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Contribution ID: 256

Type: 1 - Scientific Poster

In-Person versus Remote Delivery of a Yoga Intervention for Patients with Thoracic Cancers and their Family Caregivers

Thursday 23 July 2026 12:40 (20 minutes)

BACKGROUND: We developed and tested a patient-caregiver yoga intervention for patients with thoracic cancers. Using a natural experimental design, we now seek to compare in-person versus remote delivery of the yoga intervention sessions on feasibility, acceptability and intervention outcomes.

METHODS: Secondary analyses of an RCT testing the efficacy of a 15-session yoga intervention on patient functional capacity (6MWT) and patient and caregiver QOL outcomes are presented here. Initially, the intervention was delivered in-person at the hospital. With the onset of the COVID pandemic, the sessions were delivered remotely (Zoom). Dyads completed self-report assessments with patients also completing the 6MWT before randomization, 6 weeks (at the end of treatment). A subset of participants completed semi-structured interviews about their experience with the intervention. To avoid confounds related to the pandemic, we compared dyads enrolled from January 2019-January 2020 (in-person; n=18 dyads) and May 2023-March 2024 (remote; n=16 dyads).

RESULTS: Although session attendance was significantly greater for those attending remotely ($P=.01$; session means: in-person=13.1 remote =14.8), patients' responses to the yoga sessions did not differ as a function of delivery for the 6MWT ($P=.75$; least squared means (LSM): in-person=418 meters; remote=426 meters) and physical QOL (PCS of SF-36; $P=.87$; LSM: in person=41.9; remote= 41.39). However, patients attending the sessions in-person reported significantly improved mental QOL (MCS of SF-36; $P=.02$, in-person LMS=51.4; remote LSM=43.0) and marginally significantly greater coping efficacy ($P=.07$; LSM: in-person=4.5; remote=4.2) and dyadic illness communication ($P=.09$; LSM: in-person=4.43; remote= 4.05) than those via remote delivery. For caregivers, we did not find group differences for any outcomes. Comments from the qualitative interviews revealed strengths for both delivery modes.

CONCLUSIONS: Although our findings are limited by a non-randomized design, they may suggest weighing feasibility benefits of remote with improved treatment response with in-person delivery regarding mental health outcomes.

Keywords

intervention delivery mode; yoga; thoracic cancer; caregivers

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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Session Classification: Poster Session