

Cancer and Cognitive Function: Integrating Social and Neuropsychological Perspectives

Thursday 9/23/10

- 8:00-8:30 Breakfast; meet and greet
- 8:30-9:15 Welcome, overview, and introductions
- Welcome from NCI (Division of Cancer Control and Population Sciences) – Bob Croyle
 - Introduction to Behavioral Research Program & CASPHR – Bill Klein
 - Overview of rationale and day – Jamie Arndt
 - Brief introduction of participants
- 9:15-10:15 *Cognitive changes associated with cancer and Cancer treatments* – Tim Ahles
- 10:15-10:30 Break
- 10:30-11:20 *Mere information about chemotherapy-associated cognitive problems increases cognitive problems in cancer patients* – Sanne Schagen & Enny Das
- 11:20-11:50 *The Potential Role of Stress in Cancer-Related Neuropsychological Difficulties* – Stephanie Reid-Arndt
- 11:50-12:20 *Individual differences in health cognition and stress regulation: Implications for the study of cognitive changes associated with cancer and cancer treatment-* Paula Williams
- 12:20-1:30 Lunch
- 1:30-2:00 *Studying Cognitive Change Associated With Chemotherapy: Methodology and Measurement Issues* – Wendy Nelson
- 2:00-2:30 NCI Support for Cognition and Cancer: Past History and Future Perspectives– Julia Rowland
- 2:30-3:10 Discussion period 1: Open Brainstorming. Potential questions to consider:
- *What social psychological and personality processes/factors might influence patients' expectations of neuropsychological deficits, self-reported neuropsychological deficits, and actual neuropsychological deficits?*
 - *What social psychological and personality processes/factors might be involved with the experience of cancer and cancer treatment that contribute to (or buffer from) these deficits?*
 - *What implications do these processes/factors have for prevention, assessment, as well as what we might target in interventions?*
- 3:10-3:20 Break
- 3:20-4:00 Discussion period 2: Considering specific interfaces. Potential questions to consider
- *Self-regulation: Does (the prospect of) cancer and treatment affect social cognitive processes relevant to self-regulation and quality of life (e.g., goal pursuit, ego*

depletion, social comparisons, implementation intentions, temporal construal, processing of social and nonsocial stimuli, empathy gaps, terror management, positivity effects)?

- *Risk perception and communication: What are peoples' perceived risks of developing "chemobrain" and what role might this play in associated outcomes (including quality of life)? What do we know about risk communication that could mitigate people developing such expectancies?*
- *Self and identity: What are self-identity (e.g., possible or feared selves) processes that may influence the development of neuropsychological deficits (i.e., decline in neuropsych test performance and/or evidence of neurological changes via neuroimaging), and individuals' subjective experience of neuropsychological difficulties (i.e., self-reported cognitive complaints)? How might these deficits affect the maintenance of identity and in their implications for coping?*
- *Disparities: Are there (why) racial, age, and gender disparities in the existence or influence of expectancies, the manifestation of deficits, or the in the communication of relevant information?*
- *Close relationships: Are there aspects of close relationships that may influence the experience of subjective cognitive complaints following chemotherapy? Might there be a bi-directional relationship – in what manner might cognitive complaints or neuropsychological deficits impact close relationships and what role might this play in coping?*

4:00-4:40 Discussion period 3: Moving forward. Potential questions to consider:

- *Perspectives and priorities from the panel of speakers (Tim Ahles, Sanne Schagen, Stephanie Reid-Arndt, Paula Williams, Wendy Nelson, Julia Rowland)*
- *What if anything is the scientific product that could be produced that could best advance the field? (e.g., article, RFA, PA)?*

4:40-5:00 Wrap up