**CREATING STUDY MATERIALS FOR QUALITATIVE RESEARCH WITH ADVISORS WHO ARE NEURODIVERSE**

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**Objectives:** Individuals with intellectual or developmental disabilities (IDD) are more likely to experience worse cancer outcomes due to cognitive and communication challenges, increased social risks, and structural stigma, bias, and ableism. Breast cancer is a leading cancer among Canadian women. Our team recently documented worse survival among those with IDD relative to the general population across cancer stages, emphasising the need to examine factors beyond stage, such as cancer treatment. This research is a component of my dissertation project that will explore breast cancer treatment among people living with IDD using a convergent mixed methods design. My dissertation includes an integrated knowledge translation component, as advisors who are neurodiverse have been consulted to develop study materials. Advisors will also be consulted to disseminate the project findings in 2024.

The objective of this study component was to develop informative and accessible recruitment flyers, information letters, consent forms, and interview guides for cancer patients living with IDD who participate in the qualitative component of my dissertation research. This presentation will include my thoughts and lessons learned from this experience.

**Method:** This project involved working with Open for Cognitive Accessibility (Open), headed by Dr. Virginie Cobigo. Through Open, I received training in Easy Read. Subsequently, advisors were recruited with flyers describing the work required for the study. I then met virtually with each of the advisors separately to receive feedback and guidance on the recruitment flyer, information letter, consent form, and interview guide. Advisors were emailed the materials before each meeting to ensure sufficient time to review the materials. Practice interviews were conducted to improve my skills and experience in interviewing adults who are neurodiverse.

**Results:** Including advisors who are neurodiverse allowed for lived experience context to inform the development of study materials. These meetings greatly enhanced the current version of the materials. For instance, the updated information letter described the research process more clearly, and a section for interview accommodations was added to the consent form. In particular, questions in the interview guide were greatly improved, including adding questions focused on reflection “Thinking now about your treatment, did you feel like you were involved in making treatment decisions”. Advisors also provided clear feedback following the practice interview.

**Conclusions:** Inclusive research is a vital component of conducting research with individuals living with IDD. Involving advisors in the development of study materials improved the quality and accessibility of the study materials. Further, their inclusion helped the focus of the project to remain on empowering cancer patients living with IDD. The practice interview was imperative for my gaining experience in following the interview guide while ensuring that interviewees felt comfortable describing their lived experiences. This experience has opened my eyes to the importance of inclusive research. I hope to speak to the value of including advisors living with IDD throughout research projects.