Translation of a Stress Management Intervention for Rural Spanish-speaking Latina Breast Cancer Survivors: Nuevo Amanecer-Rural Trial

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Background: Latina breast cancer survivors (LBCS) suffer worse psychosocial health than their white counterparts. Rural cancer patients have limited access to cancer supportive services due to distance, lack of transportation, low income, and low literacy. There is a need for effective interventions tailored for rural LBCS to address disparities in rural settings.

Aims: Describe a cognitive-behavioral stress management program, Nuevo Amanecer-Rural. Describe methods for conducting a RCT among rural communities for Spanish-speaking LBCS. Describe baseline levels of breast cancer-specific quality of life (QoL) in rural LBCS.

Adaption Methods for Rural Settings: Used community-based research approaches: 1) applied a translational model appropriate for vulnerable communities; 2) identified and engaged community partners in order to build community capacity for recruitment and program delivery; and 3) conducted formative studies with survivors, advocates, and clinicians to elicit their perspectives on program adaptations.

Outreach and Screening Methods: Community-based recruiters identified potential participants from public hospital cancer centers or cancer support organizations. Eligibility criteria 1) primarily Spanish-speaking Latina; 2) diagnosed with non-metastatic breast cancer; and 3) living in one of the targeted rural areas.

Conclusions: We successfully enrolled Spanish-speaking LBCS living in rural areas. LBCS had lower QoL scores than generally seen among their white counterparts, supporting the need for these types of interventions. Using CBPR principles in the design and implementation of community-based RCTs enhances cultural appropriateness, congruence with community contexts, and recruitment and retention.

Results: Sample Characteristics
• 74% recruitment rate (153/207)
• Mean age in years = 55, range (28-88)
• 90% Mexican, 1% Central American, 9% US born
• 81% had less than high school education
• Mean years since diagnosis in years = 3.0, range (0-17)
• 44% had mastectomy
• 53% had radiation + chemotherapy
• 92% retention rate at 6 months (140/153)

Results: Nuevo Amanecer-Rural program	
Initial Program: Nuevo Amanecer	Adapted Program: Nuevo Amanecer-Rural
<ul style="list-style-type: none">• 8-week program• Individual delivery• Multi-step activity sheets (e.g., goal setting)• Written instructions for relaxation techniques (e.g., deep breathing)• Written information on breast cancer and treatment	<ul style="list-style-type: none">• 10-week program• Individual or group delivery• Simplified activity sheets (e.g., goal setting)• Added audiovisual for relaxation techniques (e.g., deep breathing)• Added audiovisual on breast cancer and its treatment• Added the following:<ul style="list-style-type: none">• Section on survivorship• Survivorship care plan• Section on living healthy• More images• Simplified language• Increased skills practice

Results: Breast Cancer Specific Quality of Life (FACT-B)* at Baseline	Alpha	Mean (SD)
FACT-B total score (range 0-108)	-	73.7 (15.1)
FACT subscale scores		
• Physical well-being (range 0-24)	0.84	17.4 (5.3)
• Social/family well-being (range 0-20)	0.79	13.6 (4.1)
• Emotional well-being (range 0-20)	0.74	14.4 (4.3)
• Functional well-being (range 0-16)	0.75	11.0 (2.9)
• Breast cancer-specific concerns (range 0-28)	0.62	17.4 (4.7)
Higher scores=better quality of life *Modified subscales

Acknowledgements: California Breast Cancer Research Grants Program (21OB-0135); National Institute on Aging (1P30AG15272); and Division of Intramural Research, National Institute on Minority Health and Health Disparities, NIH.