

\*\*POSTPRINT: Abstract published in S. Ackland (Ed.), *Abstracts from the Clinical Oncological Society of Australia 39th Annual Scientific Meeting and International Psycho-Oncology Society 14th World Congress of Psycho-Oncology, Brisbane, Australia. Asia-Pacific Journal of Clinical Oncology*, 8(Suppl. 3), 146.\*\*

Neurocognitive Interventions for “Chemobrain”

H. J. Green<sup>1</sup> & A. Schuurs<sup>1,2,3</sup>,

<sup>1</sup>Behavioural Basis of Health Program, Griffith Health Institute and School of Applied Psychology, Griffith University, Gold Coast, Australia

<sup>2</sup>Reset Psychology, Gold Coast, Australia

<sup>3</sup>Gold Coast Health Service District, Qld Health, Gold Coast, Australia

This research aimed to address the gap in evidence-based treatment available for cancer survivors who are experiencing cognitive dysfunction. The study tested the feasibility of a group cognitive rehabilitation intervention designed to improve cognitive function and quality of life for people who have completed cancer treatment. Three groups of adults were recruited: an intervention group of 23 cancer survivors who completed a 4-week group cognitive rehabilitation treatment, a comparison group of 9 cancer survivors, and a matched community sample of 23 adults who had never experienced cancer. The manualised “Responding to Cognitive Concerns” (“ReCog”) intervention was developed by the authors for this study and was delivered by a clinical health psychologist and a provisionally registered psychologist, in small groups of 4-8 participants. The two comparison groups completed assessments but did not receive the intervention. Measures of objective and subjective cognitive functions, quality of life, psychosocial distress, and illness perceptions were used. The results indicated that the intervention was effective in improving overall cognitive function, visuospatial/constructional performance, immediate memory, and delayed memory beyond practice effects alone. It was helpful in reducing participants’ perceptions of cognitive impairment and psychosocial distress, as well as promoting social functioning and understanding of cognition. The improvements were maintained at three months after the intervention. Participants reported a high level of satisfaction with the treatment. The results provided evidence for the feasibility of a brief group-based cognitive rehabilitation intervention to treat cognitive problems experienced by cancer survivors. A follow-up randomised study is now being conducted.

Survivorship, Cognition, Rehabilitation, Treatment, QoL