A Multidialectal Approach to Improve Access for Spanish-Speaking Cancer Survivors to Participate in “Emerging From the Haze”: a Multidimensional, Psychoeducational, Cognitive Rehabilitation Program to Improve Cognitive Function

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1. Background
The Emerging from the Haze (Haze) program addresses an important clinical problem in the field of cancer-related cognitive impairment (CRCI). CRCI is highly prevalent among cancer survivors after therapeutic treatment for non-central nervous system malignancies and has substantial negative effects on their overall quality of life. The Haze program utilizes standardized, pre-recorded, closed-captioned content delivered virtually with live facilitation by a trained group leader for English speaking patients.

Based on 2020 estimates from the United States Census Bureau, 65 million Americans (about 19 percent of the United States population) identified themselves as Hispanic or Latino, the second largest racial/ethnic group in the U.S. Latinos in particular face socioeconomic and cultural barriers to health care, including cancer screening and treatment. Latinos are more likely to be diagnosed with a more advanced stage of cancer and they experience disparities in the quality of cancer. Therefore, timely and accurate information about strategies to optimize well-being after cancer treatment is essential.

2. Goals
- Address access limitations of the Haze program for Spanish-speaking patients through translation of Haze content (slides, handouts, homework exercises, surveys) into Spanish, and closed captioning of videos in both English and Spanish
- Demonstrate acceptability for the culturally and linguistically translated Haze program materials for Spanish-speaking participants

3. Solutions and Methods
Cedars-Sinai produced subtitled captions for the Haze pre-recorded video learning modules, and a third-party vendor provided certified translation of written content. Translated materials were then uploaded to a shared digital file storage platform (Box) to be accessed by the Haze teams at Cedars-Sinai, the University of Kansas, and Florida State University. The Spanish translation and acculturation of Haze, and recommendations for community awareness and recruitment is guided by a Hispanic/Latino translation team. The translation team includes Spanish speakers representing dialects of Argentina, Mexico, Puerto Rico, and El Salvador. Review and refinement by the Haze team, translation team, and a Hispanic Community Advisory Board is ongoing.

4. Outcomes
A cultural and linguistic adaptation of the Haze materials will be completed to improve access to a multidimensional, psychoeducational, cognitive rehabilitation program for Spanish-speaking cancer survivors. A randomized, wait-list controlled study is being planned to confirm feasibility, acceptability, adherence, and satisfaction for Spanish-speaking participants. The sample will include 50 English-speaking and 30 Spanish-speaking participants. Eligibility criteria will include adults who have received chemotherapy for stage I-III solid tumors, Hodgkin or Non-Hodgkin Lymphoma reporting cognitive issues
and score within the cut point (<35) for Perceived Cognitive Impairment on the Patient-Reported Outcomes Management and Information Systems 8-item short form for Cognitive Function.

5. Lessons Learned and Future Directions
Future directions include implementation of the translated Haze program into cancer survivorship care. Additional need to culturally adapt Haze program content for English-speaking survivors with a Hispanic/Latino cultural background will be investigated. Future research may include comparison of the translated intervention between live and virtual settings for Spanish-speaking survivors.

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