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| **Emotional, social, and cognitive health meeting minutes** | | | | |
| **Date: October 28th, 2016 Start Time: 10:30am CST End Time: 11:30am CST** | | | | |
| **Attendees:** Beattice Abetti, LCSW, Co-chair; Areej Al-Jawahiri, MD, Co-chair; Cynthia Bell, RN; Anna Barata, Psychologist; Jennifer Blosser, LCSW; Jill Randall, LICSW (lead staff), Gerardo Camarillo, Caregiver; Wendy Gorrell, Patient; Lizette Salazar, Caregiver; Kate Houg (admin staff)  **Not in attendance:**, Betsy Lucas, Patient; Eneida Nemecek, MD; Heather Jim, PhD; Rob Minton, Patient; Tim Walsh, Patient; | | | | |
| **Topic** | **Discussion Leader** | **Time** | **Discussion Summary** | **Action Items** |
| Welcome/Roll call | Jill | 5 min | Roll call with attendance noted above |  |
| Define top three recommendations for comparative effectiveness research from each subgroup:   1. Adult social and emotional 2. Pediatric social and emotional 3. Cognitive | Subgroup leaders | 45 min | Goal: 9 general recommendations from the subgroups, and a list of 2-3 areas that are ready for CER  **Adult Social and Emotional Sub Group**   * Cognitive behavioral therapy (CBT) and stepped care/interventions (more intense interventions based on need) * There should be a push for multi-center collaborations * The use of technology for interventions to promote access * Studying specific psychological interventions that have shown to be effective in cancer care while knowing we may need to modulate the dose intensity for BMT * CER perspective: Testing different modalities of delivery of intervention and comparing different psychological interventions * More research and services focused towards caregivers * Multi-ethnic research * Different technology usage among age groups   **Pediatric Social and Emotional Sub Group**   * Educational interventions and Peer Support * May not be enough research/studies to compare Peer Support * The work in that has been done is primarily descriptive, there haven’t been many studies done to evaluate a specific intervention * Make statement that the field is not ready for CER, but that these are our recommendations for moving the field forward * Burden on caregivers—further studies in this area * Differences between primary caregiver (stays with patient), and secondary caregiver (goes to work) * Social media * Include siblings   **Cognitive Sub Group**   * This area isn’t ready for CER, and is in dire need of interventions * Focus more on how these interventions impact patient outcomes, and their function in their daily lives * Transition of care/model of care delivery with a cognitive component in longer term survivors * More longitudinal studies with cognitive recovery |  |
| Next steps | Areej and Beatrice | 5 min | * Put the extended summary into slides, based on the work of each sub group * Distribute to the group for review, and Areej and Beatrice will update based on comments/recommendations * Beatrice and Areej will put together final slide deck, and executive summary to have to Kate by November 15th, 2016. |  |