PS1-02-14: Bridging the Psychosocial Gap in Young Breast Cancer Survivors: A Peer-led, Trauma-informed Framework for Survivorship Navigation

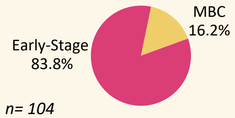
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OVERVIEW

Young breast cancer survivors experience high rates of emotional distress, identity disruption, and trauma-related symptoms, yet most survivorship models lack mental health care in a trauma-informed or developmentally relevant way.

From 2022-2025, BQC hosted 104 young breast cancer survivors diagnosed < 48 at 14 iterative, immersive peer-led retreats:
11 early-stage and 3 metastatic breast cancer (MBC).

Figure 1: BQC BreastRest Retreat Attendees from 2022-2025



n= 104

- Mean Age of Diagnosis: 35.38 years
- Median Age of Diagnosis: 35 years
- Age Range of Diagnosis: 24–48 years
- ≤ 3 Years from End of Treatment

From 2022-2024, BQC saw need for a common language. In response, we built a survivor-informed framework that was introduced in 2024.

PHASES OF CANCER SURVIVORSHIP MODEL

BQC developed targeted mental health tools and the Phases of Cancer Survivorship (PoCS) Framework: a three-phase model (Grief, Repair, Celebration) that conceptualizes psychological healing as a progressive, survivor-centered process.

Figure 2: Phases of Cancer Survivorship Model

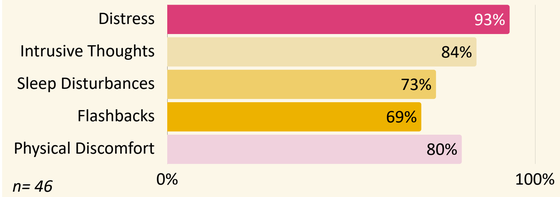


- **Grief Phase:** Processes fear, loss, and trauma through reflection and trauma-informed dialogue.
- **Repair Phase:** Builds emotional regulation and self-compassion through psychoeducation and skill development.
- **Celebration Phase:** Reclaims joy and identity through rituals, empowerment, and community connection.

METHODS & MATERIALS

1. Survivor-informed development: The PoCS Framework was created through semi-structured interviews and surveys from retreat participants and affirmed through survey of young survivors.

Figure 3: In 2025, Our Survey of 46 Young Survivors Reported Having Trauma-Related Symptoms:



n= 46

2. Thematic analysis: A licensed counselor and interdisciplinary team identified core psychosocial themes—such as fear of recurrence, identity disruption, body image distress, and loneliness—across participant narratives.

3. Integrated programming: Components of the PoCS Framework were incrementally integrated into retreat content as its themes became increasingly aligned with participants' expressed emotional needs, informing group facilitation and therapeutic tools.

Figure 4: PoCS Retreat Therapeutic Interventions

- Cognitive- Behavioral Education
- Expressive & Narrative Therapies
- Group Process/Peer Support
- Mind-Body Embodiment
- Meaning Centered Rituals
- Identity Integration



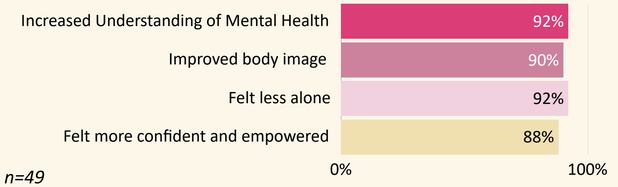
4. Professional Survey: In 2025, BQC administered the "Mental Health in Oncology Survey" to 90 industry professionals to gather insight on current systems, tools, barriers and opportunities in mental health support for oncology patients – further validating the need for a common language and support.

RESULTS

After introducing PoCS themed interventions, participants reported:

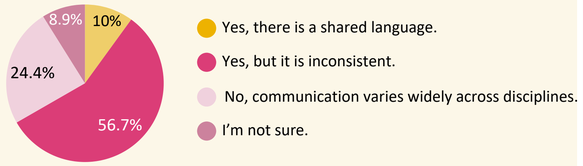
- ***High emotional impact:***
  - 92% reported a better understanding of their mental health
  - 90% reported improved body image
- ***Strengthened community and confidence:***
  - 92% felt less alone
  - 88% felt more empowered and confident after participating
- ***Qualitative themes:***
  - Increased hope and empowerment, reduced shame, and clearer emotional navigation
  - Survivors described the framework as:
    - ***"validating"***
    - ***"clarifying"***
    - ***"exactly what I needed but didn't know how to ask for"***
  - Most common survivorship challenges include: fear of recurrence, identity disruption, loneliness, complicated grief, professional delays, and emotional overwhelm.

Figure 4: BQC Post-Retreat Survey Results of Mental Health Framework Development, Starting in 2024:



n=49

Figure 5: Results from Mental Health In Oncology Survey if respondents believe there is a shared language across oncology, mental health and navigation when discussing the survivorship journey:



n=90

DISCUSSION

The PoCS Framework emerged from recurring emotional patterns shared by young survivors during peer-led retreats. These phases offer a shared language to help both survivors and providers understand the emotional impact of cancer beyond treatment. Early results suggest the model fosters clarity, connection, and confidence in survivorship; bridges gaps between medical and mental health care; and promotes a holistic approach to survivorship support.

CONCLUSIONS

- **Addresses a Critical Gap:**
  - The PoCS Framework meets urgent, unmet needs for structured, trauma-informed mental health support in young breast cancer survivorship.
- **Creates a Shared Language for Healing:**
  - Its survivor-centered, peer-developed approach offers oncology teams and mental health providers a practical tool to support emotional recovery.
- **Scalable Across Care Settings:**
  - With further validation, the framework can be integrated into clinical navigation, community programs, mental health providers, and survivorship care plans.

NEXT STEPS

- **PoCS Reintegration Retreat:**
  - Conduct a PoCS Reintegration Retreat to assess how the framework supports long-term survivorship adaptation.
- **Integration Into Care Models:**
  - Partner with oncology clinics, navigators, and mental health providers to pilot PoCS-informed programming in survivorship plans.
- **Training & Dissemination:**
  - Develop facilitator training programs and digital tools to scale the framework through retreats, community organizations, and clinical settings.

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This abstract is part of a larger multi-phase initiative supported in part by sponsorships from Daiichi Sankyo, Novartis, and AstraZeneca. Sponsors had no role in the analysis or content development.

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