



## “Online mindfulness-based cognitive therapy for cancer patients”

Day: Friday 13th July 2018      Time: 9:00 – 10:15 am      Track: Clinical Applications

Cancer is one of the leading causes of morbidity and mortality. Getting a cancer diagnosis and receiving anticancer treatment can have a major impact on cancer patients. Some patients experience significant reductions in quality of life, for instance due to fatigue or psychological distress. Mindfulness-based cognitive therapy (MBCT) has proven to be an effective intervention to help cancer patients to cope. However, the original format of MBCT, with weekly group meetings, comprises a number of challenges for cancer patients, including travel and lack of flexibility. Especially fatigued cancer patients with pain symptoms might experience barriers to participate. Internet-based MBCT (eMBCT) might overcome these problems, as eMBCT is easily available from home at any time. In the present symposium, we will address some recent evidence regarding the effectiveness of eMBCT for cancer patients. Furthermore, the relationship between therapist and patients in eMBCT will be discussed.

1. Linda Cillessen will present the follow-up results and moderators of individual internet-based MBCT compared with face-to-face group MBCT for distressed cancer patients.
2. Marije van der Lee will present the results of ‘Fitter na kanker’, a three-armed randomized controlled trial on the effectiveness of web-based MBCT for chronic cancer-related fatigue compared to an active control condition.
3. Félix Compen will present a qualitative study about MBCT for cancer patients delivered via internet, focused on patients and therapist barriers and facilitators.
4. Julia Wahl will present a new training programme for cancer patients and survivors (CforC) that was designed and tested in a pilot study. She will review the potential benefits of CforC which include attention regulation, self-regulation, mental awareness, and acceptance of physical sensations (including pain experiences).



## Symposium overview

- Presenter 1**     **Linda Cillessen** - Long-term effects, predictors, moderators and mechanisms of group face-to-face and individual internet-based Mindfulness Based Cognitive Therapy for distressed cancer patients.
- Presenter 2**     **Marije van der Lee** - Effectiveness of web-based MBCT for Chronic Cancer-Related Fatigue compared to an active control condition: results of the 'Fitter na kanker' 3-armed Randomized Controlled Trial
- Presenter 3**     **Félix Compen** - Mindfulness-Based Cognitive Therapy for Cancer Patients Delivered via Internet: Qualitative Study of Patient and Therapist experiences
- Presenter 4**     **Julia Wahl** - Development of a Compassion for Cancer curriculum for cancer patients in stages I-III and cancer survivors. Origins, rationale and initial observations.
- Chair:**             ***Marije van der Lee***



## **Long-term effects, predictors, moderators and mechanisms of group face-to-face and individual internet-based Mindfulness Based Cognitive Therapy for distressed cancer patients.**

Linda Cillessen<sup>1</sup>, Marije van der Lee<sup>2</sup>, Monique van der Ven<sup>3</sup>, Anne Speckens<sup>1</sup>, et al.

<sup>1</sup>*Radboudumc Centrum voor Mindfulness, Nijmegen, Netherlands*

<sup>2</sup>*Helen Dowling Institute, Bilthoven, Netherlands*

<sup>3</sup>*Radboud Universiteit, Nijmegen, Netherlands*

**Background and objectives:** One in three cancer patients experiences significant psychological distress. Mindfulness-based Cognitive Therapy (MBCT) is known to be effective in reducing psychological distress in this target group. However, cancer patients experience barriers when participating in group MBCT. While often fatigued, especially when undergoing anticancer treatment, cancer patients have to travel to the MBCT location at a fixed date and time, allowing little flexibility. Individual internet-based MBCT might overcome these problems. Therefore, the current study looked at the long-term effects of group face-to-face and individual internet-based MBCT. In addition, potential effect predictors and moderators, as well as mechanisms, were studied.

**Methods:** 245 cancer patients with at least mild psychological distress participated in the current study. Participants were randomized over one of three conditions, face-to-face MBCT, internet-based MBCT and treatment as usual (TAU). After three months TAU, patients were subsequently randomized to either face-to-face MBCT or internet-based MBCT. The primary outcome measure was psychological distress. Secondary outcome measures were fear of cancer recurrence, rumination, positive mental health and health-related quality of life. A large number of potential effect predictors and moderators were tested. Change in mindfulness, rumination and fear of cancer recurrence were tested as potential mechanisms.

**Results:** Currently, data-analysis is in progress . Results of these analyses are expected to be finished and ready to be presented at the ICM 2018.

**Discussion and conclusion:** Our results can conclude whether positive results of face-to-face and internet-based MBCT are maintained over the course of follow-up. Furthermore, results can help to advice patients in their choice for either group-based or individual online MBCT.



## **Effectiveness of web-based MBCT for Chronic Cancer-Related Fatigue compared to an active control condition: results of the ‘Fitter na kanker’ 3-armed Randomized Controlled Trial**

Fieke Bruggeman-Everts<sup>1,2</sup>, Marije Wolvers<sup>1,2,3</sup>, Rens van der Schoot<sup>4</sup>, Miriam Vollenbroek<sup>2,3,5</sup>, Marije van der Lee<sup>1</sup>

<sup>1</sup>*Helen Dowling Institute, Scientific Research Department, Bilthoven, Netherlands*

<sup>2</sup>*University of Twente, Faculty of Electrical Engineering, Mathematics and Computer Science, Telemedicine Group, Enschede, Netherlands*

<sup>3</sup>*Roessingh Research and Development, Telemedicine Group, Enschede, Netherlands*

<sup>4</sup>*North-West University, Vanderbijlpark, South Africa*

<sup>5</sup>*Ziekenhuis Groep Twente, ZGT Academy, Almelo, Netherlands*

**Background and objectives:** About one third of all patients who have been successfully treated for cancer, suffer from Chronic Cancer-Related Fatigue (CCRF). Effective and easily accessible interventions are needed. Results of a 3-armed RCT investigating the clinical effectiveness of two different guided Web-based interventions for reducing CCRF compared to an active control condition will be presented, in addition to a field study on the importance of patient-therapist alliance online.

**Methods:** Severely fatigued cancer survivors were recruited; 167 participants were randomized into: (1) physiotherapist-guided ambulant activity feedback therapy encompassing the use of an accelerometer (AAF) (n=62); (2) psychologist guided Web-based mindfulness-based cognitive therapy (eMBCT) (n=55); or (3) an unguided active control condition receiving psycho-educational e-mails (PE) (n=50). All interventions lasted nine weeks. Fatigue severity was self-assessed six times from baseline (T0b) to six months (T2) (Checklist Individual Strength – fatigue severity subscale; primary outcome). Patient-therapist alliance was investigated by ethnographic field study.

**Results:** Multiple group latent growth curve analysis, corrected for individual time between assessments, showed that fatigue severity decreased significantly more in AAF and eMBCT compared to PE. Field study showed patients provided the eMBCT therapists with individual insights through their biographical writings, as well as writings about daily experiences. These writings enabled the therapist to attune methods and feedback to the specific context of individual patients. Therapists had access to detailed biographical information and seemed very motivated to respond to challenges their patients faced. On the other hand we noted limitations of Web-based therapy in personalizing care, that might explain dropout.

**Discussion and conclusion:** Both the AAF and eMBCT are effective for managing fatigue severity compared to receiving psycho-educational e-mails. Advantages as well as limitations of Web-based therapy for establishing working alliance between patient and therapist were found.



## **Mindfulness-Based Cognitive Therapy for Cancer Patients Delivered via Internet: Qualitative Study of Patient and Therapist experiences**

Félix Compen, et al.

*Radboudumc Centre for Mindfulness, Nijmegen, Netherlands*

**Background and objectives:** The number of patients living with cancer is growing, and a substantial number of patients suffer from psychological distress. Mindfulness-based interventions (MBIs) seem effective in alleviating psychological distress. Unfortunately, several cancer patients find it difficult, if not impossible, to attend a group-based course. Internet-based MBIs (eMBIs) such as Internet-based mindfulness-based cognitive therapy (eMBCT) may offer solutions. However, it is yet to be studied what facilitators and barriers cancer patients experience during eMBCT.

This study aimed to explore facilitators and barriers of individual asynchronous therapist-assisted eMBCT as experienced by both patients and therapists.

**Methods:** Patients with heterogeneous cancer diagnoses suffering from psychological distress were offered eMBCT. This 9-week intervention mirrored the group-based MBCT protocol and included weekly asynchronous written therapist feedback. Patients were granted access to a website that contained the eMBCT protocol and a secured inbox, and they were asked to practice and fill out diaries on which the therapist provided feedback. In total, 31 patients participated in an individual posttreatment interview on experienced facilitators and barriers during eMBCT. Moreover, eight therapists were interviewed. The data were analyzed with qualitative content analysis to identify barriers and facilitators in eMBCT.

**Results:** Both patients and therapists mentioned four overarching themes as facilitators and barriers: treatment setting (the individual and Internet-based nature of the treatment), treatment format (how the treatment and its guidance were organized and delivered), role of the therapist, and individual patient characteristics.

**Conclusions:** The eMBCT provided flexibility in when, where, and how patients and therapists engage in MBCT. Future studies should assess how different eMBCT designs could further improve barriers that were found.



## **Development of a Compassion for Cancer curriculum for cancer patients in stages I-III and cancer survivors. Origins, rationale and initial observations.**

Julia Wahl

*University of Derby, Derby, United Kingdom*

Compassion is an intrinsic trait and is linked to psychological and physiological well-being. It can be trained and improved through a systematic contemplative training programme. The purpose of this paper is to present a new training programme for cancer patients and survivors (CforC) that was designed and tested in a pilot study. We review the potential benefits of CforC which include attention regulation, self-regulation, mental awareness, and acceptance of physical sensations (including pain experiences). We also consider limitations. Results of the pilot suggest that the current intervention is feasible and provides potential psychological benefits for female breast cancer patients/survivors. Future research may benefit from examining other potential effects of the CforC programme, including emotional and physical outcomes in cancer patients and survivors, and the application of the intervention to other populations of chronically ill patients.