

# Phase 1 Results: Cultural Adaptation of a Mindfulness-Based Intervention for Latino Cancer Patients and Their Caregivers

JY Llavona-Ortiz, MS<sup>1</sup>, E Domínguez, MPH<sup>2</sup>, J Hernández, MS<sup>2</sup>, R Silva, MBA<sup>3</sup>, K Milbury, PhD<sup>3</sup>, & LL Strong, PhD, MPH<sup>2</sup>

<sup>1</sup>Cancer Prevention Research Training Program, The University of Texas MD Anderson Cancer Center, Houston, TX; <sup>2</sup>Department of Health Disparities Research, The University of Texas MD Anderson Cancer Center, Houston, TX; <sup>3</sup>Department of Behavioral Sciences, The University of Texas MD Anderson Cancer Center, Houston, TX

# THE UNIVERSITY OF TEXAS MDAnderson Cancer Center

### **Background**

- Mindfulness-based interventions are associated with decreased levels of stress and depression among patients with chronic diseases, including cancer.<sup>1</sup>
- Increased levels of distress and low quality of life can negatively impact cancer patients' overall survival.<sup>2</sup>
- Caregivers of cancer patients also have an increased risk of stress, depression, and compromised quality of life.<sup>3</sup>
- There's limited research about the feasibility and acceptability of mindfulness-based interventions among minority and underserved communities experiencing cancer.<sup>4</sup>

# **Objectives**

- The parent study consists of two phases.
   Phase 1 is comprised of a formative research phase that will inform and guide the development of the intervention for phase 2.
- The present study focused on phase 1, which was based on qualitative research with patient-caregiver dyads to receive information and suggestions on how to culturally tailor the intervention.
- The results from phase 1 have been incorporated into phase 2 instruments through intervention mapping (IM-Adapt).<sup>5</sup>
- Phase 2 of the study will be a pilot randomized clinical trial consisting of 30 Latino patient-caregiver dyads to test the feasibility and acceptability of the intervention.

#### **Methods**

- The mindfulness intervention, Mindful Purpose Training (MPT), was developed by research team members. The purpose of this mindfulness-based intervention is to address distress and improve quality of life among patientcaregiver dyads.
- To complete the formative research phase to tailor the MPT for Latino cancer patients and their family caregivers, 20 Latino patient-caregiver dyads were recruited.

# Methods (cont.)

- All participants had to be at least 18 years old, be able to speak either English or Spanish, and have internet access. Other criteria for patients included being in active treatment, self-identify as H/L, and having a stage III-IV tumor diagnosis.
- Mindfulness sessions were presented to participants via Zoom in English or Spanish. Semi-structured interviews were conducted to receive their feedback about the sessions. Information regarding the experiences, stressors, and sources of support from participants was further inquired. All qualitative data analyses were conducted using Atlas.ti.
- Additional feedback was obtained from two sessions with the Community Scientist Program at the MD Anderson Cancer Center.

#### Results

- Table 1 summarizes demographic data of the participants of the formative phase.
- Table 2 presents sample quotes of participants sharing their feedback about different aspects of the MPT.
- 72.5% of participants indicated that the meditation was not at all difficult to follow.
- 95% of participants stated that the exercise was very helpful or helpful.
   Additionally, 95% of participants found that the language used was very easy or easy to understand.

Table 1. Participants of formative research phase (N=40)

Variable	n (%) or mean (sd)
Gender	
Female	21 (52.5%)
Age (years)	48 ± 11.5
Race	
White/Caucasian	26 (65%)
American Indian/Alaska Na	ative 2 (5%)
Other	12 (30%)
Hispanic/Latino	40 (100%)
Country of birth	
Mexico	25 (62.5%)
United States	4 (10%)
Other	11 (27.5%)
Education level	
Less than 12th grade	23 (57.5%)
High school diploma/GED	8 (20%)
Some college or more	9 (22.5%)
Employment status	
Self-employed/ Employed	for 16 (40%)
wages	4 (10%)
A homemaker	6 (15%)
Out of work	14 (35%)
Unable to work or disabled	1
Marital status	
Married/ Living with a parti	ner 35 (87.5%)
Separated/ Divorced	5 (12.5%)

- The main difficulty reported regarding the use of Zoom was issues with the audio. Regardless, all participants were able to complete the sessions.
- Overall, community scientists supported the dissemination of the intervention. Most suggestions were about the use of lay terms rather than technical terms, inclusion of more family members, religion-based beliefs, and gender-based considerations.

Table 2. Sample quotes from Hispanic/Latino patient-caregiver dyads

Main Topic	Responses by Participant Category
Initial Reaction	"I would tell people who have cancer to do this, and it will help your state of mind—to feel that you're not sick, that you're all right, that you will make it out of this process, and it relaxes the—how can I say this? Yes, it provides peace." - Patient
	"Yes, well, it's a comforting sensation; peaceful; of disconnecting and pausing everything for a while and realizing that what you're doing it's worth it." - Caregiver
	"Yes, I felt peace, also, that for now, I don't feel anything of what I'm going through. I feel peace, and it motivates me to try harder." - Patient
	"When he was in the hospital—he was in the hospital several times, I spent all my morning with him and sometimes, it was all stress; all morning thinking that the doctor had to come, what they were going to tell him or what's going to happen. This type of exercise would have been really good for all that free time we had, instead of having to think of other things; to relax. It would have been perfect." -Caregiver
Usefulness	"It helps to be more in contact with our feelings. Everything that we're going through, stress—thinking about yourself, in your heart, you feel all that." - Caregiver
	"This session helps you to relax and to take off some of the burden, to continue the next day." -Patient
Feasibility of Implementation Modality (Why was Zoom Beneficial to Them)	"Me too, because being in your home environment allows you to relax; and without being afraid of what my daughter said, to get infected with things because of how vulnerable I am." - Patient
	"Excellent. Because like that, we're all safe; we all take care of ourselves." - Caregiver
	"Cause I can see the person, and it's just safer with everything going on that it's not in person."  -Patient

#### Conclusions

- Results from phase 1 support the feasibility and acceptability of the intervention and proposed study design.
- Latino cancer patients and their caregivers support the dissemination and of a mindfulness intervention.
- Latino community scientists further support the recommendation while providing additional feedback to culturally tailor the intervention's language and approach.
- This study illustrates steps to achieve comprehensive cultural tailoring to the communities that would receive the intervention.

# **Next Steps**

- Phase 2 will consist of a three-armed randomized controlled trial evaluating the feasibility of the tailored intervention among thirty cancer patient-caregiver dyads.
- Results of phase 2 will further inform the feasibility and acceptability of mindfulness interventions in this population and lay the foundation for a larger study to evaluate efficacy.

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