

therapy than individual therapy. Group psychotherapy programs for cancer patients in Asia are few. This study thus set out to determine the applicability and efficacy of a 6-week group psycho-educational program for Philippine breast cancer patients in terms of improvement in psychosocial aspects.

Methodology: This study was conducted at the University of Santo Tomas Hospital Benavides Cancer Institute (BCI) in Manila, Philippines. The BCI is one of the few cancer institutions in the Philippines, and it offers multi-disciplinary professional medical service for cancer patients. The applicability of the 6-week group psychoeducational program for Philippine breast cancer patients was first pre-tested in a pilot study. The pilot study was conducted from May to June, 2009, wherein 10 patients were invited to participate in a group psychotherapy program. The Fawzy program has three sections, each lasting 30 minutes or so: Health Education (wherein experts were invited to give medical and psychological information and daily life topics in relation to cancer), Coping Skills (wherein patients were taught to identify positive and negative coping skills and apply such skills to their daily life), and Relaxation Training and Stress Management (wherein patients were trained in Progressive Muscle Relaxation). The group met for two hours each week for six (6) weeks. Groups were facilitated by a Clinical Psychologist assisted by a medical doctor and a palliative care nurse.

The randomized controlled trial was done to determine whether there is a significant difference in the psychosocial outcomes of patients who undergo the program compared to those who do not. Forty (40) patients who satisfied the Inclusion Criteria were randomized into an Intervention Group (20) and a Control Group (20). The inclusion criteria were: 1) Age between 18-65 years old, 2) Female breast cancer out-patients between stages I-III of primary breast cancer, 3) Between 4-24 months post-surgery, 4) Not under active chemotherapy or radiotherapy treatment during the observation period from baseline to the 3-month follow-up, 4) Physically able to come to the intervention site, 5) Can read and write in the English language (English is one of the two official languages of the Philippines), and 6) Have given written informed consent. The Intervention Group underwent therapy one week after baseline measures were taken in an Orientation Session (wherein the research was explained to all the recruited patients), while the Control Group was asked to wait for 3 months until they would undergo the same program.

Psychosocial measurement scales used to assess the effectiveness of the therapy were: Brief Fatigue Index (BFI), Hospital Anxiety and Depression Scale (HADS), Profile of Mood States (POMS), EORTC Quality of Life Scale QLQC30 and BR23 Breast Module, Medical Outcomes Survey Social Support Scale (MOS), and Brief COPE. The primary outcome variable was the Total Mood Disturbance score on the POMS scale, as this is the most consistently reported outcome in other studies using this particular therapy program.

The measurements were given at three timepoints: Baseline (T1), Immediately post-therapy (T2), and at 3-month Follow-up (T3). Two-way ANOVA with repeated measures was used for analysis. The level of significance was set at $P < .05$. The main result sought for was the time by group interaction, since this would signify if the 6-week group psychotherapy program has any effect on those who undergo it compared to those who do not. Additional post-hoc analyses (pairwise comparisons) were done for significant variables to assess how and where the differences between groups emerged.

Results: The pilot study showed that with minor modification of the content, the 6-week group psychoeducational program by Fawzy is adaptable for Philippine breast cancer patients. Participants expressed satisfaction with the program and suggested topics that could be included. Discussions between the facilitator and researcher were also taken into consideration in modifying the program.

In the randomized study, results showed that the Intervention Group had lower Total Mood Disturbance (POMS) compared to the Control Group, $F(2,52)=4.401$, $MSE=3.314$, $p=.02$. Post-hoc comparisons showed that the Control Group had increasing mood disturbance from T1 to T3, implying that greater mood disturbance might occur in breast cancer patients who do not undergo therapy. The Intervention Group also showed a better Global Health Status (EORTC Quality of Life Scale), $F(2,54)=3.440$, $MSE=120$, $p=.05$. This implied that patients who undergo this group psychotherapy program might draw benefit from the skills and information learned during the program to conduct a better quality of life. Furthermore, positive coping skills were used more frequently by the Intervention Group compared to the Control Group. In the Brief COPE scale, the Use of Instrumental Support subscale [$F(2,54)=5.528$, $MSE=.328$, $p=.01$] and the Planning subscale [$F(2,54)=3.843$, $MSE=.284$, $p=.03$] were utilized more by the Intervention Group than the Control Group,

implying better willingness to adjust to problems. On the other hand, the Control Group used more of the negative coping skill, Self-blame [$F(2, 54)=3.118, MSE=.237, p=.05$] compared to the Intervention Group, implying worse adjustment to the problem at hand. The results showed the positive effects of the group psychoeducational program on Philippine breast cancer patients in terms of increasing positive attributes (positive coping skills, quality of life), while decreasing negative consequences (mood disturbance, negative coping skills) associated with cancer.

Conclusions and Research Implications: A 6-week group psychoeducational program originated by Fawzy et al. shows promise as an effective tool to address the unmet psychosocial needs of Filipino breast cancer patients. Although developed in the West, this program may be acceptable to and appreciated by Asian patients whose cultural values and background may differ from western patients. Most group psychotherapy program models originate from the west and cater to western patients. The applicability of such a program towards Asian patients is of interest because Asian patients also demonstrate the need to have their psychosocial issues in cancer addressed effectively. Many Philippine breast cancer patients have access to regular medical care but have an unmet need for psychosocial care in dealing with cancer issues. That a 6-week group psycho-educational program may be effective for Philippine patients implies a new window of access open to them in helping them cope with the effects of experiencing breast cancer and serves as a cost-effective means to provide holistic care in a third world country. However, since psychosocial care for cancer is not prioritized in the Philippines, it remains a challenge to convince hospitals and cancer care centers to provide such in the future.