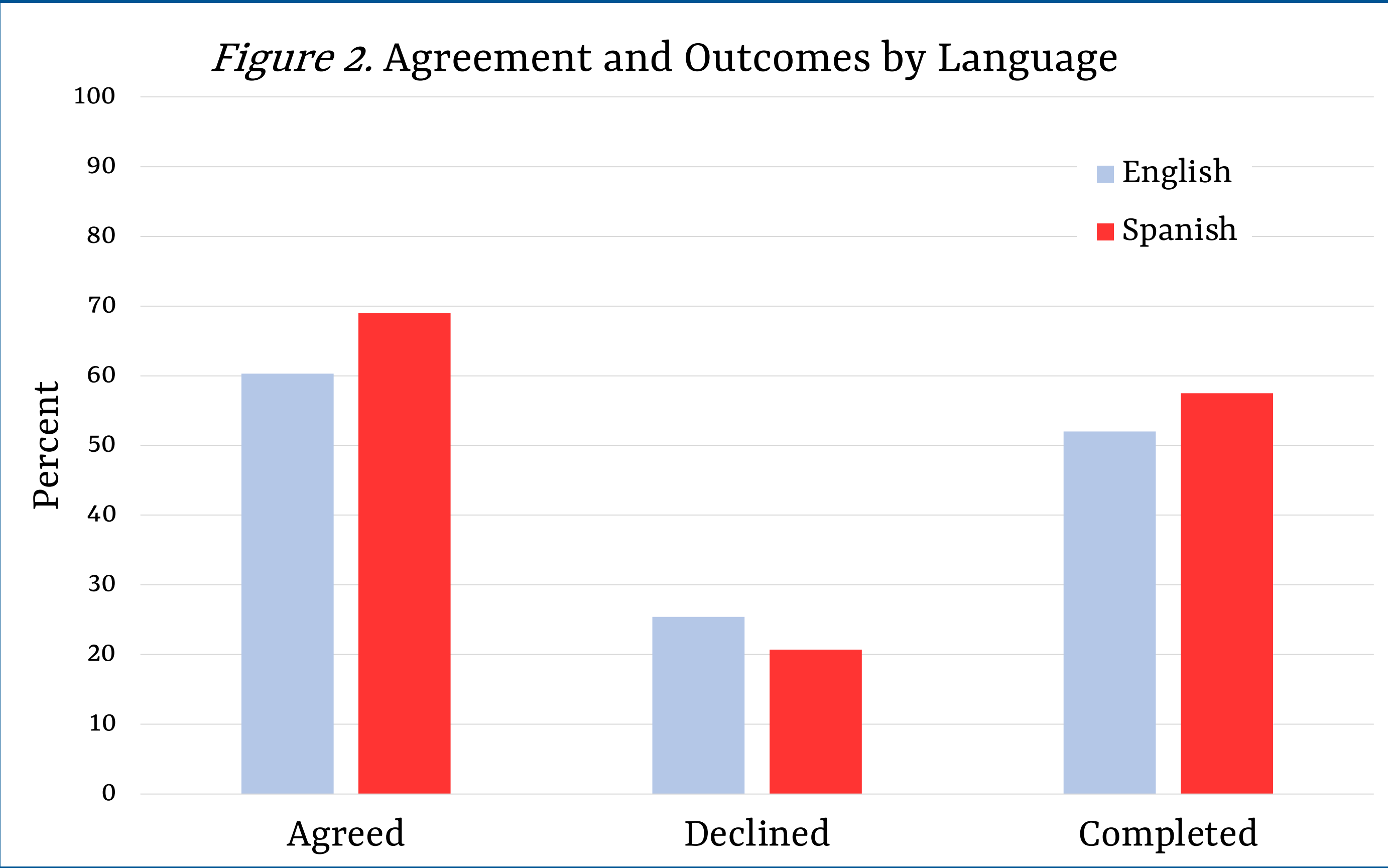
METHOD

- Psychology services were introduced into the Cancer Prevention and Screening Clinic in January 2020 (Time 1). Families were offered a brief consultation visit to assess coping, adherence, psychosocial functioning, and offer family-centered recommendations.
- Systems-levels changes were introduced in January 2022 (Time 2) to improve patient outreach efforts:
 - Enlisting bilingual psychosocial coordinators to contact families and introduce services in a patient-centered, culturally-tailored manner
 - Reorganizing administrative support to reduce time lapse between families agreeing to services and completing appointments
- Inclusion criteria:* Confirmed CPS diagnosis; one or more completed visits within the Cancer Prevention and Screening Clinic
- Exclusion criteria:* Severe autism spectrum disorder; significant developmental/intellectual delay
- Acceptability and feasibility of Psychology were examined via:
 - % of families agreeing to Psychology services
 - % of completed visits with Psychology
 - # of contact attempts to families

A majority of families (61.5%) agreed to Psychology services



There were no significant differences in acceptability or feasibility between English- and Spanish-speaking families



Note. All independent samples t-tests, $p > .05$

RESULTS

- 317 children and adolescents with CPS (109 at Time 1, 208 at Time 2) were identified for Psychology services.
- 81% of families were English-speaking, 19% Spanish

Table 1. *Family Agreement to Psychology Services*

Outcome	Percent
Agreed	61.5
Declined	24.9
Maximum Attempts*	7.9
In Progress	4.7
Other	0.6
Deceased	0.3

Note. *Families were pursued for a maximum of 3 contact attempts with no response

Table 2. *Scheduling Outcomes*

Outcome	Percent
Completed	52.8 ⁺
Cancelled	7.7
No Show	9.2
Declined	12.8
Visit Pending	0.5
Scheduling In Progress	4.6
Maximum Attempts	8.2
Other	4.1

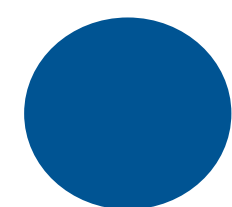
Note. ⁺Visit completion = 50% at at Time 1, 54% at Time 2

- More calls ($F(304) = 338.83$, $p < .001$) were made at Time 2 than Time 1; there were no differences in visit completion between timepoints.

DISCUSSION

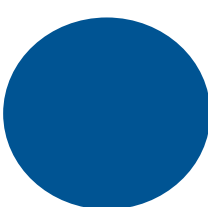
- Findings support the initial feasibility and acceptability of psychology services into a cancer prevention and screening clinic for children and adolescents.
- Introduction of native Spanish speakers supported more effective introduction of services to families across various cultural backgrounds.
- Psychology services are palatable to culturally and linguistically (e.g., Spanish-speaking) diverse families.
- Systems-level changes provided support to call more families but did not impact the percent of families who completed visits across timepoints.
- Future studies should examine the psychosocial functioning of children and families with CPS.

TIMELINE



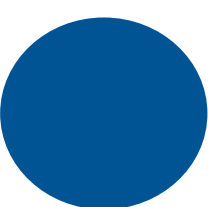
January 2020 (Time 1)

Integration of Psychology into CPS clinic



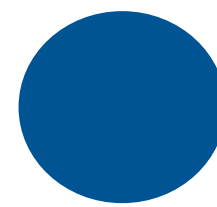
February 2020

Brief pandemic disruption;
Temporary transition to telemedicine



April 2020

First patient appointment with Psychology



January 2022 (Time 2)

Introduction of Spanish-speaking psychosocial coordinators;
Administrative reorganization

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