Background

- Mindfulness-based interventions are associated with decreased levels of stress and depression among patients with chronic diseases, including cancer.¹
- Increased levels of distress and low quality of life can negatively impact cancer patients’ overall survival.²
- Caregivers of cancer patients also have an increased risk of stress, depression, and compromised quality of life.³
- There’s limited research about the feasibility and acceptability of mindfulness-based interventions among minority and underserved communities experiencing cancer.⁴

Objectives

- The parent study consists of two phases. Phase 1 is comprised of a formative research phase that will inform and guide the development of the intervention for phase 2.
- The present study focused on phase 1, which was based on qualitative research with patient-caregiver dyads to receive information and suggestions on how to culturally tailor the intervention.
- The results from phase 1 have been incorporated into phase 2 instruments through intervention mapping (IM-Adapt).⁵
- Phase 2 of the study will be a pilot randomized clinical trial consisting of 30 Latino patient-caregiver dyads to test the feasibility and acceptability of the intervention.

Methods

- The mindfulness intervention, Mindful Purpose Training (MPT), was developed by research team members. The purpose of this mindfulness-based intervention is to address distress and improve quality of life among patient-caregiver dyads.
- To complete the formative research phase to tailor the MPT for Latino cancer patients and their family caregivers, 20 Latino patient-caregiver dyads were recruited.

Methods (cont.)

- All participants had to be at least 18 years old, be able to speak either English or Spanish, and have internet access. Other criteria for patients included being in active treatment, self-identify as H/L, and having a stage III-IV tumor diagnosis.
- Mindfulness sessions were presented to participants via Zoom in English or Spanish. Semi-structured interviews were conducted to receive their feedback about the sessions. Information regarding the experiences, stressors, and sources of support from participants was further inquired. All qualitative data analyses were conducted using Atlas.ti.
- Additional feedback was obtained from two sessions with the Community Scientist Program at the MD Anderson Cancer Center.

Results

- Table 1 summarizes demographic data of the participants of the formative phase.
- Table 2 presents sample quotes of participants sharing their feedback about different aspects of the MPT.
- 72.5% of participants indicated that the meditation was not at all difficult to follow. Additionally, 95% of participants found that the language used was very easy or easy to understand.
- The main difficulty reported regarding the use of Zoom was issues with the audio. Regardless, all participants were able to complete the sessions.
- Overall, community scientists supported the dissemination of the intervention. Most suggestions were about the use of lay terms rather than technical terms, inclusion of more family members, religion-based beliefs, and gender-based considerations.

Conclusions

- Results from phase 1 support the feasibility and acceptability of the intervention and proposed study design.
- Latino cancer patients and their caregivers support the dissemination and of a mindfulness intervention.
- Latino community scientists further support the recommendation while providing additional feedback to culturally tailor the intervention’s language and approach.
- This study illustrates steps to achieve comprehensive cultural tailoring to the communities that would receive the intervention.

Next Steps

- Phase 2 will consist of a three-armed randomized controlled trial evaluating the feasibility of the tailored intervention among thirty cancer patient-caregiver dyads.
- Results of phase 2 will further inform the feasibility and acceptability of mindfulness interventions in this population and lay the foundation for a larger study to evaluate efficacy.

References


Acknowledgements

- The parent study is sponsored by the Community Outreach and Engagement Fund for Underserved Texans (COEFUT) and the Duncan Family Institute for Cancer Prevention and Risk Assessment. Additional funding was provided by the National Cancer Institute through a Cancer Center Support Grant (CA016672). Clinical Trials ID: NCT04870788.
- JY Llavin-Ortiz was supported by a NIH/NCI R25CA056452 educational grant award (Shine Chang, PhD, Principal Investigator).