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**Title**

*Extended cancer education for longer term survivors (EXCELS) in Primary Care: Findings from a Randomized Control Trial Study*

**Priority 1 (Research Category)**

Cancer research (not screening)

**Presenters**

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**Abstract**

CONTEXT: Breast, colorectal, and prostate cancer survivors are at increased risk for late and long-term effects of cancer post-treatment. The American Cancer Society has developed cancer site-specific survivorship guidelines for primary care to increase preventive screening and cancer surveillance.

OBJECTIVE: Test efficacy and perceived utility of a patient-level self-management educational intervention. STUDY DESIGN AND ANALYSIS: A 2X2 factorial design tested efficacy of: (1) EXCELS-website (i.e., a mobile-optimized website); (2) EXCELS-health coaching, (3) EXCELS-website and health coaching; and (4) control using a printed educational booklet. SETTING OR DATASET: Participants recruited through 7 clinical practice sites in the New Jersey Primary Care Research Network (N=63) and through the New Jersey State Cancer Registry (N=161) from 09/2017 to 07/2021. POPULATION STUDIED: 224 individuals with a history of breast, colorectal, and prostate cancer. Eligible participants were diagnosed with cancer in stages 1-3 and had completed active, curative treatment. INTERVENTION/INSTRUMENT: A structured survey assessed self-reported preventive service use and cancer surveillance at baseline and 6, 12, and 18 months and perceived utility. OUTCOME MEASURES: Use of preventive health services, monitoring for cancer recurrence in primary care and perceived utility of the intervention. RESULTS: Baseline intent to treat analyses indicated moderately high rates of preventive service use--60% eligible services/person (mean: 2.54, SD: 1.07). At 12 and 18 months increases in receipt of eligible services were observed across all study arms with the largest in arms 1 & 3. The mean increase in the % of services received at 18 months versus baseline for arm 1 was 23% and arm 3 was 21% compared to 18% in the control arm 4. Differences were not statistically significant. Participants reported EXCELS increased knowledge about their general health needs (74%), helped them talk with their doctors (77%) and increased knowledge of own cancer treatment related symptoms (70%). 93% in arms 1-3 said they would recommend it to other survivors. CONCLUSIONS: EXCELS shows promise as an intervention to improve patient knowledge and uptake of preventive and surveillance screenings. Additional research

should focus on matching patient preference to individual modalities to better enhance intervention effects.