

on safety and which vaccines their child needs. Provider recommendations positively influence caregiver's intention to restart vaccines. Clinical guidelines are needed to support providers in making tailored vaccination recommendations after cancer treatment.

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Recruiting for an Online Survey through Social Media: Testing Variations in Messaging, Compensation, and Platform

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To test three recruitment strategies for parents on social media (Facebook and Twitter) to complete a brief survey about the human papillomavirus (HPV) vaccine. Methods: We created three campaigns with ads on Facebook and promoted tweets on Twitter that invited parents of children ages 9–15 to complete a brief survey about the HPV vaccine. Iterative, yet varied, campaigns were conducted to determine the ideal social media platform, compensation amount, and messaging. Ads depicted vaccine-eligible children (11–12 years of age) of various ethnicities. Ad messaging was adapted from social media toolkits at the CDC and the HPV Roundtable. Parents who clicked on our ad were first screened for eligibility. Those who were eligible then completed a 20-item survey via Qualtrics that included questions about HPV, the vaccine, and social media use. Survey compensation was either \$5 or \$10. At the end of the survey, we provided information about HPV and the vaccine. The campaign was available in English and Spanish. Results: The first campaign was launched on both Facebook and Twitter and offered \$5 compensation. The Facebook component yielded 18,527 impressions; two adults were confirmed eligible by the screener and both completed the survey (100% screener to completion rate). Cost per survey was \$349.45. The Twitter component received 143,661 impressions and yielded 18 completed surveys, with a screener to completion rate of 26% and a cost of \$42.99 per survey. For the second campaign, we dropped Facebook and focused solely on Twitter, offering \$10 compensation. We received 50,475 impressions that yielded 55 completed surveys (screener to completion rate = 71%) costing \$4.78 each. The final campaign tested simpler messaging on Twitter with \$10 compensation, and received 8,897 impressions, 38 survey completions (screener to completion rate = 88%), and cost \$1.19 per survey. Conclusions: While Facebook is widely used among Americans, our findings may suggest that Twitter is more engaging and cost-effective. Recent Facebook policy changes may explain the differences seen in cost and survey completion. Understanding the reach and effectiveness of the different platforms will help ensure the success of an intervention using social media.

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Acceptability and Feasibility of a Mindfulness-Based Intervention Program for HCT Cancer Caregivers

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High levels of stress have been reported amongst allogeneic HCT cancer caregivers and few treatment programs exist to provide stress management skills to this population. A pilot study was conducted to determine the feasibility and acceptability of a six-session mindfulness-based program designed specifically to meet the needs of allogeneic HCT cancer caregivers. Method: Participants completed questionnaires at baseline, end of treatment, and at a one month follow-up. Feasibility criteria consisted of participant accrual, retention, and homework completion. Measures of acceptability included the Client Satisfaction Questionnaire (CSQ; scale of 1–4 [1 = Poor; 4 = Excellent]) and three questions developed for this study to capture overall usefulness of the program; the usefulness of the program in managing stress; and likelihood of continued usage of mindfulness-based strategies (scale of 1–6 [1 = Not very useful; 6 = Very Useful]). Results: Twenty-one caregivers (mean age 57.95; 79% female) were enrolled and completed baseline questionnaires. Of these, 19 attended at least one treatment session, 15 attended at least 4, and 13 attended all sessions. Thirteen completed the post-treatment questionnaires and 14 completed follow-up questionnaires. Participants reported engaging in at least one mindfulness practice daily on 58% of the days enrolled in the study. Results from the CSQ found the program to be highly satisfactory ($M = 3.68$; $SD = 0.28$), with higher scores indicating greater satisfaction. Participants responded positively to questions related to overall usefulness of the program ($M = 5.36$; $SD = 0.93$), usefulness of the program to help manage stress ($M = 5.14$; $SD = 0.95$), and likelihood of continuation of strategy use in the future ($M = 5.50$; $SD = 1.16$). At the one month follow up, 100% of participants endorsed still using some of the skills learned during the program. Discussion: These pilot study results found the mindfulness intervention to be both feasible and acceptable. Limitations include: small sample size, homogenous population, and lack of a control group. Larger, future studies are warranted to determine the efficacy of this intervention in relation to a comparison treatment condition.

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Impact of the Built Environment on Physical Activity in Rural Cancer Survivors

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Cancer survivors (CS) residing in rural areas are less likely to meet physical activity (PA) recommendations and are more likely to report poor health than those residing in urban areas. Ecologic models suggest that the built environment affects PA, thereby influencing cancer survivorship. The purpose of this study was to examine the impact of the home and neighborhood environment on PA in rural CS. Methods: CS were recruited to a cross-sectional

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