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Individual abstract within a Delegate Designed Symposium titled *Online Psychological Interventions to Improve Cancer Care*

Abstract Category: Survivorship

Title: e-TC: Development and pilot testing of a web-based intervention to reduce anxiety and depression in survivors of testicular cancer

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Aim: Despite a good prognosis, many testicular cancer (TC) survivors report anxiety, depression, unmet needs and fear of recurrence in the longer term. Barriers to seeking support, such as stigma, geographical remoteness, inconvenience and cost, may be overcome using online interventions, which have been effectively utilised in other settings and patient groups. The aim of this study was to develop and pilot test 'e-TC', a tailored, online psychosocial intervention targeting anxiety, depression and fear of recurrence in TC survivors.

Methods: e-TC incorporates evidence-based clinical therapies and psychosocial interventions for cancer patients and survivors. Expert advisers, including consumers and clinicians, were involved in an iterative feedback process throughout development. The pilot study will assess feasibility of, and satisfaction with, e-TC in 40 TC survivors who completed active treatment 6months-5years ago. Participants use e-TC for up to 10 weeks, providing feedback on the utility, relevance, simplicity and length of each module and the intervention as a whole. The user's experience is tailored to their relationship status. At baseline, participants complete the QLQ-TC26 (quality of life), Distress and Impact thermometers (DIT), Hospital Anxiety and Depression Scale (HADS), Fear of Recurrence Scale (FRS), Duke Social Support Scale (DSS), and Casun Unmet Needs Scale (CASUN). The DIT and HADS are repeated throughout the intervention. Post-intervention, participants complete the QLQ-TC26, HADS, FRS and CASUN.

Results: Ten participants have been recruited so far. Preliminary feedback about the quality and usefulness of e-TC has been overwhelmingly positive. A detailed overview of the development of e-TC,

results of the pilot study and challenges associated with the delivery of this intervention will be reported.

Conclusions: e-TC is an innovative way to make psychosocial support for TC survivors more accessible and to increase the variety of options for managing anxiety, depression and fear of recurrence associated with TC.