

**DR. MARIA
LAPID:**

Hello, I'm Dr. Maria Lapid, and I work at the Mayo Clinic in Rochester, Minnesota. I'm a geriatric psychiatrist by training and I have additional training in hospice and palliative medicine. And I will talk to you about a cancer caregiver intervention that we are conducting right now that's designed to improve quality of life and prevent burnout among caregivers of cancer patients.

I'm part of a psycho-oncology research group that has been in existence at the Mayo Clinic for the last 15 years, and we are funded by generous support from the [INAUDIBLE] Foundation and partially by the St. Mary's Hospital Sponsorship Board. Over the last 15 years, we have conducted two randomized controlled trials of psychosocial intervention that we have designed to improve quality of life of patients with advanced cancer who are undergoing cancer treatment.

So I wanted to go over the background and talk to you about these two randomized controlled trials before going on to introduce to you and let you know about the current study that is going on right now. I will call the two previous randomized controlled trials Study 1 and Study 2. So we all know quality of life is a very multi-dimensional concept.

And as you can see from the slide, it covers different aspects of well-being, including emotional well-being, social functioning, spiritual well-being, mental well-being, as well as physical well-being. These are the five major domains of quality of life that the psychosocial intervention we developed from the research group that we tested on cancer patients.

So Study 1 was focused mainly on the cancer patients. What we did was we selected patients with advanced cancer diagnosed within the previous 12 months who are scheduled to undergo radiation therapy. These patients were randomized to two arms. Arm A was the structured multi-disciplinary intervention consisting of eight 90-minute sessions over 4 to 3 weeks. And Arm B was the standard usual care with the oncologist and their team.

Quality of life was assessed at baseline and at weeks 4, 8, and 27. This is the main finding of our Study 1, which basically shows that overall quality of life at four weeks for the patients who underwent the intervention improved compared to the people who were randomized to standard care. So after the Study 1 was completed, we found that multi-disciplinary intervention improves the patient quality of life, which then led us to creating the Study 2, which is designed for the cancer patients. And this time, including the caregivers.

For the Study 2, we used the same intervention. It was structured, it was multi-disciplinary, and it was, again, addressing the major domains of quality of life, as you can see on the table there. We had a similar finding to Study 1, in that the quality of life, again, improved at four weeks after the intervention for those who participated in the intervention compared to those who were randomized to standard care.

So again, we refined intervention, we again found that the quality of life intervention does improve the quality of life of the patients with advanced cancer. But when we looked at the caregiver's quality of life, we found no impact on the caregiver quality of life. And the thinking was that the intervention that we had designed was really designed for the advanced cancer patients. And the caregivers, even though they were involved, they were only indirectly involved in the intervention.

And this is the background of how we developed the current study, which is called Study 3. And there's many reasons to develop interventions targeted for caregivers. We know in the cancer world that caregiver burden is significant when one is caring for a patient with cancer. The importance of caregiver assessment has been underscored by research and best practices, and there is very strong evidence in the literature that interventions directly supporting caregivers do reduce psychological distress, improve coping, and improve their quality of life.

So as we went on to develop our Study 3, this time designed for the caregivers of cancer patients, we had to do some preparation in terms of searching the literature, doing a systematic review, to look at the evidence base and to look at everything that has been published on this topic. We also conducted the survey of caregivers of cancer patients at the Mayo Clinic, to determine whether they have interest in any technology-based interventions for caregivers.

And our plan was to use the previously-designed intervention that worked for the cancer patients. But this time, design it for the caregivers and add an innovation that includes technology. And so this is an ongoing IRB approved protocol within the Mayo Clinic cancer center. And we have divided it into two phases, Phase I and Phase II. And it's designed for the cancer caregivers to improve their quality of life and prevent burnout.

We tailored the previously-designed psychosocial interventions, but this time, we made sure it met the needs of the caregivers rather than the patients. The sessions are structured the same way as the sessions for the patients previously. So again, this is addressing the major domains of quality of life, namely the physical, the psychological, mental, spiritual, and emotional well-being.

The same number of sessions are what we are using. We are offering eight sessions, and a caregiver has to complete six out of the eight sessions. We incorporated technology into our intervention in that the interventions are now conducted web-based and online, and the interventions are done via video conference technology. For us to be able to carry this out by video conferencing, we have collaborated and partnered with the Mayo Clinic center for innovation, who provides the technology and the support for the video conferencing.

So we are actively conducting this study. We are currently in the Phase 1 or pilot, and our objective for this pilot study is to really determine the feasibility and acceptability of a web-based and video-based intervention for cancer caregivers. Our thinking is that making it accessible, portable, and easy to use would address the barriers that caregivers have in terms of their limitations on their time, because they are so busy taking care of their patients.

This is the flyer that we have. And the only requirement that we require for the caregivers for them to be an adult, to be caring for an adult cancer patient, and for them to have internet access and willing to do the interventions on video conferencing. If people do not have web cameras, we also provide that for our study.

And that's where it highlights that all of the sessions are based on video conferencing. Thank you. You can see my email address on the screen. I hope you found this presentation useful. Please contact me if you have any questions.