Results Multivariate analysis showed that the more cases and complications experienced, the higher the educational effect of CST. In other words, advanced skills programs are effective for physicians who have acquired subspecialties, but there is a need for a general program for trainee physicians.

Conclusion/Implications With the results obtained in this study, I created a CST program for each proficiency level: preparatory training as STEP 1, then implementation as STEP 2, and finally a review program as STEP 3.

AS19. Survivorship

EP401/#21 ASIAN AMERICAN BREAST CANCER SURVIVORS WITH HIGH NEEDS FOR HELP

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Introduction Asian American breast cancer survivors have been known as a group with high needs for help despite high social support by their families. To provide appropriate and adequate support for this specific group, it is important to decide what are the characteristics of those with high needs. The purpose of this study was to examine the characteristics of Asian American breast cancer survivors with high needs for help during their survivorship transition.

Methods The data from a larger clinical trial among 185 Asian American breast cancer survivors were used for this study. Multiple instruments were used in the larger study, yet only the data collected using the Supportive Care Needs Survey-Short Form 34 (SCNS-SF34) and multiple scales to measure the survivors’ characteristics were used. The data analysis was done through decision tree analyses with the algorithm of classification and regression trees.

Results The women with the highest needs had different characteristics depending on the types of needs. Those with the highest psychological needs had high psychological symptom distress (cut point = 1.60), low self-efficacy (cut point = 100.50), high global symptom distress (cut point = 2.21), and low immigration age (cut point = 29.50).

Conclusion/Implications The findings suggest the risk groups of Asian American breast cancer survivors to target in future interventions to reduce their needs for help.

AS20. Symptom management/supportive cancer care

EP404/#379 DISCREPANCIES BETWEEN PATIENT AND HEALTHCARE PROFESSIONAL VALUES IN MANAGING SIDE EFFECTS OF GYNECOLOGIC ANTICANCER DRUG THERAPY IN JAPAN

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Introduction It has been reported that physicians tend to underestimate the impact of side effects on their patients. It is important to understand patients’ thoughts and values about side effects to provide a patient-centered treatment approach.

Methods A cross-sectional observational study (web-based questionnaire) was conducted among patients who had received anticancer drug therapy for uterine and ovarian cancer and heath care professionals (HCPs), including physicians, nurses, and pharmacists involved in gynecologic cancer care.

Results A survey was performed from November to December 2022, and responses were received from 154 patients, 153 physicians, 166 nurses, and 154 pharmacists. Regarding the differences in anticancer drug preferences, HCPs emphasized OS prolongation and tumor reduction, while patients emphasized safety (fewer side effects affecting activity and appearance) and complete elimination of cancer, with a
significant difference between patients and physicians, especially in safety (figure 1). Regarding the extent of reporting of side effects, 49.4% of patients reported all symptoms, including adverse events and side effects, while 54.2% of physicians, 92.2% of nurses, and 85.7% of pharmacists wanted patients to report all symptoms including adverse events and side effects (figure 2).

**Conclusion/Implications** Anticancer drugs must be decided after understanding the patient’s preferences through Shared Decision Making. It is important that not only physicians, but also nurses, pharmacists, and other members of the multi-disciplinary team listen to the patient-reported side effects/adverse events and provide support with respect to the patient’s values, leading to appropriate management of side effects.

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**Abstract EP404/#379 Figure 1** Differences in treatment preferences between patients and HCPs. The difference was calculated by subtracting the percentage (sum of top 3) of each HCP from that of patients (patients: n = 154, physicians: n = 154, nurses: n = 166, pharmacists: n = 154).

*p<0.05, **p<0.01 by Fisher’s exact test. Questionnaire for HCPs: what are the top 3 that HCPs believe patients’ value?, Questionnaire for patients: what are the top 3 do you think value most?

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**Abstract EP404/#379 Figure 2** Comparison of the levels of communication about symptoms of side effects between patients and health care professionals.

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**Abstract EP404/#379** Questionnaire for HCPs: what are the top 3 that HCPs believe patients’ value?, Questionnaire for patients: what are the top 3 do you think value most?