

was associated with better psychological status (e.g., lower depression and anxiety) at 3 months.

**Conclusion.** We suggest a need to screen family members with validated scales and intervening with those at high risk of depression and anxiety at 3 months.

**Implications for Research, Policy, or Practice.** Our findings suggest that a family's own functioning and ability to cope with stress may have a stronger impact on family members' psychological health, we also suggest that health care providers empower family members to maintain and improve their own family's well-being or resilience.

### *Cancer Patients' and Healthcare Providers' Perceptions About Supportive and Integrative Oncology Services (S834)*



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#### *Objectives*

1. Describe cancer patients' and healthcare providers' perceptions of supportive and integrative oncology services.
2. Compare cancer patients' and healthcare providers' perceptions of supportive and integrative oncology services.

**Original Research Background.** Supportive and integrative oncology services improve quality of life for cancer patients and are increasingly popular.

**Research Objectives.** To characterize and compare the perceptions of supportive and integrative oncology services among cancer patients and healthcare providers.

**Methods.** A cross-sectional survey was administered at Seidman Cancer Center (SCC), an NCI designated Comprehensive Cancer Center, to providers and patients in the spring of 2018. We inquired about familiarity, perceived importance, and

frequency of use, accessibility and barriers of 19 supportive and integrative oncology services. Data analysis included the Chi-square test and Spearman's rank correlation ( $\rho$ ).

**Results.** A total of 585 surveys were obtained (421 patients and 164 healthcare providers). Patients were generally over 60 (58.2%), female (57.4%), Caucasian (64.2%) with most at >1 year from starting treatment (59.9%). Healthcare providers were physicians (38.7%), RN partners (38.1%), and advanced practice providers (APPs) (23.2%). Most were female (74.3%), Caucasian (80%) and worked at SCC for >5 years (56.4%). Providers were more familiar with palliative care (71.7%) and felt it was more important (92%) than patients did (25.2% and 43.6%,  $p < 0.001$ ). Patients who were in treatment for a longer length of time were more familiar with social work, palliative care and psychiatry ( $\rho = 0.17, 0.14, 0.20$ ;  $p < 0.01$ ). Most providers (>85%) of all types regarded palliative care, social work and diet & nutrition services as important. The most common barrier for both patients and providers was being unaware of the services (41.6% and 67.1%).

**Conclusion.** Overall, healthcare providers were more familiar and considered most services to be more important than patients with many supportive and integrative oncology services. Being unaware of the services was a common barrier.

**Implications for Research, Policy, or Practice.** Interventions are needed to improve the patients' and providers' awareness of supportive and integrative oncology services and communication of the importance of these services.

### *Acute Care Utilization at End-of-Life in Sickle Cell Disease: Highlighting the Need for a Palliative Approach to Sickle Cell Disease (S835)*



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#### *Objectives*

1. Describe the acute nature and young age of deaths of patients with Sickle Cell Disease.
2. Consider what a palliative approach to care of patients with Sickle Cell Disease entails.

**Original Research Background.** Despite recent advances, people with sickle cell disease (SCD) continue to have a life expectancy <50y. Therefore, understanding end-of-life care in SCD is critically important, but remains understudied.