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## **An exploration of support services for black African and black Caribbean female breast cancer survivors in the UK: A qualitative study**

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Currently, 2.5 million people are living with cancer in UK with upto four million people predicted to live with cancer in 2030. However, breast cancer is one of the most commonly diagnosed in the UK, with over 51,000 new cases and causing over 11,000 deaths annually. Cancer survival rates have improved over the past 40 years within the UK; thereby, putting pressure on the National Health Service; to move towards self-management and Breast Cancer Care (BCC), UK, endorses this. Along with this, the UK independent Cancer Taskforce recommendations focus on reducing inequalities, improving cancer outcomes and access to health and social care. However, Cancer Support Centre (CSC) in Sheffield and the BCC have noted a significantly low uptake of their services by the Black Minority Ethnic (BME) women including the Black African and Caribbean (BAC) women who's access to a culturally sensitive service is not fully known. This study aims to explore the experiences of the BAC female breast cancer survivors in the UK and contribute to a broader understanding of how this group accesses and takes up available support services. Hence, the research questions: What are the lived experiences of BAC female breast cancer survivors in the UK regarding their accesses to available support services? Are the information and support services for this group culturally sensitive to them? This qualitative descriptive phenomenological study uses digitally recorded semi-structured interview data from approximately 10-15 BAC female breast cancer survivors of 18 years and above living in the UK. Recorded data will be transcribed and simultaneously analysed using Colaizzi (1978) descriptive phenomenology.

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## **Brain fitness programs and cognitive interventions for breast cancer survivors: Implications for clinical practice and research**

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Cognitive impairment negatively impacts quality of life and everyday functioning of breast cancer survivors (BCS). Brain fitness programs and cognitive interventions represent a research and clinical priority. Numerous factors (e.g., depression) contribute to cognitive impairment in BCS; however, the greatest burden is attributable to chemotherapy and endocrine therapy. Within the theoretical framework of cognitive reserve and neuroplasticity, each factor can weaken cognitive (brain) reserve detrimentally affecting cognition. Fortunately, numerous brain fitness and cognitive interventions benefit BCS. These interventions are epitomized in a pilot study examining the efficacy of a brain fitness program (i.e., speed of processing training) in BCS. A systematic review of 21 cognitive intervention studies identified within PubMed was conducted. In addition, preliminary results from an on-going study examining speed of processing training in BCS are provided. Compensatory strategies and brain fitness programs were shown to improve cognitive functioning in BCS. Pharmacological interventions (i.e., methylphenidate) were also shown to improve cognition, particularly attention. Memory and speed of processing training programs were shown to be effective in improving the cognitive domain being trained; however, no brain fitness programs targeted executive functioning. Psycho-educational programs and complementary medicine interventions were also found to improve cognition. Stimulating activities such as employment have not been investigated, despite exerting strong benefit in other clinical populations. Recommendations for cognitive interventions are provided by the National Comprehensive Cancer Network. Results of this review are provided within the context of neuroplasticity and cognitive reserve. Future interventions, especially behavioral approaches, are discussed as they may improve everyday functioning.

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