

# Development and Initial Pilot Evaluation of a Psychoeducational Intervention for Individuals at High Risk for Pancreatic Cancer

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**OBJECTIVES:** To develop and determine the acceptability of a group-based digital health psychoeducational intervention aimed at reducing cancer worry based on acceptance and commitment therapy for individuals at high risk for pancreatic cancer.

**SAMPLE & SETTING:** 13 individuals at high risk for pancreatic cancer with a genetic variant or family history.

**METHODS & VARIABLES:** Three groups met virtually for one hour each week for four weeks. These sessions provided psychoeducational materials. Digital resources provided mindfulness and educational content. Reported measurements included qualitative responses and participant-reported acceptability.

**RESULTS:** All participants found the sessions to be useful and would recommend them to others. Recommendations from the first two groups included requests to access the content provided during the remote sessions, contributing to the creation of digital content for the third group.

**IMPLICATIONS FOR NURSING:** Individuals at high risk for pancreatic cancer can benefit from psychoeducation to reduce cancer worry, which can be accomplished through digital psychoeducational interventions.

**KEYWORDS** familial pancreatic cancer; acceptance and commitment therapy; psychoeducation

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Pancreatic ductal adenocarcinoma (PDAC) has the lowest survival rate of all solid tumors (Khalaf et al., 2021). Once diagnosed, only 10% of patients with PDAC will survive five years, primarily because PDAC is difficult to identify and treat (Khalaf et al., 2021). PDAC diagnosis rates are increasing, and although PDAC accounts for only 3% of all cancers, it is the third leading cause of cancer-related death (Khalaf et al., 2021) and is projected to be the second leading cause of cancer-related death by 2030 (Park et al., 2021). The low survival rate for PDAC is caused by the limited treatment options at the time of diagnosis because most patients are diagnosed at an advanced stage when curative surgical resection is no longer an option (Park et al., 2021). The average U.S. adult has about a 2% lifetime chance of developing PDAC (Klein, 2021; Park et al., 2021). For individuals who have multiple family members with PDAC or an inherited pathogenic genetic variant (PGV) associated with PDAC (*BRCA1/BRCA2*, *PALB2*, *CDKN2A*, *STK11*, *ATM*, *MLH1/MSH2/MSH6*, or *PRSS1*), the risk is 2–15 times higher than that of the average U.S. adult, depending on the PGV found (Klein, 2021; Park et al., 2021). In addition, in families with an inherited risk of PDAC, risk of other cancers might also be identified, and additional surveillance and prevention recommendations should be provided (Daly et al., 2020).

Those at highest risk because of family history and/or PGVs and no personal history of PDAC are recommended to undergo surveillance to detect early precursors or cancer before it reaches an advanced stage and is no longer curable (Daly et al., 2020; Goggins et al., 2020; Klein, 2021). PDAC surveillance consists of endoscopic ultrasound (requiring