

# Project THRIVE

A Bilingual Reintegration Programme for HPV-Related Cancer Survivors in Hong Kong

Mandi Lee<sup>1</sup>, Elise Phillipson<sup>2</sup>, Dr Nicolson Siu Yat Fan PhD<sup>2</sup>, Katharina Reimer<sup>1</sup> | <sup>1</sup>Karen Leung Foundation, Hong Kong and <sup>2</sup>AMINDSET, Hong Kong



## INTRODUCTION

Human papillomavirus (HPV) is a well-established cause of cervical cancer and contributes to other anogenital (anus, vulva, vagina, penis) and head & neck cancers [1]. Age-standardised HPV incidence rate: 8.0 [2]

### Local Data (Hong Kong) [3]:

- Cervical cancer: 9th leading cause of female cancer deaths (2023)
- 173 deaths; age-standardised death rate: 2.1 per 100,000 women
- 522 new cases diagnosed in 2022; incidence rate: 7.8 per 100,000 women
- 30% increase in incidences observed over the past decade (Figure 1)

### Current Gap:

- Post-treatment follow-up mainly focuses on recurrence detection, with limited survivorship care support.
- Increasing number of working-age survivors returning to employment highlights unmet needs [4].

### Need for Action:

- Growing recognition globally of comprehensive survivorship care
- Existing guidelines are largely Western-centric; limited evidence from Asia-Pacific or Hong Kong [5,6].
- Urgent need to develop local evidence to inform survivorship interventions and policy.

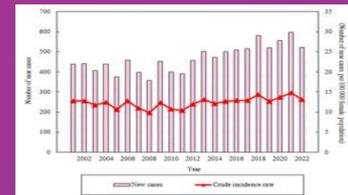


Figure 1

## METHODOLOGY

Karen Leung Foundation (KLF) launched Project Thrive to support HPV-related cancer survivors, their partners, and caregivers in Hong Kong through a structured bi-lingual reintegration programme

### Programme Design

- A multidisciplinary expert panel (health psychologists, counsellors, rehabilitation specialists, social workers) — avg. 15 years' experience — developed the programme.
- Ensured content was clinically sound, culturally relevant, and available in English and Cantonese.
- Conducted workshops and consensus meetings to:
  - Review evidence-based survivorship practices.
  - Define key learning objectives.
- Designed modules aligned with international frameworks: Australian Cancer Survivorship Framework [7] Pan-Canadian Framework for Cancer Survivorship Research [8] National Cancer Institute (NCI) Standards [9]
- Modules were contextualised for Hong Kong's health system and cultural setting.

### Pilot Testing

- Pilot cohort: 40 participants (Nov 2024 – Mar 2025).
- Collected feedback on relevance, clarity, and usefulness of modules.
- Content refined to enhance knowledge, coping skills, and confidence in survivorship.



### Programme Evaluation: RE-AIM Framework

A structured evaluation was applied using the RE-AIM framework to assess survivorship care [10]

- R Reach** » Access to target population
  - » Social media metrics, sign-ups, conversion to webinars
- E Effectiveness** » Impact on health & well-being
  - » WHOQOL-BREF, post-session feedback
- A Adoption** » Uptake by organisations
  - » Referrals from treatment centres, survivor groups
- I Implementation** » Fidelity & quality of delivery
  - » Webinar completion, engagement time, satisfaction (NPS)
- M Maintenance** » Sustainability & long-term use
  - » Follow-up surveys, peer group activities

**Outcomes:** The evaluation identifies strengths, challenges, and areas for improvement in programme delivery

## RESULTS

### Social Media Campaigns (Public):

Monthly educational videos and short-form content on KLF's platforms. Aims to raise awareness, shift social perceptions, and recruit participants for the webinar series.

### Live Expert Sessions (Public):

60-minute sessions held bi-monthly featuring experts on nutrition, exercise, and psychosocial well-being. Designed to deepen engagement and allow potential participants (including those from partner organisations) to sample the programme content.

### Webinar Series (Eligible Participants):

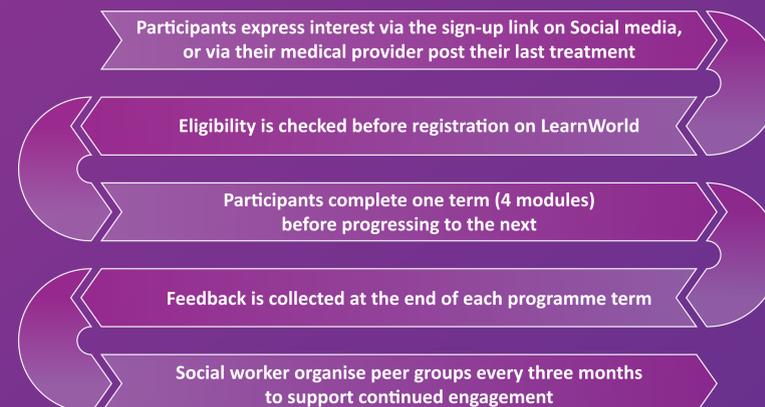
Core structured programme delivered over three terms, each with four 15–20-minute modules. Focuses on psychological, physical, relational, and cultural dimensions of survivorship.

Term 1	Term 2	Term 3
Acknowledging & Accepting the Journey	Enhancing Self-Confidence and Body Image	Cultivating Resilience and Mindset Shifts
Understanding Physical & Emotional Changes	Rebuilding Intimacy and Addressing Relationship Challenges	Celebrating Milestones and Reflecting on Progress
Building a Support Network	Seeking Professional Support and Guidance	Creating a Personalised Action Plan
Setting New Goals & Celebrating Milestones	Embracing Cultural and Social Aspects of Hong Kong	Empowering Others and Giving Back

### Facilitated Peer Support Groups (By Invitation)

- Quarterly 60-minute sessions led by professional counsellors.
- Open to webinar participants to foster peer connection, shared experience, and ongoing psychosocial support

### Programme Delivery



## CONCLUSION

### A Structured, Culturally Tailored Mode:

- Delivers a virtual, staged model of cancer survivorship care
- Approach - from social media outreach → live expert sessions → structured webinars → peer groups - reduces entry barriers, sustains engagement, and provides flexible reintegration pathways for survivors and caregivers.

### Community Engagement and Accessibility:

- Shift societal norms on survivorship,
- Normalise open conversations about post-cancer life, and
- Engage community networks for broader reach.
- Bilingual delivery (English & Cantonese) ensures accessibility and inclusion.
- Programme modules address physical, psychological, social, and cultural dimensions of recovery.

### Evidence and Impact

- Evaluation through the RE-AIM framework assesses feasibility, acceptability, and sustainability.
- Findings will produce transferable insights for regions where survivorship care is underdeveloped.
- The model integrates survivors' experiences, expert input, and community support into a care pathway.
- To produce generalisable evidence for other neighbouring countries where survivorship care remains understudied

### References

1. World Health Organization. Human papillomavirus and cancer [Internet]. 2024 [cited 2025 Sept 21]. Available from: <https://www.who.int/news-room/fact-sheets/detail/human-papilloma-virus-and-cancer>
2. De Martel C, Georges D, Bray F, Ferlay J, Clifford GM. Global burden of cancer attributable to infections in 2018: a worldwide incidence analysis. The Lancet Global Health [Internet]. 2020 Feb [cited 2025 Sept 21];8(2):e180–90. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2214109X19304887>
3. Centre for Health Protection, Department of Health. Cervical Cancer [Internet]. 2025 [cited 2025 Sept 21]. Available from: <https://www.chp.gov.hk/en/healthtopics/content/25/56.html>
4. Department of Health TG of the HKSAR. Cervical Screening Programme Annual Statistics Report 2024. 2025 May;
5. Chan RJ, Yates P, Li Q, Komatsu H, Lopez V, et al. Oncology practitioners' perspectives and practice patterns of post-treatment cancer survivorship care in the Asia-Pacific region: results from the STEP study. BMC Cancer [Internet]. 2017 Dec [cited 2025 Sept 21];17(1):715. Available from: <https://bmccancer.biomedcentral.com/articles/10.1186/s12885-017-3733-3>
6. Fitch MI, Nicoll I. Returning to work after cancer: Survivors', caregivers', and employers' perspectives. Psycho-Oncology [Internet]. 2019 Apr [cited 2023 Dec 22];28(4):792–8. Available from: <https://onlinelibrary.wiley.com/doi/10.1002/pon.5021>
7. Australian Cancer Survivorship Framework. (2020, June 3). Models of survivorship care. Peter MacCallum Cancer Centre. Available from: <https://www.petermac.org/patients-and-carers/support-and-wellbeing/living-with-and-beyond-cancer/survivorship/survivorship-models-of-care>
8. Canadian Cancer Research Alliance. (2017). Pan-Canadian Framework for Cancer Survivorship Research. Available from: [https://www.ccr-aacr.ca/wp-content/uploads/2020/08/Survivor\\_Framework\\_2017\\_EN.pdf](https://www.ccr-aacr.ca/wp-content/uploads/2020/08/Survivor_Framework_2017_EN.pdf)
9. National Cancer Institute. (2024, June 30). National standards for cancer survivorship care. National Cancer Institute. Available from: <https://cancercontrol.cancer.gov/ocs/special-focus-areas/national-standards-cancer-survivorship-care>
10. Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. Am J Public Health [Internet]. 1999 Sept [cited 2024 Apr 23];89(9):1322–7. Available from: <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.89.9.1322>