25th International Psycho-Oncology Society (IPOS) World Congress of Psycho-oncology

24th – 27th September 2024,

ABSTRACT BOOK

Please note that this is not the official abstract book and based on the current displayed programme on the website. This programme is a work in progress. We expect to have the full program available on the website as soon as possible.

Maastricht Exhibition &
Congress Centre (MECC)
Forum 100
6229 GV Maastricht
The Netherlands

Table of Contents

Symposium + Symposium abstracts 38

S01: Recent advances in FCR research 38

P01.1: Implementation of the Fear of Recurrence Therapy (FORT) group intervention across Canada: preliminary results 38

P01.2: The Ottawa Clinical Fear of Recurrence (OCFR) measures for clinical fear of recurrence: Streamlining the self-report's items 38

P01.3: A clinical pathway for fear of cancer recurrence screening, triage and assessment, and stepped care: Results of an online Delphi consensus process 39

P01.4: A network approach to fear of cancer recurrence: The interconnectedness of triggers, appraisals, symptoms, responses and functioning impairment 40

P01.5: Three-year Trajectories and Associated Factors of Fear of Cancer Recurrence in Newly Diagnosed Head and Neck Cancer Patients: A Longitudinal Study 41

S02: Exploring the factors contributing to a risk of marginalisation in cancer care in Ireland 41

P02.1: Identifying individuals at risk of underrepresentation in cancer research: Findings from a rapid review 42

P02.2: Exploring the psychosocial outcomes among adults with at risk of underrepresentation 42

P02.3: Exploring the experiences that contribute to underrepresentation in adults with cancer in Ireland 43

P02.4: Exploring the nature and experience of underrepresentation in adolescents and young adults with cancer in Ireland 43

S03: Cultural Influences on Health Behaviors Related to Cancer: Insights from Taiwan, Israel, Romania and the United States 44

P03.1: Navigating Harmony and Distress: Support-Seeking Coping in Taiwanese Cancer Patients with Breast and Colorectal Cancer at Diagnosis 44

P03.2: Neuroendocrine Downstream of Sociocultural Characteristics among Newly Diagnosed Patients with Colorectal Cancer 45

P03.3: "Live Well, Smile, as There are Things that are Out of Your Control": Fatalistic Beliefs Among Israeli People About Cancer and Screening 45

P03.4: Talk to deal better with the challenges of illness: experience of the Romanian female cancer survivors 46

S04: The LInC Study: A study on the long term impact of pediatric cancer on adolescents and emerging adults and their families with a specific focus on identity, illness-related experiences and well-being 46

P04.1: Associations between cancer-related distress and fatigue in childhood cancer survivors: a longitudinal study 47

P04.2: Non-suicidal self-injury in adolescent and emerging adult childhood cancer survivors: A first exploration 47

P04.3: Psychological functioning of childhood cancer survivors and their parents: Longitudinal associations 48

P04.4: Identity formation in adolescent and emerging adult cancer survivors: a differentiated perspective and longitudinal associations with psychosocial functioning 48

S05: Cancer and the Family – Supporting the Entire Family When One Family Member Receives a Cancer Diagnosis 49

P05.1: ‘Resilient Caregivers’: a randomized trial of a resilience-based intervention for psychologically distressed partner caregivers of patients with cancer 49

P05.2: Facing Existential Loneliness: Exploring Adolescents’ Needs for Support during their Mother’s Breast Cancer Trajectory 50

P05.3: SOFUS family therapy for children in palliative care: Development and feasibility evaluation 50

P05.4: Stick Together – Feasibility study of a digital dyadic intervention for younger women with breast cancer and their partners 51

P05.5: Burden and support needs of family caregivers 52

S06: Implementation of return-to-work interventions for cancer survivors : strategies and insights from various settings 52

P06.1: Hospital return-to-work coordination for breast cancer survivors receiving neoadjuvant chemotherapy and working in the private sector: protocol of a pilot randomized controlled study (COHRAT) 53

P06.2: Return-to-work in Breast Cancer Survivors: Challenges in Piloting an Innovative Intervention within Primary Care 54

P06.3: Pilot implementation of MiLES: a web-based intervention targeted at managers with the aim of enhancing the successful return to work of employees with cancer 54

P06.4: Evaluation of an education program for general practitioners in training on discussing work with cancer patients 55

S07: Palliative care 55

P07.1: Dependence at the end of life: Contribution to psychological distress in patients with advanced cancer 55

P07.2: Embracing Existential Connections: A Phenomenological Exploration of End-of-Life Psychotherapy 56

P07.3: Living longer with incurable cancer: ‘it’s amazing that I’m alive, it’s also amazingly difficult’ 56

P07.4: Combined Early Palliative Care in Patients with Non-Small-Cell Lung Cancer: a multi-centric randomised controlled trial in Southwest China 57

P07.5: The prevalence of existential distress in patients with advanced cancer 58

P07.6: DEPRESSION AND DESIRE FOR HASTENED DEATH (DHD) IN PATIENTS WITH CANCERS AT THE UNIVERSITY COLLEGE HOSPITAL (UCH) IBADAN 58

S08: E-Health 59

P08.1: Evaluating a Web-based Mindfulness and Skills Training for Oncological Patients – The Reduct Trial 59
P08.2: An online support program for breast cancer (BC) and head and neck cancer (HNC) patients undergoing radiotherapy (OPUS) – Preliminary results 59
P08.3: Designing digital health tools for helping cancer patients manage symptoms at home and optimize quality of life 60
P08.4: https://prosoma.slack.com/archives/C06KVHU8BQD/p1709850690746729 61
P08.5: A qualitative exploration of factors that influence engagement with a digital mental health platform for women with metastatic breast cancer: Finding My Way – Advanced 61
P08.6: Leveraging technology to improve psychosocial outcomes of caregivers of people living with cancer in Vietnam 62
S09: POCON KICK OFF 62
S10: Managing Cancer and Living Meaningfully (CALM)- extending the boundaries. 62
P10.1: Managing Cancer and Living Meaningfully (CALM): Experiences of the patients with advanced cancer with a longer life expectancy 63
P10.2: Including Patients with Brain Tumors in Psychological Interventions: Two Phase II Single-Arm Investigations of Managing Cancer and Living Meaningfully 63
P10.3: An online adaptation of Managing Cancer and Living Meaningfully (iCALM): Development and preliminary feasibility and acceptability testing 64
P10.4: An adaptation of Managing Cancer and Living Meaningfully (CALM) to address posttraumatic states following the diagnosis or recurrence of life-threatening or advanced cancers: A thematic synthesis of qualitative studies 64
S11: Bridging Gaps in Care for Older Adults with Cancer and their Caregivers: Psychological Characteristics, Communication Strategies, and Interventions 65
P11.1: Can two walk together, except they be agreed? (AMOS 3:3). Actor Partner Interdependence Model of Hope, social support and depression among older patients diagnosed with cancer and their spousal caregivers. 65
P11.2: Perception of support received by caregivers in older people with cancer during their journey and subsequent self-care 66
P11.3: Communication with Older Adults with Cancer and their Caregivers: Skill Uptake 67
P11.4: Cancer and Aging: Reflections for Elders (CARE): A Psychotherapy Intervention for Older Adults with Cancer 67
S12: Exploring the intersection of food insecurity, malnutrition, and cancer care: Insights and interventions for equity in oncology 68
P12.1: Scoping review of equity tools for oncology and palliative care 68
P12.2: Development of an intervention to address disparities in access to breast cancer immunotherapy: Integrated Cancer Care Access Network for Breast Cancer Immuno-Oncology (ICCAN-IO) 69

- P12.3: Exploring the Interplay of Food Insecurity, Gut Microbiome, and Cancer Disparities: Findings from a Prospective Longitudinal Study 69
- P12.4: Food Insecurity Interventions: Research, Service, and Policy Imperatives 70

S13: Collaborative networking symposium on European research actions to support cancer survivors in work and employment 70

- P13.1: The individual and his or her context: facing up to the psychological, physical and social barriers to return to work (RTW) 71
- P13.2: Supporting employers to address the work-related needs of cancer survivors in their organizations 71
- P13.3: Preparing healthcare professionals to support cancer survivors in RTW 72
- P13.4: The social security system: reducing inequalities in support 72

S15: Survivorship care 73

- P15.1: Mental health after a head & neck cancer diagnosis: symptoms and drivers for early detection 73
- P15.2: Fear of Cancer Recurrence as Catalyst for Positive Transformations: Insights from Cancer Spouses’ Experiences 73
- P15.3: Anxiety and depression symptoms in young adults up to 5 years after being diagnosed with cancer 74
- P15.4: Partnering to implement statewide cancer survivorship care policy 74
- P15.5: Impact of Disease Stage on Unmet Supportive Care Needs in Women with Breast Cancer: A Qualitative Analysis of women’s perspectives during Early and Metastatic Stages 75
- P15.6: Predictors of Mental and Physical Health in Metastatic Breast Cancer Survivors 75

S16: Prevention 76

- P16.1: Alcohol consumption and its determinants among post-menopausal breast cancer survivors: first results from the longitudinal observational OPTIMUM study. 76
- P16.2: The association between A body shape index and the risk of breast cancer: a cross-sectional study 76
- P16.3: Increasing awareness of gynaecological cancer and early detection in students: pilot study of a university-based educational and behaviour change intervention. 77
- P16.4: Sexual health of patients with lung cancer: a systematic review. 77
- P16.5: Efficacy, tolerability, and psychopathological predictors of antidepressant therapy in cancer patients. 78

S17: Cancer treatment related symptoms 79

- P17.1: Cranial radiotherapy-related neurocognitive decline: A voxel-based imaging analysis 79
- P17.2: Physiological and Psychosocial Challenges Experienced by Younger Colorectal Cancer Survivors. A Qualitative Study. 79
- P17.3: Pretreatment fatigue in breast cancer patients: comparison with healthy controls and associations with biopsychosocial variables 80

P17.4: A mixed-method pilot randomized controlled trial of a remote supportive intervention for individuals taking oral anticancer agents 80

P17.5: Long-term fatigue in oropharyngeal cancer survivors post radiotherapy: the ROC-oN Study 81

P17.6: Identifying the gap between cancer-related fatigue management guidelines and clinical practice: a systematic review 82

S18: E-health 82

P18.1: Strategies for national dissemination and implementation of a blended intervention for fear of cancer recurrence. 82

P18.2: Psycho-oncology clinicians' perceptions of the acceptability of blended psychological therapy for the treatment of anxiety and depression in patients with cancer: a qualitative interview study 83

P18.3: Evaluation of the Effects of Virtual Nature Therapy on Emotional Wellbeing in Oncology Waiting Rooms 83

P18.4: Does an online Healthy Living after Cancer program with telephone coaching continue to improve outcomes compared to a self-guided control? 84

P18.5: Randomized controlled trial of group blended and individual unguided online mindfulness-based cognitive therapy for people with cancer 85

P18.6: Empowerment among breast cancer survivors using an online peer support community. 85

S19: Family centered care 86

P19.1: Virtual Bereavement Support - Improving Care of Families 86

P19.2: Dyadic Mindful Self-Compassion Intervention for Lung Cancer Patients and Their Family Caregivers: A Pilot Randomized Controlled Trial 86

P19.3: Harmful communication behaviors in cancer care: a systematic review of patients and family caregivers perspectives 87

P19.4: How to Support Cancer Patient Families: An Example of Psycho-Oncological Intervention at All Stages 87

P19.5: Development and implementation of a cultural navigation program supporting international patients and families, including those displaced by war. 88

P19.6: Patterns of supportive care use in the first two years post-diagnosis: associations with reported need for help and geographic isolation in Australian parents with a child with Acute Lymphoblastic Leukaemia 88

S20: Equity, diversity and inclusion in cancer care and research 89

P20.2: Why participate? Patients and providers' views on commercial clinical trials for advanced cancer in Santiago, Chile 89

P20.3: Recommendations to Improve Breast Cancer Care for Black Women in Canada: Patient Perspectives 90

P20.4: Psychological care needs and financial burdens among lymphoma patients in Taiwan ... 90

P20.5: The State Of Psychosocial Oncology Research Among Canadian Black Communities: A Scoping Review 91

P20.6: Utilization of Telehealth Behavioral Oncology Services Within Underserved Populations During COVID-19 91

S21: Childhood survivorship care 92

P21.1: Evolution of cardiorespiratory fitness over a 1-year period in childhood cancer survivors and possible limiting factors 92

P21.2: ‘Engage’: A new intervention to support distance-delivered childhood cancer survivorship care 92

P21.3: The Impact of Health Conditions and Psychosocial Risk and Protective Factors on Psychosocial Functioning in Survivors of Childhood Cancer: the DCCSS-LATER Study 93

P21.4: Unmet supportive care needs of caregivers of children with cancer 94

P21.5: Emotion and Symptom-focused Engagement (EASE): Pilot Trial of a Psychotherapeutic Intervention for Family Caregivers of Children with Acute Leukemia 94

P21.6: Implementation of the Bright Ideas Intervention among Caregivers of Children with Cancer in Uganda: A Promising Approach for Psychosocial Support. 95

S22: Cancer care across the life span 95

P22.1: Comparative policy analysis of cancer survivors’ equitable access to education 95

P22.2: How does a cancer diagnosis affect economic, education, social, and health outcomes? A matched cohort study of adolescents and young adults in England. 96

P22.3: Factors associated with the use of the term 'cancer' in parent-child discussions about parental cancer: insights from parents' experiences 96

P22.4: Towards understanding post-treatment self-management learning needs of young adults with hematological cancer 97

P22.5: Dyadic effects of illness cognition and psychological distress among young and middle-aged couples with colorectal cancer: The mediating role of dyadic coping 97

P22.6: Parent's/caregiver's perspectives on the reasons and strategies for minimizing childhood cancer treatment abandonments at Muhimbili National Hospital (MNH),Tanzania 98

S23: Implementation 98

P23.1: Facilitating patient-oncologist communication in advanced treatment-resistant cancer: development and feasibility testing of a question prompt list. 99

P23.2: Moving beyond barriers: The development of evidence-based strategies to improve the implementation of Patient Reported Outcome Measures (PROMs) in clinical oncology care. 99

P23.3: THE ATTEMPT TO CONDUCT GROUPS BY THE PROGRAM CONQUER FEAR DURING THE WAR IN UKRAINE 100

P23.5: Synthesizing expertise from researchers, educators, health care professionals and experts by experience in oncosexology in The Netherlands 100

P23.6: The effectiveness of Eye Movement Desensitization and Reprocessing (EMDR)-therapy on Posttraumatic Stress Disorder (PTSD) symptoms and Quality of Life in patients with cancer 101

S24: Innovations 101

P24.1: The COMFORT Trial: A Randomised Control Trial Comparing Group-Based COMpassion-FOcused Therapy Techniques And Breathing Pattern ReTraining With Treatment As Usual On The Psychological Functioning Of Patients Diagnosed With Cancer Recurrence. 101

P24.2: Acceptance and Commitment Therapy to increase compliance to sexual dysfunction treatments in men with prostate cancer: Results from a randomized controlled trial 102

P24.3: Trajectories of objectively measured stress after a cervical cancer diagnosis: A longitudinal analysis of scalp hair cortisol 103

P24.4: The World of Mental Challenge: Contributions of Health-Related Quality of Life, Cancer Related Fatigue and Emotional Distress on Mental Health of Cancer Patients 103

P24.5: Worst-case Scenarios as a Strategy to Understand and Reduce Fear of Progression and Trauma Symptoms in Late-Stage Cancer 104

P24.6: General practice support for oncology patients; the added value of an oncology practice nurse 104

S25: Cancer and Fertility 105

P25.1: Prevalence and predictors for fertility-related distress among 1010 young adults 1.5 years following cancer diagnosis – results from the Fex-Can Cohort 105

P25.2: Supporting oncofertility decisions: decision aids and other tools 106

P25.3: Perceived consequences of fertility preservation (or lack thereof) on young cancer survivors 106

P25.4: Fertility status assessment among female survivors of childhood cancer 107

S26: The Supportive Oncology Collaborative: Enhancing Access and Care through Integrated Supportive Services 108

P26.1: Doubling Down on Access: How the Integration of Telemedicine and Collaborative Care Expands Reach in Supportive Oncology Services 108

P26.2: Integrating Palliative Care with Psychosocial Care in the Supportive Oncology Collaborative 109

P26.3: Site-Specific Clinical Implementation of Supportive Oncology Collaborative Teams 109

P26.4: The Role of Psychology in The Supportive Care Collaborative 110

S27: New digital technologies to support cancer patients: benefits, challenges and ethical implications 110

P27.1: Online or Face-to-Face? Differences and challenges in the oncological setting 110

P27.2: Digital therapeutic improving distress in cancer patients: a nationwide randomized controlled trial 111

P27.3: Parenting with pleasure - despite cancer? Online-based parenting program for parents with cancer 112

P27.4: The right not to know in the digital age: perspective of patients with a family history of breast and ovarian cancer 112

S28: Fear of progression, uncertainty and resilience among patients with advanced cancer living with a long-term response to novel therapies........ 113

P28.1: Development and evaluation of a clinical interview for high fear of progression in people with advanced cancer receiving systemic treatment 113

P28.2: Living with Lung Cancer: the experiences of fear of progression in individuals with lung cancer receiving immunotherapy or targeted therapy 114

P28.3: Protective factors of resilience in advanced cancer patients obtaining long-term response to immunotherapy or targeted therapy: an Ecological Momentary Assessment study. 114

P28.4: Validation of the Dutch version of the Mishel Uncertainty in Illness Scale-C in patients with advanced cancer receiving systemic treatment........ 115

S29: Creating meaning and purpose: adaptations and developments in Meaning-Centered Psychotherapy........ 116

P29.1: Meaning Centered Psychotherapy in portuguese cancer patients – a meaningful experience 116

P29.2: “Meaning-Centered Psychotherapy integrating Essential Care”........ 117

P29.3: Though I walk through the valley of the shadow of death, I will fear no evil for thou art with me (Psalems 23:4): Adopting Meaning-Centered Psychotherapy in Multicultural Israel 117

P29.4: LOGOS: Meaning-Centered Psychotherapy in a hybrid design for adult cancer survivors in aftercare........ 118

P29.5: From paper version to digital solution -The development of a digital Decision Aid to be used in cancer screening in Sweden 118

S30: Physical activity as medicine for persistent pain after treatment for cancer: from theory to practice 119

P30.1: Implementing behavioural change in breast cancer survivors with chronic pain through physiotherapy........ 119

P30.2: Opening the Black Box in Interventions: Development of a Program Theory........ 120

P30.3: Barriers and facilitators to physical activity in cancer survivors with pain 120

P30.4: Tailored pain science education for individuals living with persistent pain after breast cancer 121

S31: Psycho-oncology screening and interventions, the tough process from development to implementation 122

P31.1: IMPLEMENTING PATIENT REPORTED OUTCOMES (PROMS) IN PEDIATRIC ONCOLOGY CARE: LESSONS LEARED........ 122

P31.2: THE DEVELOPMENT AND IMPLEMENTATION OF COGNITIVE BEHAVIOR THERAPY FOR CANCER RELATED FATIGUE 123

P31.3: The translational research pathway of three interventions in psychosocial care in the Netherlands: meaning-centered group psychotherapy, life review therapy and Oncokompas ... 123

P31.4: Similarities and differences in the use of two evidence-based online psychological interventions for cancer survivors in research and real-world settings 124

S32: The value of informal care by trained volunteers for patients with cancer and their relatives 124

P32.1: Cooperation formal and informal care 125

P32.2: Informal care for patients with cancer and their relatives in the Netherlands and its added value 125

P32.3: Informal psychosocial cancer care – an international survey 126

P32.4: Required changes in the healthcare system to make effective matched care possible .. 126

S33: Sustainable implementation of online self-management tools: international challenges and a Dutch implementation example 126

P33.1: What is needed for improved uptake and adoption of digital aftercare programs by cancer survivors: a mixed methods study applying the COM-B model 127

P33.2: Clinical implementation of an eHealth Appstore for Dutch cancer survivors and their relatives 127

P33.3: Introducing a digital patient-facing support app for breast cancer in the United Kingdom and the Netherlands: a comparative evaluation 128

P33.4: Effectiveness and Safety of the Untire App for Managing Moderate-to-Severe Cancer-Related Fatigue in German Patients: A Randomized Controlled Trial and Insights on Market Access 129

S34: Ultra-Brief Behavioral Interventions for Cancer Survivors: When Less is More 129

P34.1: Sexual Health and Rehabilitation (SHARE): A Brief Clinical Intervention Female Cancer Survivors 130

P34.2: A brief psychoeducational intervention for self-reported cancer-related cognitive impairment: Quantitative and qualitative results of a single-arm prospective study 130

P34.3: Sleep Treatment Education Program-1 (STEP 1): A Randomized Trial Testing a Single-Session Behavioral Intervention for Cancer Survivors with Insomnia 131

S35: ROUND TABLE Towards equity in psychosocial oncology research: a roundtable discussion with researchers from Australia, Denmark, and the Netherlands. 131

P35.1: Making psychosocial oncology research in the Netherlands more inclusive: Results from a cross-sectional survey study among researchers. 132

P35.2: How to involve and include vulnerable patients with cancer in research – experiences from the Danish Research Center for Equality in Cancer (COMPAS) 133

P35.3: Supporting cancer clinicians and researchers to provide culturally inclusive care to Indigenous Australians: an e-learning resource 133

S36: A joint ESGO-IPOS symposium addressing current psychosocial challenges in gynaecological cancer care 134

P36.1: Fertility preservation in women with cancer: Psychosocial issues and counselling 134

P36.2: Patients’ perspective on cancer treatment over the trajectory of female cancer 135

P36.3: We have solutions for the prevention of Human Papillomavirus related cancers? Why is Canada still searching for a problem? 135

S37: Sex and Intimate Relationships in Unpartnered Young Adult Survivors of Cancer 136

P37.1: Dating and sex in survivors of adolescent and young adult (AYA) cancer 136

P37.2: Sexual activity in young adult male survivors of childhood cancer – Results from the population-based Fex-Can Childhood study 137

P37.3: Sexual Health in Unpartnered Women after Breast Cancer: Report from a joint analysis of two International Multi-Site Prospective Cohorts of Young Breast Cancer Survivors 137

S38: ROUND TABLE: Understanding culture, race and ethnicity, and sex and gender in pediatric and young adult cancer research: A review of challenges and recommendations for more equitable, inclusive, and culturally responsive research practices 138

S39: Strategies and interventions for person-centered supportive/psychosocial care in LMICs 139

P39.1: Stronger Together, a Peer-to-Peer Support Toolkit 139

P39.2: The MADCaP psycho-oncology working group: Extending reach to culturally tailored, evidence-based psycho-social interventions for African men affected by Prostate Cancer 139

P39.3: Patient-centered care - what does it mean? 140

P39.4: THE IPOS ECHO: Evaluation of the ECHO training model in Pan-African Capacity-Building Program in Psycho-Oncology 140

S40: Work & (p)rehabilitation 141

P40.1: Adopting motivational counseling to promote return to work: Evaluating a training program for health insurance practitioners 141

P40.2: Applying the Illinois Work and Well-Being Model to Maximize Return to Work 142

P40.4: Prehabilitation for people with breast cancer in Aotearoa - New Zealand 142

P40.5: Return to work among head and neck cancer patients: a longitudinal cohort study from cancer diagnosis to 5 years after primary treatment 143

S41: Adapting the Fear of Cancer Recurrence Therapy (FORT) intervention to new populations: Mexican breast cancer survivors, caregivers of adult cancer survivors, and young adults with lymphoma 143

P41.1: Methodological guide for cultural adaptation of manualized psychological intervention addressed to cancer patients (adults) in the context of the LMIC 144

P41.2: Feasibility, Acceptability and Clinical Significance of the Family Caregiver – Fear Of Recurrence Therapy (FC-FORT): A Randomized Control Trial Pilot Study 144

P41.3: Tailoring Fear of Cancer Recurrence Therapy for Young Adults with Lymphoma: Engaging the Voices of People with Lived Experience 145

S42: Development and/or testing of outcome measures 145

P42.1: “I see the words, but I can’t get them out”: Word-Finding Difficulties in Breast Cancer Patients 146

P42.2: Self-Efficacy for Coping with Cancer: On the Construct Validity of the German Short Form of the Cancer Behavior Inventory ... 146

P42.3: Can the need for anxiety management interventions during radiation therapy sessions for head and neck cancer be predicted using a questionnaire to screen for claustrophobia? ... 147

P42.5: Evaluating Cancer Patients' Experiences with Doctor-Patient Communication: Development and Validation of a New Assessment Instrument ... 147

S43: Psychosocial screening in families facing cancer ... 148

P43.1: Family Psychosocial Risk Screening with the Psychosocial Assessment Tool (PAT) ... 148

P43.2: Psychosocial screening in families facing parental cancer: Adaptation of the Psychosocial Assessment Tool (PAT) and pilot data ... 149

P43.3: Development of parental distress in male and female caregivers of a child with cancer ... 149

S44: Survivorship ... 150

P44.1: Changes of Psychological Distress and Related Factors in Newly Diagnosed Thyroid Cancer Patients: A 12-Month Longitudinal Study ... 150

P44.2: Unmet supportive care needs trajectories during the first two years of cancer survivorship: a cross-country comparison between Hong Kong and the United Kingdom ... 150

P44.3: Trajectories of Depression and Quality of Life in Cancer Survivors and Individuals Without Cancer: A Longitudinal Study in Europe ... 151

P44.4: Health care utilisation and unmet needs in survivors of head and neck cancer in regional/remote Australia: a cross-sectional survey ... 152

P44.5: Psychosocial complaints among advanced cancer survivors treated with immune checkpoint blockade ... 153

S45: Other Value-based and person-centered cancer care ... 153

P45.1: Relationships between dyadic coping, perceived stress and self-efficacy in Chinese nasopharyngeal carcinoma patients. ... 153

P45.2: The Attachment Position of Patients with Cancer: Does it Predict the Intensity of Psychological Treatment? ... 154

P45.3: Psychosocial factors associated with quality of life in patients undergoing treatment: an umbrella review. ... 154

P45.4: Psychiatric and cognitive function in patients with serotonin producing neuro-endocrine tumours. ... 155

P45.5: OPTIONS: What choices did women at increased risk of developing breast cancer make regarding surveillance, risk-reducing surgery and lifestyle changes? ... 156

S46: E-health ... 156

P46.1: Reasons for refusal to use the psycho-oncology mobile phone application among patients with primary breast cancer ... 156

P46.2: Exploring the value of Large Language Model Chatbot responses in answering patient questions regarding melanoma: a comparison with established patient information resources ... 157

P46.3: Empowering Cancer Care: Virtual Psycho-oncology Clinic Approach 158

P46.4: Developing an online support program for breast cancer and head and neck cancer patients undergoing radiotherapy (OPUS) – A study protocol 158

S47: Patient centered care 159

P47.1: The importance of listening to the patient voice. How a planned ovarian cancer decision aid developed into a diagnosis support tool. 159

P47.2: THE MEDIATING ROLE OF MENTAL ADJUSTMENT IN THE RELATIONSHIP BETWEEN PERCEIVED STRESS AND QUALITY OF LIFE IN CANCER PATIENTS 159

P47.3: Reframing Cancer Services through Youth Collaboration and Patient-Oriented Research – an example from Finland 160

P47.4: 'I live with Lynch' A qualitative interview study exploring support needs for shared decision-making about genetic cancer management 160

S48: Implementation 161

P48.1: Early Insights on Clinical Implementation of Psychedelic-Assisted Therapies into Psychosocial Oncology Care: Research Driving Practice 161

P48.2: Providing equitable and affordable access to clean water for people living with cancer: experiences of addressing financial inequalities in a rural and coastal setting 162

P48.3: Perspective of oncological experts - A mixed-methods approach to explore barriers and solutions to enhance suicide prevention 162

P48.4: A systematic review and meta-analysis of couple-based dyadic intervention on psychological distress of cancer patients and their partners 163

S49: Hope and fear in people with advanced cancer. 163

P49.1: Interventions for death anxiety in advanced cancer 164

P49.2: Conversations about hope and fear in the cancer clinic 164

P49.3: Hope springs eternal, but how to deal with it… The meaning of hope from two different perspectives: people with incurable cancer and health professionals 165

S50: Sexual life after cancer: Hispanic women's issues, assessment and interventions 165

P50.1: Sexuality assessment in breast cancer survivors (BCS): barriers and opportunities 166

P50.2: Mujer Plena: Group intervention to improve sexual life 166

P50.3: Sexual unmet needs and psychosocial factors in Mexican breast cancer survivors 167

S51: Psychosocial Care and Pediatric Cancer Survivorship: Current Trends and Way forward 167

P51.1: Psycho-Social Late Effects of Childhood Cancer Survivors in South East Asia 168

P51.2: Psychosocial Sequelae of Childhood Cancer Survivors in Low Middle-Income Countries 168

P51.3: Partnership in Cancer Survivorship Optimisation : Role of Not for profit organizations 169

S52: Advancing Patient-Partner Engagement in Cancer Care Services: Multidimensional Impacts of an Organizational Innovation 169

P52.1: Promoting Patient-Partner Engagement in Research: A successful collaboration with the Cancer Partnership Hub 170

P52.2: Empowering Patients: The Evolution and Impact of the Cancer Partnership Hub (CPH) from a Patient-Partner Perspective 170

P52.3: Cancer Partnership Hub (CPH): A Comprehensive Approach to Fostering Patient Engagement in Multiple levels in Cancer Care Services 171

S53: Facilitating International Collaboration in Survivorship 171

P53.1: Global trend, programs, and next steps for psycho-oncology survivorship care 172

P53.2: An overview of post treatment cancer survivorship care in Africa 172

P53.3: Health care in cancer survivors in Costa Rica, a Middle-Income Country 173

S54: Challenges patients with a rare cancer face, the impact on these patients' trust and the value of social and clinical networks. 173

P54.1: Disentangling trust of patients with rare cancer in their healthcare professionals and the healthcare system: a qualitative interview study. 174

P54.2: The role of sharing personal stories and discussing different coping strategies: analysis of user generated content on blogs and forums in the context of rare cancers 174

P54.3: Diagnostic pathways for patients with a rare cancer type: findings from a cross-sectional survey in The Netherlands 175

P54.4: Supporting People with A Rare Cancer (SPARC): addressing equity in access to supportive cancer care for people with a rare cancer 176

S55: Towards lifestyle interventions for cancer survivors 176

P55.1: The effect of a person-centered lifestyle program on cancer-related fatigue in colorectal cancer survivors: results from the SoFiT randomized controlled trial 177

P55.2: Are lifestyle factors associated with the development of second primary cancers? Results from the PROFILES registry 177

P55.3: Determinants of trajectories in World Cancer Research Fund/American Institute for Cancer Research lifestyle recommendations adherence in breast cancer survivors with and without multimorbidity 178

S56: Behavioral Interventions to Reduce Morbidity and Mortality in Survivors of Pediatric Cancer 179

P56.1: NOURISH-T+: A Healthy Lifestyle Intervention Targeting Parents of Pediatric Cancer Survivors with Obesity from Diverse Family Backgrounds 179

P56.2: Barriers to connecting adolescent and young adult cancer survivors to evidence-based vaping cessation programs within survivorship clinic settings 180

P56.3: Improving HPV PROTECTions in the Pediatric Oncology Setting: Examining the Impact of a Provider Communication Intervention on Human Papillomavirus (HPV) Vaccine Practices Pre/Post Program Implementation (IM) 180

Poster flits 181

PF1.1: A study on tobacco consumption, dependence and cessation among Malayali tribes in Yelagiri Hills, Tamil Nadu, India. 181

PF1.2: Principles to promote social equality in the cancer trajectory: A Group Concept Mapping Study 182

PF1.3: Equity and access to cancer clinical trials: A fifteen-year retrospective study of a Canadian comprehensive cancer center 182

PF1.4: Co-creation of a pain science education intervention for children living beyond cancer: protocol of the PANACEA study 183

PF2.1: Art-based Assessment of Disease Experiences in Children and Adolescents with Cancer 184

PF2.2: Evolution and management of a psychoneurological symptom cluster in patients with breast cancer or digestive cancer: study protocol 184

PF2.3: Self-hypnosis, mindful self-compassion meditation, and self-induced cognitive trance to improve quality of life in oncology 185

PF2.4: The Use of Chronoacupuncture and Chemotherapy in Treating Lung Cancer as Kesou 'Cough': A Clinical Case Report 185

PF3.1: Discussing psychosocial distress with cancer patients – an evaluation of training materials of an online communication training for professionals in oncology 186

PF3.2: Effect of Third-Wave Cognitive Behavioural Interventions on Biopsychosocial Outcomes in People Diagnosed With Advanced Cancer: A Systematic Review and Meta-Analysis of Randomised Controlled Trials 186

PF3.3: Narrative Medicine and Doctor-Patient Communication in China 187

PF3.4: Development and Evaluation of an Interpersonal Psychotherapy Group Program for Patients with Cancer and Comorbid Depression: A Study Protocol 188

PF4.1: Examining the Stigmatization and Sociocultural Perceptions of Reproductive Cancer: A Study on Culturally Diverse Settings in India 188

PF4.2: The Africa Elevate Program: Implementation and evaluation of a cross-cultural psycho-educational support program for cancer patients and survivors in sub-Saharan Africa 189

PF4.3: Acceptability and feasibility of a group-based stress management intervention among cancer patients in Viet Nam: A rapid qualitative analysis 189

PF4.4: Addressing Distress among Cancer Survivors in southern India: Opportunities for Community-led Survivorship Interventions 190

PF5.1: Adaptive and maladaptive emotions in patients with cancer: network analysis on connectivity among emotional symptoms 190

PF5.2: THE EFFECT OF ONLINE COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA IN ADOLESCENTS AND YOUNG ADULTS AFTER CHILDHOOD CANCER: RESULTS FROM A RANDOMIZED CONTROLLED TRIAL 191

PF5.3: Psycho-oncology care preferences and barriers: The role of digital health 192

PF5.4: Co-creation of a Support Tool for Families Facing Hereditary Cancer Risk 192

PF6.1: Who responds to psychological / spiritual distress experienced by palliative care inpatients at a cancer centre? 193

PF6.2: A qualitative study examining the perspectives of Canadian health leaders on the relationship between medical assistance in dying and palliative and end-of-life care services: Lessons for oncology 193

PF6.3: Palliative care awareness and influencing factors in a general population in Japan: a nationally representative cross-sectional survey (INFORM study 2023)........ 194

PF6.4: Timing and predictors of code status documentation among advanced cancer patients who received supportive care by a dedicated medical team 195

PF7.1: EVALUATION OF A CANCER SURVIVORSHIP CLINICAL PLACEMENT PROGRAM FOR ALLIED HEALTH PROFESSIONALS AND GENERAL PRACTICE NURSES........ 195

PF7.2: Trajectory of cognitive fatigue and fatigability and associated factors in breast cancer survivors........ 196

PF7.3: Life Satisfaction in Cancer Patients: The role of social support, locus control and coping strategies 197

PF7.4: Prevalence of symptoms indicative of late effects: A cross-sectional study of Danish colorectal cancer survivors 5-10 years after primary diagnosis 197

PF7.5: Fatigue, pain and insomnia in cancer survivors and associations with sociodemographic, lifestyle and clinical factors – a SEQUEL study........ 198

PF7.6: Mapping the supportive care needs of cancer survivors in the context of China: A scoping review........ 198

PF7.7: Social determinants of health and physical activity in young adult cancer survivors....... 199

PF7.8: Examining alignment of educational supports to neurocognitive needs for pediatric survivors........ 199

PF7.9: Analysing the long-term financial toxicity of childhood brain cancer survivorship care. ..200

PF7.10: Gender-based exploration of the experiences of the female partners of prostate cancer survivors living in rural/remote areas: a qualitative study........ 201

PF8.1: Preliminary results of a national randomized controlled trial into the effectiveness of a Stages-of-Change-based work rehabilitation program for cancer survivors 201

PF8.2: Preparing the Next Generation of Psycho-Oncology Leaders: Systematic Strategies to Develop, Harness, and Nurture Leadership Skills........ 202

PF8.3: Psychopathology and mortality risk in men and women diagnosed with cancer: results from a 12-year population-based study 203

PF8.4: Longitudinal associations between senescence-associated biomarkers and peripheral neuropathy symptoms among colorectal cancer patients 203

PF8.5: Longitudinal associations of biological ageing-related markers with peripheral neuropathy in colorectal cancer patients up to 2 years after diagnosis........ 204

PF8.6: A systematic review on the needs of breast cancer survivors 204

PF8.7: Optimising Care: Supporting women with metastatic breast cancer through exercise and diet 205

PF8.8: Real-world patient outcomes and experiences with abemaciclib in combination with endocrine therapy for HR+/HER2- advanced or metastatic breast cancer: qualitative findings of a mixed-methods study 206

PF8.9: Employment among self-employed workers five years after a cancer diagnosis: A registry study from Norway. 206

PF8.10: Quality of life in uveal melanoma survivors and ophthalmologist/oncologist communication during survivorship in France – Protocol of a prospective observational mixed-method study 207

PF9.1: Prevalence of mental disorders in newly diagnosed cancer patients in relation to socioeconomic status: a multi-center prospective longitudinal observational study 208

PF9.2: Exploring Specific Mechanisms of Change in a Dog-Assisted Psycho-Oncological Group Intervention: A Qualitative Interview-Based Analysis 208

PF9.3: Protocol for developing digital psychoeducation to address the psychological distress and treatment nonadherence of women with breast cancer throughout the breast cancer care pathway in Indonesia 209

PF9.4: Psychological distress and MRI surveillance adherence in retinoblastoma survivors aged 15 and over: two-year follow-up 209

PF9.5: Cortisol, IL-6, Anxiety, Depression and Quality of Life Difference Before and After Mastectomy: A Study Among Indonesian Women with Breast Cancer 210

PF9.6: Exploring the factors associated with reproductive cancer and Access to Healthcare Among Women: A Cross-Sectional Survey of four diverse regions in India 211

PF9.7: Experiencing financial toxicity associated with cancer in publicly funded healthcare systems: A systematic review of qualitative studies 211

PF9.8: Facilitating Adaptive Coping with Fear of Recurrence Among Breast Cancer Survivors: Qualitative Post-Intervention Outcomes from a Three-Arm Randomized Controlled Trial 212

PF9.9: Crucial sources of oncology team resilience at work in Quebec (Canada): A sequential exploratory study using fuzzy cognitive mapping (FCM) 212

PF9.10: Coping with Cancer: The Role of Perceived Control in Sustaining Mental Health Among Cancer Patients. 213

Poster session 213

PS1: Post-traumatic Stress Disorder in Children after Discharge from the Pediatric Intensive Care Unit: A Scoping Review 213

PS3: Young adult cancer survivors’ perspectives on cancer’s impact on different life areas post-treatment and hopes for the future: A qualitative study 214

PS4: Art Therapy as Symbolic Immortality 215

PS5: Hope as a two-edged sword 215

PS6: Palliative Intubation: an occasional necessary paradox 216

PS7: Is Tragedy a Reality, or a Mind-set? 216

PS9: A Mental Health Nurse in Pediatric Hematology-Oncology : A Novel Practice 217

PS10: Psychological distress in fathers of children with cancer during active treatments: a scoping review 217

PS13: Genetic risk of BDNF rs6265 polymorphism in prospective memory on chemobrain for breast cancer survivors 218

PS14: A Factorial Analysis and Predicative Model of Fear of Cancer Recurrence 218

PS15: Discovery and treatment of cancer leads to improve the insight of schizophrenia. 219

PS17: To explore the implementation mode of helping Young Adult Cancer patients and their families to explore the meaning and value of life by leaving a legacy 219

PS18: Application of pre rehabilitation in perioperative nursing of liver cancer 220

PS19: Clinical Nursing Management Strategies of Herbs for Hand-Foot Syndrome Induced by Targeted Therapy in Liver Cancer Patients 220

PS20: A qualitative study on the work experience of nurses in oncology hospitals during pregnancy 220

PS21: Applying Systems & Complexity Thinking Approach to Address Breast Cancer Screening (BCS) Disparities in Asia: Insights and strategic policy interventions from Delphi 221

PS23: Concerns of patients surviving from prostate cancer: A qualitative study in Taiwan 222

PS24: The effectiveness of cognitive behavioural therapy for depression in women with breast cancer: A systematic review and meta-analysis 222

PS25: Psychosocial Determinants of Mental Adjustment to Cancer: Insights from a Nigerian Cohort of Cancer Patients. 223

PS26: Exploring the Psychological Experiences, Coping Mechanisms, and Needs of Primary Caregivers for Patients with Familial Clustering of Liver Cancer: A Qualitative Study 223

PS28: Exploring the effectiveness of psychosocial interventions designed to address psychosocial distress in young facing a cancer diagnosis within the family 224

PS33: The perspective of caregivers and nurse navigators following the use of the Distress Detection Tool (DDT) for parents of children with cancer 224

PS34: Integration of palliative care in comprehensive oncology care will enhance psychological care for cancer patients and their families: experiences from Kenya 225

PS35: Diagnosis related information preferences of adult cancer patients in Armenia 225

PS36: Towards an improved conceptualization of emotions in patients with cancer 226

PS38: Psychological distress in parents with cancer and its association with parenting concerns, self-efficacy and emotion regulation – A cross sectional questionnaire study 226

PS39: Exploring the Fear of Cancer Recurrence (FCR) in Caregivers of Paediatric Cancer Survivors: A Cross-Sectional Study in Singapore 227

PS40: Construction of a risk prediction model for body mass index growth in breast cancer patients during treatment 227

PS41: Co-Design and Evaluation of a Digital Serious Game to Promote Public Awareness about Pancreatic Cancer 228

PS43: Cancer patients' perceptions of communication skills among oncology nurses and correlations with related factors 228

PS45: Knowledge, attitudes, and Current practices toward lung cancer palliative care management in China: a national survey 229

PS46: Nutritional assessment for 891 patients with common cancer in a cancer hospital of Southwest China 229

PS49: The Effectiveness of a Remote Psychological Support Course on Workload, Fatigue, and Distress Among Oncology Nurses 230

PS50: Immunotherapy Decision-Making Experiences of Patients with Cancer and Family Caregivers: A Qualitative Study 230

PS51: TIMO: INTEGRATED THERAPY FOR ONCOLOGICAL DISEASE 231

PS54: Online Group Psychoeducation and Support Sessions for Metastatic Breast Cancer Women 231

PS57: The Application of Music Intervention and Tea Culture in Psycho-social Support and Clinical Spiritual Care for Cancer Survivors 232

PS60: Medical Tattooing as a Complementary Cosmetic Intervention to Reduce Body-Image Distress and Mental Health Symptoms in Breast Cancer Survivors 233

PS61: Perspectives from Individuals Living with Cancer about Financial Burden and its Impact 233

PS63: Digital health tools to assess symptoms and quality of life in cancer supportive care 234

PS65: Exploring the Lived Experience of Pancreatic Cancer in Northern Ireland: A Grounded Theory Study Protocol 234

PS69: Illness and prognostic understanding, and correlates in 78 patients with metastatic treatment-resistant cancer in France 235

PS70: Psychological effects of Yin yoga and mindfulness-based stress reduction therapy on adult female cancer patients 235

PS71: Distress, Social Support, Resources Utilization and Unmet Care Needs among Gynecological Cancer Patients 236

PS72: Clinical study of traditional Chinese aromatherapy JieYuAnShen (JYAS) sachet improving anxiety insomnia in cancer patients. 236

PS73: Exploration of Psychological and Social Support Intervention for Cancer Patients from the Perspective of Tea Culture 237

PS74: An Evaluation Report of the Feasibility of the Short-Term Chinese Ink Art Therapy Group on Promoting Cancer Survivors’ Adaptation of Changes And Self-Acceptance in Hong Kong 237

PS77: SUSTAIN CANCER TRUTH-TELLING COMMUNICATION SKILL TRAINING FOR HEALTHCARE PROVIDERS IN TAIWAN 238

PS79: The relationship between suicidal thoughts and disease burden in patients with advanced cancer at home 238

PS82: Feasibility and effectiveness of a self-COMPAssion focused online group psyChoTherapy for people with bereavement-related grief: the COMPACT feasibility trial. 239

PS83: The Significance of Mastectomy Tattoos after Breast Removal: Coping and Meaning-making 240

PS84: What works in peer support for breast cancer survivors: A qualitative systematic review and meta-ethnography. 240

PS85: DEVELOPMENT AND IMPLEMENTATION OF A CANCER SURVIVORSHIP PROGRAM 241

PS86: Expressive Writing as an emotional regulation intervention 241

PS88: Exploring Turkish Oncology Patients' Emotional Responses to the Term "Cancer": A Pilot Cultural Descriptive Study 241

PS89: A Novel Protocol for an Individually Tailored Stress Management Intervention before oncological Surgery 242

PS91: Managing Cancer and Living Meaningfully (CALM) Therapy for Improving the Quality of Life of Patients with Cancer: A Meta-Analysis of Randomized Controlled Trials 242

PS93: Digital Health Humanities Approach to the Illness Experience of Cancer Patients: A Narrative Case Study 243

PS94: Narrative Therapy Plus Cognitive Behavioral Therapy for Patients with Locoregional Advanced Head and Neck Cancer 243

PS96: Cancer in the Elderly in India-100 Interviews 244

PS97: The assessment of a Patient Decision Aids for Lung Cancer Patients: a Qualitative Thematic Analysis 244

PS98: HOME-BASE EXERCISE TRAINING TO IMPROVE SLEEP DISTURBANCE OF CANCER PATIENTS: ADHERENCE AND PREDICTORS EXPLORATION 245

PS100: The Success of the Transdisciplinary Approach 245

PS101: Identifying and building a transdisciplinary team 246

PS103: USING IMPLEMENTATION SCIENCE FRAMEWORKS TO GUIDE THE USE OF ELECTRONIC PATIENT-REPORTED OUTCOME (EPRO) SYMPTOM MONITORING IN ROUTINE CANCER CARE 246

PS106: Comparing the experiences of cancer survivors living with sleep disturbance between differing levels of psychological distress: a qualitative study 247

PS110: Management of Symptoms and Toxicity During Cancer Treatment in Advanced Solid Tumors and its Impact on Quality of Life 248

PS114: THE WORDS TO SAY IT: THE IMPACT OF AUTOBIOGRAPHICAL WRITING ON THE EMOTIONAL DISTRESS AND EDUCATIONAL CARE OF CANCER SURVIVORS 248

PS118: A Feasibility Trial of Managing Cancer and Living Meaningfully (CALM) in Patients with Newly Diagnosed and Recurrent Advanced Ovarian Cancer 249

PS121: The Anxiolytic Effect of Aromatherapy on Patients Awaiting Ambulatory Surgery: A Randomized Controlled Trial 249

PS123: A multidisciplinary group-based survivorship intervention for those living with Multiple Myeloma: a feasibility study 250

PS127: Multi-level barriers to cervical cancer prevention within the Take CARE program implementation in Appalachian United States (U.S.) 250

PS128: The experience of emerging adults caring for parents living with advanced disease 251

PS129: PYSCHOSOCIAL INHIBITORS AND POSSIBLE FACILTATORS OF ADHERENCE TO CHEMOTHERAPY AMONG BREAST CANCER PATIENTS IN THE NORTH-CENTRAL, NIGERIA 251

PS131: How are healthy vs unhealthy lifestyles perceived by families of young cancer patients in aftercare? 252

PS136: The financial burden on patients and their families during cancer care in Georgia: a cross-sectional survey study 252

PS137: “I finally feel in control of something”: Empowering a young adult with cancer through Prehabilitation 253

PS138: The value of Narrative Medicine under the psychological burden of cancer 253

PS142: The impact of exercise-based weight management intervention on breast cancer survivors’ quality of life and self-efficacy: A randomized controlled trail 254

PS144: DEVELOPMENT OF AN INTERVENTION TOOL FOR COUPLES FOLLOWING LOSS 254

PS145: Effects of Narrative Therapy on Negative Emotions of Family members of Patients with Terminal Cancer at home 255

PS149: The Impact of Narrative Nursing on Anxiety and Depression Levels of HIV-Associated Lymphoma Patients 255

PS150: Enhancing Satisfaction in Oncology Family Meetings Through Proactive Communication 255

PS151: Patients with Cancer-Related Financial Toxicity: An Examination of their Coping Strategies and Physical Symptom Burden 256

PS152: Caregivers' unmet needs and quality of life depending on the care trajectory of breast cancer patients 257

PS157: The lived experience of post-operative rectal cancer patients with distress related to low anterior resection syndrome: a meta-synthesis study 257

PS161: Knowledge on Breast Prostheses and Body Satisfaction After Mastectomy Among Social Service Users in Singapore: A Quantitative Pilot Study 258

PS163: Health Care Professionals perspectives about the implementation of a digital supportive care tool to support cancer patients and their relatives. 258

PS164: Involving young adult cancer survivors as co-researchers in the development of an internet intervention for fertility distress and sexual dysfunction following cancer 259

PS165: Fatigue Patterns in Lung Cancer Patients Receiving Chemotherapy: Longitudinal study 259

PS166: An internet-delivered intervention targeting fertility-related distress and sexual dysfunction following cancer - a randomized controlled trial with an internal pilot phase 260

PS168: Young Adult Wellness Retreat —An Educational and Experiential Workshop 260

PS169: Recording Diagnostic Conversations for Communication Research Purposes in Pediatric Leukemia 261

PS171: A transdisciplinary model to support efficient research, dissemination, and translation 261

PS172: PREVALENCE OF SUICIDAL IDEATION, ANXIETY AND DEPRESSION AMONG CANCER PATIENTS IN THE FEDERAL MEDICAL CENTRE, ABEOKUTA, OGUN STATE,NIGERIA 262

PS177: Beware of imposter participants: suggestions from a case study of social media recruitment for a qualitative study in oncology nursing. 262

PS178: PATIENTS' EXPERIENCES OF ABEMACICLIB PLUS ENDOCRINE THERAPY IN ADJUVANT TREATMENT OF HR+, HER2−, NODE-POSITIVE, HIGH-RISK, EARLY BREAST CANCER: A PRELIMINARY QUALITATIVE INTERVIEW STUDY 263

PS179: psychosocial needs of cancer patients in Peru 264

PS180: Individualized care pathways for preventing and treating chronic pain during cancer survivorship: A working theory on essential mechanisms and preconditions for effective implementation 264

PS181: Young adult patients with cancer's experiences and self-perceived evaluation of a web-based psychoeducational intervention targeting sexual dysfunction 1.5 years after a cancer diagnosis 265

PS183: Using Experienced Based Co-Design (EBCD) in the development of a tool kit for use by Health and Social Care Professionals (HSCPs) with informal caregivers with cancer: study protocol 265

PS184: The impact of a cancer diagnosis on informal caregivers: findings from a large, multi-stakeholder, qualitative study 266

PS185: The caregiver's journey: who cares for the carer? A holistic approach to cancer care through integration of informal caregivers (HIPPOCRATIC) 266

PS189: Shifting Tides of Hope and Support: Unveiling the Complex Relationship Between Age, Depression, and Social Dynamics in Cancer Care 267

PS191: 'Life is all about hope': A qualitative study exploring the role of connection and hope in the lives of individuals living with terminal cancer. 268

PS192: Mental health symptoms among adult cancer patients in Bangladesh: A cross-sectional study of comparing rural versus urban cancer patients 268

PS193: Protocol for a Systematic Review Examining The Impact of Premature/Early Menopause Resulting from Cancer Treatment on Psychological Wellbeing. 269

PS200: Memory, Cognitive function and pattern of Distress among Breast cancer patients and Survivors 269

PS201: The effectiveness of exercise interventions on psychological distress in patients with lung cancer: a systematic review and meta-analysis 270

PS204: Metacognitive therapy for cancer anxiety 270

PS206: Body Image and Social Anxiety After Mastectomy Among Social Service Users in Singapore: A Quantitative Pilot Study 271

PS207: Differences in travel-related burden between patients with incurable versus curable cancer: Results from a Dutch flashmob study 271

PS208: Health Care among deprived Community 272

PS210: Meeting psychological consequences after cancer diagnosis for AYA's with a person – centered approach through "Team Young" 273

PS212: PSYCHOLOGICAL DISTRESS, ANXIETY, DEPRESSION AND SUICIDE IDEATION AMONG WOMEN LIVING WITH BREAST CANCER AND RECEIVING TREATMENT IN WINDHOEK: A CASE STUDY 273

PS213: Emotional distress in cancer patients: Peruvian population 274

PS214: A systematic review on interventions to support carers of people with cancer in rural settings 274

PS217: Lifestyle recommendations in oncology: experiences and preferences of Dutch cancer patients 275

PS220: Exploring grieving experiences following patient deaths among psycho-oncologists in Germany: A qualitative interview study 275

PS223: Women receiving aromatase inhibitor therapy showed greater improvements in quality of life but not body composition when meeting physical activity guidelines at the end of the PAC-WOMAN trial 276

PS228: What does stress newly diagnosed breast cancer patients from a low-middle-income country? 277

PS231: Effectiveness, safety and psychopathological predictors of antidepressant response in subjects with gynecological cancer 277

PS232: Exploring Participant Perceptions of a Community-based Cancer Bereavement Support Program 278

PS233: Evaluation of psychological relationships of cognitive and emotional coping mechanisms in an oncological context 278

PS234: Fear of cancer recurrence in Mexico: Prevalence and predictors in breast cancer survivors 279

PS241: The contribution of awareness of illness on psychological difficulties and mental health in cancer patients in early, metastatic or follow-up setting. 279

PS242: CALM Therapy Model for Portuguese Women with Advanced Breast Cancer: Results from the validation study 280

PS243: Mujer Plena 280

PS244: Predictors and Level of Anxiety and Depression among Breast Cancer Patients in the South-west, Nigeria..281

PS246: Suicide behavior in women affected by breast cancer and gynecological cancer 281

PS247: Limited English proficiency is a barrier to adhering to guideline preventative care: Colorectal cancer (CRC) screening behaviors among a diverse sample of adults in California, USA...282

PS249: Emotional experience of cancer patients undergoing oral antineoplastic treatment 283

PS250: Mexican Survivors and Therapists' assessment of the Culturally Adapted Manual after a group therapy of Fear of Cancer Recurrence (FORT-Mx)...283

PS251: Key Insights and Strategies for Recruitment and Retention: Engaging Latina Cancer Survivors and Their Partners in Psychosocial Intervention Trials 284

PS256: Hardiness, distress and psychological adjustment to various stages of pediatric allogeneic HSCT 284

PS257: Eliciting beliefs of patients with hereditary colorectal cancer regarding cancer surveillance behavior 285

PS259: Development and validation of the CARE-FCR: A caregiver-specific measure of fear of cancer recurrence and progression 285

PS260: Exploring the Lived Experiences of Gay Men and their Partners Following a Diagnosis of Prostate Cancer: An Interpretative Phenomenological Analysis Study 286

PS261: Does psychological burden predicts QoL in informal caregivers of palliative outpatients? 286

PS266: A randomized controlled trial of a couple-based complex intervention in caring for couples coping with colorectal cancer 287

PS267: Cancer Patients' Satisfaction with Proton Medical Services..287

PS268: Multidimensional Analysis of Psychological and Nutritional Factors in Gynecological Tumor Surgery Patients 288

PS269: Effectiveness of clinical care provided by Navigator to elderly cancer patients 288

PS270: Socioeconomic and Educational Disparities in Healthcare Utilization in the Last Year of Life of Patients with Advanced Cancer 289

PS273: Narrative Palliative Care: Concept Proposal and Medical Consultation Analysis 290

PS279: Evaluating Oncology Patients' Readiness for Digital Mental Health Solutions in Czech Clinical Settings 290

PS280: Supportive care needs in patients with newly diagnosed cancer and their relatives: Results of a multi-center prospective longitudinal observational study 291

PS281: Factors of Emotional Distress among Patients with Gynecological Cancer 291

PS282: Psychosocial distress in cancer patients: A concept analysis 292

PS283: Comparison of Psychosocial Risk Assessment of Children with Cancer and their Families in Five Iranian Hospitals 292

PS285: Determinants of mental health issues in adolescents and young adults with cancer: Preliminary results of a Portuguese multicentric study 293

PS286: Deep continuous sedation until death: attitudes and psychological adjustment of relatives and healthcare providers: a systematic review 293

PS287: Validation of a scale to assess fear of cancer recurrence among Portuguese adolescents and young adults 294

PS290: Returning to work: making interventions really work 294

PS291: Psychological status and influencing factors of female breast cancer patients during the period of major infectious diseases：A cross-sectional study from Shanghai, China 295

PS292: Application of Complex Systems Theory to Cancer-Related Cognitive Change (CRCC) 296

PS296: Quality of life (QOL) at Glioma diagnosis and its relationship with clinical and sociodemographic characteristics: a pilot study 296

PS298: Developing provision of psychosocial services: introduction of an internet-based program for cancer patients 297

PS299: Implementation Science Methods: Visualising human experiences of involvement in Cancer Clinical Research 297

PS302: ‘We have to wait for our death’: A qualitative study on the lay understanding of cancer among the indigenous tribes of Nagaland, India 298

PS303: Impact of pain severity and interference on psychopathology in cancer patients: a comprehensive analysis 298

PS306: Family-level impact of extensive germline predisposition screening in childhood cancer: A multi family member interview analysis in parents. 299

PS307: Employment among Norwegian cancer survivors: Results from a 5-year registry-based study 300

PS308: The Hamburg Life After Cancer Program - Development, Implementation, and Evaluation of a Structured Survivorship Program – A Hybrid Effectiveness-Implementation Study 300

PS309: Experience of Patients with Advanced Cancer and their Spouses with a Psychosocial Intervention Addressing Parenting Concerns 301

PS310: OPTIMIZING CANCER CARE: MIND-BODY INTERVENTIONS FOR CHEMOTHERAPY SYMPTOMS 301

PS311: Affective psychopathology in gynecological cancer. 302

PS312: Humor as a Connective Coping Mechanism for Young Adults with Advanced Cancer . 302

PS313: Capturing the Experiential Knowledge of Young Adults Diagnosed with Cancer: Overview of a Methodological Innovation 303

PS316: Experiences of bullying at school or work among survivors of child and adolescent cancer: self-report and parent proxy report 303

PS317: Patient Experiences of Outpatient Medical Oncology Infusions and Preferences for Receiving Treatment Closer-to-Home 304

PS320: Sexual function, coping and emotional distress in cervical cancer: a comparison between surgery versus radiotherapy plus chemotherapy patients 305

PS321: Enhancing Adherence to Anticancer Treatments in Metastatic Breast Cancer using Machine Learning Model: Evidence from a Retrospective Study and a Randomized Controlled Trial 305

PS325: Persons with cancer or cancer survivors? - Influence of designation and academic field of study on stigmatization of cancer patients by medical and psychology students 306

PS330: Sleep quality trajectories and associated factors in head and neck cancer patients' informal caregivers over a three-year period: A longitudinal study 306

PS334: The evolving landscape of psychosocial oncology research in the Netherlands: a collective research agenda 307

PS335: Addressing Psychosocial Issues in Young Adult: Development and evaluation of E-Learning Training for Oncology Nurses 308

PS336: Return-to-work Process of People Who Have Received an Allogeneic Hematopoietic Stem Cell Transplantation to Treat Blood Cancer: Descriptive Results from a Survey 308

PS337: Exploring the Nexus of Social-Environmental Adverse Events, Mental Health Correlates, and Stress: A Longitudinal Cohort Study of Hispanic Breast Cancer Patients in Puerto Rico. 309

PS339: Death anxiety in patients with advanced cancer and their family caregivers 309

PS342: The Lincoln Colorectal Cancer Post Treatment Questionnaire (LIN-CPTQ) 310

PS346: The 30 Year Mortality Gap Project: Identifying and addressing gaps for people with significant mental health difficulties across the cancer continuum in Ireland 310

PS347: Supporting Patients with Advanced Cancer and their Spouses in Parenting Minor Children: Results of a Randomized Controlled Trial 311

PS348: Shattered glass: trauma sensitive group intervention for SMI cancer patients using relational Jungian analysis 311

PS350: Teen Cancer Connection: Needs assessment to inform development of an Adolescent and Young Adult oncology program at a large Canadian paediatric centre. 312

PS351: Characterizing the Impact of Inflammatory Bowel Disease on Symptom Burden and Psychosocial Problems for Individuals with Breast Cancer Undergoing Treatment 313

PS352: Voices Unheard: Cancer Experiences Among Older Latina Immigrants 313

PS353: Breaking Barriers: Integrating Sexologist into Cancer Rehab Team 314

PS357: e-Health with patient-reported outcome measures to improve proactive patients' needs assessment and personalized cancer care 314

PS359: Psychometric Validation of a New Patient Reported Outcome (PRO) to Assess Depressive Symptoms in Older Adults with Cancer (OACs) 315

PS361: How Can Your National Professional Society Serve You?: Findings from a Survey of the Irish Psycho-Oncology Workforce 315

PS363: Effects of Structured Spiritual Therapy on Psychological Distress Among Outpatients of Patients Living With Cancer 316

PS366: The lived experience of people after childhood cancer: A global study of emotional and information needs 316

PS368: Patients' perceptions of patient-centered communication with healthcare providers and associated factors in Japan – the INFORM Study 2020........ 317

PS369: A qualitative study of the psychosocial impacts of paediatric skin cancer predisposition syndrome, Xeroderma Pigmentosum. 318

PS371: Enablers and barriers of use of an online patient-driven stepped-care model for menopause management after cancer: a qualitative study 318

PS373: A goal without a plan is just a wish. Creating a personalized aftercare plan for breast cancer patients supported by a new patient decision aid. 319

PS374: Different needs ask for different care. Breast cancer survivors' preferences regarding information provision and assessment of care needs in personalized aftercare. 320

PS375: Patients with Brain Cancer and end-of-life medical treatment: A grounded Theory protocol for exploring patient medical decision-making capacity and its assessment 321

PS377: Tobacco cessation for cancer patients - On the way of implementing a clinic-wide smoke-free concept 321

PS380: Fertility and quality of life in AYAs with gynecological cancer: a systematic review. 322

PS382: Feasibility and preliminar outcomes of Fear of Cancer Recurrence Hybrid Therapy culturally adapted to Mexican breast cancer survivors (FORT-Mx). 322

PS384: Exploring patient-specific factors and personal reflections about the Managing Cancer and Living Meaningfully (CALM) intervention for adults with advanced cancer in Southern Alberta: A mixed methods study........ 323

PS385: Exploring patient experiences with the Managing Cancer and Living Meaningfully (CALM) intervention: A qualitative study using Interpretive Description 323

PS390: Using Mandalas in a round sand tray therapy to cope with the loss of a loved one........ 324

PS393: The feasibility of a multidisciplinary online lymphedema prevention program 'Let's Rinpafushu Yobo' for Japanese survivors of breast and gynecologic cancer 324

PS397: Peer2Me - Evaluation of a peer-supported intervention for adolescents and young adults with cancer 325

PS399: Are walk in centers making a difference? A deep dive into unmet needs and lived experience 326

PS402: Patient engagement with and experience of the lung cancer care pathway: An interview study exploring the impact of distance and disadvantage in an urban setting 326

PS403: Developing a tool to improve patient experience of and engagement with their recommended lung cancer care pathway in urban and rural settings 327

PS406: Development of a prediction model for clinically-relevant fatigue: a multi-cancer approach 327

PS407: The prevalence and course of pre- and post-operative anxiety in brain tumor (BT) patients utilizing the Beck Anxiety Inventory (BAI) 328

PS408: Enhancing survivorship care through connected health: Insights from patient experiences on barriers, facilitators, and opportunities for improvement..329

PS409: Engaging under-represented adolescents and young adults in psychosocial oncology research: Results from a qualitative study..329

PS412: To Treat or Not Treat: Challenges and Conflict of Cancer Patients Suffering with Mental Illness...330

PS413: A comprehensive Health and Lifestyle Assessment for remote review of childhood cancer survivors' current health concerns..330

PS414: Initial psychological experience of hyperthermic intraperitoneal chemotherapy for gastrointestinal tumors: A qualitative study 331

PS417: Bridging Care and Career: The Experience of Industrial Nurses with Cancer Patients .331

PS418: Empowering Breast Cancer Survivors: A Five-Year Journey in Conquering the Fear of Cancer Recurrence through Canadian-Based Psycho-Oncology Training in Russia 332

PS419: Cooking Therapy and Superheroes: experiential activity for stress management of a group of Pediatric Oncology Unit volunteers. 332

PS422: Self-perceived cognitive impairment in the first year after breast cancer and the identification of at-risk patients. 333

PS423: Work-related problems in a Spanish sample of breast cancer survivors women...........333

PS424: ADOLESCENT'S (AGE 12-18 YEARS) EXPERIENCES WITH GERMLINE CANCER PREDISPOSITION SEQUENCING IN PEDIATRIC CANCER: A QUANTITATIVE APPROACH 334

PS425: Stigmatization of cancer patients – risk factors and the impact on quality of life: data from a prospective multi-center study (LUPE) 335

PS426: Neighbourhood disadvantage of people with cancer: the role on distress 335

PS427: The Hope Tree: what Heathcare Workers hope for people with cancer at the end of life 336

PS430: Determinants of the need for psychological support in people with cancer during hospitalization 336

PS432: Acceptance and Commitment Therapy (ACT) in oncosexuological care for rare genital cancer patients...337

PS433: Does health-behavior moderates the relationship between dyadic coping of cancer patients with their partners and quality of life? 337

PS434: The moderating role of dyadic coping on depression and sexual satisfaction among cancer survivors and their partners 338

PS436: Artetherapy path of color with the Stella Maris method. Give color to life after breast cancer 339

PS437: The association between health-related quality of life and five-year survival among head and neck cancer patients: evidence from the multicenter Netherlands Quality of Life and Biomedical Cohort Study (NET-QUBIC)...339

PS438: EFFECTIVENESS OF ACCEPTANCE AND COMMITMENT THERAPY (ACT) INTERVENTION AMONG ADVANCED HEAD AND NECK CANCER PATIENTS: EMPIRICAL EVIDENCE 340

PS440: First steps to bridging the gap: exploring healthcare professionals' barriers in cancer-related fatigue management 340

PS441: Harmonising Hope - Exploring the Impact of Silent Disco Events on Psychological Well-Being in Cancer Patients, Survivors and Caregivers - Study Protocol 341

PS442: Changes in eating behavior in children with cancer as a violation of basic trust in the world 341

PS443: Longitudinal changes in insomnia and sleep duration among postmenopausal women with a history of cancer 342

PS444: Communication about sexual health with gynecological cancer patients with a migrant background: A qualitative research study in the Netherlands 342

PS450: Remotely-Delivered Cognitive Behavioral Stress Management Improves Antibody Responses to Protective Influenza Vaccine in Distressed Older Women Undergoing Breast Cancer Treatment 343

PS451: Fatigue in Cancer patients and survivors; testing psychometric properties of FACIT-Fatigue Scale in Mexico 343

PS453: Psychology Integration in a Pediatric Cancer Predisposition Program: Psychosocial Concerns and Implications 344

PS460: A Qualitative Examination of Barriers to Bereavement Care in an Oncology Specialist Centre in Singapore 345

PS467: Implementation of electronic patient reported outcome measures (ePROMs) into routine oncology care 345

PS468: "Between Fighting and Withdrawing": How Do Individuals with Severe Mental Illness Cope with Coexisting Cancer? An In-Depth Examination 346

PS470: Psycho-emotional Aspects of Care: Assessing Depression and Caregiver Burden in Elderly Oncology Patients and Their Caregivers in Singapore 346

PS472: You learn to live; it is an altered existence: A study on mothers who care for adolescents and young adults navigating a sarcoma diagnosis. 347

PS473: Preferences for treatment outcomes in rectal cancer: a discrete choice experiment 347

PS475: Hereditary cancer' in married AYA women: Impact on familial relationships in Japan ... 348

PS476: Independent predictors of changes in Quality of life among Breast Cancer Survivors .. 348

PS477: Experiences of cancer survivors and professionals with a serious game to prepare cancer survivors for return to work – a qualitative study 349

PS479: Exploring the qualitative experiences of rural and coastal people with lung cancer and their informal carers' in accessing and engaging in their cancer care pathway 350

PS482: A qualitative systematic review on patient, professional and carer experiences of communicating a lung cancer diagnosis 350

PS483: Interpersonal Emotion Regulation and Mental Health among Cancer Survivors: A Systematic Review 351

PS484: Acceptance and valued living in patients with cancer: associations with mental health and health-related quality of life 352

PS485: An Evaluation Study of "Going Through Project": Insights and Implications for a Holistic Care Model for Chinese Men with Prostate Cancer in Hong Kong 352

PS486: Exploring Sexual Health in Oncology and Palliative Care Practice in Oman: Current Practice and Barriers 353

PS487: Understanding the impact of cancer on everyday life: what are the online privacy experiences and needs of people living with and beyond cancer? 353

PS490: Identifying patient engagement interventions to support people with lung cancer: A rapid systematic review 354

PS492: How does cancer impact sleep? - Disparities in sleep quality among young cancer survivors and healthy controls 355

PS493: The Kennishub: a wealth of information on psychosocial research conducted and interventions available in the Netherlands 355

PS494: Efficacy and budget impact of a tailored psychological intervention program targeting cancer patients with adjustment disorder: a randomized controlled trial 356

PS495: Impact of lack of immediate access to treatment to pre-invasive lesions on patients' psychology and public health seeking behavior. 356

PS496: GENDER DIFFERENCIES IN PSYCHOLOGICAL SUPPORT REQUEST IN AN ONCOLOGY UNIT 357

PS497: Prevalence and associated factors of shared decision-making in patients with recurrent/metastatic nasopharyngeal carcinoma: An observational cross-sectional study 358

PS498: A Comprehensive Approach for Embedding Lifestyle Support in Oncology Care through eHealth: Study Protocol of the CARE-FIT Project 358

PS499: Addressing Cognitive Complaints in Cancer Survivors: Challenges and Opportunities in Portugal 359

PS501: Relationship distress among parents of children with cancer – A qualitative in-depth interview study 359

PS502: The MiLES intervention targeted at employers, aimed at enhancing successful return to work of employees with cancer: initial insights into recruitment of employee-employer dyads ... 360

PS504: The assessment of distress is relatively stable during the first year of initial treatment of patients with highly malignant gliomas 361

PS516: Hospital Volunteer in Oncology 361

PS517: Psychological burden and associated factors before and after individualized risk-assessment for men with familial and hereditary prostate cancer risk (PROFAM-PSYCH): Study Protocol 362

PS519: Money Matters: Unpartnered Breast Cancer Patients Experience Significant Financial Distress 362

PS523: A qualitative approach to understanding coping and the development of posttraumatic growth in cancer.......... 363

PS532: Blended care intervention for cancer aftercare in general practice centers: a study protocol for a randomized controlled trial.......... 363

PS536: The PLACES study: protocol of a randomized controlled trial on the (cost-)effectiveness of a supported employment intervention aimed at enhancing work participation of unemployed and work-disabled cancer survivors 364

PS540: Understanding Canadian Women’s Intentions to participate in HPV Test-based Primary Screening: A National study 365

PS541: Screening YA (Adolescent and Young Adult) Cancer Patients for Referral to VR (Vocational Rehabilitation) Services: A VR Readiness Screening Tool 365

PS543: Patient and caregiver distress at the time of medical assistance in dying (MAiD) request 366

PS544: Using Virtual Reality as a Recovery Tool to Help Cancer Survivors 366

PS547: Unlocking (Neuro) Psychologists' Perspectives on Cancer-Related Cognitive Impairment and Web-Based Cognitive Rehabilitation for Cancer Survivors: Insights from Qualitative Portuguese Data 367

PS548: Meaning of Life Therapy: an original model of brief psycho-existential intervention on cancer palliative care in Portugal.......... 367

PS549: Development of an online portal for people diagnosed with brain tumour by considering cognitive and visual processing impairments 368

PS550: Factors that influence adherence to Endocrine Therapy in the treatment of breast cancer: conclusions from a systematic analysis.......... 369

PS551: Psychosocial correlates of death anxiety in advanced cancer: A scoping review.......... 370

PS552: Parental Psychological Wellbeing Impacts Physical Activity in Childhood Cancer Survivors 370

PS554: Navigating Infertility Treatment and Family-Building Options in Canada: A Qualitative Study of Female Adult Survivors of Childhood Cancer 371

PS555: French translation and adaptation of the "Return to Work Self Efficacy's scale - 11 items" in patients diagnosed with cancer.......... 371

PS560: Facilitators and barriers to survivorship shared-care model implementation: Comparisons between health care professionals in designated cancer hospitals and community hospitals/clinics in Japan 372

PS561: Development of clinical practice guidelines for psychological distress of patients with cancer 372

PS562: Biopsychosocial factors associated with psychological distress and post-traumatic growth during the COVID-19 Pandemic: An exploratory study of Canadian cancer patients 373

PS563: Examining the Mediators of Mental Health Improvement in Men with Localized Prostate Cancer: Self-Efficacy, Illness Perceptions, and Heart Rhythm Coherence in PC-PEP vs. Standard Care 373

PS564: The Psychosocial Impact of Cancer on Adolescent and Young Adult's 374

PS565: Validation of the Mexican version of the EORTC QLQ-CR29 in patients with colorectal cancer 374

PS567: Fear of Cancer Recurrence in Parents of Children with Cancer 375

PS568: Case Report on Emotion-Focused Assistance in Emotional Regulation for Adolescents with Cancer Relapse and Concurrent Breakup 376

PS569: Translation and adaptation of the Vietnamese Mini-MAC using the WHO 5-step process 376

PS570: Development of a stress management mobile app for cancer patients and caregivers: preliminary findings 377

PS572: Multimodal Online Support Intervention in a Randomized Clinical Trial Eases Mental Burden in Cancer Care: The Cancer-Patient Empowerment Program (Cancer-PEP) Outcomes 377

PS573: A voice-activated AI assistant for CRC screening(ScreenTalk AI) intervention for first-degree relatives of people with colorectal cancer: a study protocol for a randomized type II hybrid effectiveness-implementation trial 378

PS574: Impact of the Prostate Cancer-Patient Empowerment Program (PC-PEP) on Urinary Function, Weight Loss, and Quality of Life in Curative Treatment: A Randomized Clinical Trial 378

PS575: Implementing an anxiety and depression screening and management clinical pathway for cancer patients in an Australian private health setting 379

PS577: Disordered Eating in Pediatric Cancer Care: A Scoping Review, Implications, and Future Directions 380

PS579: Increasing the Reach of Integrated Cancer and Mental Health Care for Adults with Mental Illness 380

PS580: Redefining the pivotal visit for cancer distress screening and interventions 381

PS581: Evaluating Feasibility and Adaptability of Stronger Together Peer Mentoring Program for Cancer Patients in Viet Nam Using the Consolidated Framework for Implementation Research 381

PS582: Motivations for MAID in Patients with Advanced Cancer 382

PS583: Translation and adaptation of the Self-Help Plus stress management intervention for cancer patients 382

PS584: Perceived Versus Estimated Melanoma Risk: Evaluating Factors Associated with Risk Over-Estimation 383

PS585: Stress among adolescents who have a parent with cancer 383

PS586: Feasibility of an intensified, needs-oriented counseling intervention on the return to work of cancer survivors in outpatient psychosocial counseling centers: Counselors' perspective – Results from the CARES study 384

PS588: Effectiveness of a group Mindfulness and Compassion-Based Stress and Burnout Reduction Program for Healthcare Professionals (MaHALO program): a randomized controlled trial 385

PS592: Quality of life among older patients during the hematopoietic stem cell transplantation 385

PS593: Empowering Cancer Journeys: A Personalized Mobile App to Reduce Anxiety and Foster Well-being 386

PS601: The Psychological Impact of COVID-19 pandemic on Patients Diagnosed with Malignancies at a Single Medical Center 386

PS604: The needs and satisfaction of family after a cancer diagnosis 387

PS605: Self-Management, Patient Activation and Nurse Empowerment Behavior among Postoperative Lung cancer patients: A Prospective Observational Study 387

PS606: Rupture to re-union: a qualitative study of cancer survivors’ evolving relationship with the Divine 388

PS607: An exploration study for operation strategy for key stakeholders to define Colorectal cancer care for Chinese Medicine inpatient setting in Hong Kong 388

PS609: The impact of a melanoma survivorship care plan application for patients with stage I and II melanoma (the Melanoma SCP-app): protocol of a multicenter randomized controlled trial ... 389

PS610: My Needz: a digital tool for AYAs in Leuven University Hospital 389

PS613: AYA roomservice Leuven University Hospital: a more pleasant stay in the hospital. 390

PS614: Integrated pshychoncological care for advanced cancer patients: psychoncological model in a simultaneous care clinic 390

PS615: Influence of delivery mode on use, appreciation & motivational value in a computer-tailored physical activity intervention for prostate and colorectal cancer patients 391

PS616: Predicting the Effect of Information Overload on Satisfaction with Treatment Decision Making and Decisional Conflicts: Mediating Role of Gender and Cancer Stage 391

PS617: Understanding the Experiences of Indian Family Caregivers of Patients with Cancer: A Systematic Review 392

PS618: MEDICAL ORGANIZATIONAL PSYCHOLOGY (MOP): NEW WAYS FOR A COMMON GOAL 392

PS621: Cognitive Changes in Cancer Survivors: Challenges and Opportunities in the Brazilian Population 393

PS623: Sexuality challenges for cancer patients in Brazil. 394

PS624: Addressing the Intersection of Poverty, Support system and Cancer Care in Jharkhand, India: A Mixed method study 394

PS626: First results of a dyadic internet-based mindfulness-based cognitive therapy (couple eMBCT) targeting cancer-related fatigue 395

PS630: Elderly and cancer: the approach to the person in aging and illness. How much is a life worth? 395

PS631: Intervention for the improvement of psychosocial well-being in patients and caregivers at Una Nueva Esperanza, an association for children with cancer in Puebla Mexico 396

PS633: Developing a Psychological Support Program for Pediatric Oncology/Hematology Patients with Cancer Predisposition Syndrome and Their Families 396

PS635: DEVELOPMENT OF A PSYCHOCOLOGICAL INTERVENTION THROUGH A TOOL OF VISUAL-IMAGINATIVE RESOURCES, FOR AN EFFECTIVE PROCESS OF ADAPTATION TO DIAGNOSIS, TREATMENTS AND SURVIVORSHIP OF ONCOLOGICAL DISEASE 397

PS638: DEVELOPMENT OF A PSYCHOCONCOLOGICAL INTERVENTION THROUGH A TOOL OF VISUAL-IMAGINATIVE RESOURCES, FOR FAMILY MEMBERS OF ONCOLOGICAL PATIENTS 397

PS639: Feasibility of an intensified, needs-oriented counseling intervention on the return to work of cancer survivors in outpatient psychosocial cancer counseling centers from the survivors' perspective–results from the CARES study 398

PS641: Schema therapy mode model for oncology patients and their caregivers 399

PS642: Exploring the Prevalence and Correlates of Insomnia with Anxiety and Depression in Omani Cancer Patients Undergoing Chemotherapy 399

PS644: Telenursing, a tool for Navigator Nurses 400

PS648: Defining core competencies for psychosocial oncology using the Delphi approach 400

PS649: A sick body, the wound of the soul: a path of individuation and integration of the Shadow, in light of Carl Gustav Jung's analytical approach. 401

PS650: Experiences of women with gynaecological cancer in India: A Qualitative Study 401

PS651: A web platform for home-caring long-term cancer survivors 402

PS652: Evaluation of efficacy of the Mind programme against a support group intervention: preliminary results from a randomized controlled trial in women with breast cancer 402

PS653: Post-Traumatic Stress Disorder (PTSD) Screening for Hematopoietic Stem Cell Transplant (HSCT) Patients 403

PS654: Psychological flexibility mediates the association between perceived health state and depressive symptoms in women with breast cancer 403

PS655: The impact of interventions on psychological resilience in colorectal cancer survivors: A mixed methods systematic review 404

PS657: Feasibility and effects of a support group intervention for women with breast cancer: Preliminary results 404

PS662: Association between mental health disorders and colorectal cancer screening attendance in Taiwan 405

PS667: Parent Emotional Functioning as a Predictor of Parenting Behaviors among Parents of Pediatric Brain Tumor Survivors 406

PS668: Adolescents Beliefs about Cancer and its Associated Health Risks Behaviour 406

PS669: Training 'Customized care for adolescents and young adults (AYAs)' for healthcare providers in Flanders (Belgium) 407

PS670: Toolbox 'Cancer and sexuality' 407

PS671: About Cancer and Vitality: Insights into the Minds and Hearts of Key Figures in Oncology 408

PS672: Post-academic Psycho-Oncology Training: state of the art 408

PS673: Loneliness in prostate cancer survivors 409

PS675: The use of complementary therapies among cancer patients 409

PS676: The application of aromatherapy in the psychosocial care of cancer patients through the olfaction 410

PS678: Health equity, quality of life, and sleep-time in young adult cancer survivors 410

PS680: Promoting resources in elderly breast cancer patients throughout expressive tasks 411

PS681: Utilization of asynchronous messaging for social support and networking in a digital behavioral intervention for adolescent and young adult (AYA) hematopoietic stem cell transplant (HSCT) patients 411

PS682: Psychosocial experiences among Head and Neck cancer patients with Nasogastric tube feeding 412

PS684: Common Pathways for Distress and Mental Health Assessment 412

PS686: Preference for Non-Operative Treatment Strategy in Locally Advanced Rectal Cancers 413

PS687: A pragmatic implementation study of the Managing Cancer and Living Meaningfully (CALM) psychological intervention for individuals with advanced cancer in Southern Alberta 413

PS688: Screening and mortality form cancer. among Italian people with SMI: Inequity in cancer care? 414

PS692: Contemplative Self-Healing Program: Quality of Life in Breast Cancer Survivors Before and During the COVID-19 Pandemic 414

PS695: The Double-Edged Experience: Preparedness, Duality and the Pathways of Grief after Voluntary Assisted Dying 415

PS697: Impacts of a therapeutic recreation camp in Greece for children with cancer and their siblings. 415

PS698: Research Trends on Decision-Making by Cancer Patients with Dementia in Japan；Current Situation and Issues of Decision-Making by Cancer Patients with Dementia 416

PS699: Patient reported outcomes of Immunotherapy plus Targeted therapy for Patients with Unresectable Hepatocellular Carcinoma at real world 416

PS700: Systematic review of psychosocial interventions for promoting benefit finding in cancer survivors (protocol). 417

PS701: Exploring the psychometric qualities of the Benefit Finding Scale using Multidimensional Item-Response Theory (protocol) 417

PS702: “Getting Out of a Dark Place”: A Qualitative Exploration of the Impact of Fear of Recurrence on the Daily Lives of Breast Cancer Survivors Enrolled in a Randomized Controlled Trial 418

PS703: How to Distress screening - OptiScreen training for nurses 419

PS704: Dysfunctional sexual beliefs regarding the quality of sexual life amongst gynecological cancer patients 419

PS705: The relevance of sexual consultations and devices to improve sexual health amongst gynecological cancer patients in Hungary 420

PS706: What have you gained? Phenomenological Inquiry into Stories of Growth and Transformation after cancer diagnosis 420

PS716: Psychometric properties of the Cancer Worry Scale in a Canadian sample of pediatric survivors of childhood cancer 421

PS717: “Between Fighting and Withdrawing”: How Do Individuals with Severe Mental Illness Cope with Coexisting Cancer? An In-Depth Examination 421

PS718: Balancing love, family life and cancer – A qualitative study on the impact of parental cancer on the romantic relationships in couples with dependent children 422

PS719: Bridging Gaps in Knowledge: A Comprehensive Study on the Care Situation of Cancer Survivors in Germany 422

Pre-conference workshops 423

PW01: AYA Cancer Care: Insights from Flanders and the Netherlands 423

PW02: Embracing Acceptance in Cancer Survivorship 423

PW03: Sexual rehabilitation intervention for women after cancer 424

PW04: Facilitating Bereavement Support Groups: Practical training for group leaders. 424

PW05: Enhancing Relationship Resilience: Hold Me Tight training for Couples Coping with Cancer 425

PW06: Acceptance and Commitment Therapy for Beginners and Intermediate Clinicians. Helping cancer patients deal with uncertainty and finding meaning. 425

PW07: Bereavement among Professional Caregivers after Patient Deaths: Conceptualization, Assessment, Empirical Findings, and Support Advice 426

PW08: Mindfulness as a coping strategy for cancer survivors 426

PW09: Delivering Acceptance and Commitment Therapy (ACT) for Cancer Survivors Via Telehealth 427

PW10: Providing psychosocial care to families with young children (<18 years) facing parental cancer 427

PW11: Empowering Cancer Patients with the Untire Now App for Beating Cancer-Related Fatigue 428

PW12: Empowering Cancer Survivors Across the Life Span: Integrating Pain Science Education for Children Living Beyond Cancer 428

PW13: Beyond Simple Language Translation: Strategies for Adapting and Implementing Evidence-Based Psychosocial Interventions (EBPIs) for Diverse Cancer Survivors 429

PW14: A showcase of world class Cancer Wellbeing Centres: insights into the experiences and key learnings to successfully enhance patient experience and cancer outcomes 429

Author Index 431

Poster Presenter Index 468

Poster Presenter Alphabetical Order 472

S01: Recent advances in FCR research

Jose Custers[1]
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Fear of cancer recurrence (FCR) is not routinely addressed in clinical practice and the implementation of evidence-based psycho-oncological interventions falls short. This symposium will discuss recent advances in FCR research to match effective interventions with individuals in need for help regarding FCR. Dr. Melanie Schellekens will present a FCR network analysis providing conceptual understanding of clinical FCR. Ms. Lauriane Giguère will present on brief measures for assessment of clinical FCR in clinical and research settings. Dr. Ben Smith will present outcomes of a consensus process for a clinical pathway for FCR screening, triage, assessment and stepped care. Dr. Sophie Lebel will present on the implementation of the Fear of Recurrence Therapy (FORT) intervention including strategies and lessons learned. The panel will discuss clinical implications and directions for future research.

P01.1: Implementation of the Fear of Recurrence Therapy (FORT) group intervention across Canada: preliminary results

Sophie Lebel[1], Alanna Chu[1], Sara Beattie[2], Andrea Feldstain[2], Sheila Garland[3], Cheryl Harris[4], Jennifer Jones[5], Christine Maheu[6], Claudia Hernandez[7], Linda Carlson[8],
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Objective: 59% of cancer survivors report clinical levels to Fear of cancer recurrence (FCR). The Fear of Recurrence Therapy (FORT) intervention is a six-week, cognitive-existential group therapy that has been shown to effectively reduce FCR in two randomized controlled trials. However, there is a knowledge to clinical practice gap in FCR research. This study aims to assess the implementation of FORT in 5 Canadian cancer centres. Methods: We are conducting a mixed-methods comparative case study, guided by the RE-AIM framework. Phase I: Qualitative interviews (n= 19) were conducted with clinicians and decision makers at the five centres to assess site-specific barriers and create tailored implementation strategies. Phase II (to be conducted in 2024): implementing 2 FORT groups at each site for female-identifying people with breast, gynecological, or hematological cancer, and collecting implementation outcome data (e.g., number of therapists involved in the delivery of FORT, effectiveness, fidelity, costs). Results: Phase I: Each site reported varying implementation considerations (e.g., population spread, structure of cancer unit, psychosocial expertise, competing priorities) and strategies (e.g., hybrid training, combining resources, identifying champions). Clinician training, research objectives and implementation plan were tailored to each site. Phase II: training has been completed at all sites and participant recruitment will begin in May 2024. Relevance: Our findings will help address facilitators and barriers when implementing interventions in clinical settings.

P01.2: The Ottawa Clinical Fear of Recurrence (OCFR) measures for clinical fear of recurrence: Streamlining the self-report's items

Sophie Lebel[1], Lauriane Giguère[1], Emma Kearns[2], Brittany Mutsaers[1], Cheryl Harris[2], Ben Smith[3], Gerald Humphris[4], Daniel Costa[5], Cary Kogan[1], Sébastien Simard[6],

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Objectives The Ottawa Clinical Fear of Recurrence – Measure (OCFR-M) was created to provide clinicians and researchers with a brief assessment of clinically significant fear of cancer recurrence according to the newly updated criteria based on expert consensus: a) high levels of worry, b) high levels of preoccupation and c) hypervigilance of bodily symptoms d) that last for more than three months. The aim of this study was to streamline the number of OCFR-M items on the self-report to make it briefer and more manageable to administer in clinical and research settings. Methods The OCFR-M's 23 items were administered to mixed cancer survivors. Exploratory factor analysis (EFA) and item response theory (IRT) were used to streamline items and maximize each item's screening potential. EFA was conducted on SPSS using Oblimin rotation. IRT was used to assess each subscale in R, using a 2-parameter graded response model and the multi-dimensional item response theory package (mirt). Results A total of N = 305 cancer survivors completed the questionnaire package. Most were married/common law (n = 233), completed university or college (n = 149), were retired (n = 173), were white (n = 278), and were women (n = 165). The mean age was 64 [21-95]. While a range of cancer types were represented, breast cancer was most frequent (n = 83). Data analysis is underway. Conclusion implications This study proposes a new brief self-report tool for clinical fear of cancer recurrence. This instrument is the first to follow the newly agreed upon clinical criteria for fear of cancer recurrence.

P01.3: A clinical pathway for fear of cancer recurrence screening, triage and assessment, and stepped care: Results of an online Delphi consensus process

Ben Smith[1, 2, 3], Natalie Taylor[2], Verena Wu[4, 2], Jia (Jenny) Liu[5, 6], Heather Shepherd[7], Gail Garvey[8], Iman Zakhary[9], Dan Ewald[10], FCR Clinical Pathway Authorship Group comprising Afaf Girgis, Alison Pearce, Annie Miller, Carolyn Ee, Laura Kirsten[2, 4, 11, 12, 13, 14, 15, 16], Joanne Shaw[15, 17],
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Objective Fear of cancer recurrence (FCR) is not routinely addressed in clinical practice, meaning many cancer survivors forego effective interventions. We established expert consensus on a clinical pathway to help healthcare professionals identify and manage FCR. Methods Australian healthcare professionals and researchers working with adult cancer survivors participated in a 3-round Delphi study promoted via oncology professional bodies and social media. The Round 1 online survey presented 38 items regarding FCR screening, triage, assessment, referral, and stepped care, based on a literature review. Participants rated how representative of best-practice items were on a 5-point scale (strongly disagree – strongly agree), with optional qualitative feedback. Consensus was defined as ≥80% of participants strongly/agreeing with items. Items that did not reach consensus were re-presented in subsequent rounds with new items, based on content analysis of qualitative feedback. Results From 94 participants in Round 1 (89% healthcare professionals) 26/38 items reached consensus. By round 3, 35/38 items, including 8 new items, reached consensus. Routine FCR screening and triage conversations to enable stepped care management were endorsed. Consensus was not reached for screening and triage timing. Conclusion and implications This world-first FCR clinical pathway incorporating contemporary evidence and expert opinion recommends routine screening and triage to stepped care management of FCR. Some pathway components (eg screening/triage timing) may need tailoring for different contexts.

P01.4: A network approach to fear of cancer recurrence: The interconnectedness of triggers, appraisals, symptoms, responses and functioning impairment

Melanie Schellekens[1, 2], Yvonne L. Luigjes[1], Allan Ben Smith[3, 4], José A.E. Custers[5], Sébastien Simard[6], Sophie Lebel[7], Marije L. van der Lee[1, 2],
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Objectives While almost 60% of cancer survivors report clinically significant fear of cancer recurrence (FCR), not all of these survivors want professional psychological care. Those who are overwhelmed by FCR and experience significant functional impairments are most likely in need of psychological care. To further improve our conceptual understanding of FCR we aim to study how FCR severity and functional impairment are interrelated to other elements of FCR. Methods We conducted a network analysis of cross-sectional data in a sample of 3370 cancer survivors from the international Fear of Cancer Recurrence Inventory (FCRI) database to study the interconnectedness of FCR severity, functional impairment, symptoms (intrusions, worry), triggers (bodily, healthcare), appraisals (risk perception) and responses (avoidance, self-examination, reassurance seeking, positive reframing, sharing with others). Results Shortest path analysis indicated that FCR severity was mostly connected to symptoms and triggers while functional impairment was mostly connected to responses. Only worry and bodily triggers were directly connected to both FCR severity and functional impairment. Risk perception was the least connected node in the network. Conclusions and implications Worry and bodily triggers appear core

components of FCR that are experienced as impairing. Our findings suggest that, next to FCR severity, it could be valuable to include functional impairment, worry and bodily triggers to screening measures of FCR.

P01.5: Three-year Trajectories and Associated Factors of Fear of Cancer Recurrence in Newly Diagnosed Head and Neck Cancer Patients: A Longitudinal Study

Esther Deuning-Smit[1], Eva Homan[2], Linda Kwakkenbos[3], Femke Jansen[4, 5], Irma Verdonck-de Leeuw[4, 5, 6], Judith Prins[2], José Custers[2],
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Purpose Little is known about the long-term course of fear of cancer recurrence (FCR) in head and neck cancer (HNC) patients. This study assessed the three-year trajectories of FCR in newly diagnosed HNC patients. Additionally, predictors and factors associated with trajectories were identified. Methods A total of 621 patients from the NET-QUBIC cohort completed the FCR assessment at baseline, 3-, 6-, 12-, 24- or 36-months posttreatment and were included. Trajectories of FCR were identified using Latent Class Growth Analysis. Two multinominal logistic regression analyses were performed to assess associations between FCR trajectories and baseline demographic and medical variables, personality and coping.Results Three FCR trajectories were identified: ‘high and stable’ (n = 45, 7%), ‘elevated and declining’ (n = 209, 34%) and ‘low and declining’ (n = 367, 59%). Patients in the ‘high and stable’ or ‘elevated and declining’ compared to the ‘low and declining’ trajectory were younger, had moderate or severe comorbidity, higher neuroticism, higher negative adjustment, and more often used social support seeking, passive and palliative coping strategies. Conclusion and clinical implications The majority of HNC patients show a resilient FCR trajectory over time and a small percentage of HNC patients (7%) show consistently high FCR over time. It is important to identify these patient groups in an early phase within the care trajectory to provide optimal and tailored psychosocial support.

S02: Exploring the factors contributing to a risk of marginalisation in cancer care in Ireland

Suzanne Guerin[1]
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This symposium brings together a series of studies examining aspects of cancer care for adolescents, young adults, and adults with cancer in Ireland. These studies combine the existing published research literature, with the voices of cancer advocates and medical, nursing and allied health professionals who work with these populations. The paper adopts the perspective that individuals with cancer experience a range of factors that increase the risk of marginalisation, including aspects of racial, ethnic, gender and sexual identify and socio-economic characteristics. This marginalisation can have implications for their access to and experience of cancer care. A key principle in the studies is exploring the

added impact of intersectionality. The purpose of the symposium is to share the findings of these individual studies but also to reflect on the areas of convergence and divergence and consideration the lessons for practice with this population. A comprehensive understanding of the experiences and needs of individuals whose identities and experiences may contribute to poorer care and outcomes will allow for more responsive supports and services.

P02.1: Identifying individuals at risk of underrepresentation in cancer research: Findings from a rapid review

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Objective: Given the lack of diversity in many research samples, there is a need to identify the extent to which experiences that might contribute to marginalisation and underrepresentation are considered in cancer research. Methods: This study reports findings from a rapid review of quantitative research in cancer that includes individuals/groups who may be at risk of marginalisation or underrepresentation as a result of aspects of their racial, ethnic, gender, sexual, disability identity, as well as socio-economic and other experiences. The search string included the cancer term in the title of papers and the underrepresented term in the title or abstract. Papers published in the 10 years prior to November 2022 were searched. Results: 1156 papers were identified for analysis, which were distributed across 348 journals. The majority of studies were conducted in North America, with smaller numbers conducted in Europe, and Australia/New Zealand. The top three categories of underrepresented identities/experiences were Race/ethnicity (63%), Socioeconomic factors (40.4%), and Age (19%). However, there was far less consideration of other groups including gender/sexual identity, medical complexity, and disability/mental health issues. Conclusion implications: While the number of papers would suggest a body of literature on this issue, the findings highlight a very skewed consideration of individuals at risk of marginalisation. A more systematic approach to documenting demographic information may provide a better insight into this issue and a better basis for cancer care.

P02.2: Exploring the psychosocial outcomes among adults with at risk of underrepresentation

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Objective: With growing awareness of the diversity evident in cancer populations comes the need to identify the experiences and outcomes for those risk of being marginalised and underrepresented. The aim of this study was to examine the research on psychosocial outcomes among diverse groups. Methods: As part of a rapid review that identified over 1100 quantitative papers on cancer outcomes and experience, a sample of 93 papers considering psychosocial outcomes were identified. Analysis focused on the nature of outcomes among groups at risk of marginalisation. Results: Of the papers identified, two-thirds were conducted in North America, with less than 10% conducted in countries outside the global north. The most common underrepresented groups were based on race/ethnicity (49%) and socio-economic status (47%), with smaller numbers considering medical complexity (18%), LGBTQ+ populations (13%), and disability/mental health samples (2.5%). Common psychosocial outcomes examined

included internalising difficulties such as depression/anxiety, quality of life and wellbeing, and relationships/social support. Conclusion implications: The literature on psychosocial outcomes among individuals with cancer at risk of being marginalised and underrepresented highlights significant variety in terms of the groups and outcomes being considered, making it difficult to draw clear conclusions. A more comprehensive approach to recording demographics in large scale studies of psychosocial outcomes would provide a better picture of the implications for individuals at risk of marginalisation.

P02.3: Exploring the experiences that contribute to underrepresentation in adults with cancer in Ireland

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Objective: There are many aspects of identity/experience that contribute to marginalisation and underrepresentation among adults with cancer. Aspects of race/ethnicity, gender/sexual identity and socioeconomic status can increase the likelihood of poor outcomes. The aim of this study was to qualitatively explore the perspectives of professionals and patient advocates/representatives in Ireland on this issue. Methods: Qualitative semi-structured interviews were conducted with professionals from general medical practice, nursing, occupational therapy, physiotherapy, social work, psychology, and research and patient advocates/representatives from prostate, colorectal, sarcoma, breast, gynaecological, and haematological cancer. Results: A range of experiences were associated with increased risk of underrepresentation and marginalisation in cancer, specifically (i) racial/ethnic minority identity (including immigrants/refugees an indigenous minority groups), (ii) lower socioeconomic status (including poverty), (iii) social challenges (e.g., homelessness, drug and alcohol misuse), (iv) identifying as LGBTQ+, (v) experience of other (health) conditions, including intellectual disability, mental health difficulties, and medical complexity, (vi) experiencing remoteness (e.g., living in rural areas) and (vii) orphan diseases, early onset cancers, or cancers considered to be atypical based on age/sex. Conclusion implications: This qualitative study highlighted a broad range of experiences associated with underrepresentation in cancer and the barriers to cancer care they create.

P02.4: Exploring the nature and experience of underrepresentation in adolescents and young adults with cancer in Ireland

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Objective: Adolescents/young adults with cancer (AYACs, 15-24 yrs) have been identified as a group with particular developmental, emotional, and social needs, which can impact on their experience of cancer diagnosis and care. However, this population is not homogenous, and research highlighting the risk of poor outcomes for underrepresented and potentially marginalised groups needs to be extended to this population. The aim of this study is to examine the nature and experience of underrepresentation in adolescents and young adults with cancer in Ireland. Methods: The study combines a retrospective chart review assessing the demographic and medical characteristics of this group, with a survey examining the level of marginalisation and quality of cancer care experienced by AYACs, and a qualitative study of the perceptions of staff working with the population and patient advocates/representatives. Results: Data collection is ongoing, with initial assessments highlighting a lack of routine recording of demographic and social information in health records that might illustrate the characteristics associated with a risk of marginalisation. Qualitative interviews have highlighted the issue of intersectionality, whereby individuals do not fit neatly into single classifications of identity. Conclusion implications: While there is a large body of research on AYACs, challenges in practice include the ability to recognise the complex interaction of personal and social identity and the barriers evident in health systems, which may be increased by the challenge of intersectionality.

S03: Cultural Influences on Health Behaviors Related to Cancer: Insights from Taiwan, Israel, Romania and the United States

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Complex and pervasive health challenges of cancer impose significant burden on not only physical but also psychological and sociocultural dimensions of individuals' lives. This symposium highlights insights from four studies, addressing the intricate interplay among culture, sociocultural factors, and coping mechanisms. Each study delves into these issues through unique facets of diverse populations, including Taiwanese, Jews and Muslim Arabs in Israel, Romanian, as well as Hispanics and non-Hispanics in the US. The first study examines the impact of support-seeking coping on psychological adjustment, shedding light on potential divergences in coping strategies in collectivist cultures. The second study investigates the multidimensional aspects of cancer fatalism focusing on Jews and Muslim Arabs within Israeli communities. The third study delves into the cultural dimensions of Romanian oncology. The fourth study explores the interplay between sociocultural factors and physiological regulatory patterns in cancer patients, with an emphasis on the moderating role of Hispanic ethnicity. The symposium aims to offer a comprehensive understanding of the diverse ways individuals navigate cancer challenges. Wendy Lam (Discussant) discusses insights into cultural influences on health attitudes and cancer coping, and the importance of considering both social and biological aspects for comprehensive understanding of the health implications of cancer diagnosis and suggests future directions to develop multilevel psychobiobehavioral programs for cancer survivors around the globe.

P03.1: Navigating Harmony and Distress: Support-Seeking Coping in Taiwanese Cancer Patients with Breast and Colorectal Cancer at Diagnosis

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Objective: Support-seeking coping is commonly seen as an effective strategy for dealing with cancer-related stress. However, outside the West, this issue remains controversial. Some researchers have discovered that in more collectivist cultures, patients tend to take a more passive role in seeking support, as this behavior might disrupt harmony and distress others in their in-groups. This study aims to examine the effects of support-seeking coping on psychological adjustment in two groups of cancer patients in Taiwan—those with breast cancer and colorectal cancer. Methods: At 6 months post-diagnosis, the study included 250 patients with breast cancer and 73 with colorectal cancer

(64% male). Support-seeking coping was measured using the Brief COPE. Psychological adjustment indices include anxiety, depression, negative affect (NA), positive affect (PA), and benefit finding (BF). Results: Controlling for age, socioeconomic status, and cancer stage, hierarchical regression models revealed that support-seeking coping predicted higher anxiety and NA($\beta=0.14$ & 0,16, $p\leq.05$), but also higher PA and BF ($\beta=0.13$ & 0.17, $p\leq.05$) in patients with breast cancer. Similar patterns were observed for patients with colorectal cancer. Conclusion: Support-seeking coping was related to higher distress, aligning with the assumption that such actions could potentially damage the 'face' in collectivist cultures. However, these coping strategies also predicted higher positive affect and increased benefit finding. The dual nature of support-seeking coping as a double-edged sword is discussed.

P03.2: Neuroendocrine Downstream of Sociocultural Characteristics among Newly Diagnosed Patients with Colorectal Cancer

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Objectives: Despite the significant health implications of social integration, spirituality, and ethnicity, their impact on physiological regulatory patterns in cancer patients have been understudied. This study examined the effects of perceived social support, loneliness, and spirituality on neuroendocrine biomarkers and the moderating role of Hispanic ethnicity in the associations. Methods: Patients diagnosed with colorectal cancer (n=128, 51 years old, 60% female, 38% Hispanic, 54% advanced cancer stage; 3 months post-diagnosis) participated in the study. Patients self-reported perceived social support (ISEL), loneliness (UCLA Loneliness Scale), spirituality (meaning, peace, faith: FACIT-Sp), and ethnicity. Saliva samples were collected 4 times a day on 2 consecutive days, from which cortisol, alpha-amylase (AA), and dehydroepiandrosterone-sulfate (DHEA-s) were assayed. Age, gender, and cancer stage were covariates. Results: Hierarchical general linear modeling revealed that greater loneliness, social support, peace, and Hispanic ethnicity were related to dysregulated AA pattern ($B\geq2.64$, $p\leq.056$), and older age related to regulated DHEA-s ($B=.004$, $p<.031$). In addition, greater peace related to dysregulated cortisol only in Hispanics ($p=.039$) and tended to relate to dysregulated AA only in non-Hispanics ($p=.080$). Conclusion: The biological cost of social integration and differential role of making peace with cancer by ethnicity should be acknowledged in clinical practice. The investigations of long-term health impact and identification of other biomarkers are warranted.

P03.3: “Live Well, Smile, as There are Things that are Out of Your Control”: Fatalistic Beliefs Among Israeli People About Cancer and Screening

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Objectives: Survival rates have risen for most types of cancer, yet fatalistic beliefs about cancer persist. Researchers recently proposed a multidimensional conceptualization of cancer fatalism, but only a few studies examined in-depth perceptions of cancer and causality in different cultural groups. We examined fatalistic beliefs regarding the occurrence and outcome of cancer and related causal attributions. We addressed their impact on attitudes toward health behaviors among people from two dominant ethnic and religious populations in Israel, representing cultural diversity: Jews and Muslim Arabs. Methods: Participants were 30 Israeli women and men aged 51–70 from diverse sociocultural backgrounds who participated in four focus groups, which were audio recorded and transcribed verbatim. Data were thematically analyzed. Results: Three main themes emerged: (1) Variability in fatalistic beliefs of cancer occurrence and outcome; (2) Duality in attributing causality to divine providence versus mere luck or chance; and (3) The connection between distinct fatalistic beliefs and health behaviors. Conclusion and implications: The findings enable an expanded understanding of cancer fatalism as a multidimensional structure involving cultural and religious perceptions. Understanding the interactions between causality attribution and different fatalistic beliefs in a cultural context may allow health care professionals to identify and effectively address the perceptions of their clients.

P03.4: Talk to deal better with the challenges of illness: experience of the Romanian female cancer survivors

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Objectives. Cancer patients frequently indicate increased needs to discuss about the stressful implications of their diagnosis (e.g., fear of cancer progression). However, the opportunities to talk with professionals and close ones does not always suit their emotional and instrumental needs. The present study aims to investigate the role played by the wish to talk about the illness on different aspects of functioning of Romanian female cancer survivors. Methods. Our study included 215 Romanian female cancer patients assessed on demographic variables, and EORTC: QLQ-30-quality of life, QLQ-SHQ-22 quality of sexual life, and fear of cancer progression. Results: 38.14% of the participants did not wish to talk about their illness due to various reasons (feel that are not listened to, etc). The largest differences due to the wish to talk or not about illness were on the components of fear of cancer progression (partnership d=0.49, loss of independence d=0.41, occupation d=0.68). After controlling for demographic variables, HLR analyses investigating the explicative role of the wish to talk or not about the illness indicates significant models for: fear of progression on professional aspects (occupation: $\beta=0.25$, $p<.001$), family/partnership ($\beta=0.18$, $p<.01$), and loss of independence ($\beta=0.19$, $p<.01$). Conclusion. The wish to talk about their illness seems to play a significant role in the psychological functioning of cancer patients. Thus, it becomes crucial to offer cancer patients the opportunity to discuss about the implications of the diagnosis in a satisfying way.

S04: The LInC Study: A study on the long term impact of pediatric cancer on adolescents and emerging adults and their families with a specific focus on identity, illness-related experiences and well-being.

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The LInC-study is a longitudinal questionnaire study in families confronted with childhood cancer. The study investigates developmental tasks and psychosocial functioning in youth who survived childhood cancer, along with the psychosocial functioning of other family members. Four measurement waves cover a 5-year time period. At T1, 435 Dutch-speaking childhood cancer survivors (14-25 years old) that completed a cancer treatment at the pediatric oncology department of UZ Leuven (Belgium), were invited for participation together with their families. At T1 (2018), 125 survivors, 133 mothers, and 91 fathers enrolled the study. At T2 (2019), there were 100 survivors, 102 mothers, and 71 fathers. At T3 (2020), 92 survivors, 95 mothers and 60 fathers participated. Data collection for T4 started in November 2023 and is currently ongoing.This symposium will highlight different topics of the LInC-study. First, Janne Vanderhaegen will present findings on identity formation in youth who have had childhood cancer. Second, Sara Campens will discuss the topic of non-suicidal self-injury within this sample. Third, Deveny Vanrusselt will talk about fatigue and its associations with cancer-related distress in survivors. Lastly, Elise Van Laere will focus on the parents by shedding light on parental illness-related experiences and parenting practices. In sum, this symposium aims at providing a comprehensive overview of the outcomes and insights derived from the LInC study thus far, covering various aspects of psychosocial well-being among childhood cancer survivors and their families.

P04.1: Associations between cancer-related distress and fatigue in childhood cancer survivors: a longitudinal study

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Up to 61.7% of childhood cancer survivors (CCS) experience a persistent sense of fatigue, which significantly impacts their quality of life and psychosocial well-being. Therefore, it is important to elucidate potential individual risk and protective factors.CCS who were treated in the University Hospital of Leuven(Belgium), completed annual questionnaires on cancer-related distress (fear of cancer recurrence and post-traumatic stress), resilience and fatigue. Associations between distress and fatigue were examined by performing cross-lagged panel analyses. Resilience was included as a potential moderator. All within-time associations, stability paths, and cross-lagged paths were included. Gender and time since diagnosis were included as covariates.In total, 110 14-25 year old CCS participated in this study (average time since diagnosis 12.2 years; 41.8% boys; diagnosed with leukemia/lymphoma(49%), solid tumor(15%), brain tumor(16%) or other(20%)). Fear of cancer recurrence and post-traumatic stress at baseline positively predicted fatigue one year later. Cross-lagged panel analyses showed that resilience did not buffer the effect of fear of cancer recurrence on fatigue in contrast to our expectations. Stability coefficients were high for all study variables.This study indicates associations between cancer-related distress (fear of cancer recurrence and post-traumatic stress), resilience and cancer-related fatigue over time in CCS. Interventions to improve fatigue levels could be focusing on both tackling cancer-related distress, while improving resilience levels as well.

P04.2: Non-suicidal self-injury in adolescent and emerging adult childhood cancer survivors: A first exploration

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Objective. To gain insight into the psychological difficulties survivors face, this study examines non-suicidal self-injury (NSSI) in adolescent and emerging adult survivors of childhood cancer. In doing so, this study aims to provide an initial understanding of the phenomenon, its relation to general and cancer-specific functioning, and the stability of NSSI over time. Methods. Three annual waves of the LInC-study were used. Descriptive characteristics of lifetime NSSI were calculated. MANOVA's and χ2-analyses were performed to examine differences between survivors with and without lifetime NSSI in (1) demographic and clinical characteristics and in (2) general and cancer-specific functioning. Current NSSI prevalence across the three waves was calculated, followed by χ2-analyses to explore differences in current NSSI over time. Results. The prevalence and characteristics of lifetime NSSI resembled those in the general population. While demographic and clinical characteristics were unrelated to NSSI, several differences were found in both general and cancer-specific functioning between survivors with and without NSSI. Survivors with lifetime NSSI experienced more depressive symptoms and identity formation difficulties. In addition, they experienced more post-traumatic stress symptoms, cancer-related worries, and identified less as a "cancer patient". Conclusion. This study provides a first understanding of NSSI in survivors of childhood cancer, mapping the characteristics of NSSI and its associations with both general and cancer-specific functioning.

P04.3: Psychological functioning of childhood cancer survivors and their parents: Longitudinal associations

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Cancer is considered a family disease, impacting both survivors and their family. The late psychological effects of childhood cancer vary, with survivors and parents reporting depressive symptoms, fear of cancer recurrence, and benefit finding. The LInC-study sheds light on the relation among psychological functioning (i.e., depressive symptoms, life satisfaction, fear of cancer recurrence, and benefit finding) of both survivors and parents, and their associations with parenting (i.e., responsiveness, psychological control, and overprotection).The three waves of the LInC-study were used to examine cross-lagged panel models. Survivors reported about their psychological functioning and perceived parenting. Parents reported about parenting and their psychological functioning (i.e., sense of incompetence).Different relations were obtained for each informant. In survivors, fear of cancer recurrence predicted relative increases in depressive symptoms and benefit finding over time. Benefit finding predicted relative increases in life satisfaction over time and buffered negative effects of fear of cancer recurrence on life satisfaction. In parents, change in benefit finding was positively related to relative change in fear of cancer recurrence. Moreover, primarily unidirectional relations were found from parental sense of incompetence to maladaptive parenting and from parenting to survivor functioning over time.The results encourage to pay more attention to the interplay among positive and negative illness-related experiences and parenting in both survivors and their parents.

P04.4: Identity formation in adolescent and emerging adult cancer survivors: a differentiated perspective and longitudinal associations with psychosocial functioning

Janne Vanderhaegen[1],
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Objective. Identity formation is a challenging core developmental task in adolescence and emerging adulthood. Identity formation was examined in childhood cancer survivors by comparing survivors to healthy peers. In survivors, associations between identity and clinical/demographic variables and general and cancer-specific functioning were examined, the latter longitudinally.Methods.

Childhood cancer survivors participated in three annual waves. At baseline, childhood cancer survivors were matched on age and gender to healthy controls (2:1). Cluster analysis was used to identify identity statuses based on the identity dimensions. Cross-lagged panel models were used for longitudinal associations with general and cancer-specific functioning.Results. Survivors did not differ from controls on identity formation. Associations between identity and clinical/demographic characteristics were inconsistent. Bidirectional effects occurred between general functioning and identity (e.g., life satisfaction and identity synthesis positively predicted each other over time). Regarding cancer-specific functioning, unidirectional effects occurred from cancer-specific functioning to identity (e.g., posttraumatic stress symptoms positively predicted identity confusion over time, but not vice versa).Conclusions. This study revealed no significant differences in identity formation between cancer survivors and controls. However, survivors who struggle in their identity quest should be identified as it co-develops with poorer well-being and negative illness experiences.

S05: Cancer and the Family – Supporting the Entire Family When One Family Member Receives a Cancer Diagnosis

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For years, the impact of cancer has been studied at an individual level, but we now know that cancer affects not just the patient but also the patient's loved ones. Family members, such as spouses, parents, children and siblings, play an essential role in supporting the cancer patient, but their needs are often unrecognized. In this symposium, we will present four studies targeting 1) partners of cancer patients, 2) adolescent children of mothers with breast cancer, 3) young couples facing breast cancer, and 4) families of children in palliative care. First, Beverley Høeg will present results from the Resilient Caregivers randomized trial of a group intervention aimed at improving the resilience of distressed partner caregivers of cancer patients. Next, Anne Katrine Søby will present findings from a qualitative study identifying the needs and experiences of adolescents living with a mother with breast cancer, and Annika von Heymann will present findings from a feasibility study of a digital dyadic intervention (Stick Together) for younger women with breast cancer and their partners. Finally, Pernille Bidstrup will present an ongoing study of the SOFUS family-based intervention targeting parents, siblings and the ill child receiving pediatric palliative care. This symposium will aim to generate a discussion of how we can move towards supporting the entire family when one family member receives a cancer diagnosis, how we can identify those who may need extra support, and how different formats and methods of delivering support can be utilized at different levels of need.

P05.1: 'Resilient Caregivers': a randomized trial of a resilience-based intervention for psychologically distressed partner caregivers of patients with cancer

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Objectives The aim of this study was to evaluate the effectiveness of 'Resilient Caregivers,' a resilience-based intervention for partner cancer caregivers.Methods Participants were recruited through the Oncology Department at Herlev Hospital, Herlev cancer counseling center and Odense cancer counseling center in Denmark. Partners (married or unmarried) of patients receiving cancer treatment and experiencing distress (>4 on the distress thermometer) were eligible. Participants were randomized 1:1 to either the intervention or usual care, stratified by sex and age (≤/> 50 years). ‘Resilient Caregivers’ consists of seven manualized group sessions (2.5 hours each), developed according to a resilience framework focusing on meta-reflective skills, coping strategies and values clarification in relation to being a partner of a patient with cancer. Questionnaire data were collected at baseline, 3, 6 and 12 months, and analyzed using mixed models for repeated measures. Trial registration number NCT04610034. Results Between April 2021 and May 2023, 80 partners were included (39 intervention, 41 control). Most were female (74%), > 50 years old (80%) and had at least a bachelor’s degree (86%). Data collection will be completed in July 2024 and we will present results for primary and secondary outcomes including anxiety, depression, distress, resilience and quality of life among partners.Conclusions If the Resilient Caregivers program proves effective, it may potentially be implemented in cancer counseling centers in Denmark to support partner caregivers of cancer patients.

P05.2: Facing Existential Loneliness: Exploring Adolescents’ Needs for Support during their Mother’s Breast Cancer Trajectory

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Objective: Adolescents living with a mother with breast cancer often have unmet needs for information and support. This study aimed to identify adolescents’ (aged 13-18) experiences and needs during their mothers’ breast cancer trajectory. Methods: Using a hermeneutic existential-phenomenological approach, semi-structured individual interviews were conducted with eleven adolescents three times during their mother’s breast cancer trajectory, and a workshop was performed with six participants using The Sources of Meaning Card Method (SoMeCaM). Thematic analysis was applied, based on resumés and I-poems of the individual interviews and inspired by four existential life themes: Death, freedom, isolation, and meaninglessness. Findings: Six themes were consolidated: 1) Involvement versus shock, 2) Death anxiety, 3) Concealing the fear of death, 4) Escaping existential isolation, 5) Finding meaning in suffering, and 6) Authentic meetings. Adolescents were struck by the fear of losing their mother but urged to suppress the fear, which meant concealing rather than processing or regulating emotions. They lacked authentic meetings with friends and family, resulting in existential isolation. Adolescents preferred to be involved. Family conversations with health care professionals, information via social media, and a support group were requested. The SoMeCaM was found helpful in existential conversations among adolescents. Conclusion: Supporting adolescents in conversations about breast cancer may prevent distress. Developing interventions to meet their needs is recommended.

P05.3: SOFUS family therapy for children in palliative care: Development and feasibility evaluation

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OBJECTIVE: We developed SOFUS a new the family-centered therapy program to support families of children in palliative care both before and after the loss of their child and alleviate psychological suffering. We feasibility tested the SOFUS program including family and professional satisfaction, and development in psychological symptoms. METHODS: The SOFUS program targets the whole family including parents, the sick child and siblings and includes 6 pre-death (Program 1) and 6 post-death (Program 2) sessions per family needs. Three primary strategies are applied: i) communication between parents and children; ii) normalization of grief processes; iii) emotion regulation strategies. The program was feasibility tested at two pediatric palliative care departments in Denmark. Families responded to questionnaires on symptoms pre- and post-intervention, and at 6 and 12 months follow-up. Qualitative interviews regarding satisfaction and psychological mechanisms for change were conducted post intervention. RESULTS AND PERSPECTIVES: Between June 2021 and August 2023, 13 families were recruited. Baseline data was collected from 13 mothers, 12 fathers, 2 ill children and 21 siblings (ages 2-23 years). Preliminary results from the first four families show high satisfaction, a decrease in anxiety, and stable grief and depression symptoms. Families valued learning about normal reactions and finding a shared language on grief in the family. Post intervention results on all participants will be presented and will be important for future pediatric palliative care.

P05.4: Stick Together – Feasibility study of a digital dyadic intervention for younger women with breast cancer and their partners

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Few psychosocial interventions target younger women with breast cancer (BC) and their partners, despite their special circumstances. This ongoing study aims to test the acceptability and feasibility of a digital, interactive intervention to improve dyadic coping for younger women with BC and their partners and evaluate preliminary effects on dyadic coping and mental health. Over six months, we invited women newly diagnosed with BC, aged 25 to 49, and their partners at the Department of Breast Surgery, Gentofte Hospital. All couples received six months' access to twelve self-directed sessions containing videos of other couples, psychoeducation, and exercises on e.g., dyadic coping, children, and life after treatment. We track intervention use (frequency, duration, content accessed), assess dyadic coping, depression, anxiety, stress, and quality of life at baseline, mid- and post intervention, and conduct semi-structured interviews after participation. From February to July 2023, we included 22 couples, 18 completed the intervention course, and four withdrew citing limited time and energy. Preliminary feasibility results include a 47% consent rate among eligible couples, large variation in intervention use (mean per couple: 306 minutes, range: 46 - 688), and longer time to completion for some couples (up to 8 months). Complete data on intervention use and results on questionnaire outcomes will be presented. Based on the consent rate at a time of substantial strain, the intervention seems relevant to couples, yet there was large variation in intervention use and completion.

P05.5: Burden and support needs of family caregivers

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Objective: Cancer is not only a burden for the patient, but also affects their relatives. Family caregivers play a key role in providing support. This study is part of a cross-sectional mixed-methods study. It targets parents of adult children, partners and adult-child caregivers of cancer patients. The study aims to (1) identify similarities and differences in psychosocial burdens experienced by different types of family caregivers and (2) to identify their support needs regarding peer support programs.Methods: An online survey assessing distress and support needs of the three target groups was conducted. A total sample of N=332 caregivers were analyzed. The influence of socio-demographic and disease-specific factors on psychosocial burden and support needs was examined. Principal component analysis (PCA) of the self-developed list of burdens identified underlying cancer-specific factors. Results: Parents (n=45), partners (n=174) and adult-child (n=113) caregivers reported higher psychosocial burden than the general population. PCA revealed four factors of cancer-specific burden: 1) Overload 2) changes in own life 3) emotional distress 4) conflict experience. We found a high need for peer support in all three groups. Children were younger; their parents had more metastatic cancer or were deceased. They preferred peer support with the same age and topics around coping with death and dying. Conclusion: Caregivers want peers with similar experiences. Therefore understanding the nuances of different caregivers support needs is paramount in developing peer support programs.

S06: Implementation of return-to-work interventions for cancer survivors : strategies and insights from various settings

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Return to work (RTW) and job retention pose persistent challenges for cancer survivors, further complicated by the involvement of diverse stakeholders who may lack knowledge, skills, or resources to provide appropriate RTW support (e.g., healthcare professionals, managers, insurers). Although the need for RTW interventions is recognized, innovative strategies for their implementation within various settings (e.g., hospitals or workplaces) remain elusive. This symposium aims to take the next step by presenting international initiatives and challenges on the implementation of RTW interventions in real-world applications. Karine Bilodeau from Canada will first share her experience in implementing a novel RTW intervention within a primary care setting. She will discuss its feasibility, acceptability, and challenges encountered. Bertrand Porro from France will then present the protocol of a pilot randomized controlled intervention that centers on implementing a hospital RTW coordination program within a comprehensive cancer center, along with challenges associated with implementing such an intervention. Michiel Greidanus from the Netherland will thereafter provide insights from his pilot implementation of the employer-based MiLES intervention in a workplace setting. The symposium will conclude with a summary of essential strategies to improve the implementation of RTW interventions within various settings. This will be followed by a discussion on future research directions focusing on implementing innovative interventions to facilitate the sustainable RTW for cancer survivors.

P06.1: Hospital return-to-work coordination for breast cancer survivors receiving neoadjuvant chemotherapy and working in the private sector: protocol of a pilot randomized controlled study (COHRAT)

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Objective: The emergence of a hospital return-to-work coordination has proven beneficial in the context of other chronic diseases and is gradually gaining traction in oncology. In France, the role of a hospital return-to-work coordinator has not been explored and deserves particular attention. We aim to present the protocol of a pilot randomized controlled intervention focusing on the implementation of a hospital return-to-work coordination within a comprehensive cancer center in France. Methods: The proposed intervention is based on the REWORK-BC conceptual model and the transtheoretical model. At various stages in the return-to-work process, the patient will receive support from a hospital return-to-work coordinator. The support will also aim to coordinate all stakeholders internal (healthcare and supportive care professionals) and external (managers, occupational/general practitioner, etc.) to the cancer center. We propose a pilot randomized controlled study with a mixed longitudinal design according to the RE-AIM framework (Reach - Effectiveness - Adoption - Implementation - Maintenance). Results: We hypothesize that a hospital return-to-work coordination will be perceived as valuable and rewarding for patients, healthcare professionals, supportive care professionals, employers, and managers. Through this pilot study, we expect to identify areas for intervention improvement that will support the implementation of a multicenter randomized controlled trial. Conclusion implications: The challenges associated with implementing such an intervention will be discussed.

P06.2: Return-to-work in Breast Cancer Survivors: Challenges in Piloting an Innovative Intervention within Primary Care

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Objective: The presentation endeavours to share insights into the feasibility and acceptance of a nursing-led return-to-work (RTW) intervention conducted within a primary care setting. Additionally, it seeks to engage in a discussion regarding the challenges encountered throughout the implementation process. Methods: The intervention includes 3 online consultations with a nurse practitioner (NP) at 1, 4 and 6 months after the end of breast cancer (BC) treatments. A pairing with a patient-partner was also offered. The selection criteria include being 18 or older, speaking French, having a BC diagnosis, receiving chemotherapy and radiation therapy, and expressing a willingness to RTW within the next year. Individual interviews were performed to describe acceptability (e.g., burden, effectiveness) among participants and interventionists. Results: Testing a primary care RTW intervention proves challenging due to recruitment timing within the cancer care pathway and ongoing healthcare crises like the COVID pandemic and staff shortages. Nonetheless, we successfully recruited seven 7 women and trained 4 NPs and 2 patient partners for the interventions. Conclusion: Transitioning women from cancer centers to primary care for RTW support remains an innovative approach. Research on implementing RTW initiatives within the cancer care pathway and facilitating transitions to non-cancer healthcare services is crucial. The pilot provides valuable insights that will contribute to the design of a larger and more comprehensive study.

P06.3: Pilot implementation of MiLES: a web-based intervention targeted at managers with the aim of enhancing the successful return to work of employees with cancer

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Objectives/purpose: To identify barriers to and facilitators of implementing MiLES in a workplace setting, from a manager’s perspective. Methods: MiLES is a web-based intervention targeted at managers with the aim of enhancing the successful return to work (RTW) of employees with cancer. MiLES was implemented as a pilot in four organizations for six weeks. Sixteen managers were included, of which fourteen were interviewed regarding their perceived barriers to and facilitators of implementation of MiLES in their organization. Interviews were recorded, transcribed verbatim and analysed with content analysis. Results: Managers experienced implementation barriers and facilitators related to: (1) implementation responsibilities, (2) intervention content, and

(3) organizational characteristics. Management board approval, an organizational infrastructure with distinct described implementation responsibilities, accessible and user-friendly content, and several intangible (e.g., added value of MiLES within different organizations) and tangible (e.g., integration into absenteeism registration) organizational characteristics were perceived as facilitators. Barriers included lack of tailored content and absence of suitable workplace environment to use MiLES.   Conclusion: Implementation of MiLES in organizations may benefit from an infrastructure within the organization that defines responsibilities regarding intervention delivery to managers of employees with cancer. Such an infrastructure should be aligned to existing organizational structures.

P06.4: Evaluation of an education program for general practitioners in training on discussing work with cancer patients

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ObjectiveCancer patients often express a lack of support of healthcare providers regarding returning to or maintaining work. In the education of general practitioners (GPs) in the Netherlands, there is limited emphasis on addressing work-related issues with cancer patients. Therefore, the objective of this study was to evaluate a newly developed education program for GPs in training on discussing work with cancer patients.MethodsTwenty-one GPs in training participated in the education program. The program provided insights into the significance of discussing work with patients, potential challenges faced by cancer patients, and about advice they could give to support them in work. The participants evaluated the program in a questionnaire directly after participating and again four months later.ResultsSeventeen participants (81%) expressed that the education program was suitable for implementation into the education curriculum for GPs. Eleven participants (52%) indicated that they never discussed work with cancer patients before. Following the program, eighteen participants (86%) expressed intentions to discuss work more with patients in practice. Four months later, 67% indicated that they had either discussed or provided advice regarding work.Conclusion/implicationsThe newly developed education program improved the awareness of GPs in training regarding the importance of discussing work with cancer patients. Future studies should investigate whether patients also perceive increased support for work participation after their GP participated in the training program.

S07: Palliative care

P07.1: Dependence at the end of life: Contribution to psychological distress in patients with advanced cancer

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ObjectivesAdvanced cancer patients

may struggle with an increased dependence in their relationships and experience significant fear of loss and need for security. Although such unmet dependency needs may limit quality of life, their contribution to end-of-life adaptation is understudied. We investigate the association of patients' dependence on others with existential distress and mental disorders.MethodsN=482 patients with advanced cancer (mean age=62.3, 48% female) participated in a longitudinal cohort study. We assessed dependence, physical symptom burden, and existential distress (demoralization, death anxiety, dignity-related distress) via self-report questionnaires; mental disorders via structured clinical interviews. Binary logistic regression models controlled for age, gender, tumor localization, and symptom burden.ResultsOne in five patients (21%, 95%CI 17-25%) experienced high dependence. Most prevalent dependence concerns included the lack of permanence in relationships (66%, 95%CI 62-70%) and sense of loss of self when anticipating the loss of a close other (54%, 95%CI 49-58%). For patients with high dependence, odds of being diagnosed with existential distress or mental disorders were about twice as high (existential distress: OR=2.1, 95% CI 1.6 to 2.8; mental disorders: OR=1.8, 95%CI 1.4 to 2.4).Conclusion and implicationsHigh prevalence of dependence on others and its associated risk for severe psychological distress in this sample stress the need for psychosocial interventions, which target patients' individual relational needs at the end of life.

P07.2: Embracing Existential Connections: A Phenomenological Exploration of End-of-Life Psychotherapy

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This collaborative presentation from Masaryk Memorial Cancer Institute delves into end-of-life care, focusing on patients grappling with the inevitability of death. Our exploration navigates despair, existential distress, and demoralization, revealing the transformative journey within these profound challenges.Central to our work is the revelation of meaning amid seemingly insurmountable circumstances. Within the shared experiential frame, patients guide therapists with unfiltered insights, offering profound glimpses into their thoughts, emotions, and vulnerabilities. They show extraordinary courage and personal resilience facing death.Therapists enter this profound experience, they are moved to match the patient's courage, compelling them to confront their own vulnerabilities. The journey transcends superficiality, allowing for a pure existential contact. In this unfiltered exchange between mortals, a deep connection emerges, fostering profound meaning while facing the universally shared human condition - death. Our presentation provides nuanced understanding through case studies framed within theoretical constructs. We explore phenomenological aspects, mapping variables affecting both patients and therapists. Prioritizing the experiential, we elucidate the intricacies of end-of-life psychotherapy that elude quantification. By offering a richer comprehension of human experience in the face of mortality, we highlight the profound meaning that arises through these authentic connections. Insights may shape tailored interventions for patients facing inevitable death.

P07.3: Living longer with incurable cancer: ‘it’s amazing that I’m alive, it’s also amazingly difficult’

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- ObjectiveAdvancements in therapies have extended the lives of people with incurable cancer. Appreciation for an extended lifespan exists, yet living with incurable cancer entails numerous difficulties. This study aims to understand and explore the experiences and needs of people living longer than 1 year with incurable cancer.•

MethodsAn explorative study with in-depth interviews was conducted with 25 people who lived for more than a year with incurable cancer. Interviews were thematically analyzed using a phenomenological inspired approach. • ResultsParticipants described a loss of everything they knew. Three main losses were: loss of their uninhibited life, future prospects, and trust in their bodies. They found it difficult to adapt and interact with their surroundings, which resulted in feelings of loneliness and misunderstanding. Participants balanced between having an insecure prognosis and rearranging their lives. Daily adjustment to this uncertain situation requires an enormous amount of scarce energy. Participants expressed the importance of 'present moment awareness' and positive thinking in coping with an unpredictable life. They reported that their need for psychosocial support often remained unnoticed.•

Conclusion implicationsPeople living with incurable cancer face profound losses and deal with the impact of an unpredictable illness on their well-being. They yearn for recognition and acknowledgment of their situation. Their specific needs for psychosocial support receive too little attention in current healthcare systems.

P07.4: Combined Early Palliative Care in Patients with Non-Small-Cell Lung Cancer: a multi-centric randomised controlled trial in Southwest China

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Purpose: We assessed the effect of the early integration of interdisciplinary palliative care for patients with non-small-cell lung cancer (NSCLC) on the quality of life (QoL), psychological state, cancer pain and nutritional status. Methods: 332 newly diagnosed NSCLC patients were enrolled and randomly assigned (1:1) to the combined early palliative care (CEPC) group or standard oncological care (SC) group. QoL and psychological state were assessed at baseline and at 24 weeks by FACT-L scale, HADS and PHQ-9, respectively. Cancer nutritional and pain status were assessed with the use of the PG-SGA and NRS, respectively. The primary end point was overall survival (OS). The second end point was the change in the quality of life, psychological state, pain and nutritional status at 24 weeks. Analysis was by intention to treat.Results: 332 patients were enrolled: 166 in CEPC group (120 completed) and 166 in the SC group(97 completed). CEPC group had a better QoL than SC group ($P < 0.05$). In addition, fewer patients in the CEPC group than in the SC group had depressive ($P < 0.05$) symptoms. Furthermore, patients in CEPC group had a better nutritional status and pain than SC group ($P < 0.05$). Patients in the CEPC group had significantly longer survival than those in the SC group (median OS, 24.6 vs. 20.4 months; P=0.042)(HR, 0.19; 95% CI, 0.04 to 0.85; P=0.029).Conclusion: Among patients with NSCLC, early palliative care led to significant improvements in longer survival, quality of life, psychological state, pain and nutritional status.

P07.5: **The prevalence of existential distress in patients with advanced cancer**

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Objectives: In advanced cancer, the fear of death and dying may lead to clinically significant existential distress that can impair quality of life. We determined the prevalence of existential distress as defined by demoralization, death anxiety, and dignity-related distress, and its co-occurrence with mental disorders in advanced cancer. Methods: We recruited patients with UICC stage IV solid tumors from in- and outpatient oncology and palliative care settings. We administered structured clinical interviews and self-report questionnaires.Results: We assessed 673 participants (55% participation rate, 47% female, 27% lung, 14% prostate, 11% breast cancer). The overall prevalence of existential distress was 51.9% (95% CI, 47.4-56.3). The prevalence of existential distress subtypes was: demoralization, 15.2% (95% CI, 12.5-18.2), death anxiety, 27.3% (95% CI, 23.4-31.6), dignity-related distress, 39.1% (95% CI, 34.7-43.7). Among the most frequent existential distress symptoms were fear of one's own and close others' suffering due to death and dying and sense of entrapment. Of patients with existential distress, 45.6% were diagnosed with a comorbid mental disorder. Of patients diagnosed with a mental disorder, 80.9% reported existential distress.Conclusion: Existential distress is a common, clinically significant problem in patients with advanced cancer. Clinicians need to recognize and address existential distress to improve quality of life. Its frequent co-occurrence with a mental disorder diagnosis requires specialized psychotherapeutic and psychiatric treatment.

P07.6: **DEPRESSION AND DESIRE FOR HASTENED DEATH (DHD) IN PATIENTS WITH CANCERS AT THE UNIVERSITY COLLEGE HOSPITAL (UCH) IBADAN**

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Objective: To determine the prevalence of depression and DHD in patients with cancers in need of palliative services at UCH Ibadan and to identify factors and themes associated with DHD.Methods: Using a sequential mixed-method approach, we conducted a cross sectional study of 106 participants· Depression was assessed with Center for Epidemiological Studies-Depression (CES-D) and DHD with Schedule of Attitude towards Hastened Death (SAHD). In-depth interviews were conducted for purposively selected participants based on SAHD scores. Results: 63·2% participants were depressed with a CES-D score of >15 and 12·3% participants had high DHD based on a SAHD score of ≥10. We found a weakly positive correlation between depression scores and the SAHD scores, Pearson's r (106) = .27, p < .01. Depression (β = 0.07, p = 0.013), Income (β = 1.21, p = 0.010) and Religiosity (β = 1.28, p = 0.010) were significant predictors of DHD. Subjective themes associated with DHD were hospital related stress, treatment failure and physical pain in those reporting high DHD while improved physical functioning, positive self-image, ability to finance treatment and a good patient-doctor relationship were themes associated with lower DHD. Coping strategies and causal attributions varied remarkably among participants.Conclusion: Depression

and DHD are common in patients with cancers in need of palliative services. Sociodemographic and clinical factors significantly associated with DHD were income, religiosity, and depression· Psycho-oncology services should be important complements in cancer treatment.

S08: E-Health

P08.1: Evaluating a Web-based Mindfulness and Skills Training for Oncological Patients – The Reduct Trial

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Background: Cancer-affected patients experience high distress due to various burdens. E-mental health interventions have the potential to complement face-to-face psycho-oncological care. The e-mental health intervention Make It Training is aimed at equipping cancer patients with skills to manage cancer-related challenges. Methods: The development of the Make It Training was informed by a process of establishing cancer-affected patients' needs, prototype testing, and patient involvement. It consists of 16 interactive modules that are based on traditional and third wave CBT skills. The Training is currently evaluated in the Reduct Trial, a multicenter randomized controlled trial with two parallel arms (Make it vs treatment-as-usual-optimized) and four measurement points (baseline, post-treatment and two follow ups). Semi-structured interviews with patients who have already completed the Make it Training have provided first insights regarding usability and perceived benefits of the intervention. Impact on clinical practice: The results of qualitative interviews are promising: The Make It Training is perceived as a 'daily companion' that helps reduce cancer-related distress. It has the potential to provide low-threshold psycho-oncological support. Discussion: The Make it Training has the potential to help patients deal with cancer-related challenges and improve their well-being. The results of the Reduct Trial will provide further insights regarding the effectiveness of the training.

P08.2: An online support program for breast cancer (BC) and head and neck cancer (HNC) patients undergoing radiotherapy (OPUS) – Preliminary results

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Objective: Online support programs have been shown to be effective in reducing symptom distress [3] and unmet support needs [1]. Although implementation in the clinical daily routine is feasible [2], there is still a lack of data [4] and a need to improve acceptance rates [2]. The aim of this study is to test an entity-specific, patient-oriented support program regarding its feasibility and acceptance.Methods: As an additional support at the beginning of RTx, OPUS is implemented to provide knowledge, support and counseling for BC and HNC patients in the early phase of the disease. The recruitment period was from 10/2022 to 12/2023 at the National Center for Tumor Diseases in Dresden. The setting was outpatient and inpatient. Feasibility and acceptability were determined by means of a final interview as well as adherence and completion rates. Results: N=286 patients were recruited, n=218 were non-participants (66% BC; 34% HNC; M=64.46, SD=12.36), mostly due to not being interested (42%), technical barriers (17%) or no perceived need (13%). N=67 participated in the study (82% BC, 18% HNC; M=52.75, SD=11.28). Accordingly, the acceptance rate is 23,5% (OPaCT: 25% [2]). The current adherence rate is approximately 85% (OPaCT: 80% [2]). Preliminary analysis support overall feasibility for clinical practice. A preliminary analysis of further secondary outcomes describing psychosocial aspects is in process. Conclusion/implications: Acceptance and feasibility of OPUS are comparable to other online programs. Limitations remain and need to be considered for long-term implementation.

P08.3: Designing digital health tools for helping cancer patients manage symptoms at home and optimize quality of life

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Objectives/purposePatient Reported Outcome Measures (PROMs) are patients' reports of their symptom experience, quality of life and functionality. These measures can be resource intensive and prone to retrospective biases. Therefore, collecting information from patients routinely can allow for ecologically momentary interventions to be delivered using digital means.MethodsWe present digital tools developed to collect PROMs from patients with cancer using Ecological Momentary Assessment (EMA) of pain and fatigue using a mobile application (Momentous) and ecologically momentary interventions where patients receive tailored exercises using virtual reality modalities (PRICE). Working closely with 51 cancer patients, medical and paramedical personnel, we co-designed an intelligent personalized mobile application to first collect EMA data on symptoms like pain and fatigue and Health-Related Quality of Life and subsequently enhance symptom management of cancer patients at home.ResultsThe interventions demonstrate high utility, acceptability and usability. We also outline the screening process and quantitative analysis we run to identify virtual environments patients would like to receive as a Virtual Reality intervention in the PRICE project and the evidence from focus groups indicating that both tools are acceptable and can support care of cancer patients.Conclusion implicationsMethods to collect data like EMA can overcome biases and barriers in PROM assessment whilst EMI can offer an easy and possibly cost-effective intervention until patients re-visit the clinic.

P08.4: https://prosoma.slack.com/archives/C06KVHU8BQD/p1709850690746729

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Breast cancer has a substantial impact on the mental state of patients. Cognitive behavioural therapy (CBT) is one effective approach to reducing disease-related distress, anxiety and mood deterioration. This randomized controlled pilot trial aimed to assess the effect of the digital CBT-based application Living Well on psychological outcomes in a German female breast cancer population.Female breast cancer patients (n=70) with ongoing or finished oncological treatment were included in the study and randomized into an intervention group (IG, n=32) receiving Living Well in addition to care as usual, and a control group (CG, n=38) receiving care as usual only. Participants completed standardized questionnaires at baseline and after 2, 4, 8, and 12 weeks to assess anxiety and depression (HADS) and distress (Distress Thermometer) as primary outcomes, health-related quality of life (HRQoL, AQoL-8D), and illness perception (B-IPQ) as secondary outcomes.After 12 weeks, significant higher improvements in the IG could be observed in anxiety levels (p=0.014; d=0.614), HRQoL (p=0.015; d=0.600), and illness perception (p=0.026; d=0.553), when compared to the CG. Age and time since diagnosis were found to be relevant covariates for anxiety levels. In distress levels, the IG showed a clinically relevant and nearly significant reduction compared to the CG (p=0.057; d=0.456). The results demonstrate the potential of Living Well to improve the psychological outcomes of female breast cancer patients and encourage further studies evaluating the effectiveness of the digital application.

P08.5: A qualitative exploration of factors that influence engagement with a digital mental health platform for women with metastatic breast cancer: Finding My Way – Advanced

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Objective: While digital mental health interventions may improve access to timely support for women with metastatic breast cancer (MBC), scant research exists on (a) how metastatic survivors engage with these programs, and (b) what factors impact usage. This study therefore sought to address these gaps by qualitatively exploring barriers and facilitators to engaging with Finding My Way-Advanced (FMW-A), an online psychosocial program for women with MBC.Methods: Women with MBC, who received either a 6-week intervention or online control as part of a larger RCT, participated in semi-structured interviews. Recruitment ceased upon theme saturation, and transcripts were coded using framework analysis.Results: 20 women participated (n=13 intervention; n=7 control). Intervention engagement was high, ranging from all six modules completed (n=3); to five (n=5), four (n=1), and two modules (n=4). Key facilitators were satisfaction with the program's content, quality, convenience of use, ability to self-pace, ease of navigation, and deriving personal benefits/impact. Common barriers were difficulties with access – particularly technical-related barriers, and time-toxicity - from health-related barriers, competing demands, and poor intervention-timing relative to time since diagnosis.Conclusion and clinical implications: This study adds to the body of research on digital health engagement by offering new and unique insights in the metastatic setting, and provides key targets for program improvement that can be generalised across metastatic populations.

P08.6: Leveraging technology to improve psychosocial outcomes of caregivers of people living with cancer in Vietnam

Olinda Santin[1],
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Objectives: To evaluate a co-designed digital resource on the health literacy, depression, and quality of life of caregivers supporting a cancer patient in Vietnam.Methods: A pre-post quantitative evaluation with adult cancer caregivers across regional Oncology hospitals in Vietnam. Participants completed baseline and follow up measures of health literacy (HLS-SF12) depression (PHQ-9) and Health-related Quality of Life (5Q-5D-5L). Results: 234 caregivers completed pre and post-tests. Most participants were female (n=143, 61%) and aged 18-44 (n=155, 66%). All health literacy scores of participants in post-intervention were significantly higher than that in pre-intervention across all domain's healthcare, disease prevention, and health promotion as well as the total score ($p<0.001$). A significant reduction in the proportion of caregivers reporting PHQ-9 moderately severe/severe depression post intervention was demonstrated (10.2% vs 6.1%, respectively ($p<=0.001$). No significant differences were observed pre and pre- and post-intervention across four 5Q-5D-5L health dimensions: mobility, self-care, usual activities, and pain/discomfort. Regression analysis demonstrated greater improvements in measures over time for those who provided care for less than 6 months. Conclusion implications: Co-designed digital resources can reduce health literacy inequities and improve psychological outcomes for cancer caregivers.

S09: POCON KICK OFF

S10: Managing Cancer and Living Meaningfully (CALM)- extending the boundaries.

Froukje de Vries[1]
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Managing Cancer and Living Meaningfully is an evidence based, brief psychotherapy tailored to the needs of patients with advanced cancer and their caregivers. It has been shown in randomized controlled trials to reduce distress, to help patients clarify their goals and values, and to communicate better with family and health care providers. Through the Global CALM initiative, teams in more than 15 countries have been supported in developing local CALM programs. In this symposium we will present the latest developments in CALM and its extension to new indications and modes of delivery. CALM developer Gary Rodin will present on the scope of the Global CALM program and its applications in diverse regions of the world. Clinician researcher CALM therapist Carmine Malfitano will present on outcomes with a version of CALM modified for acute traumatic states, including at the time of diagnosis or recurrence of life-threatening or advanced cancer. Psychologist and CALM therapist Marianne Kool, will present on the experience with CALM in patients with advanced melanoma or lung cancer who continue to live as a result of successful immunotherapy or targeted therapy. Neuropsychologist and CALM therapist Ashlee Loughan will present data demonstrating the feasibility and benefit of CALM for patients with brain tumors, even when cognitive impairment is present. CALM developer Sarah Hales will present data on the challenges and possibilities to of delivering CALM via a guided digital platform called "i-CALM", with asynchronous communication with clinically trained e-coaches.

P10.1: Managing Cancer and Living Meaningfully (CALM): Experiences of the patients with advanced cancer with a longer life expectancy

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Objectives Managing Cancer and Living Meaningfully (CALM) is a brief, evidence-based psychotherapy tailored to patients with advanced cancer who have a limited life expectancy. With immunotherapy or targeted therapy, stabilization or remission can now be achieved in patients with advanced melanoma and lung carcinoma. The aim of this study was to assess the applicability of CALM to these patients with a longer prognosis and to evaluate their subjective experience with CALM. Methods Twenty-two patients with stage IV melanoma or lung carcinoma who responded to immunotherapy or targeted therapy participated in an implementation study of CALM therapy at the Netherlands Cancer Institute. Twelve months after starting CALM they were invited to participate in a semi-structured interview. Seventeen patients were interviewed and the transcripts were analyzed using thematic analysis. Results Preliminary findings show that CALM was well received and helped participants in 1) articulating their feelings and thoughts about their treatment trajectory, which was experienced as a “roller coaster”, 2) gaining insight into their own behavior and that of others, 3) finding a new balance between independence and proximity in the relationship with their loved ones and others, and 4) gaining perspective on life while living with uncertainty. Conclusion and clinical implications The study suggests that CALM may be beneficial for patients with a longer life expectancy due to treatment response. Patients experience CALM as a valuable addition to their cancer treatment.

P10.2: Including Patients with Brain Tumors in Psychological Interventions: Two Phase II Single-Arm Investigations of Managing Cancer and Living Meaningfully

Ashlee Loughan[1], Autumn Lanoye[1],
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OBJECTIVE: Patients with brain cancer demonstrate substantial distress yet are frequently excluded from psychological research. CALM is an expressive-supportive psychotherapy designed to address the challenges faced by patients with advanced cancer and is proven to reduce depression and death anxiety; however, patients with brain cancer, both primary (PBT) and secondary (bMET), have not been formally examined for CALM’s appropriateness or effectiveness. METHODS: In two Phase II single-arm trials, 27 adult patients with brain cancer (PBT n=12, bMET n=15) enrolled in the CALM intervention. Data collection included feasibility and acceptability metrics, intervention satisfaction, and changes in distress (pre-to-post CALM). RESULTS: Of 28 patients eligible, 27 enrolled and 23 initiated the trials (74% female; 87% White; Mage=57yrs). Trial retention was 78%.

Reasons for withdrawal include disinterest in topics (n=1) and cancer-related illness (n=4). Perceived benefit was high (4.4/5), and all reported recommendation to others. Reductions were evident in both depression severity (PBT Mphq=-3.23, bMET=-4.00) and death anxiety severity (PBT Mdadds=-13.22, bMET=-9.66). CONCLUSIONS: Preliminary data suggests that CALM is feasible and acceptable among adult patients with brain cancer. Enrollment and retention rates were adequate. Patients reported high benefit and recommendation to others. Overall, depression and death anxiety severity improved, suggesting CALM may be a promising intervention for neuro-oncology patients as they navigate the challenges of brain cancer.

P10.3: An online adaptation of Managing Cancer and Living Meaningfully (iCALM): Development and preliminary feasibility and acceptability testing

Sarah Hales[1], Laurice Karkaby[1], Alanna Chu[1], Carmine Malfitano[1], Anne Rydall[1], Natalie Bauereiß[2], Gary Rodin[1], Rinat Nissim[1], [1]*Princess Margaret Cancer Centre, Toronto, Canada*, [2]*Ulm University, Ulm, Germany*

Objectives: Managing Cancer and Living Meaningfully (CALM) is a psychotherapy shown to reduce depression and support end-of-life preparation in patients with advanced cancer. To address barriers to access, an online version was developed (iCALM) and a phase II randomized controlled trial (RCT) is underway to test its feasibility and acceptability. Methods: CALM content was adapted into psychoeducation material and reflective exercises, and subsequently revised in consultation with clinician and patient advisory boards. A phase II RCT aims to recruit 50 patients with metastatic cancer treated at the Princess Margaret Cancer Centre and randomize (25 per arm) to iCALM or usual care. Questionnaires assess iCALM satisfaction, depression, death-anxiety, quality of life. Qualitative interviews explore experience with iCALM. Results: 43 patients have been enrolled and 39 patients were randomized to either iCALM (n=19) or usual care (n=20). 21 patients have withdrawn due to death (n=6), declining health (n=5), not finding the intervention helpful (n=4), finding questionnaires distressing (n=3), or too busy/loss to follow up (n=3). Preliminary analysis of interviews has highlighted that iCALM is perceived by some as a helpful guide to living with advanced disease, that some appreciate the anonymity of the format, and that others find some content challenging. Conclusion: Preliminary results suggest iCALM may be suitable for those who prefer to engage with content in a private format but that some may need more support to tolerate reflection on material related to mortality.

P10.4: An adaptation of Managing Cancer and Living Meaningfully (CALM) to address posttraumatic states following the diagnosis or recurrence of life-threatening or advanced cancers: A thematic synthesis of qualitative studies

Carmine Malfitano[1], Lindsay Jibb[2], Sarah Alexander[2], Stephanie Nanos[2], Camilla Zimmermann[1], Anne Rydall[1], Kate Hunt[1], Laura Foran[1], Argin Malakian[1], Gary Rodin[1], [1]*Princess Margaret Cancer Centre, University Health Network, Toronto, Canada*, [2]*The Hospital for Sick Children, Toronto, Canada*

Purpose: The diagnosis or recurrence of advanced cancer are traumatic events for patients and families that commonly trigger clinically significant states of posttraumatic stress. Managing Cancer and Living Meaningfully (CALM) is a brief psychotherapeutic intervention with demonstrated effectiveness in this population but its early implementation and effectiveness in reducing traumatic stress symptoms have not been explored. Based on findings from longitudinal studies of distress in individuals with advanced cancer and acute leukemia (AL), we developed an adaptation of CALM (Trauma-Focused CALM or CALM-TF) designed to address the early impact of advanced cancer. The feasibility, acceptability, and preliminary effectiveness of CALM-TF were demonstrated in two multicentre, mixed-methods, phase II randomized controlled trials (RCT) with patients with newly diagnosed AL and parents of children with AL. Methods: We performed a preliminary thematic synthesis of qualitative results from these RCTs. Results: Findings provide insight into the common experience of cancer-induced trauma and the benefits of CALM-TF. Patients and family caregivers report oscillating states of numbness and overwhelming anxiety. They describe CALM-TF as providing a safe space to process traumatic events, plan for practical challenges, and process difficult emotions. Conclusions: Preliminary results emphasize the potential value of CALM-TF in alleviating traumatic stress symptoms following the diagnosis or recurrence of advanced disease. These findings are now being evaluated in two large phase 3 RCTs

S11: Bridging Gaps in Care for Older Adults with Cancer and their Caregivers: Psychological Characteristics, Communication Strategies, and Interventions

Gil Goldzweig[1]
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Older cancer patients and their caregivers face many challenges. We will discuss research demonstrating the complex dynamics between perceived social support, communication, and wellbeing in this population. We will also highlight communication strategies tailored for working with older adults and describe a psychotherapy intervention which enhances coping and resilience. We will present 4 projects: 1. Data on interrelationships between patients' (85+) and spousal caregivers' hope, social support, and depression, highlighting unexpected negative association between patients' and spouses' depression, indicating compensatory emotional processes among caregivers; 2. Negative implications of feelings of isolation that can discourage older adults from cancer screening vs. perceived availability of caregiver support that promotes positive health attitudes; 3. Examination of the efficacy of a communication skills intervention for older adults and recommendations that emphasize the need to recognize individual variability and the essential role of caregivers; 4. Preliminary findings from a RCT testing a novel psychotherapy that integrates coping and aging theories focusing on older cancer patients' specific concerns. Pilot data show promise in ways to increase resilience. Collectively, these presentations highlight the value of research centered on the understudied experiences of older individuals with cancer. As demographics continue shifting, insights into age-related influences on patient and caregiver psychological health will become increasingly pertinent.

P11.1: Can two walk together, except they be agreed? (AMOS 3:3). Actor Partner Interdependence Model of Hope, social support and depression among older patients diagnosed with cancer and their spousal caregivers.

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Jerusalem, Israel, [5]*Oncology Institute, Assuta Medical Center, Tel Aviv, Israel*

Objectives: The intricate dynamics between hope, perceived social support, and depression within dyads of elderly cancer patients and their spousal caregivers remain largely unexplored. Methods: 70 dyads, comprising patients with active cancer age>= 85 and their healthy caregiving partners, fulfilled self-administered measures of hope, social support and depression. Results: Actor Partner Interdependence Model (APIM) revealed a significant inverse correlation between patients' hope levels and their depression severity (Beta = -0.74, p < 0.001), with no noticeable impact from perceived spousal support on their depressive states. Conversely, caregivers exhibited no link between their hope levels and depression, yet those perceiving higher support from their patient partners reported significantly less depression (Beta=-0.28, p<0.027). A noteworthy finding is the negative association between patient and caregiver depression (Beta = -0.30, p<0.017), suggesting a potential compensatory emotional dynamic within the caregiving relationship.   Conclusion: There are distinct psychological needs operative in older adult cancer care dyads. Our findings advocate for a tailored approach in interventions, suggesting that enhancing hope and internal resilience is more beneficial for patients, whereas bolstering social support networks is more advantageous for caregivers. These findings underscore the necessity for dyad-focused strategies in psycho-oncology, aiming to holistically address the complex psychological challenges faced by older cancer patients and their caregivers.

P11.2: Perception of support received by caregivers in older people with cancer during their journey and subsequent self-care

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-Objectives/purpose: Older people with cancer may feel alone or unmotivated in their illness journey, and afterward, when a healthy lifestyle is necessary. A satisfactory perception of support can influence this. -Methods:105 old people (□=74, SD=6.3) who had cancer and attended a related to illness training, filled a survey on perceived support during their journey and changes in attitudes and lifestyles once treatment is finished. -Results: Gender distribution was 51% men, 49% women, most had breast and prostate cancers. 34% have financial problems,30% live alone. Most (61%) are highly satisfied with family support during cancer journey, related with lower depression (p<0.003) and anxiety (p<0.001) levels, not related to age (p=0.372), gender (p=0.74) or living alone (p=0.270). Those most satisfied with family support considered that it was crucial in changes in lifestyles after cancer: are more optimistic towards cancer recurrence prevention (p<0.009), believe that after cancer you have to quit smoking (p<0.0005). 55% want to maintain their weight to avoid risk of relapse, and it's related to great perception of support from the family to have a healthy diet (p<0.017). Positive thinking as a crucial factor in overcoming illness is related to good perception of support (p<0.012). -Conclusion and clinical implications: Perception of support from family is crucial in the elderly coping with cancer, to improve psychological wellbeing and to promote self-care and changes in lifestyles. Family members may need support in their multiple roles as caregivers of elderly people.

P11.3: Communication with Older Adults with Cancer and their Caregivers: Skill Uptake

Patricia Parker[1], Smita Banerjee[1], Faith Fasakin[1], Beatriz Korc-Grodzicki[1],
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Objective: Given the large and growing numbers of older adults with cancer, many of whom have cognitive issues, and the few educational opportunities in geriatric oncology, it is essential to offer additional training to increase clinicians' knowledge and skills in working with older adults with cancer and their caregivers. The goal of this work was to examine communication skills uptake among clinicians after attending a training designed to improve care and communication when working with older adults with cancer and their caregivers. Methods: 216 interdisciplinary clinicians participated in a 2-day geriatric oncology training which included three communication skills modules: Geriatric Oncology 101, Cognitive Syndromes and Shared Decision-Making. Before and after the training, they completed simulated interactions with standardized patient and caregiver actors in clinically relevant scenarios. These simulated interactions were video-recorded and blind coded for both general and geriatric-specific communication skills. Results: Participants demonstrated a significant increase in communication skill use from pre- to post-training in general communication skills [(Pre-Training Mean=6.4, SD=2.1; Post-Training Mean 8.2, SD=2.6) and geriatric-specific skills (Pre-Training Mean=7.7, SD=1.7; Post-Training Mean 8.6, SD=1.7). Conclusion and Implications: This training was successful in improving the communication skills of interdisciplinary clinicians so that they are aware of and can best respond to the unique needs of older adults with cancer and their families.

P11.4: Cancer and Aging: Reflections for Elders (CARE): A Psychotherapy Intervention for Older Adults with Cancer

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Objective: Few psychotherapies have specifically addressed the combined issues of aging and cancer. Cancer and Aging: Reflections for Elders (CARE), is a novel, telephone-delivered intervention designed to alleviate distress in older cancer patients. CARE was develop based on developmental concepts of aging, Folkman's meaning-based coping model, and qualitative work with older cancer patients. This presentation will review the psychotherapy, discuss the pilot data, and present preliminary results from a larger RCT. Method: Eligible patients were ≥70 years old, ≥six months post-diagnosis of lung, prostate, breast, lymphoma, or gynecological cancer, on active cancer treatment or within six months of ending cancer treatment, and had elevated distress. Participants completed five sessions of psychotherapy over seven weeks with assessments at study entry, post-intervention, and 4 months post-intervention. Primary outcomes were anxiety and depression; secondary outcomes included demoralization, coping, loneliness, and spiritual well-being. Results: The current RCT has randomized 200 subjects to either the CARE arm (n=100) or the supportive care control arm (SC; n=100). Preliminary analyses will be presented, as well as results from our pilot study (n=59) where participants in the CARE arm demonstrated lower mean scores in depression (d=0.58, p=0.01), anxiety (d=0.41, p=0.10) and increased meaning (d=0.48, p=0.04) Conclusion: The CARE intervention is a novel intervention designed to specifically address the unique development and psychological aspect in older cancer patients.

S12: Exploring the intersection of food insecurity, malnutrition, and cancer care: Insights and interventions for equity in oncology

Melissa Henry[1]
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WHO Sustainable Development Goals of the 2030 Agenda aim to eradicate both hunger and food insecurity, along with all forms of malnutrition. Globally, primary causes of food insecurity and malnutrition include conflict, climate-related extremes, economic downturns, and widening inequality, often intertwining to worsen the situation. These issues have significant implications for oncology outcomes. This symposium will focus on the intersection of food insecurity and malnutrition with cancer care as part of a larger context of equity. Dr. Gany will present findings from a RCT investigating interventions to address food insecurity and improve cancer outcomes, exploring the research, service, and policy imperatives. Dr. Jutagir will discuss the inclusion of food insecurity within the Integrated Cancer Care Access Network-ImmunoOncology (ICCAN-IO) program, designed to address essential needs and other barriers to accessing immunotherapy, particularly for marginalized groups. Additionally, Ms Deamond will share insights from a prospective longitudinal study involving 150 individuals newly diagnosed with cancer, where food insecurity emerged as a predictor of gut microbiome composition measured using 16S sequencing, and its relationship with distress and pain trajectories. Lastly, Dr. Henry will present the results of a PRISMA-ScR scoping review examining patient-reported outcome measures of equity and how they could be adaptated to oncology and palliative care.

P12.1: Scoping review of equity tools for oncology and palliative care

Melissa Henry[1], Malick Turenne[1], Haley Deamond[1], Cyril Devault-Tousignant[1], Laurence Ducharme[1],
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Objective/Purpose: Health inequities are known to influence cancer outcomes. Screening tools are recommended to identify people receiving inequitable care and orient approaches to reduce health disparities. The goal of this study was to identify existing patient-reported outcome measures (PROMs) of equity developed for use in healthcare settings, in both the scientific (SL) and grey (GL) literature, and evaluate their applicability and/or their need for adaptation to the oncology and palliative care context. Methods: A scoping review was conducted following PRISMA-ScR guidelines and including both the SL and GL. Databases used for the SL were PsycINFO, Medline, and CINAHL. The Consensus Based Standards for the Selection of Health Measurement Instruments (COSMIN) checklist was used to evaluate methodological qualities of studies. The GL included GL databases, conference proceedings, government reports, theses, bibliographies, and guidelines. Results: The search strategy for the SL yielded 4388 results, of which 29 were selected from the full-text review. Using the COSMIN Checklist, total scores average was 3.1 (range: 2-3.95), reflecting adequate properties. The GL identified 14 screening tools. Conclusion and clinical implications: The results reveal key PROMs to be considered to measure equity in oncology and palliative care. We will discuss the limitations of these tools and how they could be adapted by including items relevant to our field (e.g., living alone, access to a GP, a nurse navigator, a caregiver). We are in the process of conducting such an adaptation.

P12.2: Development of an intervention to address disparities in access to breast cancer immunotherapy: Integrated Cancer Care Access Network for Breast Cancer Immuno-Oncology (ICCAN-IO)

Devika Jutagir[1], Adriana Espinosa[2], Leslie Hoyos[1], Samantha Cajamarca[1], Yulianny De Los Santos[1], Rachel Wolchok[1], Bert Petersen[3], Tiffany Traina[1], Jaime Gilliland[1], Francesca Gany[1],
[1]*Memorial Sloan Kettering Cancer Center, New York, United States*, [2]*The City College of New York, New York, United States*, [3]*SBH Health System, Bronx, United States*

Background/rationale: Triple-negative breast cancer (TNBC) is aggressive and incidence is 3 times higher in Black and 22% higher in Hispanic women than non-Hispanic White (NHW) women in the USA. Black and Hispanic women are diagnosed with more advanced TNBC. Immune checkpoint inhibitors extend event-free survival, but Black and Hispanic patients may be less likely to receive them than NHW women, which may widen disparities. Integrated Cancer Care Access Network for Breast Cancer Immuno-Oncology (ICCAN-IO) was designed to increase immunotherapy access. Methodology: ICCAN-IO was adapted from ICCAN, an access facilitation-navigation-case management intervention to refer immigrant, minority, and low-socioeconomic status New York cancer patients to health, social, and financial services. TNBC patients (N=50) and 74 medical oncologists, surgeons, oncology nurses, pathologists, pharmacists, and advocates completed in-depth interviews based on the Consolidated Framework for Implementation Research (CFIR) about immunotherapy access barriers/facilitators. Rapid qualitative analysis informed ICCAN-IO development. Impact on clinical practice: Adaptations included: information about immunotherapy and biomarker testing; coaching to ask questions about immunotherapy, report side effects, and build a support team; immunotherapy financial assistance; and TNBC-specific psychosocial support referrals. Discussion: Future directions include implementation in New York cancer clinics and expansion for patients receiving immunotherapy for other cancers.

P12.3: Exploring the Interplay of Food Insecurity, Gut Microbiome, and Cancer Disparities: Findings from a Prospective Longitudinal Study

Haley Deamond[1], Melissa Henry[2],
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Objective: Food insecurity affects 17.8% of Canadian households, influencing the gut microbiome and perpetuating cancer-related health disparities. Recent studies show associations between food insecurity and cancer outcomes, emphasizing its role as a critical social determinant of health (SDoH). Studies demonstrate an association between individuals' diet and microbiome composition; more nutritious diets correspond to distinct microbial profiles. Food-insecure individuals exhibit a stronger gut microbiome-diet relationship, suggesting a greater role for specific species in these populations. Methods: Prospective longitudinal study of 150 people diagnosed with cancer. Assessed biological, psychological, and social wellbeing using a battery of questionnaires and medical chart reviews. Investigated food insecurity as a predictor of gut-microbiome composition measured using 16S sequencing, and how composition impacts distress and pain. Results: Food insecurity is associated with pain scores, microbial diversity, and quality of life. Key bacterial species identified for targeted studies to mitigate disparities by modifying the gut microbiome. Conclusion Implications: Given the role of the microbiome in modulating inflammation, immune response, mental health and treatment efficacy, understanding how food insecurity impacts the microbiome in the context of cancer provides insight for mitigating disparities in cancer care. Underscoring the imperative to study the gut microbiome within the context of food insecurity and cancer, addressing biological and SDoH in cancer disparities.

P12.4: Food Insecurity Interventions: Research, Service, and Policy Imperatives

Francesca Gany[1], Bharat Narang[1], Claudia Ayash[1], Jennifer Leng[1], Victoria Blinder[1],
[1]*Memorial Sloan Kettering Cancer Center, New York, United States*

Objective/Purpose: Food insecurity,a persistent problem among vulnerable patients with cancer, has been exacerbated by surging food inflation. U.S. food insecurity prevalence is 10.5%; it is higher in Hispanic (16.2%) and Black (19.8%) households. NYC underserved cancer patients have food insecurity rates as high as 70%. Food insecurity in cancer is linked with reduced quality of life (QoL), and higher symptom burden, financial toxicity, and depression rates. There is a dose-response relationship between food security status and cost-related medication underuse, and delayed/forgone care. Methods: A network of 14 NYC medically-tailored, culturally-responsive choice food pantries, with weekly access and nutrition/dietary education, was co-located in cancer clinics. 445,812 meal-equivalents have been provided. A pilot RCT compared 3 medically tailored food insecurity interventions: cancer clinic-based pantry (“pantry”); pantry + monthly food voucher (“voucher”); and pantry + weekly grocery delivery (“delivery”). Results: Among the 117 enrolled food insecure patients with cancer (any type/stage) in NYC safety-net cancer clinics, the voucher arm had the highest 6-month treatment completion rate (primary outcome), 94.6% (P=.046). All arms had significant food security improvements (pantry, P=.012; voucher, P<.001; delivery,P<.001). Pantry and delivery arms had significant QoL (P=.002 and P<.001, respectively) and depression score improvements (P<.001 and P=.014), respectively, with voucher arm trends. Conclusion/clinical implications: Results are informing programs/policies.

S13: Collaborative networking symposium on European research actions to support cancer survivors in work and employment

Jérôme Foucaud[1]
[1]*French National Cancer Institute*

Because of the psychological, social and economic stakes involved, research into return to work (RTW) after cancer is a major focus of European policies. Against this backdrop, a European multidisciplinary consortium Cancer, Work and Employment (CWE) has drawn up a White Paper (WP) to develop research in this field. This symposium aims to question and co-construct operational and prioritized perspectives for research. We start with a plenary session on the four axes of our strategy. The axes concern: 1/ the individual and his or her context (facing up to the psychological, physical and social barriers to RTW); 2/ the healthcare system (preparing healthcare professionals to support cancer survivors in RTW); 3/ supporting employers to address the specific needs of cancer survivors in their organizations); 4/ the social security system (reducing inequalities in support).The symposium will start with a plenary session with general introductions to the four axes -15 minutes. For each axis, work in sub-groups format will be led by a pair of researcher/patient expert or healthcare professional to brainstorm on specific aspects (1/ research themes; 2/ research partnerships; 3/ research funding) - 30 minutes, followed by a time of collective restitution and exchange in a plenary session- 30 minutes.As a result, participants will exchange information and we will expand our consortium CWE with the participant perspectives.Finally, the framework for a Blue Paper on strategies to establish research on the topic will be produced with the input from the symposium.

P13.1: The individual and his or her context: facing up to the psychological, physical and social barriers to return to work (RTW)

Angela de Boer[1],
[1]*Amsterdam UMC, Public and Occupational Health, Amsterdam, The Netherlands*

Objectives/purposeReturn to work (RTW) after cancer is important for quality-of-life, but cancer survivors often face several psychological, physical, and social barriers when getting back to professional activity. The objective is to collect expert and stakeholder opinions on which research themes and methods are needed to develop interventions to support cancer survivors in RTW. The ultimate goal is a European collaborative research platform on Cancer, Work and Employment (CWE).MethodsWe will use a setting of four stations, each representing one axis and with a researcher from the consortium CWE introducing the topic and engaging participants in a brainstorm (30 minutes) to address the session’s objective. Topics addressed regarding this axis: 1) multidisciplinary interventions which combine psycho-educational, physical activity and vocational elements, and interventions that promote physical activity; 2) assessing work ability and work demands; 3) cognitive impairments and work; 4) long-term effects on RTW and stay at work. ResultsThe results from the brainstorming will be summarised in a plenary session (30 minutes) with summaries from the other three axes. By this, the consortium CWE will be expanded with expert and stakeholder knowledge on how to study the individual and translate best practices and interventions to other countries in order to reduce inequalities in RTW support.Conclusion and implicationsAll cancer survivors deserve support to RTW and stay at work. With the input from this session a blue paper on the research platform on CWE will be written.

P13.2: Supporting employers to address the work-related needs of cancer survivors in their organizations

Adela Popa[1],
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ObjectiveThe session objective is to collect expert and stakeholder opinions on which research themes and methods are needed to increase support and preparedness in the workplace for employees with cancer in Europe. The ultimate goal is a European collaborative research platform on Cancer, Work and Employment (CWE).MethodsWe will use a setting of four stations, each representing one axis and with a researcher from the consortium CWE introducing the topic and engaging participants in a brainstorm (30 minutes) to address the session’s objective. The topics addressed are: methods to investigate the diversity of employers' approaches and to transfer best practices to other countries; ways to involve all workplace actors in developing interventions and to adapt these interventions to the needs of all the employees; the consequences of recent work transformations (telework, platform work, temporary contracts) on RTW; exploring the actual and potential collaboration between various actors. ResultsThe brainstorming results will be summarised in a plenary session (30 minutes) with summaries from the other three axes. By this, the consortium CWE will be expanded with expert and stakeholder knowledge on how to study employers’ differences and translate best practices to other countries to reduce inequalities in support across Europe. Conclusion and clinical implicationsEmployers have a key role in RTW, and they should receive more support to address the needs of cancer survivors. With the input from this session, a blue paper on the research platform on CWE will be written.

P13.3: Preparing healthcare professionals to support cancer survivors in RTW

Yvonne Wengstrom[1],
[1]*Karolinska Institutet, Stockholm, Sweden*

Objectives/purposeThe objective of session is to collect expert and stakeholder opinions on research themes and research methods with a focus on what is needed to prepare European healthcare systems and professionals to support cancer survivors in return to work (RTW). The ultimate goal is to establish a European collaborative research platform on Cancer, Work and Employment (CWE).MethodsWe will use a setting of four stations, each representing one axis and with a researcher from the consortium CWE introducing the topic and engaging participants in a brainstorm (30 minutes) to address the session’s objective. Topics addressed are: Methods to investigate how healthcare system and HCP involvement in RTW processes; Cost benefit research on closer collaboration between healthcare and workplace; prerequisites for occupational rehabilitation; developing and evaluating educational activities to reduce cancer stigma in the workplace; and studying the impact of new treatments on RTW and workability.ResultsThe results from the brainstorming will be summarised in a plenary session (30 minutes) with summaries from the other three axes. By this, the consortium CWE will be expanded with expert and stakeholder knowledge on how to study the healthcare system and translate best practice and interventions to other countries to reduce inequalities in RTW support.Conclusion and clinical implicationsRTW after cancer should also be addressed by healthcare professionals. With the input from this session a blue paper on the research platform on CWE will be written.

P13.4: The social security system: reducing inequalities in support

Angelique de Rijk[1],
[1]*Department of Social Medicine, Care and Public Health Research Institute, Faculty of Health, Medicine and Life Science, Maastricht University, Maastricht, The Netherlands*

Objectives/purposeThe objective of the session is to collect expert and stakeholder opinions on research themes and methods to study what European social security systems need, to support cancer survivors in return to work (RTW) (axis 4). Social security includes health care and income protection. The ultimate goal is to establish a European collaborative research platform on Cancer, Work and Employment (CWE). MethodsWe will use a setting where four stations, each representing one axis and with a researcher from the consortium CWE, introduce the topic and engage participants in a brainstorm (30 minutes) to address the session’s objective. Topics for this axis are: cancer-specific bottlenecks and minimal standards in social security; balancing public and private-market responsibilities; addressing precarious work and socio-economic diversity; methods to compare social security systems across countries. ResultsThe results from the brainstorming will be summarised in a plenary session (30 minutes) with summaries from the other three axes. By this, the consortium CWE will be expanded with expert and stakeholder knowledge on how to study social security system differences and translate best practices to other countries to reduce inequalities in support across Europe. Conclusion and clinical implicationsPatients of working age with cancer deserve access to sufficient health care, financial security and decent work. We need to collaborate across Europe. With the input from this session, a blue paper on the research platform on CWE will be written.

S15: Survivorship care

P15.1: Mental health after a head & neck cancer diagnosis: symptoms and drivers for early detection

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Objective: Psychoneurological symptoms (PNS) are a range of psychological disturbances experienced by cancer patients, which impact their quality of life. They are particularly prevalent among head & neck cancer (HNC) patients, but they often escape from professional screening.Methods: The participants of this study are recently diagnosed adult HNC patients (N = 538) recruited by the NET-QUBIC project, a multicentre cohort study implemented in The Netherlands. Latent class analysis was performed on PNS (i.e., anxiety, depression, pain, fatigue, and sleep problems), and classes associated to a range of sociodemographic, clinical, lifestyle, and biological variables.Results: Three classes were found (bootstrapped Likelihood Ratio Test = -1508.40, p<.001), interpreted as different PNS severity: mild, moderate, and severe. These included 60%, 26% and 14% of participants respectively. The moderate and severe classes were significantly associated to being woman, having oral cavity cancer, or previous history of anxiety and depression disorders, among other covariates.Conclusion: As many as 40% of HNC patients experience moderate or severe PNS. Key variables are proposed to be included in routine mental health screening in cancer care.

P15.2: Fear of Cancer Recurrence as Catalyst for Positive Transformations: Insights from Cancer Spouses' Experiences

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Purpose: Fear of cancer recurrence (FCR) affects both cancer caregivers and survivors, presenting as a prevalent and burdensome issue. While recent research has extensively explored the negative consequences of caregivers' FCR, there's a gap in understanding its potential positive aspects. This qualitative study aimed to delve into and deepen understanding of the positive consequences underlying FCR in survivors' spouses.Methods: The study explored the experiences of ten adult cancer survivors' spouses, aged 35–56, comprising 5 women and 5 men, with varying cancer types. Time since survivors' treatment completion ranged from 9 months to 5 years. Data were collected through semi-structured interviews and analyzed using interpretative phenomenological analysis.Results: Analysis revealed a theme portraying spouses' experiences of FCR as a catalyst for positive change. Five subthemes emerged: Enhanced health awareness, Strengthened Relationships, Resilience and Personal Growth, Reevaluation of Priorities and Goals, and Heightened Appreciation for Life. Participants expressed that the sense of threat spurred better self-care and appreciation of life's transient nature. Positive changes observed might be linked to post-traumatic growth after cancer.Conclusion implications: The study underscores the importance of recognizing both the negative and positive

dimensions of FCR. Integrating opportunities to discuss these positive aspects into interventions can yield significant benefits, alleviating the burden of uncertainty while promoting resilience and personal growth.

P15.3: Anxiety and depression symptoms in young adults up to 5 years after being diagnosed with cancer

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PurposeThis study aimed to examine anxiety and depression symptoms in a cohort of young women and men up to 5 years after being diagnosed with cancer.MethodsA population-based sample of 590 young adults with selected cancers (breast, cervical, ovarian, brain, lymphoma, and testicular) who completed surveys at 1.5 years (T1), 3 years (T2), and 5 years (T3) after being diagnosed with cancer. Anxiety and depression symptoms were assessed using the Hospital Anxiety and Depression Scale (HADS). Subscale scores were divided into three groups: non-cases (<8), doubtful cases (8-10), and clinically significant cases (>10). Differences were tested with Chi-Square and paired t-tests. ResultsPreliminary findings of anxiety levels at T1 showed a significant difference in caseness between women and men: non-cases (44%/64%), doubtful cases (24%/19%) and cases (32%/17%) (p<.001). Anxiety symptoms decreased from T1 to T2 for women (8.38/7.89) (p=.006) and men (6.08/5.44) (p=.006), whereas no change was seen for neither sex between T2 and T3. Depression symptoms at T1 did not differ significantly between women and men: non-cases (81%/83%), doubtful cases (13%/13%) and cases (7%/4%), and no significant changes in subscale scores were seen over time.Conclusion and clinical implicationsYoung adults diagnosed with cancer seem to be vulnerable to impaired mental health, and especially the women seem affected by anxiety, so a screening process would be of value.

P15.4: Partnering to implement statewide cancer survivorship care policy

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BackgroundPolicy underpins the delivery of quality cancer survivorship care (SC). The Australian Cancer Survivorship Centre (ACSC) previously developed the Victorian Quality Cancer SC Framework and a modifiable SC Policy Template (PT). A collaborative project was established between ACSC and the Victorian Integrated Cancer Services (VICS). One goal was to support SC policy implementation in public hospitals (PH) in Victoria, Australia. MethodologyThe Victorian Department of Health (DH) sent a letter to 43 PH with cancer services, encouraging them to put a SC policy in place. VICS staff supported their affiliated PH to tailor and put the PT in place. VICS staff received ACSC support via online meetings; VICS experience engaging and supporting PH was collected via an online survey. Impact on clinical practiceVICS staff supported 38 PH, with 5 PH deferring work. Within the 10-month project period, 6/38 (16%) PH had a SC policy in place, 1/38 (3%) was awaiting final approval, 5/38 (13%) had reviewed a draft, 12/38 (32%) had tailored the PT, and 14/38 (37%) were involved in initial discussions. All VICS staff (10/10, 100%) completed the survey and reported ACSC support was useful. Enablers included DH letter, ability to tailor the PT and support from senior management. Barriers were unresponsive stakeholders and complex processes to implement policy. DiscussionAs part of efforts to enhance care of cancer survivors, Victoria is making progress in implementing policy describing quality SC. Future work should focus on overcoming barriers and supporting identified enablers.

P15.5: Impact of Disease Stage on Unmet Supportive Care Needs in Women with Breast Cancer: A Qualitative Analysis of women's perspectives during Early and Metastatic Stages

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Objective: To explore the impact of disease stage on the type and prevalence of unmet Supportive Care Needs (SCNs) experienced by Australian women with early (EBC) and metastatic breast cancer (MBC).Methods: Qualitative analysis of responses to 3 open-ended questions within an online survey completed by 8215 consumers connected to Breast Cancer Network Australia. Questions assessed: main needs, unmet needs and support wanted. Two samples were identified for analyses: all MBC respondents (n=408) and a random sample of EBC (n=499). Themes were derived separately for each group enabling similarities and differences to be explored.Results: The same six broad SCN domains (each with multiple subthemes) were identified across groups: physical, psychosocial, practical, health-care system, information, and existential. Unmet needs were prevalent (MBC: 68%, EBC: 58%). Unmet SCNs common to both groups included: living with uncertainty, treatment information; accessing compassionate health care teams, emotional support, managing side-effects and finances. Unmet SCN unique to MBC included: accessing trustworthy healthcare providers, end-of-life planning, practical home assistance and peer support. EBC unique unmet SNCs included: finding a new normal, treatment decision making, support from family/friends and post-treatment care. Conclusion implications: The level of unmet SCN in EBC and MBC survivors remains high. To better support all BC survivors and ensure the delivery of patient-centred care, services that address the unique needs of each diagnosis stage are needed.

P15.6: Predictors of Mental and Physical Health in Metastatic Breast Cancer Survivors

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Objective: We examined factors associated with better mental and physical health among metastatic breast cancer (MBC) survivors.Methods: 161 participants who had been diagnosed with MBC for at least 1 year completed an online survey to assess their symptoms, quality of life (PROMIS-10), supportive care needs, and reflections on their cancer treatment. Linear regression models were used to predict demographic and clinical factors associated with PROMIS-10 mental and physical health subscale scores. Results: Participants were on average 58.5 years (±12.9 years), female (n=159), and within 5.6 years (± 4.4 years) of their metastatic diagnosis. Average PROMIS-10 mental and physical health scores were 49.0 (± 8.3) and

46.1 (± 7.6), respectively. Better PROMIS mental scores were associated with older age (p=0.0048), income levels > $100,000/year (p=0.0094), and higher self-rated health (p<0.001). Factors associated with better PROMIS physical health scores were higher self-rated health (p<0.001), and overall quality of life (p=0.009). In the response to the reflection questions, women who rated their health as fair or poor wrote about the need to be resilient, to ask questions of their providers, and seek good medical care. Others expressed regret in not finding the cancer earlier, the lack of more effective treatments available to them at their first diagnosis, and the constancy of cancer in their lives.Conclusions: Quality of life was variable among MBC survivors. Patients' current health and quality of life were major drivers of their mental and physical health status.

S16: Prevention

P16.1: Alcohol consumption and its determinants among post-menopausal breast cancer survivors: first results from the longitudinal observational OPTIMUM study.

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Objectives/purpose: A recommendation on alcohol consumption (i.e. not drinking alcohol) has been issued to improve health outcomes in postmenopausal breast cancer (PMBC) survivors, however little is known about (non)adherence and determinants of (non)adherence over time. This study aimed to longitudinally assess proportions and determinants of (non)adherence in order to guide intervention development.Methods: The OPTIMUM study is a longitudinal observational study in 694 PMBC survivors with measurements at 5 months post-diagnosis (T0: retrospectively before diagnosis), 1 year post-diagnosis (T1: after completion of initial treatment), and 1.5 years post-diagnosis (T2: during follow-up). Measures: Dutch Healthy Diet Index 2015 (alcohol consumption), hospital anxiety and depression scale (anxiety, depression), standardized questions (sociodemographic characteristics). Data analyses: descriptives, logistic regression analyses and generalized estimating equations.Results: Among 463 participants with complete data on alcohol consumption (66.7%), non-adherence rates were 70.4% at T0, 65.2% at T1, and 67.2% at T2. 59.6% did not adhere at any time point, whereas 24.6% adhered at all time points. Women with a low educational level adhered more frequently than women with a high educational level at all time points (e.g., T1: 41.4% vs. 22.3%; OR 2.4 (95% CI 1.3-4.3).Conclusion and clinical implications: Adherence to the alcohol recommendation should be structurally promoted in the general population, as well as in clinical care for PMBC survivors from diagnosis onwards.

P16.2: The association between A body shape index and the risk of breast cancer: a cross-sectional study

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Background: Obesity, especially visceral fat, is a risk factor for breast cancer. A body shape index (ABSI) is an emerging anthropometric index, which can better assess the level of body fat, especially abdominal visceral fat. However, no study has evaluated the association between ABSI and breast cancer risk.Methods: This study included 41,526 participants from the US National Health and Nutrition Examination Survey (NHANES). Logistic regression was used to analyze the association between ABSI and the risk of breast cancer. Stratified analyses showed that BRI was significantly associated with CRC risk in different populations. The receiver operating characteristic (ROC) curve was used to calculate the area under the curve and cut-off value of different anthropometric indicators for predicting colorectal cancer risk.Results: ABSI of breast cancer patients was higher than that of the normal population. These associations remained significant after adjustment for all covariates. In stratified analyses, breast cancer risk increased with ABSI, especially among those who were inactive, female, and overweight or obese. ROC curve analysis showed that ABSI was superior to weight, body mass index, waist circumference and waist-to-height ratio in predicting the risk of colorectal cancer.Conclusions: ABSI was significantly positively associated with the risk of breast cancer, especially in inactive women with BMI > 25. We hope to raise the awareness of ABSI among high-risk population and the general public on the importance of reducing visceral fat deposition.

P16.3: Increasing awareness of gynaecological cancer and early detection in students: pilot study of a university-based educational and behaviour change intervention.

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Background: Education is key to the early detection and diagnosis of gynaecological cancer(GC) however, many young people lack knowledge. University is a key life transition where positive health behaviours are established. We developed an intervention to support the early detection and help-seeking for GC in university students. Consisting of a bespoke online GC educational film and an implementation intention goal setting exercise. Aims: To establish the feasibility and acceptability and barriers and enablers of intervention uptake for future implementation. Methods: A longitudinal 1:1 randomised (intervention or control) online mixed methods design was employed. Eligible participants were students with female anatomy >18 at UK universities. Participants completed the Young Person Cancer Awareness Measure and Theory of Planned Behaviour questionnaires at baseline, 4 weeks 3 and 6 months. Interviews were conducted with (n=14), participants thematic analysis was employed. Results: 110 participants (53 intervention; 57 control) 87% white British aged (M=22.75, SD=7.0) took part. Retention at 6 months was 37%. At baseline 83% overestimated their risk but only identified (M= 3.27, SD = 1.8) symptoms correctly. Interviews revealed the intervention was well received and students reported confidence in advocating for their health. Conclusions: Recruitment was successful and the feasibility and acceptability of the intervention was established in this population.

P16.4: Sexual health of patients with lung cancer: a systematic review.

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Objective: Despite the high prevalence of sexual concerns in patients with lung cancer, findings are inconsistent regarding their specific difficulties and expectations. This systematic review aims to assess the current state of literature regarding sexual health in this population.Methods: Four literature databases in English and French (PubMed-Medline, PsycINFO, Embase, CAIRN) were accessed. This review followed PRISMA guideline and is registered in Prospero. Three reviewers assessed quality using the Crowe Critical Appraisal Tool (CCAT).Results: The initial search identified 1058 papers. 10 articles were selected: 3 qualitative and 7 quantitative. First, a precise description of sexual health alteration remains blurry due to the inconsistency of sexual health definition and variability of assessment methods. Second, factors influencing sexual health encompass treatment toxicity, symptoms (e.g., dyspnea), socio-demographic characteristics (e.g., age), and psychological elements (e.g., anxiety, depression), although findings regarding the latter are inconsistent. Third, a few articles offer suggestions for interventions, but none explore them.Conclusion and implications: Despite these limits, the majority of the studies underlines the impact of lung cancer on sexual health. More qualitative and interventional research should allow a more accurate definition of sexual health in the lung cancer context. Based on this definition, psychological interventions should be offered and evaluated.

P16.5: Efficacy, tolerability, and psychopathological predictors of antidepressant therapy in cancer patients.

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Objective: Depression affects 13-24% of cancer patients (CPs), but the efficacy of antidepressants (ADs) in this population remains uncertain. This study aims to explore the role of AD therapy in CPs.Methods: 245 CPs diagnosed with Major Depressive Disorder (MDD) as per DSM-5 criteria were enrolled. The Hamilton Depression Rating Scale (HDRS) and Koukopoulos Mixed Depression Rating Scale (KMDRS) were administered at baseline, 1 month (T1), and 6 months (T2) post-treatment initiation. CPs were grouped based on prescribed AD class. Outcomes included: percentage of CPs with HDRS<7 at T1 and T2; percentage not requiring AD changes over time. Additionally, the relationship between KMDRS score and duration since cancer diagnosis was explored.Results: Tricyclic ADs (TCAs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) showed greater efficacy compared to other ADs. TCAs required more frequent changes, while Serotonin Antagonist and Reuptake Inhibitor (SARIs) were the most tolerated. SNRIs were more often changed in patients with mixed symptoms than in those without. The duration since cancer diagnosis inversely correlated with KMDRS score.Conclusion: The treatment of MDD in CPs needs to consider various factors, i.e. an

AD's efficacy in alleviating cancer-related symptoms, safety profile, interactions with chemotherapy, and the presence/absence of psychomotor activation, which may change over the course of depression and cancer.

S17: Cancer treatment related symptoms

P17.1: Cranial radiotherapy-related neurocognitive decline: A voxel-based imaging analysis

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ObjectiveCranial irradiation is an integral part of neuro-oncological treatment. As the selection of cognition-related organs at risk (OARs) remains debated, better understanding of radiation-related cognitive symptoms is required. To spatially map the radiotoxic effects and OARs, we applied a voxel-based approach. Methods94 patients between 18 and 80 years old with primary intracranial tumors, received a cognitive assessment prior to and 6 months after cranial radiotherapy (RT). Cognitive tests included the HVLT, COWA, TMTA and TMTB. CT-scans, RT treatment plans and T1-weighted MRI-scans were coregistered, and spatially normalized. Reliable change indices (RCIs) were calculated as indication of changes in cognitive performance. Using the SnPM toolbox, the received RT dose to the brain was compared in a voxel-wise manner, between patients with negative vs. with zero-to-positive RCIs, with age as a covariate and $\alpha<.05$ at cluster level.ResultsDecline in 1) verbal fluency was associated with RT doses in the left dorsolateral, right somato-sensory, bilateral inferior temporal cortex, frontal pole; 2) memory with doses in the left medial-prefrontal cortex; 3) processing speed and flexibility with doses in the bilateral dorsolateral, medial-prefrontal cortex and right somato-sensory cortex. Conclusion and clinical implicationsThese findings suggest vulnerability and functional relevance of specific brain areas to cranial radiation, which might further assist in defining key OARs to preserve cognition in future RT treatment planning.

P17.2: Physiological and Psychosocial Challenges Experienced by Younger Colorectal Cancer Survivors. A Qualitative Study.

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Background:In recent years, there has been a significant increase in the incidence of Colorectal Cancer (CRC) affecting individuals under the age of 50. In the UK, the incidence rates in adults aged 25-49 saw a 48% increase from 1993 to 2018. This study investigated the impact of a CRC diagnosis and treatment in younger patients on physiological changes such as bowel habits, body image, sexual functioning, and psychosocial adjustments.Methods: Semi-structured qualitative interviews were conducted with 25 CRC survivors aged between 35 to 55 years. Interviews were

audio-recorded, transcribed into NVivo 12 software and analysed using the thematic analysis method. Results:Three groups were interviewed: survivors with a permanent stoma, survivors who had their stoma reversed and survivors without a stoma. Issues that emerged that may be more common among younger survivors include: 1) Sexual functioning issues for both men and women due to surgery, radiotherapy, bowel issues, and for women, issues around the early onset of menopause; 2) Concerns about body image, e.g. the impact on young children seeing a parent with a stoma; 3) For survivors without a partner, the concern about dating and 4) The impact on the ability to work.Data analysis is estimated to be completed in May 2024. Discussion: This study will broaden the understanding of how younger CRC survivors experience the long-term impacts of cancer diagnosis and therapy and the influence it exerts on their lives. It will highlight challenges, barriers and variations in care requirements.

P17.3: Pretreatment fatigue in breast cancer patients: comparison with healthy controls and associations with biopsychosocial variables

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Objective:Cancer-related fatigue is one of the most common burdens of cancer patients. To date, most studies focused on fatigue during or after cancer treatment. However, investigating pretreatment fatigue may identify underlying factors beyond cancer therapy and enable timely fatigue management.Methods: 232 breast cancer patients and 41 healthy women were recruited via the NCT Heidelberg as part of the CogniFit study. Fatigue (EORTC QLQ-FA12), quality of life related functioning and symptoms (EORTC QLQ-C30), anxiety (STAI), depression (CESD-R), and sleep problems (PSQI) were assessed before start of any therapy. Clinically relevant fatigue was defined based on thresholds of clinical importance (TCI) for C30 fatigue scores. Descriptive and linear regression analyses, as well as logistic regression models adjusted for sociodemographic factors, were performed.Results: Patients scored significantly higher in physical, emotional and total fatigue. 48.7% of patients reported clinically relevant fatigue before treatment. Relevant fatigue was associated with being younger, being obese, having low education, or low social support. Higher scores in depression and anxiety, worse sleep quality and health status and poorer functioning were associated with an increased likelihood of scoring above the TCI of fatigue (all $p<.001$).Conclusion: Many patients experience clinically relevant fatigue prior to therapy initiation, primarily influenced by psychosocial factors. Early screening and supportive interventions for fatigue seem to be important even before start of cancer treatment.

P17.4: A mixed-method pilot randomized controlled trial of a remote supportive intervention for individuals taking oral anticancer agents

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Individuals on oral anticancer agents (OAAs) report distinct needs compared to those on intravenous treatment, often reporting lack of support along the treatment trajectory. A remote intervention was designed to provide support and promote medication adherence among individuals starting OAAs. A 2-arm, pilot randomized controlled trial was conducted to assess its feasibility, acceptability, and preliminary effects.Participants (N=52) recruited from a university-affiliated cancer centre in Montreal, Canada were randomized to one of two groups, intervention plus usual care or usual care only. They were followed until OAA treatment completion (up to five months). A subset (n=10 per group) participated in semi-structured exit interviews.41 participants completed the study (experimental, n=23; controls, n=18). Mean rating for acceptability post-intervention was 4.13 on 5. Medication adherence was 97.8% for the experimental group and 92.9% for controls. Preliminary findings show statistically non-significant but positive trends for medication adherence self-efficacy, lower anxiety, depression, and fatigue over time for the experimental group compared to controls. Themes from exit interviews included the importance of timeliness of support and OAA-related knowledge.As OAA uptake continues to increase, it is vital to provide tailored information and support. This remote intervention was well received, met the needs of individuals on OAAs and is promising in terms of its effects. Next steps include a larger trial and subsequent clinical implementation of this remote intervention.

P17.5: Long-term fatigue in oropharyngeal cancer survivors post radiotherapy: the ROC-oN Study

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BackgroundRadiotherapy (RT) for oropharyngeal cancer (OPC) can lead to late toxicity. Fatigue is a known debilitating issue for many cancer survivors, yet prevalence and severity of fatigue in OPC survivors (OPCSs) is unknown.MethodOur multicentre cross-sectional study evaluated fatigue (multidimensional fatigue inventory; MFI) and neurocognitive function (Amsterdam Cognition Scan) in OPCSs post RT. Here we report analyses exploring associations between fatigue and clinical variables, quality of life (QOL), work and mood outcomes. Results In 349 OPCSs with median time of 6yrs since RT, severe fatigue (MFI >60.5) was reported in 30%, moderate (MFI 43.5-60.5) 31% and mild-none (MFI <43.5) 38% participants. Age (coefficient 15.324[95% CI -26.432 - -4.216], p=0.007), co-morbidities (4.975 [95% CI 3.148 - 6.803] p<0.0001), and soft palate subsite (21.201 [95% CI 8.451 - 33.952] p=0.001) were predictors of fatigue. QOL was worse when fatigue was more severe (mild fatigue: EQ-5D VAS M=86.74; moderate; VAS M=74.31, severe: VAS M=60.81, MANOVA p<.001). OPCSs with fatigue less often had ‘perfect health’ on EQ-5D descriptors (mild fatigue:70.5%; moderate:25.3%; severe: 4.2%). Fatigued OPCSs more often reported impaired work productivity (WPAI) (mild fatigue: 5.8%; moderate:14.6%; severe:47.4%, MANOVA p<.001). Mood and fatigue were correlated (r=0.646, p<.001).Conclusion Moderate to severe fatigue is common in OPCSs after RT. Those experiencing fatigue reported lower QOL, decreased work productivity, and poorer mood. OPC survivorship care should integrate fatigue management.

P17.6: Identifying the gap between cancer-related fatigue management guidelines and clinical practice: a systematic review

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Background/Objective: Cancer-related fatigue (CRF), characterized by excessive tiredness unalleviated by rest, significantly impacts cancer patients. International management guidelines emphasize the importance of healthcare professionals (HCPs) providing CRF education, advocate CRF regular screening and assessments, and offering evidence-based interventions like psychosocial interventions and physical activity. Adhering to these guidelines holds promise for alleviating symptom burden and improving quality of care. This systematic review assesses HCPs' adherence to CRF management guidelines.Methods: Seven electronic databases were systematically searched for articles meeting inclusion criteria of empirical papers conducted in or after 2000 and reporting CRF management. Narrative synthesis and a mixed methods appraisal tool were employed for data analysis.Results: Among the 7.039 identified articles, 79 met inclusion criteria. Findings indicated that despite frequent CRF discussions during consultations, screening and assessment practices are inconsistent and limited. Many patients do not receive treatment for CRF, experience dismissive and minimizing clinicians, and are dissatisfied with their CRF care.Conclusion: The synthesis highlights a concerning trend on inadequate adherence to CRF guidelines among HCPs. Despite guidelines advocating regular screening, elaborate assessments, and evidence-based interventions, reality often falls short. The findings underscore a need for more patient-centered approaches to optimize patient outcomes and elevate quality of care.

S18: E-health

P18.1: Strategies for national dissemination and implementation of a blended intervention for fear of cancer recurrence.

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Background/rationaleThe implementation of evidence-based psycho-oncological interventions falls short. Previously identified barriers and facilitators for implementing the SWORD intervention for high fear of cancer recurrence include its accessibility in commercial eHealth platforms, sustainable psychologists training and lack of national coordination regarding the implementation of interventions. The aim of the current project is to perform and evaluate strategies to address these challenges. Methodology First, the SWORD intervention will be adapted for three prominent eHealth platforms (organizational strategy). Second, we will develop an e-learning module for psychologists in co-creation, based on the experiences from the previous studies (educational strategy). The e-learning will be pilot tested, evaluated and adapted. Finally, we will promote the use of SWORD by stakeholder involvement, identifying champions, and dissemination using existing national networks. Results and experiences will be presented at IPOS. Impact on clinical practicePatients currently do not receive

optimal evidence-based care for FCR. After the current project SWORD will be available for patients in the Netherlands that visit a psycho-oncology service. Discussion (lessons learned, future direction)This project is performed as part of a larger program of the Dutch Cancer Society to improve psychosocial care in the Netherlands. The lessons learned will inform strategies to improve implementation of other psycho-oncological interventions nationwide.

P18.2: Psycho-oncology clinicians' perceptions of the acceptability of blended psychological therapy for the treatment of anxiety and depression in patients with cancer: a qualitative interview study

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Objective: To explore psycho-oncology stakeholders' (service managers, psychologists) views on the feasibility and acceptability of blended psychological therapy (BT) models, and barriers and facilitators to implementation of BT into psycho-oncology care in Australia.Methods: Qualitative, semi-structured telephone interviews were conducted with psychologists working clinically with cancer patients and psycho-oncology service managers to explore factors influencing BT implementation outcomes in psycho-oncology, particularly feasibility and acceptability of BT. Interviews were analysed qualitatively using a Framework Analysis approach. Results: Twenty-two participants (seventeen psychologists, five managers) were interviewed. Thematic analysis identified an overarching theme of trust, underpinned by three themes: (1) influence of system factors on readiness to change; (2)treatment engagement; (3)autonomy and empowerment. Participants shared concerns about service over-reliance on the digital component but also recognised its potential in expanding service reach. Additionally, the use of digital technology was perceived as a barrier to patient engagement but also trusted it to provide flexible access. Participants voiced concerns regarding duty-of-care and lack of autonomy to deliver therapy but noted BT could optimise clinician time and resources.Conclusion implications: Overall BT was feasible and acceptable. Future research will incorporate healthcare professionals' preferences for BT development and evaluation of a cancer-specific anxiety and depression BT intervention.

P18.3: Evaluation of the Effects of Virtual Nature Therapy on Emotional Wellbeing in Oncology Waiting Rooms

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Objective: The objective of this pilot study was to investigate the emotional impact of virtual nature therapy, delivered through audio-visual recordings, on patients in oncology waiting rooms. The study aimed to assess the potential of virtual nature therapy to improve emotional states compared to traditional waiting room environments. Methods: A partially randomised controlled trial was conducted with 117 oncology patients. The Self-Assessment Manikin and the modified Emotional Thermometer were used to measure emotional valence, arousal, thought control, sadness, anxiety and pain before and after patients were exposed to virtual forest, sea, news videos, or typical condition. Baseline distress was assessed using the Kessler Psychological Distress Scale (K6). Results: Patients exposed to virtual forest and sea videos showed significant improvements in emotional valence and reduced arousal, suggesting a calming and uplifting effect. No significant changes were observed in the control and news groups, with small effects on secondary outcomes of anxiety, sadness and pain. Conclusion implications: The findings suggest that virtual forest and sea videos can positively influence patients' emotional well-being in oncology waiting rooms, highlighting the potential of integrating virtual mental health support into healthcare settings to improve patients' experience of care. This research is supported by the Czech Ministry of Health grants NU22-09-00056 and NU21-09-00558, and Masaryk University's Specific Research Programme, grant MUNI/A/1319/2022.

P18.4: Does an online Healthy Living after Cancer program with telephone coaching continue to improve outcomes compared to a self-guided control?

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Objectives: This study presents the 3-month follow-up clinical and qualitative outcomes of the randomised trial comparing Healthy Living after Cancer Online (HLaC Online) as self-guided versus with two coaching calls.Methods: 52 Australian post-treatment cancer survivors were randomised to receive the self-guided format (SG) or with two coaching calls (CC) over 12 weeks. Linear mixed models examined differences between groups over time from post-intervention to 3-month follow-up. The primary outcome was quality of life (QoL), and secondary outcomes were physical activity, nutrition, fatigue, distress, cancer symptoms, and fear of cancer recurrence. Telephone semi-structured interviews gathered participant feedback on HLaC Online.Results: 39 participants (SG n=19; CC n=20) completed post-intervention assessment and were included in the analysis. A significant interaction showed a decrease in symptom interference from post-intervention to 3-month follow-up for CC (Mchange=-1.16) and an increase for SG (Mchange=+0.38). Both groups improved over time in QoL (p=.02), fibre intake (p=.01), fatigue (p=.01), fear of cancer recurrence (p=.01) and symptom severity (p=.01). Both groups found HLaC Online acceptable and practical, and emphasised the demand for coaching calls to support motivation.Conclusion and clinical implications: While both formats demonstrated improvements at 3-month follow-up, the CC format demonstrated greater changes to symptom interference and returned more positive feedback. Future online interventions should consider the inclusion of coaching calls.

P18.5: Randomized controlled trial of group blended and individual unguided online mindfulness-based cognitive therapy for people with cancer

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Objective: Studies have shown that online mindfulness-based cognitive therapy (eMBCT) supports cancer patients and survivors in managing distress,yet there is room to improve adherence and scalability. In a co-creation process, we developed two formats of eMBCT: group blended (offers peer support and guidance) and individual unguided (offers flexibility and scalability). The objective of this trial was to evaluate the effects of the two formats compared to care as usual on distress among people with cancer. Methods: People with cancer (any type or stage) were randomly allocated to group blended eMBCT, individual unguided eMBCT or CAU. Participants completed baseline, mid-treatment, post-treatment, and 3-month follow-up assessments. Primary outcome analyzed in the intention-to-treat population was distress severity (Hospital Anxiety and Depression Scale) post-intervention. Results: Between January 2021 and September 2023, 186 patients were randomized to group blended eMBCT (N=57), individual unguided eMBCT (N=75) or CAU (N=54). Most participants were female (N=150, 81%) with breast cancer (N=91, 49%), undergoing curative treatment (N=142, 76%). The mean age was 52.6 years (SD 11.4). Primary outcome data collection was completed in February 2024. Results are forthcoming and will be available at the time of the conference. Conclusions and implications: If the interventions are effective, eMBCT could be broadly disseminated to offer an effective, accessible, sustainable, and relatively low-cost intervention to people with cancer and survivors.clinicaltrials.gov, NCT05336916

P18.6: Empowerment among breast cancer survivors using an online peer support community

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Objectives: Breast cancer (BC)

impacts the patient’s quality of life. Peer support can provide emotional understanding as well as enhance information access, social support, and coping strategies, aligning with empowerment. This study aims to investigate whether participation in Comunitats, an online peer support community addressed to BC survivors, involving healthcare professionals, promotes the empowerment among participants through empowerment processes within the community and seek if empowerment outcomes are related with other variables, as posttraumatic growth and emotional distress.Methods: 121 women diagnosed with BC were included in Comunitats. We assessed emotional distress, post-traumatic growth and empowerment at inclusion and three months later. Correlations were used to guide linear regression analysis to identify which variables are able to predict greater empowerment outcomes. Results: Empowerment assessment indicated that participants felt empowered by their involvement in Comunitats. Empowerment outcomes more commonly experienced were 'being better informed' and 'improved acceptance of the illness'. 'Exchanging information' and 'finding recognition' were the strongest experienced empowerment processes. Conclusion and Clinical Implications: Community involvement enhances empowerment among BC survivors, with empowering community processes partially predicting empowerment outcomes. Empowerment positively influences self-care autonomy, self-efficacy, and treatment adherence, ultimately fostering healthier lifestyles and improved treatment results.

S19: Family centered care

P19.1: Virtual Bereavement Support - Improving Care of Families

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Background/MethodologyBereavement care has lagged behind other components of psychosocial oncological and supportive care. Very few hospitals or cancer centers offer standardized bereavement services to bereaved caregivers following the death of a patient. The COVID-19 pandemic has highlighted this gap in care as many bereaved individuals struggle to find support. Virtual bereavement groups are a cost-effective way for institutions to increase support for bereaved individuals. Impact on clinical practiceThe 6-session virtual group curriculum for bereaved spouses used at Dana-Farber Cancer Institute, based on cognitive-behavioral therapy, will be outlined that can be readily adapted by other institutions. 84 participants who participated in a group for bereaved spouses between March 2020 and December 2022 completed a survey. They reported feeling less isolated; that their concerns were similar to others; and the discussion topics were relevant to their situation. 27% preferred a virtual format and 55% stated they would prefer a hybrid format in the future.DiscussionBereavement support group programs based on psychological principles can readily be implemented online as a cost-effective way for institutions to provide outreach to bereaved families. Virtual platforms have the potential to increase accessibility to support. In this presentation, the key ingredients of successful virtual bereavement support groups will be discussed, including screening, logistics, ground rules, virtual etiquette and session themes. The challenges and lessons learned will also be outlined.

P19.2: Dyadic Mindful Self-Compassion Intervention for Lung Cancer Patients and Their Family Caregivers: A Pilot Randomized Controlled Trial

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Objective: To assess the feasibility, acceptability, and preliminary efficacy of mindful self-compassion (MSC) intervention, which may be suitable for improving psychological conditions with lung cancer and their family caregivers.Methods: We applied a pilot study in a tertiary hospital in mainland China. Thirty-nine dyads of patients with advanced lung cancer and caregivers, who have depression or anxiety, were randomly divided into two groups: the dyadic MSC (22 dyads) and the control group (17 dyads). MSC consists of 6 sessions (30-45 minutes per session) and daily home practice, including thematic education and meditation exercises. We measured feasibility, acceptability (primary outcomes), depression, anxiety, self-compassion, mindfulness, and dyadic coping (secondary outcomes) at baseline and post-intervention.Results: Thirty-four dyads completed the pilot study. Eligibility, recruitment, retention, and attendance rates were 71.43%, 88.00%, 77.27%, and 76.47%, respectively. All the participants in the intervention group rated moderate to high acceptability in the aspects of the intervention sessions, delivery mode, setting, duration, home practice, and provider. We also observed that the MSC intervention significantly improved depression, mindfulness, and self-compassion of the dyads.Conclusion implementation: The study found that the dyadic MSC intervention had considerable feasibility, and acceptability and the potential in improving psychological conditions among lung cancer patients and caregivers, and may provide guidance for future large-scale trials.

P19.3: Harmful communication behaviors in cancer care: a systematic review of patients and family caregivers perspectives

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Objective: Issues regarding clinician communication remain an important source of complaints within healthcare. This systematic review aims to determine cancer patients' and their family caregivers' views on which clinicians' communication behaviors can harm (i.e.eliciting negative feelings/consequences for patients/family caregivers). Methods: We searched for all types of peer-reviewed studies that determined adult cancer patients' and/or family caregivers' perspectives on which clinicians' communication behaviors can harm in several databases, supplemented by expert-consultation. Studies were screened using the Artificial intelligence screening tool of ASReview and data was analyzed using Thematic Analysis.Results: A total of 47 studies were included. Four main themes of harmful communication behaviors were identified: 1)Lack of tailored information provision (e.g. giving too little or too much/specific information) 2)Lack of tailored decision making (ranging from; patient exclusion, to the patients' responsibility, and/or haste) 3)Lack of feeling seen and heard (seen as a disease, not as a human being; not listened to concerns and emotions) 4)Lack of feeling held and remembered (forgotten agreements; lack of care continuity). Conclusions and clinical implications: Our results reveal an overview of patients' and family caregivers' perspectives on which clinicians' communication behaviors can harm. Harm could be prevented when information and decision involvement are tailored and patients' and family caregivers' needs to feel seen, heard, held and remembered are met.

P19.4: How to Support Cancer Patient Families: An Example of Psycho-Oncological Intervention at All Stages

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The experience of cancer causes significant changes in the patient's family. Family members and caregivers sometimes experience higher levels of emotional distress than cancer patients (Applebaum & Breitbart, 2013; Barreto, 2020).The Portuguese League Against Cancer-Northern Branch, created an intervention adapted to the needs of these relatives, which can begin at any stage of the illness and continue after the patient's death. First, the Distress Thermometer is used to assess the emotional impact of the illness and the existence of other practical, family, or health-related problems (Decat et al., 2009). Individual psychological intervention is tailored and based on Psychoeducation and Cognitive-Behavioral Therapy and can be combined with couple or group therapy, whenever the psychologist considers it to be a benefit to the client.Since the service implementation, 5279 family members received this support, and in the last 5 years 41% of the sample comprised this population. In 2023 we attended around 478 family members, mostly women (82%), and approximately half of the requests for consultations (46%) were made by the sick family member.Data reflects that female relatives request more support, and it´s important to understand why men request less. The fact that majority of referrals came from the sick family member appears to show awareness of the emotional suffering of the other person and the family's need to adapt to this event. The exponential growth in the number of requests may be justified by the gap of this specialized support in the public health service.

P19.5: Development and implementation of a cultural navigation program supporting international patients and families, including those displaced by war.

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BackgroundCulture, social support, stressors, or trauma can significantly impact medical outcomes. Patients whose cancer care is disrupted by war have increased social drivers of health (SDOH) risk factors. In 2022, via the SAFER Ukraine initiative, we were the first hospital in the United States to receive Ukrainian pediatric oncology patients (n=8) and families (n=23) when their treatment was interrupted by war. MethodologyUsing a trauma-informed approach, we implemented a cultural navigation program to minimize cultural barriers, enhance communication and trust between families and care teams, and improve psychosocial outcomes. While initially intended to assist patients and families from Ukraine, the program has expanded to support all international patients and those with Limited English Proficiency. The cultural navigator (CN) orients families to the hospital while establishing rapport and assessing cultural factors that may impact treatment. The CN also provides cultural education and guidance to the care team. Impact on PracticeThe CN has supported over 73 patients, resulting in positive feedback. Caregivers express feeling supported, understood, and more secure, enabling them to focus on their child's well-being and treatment. Caregivers and staff also cite improved communication and decreased cultural barriers. DiscussionThe program's success has led to an additional CN position whose language fluency will reflect current institutional demands. Future program evaluation and research will focus on patient satisfaction, program interventions, and outcomes.

P19.6: Patterns of supportive care use in the first two years post-diagnosis: associations with reported need for help and geographic isolation in Australian

parents with a child with Acute Lymphoblastic Leukaemia

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This study aimed to understand patterns of psychosocial care use and need for further help among Australian families whose child was treated for Acute Lymphoblastic Leukaemia (ALL), and to compare differences between urban and rural families. Methods: A prospective, longitudinal cohort study: we distributed a questionnaire to parents every 6 months for two years post-ALL diagnosis, assessing psychosocial supportive care use, remoteness, and parental need for further psychosocial help. Results: Of 200 parents invited,169 parents completed ≥1 questionnaires (68% urban, 32% rural). Parents reported greatest need for further help ≤6 months post-diagnosis. 50% reported seeing a social worker ≥1 time and 16% reported seeing a psychologist ≥1 time during this period, but this decreased over time. Few families received support from community organisations. Urban and remote families did not significantly differ in psychosocial resource use, but living rurally was associated with greater need for further help ($r=0.12$, $p=0.03$). Conclusions and clinical implications: Australian families with a child with ALL, who live rurally, are more likely to report further need for help with their emotional concerns, despite accessing psychosocial supportive care at rates similar to urban families. These findings highlight that current access to psychosocial care is insufficient for rural families who may be experiencing unique psychosocial challenges.

S20: Equity, diversity and inclusion in cancer care and research

P20.2: Why participate? Patients and providers' views on commercial clinical trials for advanced cancer in Santiago, Chile

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In Latin America, Chile currently has the highest number of clinical trials per million inhabitants, with a predominance of oncology commercial trials. With the rising cost of cancer care and the increasing incidence of cancer globally and locally, it is crucial to explore how these contextual elements shape the experiences and views of patients who decide to enroll in a clinical trial, and the providers who work in them.Method: multi-method approach following an ethnographic design. Fieldwork occurred between January-22 and June-23, at a private non-profit cancer center, the most prominent recruiter of patients in oncology trials nationally. Participants included patients with advanced cancer currently or past enrolled in a trial at the center, clinicians (oncologists, coordinators), and staff (managers, etc.). Participants provided informed consent and were interviewed and/or shadowed at the center. Results: 45 participants were interviewed and/or shadowed. Patients and providers reported that the main benefit of participating in a trial is getting the standard of care (mainly high-cost drugs) for free, followed by altruistic motives. Both patients and providers felt that those enrolled in trials received better care and closer follow-up than patients who got usual care. There was little understanding of concepts like randomization among patients. Risks such as adverse events tended to be minimized. Conclusion: clinical trials are viewed as a way of accessing the standard of care. Inequality and financial toxicity are main drivers for enrolling in a clinical trial.

P20.3: Recommendations to Improve Breast Cancer Care for Black Women in Canada: Patient Perspectives

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ObjectiveAs race-based healthcare data is not routinely collected in Canada, the objective of this research project was to explore the lived experiences of Black women with breast cancer in the Canadian context in order to understand challenges, inequities and patients' recommendations for improved care delivery.MethodsOne-on-one semi-structured qualitative interviews were conducted with 60 women across Canada who identified as Black, African and/or Caribbean and who were currently undergoing or had previously undergone treatment for breast cancer. ResultsThe challenges experiences by Black women with breast cancer in Canada and their unmet needs resulted in numerous recommendations to improve the delivery of breast cancer care. Recommendations included lowering the age of breast cancer screening; need for race-specific data and resources; increased representation of Black clinicians and the importance of race-concordant care; improvement of cultural sensitivity and anti-Black racism training for clinicians; improvement of psychosocial support services; and the creation of safe and supportive spaces for Black women with breast cancer.Conclusions and Clinical ImplicationsRecommendations for the improvement of breast cancer care for Black women in Canada highlight the impact of systemic discrimination, anti-Black racism, and colourblind healthcare policies. The study findings provide important direction for clinicians and stakeholders towards addressing health inequities and the development of actionable tools to improve care for Black women with breast cancer.

P20.4: Psychological care needs and financial burdens among lymphoma patients in Taiwan

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Objectives: Our study aims to assess the demand for psychological care among lymphoma patients over time and explore its relationship with financial burdens during treatment.Methods: Using data from the National Health Insurance database and cancer registry in Taiwan, we analyzed patients diagnosed with non-Hodgkin lymphoma (NHL) between 2002 and 2015 as part of a value-based cancer care project.Results: Approximately 10% of lymphoma patients visited a psychiatrist or psychologist within three years post-diagnosis, while nearly 30% used psychiatric medication. The proportion of psychiatric medication use increased annually, rising from 18.1% in 2005 to 36.3% in 2015, whereas professional visit percentages remained stable. Direct medical costs within three years post-diagnosis averaged 13,000 US dollars, higher than the average for other cancer patients. Lymphoma patients with above-average medical expenses were 30% more likely to use psychiatric medication compared to those with lower expenses.Conclusion and Clinical Implications: The widening gap between psychiatric medication use and professional visits indicates a growing unmet need for psychological care among lymphoma patients. Our study also highlights a correlation between financial burden and psychological stress among lymphoma patients in Taiwan. These findings underscore the importance of psychosocial care for lymphoma patients and serve as a reminder for clinicians to prioritize such care.

P20.5: The State Of Psychosocial Oncology Research Among Canadian Black Communities: A Scoping Review

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Objective: The aim of this study was to examine the available literature concerning the psychosocial oncology (PSO) landscape within Canadian Black communities. Prior reviews have not addressed qualitative or quantitative research examining the experiences, psychological states, and other non-biological aspects of the cancer journey within this demographic. This study aimed to fill this gap in the literature by conducting a scoping review of the extant literature. Methods: A comprehensive search strategy was executed by a research librarian across ten databases (e.g. APA PsycInfo, MEDLINE). Subject headings and keywords relating to cancer, Black communities, and Canada were used and combined. A pilot phase was conducted before abstract and full-text screening to ensure consistency. The inclusion criteria were: 1) Language: French/English; 2) Empirical studies: articles published in peer-reviewed journals; 3) Population: Black communities in Canada, including perspectives from patients or caregivers; 4) Relevance to PSO landscape: articles related to mental health, psychological illness or distress, PSO factors or personal experiences; 5) Adults: Articles focusing on adults (>18 years old).Results: We identified 4786 articles, 2696 were screened, and 65 underwent full-text review. This resulted in a total of 5 articles. Conclusion: The findings will contribute to a more nuanced understanding of the complexities surrounding PSO-related healthcare in the Black community, guiding future research and clinical intervention strategies.

P20.6: Utilization of Telehealth Behavioral Oncology Services Within Underserved Populations During COVID-19

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OBJECTIVES/PURPOSE: Psychological distress can negatively impact cancer outcomes. Access to behavioral oncology services can mitigate these effects. The current study examined behavioral oncology utilization rates within underserved cancer populations as a function of telehealth pre/post the start of COVID-19. METHODS:

Participants included 502 cancer patients scheduled for in-person behavioral oncology visits prior to COVID-19 (Pre-Telehealth Cohort), 494 scheduled for virtual visits during COVID-19 (Post-Telehealth Cohort), and 86 scheduled for in-person and virtual visits pre/post COVID-19. Robust Analyses of Covariance controlling for age examined mean differences in attendance rates across gender and minority status across the pre/post telehealth cohorts. Mixed linear modeling examined effects of demographic characteristics and time on attendance within the established patient cohort. RESULTS: Significant effects of minority status on attendance rate indicated White/non-Hispanic (WNH) patients attended a greater proportion of behavioral oncology visits compared to racial/ethnic minority patients. Supplemental analyses indicated lower attendance rate disparities associated with telehealth, with both WNH patients and racial/ethnic minority patients attending more visits at post- vs pre-telehealth. All other effects were null. CONCLUSIONS AND CLINICAL IMPLICATIONS: Implementation of telehealth in behavioral oncology may improve care access within underserved cancer populations. Further research is needed to improve overall disparities in access to mental health care.

S21: Childhood survivorship care

P21.1: Evolution of cardiorespiratory fitness over a 1-year period in childhood cancer survivors and possible limiting factors

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Objectives: Reduced cardiorespiratory fitness (CRF) is a common physical side effect of cancer treatment in childhood cancer survivors (CCS) associated with an increased risk of cardiovascular diseases and mortality. We aimed to evaluate changes of CRF over time and identify limiting factors of CRF in CCS.Methods: Seventy nine CSS (52% boys, 18.8 ± 3.5 years) performed a maximal graded cardiopulmonary exercise test (CPET) on the treadmill 0.5 -10 years after cancer treatment (T0), and were invited for a repeat CPET one year later (T1). Minute ventilation, gas exchange and heart rate were measured continuously, blood pressure was assessed every two minutes. Results: 80% of boys and 90% of girls scored below age and sex matched reference values for VO2peak at T0. After a year (T1), these numbers decreased to 65% for boys and 88% for girls. No differences were observed in VO2peak at T1 compared to T0 ($p>0.05$), despite a higher RER at T1 ($p<0.01$). The absence of change over time in VO2peak was irrespective of time since treatment. 49% of boys and 50% of girls were exercise intolerant (VO2peak <85% predicted) at T0 compared to 35% of boys and 62% of girls at T1. O2pulse correlated significantly with VO2peak at T0 ($r=0.580$; $p<0.001$) and T1 ($r=0.753$; $p<0.001$). Conclusions: These findings suggest that: 1) Most CCS have an impaired exercise capacity which remains unchanged over a one-year period 2) A lower O2pulse could be a contributing factor to lower CRF. Future interventions should target CRF in CCS in order to reduce the risk for cardiovascular disease and mortality.

P21.2: ‘Engage’: A new intervention to support distance-delivered childhood cancer survivorship care

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Most childhood cancer survivors (CCS) develop late-effects post curative treatment, yet do not receive comprehensive survivorship care. This study evaluated the effectiveness of 'Engage', a new CCS intervention. Method: 'Engage' is a distance-delivered intervention comprising i) an online patient reported health assessment, ii) an online nurse-led consultation, iii) an off-line multidisciplinary case review, iv) written, personalised health education, recommendations and treatment summary for CCSs and their Primary Care Physician (PCP), iv) an online nurse-led consultation to ensure comprehension. CCS (>5 years post-diagnosis) of any age, treated at Sydney Children's Hospital, who had not received cancer-related care in >2-years participated. We assessed survivors' outcomes pre-intervention and 1-, 6-, 12- and 24-months post-intervention. Results: 78 survivors participated (62% male, mean age=30years, mean time since diagnosis=23years, 14% lived rurally). Survivors' health self-efficacy and satisfaction with cancer-related care significantly increased pre- to post-intervention and was sustained for 24-months. Survivors' information needs significantly reduced pre- to post-intervention. Survivors' mental health concerns significantly decreased pre- to 6-months post-intervention. Survivors valued telehealth delivery of clinical care, reporting "[Engage was] fast and easy to do, given that it could be completed from my own home". Conclusion: This innovative, distance-delivered intervention may support CCS and their PCPs to manage survivors' complex, long-term health problems.

P21.3: The Impact of Health Conditions and Psychosocial Risk and Protective Factors on Psychosocial Functioning in Survivors of Childhood Cancer: the DCCSS-LATER Study

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Objective This study explores the impact of health conditions, and psychosocial risk and protective factors on psychosocial outcomes including emotional, social, cognitive, and physical domains in childhood cancer survivors (CCS).Methods CCS from the Dutch Childhood Cancer Survivor Study (DCCSS)-LATER cohort (diagnosed 1963-2001, age ≥18, diagnosed <18, ≥5 years since diagnosis) completed questionnaires on health conditions, psychosocial risk and protective factors (perceptions, coping, self-esteem, social support), and psychosocial outcomes. Associations were assessed with regression analysis, adjusted for socio-demographic and time since diagnosis.Results CCS, N=1382, age mean 36 years, 51% female, ≥15 years since diagnosis, participated. CCS with specific type of health conditions, particularly second neoplasms and ear conditions, reported poorer psychosocial outcomes. Perceived benefit and burden, acceptance, helplessness, self-esteem, and social support were associated with the psychosocial outcomes. Self-esteem (≤β .47) and perceived burden (≤β h.38) showed the most and the strongest associations of medium/large size. Conclusion and clinical implications Health care professionals should be aware of the increased risk of psychosocial problems in CCS with specific health conditions, lower self-esteem, and higher perceived burden. Addressing negative perceptions and reducing feelings of helplessness, while promoting acceptance, self-esteem, and social support, could provide intervention targets for CCS facing health conditions and psychosocial challenges.

P21.4: Unmet supportive care needs of caregivers of children with cancer

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Objective:To assess needs of caregivers of children with cancer at a tertiary care hospital in Hyderabad, India, during and after treatment and to understand how unmet needs relate to demographic characteristics. Methods:Caregivers (N=135), including mothers (n=76), fathers (n=45), aunts (n=6), uncles (n=4), grandmothers (n=3) and siblings (n=3) of children with cancer completed the Cancer Needs Questionnaire for Parents and Carers. Needs were determined to be 'unmet' when participants indicated 'high' or 'very high' needs. T-tests and Chi-square tests were used to determine how participants' demographics related to unmet needs. Results:Five of the top 10 unmet needs were emotional (e.g.,"feeling stressed or depressed"). Families who lived further from the treating hospital were more likely to report unmet needs than families living closer, including: managing to pay for nonmedical items (p=.006, d=-.49); knowing how to support the child (p=.004, d=-.51); coping with seeing the child in pain (p=.01, d=-.45); feeling guilty about neglecting others (p=.03, d=-.38); managing to maintain a normal life (p=.008, d=-.46); and getting treatment for the child in the local area (p=.003, d=-.59). All caregivers whose highest education was ≤8th grade reported an unmet need for being able to get treatment for the young person in their local area. Conclusions:These findings suggest that healthcare providers need to inquire about caregivers' emotional well-being and the public health system needs additional focus reducing unmet needs among families living far away from treating hospitals.

P21.5: Emotion and Symptom-focused Engagement (EASE): Pilot Trial of a Psychotherapeutic Intervention for Family Caregivers of Children with Acute Leukemia

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Acute Leukemia (AL) is the most common childhood cancer that poses an immediate threat to life, causing significant traumatic stress (TS) in family caregivers (FCs). We developed a brief psychotherapeutic intervention called Emotion and Symptom-focused Engagement (EASE) to prevent or reduce TS related to life-threatening cancers. This study evaluates its feasibility and acceptability in FCs of children newly diagnosed with AL. EASE comprises ≤12 individual/couple, virtual/in-person sessions over 3 months, focusing on affect regulation, relational support, problem-solving, and mentalization. We conducted a single-arm, mixed methods pilot trial of EASE in FCs. Outcome measures assessing TS were administered at baseline,1,3,6,9, and 12 months. Feasibility criteria evaluated accrual, attrition, and adherence. Acceptability was assessed through semi-structured interviews with 20 FCs using qualitative description and reflexive thematic analysis. We recruited 37 FCs with a 60% consent rate and 8% attrition. 87% of FCs completed ≥3 EASE sessions. Themes regarding EASE highlighted its flexible logistics and therapeutic benefits, including enhanced connectedness, reflective space for emotions, empowerment through self-care, and promoted self-awareness and flexible perspectives. EASE demonstrates feasibility and acceptability among FCs, underscoring the value of proactive psychotherapeutic interventions for trauma-exposed groups. A phase 3 randomized controlled trial is underway to assess the effectiveness of EASE in preventing or reducing TS in FCs of children with all cancers.

P21.6: Implementation of the Bright Ideas Intervention among Caregivers of Children with Cancer in Uganda: A Promising Approach for Psychosocial Support.

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Objective:The Bright Ideas intervention is designed to address the emotional and psychological well-being of caregivers through a structured and evidence-based approach. Drawing on a problem-solving model, the program aims to enhance caregivers' hardiness and ability to navigate the complexities of caring for a child with cancer.Methods;The implementation process adapted the intervention to the cultural context of Uganda, considering factors such as language, beliefs, and healthcare practices. Culturally sensitive training was provided to facilitators, ensuring they could deliver the intervention that resonated with the caregivers' experiences.The study employed a mixed-methods research design, combining qualitative interviews, quantitative assessments, and observational data to evaluate the impact of the intervention on caregivers' mental health. Key outcome measures included changes in stress levels and the sense of social support among participants.Results;Preliminary findings suggest that this intervention has the potential to positively influence the psychosocial health of caregivers. The results will contribute valuable insights into the feasibility, acceptability, and effectiveness of such interventions in resource-constrained environments.Conclusion and implications;This research adds to the body of knowledge on psychosocial interventions and provides practical recommendations for the integration of similar programs into the broader healthcare system in Uganda and those affected in low-resource settings.

S22: Cancer care across the life span

Regina Melchor[1]
[1]

P22.1: Comparative policy analysis of cancer survivors’ equitable access to education

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ObjectivesYoung people treated for cancer are at risk for neurocognitive late effects which impact academic attainment and quality of life. For survivors faced with cognitive impacts of cancer, special education can improve academic attainment. However few survivors access these supports. This may be due to the complexity of policy as it pertains to academic supports for children and adolescence treated for cancer. Our objective is to identify potential policy barriers to education for cancer survivors. MethodsWe conducted a comparative policy analysis of 8 countries with an average survivorship rate of 80% to ascertain eligibility of young people treated for cancer for education supports. A literature searched for evidence of survivors accessing equitable supports they were eligible for under each nation's special education laws. ResultsEach country has policies that should reasonably apply to students with neurocognitive late effects of cancer. Limited peer-reviewed evidence of survivor's educational access rates. Most literature points to underutilized education supports. Conclusion and Clinical ImplicationsWe determined that education laws of countries reviewed do not pose significant barriers to survivors accessing education supports. Literature suggests that barriers to access come from poor communication between medical and school teams as well as lacking or misinformation. More interdisciplinary collaboration is necessary to support educational access and improved quality of life.

P22.2: How does a cancer diagnosis affect economic, education, social, and health outcomes? A matched cohort study of adolescents and young adults in England.

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Objectives: To investigate how a cancer diagnosis and cancer severity impacts economic, education, social, health-related quality of life (HRQoL), and mental health outcomes in adolescents and young adults (AYAs) aged 16-24, when compared to matched controls. Methods: Data from 401 AYAs in the BRIGHTLIGHT study (a fifth of AYA cancer cases in England between 2012 and 2015), were matched to 765 controls without cancer from the UK Household Longitudinal Study (UKHLS). Participants were matched on sociodemographic variables, follow-up duration, and health. Outcomes were assessed using regression models at 6-months (T1), 1-year (T2), and 2-years (T3) post-diagnosis. Results: Compared to controls, AYAs with cancer were: less likely to be in employment or education at T1 (OR = 2.03, p<0.001) but not at T3 (OR = 0.96, p = 0.18), as transitioning from unemployment at T1 to education at T3 was more common (24% vs 3%); less likely to live in parental households at T1 (OR = 0.54, p<0.001) and T3 (OR = 0.59, p<0.001); more likely to experience relationship breakdown between T1 and T3 (23% vs 12%). Differences in mental health and HRQoL declined over time (mean difference vs controls: T1: -0.07, p < 0.001; T2 and T3: -0.01 p>=0.55). Economic, mental health and HRQoL outcomes were persistently worse for severe cancer cases. Conclusions: Despite having initially poorer health and economic outcomes, many AYA cancer survivors caught up with their matched peers after 2 years. Targeted psychosocial and economic policies for those with severe diagnoses could address widening inequalities.

P22.3: Factors associated with the use of the term 'cancer' in parent-child discussions about parental cancer: insights from parents' experiences

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Objective: Cancer-related communication plays a crucial role in the adjustment process for both parents and children coping with the disease. Experts recommend using the term 'cancer' with children to promote clarity and distinguish cancer from other conditions. This study aims to examine the use of this term in parent-child communication and explore the associated factors.Methods: 119 parents of children facing parental cancer [93 patients and 26 relatives] completed questionnaires about their communication self-efficacy, behaviors, and difficulties. They also participated in a semi-structured interview regarding communication about the illness with their child. Two groups were created based on whether the term 'cancer' was used in their communication with their child.Results: The participants' average age is 44 and their children's ages range from 3 to 18 years old. 81.5% of participants are women. The qualitative analysis showed that 82 parents used the term 'cancer' or a specific term such as 'leukemia', while 34 used a non-specific term like 'illness'. A few parents (n=3) did not communicate with their child about the parental cancer. The results regarding associated factors will be presented and discussed.Conclusion implications: Parents generally use a specific term when communicating about parental cancer with their child, as recommended. The use of non-specific terms is strongly associated with other communication difficulties. It is essential to support parents in communicating with children about parental cancer and to consider the terms used in this context.

P22.4: Towards understanding post-treatment self-management learning needs of young adults with hematological cancer

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Purpose: To identify and understand self-management learning needs of young adults (YA) with hematological cancer after the end of active treatment. Methods: An interpretative-descriptive qualitative study was conducted. Semi-structured interviews in French or English were carried out with YA (18-29 years old at the end of active treatment), with a hematological cancer, who are no longer receiving active treatment for at least one year. Interview guide was based on Vinette and Bilodeau's model for self-management learning (SML) in YA with cancer, and on Antonovsky's salutogenesis and sense of coherence framework. An iterative thematic analysis of the transcribed interviews was performed. Results: Eight YA (five males and three females; average age at the end of active treatment: 24) diagnosed with leukemia or lymphoma were interviewed. It is when YA experience transitions or feel alone in dealing with challenges that they identify a learning need. Different factors can contribute to accentuating or dampening their view of SML needs. An underlying motivation guides the identification of attitudes, knowledge or skills to be gained. Conclusion: YA need more than information to feel confident in their ability to self-manage post-treatment challenges. They need to develop knowledge, skills and attitudes that enable self-management. Learning to self-manage is a process of personal transformation, fueled by internal motivation, that also benefits from external support from entourage and care providers.

P22.5: Dyadic effects of illness cognition and psychological distress among young and middle-aged couples with colorectal cancer: The mediating role of dyadic coping

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Objective: Young and middle-aged colorectal cancer patients, along with their spouses, face heightened vulnerability to psychological distress. The psychological distress of both patients and their partners may be influenced by illness cognition and dyadic coping. To explore the dyadic interplay of illness cognition, dyadic coping, and psychological distress, we aimed to validate dyadic coping as a mediator between illness cognition and psychological distress.Methods: We conducted our study with 403 pairs of young and middle-aged patients with colorectal cancer and their partners, recruited from two tertiary hospital between May and September 2023. Participants completed questionnaires measuring illness cognition, dyadic coping and psychological distress.Results: Both patients and spouses exhibited actor effects and partner effects regarding positive illness cognition/helplessness on dyadic coping. However, dyadic coping only had actor effects on psychological distress. Furthermore, we verified that dyadic coping mediates the link between positive illness cognition/helplessness and psychological distress.Conclusion: These results offer fresh insights into the relationship of illness cognition, dyadic coping, and psychological distress at both individual and dyadic levels. They underscore the importance of promoting positive illness cognition and reducing helplessness in the context of cancer care. Healthcare providers may ease couples' psychological distress through the promotion of positive illness cognition and the reduction of feelings of helplessness.

P22.6: Parent's/caregiver's perspectives on the reasons and strategies for minimizing childhood cancer treatment abandonments at Muhimbili National Hospital (MNH),Tanzania

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ObjectiveStudy explored reasons for treatment abandonment and perspective on strategies to minimize abandonment among parents/caregivers of children with cancer at MNH, Tanzania.MethodsThis was a phenomenological qualitative research design which employed purposive sampling technique. Parents/caregivers of children diagnosed with six common childhood cancers that are highly curable between 2015 to 2020, and who stopped their children’s cancer treatment at MNH were recruited. An in-depth interview guide was used for data collection which were recorded, transcribed, coded, and analysed using thematic approachResultsThe study revealed cancer treatment abandonment in children is influenced by poor parental understanding concerned cancer disease in children, parental marital challenges, myths and beliefs, long time stay in hospital, lack of family and community support, alternative medicine as well as treatment response. Study findings further demonstrates that community awareness creation on childhood cancer, capacity building to health care providers on cancer care and treatment at district levels, and availability of diagnostic services at all levels of hospitals will minimize treatment abandonment.ConclusionStudy findings implicates parents’/caregivers’ understanding about childhood cancer and treatment modalities has an impact on their decision to adhere or abandon their child’s treatment. Capacitating frontline health care providers on early warning signs of childhood cancer and extending cancer services to district level hospitals are of paramount strategies.

S23: Implementation

P23.1: Facilitating patient-oncologist communication in advanced treatment-resistant cancer: development and feasibility testing of a question prompt list.

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Objectives: Patients' expectations regarding medical information in advanced stages of cancer are still poorly understood in France. Tailoring information to advanced cancer patients is a subtle task. We developed a question prompt list (QPL), serving as a patient-oncologist communication aid.Methods: A four-step sequential mixed-method was followed, involving patients with luminal B/triple-negative metastatic breast cancer or metastatic uveal melanoma (N=110), patients' partners, oncologists and researchers (N=18). In-depth interviews and questionnaires focused on information needed at disclosure of metastasis or resistance to treatment (step 1), formulation of questions and procedures for use in oncology visits (steps 2 and 3), and acceptability of final tool (stage 4).Results: The QPL initial version consists of 17 questions covering 5 themes (disease, current treatment, other options, living with cancer, prognosis). In step 2, 13 questions were added, 2 merged and 5 deleted; a short form (4 questions) was proposed and implementation levers were suggested. At step 3, 2 questions were merged and 6 deleted. Four oncologists (27% of the target population) took part in step 4, and the QPL was discussed with 20 patients, revealing a positive appraisal.Conclusions: We provide a rigorously developed, relevant, concise and acceptable question prompt list for clinical application in the advanced cancer care setting in France. Further research needs to assess this QPL benefits in terms of oncologist-patient communication, satisfaction with care and health outcomes.

P23.2: Moving beyond barriers: The development of evidence-based strategies to improve the implementation of Patient Reported Outcome Measures (PROMs) in clinical oncology care.

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Objective At the Netherlands Cancer Institute, we've integrated PROMs in clinical practice since 2021. To further enhance their use, we developed evidence-based strategies

to improve the implementation. Methods We present a mixed-method study involving observation of consultations and semi-structured interviews with patients and healthcare professionals (HCPs). Using the Theoretical Domains Framework (TDF) we identified facilitators and barriers. Strategies for the improvement of the implementation were selected using the Behaviour Change Taxonomy v1 and were ranked on feasibility and priority.Results Ten consultations were observed, and 14 interviews were conducted. Barriers and facilitators related to the TDF domains: Environmental context and resources, goals, professional role and identity, skills and social influences. 41 strategies were identified; after ranking, 25 remained. These included redesigning the PROMs dashboard, clarifying HCP responsibilities for discussing PROMs, and educating patients about PROMs' goals. Enhance the user-friendliness of the Electronic Health Record (EHR) system emerged as a main strategy, however due to technical restrictions from the manufacturer this was considered not feasible. Conclusion Our study highlights feasible strategies to improve PROMs implementation. We have started with updating patient information, restructuring the dashboard and will start with consensus meetings with HCPs. The study also reveals the limitations of our current EHR system to tailor PROMs systems to meet the requirements of patients and HCPs.

P23.3: THE ATTEMPT TO CONDUCT GROUPS BY THE PROGRAM CONQUER FEAR DURING THE WAR IN UKRAINE

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Objective. We planned to implement a Ukrainian group version of the Conquer Fear intervention for cancer survivors to reduce their fear of cancer recurrence. Unfortunately, the war required significant changes to the base program; however, its implementation online has had positive results.Methods. Components of crisis and person-centered therapy were added to the basic Conquer Fear intervention with some psychoeducational explanations. Before and after joining the group, participants' FCR and anxiety were measured by the FCRI and STAI. The updated integrative version ConquerFear-UA was tested on an experimental group of 53 people and assessed with a control group of 40 people.Results. The added components create a safe environment, reduce the psychological burden of the social crisis, and help the participants achieve a calmer state, thus making work under the Conquer Fear program possible. Test scores indicated a statistically significant positive effect from implementing the program, and participants reported subjectively significant relief of symptoms additionally.Conclusion implications. We have found the component of group members' interpersonal communication added from person-centered therapy to be highly effective in the traumatic conditions of war and the components of the basic intervention beneficial for participants. Our integrative program is more of a sad exception than a recommendation because the war has given priority to practical help for Ukrainian cancer survivors with their real fears and circumstances since pure science in the wartime is impossible.

P23.5: Synthesizing expertise from researchers, educators, health care professionals and experts by experience in oncosexology in The Netherlands

[1],
[1]

To improve oncosexological care for all patients we joined forces in the special interest group (SIG) 'Cancer and sexual

Health' consisting of different important stakeholders in clinical care, education, research and experts by experience. Basic and specialized oncosexological care is comparable to basic and specialized psychosocial oncology care.Since the birth of our SIG we send out a newsletter after each meeting informing all of our colleagues in onco(sexo)logy care in the Netherlands, discuss complicated cases and subjects (fe testosterone for women) and inform each other on guideline actions, publications and newly developed education for both patients (fe on the internet) and health care professionals (HCP).An important part of basic oncosexological care by the HCP is giving information on the possible effects of the disease and treatment on sexual health, mointoring and indicating for specialized care. Training in talking about sexual problems needs to be a part of basic education of all (oncology) HCPs. An oncology PROM (lastmeter) has one question about sexual health and need for care, but this is often skipped by both patients as HCPs. Patients also get information on sexual health and cancer from the internet (list provided).In the future we hope to:- improve basic oncosexological care- by making sure sexology is an integral part of the education of HCPs- train oncology teams (Pink elephant)- implement research (KISS / SPARC) in clinical care- improve International collaboration- Develop Expertise Center(s) for Sexual Health in Oncology

P23.6: The effectiveness of Eye Movement Desensitization and Reprocessing (EMDR)-therapy on Posttraumatic Stress Disorder (PTSD) symptoms and Quality of Life in patients with cancer

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This study assessed the feasibility and effectiveness of Eye Movement Desensitization and Reprocessing (EMDR)-therapy on Posttraumatic Stress Disorder (PTSD)-symptoms and health-related quality of life (HRQoL) in oncology patients in a hospital setting.Case series study with 23 patients with cancer-related PTSD-symptoms. Participants, referred by their clinician, received a maximum of six EMDR-sessions. PTSD-symptoms (PCL-5) and HRQoL (EQ-5D-5L) were assessed at pre-treatment, post-treatment, and 3 months follow-up. Quality-Adjusted Life Years (QALYs) gains were estimated using EQ-5D-5L and a hypothesized stable pre-treatment value over one year and cost/QALY estimation was performed.Median number of sessions was 2 (range 1–5). The patients' PTSD-symptoms decreased from pre- to post-treatment (T=1.295, p<.001, r=0.666), which remained at follow-up (T=1.364, p<.001, r=0.641). The significantly improved HRQoL post-treatment compared to pre-treatment (T=-.818, p=.020, r=-.122) did not remain at follow-up. QALYs gained were .126 over one year, with treatment costs estimated at €760, resulting in a cost-effectiveness of €6028/QALY. There were no drop-outs, adverse events or side effects. This study confirms the feasibility and effectiveness of EMDR-therapy on PTSD-symptoms in clinical practice, confirming outcomes in controlled studies. A positive estimation of the cost-effectiveness of EMDR-therapy in treating PTSD symptoms was found. Randomized studies comparing EMDR-therapy to other trauma-therapies are needed to further position EMDR-therapy in this population.

S24: Innovations

P24.1: The COMFORT Trial: A Randomised Control Trial Comparing Group-Based COMpassion-FOcused Therapy Techniques And Breathing Pattern ReTraining With Treatment As Usual On The Psychological

Functioning Of Patients Diagnosed With Cancer Recurrence.

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BACKGROUNDIt is well known that cancer patients suffer from heightened levels of psychological distress when diagnosed with recurrent disease. To our knowledge this is the first Randomised Control Trial (RCT) to investigate Compassion-Focused Therapy (CFT) techniques and Breathing Pattern Retraining (BPR) on the reduction of distress in patients with recurrence compared with Treatment as Usual (TAU).METHODOLOGY160 cancer patients with recurrence and a Distress Thermometer (DT) score >/= 4 were enrolled and randomly allocated to a 6-week online intervention (CFT & BPR) or TAU. CFT is a holistic, psychological approach that teaches self-compassion. BPR encourages efficient breathing to aid anxiety and hyperventilation. The primary outcome was a clinically significant 1 unit change in DT score at 18 weeks. A linear mixed effects model was used to compare change from baseline between arms accounting for repeated measures within individuals.IMPACT160 patients enrolled and 123 completed the protocol. Linear mixed-effects model and intent-to-treat analyses demonstrated a mean difference in the improvement from baseline to 18 weeks of 1.09 units (95% CI: 0.24, 1.95) (p=0.013) on the DT in the intervention group consistent with the pre-specified minimum clinically significant difference. DISCUSSIONCFT & BPR as an online psychological intervention were significantly superior in reducing distress in patients with recurrent cancer compared with TAU. The COMFORT Trial has the potential to inform the delivery of best-practice treatments for cancer patients in Psycho-Oncology.

P24.2: Acceptance and Commitment Therapy to increase compliance to sexual dysfunction treatments in men with prostate cancer: Results from a randomized controlled trial

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Introduction: For men with prostate cancer, difficulty with sexual dysfunction can trigger a psychological process which leads to avoidance of utilizing sexual dysfunction treatments. This study tests a novel psychological intervention based on Acceptance and Commitment Therapy (ACT) to help men utilize these treatments. Methods: This study recruited men with prostate cancer starting penile injection therapy (PIT) for treatment of erectile dysfunction. Subjects were randomized to the ACT group or Enhanced Monitoring and Education (EME). Both groups received PIT plus 3 Intervention Sessions (30-45min) and 10 Booster Sessions (10min). Subjects are assessed at entry and every 6 months (m) for two years. Primary outcomes are number of penile injections/week and compliance (defined as ≥2 injections/week). Secondary outcomes assess psychosexual variables. 6m and 12M data is presented. Results: 198 subjects were randomized (ACT n=99, EME n=99). Mean age at baseline was 60±7 years. At 6m and 12m, the ACT group utilized more injections/week vs. the EME group (6m: median 1.8 vs. 1.2, p=0.01; 12m: median 2.0 vs. 1.4, p=0.01) and were more compliant with ICI vs. the EME group (6m: 65% vs. 35%, p=0.01, RR=1.86; 12m: 79% vs. 41%, p=0.01, RR=1.93). The ACT group reported lower depressive symptoms (p<0.05), greater satisfaction with ED treatment (d=0.6) and sexual self-esteem (d=0.2). Conclusion: These data suggest ACT significantly increases ICI use. Data also indicate ACT helps increase men’s satisfaction with injections and sexual self-esteem, while reducing depressive symptoms.

P24.3: Trajectories of objectively measured stress after a cervical cancer diagnosis: A longitudinal analysis of scalp hair cortisol

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ObjectiveScalp hair cortisol is a non-invasive marker of chronic stress, with each 1-cm segment of scalp hair cortisol representing the extent of chronic stress in the preceding month. This study aimed to assess trajectories of scalp hair cortisol levels from the month before a cervical cancer diagnosis through 12 months post-diagnosis, and to identify both clinical and self-reported factors that predict these trajectories. MethodsPatients newly diagnosed with cervical cancer stage I-III were enrolled in the DICE study. Before treatment and after 6 and 12 months, scalp hair samples were collected by trained hospital staff. Latent class growth curve analysis was conducted to identify trajectories. A comprehensive analysis of predictors influencing cortisol trajectories, including perceived (di)stress, childhood trauma and resilience, will be presented at IPOS 2024.ResultsHair samples were obtained before treatment (N=75), and after 6 (N=35) and 12 months (N=21). Overall, cortisol was lower in the hair segment representing the month before diagnosis (M=3.8; SD=7) compared with the month before treatment (M=4.8; SD=6). These levels remained elevated at 6 months after treatment (M=4.4; SD=5) and showed a decrease at 12 months (M=3.9; SD=5). Conclusion implicationsThis study will show insights into the predictors of objective stress trajectories, thereby providing a deeper understanding of the interaction of psychosocial and biological mechanisms representing the impact during the first year after cervical cancer diagnosis.

P24.4: The World of Mental Challenge: Contributions of Health-Related Quality of Life, Cancer Related Fatigue and Emotional Distress on Mental Health of Cancer Patients

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Objective: The entire treatment and management of cancer is multidimensional and due to this fact, the researcher aims at studying interventions and support strategies that holistically address the mental health of cancer patients. Thus, the study examined the role of Health-Related Quality of Life, Cancer

Related Fatigue, and Emotional Distress on the Mental Health of Cancer PatientsMethod: One hundred and fifty-two (152) cancer patients (54.6% female and 45.4% male) participated in the study, with a mean age of 54.49 and SD = 16.89. The Functional Assessment of Cancer Therapy – General (FACT-G), Cancer Fatigue Scale (CFS), Kessler Psychological Distress Scale (K10), and Positive Mental Health Scale (PMH-scale) were used to collect data from participants. Hierarchical multiple regression was used to assess the hypotheses.Results: Results showed health-related quality of life was a significant positive predictor of the mental health of cancer patients, $\beta = .25$, $p<.01$. Cancer fatigue and psychological distress was a significant negative predictor of the mental health of cancer patients, $\beta = -.34$, $p<.001$, $\beta = -.27$, $p<.01$. In conclusion this study identified the above factors as predictors of mental health conditions of cancer patients.Conclusion Implication: It was suggested that the above factors be highly considered, monitored, and managed by healthcare professionals and psychologists during the treatment of cancer, thereby enhancing their (cancer patients) overall quality of life,.

P24.5: Worst-case Scenarios as a Strategy to Understand and Reduce Fear of Progression and Trauma Symptoms in Late-Stage Cancer

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Purpose: Reflecting this year’s theme of Innovation in psychosocial oncology interventions, living with late-stage cancer can trigger intense fears including imagined future worst-case scenarios with cancer, fear of cancer progression (FoP), and cancer-related trauma symptoms. This study aimed to characterize these worst-case cancer scenarios, and present a novel, easy-to-learn intervention to address them and reduce FoP and cancer-related trauma symptoms.Methods: Among 179 adults with stage IV cancer, worst-case cancer scenarios were solicited and systematically coded. A novel intervention titled ‘EASE’ was developed to address worst-case scenarios through written exposure and coping. EASE was piloted among 29 adults with late-stage cancer and elevated FoP or cancer-related trauma symptoms.Results: Thematic analyses revealed that late-stage cancer survivors frequently identified a worst-case scenario, reflecting diverse fears related to FoP. EASE demonstrated strong acceptability and feasibility, with 86% of participants completing all 5 intervention sessions, and reporting high acceptability. Primary outcomes of FoP and cancer-related trauma symptoms improved significantly from pre to follow-up by large effect sizes. Anxiety, depression, and hopelessness about cancer improved significantly as well. Conclusions: Worst-case scenarios are readily identified by most adults with late-stage cancer, presenting an opportunity for intervention. EASE is a straightforward, promising approach that leverages worst-case scenarios to reduce FoP and cancer-related trauma symptoms.

P24.6: General practice support for oncology patients; the added value of an oncology practice nurse

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IntroductionGlobally, the incidence of cancer is increasing due to ageing, while early detection and improved treatment are also contributing to increased survival rates. Cancer treatment can result in a variety of long-term consequences for patients. Early recognition and treatment of these consequences can benefit both the patient and society. A potential solution to support this group is the use of oncology nurse practitioners (ONPs). The aim of this study is to evaluate the added value of ONPs in the general practice.MethodA cross-sectional study was conducted between October 2023 and February 2024. Eight general practices were included. Five had an ONP (intervention practice) and three did not (control practice). Patients who had received a cancer diagnosis in the past five years were surveyed using a questionnaire to measure their quality of care. SPSS was used to analyze the data descriptively.ResultsOf the 447 patients, 249 completed the questionnaire (response 55%)The mean age was 69 years (sd=12), and 55.5% were women. Patients rated the quality of care provided in intervention practices higher than in control practices (8.3 vs 7.7, p<.05) and also recommended these practices more often (8.6 vs 7.3, p<.001). In addition, patients in the intervention practices reported that 13 of the 14 most important topics for support after a cancer diagnosis were discussed significantly more often than in the control practices.ConclusionThe addition of an ONP in general practice can improve the quality of care for the increasing group of cancer patients.

S25: Cancer and Fertility

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Fertility problems or infertility are common after cancer in childhood, adolescence, and young adulthood, but psychosocial effects on patients and survivors are often neglected. While fertility problems are inevitable for various patients, fertility preservation can be offered to patients before starting cancer treatment. Yet, decision-making about preservation at the time of diagnosis can be complex and burdensome. This led to the development of decision aids and other decision support tools. Several evaluation studies with breast, endometrial and pediatric cancer populations will be discussed (presentation MP). Subsequently, large-scale cohort data will be presented that focus on fertility-related distress within 2 years following cancer diagnosis in young adulthood (presentation CL). Reproductive concerns and distress following fertility status assessments in survivorship will be presented using quantitative data from female young adult survivors of childhood cancer (presentation BC). Finally, qualitative data will provide in-depth insights into how fertility preservation at diagnosis (or lack thereof) affects survivors' romantic relationships and reproductive goals long-term; thereby changes over time will be emphasized (presentation VL). This symposium will cover data from around the globe to showcase universal problems surrounding fertility preservation and potential infertility across the cancer journey. Thereby, we will advocate for greater awareness and improved supportive care surrounding (in)fertility starting at cancer diagnosis and throughout survivorship.

P25.1: Prevalence and predictors for fertility-related distress among 1010 young adults 1.5 years following cancer diagnosis – results from the Fex-Can Cohort

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Objectives/purpose The aim was to examine fertility-related distress in young women and men recently treated for cancer and to identify predictors for this outcome. Methods This nationwide cohort study included 1010 individuals (694 women and 316 men) diagnosed with breast, cervical, ovarian, or testicular cancers, brain tumors or lymphoma at ages 18-39 in Sweden. Participants completed a survey 1.5-year post-diagnosis to assess fertility-related distress (RCAC), emotional distress (HADS) and self-efficacy, as well as sociodemographic and clinical factors. Results Many participants (69% of women and 47% of men) had previous children and about half reported a wish for future children. High fertility-related distress was more prevalent among women (54%) than men (27%), Use of fertility preservation was unevenly distributed (15% of women and 71% of men) and was not associated with decreased fertility-related distress. In multivariable logistic regression models, a wish for future children, being single, not having previous children, symptoms of anxiety and low self-efficacy regarding one's ability to handle threats of infertility were associated with high fertility-related distress. Conclusion and clinical implications Distress related to fertility issues is common in young adults recently treated for cancer, particularly among women. While fertility preservation was not found to act as a buffer against fertility-related distress, identified sociodemographic and psychological predictors should be used to develop strategies to alleviate fertility distress following cancer.

P25.2: Supporting oncofertility decisions: decision aids and other tools

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Background: Treatment-induced infertility is a key concern for many reproductive aged cancer patients and is associated with negative long-term outcomes. Fertility preservation may be an option, but needs to be discussed prior commencement of treatment. At this high stress time, the decision to undertake fertility preservation is complex, and patients need support. Objectives/purpose: To present the evidence on several tools designed to support informed oncofertility decision-making. Methods: Multiple studies will be described, including data from qualitative, cross-sectional, clinical trial, and meta-analyses of an international databank. Results: Results from assessment of four oncofertility decision aids will be discussed (women with breast cancer, women with endometrial cancer, and parents of children with cancer). In summary, oncofertility decision aids are acceptable to patients, reduce decisional conflict and regret, and improve the quality of decision-making around fertility and fertility preservation and patient satisfaction. They also are well accepted by clinicians. Risk prediction models and the development of a web-based tool (FoRECAsT: infertility after cancer predictor), based on a databank of 24,678 individual fertility records, to provide an individualised risk of developing ovarian function decline for young breast cancer patients will also be described. Conclusions and implications: Providing patients with tools to support decision-making can improve their experience and lead to better outcomes.

P25.3: Perceived consequences of fertility preservation (or lack thereof) on young cancer survivors

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Objective: Patients diagnosed with cancer during reproductive age may be offered fertility preservation (FP) to maintain options for future parenthood. This is offered with good intentions, but how FP (or lack thereof) affects survivors' lives is understudied. Methods: Semi-structured interviews were completed by N=48 survivors of cancer during adolescence and young adulthood (75% female; age at diagnosis: 13-39 years, age at study: 20-49 years). Survivors were asked about the perceived consequences of (not) having completed FP at diagnosis. Template analyses were used to uncover current, previous, and possible future consequences. Results: At interview, the emotional impact of (missed) FP unfolded in three ways: Positive feelings (about completed FP), negative feelings (about no/failed FP), or minimal/no emotional consequences. Such impact was contingent on past or possible future consequences, including the timing of diagnosis, uncertainties, and exploration of fertility and options for assisted reproductive technologies (ART) following treatment. These were accompanied by worries, extensive mental burden, and an altered outlook on life. Effects on romantic relationships were positive (e.g., good partner communication) and negative leading to dissolutions. Utilization of ART was scarce, but burdensome, particularly for women. Conclusion and implications: FP can offer survivors reassurance and additional options for future biological parenthood. Yet, a hope for natural conceptions prevails, as survivors are also aware of the limits and burden of ART.

P25.4: Fertility status assessment among female survivors of childhood cancer

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Objective Female cancer survivors may benefit from fertility status assessment (FSA) to evaluate options for biological parenthood. There is potential that FSA could increase distress if findings indicate impairment or infertility. Methods: Survivors (N=304), aged 18-29y, cancer diagnosis <21y, were recruited from four centers in the U.S. Survivors reported receipt of FSA and FSA results. Distress was assessed using the modified Reproductive Concerns Scale, Fertility Problem Inventory, and Reproductive Concerns After Cancer Partner Disclosure subscale. Differences in distress by FSA results were compared using ANOVA. Results: Survivors with prior FSA (N=108, 35.5%) were aged 23.7□3.1y, 75.9% non-Hispanic white. FSA results indicated participants had likely fertility (25.9%) or impaired fertility/infertility (49.1%), while 13.9% did not know their results, and 11.1% presumed fertility due to prior pregnancy. Participants who were likely fertile, impaired/infertile, or those who did not know, reported similar distress. Survivors with prior pregnancy reported less distress, with significant reductions observed regarding partner disclosure of potential infertility compared with those who were impaired/infertile (p=.004) or likely fertile (p=.005). Conclusions: One-third of survivors received an FSA with half reporting impaired fertility/infertility. Distress was not higher if FSA results indicated impairment/infertility. Survivors who pursue FSA may benefit from psychological support, regardless of testing results.

S26: The Supportive Oncology Collaborative: Enhancing Access and Care through Integrated Supportive Services

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In the U.S., satellite facilities for academic cancer centers have made it possible for more diverse patient populations to access academic-level cancer care. Receiving care close to home has reduced barriers, life disruptions and costs resulting from cancer treatment. Staffing satellite facilities with robust supportive oncology providers can be challenging. The Collaborative Care Model (CoCM), originating in primary care, is gaining traction in oncology, emerging as the most evidence-supported model for efficiently delivering mental health care to large populations. Building on the foundations of CoCM, we added palliative care and psychology to psychiatry and social work to create a comprehensive integrated Supportive Oncology Collaborative (SOC) model. This symposium will highlight the evidence and rationale for this model, the benefits, and the implementation process. Dr. Wu will introduce collaborative care's evidence in oncology, the role of teleconsultation, and how both expand access. Dr. Lally will discuss how the integration of palliative care expertise streamlines patient identification for supportive services while enhancing reciprocal understanding between medicine and mental health. Dr. Pozo-Kaderman will present how psychology assists with complex cases, sexual health, and team-based concerns. Dr. Tung will discuss implementation processes at clinical sites taking into account resource availability and institutional culture. The symposium will conclude with a panel discussion exploring the adaptation of a similar model in participants' own institutions.

P26.1: Doubling Down on Access: How the Integration of Telemedicine and Collaborative Care Expands Reach in Supportive Oncology Services

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Background: Community sites have disproportionately reduced access to supportive oncology services. The Collaborative Care Model (CoCM) is well known for its role in expanding access. Additionally, the rapid adoption of telemedicine during the COVID-19 pandemic has facilitated access to remote and traditionally underserved populations. Method: We will review evidence for collaborative care in oncology settings and examine how telemedicine has been used for mental health in primary care settings. We will highlight the Supportive Oncology Collaborative (SOC), an innovative clinical approach that uses a range of telemedicine solutions to support a greater population of patients. This includes teleconsultations from mental health and palliative care experts to oncology providers, as well as telemedicine visits directly with patients when necessary. Impact: The establishment of a telemedicine-based collaborative care program allows us to leverage the resources of a major urban cancer center to bolster community sites with fewer resources. Consequently, individuals living in underserved communities gain direct or indirect access to mental health and palliative care expertise. We will share data on the volume of patients served. Discussion: This presentation will explore how the integration of telemedicine and collaborative care enhances access to supportive oncology services. It aims to generate discussion on how technology can be used to bridge gaps in resource availability across different communities.

P26.2: Integrating Palliative Care with Psychosocial Care in the Supportive Oncology Collaborative

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Background: Palliative care faces many of the same issues around access that psychosocial care struggles with, including scarce resources, stigma, and delayed referrals. The Supportive Oncology Collaborative (SOC) addresses these issues by uniting a diverse team of experts, each offering unique skills to improve comprehensive patient care. Methods: Built upon the tenets of collaborative care, the SOC team is composed of behavioral health and palliative care clinicians who use standardized instruments to assess patients' physical and psychosocial needs. Patients are evaluated by a social worker and a palliative care advanced practice practitioner, with their cases subsequently reviewed in multidisciplinary meetings to determine a care plan that encompasses both psychosocial and palliative care needs. Impact on clinical practice: Through this model, we have been able to increase patient access to palliative care. Using case illustrations, we will demonstrate how team meetings enhance clinical collaboration and serve to identify patients who would benefit from the evaluation by various members of the team. We will also discuss how the integration of palliative care adds to the medical understanding of psychosocial providers.   Discussion: This SOC model has allowed us to increase access, promote efficiency, and provide more holistic care. By integrating palliative care with mental health services, the model promotes reciprocal information sharing, offering valuable medical and psychological insights that enhance overall patient care.

P26.3: Site-Specific Clinical Implementation of Supportive Oncology Collaborative Teams

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Background: The Supportive Oncology Collaborative (SOC) model incorporates expertise from social work, psychology, psychiatry, and palliative care. This model was developed and gradually expanded at our multi-site, comprehensive cancer center. Approaches to implementation have differed depending on site-specific factors.Methodology: The SOC model has been operationalized with input from institutional leadership, oncology teams, and clinical staff. This model was introduced to practice at a new community-based regional campus in 2020. It was rolled out to existing community-based regional sites, before being piloted at the main academic campus in 2024.Impact on Practice: The SOC model has been used to efficiently increase access to psychosocial oncology and palliative care. Flexibility in the model allows for care to be adapted to serve various clinical sites.Discussion: This presentation will compare processes for initiating SOC care at various sites. It will highlight similarities and differences between sites as they relate to patient needs, local resources, specialist availability, and provider openness to newer models of care. Strategies will be provided for implementing SOC services, building teams, and shifting institutional culture.

P26.4: The Role of Psychology in The Supportive Care Collaborative

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Background: In oncology settings, psychology provides mental health evaluations, psychotherapeutic interventions, and group support, which are uniquely grounded in theory. Methodology: Collaborative Care traditionally includes psychiatry, nursing, and social work. The Supportive Oncology Collaborative (SOC) adapted the model by incorporating psychology and palliative care to provide care tailored to the multilayered needs of patients. The role of psychology in enhancing patient care within this framework will be highlighted. Results: The addition of psychology enriches the collaborative through theory-driven perspectives and advanced expertise in psychotherapeutic interventions such as CBT, ACT, and sexual health therapy for more complicated cases. Psychology alleviates team distress by assisting in the management of challenging patients, navigation of complex interpersonal dynamics, and support for the medical team. Case examples will be presented. Discussion: Psychology's addition to the SOC provides crucial, targeted, in-depth recommendations grounded in theoretical and evidence-based practices. It brings to light often-neglected areas, including sexual health. The SOC's initiative to integrate these considerations represents a significant step forward. Future directions include development of skills groups to further enhance patient support.

S27: New digital technologies to support cancer patients: benefits, challenges and ethical implications

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There is broad consensus that digital technologies have the potential to facilitate access and improve health care of cancer patients. The contributions of this symposium show how this is being achieved in very different ways. We will first present a successfully evaluated app that is freely available and offers tailored psychosocial and self-management support. Secondly, we demonstrate how online parent training can succeed and improves care by positively influencing problem behavior and well-being of children. The third contribution addresses the video consultation. We present analyses of differences between video and face-to-face oncological consultations that require new behavioral routines for the online setting. Ethical aspects are the focus of the fourth contribution. Based on empirical data from the patient perspective, we discuss the importance of the right not to know against the background of the constantly increasing knowledge due to digitalization. In summary, new digital technologies offer many encouraging new opportunities for cancer patients and their doctors. However, the introduction of new digital technologies also entails drawbacks. We therefore discuss which disciplines should be involved in the conceptualization of solutions.

P27.1: Online or Face-to-Face? Differences and challenges in the oncological setting

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Objective: Little is known about the differences between video consultations and face-to-face consultations. Nevertheless, video consultations have become an integral part of many clinics. The aim of the OVID study was to describe quantitative and qualitative differences between video consultation (VC) and face-to-face consultation (FC) with regard to physician-patient interaction and to identify barriers to the use of VS. Methods: We conducted a cross-sectional quasi-experimental study using a mixed-methods design. The sample consisted of N = 73 cancer patients and their physicians. We recorded and systematically compared VC and FC regarding verbal and nonverbal aspects. All patients also completed the self-report questionnaires FAPI (Questionnaire on Physician-Patient Interaction) and TSQ (Telemedicine Satisfaction-Questionnaire), and filled out free text fields. Results: In the VC physicians had a higher proportion of speech and asked fewer open questions than in the FC. Patients expressed a high level of satisfaction with both settings. However, in the free text fields patients mentioned a large number of advantages and disadvantages of the video consultation. Discussion: Consultation-intensive and challenging oncology consultations are also possible with a video consultation. Patient satisfaction with doctor-patient interaction in the VS is high. Nevertheless, the results of the video analyses and free text fields also show that doctor-patient communication in the VS requires new behavioural routines.

P27.2: **Digital therapeutic improving distress in cancer patients: a nationwide randomized controlled trial**

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Objective Distress is highly prevalent among cancer patients, but supportive care needs often go unmet. Digital therapeutics hold the potential to overcome barriers in cancer care. We conducted a RCT to investigate the efficacy of Mika, an app-based digital therapeutic to improve distress and quality of life (QoL) in cancer patients. Methods This nationwide wait-list RCT included cancer patients across all tumor entities diagnosed within the last 5 years. Participants were randomized into intervention (Mika) and control (usual care) groups. Primary outcome was change in distress from baseline to week 12 (DT), assessed online. Secondary outcomes included depression, anxiety (HADS), fatigue (FACIT-F) and QoL (SF-8). Analyses of covariance were used to test for outcome changes over time between groups, controlling for baseline, in an intention-to-treat (ITT) and per-protocol (PP) population. Results In total, 218 patients (intervention: n=99, control: n=119) were included in the ITT analysis. Compared with the control group, the intervention group reported greater reductions in distress ($P=.03$, $\eta p^2=0.02$), depression ($P<.001$, $\eta p^2=0.07$), anxiety ($P=.03$, $\eta p^2=0.02$), fatigue ($P=.04$, $\eta p^2=0.02$) and a trend for improved mental QoL ($P=0.07$, $\eta p^2=0.02$). PP analyses revealed more pronounced effects, except for fatigue. No group difference was found for physical QoL. Discussion Mika effectively improved distress among cancer patients. As a digital therapeutic solution, it offers accessible, tailored psychosocial and self-management support and might help to fill in the supportive care gap.

P27.3: Parenting with pleasure - despite cancer? Online-based parenting program for parents with cancer

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Objective: Especially in families with underage children, parental cancer can have an impact on the mental well-being (e.g. anxiety, depression, etc.) of the children. In addition to changes in the family routines, the illness can also have an impact on parenting behavior. However, inconsistent parenting behavior poses a risk for the child's further socio-emotional development. The aim of the study is to improve the parenting behavior of parents, reduce anxiety, depression and stress and increase the quality of life. Methods: This waiting list control group study enables parents with cancer to participate in the Triple P online parent training program. At baseline, 6 months and 12 months, online questionnaires are used to assess parenting behaviors as well as children's well-being. Results: To date, N=115 parents (87.9% mothers) between the ages of 30 and 58 have participated. Initial results show greater leniency in parenting behavior as well as more anxiety and depression in parents with the disease. The changes in parenting behavior following participation in online parent training will be presented at the congress. Discussion: In addition to improving parenting behavior, there is hope that online parent training can also have a positive influence on problem behavior and the well-being of children. In this way, an important topic - parenting in the case of cancer - can also be brought into focus in clinical care, thus reducing the mental distress of the entire family.

P27.4: The right not to know in the digital age: perspective of patients with a family history of breast and ovarian cancer

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Objective: Digital technologies offer new diagnostic possibilities and an enormous increase in knowledge. As a result, the right not to know is also gaining in importance. From a normative perspective, the right not to know protects individuals from negative practical and psychological implications. We aimed to capture what the right not to know means to individuals with a family history of breast and ovarian cancer.Methods: A cross-sectional online survey was conducted as part of the G-BA funded project, dVP_FAM (01NVF20002) with 202 participants, predominantly females with a mean age of 48.4 years (SD 10.9). Two open-format questions captured the subjective meaning of the right not to know and practical barriers for the uptake of genetic counseling and/or genetic testing. Qualitative data were summarized and structured according to qualitative content analysis.Results: We identified two themes: (I) the meaning of the right not to know, including key words such as self-determination and freedom; and (II) consequences of the right not to know which could be structured as cognitive, emotional and action-based consequences. Discussion: Patients have a multilayered and liberal understanding of the right not to know and consider the implications of genetic information. Surprisingly, data processing aspects were also linked to the right not to know, e.g. being informed about additional clinical findings. Uncertainty surrounding a test result confirming a pathogenic variant seems prevalent and should be addressed when informing patients before they consent to genetic testing.

S28: Fear of progression, uncertainty and resilience among patients with advanced cancer living with a long-term response to novel therapies

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People with advanced cancer may now live longer due to effective treatment with new medical therapies such as immunotherapy or targeted therapy (ITT). While it is good news that treatment is effective in prolonging life, approximately half of these individuals report heightened distress levels. They face multiple unique challenges including persistent uncertainty regarding potential treatment response and fear of progression. As the number of people with advanced cancer with a long-term response to novel therapies is expected to increase considerably in the coming years, a better understanding of how we can best support these individuals is vital. We propose four presentations about the experiences, assessment and coping with uncertainty and fear of progression: 1. A qualitative study on the experiences of fear of progression in individuals with lung cancer receiving ITT. 2. A validation study of the Dutch version of the Mishel Uncertainty in Illness Scale-C in patients with advanced cancer receiving systemic treatment. 3. Development and evaluation of a clinical interview for high fear of progression. 4. An Ecological Momentary Assessment study on the protective factors of resilience in advanced cancer patients obtaining long-term response to ITT. Recommendations and challenges for both research and clinical practice will be discussed.

P28.1: Development and evaluation of a clinical interview for high fear of progression in people with advanced cancer receiving systemic treatment

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Objective People with advanced cancer receiving systemic treatment experience fear of progression (FoP). This study aimed to develop and evaluate a clinical interview for high FoP in this growing cancer population. Methods A recent modified Delphi study identified features of FoP in patients with advanced cancer receiving systemic treatment. Based on these features, a clinical interview for high FoP was developed and pilot tested in clinical practice. Subsequently, two clinical psychologists completed the interview amongst 19 patients. Interviews were audio recorded, and FoP levels were scored as presence or absence of high FoP. Recordings were listened to by the other psychologist, FoP levels were independently scored, and interrater agreement was calculated. Results Nineteen participants were interviewed, of whom 63% were male. Mean age was 64.5 years (SD 7.2) and metastatic cancer diagnoses were lung (N=8); prostate (N=4); breast (N=3); GIST (N=2); colon (N=1) renal (N=1). Most received targeted therapy (N=11) or hormone therapy (N=6). Interrater agreement results are forthcoming and will be presented at the conference. Conclusion and implications Preliminary results indicate that the clinical interview on FoP is a feasible instrument for assessment of high levels of FoP in advanced cancer patients. Assessing clinical levels of FoP is essential to indicate those patients in need for psychological help with FoP. This clinical interview could be further developed, to serve as gold standard to define cut off scores in existing questionnaires on FoP.

P28.2: Living with Lung Cancer: the experiences of fear of progression in individuals with lung cancer receiving immunotherapy or targeted therapy

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Objective. Lung cancer is the leading cause of cancer-deaths in Canada. Immunotherapy (IO) and targeted therapy (TT) drugs can be highly effective at prolonging survival in individuals with advanced lung cancer. However, individuals' response to treatment is variable and the treatment is not curative. Therefore, individuals must cope with long periods of uncertainty and fears about progression and death. Results from a qualitative study and preliminary results of a mixed methods study on the experience of this population will be presented. Methods. Both studies include individuals with lung cancer receiving IO or TT. A qualitative study was conducted in partnership with Lung Cancer Canada, exploring supportive care needs in participants across Canada (n = 26). A CIHR funded mix-methods study will recruit 150 participants from The Ottawa Hospital. Participants will complete quantitative measures of fear of cancer progression (FOP), death anxiety, symptom burden, demographic and medical information, supportive care needs, and uncertainty in illness. Results. Qualitative results indicated an experience of uncertainty and FOP, and management of uncertainty through avoidance, acceptance, and meaning making. Mixed methods study recruitment is ongoing; recruitment rates, and preliminary result will be presented. Implications. The population of long-term survivors of advanced lung cancer is rapidly growing, largely due to growing utilization of IO and TT. It is vital to understand FOP in this population to adapt existing FOP interventions to meet the needs of these individuals.

P28.3: Protective factors of resilience in advanced cancer patients obtaining long-term response to immunotherapy or targeted therapy: an Ecological Momentary Assessment study.

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Objectives: Approximately half of advanced cancer patients with a long-term response to immuno- or targeted therapy (ITT) (i.e. long-term responders (LTRs)) experience heightened distress due to persistent uncertainty surrounding their illness and prognosis. By studying factors that predict resilience, we gain insight into how we can help LTRs to handle these continuing stressors. We aimed to study to what extent protective factors (i.e. illness acceptance, tolerance of uncertainty, mindfulness, social support, optimism, and emotion regulation variability) predict micro-level resilience in response to unpleasant daily life events, and to what extent the experience of positive affect (PA) in general and directly before a stressor predict resilience? Methods: We conducted an observational cohort study gathering data with Ecological Momentary Assessment. We included 61 patients with advanced melanoma or lung cancer with confirmed response to or long-term stable disease while on ITT. We used multi-level vector autoregressive models to study resilience with Dynamic Structural Equation Models. Results: When LTRs experienced a daily life event as more unpleasant, they showed a higher decrease in negative affect, indicating less resilience. LTRs with higher levels of illness acceptance, mindfulness, optimism, and PA in general showed more resilience. Conclusion & implications: The protective factors suggest that Acceptance and Commitment Therapy and Mindfulness-Based Cognitive Therapy are promising interventions to increase these factors and potentially enhance resilience in LTRs.

P28.4: Validation of the Dutch version of the Mishel Uncertainty in Illness Scale-C in patients with advanced cancer receiving systemic treatment

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Objective. An emerging group of patients with advanced cancer receiving systemic treatment lives long-term with ongoing uncertainty. Yet, no valid measure of uncertainty was available for this group. Our aims were to translate the Mishel Uncertainty in Illness Scale-Community (MUIS-C) into the Dutch language and evaluate its psychometric properties in patients with advanced cancer receiving systemic treatment. Methods. Patients (N=114) with diverse advanced cancer diagnoses and treatments (52% male, mean age 65 years) completed the MUIS-C, which was translated into the Dutch language using a forward-backward translation procedure. Floor and ceiling effects, structural validity, internal consistency, and convergent and divergent validity were evaluated. Results. No floor and ceiling effects for the MUIS-C were found. Exploratory factor analysis revealed two factors (lack of clarity, unpredictability). Internal consistency was adequate (Cronbach's α =.82). A-priori hypotheses regarding convergent and divergent validity were confirmed, and supported construct validity. Conclusion and clinical implications. Results suggest that the Dutch MUIS-C is a valid and reliable measure for assessing illness uncertainty in patients with advanced cancer. Being able to measure uncertainty gives indications to what extent patients suffer from uncertainty, yields insight in factors contributing to it, and guides future development of psychological interventions addressing uncertainty.

S29: Creating meaning and purpose: adaptations and developments in Meaning-Centered Psychotherapy

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Chair: Dr Annekathrin Sender, Prof Anja Mehnert-Theuerkauf With the diagnosis and during the course of the disease, many cancer patients are suddenly and inevitably confronted with existential questions, their own mortality, as well as physical limitations and psychological distress. This can overwhelm existing subjective coping strategies and require therapeutic support. Meaning-Centered Psychotherapy (MCP) according to William Breitbart et al. can help to enhance meaningful coping mechanisms, acceptance and a sense of meaning. Initial studies of this approach in group or individual settings show a high level of efficacy in improving quality of life, reducing existential distress, anxiety and depression. This symposium will feature four presentations that will provide insights and clinical implications from implemented and current adaptations of MCP to various clinical settings and patient groups. Prof Gil Goldzweig will open the symposium with a presentation on the experiences and challenges of implementing the MCP in multicultural Israel. Dr Guida Da Ponte will then talk about the transcultural adaptation of the MCP in a group therapy setting in Portugal. Next, Dr Tirso Ventura Faci will discuss the adaptation of MCP combined with essential care in patients with advanced cancer compared to usual psychological care. Finally, Dr Annekathrin Sender will present results of the implementation of a hybrid MCP study design for cancer survivors with curative treatment in aftercare. The symposium will conclude with a discussion led by Prof Goldzweig and Prof Mehnert-Theuerkauf.

P29.1: Meaning Centered Psychotherapy in portuguese cancer patients – a meaningful experience

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Background: Meaning Centered Psychotherapy (MCP) is a structured psychosocial intervention, designed to help patients with advanced cancer to sustain or enhance a sense of meaning and purpose in their lives, as meaning of life is a protective factor against depression, desire for hastened death, and hopelessness. Meaning is inherent to all human beings, but it needs careful consideration of the patient´s culture and context. Methodology: It was done a transcultural adaptation of MCP (group format) manual to portuguese language, and its feasibility was tested on adult cancer patients (n=91). The outcomes were quality of life (QoL), spiritual well-being, and levels of depression, anxiety, and distress. Impact on clinical practice: Transcultural adaptation showed a necessity to clarify some core concepts of MCP, such as “sources of meaning” and “transcendence”. Because of the attrition rate, the intervention was restructured to a shorter version. This allowed adherence, and it showed benefits in terms of QoL, levels of distress, depression, and anxiety (although there was no impact in terms of spiritual well-being). Discussion: MCP showed benefits in QoL and psychological well-being in a portuguese cancer patients sample, putting into evidence its impact on the complex necessities of cancer patients. In terms of spiritual well-being, and according to the transcultural adaptation, it´s clear that meaning is a culture determined concept that needs to be carefully integrated into the context of the population, namely those with a strong religious influence.

P29.2: "Meaning-Centered Psychotherapy integrating Essential Care"

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Objective: We present our pilot-study to assess the feasibility, acceptability and preliminary efficacy of Meaning-Centered Psychotherapy and Essential Care (MCP-EC) in patients with advanced cancer compared with usual psychological support. We define "Essential Care" as the promotion of patient care and self-care through the recall of good care experiences and discussion of the concepts: responsibility, self-compassion, kindness and attitude. Methods: Pilot, single-center, prospective, randomized and controlled study of 30 patients with advanced cancer and emotional distress. Intervention (n=20). Our adaptation consisted in 3 sessions of Meaning Centered Psychotherapy-Palliative Care, plus a fourth session named "Essential Care" (MCP-EC). The control group (n=10) received of usual psychological support. In both groups, evaluations were carried out at baseline (pre-) and post-intervention. The questionnaires used for the study included sociodemographic data and clinical scales (EQ-5D-3L, HADS, FACIT, DM, HAI, SCS-SF, and TD). Results: MCP-EC reduced anxiety and depression symptoms, hopelessness and demoralization, as well as increased spiritual well-being and sense of meaning. Participants were satisfied and found the MCP-EC intervention positively. Conclusions: This pilot study suggest that a brief psychotherapy such as the MCP-EC has feasibility, acceptability and preliminary efficacy reducing the emotional distress in advanced cancer patients. More research with larger cohorts is warranted to clarify the strengths and limitations of this psychotherapy.

P29.3: Though I walk through the valley of the shadow of death, I will fear no evil for thou art with me (Psalems 23:4): Adopting Meaning-Centered Psychotherapy in Multicultural Israel

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Background: Israel's rich tapestry of cultures, religions, and historical narratives presents unique challenges and opportunities for any psychotherapeutic model. The intertwining of Jewish, Muslim, and Christian legacies, diverse communities coupled with the profound historical scars of the Holocaust and ongoing security tensions, sets a complex backdrop for the adoption of Meaning-Centered Psychotherapy (MCP). Methodology: We critically re-evaluated a process that took several years ago of adapting meaning centered group psychotherapy (MCGP) to Israel's multicultural milieu. The process will be examined from the point of the Israeli reality of interplay between diverse identities and collective narratives. Impact on Clinical Practice: The adaptation of MCGP in Israel has a potential to enrich clinical practice but also involve challenges coming from conflicting religious beliefs and historical experiences and narratives. The original adaptation focused on the individual level not taking into account the the community a vehicle for enhancing meaning making. Discussion: The initial adaptation, while insightful, may have overlooked the potential for leveraging Israel's communal fabric in therapy. There is a need to include a community-level point of view and interventions that foster inter-community dialogue, recognizing shared and distinct experiences with illness. Such a communal perspective might offer a more resonant framework for meaning making, enhancing the therapy's relevance and impact across Israel's multifaceted society.

P29.4: LOGOS: Meaning-Centered Psychotherapy in a hybrid design for adult cancer survivors in aftercare

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Objectives: Existential distress in coping with cancer still remains a major issue even after the end of treatment, along with physical short- and long-term effects. Meaning-Centered Psychotherapy (MCP), initially shown high clinical efficacy in dealing with these issues, could support patients in improving their quality of life and coping with the disease after the acute illness. The aim of this pilot study is to adapt MCP for cancer survivors with a curative prognosis. Methods: Adult cancer survivors participate in 8 manualised MCP sessions over 16 weeks in face-to-face or online group or individual sessions. Feasibility, satisfaction and initial trends are assessed by standardized validated questionnaires and qualitative interviews (LAP-R;PTGI,GAD-7,PHQ9,EORTC QLQ-C30) at 3 time points. Results: To date, 38 survivors have been enrolled in the ongoing study, 13 of them have already completed the intervention. Qualitative and quantitative (mean differences; effect sizes) results regarding primary and secondary outcomes will be presented. Furthermore, adaptation processes for survivors in aftercare and empirical results on the implementation of the hybrid design will be discussed. Conclusion and clinical implications: MCP as a psycho-oncological tool in aftercare can improve quality of life, sense of meaning, and reduce anxiety and depressive symptoms of cancer survivors. With the completion of LOGOS, a proven brief, structured and manualised group and individual MCP programme will be available. The hybrid approach facilitates access to a larger group of cancer survivors.

P29.5: From paper version to digital solution -The development of a digital Decision Aid to be used in cancer screening in Sweden

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Objectives: Population-based cancer screening is the reality in many countries today. Sweden has three national cancer screening programs, the latest being rolled out regards colorectal cancer screening. Upon decision to participate or not, a digital Decision Aid (DA) will gather balanced information in one place and give individuals the opportunity to elucidate their knowledge, values, and engage in a Shared Decision-Making (SDM) process. The aim here is to describe the development of a Decision Aid, from paper version to first digital prototype, to be used in cancer screening in Sweden.Methods: The project is based on the IPDAS framework and the suggested model for development of DAs. The first version of the DA (word document) has been evaluated by lay people and experts in interviews. After analysing the interviews, the DA has been modified and re-structured in several ways, including recordings of short instruction films and interviews. Results: A digital prototype of the DA, with all updated content, has been created together with IT-

students from different higher educational programs. The prototype, with all included features will be presented at the conference. Conclusions and clinical implications; Developing a digital DA for use in connection to cancer screening is a complex process, involving end-users, stake holders and experts in all stages, still of great importance for the individual about to decide upon participation or not. The goal is to have more individuals making autonomous and informed decisions, in line with their values and preferences.

S30: Physical activity as medicine for persistent pain after treatment for cancer: from theory to practice

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Persistent pain remains a prevalent and unmet need among the growing population of cancer survivors. The current state-of-the art advocates for a comprehensive biopsychosocial rehabilitation approach for managing persistent pain after cancer treatment. Within this approach the promotion of an active lifestyle plays a pivotal role. Despite the acknowledged significance of physical activity in pain management, cancer survivors with pain encounter different barriers that hinder the adoption of an active lifestyle. Identifying the barriers and facilitators to physical activity in this specific population of cancer survivors with pain is essential in understanding and changing this health-related behavior. In pursuit of this health-related behavioral change, evidence supports the transition away from the traditional model of patients as passive (biomedical) therapy receivers towards patients enabled by contemporary understanding of pain science and empowered by proactive, psychological and self-management skills. The objective of this symposium is to deliver a comprehensive theoretical and evidence-based framework for the active management of persistent pain following cancer treatment. In addition, practical tools tailored for caregivers in oncology will be provided. The symposium will feature presentations of a multidisciplinary panel of researchers (physical therapy and psychology). They will share both scientific insights and practical experiences from their respective fields, contributing to a holistic understanding of effective management of pain after cancer.

P30.1: Implementing behavioural change in breast cancer survivors with chronic pain through physiotherapy

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Background: Physical activity may improve pain in breast cancer survivors. This requires changing behaviour and daily routines. Many physiotherapists (PTs) lack knowledge in facilitating behavioural change. A comprehensive strategy is needed, to ensure behavioural change and maintenance within physiotherapy (PT). Methodology: The Health Action Process Approach (HAPA) model and Behavioural Change Techniques (BCTs) may be well suited to help understand the process of behavioural change from intention to maintenance. This model goes beyond motivation and also includes how to bridge the intention-behaviour gap. However, this is uncommon knowledge in current PTs practice. Therefore, a merge between behavioural science and PT is needed. HAPA is a theoretical framework for explaining and modifying behaviour. Their application in promoting physical activity among breast cancer survivors with persistent pain, as given in the eLearning and practical exercises, will be presented and discussed. Impact on clinical practice: Implementing the HAPA model and BCTs to change health behaviour, is crucial in breast cancer survivors. We may guide patients in bridging the intention-behaviour gap, instead of only prescribing a physical activity program without this support. Discussion: HAPA has shown feasible in changing health behaviour, but its clinical implementation is crucial. An online learning tool and practical session was developed to guide clinicians in implementing HAPA, when addressing health behaviour.

P30.2: Opening the Black Box in Interventions: Development of a Program Theory

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Background: To assess intervention effectiveness, a program theory is essential, outlining how key intervention components, mechanisms, and contextual factors lead to intermediate, short-term and long-term outcomes. We propose a work plan for developing and using a program theory to guide the evaluation of a digital intervention promoting self-management and physical activity in cancer survivors. Methodology: We constructed a program theory employing the Health Action Process Approach (HAPA) as theoretical framework. Beginning with identifying the targeted behaviour (i.e., physical activity) and the primary outcome (i.e., pain-related disability), we identified and sequenced behaviour change techniques (BCTs) while taking contextual factors into account. Stakeholder engagement ensured a comprehensive development of our program theory. Impact on clinical practice: Understanding the underlying mechanisms of an intervention and the conditions in which these mechanisms are active is crucial for determining which components (e.g. BCTs) of the digital intervention (e.g. eHealth) work for which individuals (e.g. type of cancer) in a specific context (e.g. health care system). Discussion: A detailed program theory is frequently overlooked, despite being a crucial element in evaluating complex interventions. Our program theory will guide both qualitative and quantitative evaluations of the intervention. Following this assessment, the program theory will undergo updates and revisions.

P30.3: Barriers and facilitators to physical activity in cancer survivors with pain

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Purpose: Pain post-treatment is a debilitating symptom in the growing population of cancer survivors. While physical activity is an integral part of pain management, low levels of physical activity are often observed. The aim was to gain insight into the barriers and facilitators to physical activity in cancer survivors afflicted with pain. Methods: In December 2021, a systematic search was conducted using PubMed and Web of Science. All studies exploring barriers and/or facilitators to physical activity in cancer survivors with pain were included. The methodological quality of the evidence was appraised with the Mixed Methods Appraisal Tool (version 2018). Results: Six articles were included. Current literature was limited and mostly focused on female breast cancer survivors. The identified barriers and facilitators could be categorized into six different domains: the logistical, symptoms, cognitive, clinical, social, and knowledge domain. The barrier of pain was reported as a barrier on its own that is closely linked to other barriers in this specific population. Conclusion: Barriers and facilitators to physical activity were categorized in six different domains. The barrier of pain distinguishes itself and brings along additional obstacles such as anxiety, fear, and avoidance behavior. Current evidence is limited and focuses mostly on female breast cancer survivors. Further research in larger cohorts representing various subsets of cancer survivors with pain is warranted, as well as studies that implement these insights in physical activity interventions.

P30.4: Tailored pain science education for individuals living with persistent pain after breast cancer

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Background: The prevalence of persistent pain following successful breast cancer treatment is a growing concern, necessitating effective management strategies. Contemporary Pain Science Education (PSE) has emerged as a prominent tool for clinicians dealing with persistent pain. A challenge exists to adapt the content of PSE to the unique characteristics of pain after breast cancer and to translate the personalized information to digital mediums in order to reach a much larger population of breast cancer survivors living with pain. Methodology: PSE uses deep learning principles to target learning objectives linked to pain biology. A new multidisciplinary and international collaboration (Pain Education after Cancer; PECAN) has established cancer-specific target concepts based on the biopsychosocial model of pain after cancer. In addition, a digital PSE program was created and assessed for acceptability, comprehensibility, satisfaction and preliminary efficacy in 29 women experiencing persistent pain after breast cancer. Impact: The collaborative endeavors of PECAN yield cancer-specific target concepts, aiding healthcare providers in delivering effective PSE for persistent pain after cancer. The digital PSE program demonstrates promise for scalability and accessibility. Discussion: A personalized digital PSE program emerges as a valuable tool for managing persistent pain after breast cancer. Its efficacy will be further evaluated in a large RCT, comparing the digital PSE program with face-to-face PSE by a physiotherapist and standard care for persistent pain after cancer.

S31: Psycho-oncology screening and interventions, the tough process from development to implementation

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In this symposium, we will outline the long and difficult process from development to implementation of evidence-based psycho-oncology screening and interventions. Challenges and needs regarding implementation and supportive care models into real-world oncology settings will be described and discussed. We will show that researchers should invest in a better understanding of local care systems and in evaluating evidence-based interventions and supportive care models in real-world contexts with study designs informed by implementation science. Researchers need to collaborate with different stakeholders involved with psycho-oncology care, policy makers and funding agencies to select the most optimal implementation strategies to achieve behavior and system changes.

P31.1: IMPLEMENTING PATIENT REPORTED OUTCOMES (PROMS) IN PEDIATRIC ONCOLOGY CARE: LESSONS LEARED

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Background The KLIK Patient-Reported Outcome Measure (PROM) program is an evidence-based communication intervention implemented in Dutch National Pediatric Oncology Centre. It includes a health related quality of life (HRQOL) monitoring program for patients and distress screening for parents who visit outpatient clinics. We describe the lesson learned of implementation.Methodology Since 2015 the program is offered to all Dutch speaking newly diagnosed cancer patients and parents. Patients (8-18 years) or parents (of patients 0-7 years) complete HRQoL questionnaires, which are discussed by their oncologist or nurse. Parents complete the Distress Thermometer (DT-P) and the Psychological Assessment Tool (PAT), available for social work and psychology. Results Over 6000 families have been included. Over 90% of families register on the portal and 60-70% fill in the PROMS at different time points. Discussion of available PROMS is low: 30-40% (during treatment) and increasing in follow-up and survivorship (50-70%). Social workers are hesitant. Prominent determinants of implementation lie in the intervention (easy to use) and process of implementation (support by team). Champions are important to increase implementation. Patients and parents consider PROMS as long. Conclusion. Although using PROMS in clinical practice is important implementation is still difficult. Future focus should be on communication training, increasing participation by patients and parents, and shorter questionnaires (e.g.

PROMIS).

P31.2: THE DEVELOPMENT AND IMPLEMENTATION OF COGNITIVE BEHAVIOR THERAPY FOR CANCER RELATED FATIGUE

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Objective: In this overview the development of cognitive behavior therapy (CBT) for cancer related fatigue (CRF) and possible reasons for its low uptake will be discussed. Methods: The efficacy of CBT has been tested in cancer survivors both during and following treatment, in patients on ongoing treatment and in patients with advanced cancer. CBT studies were conducted with different therapy formats and in different health care systems. Several implementation studies were done with CBT for fatigue in other medical conditions. In an ongoing study possible reasons for the low uptake of CBT are investigated by studying the care need, care seeking and care use of cancer survivors.Results: CBT leads to a significant reduction of CRF and can be effective in different formats. However, CBT remains an intensive treatment in already overburdened health care systems. CBT for fatigue can be successfully implemented outside research settings. Training programs can learn therapists to effectively deliver the intervention.Analysis of interviews with cancer survivors suggest that patients often are unaware of treatment options and tend so see fatigue as untreatable. Some find other ways to deal with fatigue or are not burdened by it in daily life. Data on interviews with health care providers are currently analyzed.Conclusion. Although CBT is an effective intervention, uptake remains low. The development of low-intensity interventions, and better identifying severely fatigued patients with a care need and informing them about treatment options may help.

P31.3: The translational research pathway of three interventions in psychosocial care in the Netherlands: meaning-centered group psychotherapy, life review therapy and Oncokompas

Irma Verdonck-de Leeuw[1],
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Objective: An important aspect of clinical research is to translate scientific knowledge into clinical practice. In this presentation the translational research pathways of three psychosocial interventions are discussed: Meaning-centered Group Psychotherapy (MCGP), Life Review Therapy (LRT), and Oncokompas a self-management intervention to monitor quality of life and symptoms with personalized feedback and overview of supportive care (OK).Methods: The translational research pathway involved basic research (MCGP, LRT, OK), development and pilot testing (MCGP, OK), a randomized controlled trial (MCGP, LRT, OK), and implementation and upscaling (MCGP, LRT, OK). A participatory design approach was followed in which we collaborated with researchers, clinicians, patients, (MCGP, LRT, OK) and health care assurance companies (OK).Results: All three interventions were based on basic research. MCGP and OK were pilot-tested. RCTs provided evidence for the efficacy (MCGP, LRT, OK) and cost-effectiveness (MCGP, OK). Implementation and upscaling of MCPG and LRT was successful due to collaboration with the Ingeborg Douwes Center, a center for psychosocial care in in Amsterdam. The implementation of OK was successful in a few hospitals but upscaling remained a challenge mainly because eHealth is a difficult marketing especially when it comes to self-management tools. Conclusion. During a translational

research pathway all steps need to be taken and a participatory design approach is warranted, but not always sufficient to ensure upscaling of a new intervention in psychosocial care.

P31.4: Similarities and differences in the use of two evidence-based online psychological interventions for cancer survivors in research and real-world settings

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Objectives/purposeTwo evidence-based psycho-oncology eHealth interventions have been brought to routine clinical practice with different implementation strategies. The implementation outcomes will be evaluated.MethodsBREATH was developed as selfmanagement for normally distressed breast cancer survivors (BCS) three months post-treatment and SWORD for survivors with high fear of cancer recurrence (FCR). RCT and real-world data related to patient referral, reach, uptake, completion rates, therapists experience and adherence to the manual, and costs and effectiveness have been compared.ResultsBreath significantly decreased distress. The first attempt to implement Breath did not reach the intended users and only a small proportion of BCS, who were highly distressed and in a later phase of recovery. The uptake and reach improved when nurses of a national cancer care service introduced the intervention to the intended group. The last step was providing Breath in the app store of a national and popular patient platform.The uptake of SWORD in an implementation feasibility study in three psycho-oncology settings showed a higher percentage of female survivors than in the RCT, not all therapists were registered and they had less clinical experience. Despite these differences SWORD was found effective in both studies.Conclusion and clinical implicationsIn real-world psycho-oncology practice users of evidence based interventions are difficult to reach and implementation may result in unexpected outcomes. Healthcare professionals should be aware of the appropriate indications.

S32: The value of informal care by trained volunteers for patients with cancer and their relatives

Johanna Kasperkovitz-Oosterloo[1]
[1]*Program manager at IPSO*

In the Netherlands patients with cancer and their relatives can get support and help by trained volunteers in IPSO Centers for life with and after cancer. Visitors of these centers experience a substantial improvement in their resilience to cope with the impact of cancer on their lives. Psychosocial care for cancer patients and their relatives with mild symptoms of distress is mostly offered by informal care providers in the Netherlands. Informal care is deemed indispensable in the care system to avoid a collapse of the formal system (Council of Public Health & Society, 2022). Informal and formal care should therefore be well aligned for optimal matched care. We will present the results of a literature survey with regards to modalities of informal psychosocial care for cancer patients in different countries, how these are organized and embedded in the health system, as well as available information on health outcomes. Matched care is important in psychosocial oncology care. That means the right form of care, at the right time and as close to home as possible. To this end, the formal and informal options should be well matched to form a complete, full and easily findable offer. Cooperation between formal and informal care is necessary for this purpose. There are several initiatives in the Netherlands to strengthen cooperation that will be explained further, including the added value. To embed informal care in the healthcare system several issues need to be addressed in future policy.

P32.1: Cooperation formal and informal care

Anita Wesselius-Wuestman[1],
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Hospitals will increasingly need to focus on their primary functions given demographic trends. In recent years, several hospitals in the Netherlands have established active cooperation with IPSO centres to provide informal care within the hospital context. Patients indicate that they like this people-oriented approach within de medical setting. The presentation will show lessons learned in creating a successful collaboration. The presentation will also explain that it improves acces to informal care to see informal care as a natural part of the overall care provision. IPSO seeks to promote this integration by organising regional Meet & Match meetings. In these meetings professionals from formal and informal care reflect on patient stories with each other. The purpose of the concept and why it is well evaluated will be presented. Participants in de M&M meetings indicated that they would like to see more participation by medical specialists. This is because they see an important role for the medical specialist as a bridge builder toward psychosocial care. This by normalizing the impact of cancer and indicating that support can be beneficial. In doing so the specialist would, with little time, help to make formal and informal care more accessible to patients. Human Talent Consulting conducted interviews with specialists to discuss this role. These results will be presented. The opportunities for the future will also be discussed.

P32.2: Informal care for patients with cancer and their relatives in the Netherlands and its added value

Johanna Kasperkovitz-Oosterloo[1],
[1]*Program manager at IPSO, Almere, The Netherlands*

Background: In the Netherlands patients with cancer and their relatives can get support and help by trained volunteers in IPSO Centres for life with and after cancer. These centres offer patients and their relatives a listening ear, relaxation, a broad range of supporting activities end exchange of experiences with other patients and relatives in a homely environment. Also, these centres cooperate with several hospitals, where IPSO volunteers provide informal care to patients while they are being treated or waiting in the hospital. Methodology: Surveys among visitors Impact on clinical practice: Visitors to these centres experience a substantial improvement in their resilience to cope with the impact of cancer on their lives. More than 70% of visitors to IPSO centres experience a large improvement in all dimensions of Positive Health. Half of all 1042 respondents rate the contribution of IPSO centres to their mental well-being, quality of life, social participation and meaningfulness with a score of 8 or higher, with an average score well above 7 on a scale from 1 to 10. Furthermore, 30% of the respondents stated that -if they could not visit an IPSO centre- they would see their general practitioner and another 30% would see their treating specialist in the hospital. This clearly shows that the pressure on the formal caregivers is relieved by complementary informal care. Moreover, it has a preventive effect on the development of more serious psychological problems. Discussion: Requirements to convince formal care providers of the added value of informal care

P32.3: Informal psychosocial cancer care – an international survey

Lucienne Berenschot[1],
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Background Informal psychosocial care for cancer patients and their relatives with mild symptoms of distress is efficient and enhances social welfare. Informal care is deemed indispensable in the Nehterlands to avoid a collapse of the formal system (Council of Public Health & Society, 2022). Hence, it needs to be well aligned with formal care. We conducted an international inventory of informal psychosocial care modalities for cancer patients, the way these are organized and embedded in the health system, as well as available information on health outcomes. Methodology Semi-systematic scoping review of scientific and grey literature following Cochrane and Joanna Briggs Institute guidelines. Impact on clinical practice Organized volunteer and community-based psychosocial cancer care is provided in many western countries. Funding is mostly private.Studies demonstrate positive outcomes of organized informal care on emotional and psychological well-being, physical well-being, social functioning, as well as information and knowledge of patients. Alignment with formal care is a current issue that several countries work on. Australia has developed a structural approach for this purpose. Discussion A variety of approaches to embed organized informal care in healthcare systems provide a wealth of information that should feed into national policy debates. More and rigourous studies on health outcomes of informal psychosocial interventions are needed to assess its value.

P32.4: Required changes in the healthcare system to make effective matched care possible

Johanna Kasperkovitz-Oosterloo[1],
[1]*Program manager at IPSO, Almere, The Netherlands*

Background: To embed informal care in the healthcare system several issues need to be addressed in future policy. Methodology: literature study and expert interviews In the first place the quality of informal care should be visible and guaranteed. Secondly, formal healthcare providers and should be familiar with the full range of informal care provision. Moreover, they should know about the positive impact on patients and their relatives. Finally, the willingness of all parties to cooperate is essential. To make this possible informal care must be findable, as well by care providers as patients and their relatives. In addition, structural financing is needed for a number of paid staff who arrange the recruitment, training and management of volunteers. Discussion: Exchange of experiences with integration of informal care in the healthcare system

S33: Sustainable implementation of online self-management tools: international challenges and a Dutch implementation example

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The growing cancer burden underlines the need to adapt current cancer care to optimize use of limited resources. eHealth is a promising way to increase the quality of care and provide cost-effective alternatives to usual care for cancer survivors and their relatives. Currently, various online self-management applications are available in the Netherlands, yet, regardless of demand only a select number is used by the population. This is partly due to the limited accessibility and availability of the applications and financial barriers. One option for increasing the infrastructure is to pool existing (cost-)effective eHealth applications in one place. The Appstore within the platform 'Kanker.nl' (cancer.nl), developed to increase access and availability of self-management tools for cancer survivors and their relatives without referral, will be used as an example in this symposium. Abstract 1 provides insight into what is needed for improved uptake and adoption of digital aftercare programs for cancer survivors. Abstract 2 outlines implementation and preliminary results from the Appstore. Abstract 3 and 4 describe international implementation challenges of individual applications, Untire and OWise respectively, available in the Appstore. The abstracts will be followed by a panel discussion. Collectively these abstracts will highlight international implementation challenges and demonstrate an innovative way to improve the implementation and upscaling of the use of online self-management tools in a sustainable manner by cancer survivors and their relatives.

P33.1: What is needed for improved uptake and adoption of digital aftercare programs by cancer survivors: a mixed methods study applying the COM-B model

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Objective: The study aimed to examine what is needed to improve uptake and adoption of digital aftercare programs, and to explore sociodemographic and clinical variables that may influence these needs. Methods: A mixed-methods approach was used, involving qualitative interviews, and a questionnaire. The research was guided by the COM-B model, which considers capability, opportunity, and motivation as crucial factors for behavior. Qualitative analysis was performed using the framework method. Statistical analyses consisted of descriptive statistics and regression analysis. Results: Fourteen cancer survivors were interviewed, and 213 completed the questionnaire. The findings indicated that most respondents had a positive or neutral attitude towards digital aftercare programs, believing these could address their challenges. However, only a small percentage had experience with the programs and most were unaware of them. Many desired to be informed about them. Some were skeptical about their effectiveness. Others were concerned about the lack of reimbursement. No significant influence of the sociodemographic and clinical variables was found. Conclusion: Cancer survivors have a positive outlook on digital aftercare programs but are often unaware of their existence. Raising awareness, clarifying their value, and providing support and reimbursement are necessary to enhance uptake and adoption. The insights of the study can contribute to better engagement with digital aftercare programs, which may foster enhanced health, well-being, and quality of life of cancer survivors.

P33.2: Clinical implementation of an eHealth Appstore for Dutch cancer survivors and their relatives

Anne de Korte[1, 2], Liza van Deursen[1, 3, 4], Marije van der Lee[2, 5], Jiska Aardoom[4, 6], Peter Heine[7], Helmie Mulder- Mertens[8], Myrle Stouten[1], Chantal Lammens[1],

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Objective The Appstore within the Dutch platform Kanker.nl (cancer.nl), hereafter called OncoAppstore, is developed to increase access and availability of reliable cancer-specific and cancer-relevant online self-management applications for all Dutch cancer survivors and their relatives without referral by a health care professional. By providing financial credit, the applications are available to participants without personal costs. Methods In July 2023, the OncoAppstore went live. User data, the number and type of purchased applications, and used credit are monitored. Moreover, participants are asked to voluntarily complete questionnaires on health-related quality of life (HRQoL; EORTC-QLQ-C30 & Distress Thermometer) and user experience. Measures will be completed after the first application is purchased, and 3 and 6 months thereafter. In cooperation with RIVM, data on use of health care services and disease characteristics are collected from the cancer survivors who completed the additional questionnaires. Results Preliminary results from the first 8 months show that 67 applications and decision aids were made available. Moreover, financial credit was provided to 1501 participants, of which 1340 purchased at least 1 application. Additional questionnaires on HRQoL, user experience, and use of health care services were filled out by 163 participants. Conclusion Data on usability, accessibility, HRQoL, and (cost-)effectiveness of the OncoAppstore will provide insights needed to improve the infrastructure and financing of self-management applications in Dutch cancer care.

P33.3: Introducing a digital patient-facing support app for breast cancer in the United Kingdom and the Netherlands: a comparative evaluation

Anne Bruinvels[1], Kimberley Hogg[1], David Bruinvels[2],
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Objective With 2.3 million new cases of breast cancer diagnosed in 2020, it is the most common cancer type worldwide, and its burden on individuals and healthcare systems is vast. OWise is an accredited, validated mobile app and web site, supporting breast cancer patients in a personalized way with self-management, treatment and care. In 2013, OWise launched in the Netherlands and in 2016 in the UK. In both countries, the need of cancer patients to access digital support is great. However, the healthcare systems are widely different. Since its introduction in the UK, OWise has evolved from a patient support tool to real-time patient data sharing system and platform to conduct patient-driven Real World Evidence studies. Methods Opportunities and challenges were assessed qualitatively for OWise in the Netherlands and UK. Factors such as population size (scale), structure and organization of health systems, the roles of health insurers as well as the presence of clinical research and drug development industries were evaluated.

Indicators of success including app usage and traction were included. Results Structural differences in the two health care systems were not found to affect traction. However, clinical and technical accreditation processes by the UK's NHS and NICE were likely to contribute to a more conducive health tech environment. Finally, scale and R&D environment were found to have an impact on traction of OWise. Conclusion The adoption of digital health technologies like OWise may be affected by a country's scale, clinical accreditation system and R&D sector.

P33.4: Effectiveness and Safety of the Untire App for Managing Moderate-to-Severe Cancer-Related Fatigue in German Patients: A Randomized Controlled Trial and Insights on Market Access

Simon Spahrkäs[1], Fatemeh Akbari[1], Katharina Abraham[2], H.P. Zenner[3], Hans Reitsma[2], Bram Kuiper[1], Ewoud Schuit[2],
[1]*Tired of Cancer, Utrecht, The Netherlands*, [2]*University Medical Center Utrecht, Utrecht, The Netherlands*, [3]*CRO Zenner, Tübingen, The Netherlands*

Objective: This RCT examined the clinical efficacy and safety of the German language version of the Untire app digital health application (i.e., DiGA) in reducing fatigue and enhancing quality of life (QoL) among cancer patients. The hypothesis was that supplementing care-as-usual (CAU) with app access would yield superior outcomes for patients suffering from moderate to severe fatigue over 12 weeks. Methods: Patients with moderate to severe cancer-related fatigue (CRF) were recruited via newspaper and social media ads throughout Germany and randomized (1:1) to CAU (n=111) or CAU plus Untire app (n=104). Baseline, 4, 8, and 12-week assessments included fatigue, QoL, stress, depression, and anxiety. Linear mixed models ANCOVAs examined 12-week treatment effects, adjusting for baseline values within intention-to-treat. Results: By week 12, the intervention group showed significantly reduced fatigue (p=0.0016, d = 0.47), exceeding the clinically relevant minimal clinically important difference (MCID: -0.57). Quality of life also significantly improved (p=0.0178, d = 0.35). Subgroup and sensitivity analyses supported consistent treatment effects and robustness. Discussion: This study confirms the German Untire app's efficacy and safety in reducing fatigue and improving quality of life among cancer patients and survivors with moderate to severe fatigue. Subgroup analyses indicate consistent treatment effects regardless of app engagement or demographic characteristics. Conclusion: The German Untire app proves effective and safe for moderate to severe cancer-related fatigue.

S34: Ultra-Brief Behavioral Interventions for Cancer Survivors: When Less is More

Christopher J. Recklitis[1]
[1]*Dana-Farber/Harvard Cancer Center*

Due to intensity of cancer treatments, many survivors experience significant physical and emotional late-effects even years after treatment.Unfortunately, behavioral interventions targeting psychological (e.g., anxiety), lifestyle (e.g., physical activity), and psychosomatic late-effects (e.g., insomnia) continue to face significant challenges which impede availability and utilization.While use of telehealth delivery to address practical barriers is now common, content of the interventions available for cancer survivors has shown less innovation. Most continue to be intensive interventions requiring significant investment of survivors' time and effort, and many show low uptake and adherence especially in real-world settings.In primary care and public health settings, innovation in behavioral intervention increasingly focuses on development of low-intensity interventions.These reduce participant burden by delivering simplified content in brief interventions emphasizing patient education, autonomy, and self-management. To highlight the promise of the low-intensity approach for addressing cancer survivors needs, this symposium presents research on three single-session interventions addressing common psychosocial late-effects: Dr. Bernstein's intervention for cognitive impairment, Dr. Bober's sexual health intervention for young women, and Dr. Recklitis' intervention for insomnia. Each investigator will present on intervention development and results of clinical trials and address both suitability and limitations of the single-session approach for meeting survivors needs.

P34.1: Sexual Health and Rehabilitation (SHARE): A Brief Clinical Intervention Female Cancer Survivors

Sharon Bober[1],
[1]*Dana-Farber Cancer Institute/Harvard Medical School, Boston, United States*

Objectives: Sexual dysfunction is one of the most prevalent and distressing long-term side effects of cancer treatment. However, interventions to date have been hampered by low enrollment, uptake and adherence. To address these limitations, we developed a brief (3-hour), group-delivered intervention (SHARE) for female cancer survivors with sexual problems. Guided by Self-Determination Theory, the single-session intervention includes sexual rehabilitation, body awareness, elements of mindfulness-based cognitive therapy and individual action-planning. Methods: SHARE has been tested in two single-arm pilot trials, and a clinical trial testing SHARE when delivered by synchronous videoconference is currently underway. 84 women, ages 19-49, will be randomized to receive SHARE or Enhanced Usual Care. Outcomes including sexual function (Female Sexual Function Index) and psychological distress (BSI-18) will be assessed at baseline, 2 & 4 mos. post-intervention. Results: Pilot 1 (N=20) showed significant reductions in sexual dysfunction ($p< 0.02$) and psychological distress ($p< 0.001$) when SHARE was delivered in-person. In Pilot 2 (N=25) >90% of women who received SHARE on-line were satisfied with the synchronous online delivery. Preliminary data from the RCT currently underway including symptom reduction and satisfaction will be presented. Conclusion and clinical implications: This self-management model of brief treatment reduces cancer-related sexual dysfunction and represents a novel approach which has promise to increase intervention accessibility and minimize patient burden.

P34.2: A brief psychoeducational intervention for self-reported cancer-related cognitive impairment: Quantitative and qualitative results of a single-arm prospective study

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Objectives. Cancer patients often report moderate to severe cancer-related cognitive impairment (CRCI), and symptoms are associated with distress, reduced quality of life and poorer occupational outcomes. We developed a one-hour 1:1 psychoeducation session to promote self-management of CRCI and improve attitudes and coping with memory difficulties. Methods: In a single-arm prospective longitudinal study, 187 cancer survivors self-reporting CRCI completed questionnaires of memory contentment (Multifactorial Memory Questionnaire-MMQ), knowledge of CRCI, symptom distress and self-efficacy immediately before the intervention, immediately after, and six weeks later. Satisfaction with the intervention was also assessed. Fourteen patients underwent in-depth qualitative, semi-structured interviews 1-6 weeks post follow-up. Results: The cohort, including patients with breast, gynecological, lymphoma, head and neck, myeloma and lung cancers, exhibited an 85% satisfaction rate with the intervention. Notably, we observed immediate and sustained improvements in MMQ scores, CRCI knowledge, distress, and self-efficacy for up to six weeks post-intervention (p<.05 in all cases). The influence of sociodemographic factors and interview themes including intervention structure and format, behavior change, and sources of distress will be detailed. Conclusions. A tailored one-hour psychoeducation session significantly fosters CRCI self-management and memory satisfaction for an extended period. Implications for clinical practice and research in supportive oncology care will be discussed.

P34.3: Sleep Treatment Education Program-1 (STEP 1): A Randomized Trial Testing a Single-Session Behavioral Intervention for Cancer Survivors with Insomnia

Christopher J. Recklitis[1, 2], Briana L. Bice[1], Alexis L. Michaud[1], Katherine G. McCormick[1], Eric S. Zhou[1, 2],
[1]*Dana-Farber Cancer Institute, Boston, United States*, [2]*Harvard Medical School, Boston, United States*

Objective: Cognitive Behavioral Therapy (CBT) effectively treats insomnia, but availability and uptake in cancer survivors is low. To address this, we developed and are currently testing the Sleep Treatment Education Program-1 (STEP-1), a low-intensity CBT intervention for insomnia. Methods: 70 off-treatment survivors will be randomized to receive STEP-1 or relaxation training (Control). Both interventions are delivered in single synchronous online 1:1 education sessions. The primary outcome (Insomnia Severity Index; ISI) is assessed at baseline, 4, & 8 weeks post-intervention. To date, 38 participants (23 females; median age 62.5 yrs.) were assigned to STEP-1 & Control arms (n=19 each) and completed a 4-week follow-up. Results: Intervention satisfaction ratings were high across both arms (≥ 90% "extremely" or "very" satisfied). Mean ISI scores did not differ by arm at baseline (STEP-1=15.8; Control=15.5), but 4-weeks post the STEP-1 arm had a significantly lower mean ISI (8.9) than the Control arm (12.4; p<.05). Significant differences in the amount of symptom improvement by arm were also noted (p< .01); most Control participants (68%) reported little or no reduction in ISI (<4 pts), and most STEP-1 participants (79%) reported moderate or large ISI decreases (≥ 4 pts). Using an expanded sample, results on treatment durability and moderating variables will also be presented. Conclusions: STEP-1 is acceptable to survivors, and significantly reduces insomnia symptoms in the short-term. Discussion will address suitability of low-intensity CBT interventions for survivors.

S35: ROUND TABLE Towards equity in psychosocial oncology research: a roundtable discussion with researchers from Australia, Denmark, and the Netherlands.

Meeke Hoedjes[1]
[1]*Tilburg University*

Patient characteristics including age, gender, socioeconomic position, ethnicity, and health literacy have been related to variation in mortality and health outcomes. Unfortunately, cancer patients with an elevated risk for worse outcomes are typically underrepresented in psychosocial oncology research. Therefore, their supportive care needs are poorly understood and existing psychosocial interventions for these vulnerable patients are not always suitable and potentially less effective. The aim of this round table is to: (a) identify challenges regarding equity in psychosocial oncology research (e.g., what are known barriers contributing to inequity, and in which phases of research), and (b) identify strategies that have been applied to foster equity in research.Researchers from three research networks across the world, i.e. POCOG from Australia, COMPAS from Denmark and POCON from the Netherlands will provide an international perspective on this issue.Brief presentations will provide an introduction to the topic from the perspective of each country. In the plenary roundtable discussion, the audience is invited to discuss how we can diminish inequity in research in order to minimize health inequalities for diverse cancer patients. Topics covered include co-design, lack of trust in research, culturally relevant measures, and funding possibilities and restrictions.Findings and discussion points of the roundtable will serve as a basis for an international position paper on equity in psychosocial oncology research.

P35.1: Making psychosocial oncology research in the Netherlands more inclusive: Results from a cross-sectional survey study among researchers.

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Objective/purpose Performing more inclusive research can contribute to health equity in cancer care. This study aimed to identify: 1) patient populations that are currently underrepresented in psychosocial oncology research in the Netherlands, and 2) strategies that can be applied to improve inclusiveness. Methods The working group ‘equity in cancer’ of the Dutch research consortium POCON (Psychosociale oncologie OnderzoeksCOnsortium Nederland) initiated a cross-sectional survey study among researchers listed on the POCON mailing list within the field of psychosocial oncology in the Netherlands (n=108). A self-composed online questionnaire was distributed via Qualtrics, containing items on researcher-related characteristics, perceptions and experiences regarding patient groups that are currently underrepresented (e.g., due to literacy, socioeconomic status, ethnicity), research practices that contribute to non-inclusive psychosocial oncology research, and successful and unsuccessful strategies to improve inclusiveness. Descriptive statistics and thematic analyses were used to analyze the data. Results At time of the IPOS conference, results will be available. A list of areas in which inequity is observed will be presented and an overview of best practices to improve inclusiveness will be provided. Conclusion and clinical implications Results will be incorporated into an essential and timely discussion with researchers on how to improve inclusiveness in psychosocial oncology research, which will be used to work towards a position paper to inform researchers.

P35.2: How to involve and include vulnerable patients with cancer in research – experiences from the Danish Research Center for Equality in Cancer (COMPAS)

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Objective: We will describe our experiences with conducting research addressing social inequality in access to cancer treatment and care. Methods: COMPAS is a research initiative to address socioeconomic differences in cancer survival and other important outcomes. COMPAS is a National Cancer Research Centre affiliated with the Danish Comprehensive Cancer Centre with participation from academic institutions and hospitals across Denmark assembling experts in oncology, epidemiology, anthropology, psycho-oncology, and health promotion. The vision of COMPAS is to ensure optimal treatment to all cancer patients regardless of social position, health status and social resources. We develop feasible and effective clinical interventions to reduce disparities in treatment and care. Interventions include i.e. supportive care aspects or clinical work-flow modifications while qualitative research is an important component to learn about what is at stake in the clinical encounter. Results: Based on ongoing COMPAS studies, we discuss challenges with conducting research to address inequality in cancer care including 1) who are the vulnerable cancer patients? 2) mechanisms of inequality in cancer treatment; and 3) translating observational results into interventions. If possible preliminary results of inclusion and feasibility are presented. Conclusion and clinical implications: Including and involving vulnerable patients in research is challenging but necessary to improve the organization of cancer treatment to close the increasing social gap in access to cancer treatment and care.

P35.3: Supporting cancer clinicians and researchers to provide culturally inclusive care to Indigenous Australians: an e-learning resource

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Cancer inequities for Indigenous people remain a significant public health issue in Australia. Indigenous Australians experience higher rates of cancer incidence, mortality, and lower survival rates than other Australians. Equity must be at the centre of health services, policies and research if we are to redress the unacceptable association between cancer outcomes, experience and disadvantage. Enablers to improved outcomes include cultural safety, effective communication and access to appropriate resources and tools. We aimed to develop e-learning modules to provide cancer clinicians and researchers with increased understanding of culturally inclusive clinical and research practicesMethods: Three e-learning modules were developed by an expert stakeholder group which included First Nations researchers, guided by adult learning principles. A webinar provided participants with practical examples of implementation. The modules were promoted through cancer professional networks and cancer clinical trials groups to their membership. Results: To date, over 2000 participants have completed the modules. Evaluations confirm participants perceive increased knowledge and confidence in working with Indigenous Australians.Conclusion and clinical implications: Building workforce skills, knowledge and confidence is crucial to address the disparities in cancer outcomes experienced by Indigenous people. These on-line training modules have demonstrated high uptake and acceptability among clinicians and researchers working across cancer care

S36: A joint ESGO-IPOS symposium addressing current psychosocial challenges in gynaecological cancer care

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High income countries such as Canada have successfully instituted Human Papillomavirus (HPV) vaccine programs since 2007. However, initial successes of primarily school-based free vaccine programs have been tempered by lower uptake rates in recent years with large inter-provincial differences and little indication that Canada will reach the WHO target of 90% coverage by 2030. The Canadian Partnership Against Cancer (a federally funded policy development organization) has indicated a target date of 2040 for cervical cancer elimination in their latest reports. The WHO currently has amended their recommendations to one or two doses and the possibility of a one-dose recommendation is being reviewed by the National Advisory Committee on Immunization (NACI) in Canada. Implementation of public health measures such as HPV vaccines are assumed by public health agencies in each of Canada’s 10 provinces and territories. This ‘fractured’ set of health care of systems lies in sharp contradistinction to countries (e.g., Australia, United Kingdom) with single national health authorities making policy decisions. In addition, HPV-based cervical screening programs (including self-sampling) have been implemented for several years. HPV vaccine hesitancy is clearly influenced by multiple factors (the COVID-19 pandemic is a prime example) that may be categorized into individual, sociodemographic, and organizational factors. In this presentation, we will address each of these areas in the Canadian context to describe barriers and facilitators and address potential solutions for which Canada is still searching for a problem. Most provinces are at different stages of addressing their vaccine uptake rates, while changes from primary Pap to primary HPV screening procedures (and the role of self-testing) are still being reviewed. In fact, to date, only two provinces (British Columbia and Prince Edward Island) have begun to implement screening program changes. In this presentation, we will present data from our own research program in understanding vaccine hesitancy, factors affecting vaccine decision-making in Canada, and our successful early influences on public health to move to a gender-neutral vaccine program. We will also address the challenges facing provincial jurisdictions in implementing primary HPV screening programs by reviewing our recent research on women’s attitudes, concerns, and preferences regarding concurrent changes from primary Pap to primary HPV testing (e.g., age of screening initiation, screening intervals and use of self-sampling procedures). Recognizing both short- and long-term implications of both suboptimal vaccine uptake rates and screening program delays, we will examine the critical role of independent research and advocacy groups (e.g., HPV Global Action) in influencing (or not) policymakers and the challenges of influencing policies that can ultimately save lives.

P36.1: Fertility preservation in women with cancer: Psychosocial issues and counselling

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Oncological therapy can lead to partial or complete damage of the ovaries, thus impairing fertility or reducing the fertile life span. The threat of infertility causes specific impairment in the quality of life for patients. Information and counselling on fertility issues and the options for fertility preservation (FP) should be initiated prior to cancer treatment. Counseling on FP is a challenging task requiring a multi-disciplinary team consisting of oncologists, fertility specialists, specialized nurses, mental health professionals, psycho-oncologists, social workers, and support-groups. This lecture focuses on psychosocial issues in fertility preservation. Psychosocial counseling should be proactively offered to the individual patient or the couple aimed at to support patients in decision making and to reduce psychosocial distress.

P36.2: Patients' perspective on cancer treatment over the trajectory of female cancer

Kim Hulscher[1],
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Cancer and its treatment is one of the most distressing life events. The uncertain time during the diagnose, the possible choices in treatments and the unknown new life after treatments can cause mental challenges for most patients. The advances in new personalised drugs have improved therapeutic options also for female cancer patients. Within a short-term period women with cancer have to cope with various physical and psychosocial burdens. Negative emotions and uncertainty about the near future may lead to mental distress. In this situation, understanding the complexity and burden of cancer treatment and making decisions about the best treatment option is a huge challenge for the individual patient. Patient preferences, expectations and hope for being healed are the most important factors influencing the patients' decision-making. At the same time, options for new therapy strategies are not available for some patients and they often feel disappointed. After the end of treatment, most patients are not aware about psychosocial or physical problems they might face. Most things have changed compared to the situation before cancer and the survivors have to adapt to their new life situation.

P36.3: We have solutions for the prevention of Human Papillomavirus related cancers? Why is Canada still searching for a problem?

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P36.4: Barriers to achieving cervical cancer elimination in Africa

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Background:Africa disproportionately carries the burden of cervical cancer, with cervical cancer being either the commonest or second most common cancer affecting women in all African countries while being the fourth commonest cancer globally. The underlying principles that informed the global strategy to accelerate elimination of cervical cancer as a disease of public health significance is to rally global collaboration to correct the social injustice which cervical cancer represents. It is therefore of concern that most African countries are yet to find a path that leads to the attainment of the 90:70:90 cervical cancer elimination targets despite increase in efforts at National, regional and global levels. This report examines the barriers to achieving cervical cancer elimination targets in Africa with the aim of stimulating discussions that will generate locally relevant efforts to put Africa on the path to cervical cancer elimination. Methods: Situational analysis of current efforts on cervical cancer prevention and control across Africa with emphasis on the challenges was conducted. This was complimented with informal interview of stakeholders in cervical cancer prevention space. The findings were analyzed in the context of the WHO's strategy for cervical cancer elimination and prevailing realities within the region.

S37: Sex and Intimate Relationships in Unpartnered Young Adult Survivors of Cancer

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It is increasingly recognized that cancer treatment often negatively affects sexual health and quality of life well into survivorship. For young adult survivors in particular, changes in sexual health and intimate relationships are prevalent and distressing effects of cancer treatment. Despite having an interest in building intimate relationships, many young adult survivors remain unpartnered for extended periods of time. To date, almost no attention has been paid to the experience and needs of unpartnered young adult survivors. Our symposium will address this gap in research and care by examining sexual health of unpartnered young adults (below age 40) and exploring the unique obstacles to relationship formation in this vulnerable group of survivors. We will present findings on sexual function, body image, and dating from an international, multi-site prospective study of young breast cancer survivors (presentation SB). A survey study with male young adult survivors will examine relationship status and sexual activities (presentation LW). Two in-depth qualitative studies (presentations VL, LC) will further illustrate dating experiences of unpartnered young adult survivors, including key barriers to relationship building. The complementary research methods presented in this symposium will offer detailed and nuanced insights into the experiences of unpartnered young adult survivors. Our findings will raise awareness to young adults' significant concerns, challenges, and unmet needs related to sexual health and romantic relationships after cancer.

P37.1: Dating and sex in survivors of adolescent and young adult (AYA) cancer

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Objective: To assess how survivors of adolescent and young adult cancer engage in dating and sexual relationships.Methods: N=48 survivors completed interviews, including n=22 survivors with potential dating experiences (i.e., unpartnered or relationship status change during/following treatment). Survivors were predominantly female (63.6%), (re)partnered (51.9%), aged 20-41, and 1-14 years from diagnosis. Inductive thematic analyses were conducted to identify salient themes. Two survivors had no dating experiences.Results: Preliminary analyses showed that survivors' experiences around dating included concerns about disclosing their cancer history/side effects (e.g., fertility problems). Yet, obvious physical reminders of cancer or ‘gaps’ in studies/work led to disclosing their cancer history quickly. Responses varied (e.g., understanding vs. shock) and dates were followed up or discontinued accordingly.To regain sexuality, survivors sometimes explored sexual activities first by themselves (e.g., masturbation), while partnered sexual encounters were initially accompanied by shame or nervousness, sometimes staying partially dressed. Yet, (sex)partners were typically understanding/sensitive; and survivors described being better able to advocate for their sexual needs, but low sex drive was common.Conclusion and clinical implications: For both dating and sex, physical changes and feelings of inferiority play a crucial role. Support from care providers was scarce, and survivors wished for more opportunities to recognize themselves in patients/survivors of their own age.

P37.2: Sexual activity in young adult male survivors of childhood cancer – Results from the population-based Fex-Can Childhood study

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Objective: To investigate sexual activity in young adult male survivors of childhood cancer in comparison to the general population and furthermore, to identify factors associated with never having had partner sex, among survivors.Methods: A nationwide survey study was performed with 1212 young men (aged 19-40) previously treated for childhood cancer (all paediatric cancers) and a comparison group from the general population (n=326). Sexual activity (partner sex and/or solo sex) was assessed with the PROMIS SexFS v2 and study-specific items. Multivariable logistic regression was performed to examine sociodemographic and clinical factors associated with never having had sex with another person. Results: Male survivors and men in the comparison group were equally sexually active (92% vs. 93%, ns), but survivors were to a lesser extent partnered (60% vs. 72%, $p<0.001$) and sexually active with a partner (35% vs. 44%, $p= 0.033$). A small proportion (11%) of survivors had never had a sex partner. Younger age (OR 0.85, CI: 0.82-0.89), not working/studying (OR 2.34, CI: 1.35-4.05), previous cranial irradiation (OR 2.21, CI: 1.18-4.12), and self-reported depressive symptoms (OR 2.25, CI: 1.37-3.69) were associated with never having had a sex partner. Conclusion and clinical implications: Male childhood cancer survivors appear to be sexually active, however, they are to a lesser extent partnered and engaged in partner sex than peers. The results emphasize the need for healthcare providers to include sexual health in follow-up care of patients diagnosed with childhood cancer.

P37.3: Sexual Health in Unpartnered Women after Breast Cancer: Report from a joint analysis of two International Multi-Site Prospective Cohorts of Young Breast Cancer Survivors

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Objectives: Sexual dysfunction is a distressing potential side effect of breast cancer (BC) treatment, yet little is known about the experience of unpartnered young women. Helping Ourselves, Helping Others (HOHO) - The Young Women's Breast Cancer Study (YWS) includes 2 multi-site prospective cohorts designed to address gaps in knowledge about young BC survivors. Methods: 1,367 women, newly diagnosed with stage 0-IV BC, ≤ 40 yrs., enrolled in the North American (USA, Canada) and European (Italy, Switzerland) HOHO YWS cohorts reported body image, sexual health and menopause concerns (assessed by CARES and BCPT scales, score range: 0-4, higher scores indicating greater severity). Unpartnered and partnered women were compared between baseline and 2-yrs post-diagnosis. Results: At baseline, 13% of women were unpartnered (N=180) and reported significantly higher body image concerns than their partnered peers (mean score 1.28 vs 1.09, p=0.04) but not at 2-yrs. Sexual health was comparable for partnered and unpartnered women at both timepoints (1.81 vs 1.97, p=0.10; 1.42 vs 1.43, p=0.91). Partnered women reported more vaginal symptoms than unpartnered women (0.83 vs 0.53, p<0.001; 1.02 vs 0.74, p=0.002) at both timepoints, but there were no differences in hot flashes and urinary symptoms at either timepoint. At both timepoints, ~50% of unpartnered women reported difficulty with dating. Conclusion and implications: Partnered and unpartnered young BC survivors face distinct sexual, body image and dating concerns underscoring the need to address these domains as part of their care.

S38: ROUND TABLE: Understanding culture, race and ethnicity, and sex and gender in pediatric and young adult cancer research: A review of challenges and recommendations for more equitable, inclusive, and culturally responsive research practices

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In the pediatric (0 to 18 years) and young adult (19 to 39 years) cancer literature, members of equity-deserving groups are significantly underrepresented. The lack of representation in cancer research limits our ability to generalize study findings and contributes to barriers for all people impacted by cancer from benefiting from advances in research and receiving high-quality care. As an interdisciplinary team of researchers and clinician-scientists with expertise in pediatric, clinical, and cultural psychology, we will lead a 75-minute round table symposium. We will review existing efforts to assess (1) race and ethnicity; (2) culture; (3) sex and gender in children, adolescents, and young adults cancer research. We will explore the impact of these sociodemographic factors on the psychosocial outcomes of underrepresented populations. We will include short-form talks (15 minutes) and an interactive, semi-structured discussions (40 minutes). We will conclude by offering a roadmap on how to engage in best practices in future research (20 minutes).Learning outcomes are to: (1) Understand key challenges/limitations of current research practices; 2) Connect cancer researchers and clinician scientists with a shared value for undertaking an equity-driven cancer research agenda; and (3) Identify evidence-based research, resources, and tools to measure sociodemographic factors in cancer research. Ultimately, this symposium will build bridges in health by synthesizing, exploring, and refining interdisciplinary research practices to advance health equity in cancer research.

S39: Strategies and interventions for person-centered supportive/psychosocial care in LMICs

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Evidence shows a rise in cancer survival rates for low- and middle-income countries (LMICs). While encouraging, health systems in these settings have far to go in improving the availability, quality and utilization of supportive care. Despite growing recognition of the need for patient-centered cancer care, cancer outcomes are generally defined by healthcare providers, and focus on the physical aspects of care, mortality and morbidity. A more patient-centered care model is needed, one that equally prioritizes the delivery of supportive care services addressing outcomes meaningful to patients and aligned with their individual values.In this symposium, we share our experience in conducting research while building capacity via patient-centered mental health and psychosocial support interventions for cancer care in LMICs. We conclude with lessons learned and future directions in applying these models in psycho-oncology research in LMICs.

P39.1: Stronger Together, a Peer-to-Peer Support Toolkit

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Objectives: Delivery of supportive care services should be a vital component of cancer care. Peer support is a low-resource intervention that can improve mental health, physical health, and the quality of life of cancer patients and build towards more comprehensive cancer support, even in LMICs where health systems may be fragmented and fragile. Methods: We convened a multidisciplinary team of cancer experts and advocates to develop a toolkit to guide the implementation and evaluation of a peer-to-peer support program for cancer patients. The “Stronger Together Toolkit” (STT) is self-guided or facilitated and coordinates with oncology centers, uses a program coordinator and trained and supervised cancer survivor-volunteers to provide cancer patients and carers with psychosocial, emotional and navigational support. Results: STT is a curriculum for implementing evidence-based peer support. Three modules use videos, slides, and worksheets to define the intervention, engage/communicate with stakeholders, assess readiness, plan implementation, train, evaluate training and implementation, create policies/procedures, and identify opportunities for sustainable funding. Roles and competencies are defined and measured. Conclusion: STT can be used to increase access to supportive cancer care in a way that ensures that the program and activities are acceptable and appropriate to the culture, health system, and resources of the local community and setting. In addition, the STT can be adapted to introduce peer to peer support across additional disease platforms.

P39.2: The MADCaP psycho-oncology working group: Extending reach to culturally tailored, evidence-based psycho-social interventions for African men affected by Prostate Cancer

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Objectives: Prostate Cancer (PCa) is the second most common cancer and the sixth leading cause of cancer deaths among men globally, with African men disproportionately affected. However, the psycho-social needs of men with this disease are not well understood and are often overlooked. Therefore, we developed a protocol to guide needs assessment and action planning to address the psycho-social needs of African men with PCa. Methods: To complement on-going epidemiologic studies of PCa risk in men of African ancestry by the Men of African Descent and Carcinoma of the Prostate (MADCaP) Consortium, we conducted a scoping review of best practices in promoting and enhancing psycho-social care. Results: Pertinent PCa-specific clinical guidelines covering the full continuum of care, including post-treatment survivorship and palliation, were identified. There is a growing body of research on men and health seeking behaviors, although Bosland et al. (2023) was the only guideline that expressly examined approaches for PCa management in African LMICs. Fitch's (2008) supportive care framework underscored the need for P-O. Implementation strategies that foster sustainable partnerships with diverse stakeholders, including patients, care givers, and champions/peer advocates, were favored. Conclusion: Psycho-social care for men with PCa in Africa is a largely unmet need. Our scoping review informs an adaptable, general protocol for facilitating initial needs assessment and action planning within African oncology settings represented by MADCaP P-O working group participants.

P39.3: Patient-centered care - what does it mean?

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Objectives/ Purpose: Patient-centered healthcare systems respect the experience, values, needs, and preferences of people with cancer in the planning, coordination, and delivery of care. Patient centricity is an essential component of a functional health system and a key vehicle to achieve equitable access to healthcare of quality, at all resource levels. The purpose of this study was to identify measures of PCC and patient-centered system performance used in the context of low-and middle-income countries (LMICs), analyzing a valid set of indicators for settings with limited resources. Methods: We examined published articles reporting measures of PCC or a component of PCC in LMICs. Following PRISMA guidelines, we performed a systematic search of PubMed, Cinhal, and Embase, limited to original research studies and evaluations between January 2004 - December 2022. Results: We analyzed a subset of 29 articles that reported evaluations in cancer care in LMICs. Twenty eight were conducted in upper-MIC, one in a LMIC, and none in low-income countries. Most studies measured PCC in general, or were specific to breast cancer. The elements most frequently evaluated were patient satisfaction, and PCC, and most studies used validated tools. Other domains of PCC - patients rights, quality of life, multidisciplinary care, and patient-provider communications - were seldom measured. Conclusions: In LMICs - which carry the heaviest burden of cancer- there are critical gaps in the evaluation of PCC, with most studies focusing on a few domains of patient centricity.

P39.4: THE IPOS ECHO: Evaluation of the ECHO training model in Pan-African Capacity-Building Program in Psycho-Oncology

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Objective: The primary goal of the ECHO training program was to enhance the capacity of Psycho-Oncology professionals across the continent.Methods: The program, spanning a period of 12 months, involved a multi-faceted approach encompassing didactic lectures, case study presentations and collaborative discussions. Participants include oncologists, psychologists, nurses, and social workers. The lectures held for two hours once every month starting with a 40mins didactic session on evidence-based practice delivered by an IPOS expert, followed by 30mins of case presentation and robust expert discussions. The evaluation employed a mixed-methods approach, integrating quantitative and qualitative data.Results: The Oncology professionals that were trained (N= 44) were mostly from East and West Africa with Physicians, Psychologists and Nurses being majority of the participants (75%). Ninety percent of the trainees expressed that they were "very satisfied" or "extremely satisfied" with the training content. 90% of the trainees rated their level of competency as "very competent" or "extremely competent.Three months post training evaluation revealed high level of adoption of knowledge gained with 89.4% of the participants having “fully adopted” or “somewhat adopted” the knowledge gained from the program. Conclusion: The evaluation findings demonstrate that ECHO Model can serve as an effective mechanism for disseminating psycho-oncology knowledge in Africa. Insights gleaned from this study offer valuable guidance for forthcoming psycho-oncology training programs in Africa.

S40: Work & (p)rehabilitation

P40.1: Adopting motivational counseling to promote return to work: Evaluating a training program for health insurance practitioners

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Objectives and purpose: When being work-disabled due to sickness (e.g., cancer), return to work (RTW) may positively contribute to patients’ recovery process and overall quality of life. Professionals like health insurance practitioners may benefit from a communication training to promote their patients’ RTW process in an empathic, non-pressuring and motivation-enhancing way. Methods: We developed a context-tailored training in motivational counseling based on Motivational Interviewing. 31 physicians and paramedics participated in an online, 5-sessions, 10-hours training. Pre- and post-training simulated patient conversations and questionnaires evaluated whether their communication behaviors and behavioral determinants like self-efficacy increased. The simulations were scored using the Motivational Interviewing Treatment Integrity code (MITI 4.2) and Friedman’s and Wilcoxon signed-rank tests were used for analysis.Results: Practitioners’ self-efficacy for adopting motivational counseling increased, $\chi^2(2)=33.60$, $p<.001$, as did their technical skills ($Z=-2.25$, $p=0.03$, $r=-.29$). They e.g., used more reflections ($Z=-2.86$, $p=.004$, $r=-.36$) and also took more perspective and sought more collaboration (Z = -3.09, p=0.002, r=-.39). Conclusion and clinical implications: Due to our training, practitioners demonstrate better communication behaviors in simulations. Further research will evaluate the implementation process and its effects on patients' RTW, but may also focus on generalizability in other contexts relevant to cancer patient populations (e.g., work context).

P40.2: Applying the Illinois Work and Well-Being Model to Maximize Return to Work

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Background: The Illinois work and Well-Being Model (IW2M) is a theoretically derived model that has been applied to promoting work and well-being and has also been used to guide career development, employment and return to work research related to cancer survivors. The IW2M provided the framework for the development of a return to work triage screener that can be used by clinicians to evaluate contextual, work and particicipation factors to identify facilitators and barriers to the return to work process. The screener provides scores for contextual, work and participation domains that facilitate case conceptualization, identify target areas for intervention, leverage facilitators to strengthen or mitigate barriers to the return to work process, and measure the clinical gains related to the return to work process. Impact on clinical practice: Application of the screener will provide clinicians with a theoretically derived and empirically supported instrument that can used in clinical practice to facilitate and maximize the return to work of cancer survivors. The brief screener is easy to use, score and findings are easy to interpret. The screener can also be used to identify, monitor, and document treatment gain so appropriate interventions can be applied and altered as needed. Discussion: The screener provides a theoretically derived and empirically supported instrument that can be used in the return to work process of cancer survivors.

P40.4: Prehabilitation for people with breast cancer in Aotearoa - New Zealand

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Rationale: Māori, the indigenous population of Aotearoa (New Zealand), who make up 16% of the Aotearoa population have a disproportionally high cancer related mortality. Prehabilitation, the phase before surgery, has the potential to improve current health and overall functioning to better withstand upcoming cancer treatments. Methodology: To co-design a prehabilitation program, we have first undertaken a needs and wants assessment through focus groups for whānau with breast cancer and semi-structured interviews with healthcare providers. Thematic analysis in NVivo followed the method of Braun and Clarke using the six-step framework of data familiarisation, initial coding, developing initial themes, refining, finalising themes and reporting.Impact on clinical practice: We will co-design prehabilitation interventions for people with breast cancer. The project has a pre-specified focus on Māori. The hope is that this research program will increase equity, with prehabilitation care provided for all people with breast cancer in Aotearoa.DiscussionWe identified a need for prehabilitation programs in Aoreatoa by both patients and healthcare providers. Māori patients noted that current rehabilitation services are mostly European orientated, are not offered, and/or do not integrate te Ao Māori (Māori worldviews). In the next steps we will co-design prehabilitation interventions with Māori patients, researchers and healthcare providers. The co-designed interventions will be assessed for feasibility and effectiveness, with the aim to implement in clinical practice.

P40.5: Return to work among head and neck cancer patients: a longitudinal cohort study from cancer diagnosis to 5 years after primary treatment

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Objective: To investigate return to work (RTW) among head and neck cancer (HNC) patients from cancer diagnosis to 5 years after treatment, in relation to sociodemographic, clinical, work-related, personal, lifestyle, physical and psychological factors and cancer-related symptoms.Methods: Data of a prospective longitudinal cohort (NET-QUBIC) was used. HNC patients < 65 years and employed at diagnosis (n=184) were selected. Work status was measured at 3 and 6 months, and 1, 2, 3, 4 and 5 years after treatment. Cox regression analyses were performed to investigate factors (baseline, 3 months, 6 months) associated with time to RTW ($p<0.05$).Results: RTW among HNC patients < 65 years increased from 26% (3 months) to 65% (1 year), after which it reduced to 52% (5 years). At 5 years follow-up 29% was retired. RTW among HNC patients < 60 years was 72% at 5 years follow-up. Univariate cox regression analyses showed that younger age, a laryngeal tumor (compared to oropharynx, hypopharynx and unknown primary), less advanced tumor stage, minor surgery (compared to no surgery and major surgery), no (chemo)radiation (compared to chemoradiation), better physical performance and less pain at diagnosis was associated with faster RTW. Minor surgery and less fatigue at 3 months were associated with faster RTW from 3 months onwards. Younger age and less swallowing problems at 6 months were associated with faster RTW from 6 months onwards. Conclusion and implications: RTW among Dutch HNC patients is high. Sociodemographic and clinical factors and cancer-related symptoms influence time to RTW.

S41: Adapting the Fear of Cancer Recurrence Therapy (FORT) intervention to new populations: Mexican breast cancer survivors, caregivers of adult cancer survivors, and young adults with lymphoma

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Fear of cancer recurrence (FCR) is the most frequently cited unmet need of cancer survivors across the disease trajectory. Implementation of existing FCR interventions is the foremost research priority in this field. However, interventions must be adapted before we implement them with a new population. For example, a systematic review of FCR in culturally diverse people living with and beyond cancer found they may be at risk of experiencing greater FCR and highlighted the need for greater research with these vulnerable groups in future. A recent review identified FCR as a topmost concern for young adults with cancer, with prevalence estimates ranging from 35-85%. Despite being considered a distinct patient population, tailored interventions for young adults are limited. Family caregivers of cancer patients also report higher levels of FCR than patients but interventions to help them address their fear have been scarce and offered only in a dyadic format. This symposium will present studies that aim to remedy these gaps, building on an existing FCR evidence-based treatment, the Fear of Cancer Recurrence Therapy (FORT) intervention. First, Dr. Galvez will present on a 5-step method to culturally adapt a psychological intervention. Second, Ms. Lamarche will report on the adaptation and pilot-testing of the caregiver version of FORT. Last, Dr. Panjwani will present findings on adapting FORT for young adults with lymphoma, a commonly diagnosed cancer in this population Directions for future research and implementation of FCR care with diverse populations will be discussed.

P41.1: Methodological guide for cultural adaptation of manualized psychological intervention addressed to cancer patients (adults) in the context of the LMIC

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Background Cultural adaptation (CA) is recommended to maintain fidelity to the core components of the intervention. However, only some publications detail the steps of CA of manualized intervention. This proposal describes a 5-phase method to systematically assess the cultural validity of a manualized psychological intervention for cancer patients. Method In the first phase, a rapid document review is conducted as an information-gathering tool to contextualize and substantiate the intervention's relevance to the target clinical population. The second phase will translate the original version of the intervention manual, evaluating if it complies with the elements suggested in Bernal's model of ecological validity. In the third phase, cognitive interviews are conducted with a sample of the target patient population and experts in the outcome variable to verify that the intervention manual is understandable, acceptable, and relevant. During phase 4, an adaptation workshop is conducted to review the data from the previous phases and suggest adaptations and changes. In phase 5, during a therapy delivery simulated session, therapists in training for the intervention will be asked to provide feedback on whether the manual is suitable for implementation in the target population. Conclusions We must address essential components of patients' specific cultural contexts to implement evidence-based psychological interventions in a population that is culturally different from the original population. In this line, a rigorous CA process becomes necessary.

P41.2: Feasibility, Acceptability and Clinical Significance of the Family Caregiver – Fear Of Recurrence Therapy (FC-FORT): A Randomized Control Trial Pilot Study

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Objective: Family caregivers (FC) report equal or greater levels of fear of cancer recurrence (FCR) compared to cancer survivors. However, few FCR interventions have been developed for or adapted to FC. This study aimed to pilot test the adapted Family Caregiver – Fear Of Recurrence Therapy (FC-FORT) to establish its feasibility, acceptability, and clinical significance among FC.   Methods: A mixed-method, multicenter, parallel, two-group (intervention & waitlist-control), randomized control trial (RCT) design was used. Women FC were recruited through Canadian hospitals, community partners and social media. FC in the intervention group completed 7 weeks of virtual group therapy (FC-FORT) and an exit interview. All participants completed questionnaires at baseline (T0), post-intervention (7 weeks; T1), and a 3-month follow-up (T2). Feasibility (e.g., recruitment, allocation, fidelity), acceptability (e.g., dropout, completion, satisfaction) and clinical significance of primary (FCR) and secondary outcomes were evaluated. Descriptive statistics, mixed ANOVAs and conventional content analyses were used. Results: 22 FC were recruited. 18 FC were randomized. 12 FC received FC-FORT (33% dropout). 67% of participants completed ≥ 5 sessions. FC satisfaction was 87%. Therapist fidelity was above 80%. Clinical significance and qualitative data are currently being analyzed.   Conclusion/Implications: This is one of the first interventions to address FCR in FC. After addressing feasibility issues, FC-FORT is ready to be tested in a larger RCT.

P41.3: **Tailoring Fear of Cancer Recurrence Therapy for Young Adults with Lymphoma: Engaging the Voices of People with Lived Experience**

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Objectives: Lymphomas are among the most prevalent cancers in young adulthood. Despite improved long-term survival, fear of cancer recurrence (FCR) remains a top unmet need. Fear of Cancer Recurrence Therapy (FORT) is a cognitive-existential intervention that has been shown to reduce FCR in breast and gynecological patients with cancer but has not yet been adapted for YAs. The aim of the current study is to adapt virtually-delivered FORT for YAs with lymphoma with insights from people with lived experience (PWLE).   Methods: The Patient Engagement in Research Framework informed the design of this study. PWLE with lymphomas (n=6, 50% females; agerange=20-37) were recruited via the Adolescent & Young Adult Oncology Program at Princess Margaret. PWLE participated in 4 virtual group meetings, wherein FORT was reviewed session-by-session. Thematic analysis was employed to analyze transcripts of the discussions. Results: PWLE found FORT to be helpful and relevant, providing targeted feedback on content, intervention components, language, manual functionality, and virtual delivery. Feedback included but was not limited to incorporating values that align with aspects of identity, triggers specific to both young adulthood & lymphoma, softening language in cognitive restructuring sections, and enhancing interaction in a virtual format. Discussion: Findings will help address the significant unmet need of untreated FCR among YA lymphoma patients. The applicability of adapted FORT for other YA cancer populations is considerable. Future steps include conducting a feasibility trial.

S42: **Development and/or testing of outcome measures**

P42.1: “I see the words, but I can’t get them out”: Word-Finding Difficulties in Breast Cancer Patients

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Word-finding difficulty, or anomia, is a common concern reported by cancer patients. Anomia could be underpinned by two distinct deficits: semantic deficit (due to memory problems) or lexical access deficit (executive difficulty). Since care depends on the deficit, we aim to expand the knowledge on anomia in Cancer-Related Cognitive Impairment (CRCI) by analyzing the report of females with breast cancer. 19 outpatients less than one year post treatments for breast cancer participated in an interview with a speech therapist. They were asked about any changes they had noticed in their language since their cancer diagnosis. Three themes were defined to analyze the reports: “lexical difficulty” for words referring to anomia, “memory” for other memory problems, “semantics” for the meaning of words. Reports were examined using lexical frequency (count of words) and semantic discourse analyses (meaning of words). 18/19 outpatients reported anomia and 18/19 reported memory concern unrelated to anomia. Lexical frequency analysis showed that outpatients used terms referring to word retrieval as often as terms referring to word access. Semantic analysis revealed that patients were able to retrieve the meaning of the word. Due to its high frequency anomia might be a hallmark of CRCI. Report anomia should be a sign for further investigation of cognition in cancer patients. Moreover, anomia is strongly associated with memory concern. Yet patients are able to get the idea of the word suggests that word memory is spared. Thus, anomia in CRCI might be underpinned by lexical access deficit.

P42.2: Self-Efficacy for Coping with Cancer: On the Construct Validity of the German Short Form of the Cancer Behavior Inventory

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ObjectiveSelf-efficacy for coping with cancer (SECC) may be defined as confidence in one’s ability to perform coping behaviors in the context of cancer and its treatment. Research shows it to play a significant role in the self-regulation of affect and behavior of cancer survivors. As a reliable and valid 12-item measure of SECC, the CBI-B, a brief form of the Cancer Behavior Inventory, has been available for quite some time. In this study, we analyze the construct validity of the German version of the CBI-B in a pooled sample of cancer survivors from five studies in acute care, follow-up care, or rehabilitation settings.MethodsIn total, the sample included 1,035 patients with breast, colorectal, prostate, skin, or other cancers (17%, 26%, 37%, 17% and 4%, resp.). Fifty-seven percent of them were female, mean age was 58.5 (SD = 11.5) years. Data analysis included confirmatory factor analyses (CFAs), computation of scale reliability (Cronbach-α) and, within subsamples, SECC correlations with fear of progression, depression, or quality of life.ResultsCFA yielded close to good fit indices (RMSEA = .05, CFI = .98) for a model with 4 factors comparable to those of the original version (Maintain Independence, Participation in Medical Care, Managing Stress, and Managing Affect), with a Cronbach-α of the overall scale of .88. Median correlation with criterion measures was r = .46.ConclusionsSimilar to the original, the German CBI-B version appears to be a reliable and valid measure of SECC. It may

serve as a state and outcome measure in clinical practice and research.

P42.3: Can the need for anxiety management interventions during radiation therapy sessions for head and neck cancer be predicted using a questionnaire to screen for claustrophobia?

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ObjectiveRadiation therapy (RT) for Head and Neck cancer (HNC) requires an immobilization mask, which can lead to situational anxiety that disrupts treatment sessions. Previously identified predictors lack sufficient specificity for a screening tool. We explored whether a validated measure of claustrophobic fears (CL-Miniscreen) could predict whether people with HNC would need an anxiety management intervention during radiation therapy.MethodsParticipants (n=101) having RT for HNC with an immobilisation mask completed the CL-Miniscreen by telephone interview, 1-2 weeks prior to SIM. Sessions were observed during SIM and treatments (T1-T3, T20) with anxiety management interventions (break, relaxation techniques, medication) recorded. ResultsThe sample was 76.2% male with mean age=69.6 (SD=10.1) years. 11% (n=11) scored over threshold on the CL-Miniscreen. Chi-squared analysis indicated significantly higher anxiety intervention rates among people over threshold on the CL-Miniscreen (p<.001). Intervention rates among those over threshold (vs under threshold) on the CL-miniscreen were: non-pharmacological interventions: 56% (n=6) vs 9% (n=18); pharmacological intervention: 64% (n=7) vs 2% (n=2) and any intervention: 70% (n=7) vs 6% (n=9). The specificity and sensitivity of the CL-Miniscreen and the associations between interventions and individual CL-Miniscreen items will also be presented.ConclusionsThe CL-Miniscreen may be a useful screening tool to pro-actively identify people undergoing RT for HNC who may benefit from preventive anxiety-management interventions.

P42.5: Evaluating Cancer Patients' Experiences with Doctor-Patient Communication: Development and Validation of a New Assessment Instrument

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Objective: This study aimed to develop and validate a cancer-specific Doctor-Patient Communication Satisfaction Scale (DPCSS-Cancer) from the patient's perspective.Methods: Initial items were generated through literature review. Content validity was assessed via feedback from five experts, while face validity was determined through cognitive interviews with 13 patients. The revised DPCSS-Cancer was subsequently tested in a sample of 200 cancer patients to assess test-retest stability, internal consistency, factor structure, and criterion-related validity.Results: The development process resulted in a 15-item DPCSS-Cancer across two dimensions, using a 4-point rating scale (1= strongly disagree to 4= strongly agree). The item-level Content Validity Index (I-CVI) ranged from 0.8 to 1.0, with a scale-level CVI of 0.96. Following expert and patient feedback, no items were eliminated, but modifications were made to item wording. In formal testing, the overall Cronbach's alpha was 0.96, with 0.89 for the first dimension and 0.95 for the second. Test-retest reliability was established at 0.82. The two-dimensional structure was partially confirmed. Criterion-related validity was supported through a significant positive correlation with a measure of trust in the physician (r = 0.86). Factors contributing to higher DPCSS-Cancer scores were identified.Conclusion and Clinical Implications: The DPCSS-Cancer shows satisfactory reliability and validity, making it a viable patient-reported outcome measure for assessing cancer patients' satisfaction with doctor-patient communication.

S43: Psychosocial screening in families facing cancer

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A cancer diagnosis in a parent or child impacts the entire family. The family's adaptation after diagnosis is impacted by multiple layers of the social ecology. By using psychosocial screening shortly after diagnosis, psychosocial risks may be identified early. This provides the opportunity to match psychosocial care to the level of family risks and needs, which can reduce the risk of severe or long-term problems.   In pediatric oncology, psychosocial screening is one of the Standards for Psychosocial Care for Children with Cancer and Their Families. Multiple studies have examined the Psychosocial Assessment Tool (PAT), a validated parent/caregiver report screener for family psychosocial risk. However, family psychosocial risk screening is not part of common practice. This also applies to the group of adult cancer patients with minor children. The goal of this symposium is to present examples of how psychosocial screening can advance care delivery and wellbeing in child and adult cancer populations: 1) Anne Kazak will address the background, rationale and importance of universal, systematic family psychosocial risk screening in pediatric cancer and introduce the PAT. 2) Marnik Paeps will focus on caregivers of children with cancer, and address courses and predictors of caregiver distress over time based on > 10.000 assessments with the Distress Thermometer. These data were collected via the KLIK-PROM portal, an electronic screening platform. 3) Marthe Egberts will present the pilot data of a study on the adaptation of the PAT for families in which a parent has cancer.

P43.1: Family Psychosocial Risk Screening with the Psychosocial Assessment Tool (PAT)

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Objective: 1) Present the background and rationale for universal, systematic family psychosocial risk screening in pediatric cancer; 2) Introduce the Psychosocial Assessment Tool (PAT), an evidence-based caregiver-report screener; and 3) Address the importance of implementing risk screening in clinical practice. Methods: We will review relevant background about psychosocial well-being in pediatric cancer and the Psychosocial Standards in Pediatric Cancer. We will present PAT, examples of items and procedures, including the Pediatric Psychosocial Preventative Health Model upon which it is based. We will highlight the broad dissemination of PAT. We will provide an overview of our ongoing implementation study in the United States. Results: Screening all families for psychosocial risks and resiliencies throughout treatment is an important component of comprehensive pediatric cancer care and is well accepted by multidisciplinary providers and families. The PAT is reliable and valid and available in 20+ languages and used in 30+ countries. We are identifying strategies to foster the uptake of screening in cancer programs Conclusion and Implications: Screening all families is an essential step in addressing health equity and assuring that all patients receive optimal care. The PAT is a brief caregiver report screener that can provide valuable information to help cancer care teams treat children and families. Implementation of universal screening in pediatric cancer care is our long-term goal which is the topic of ongoing research.

P43.2: Psychosocial screening in families facing parental cancer: Adaptation of the Psychosocial Assessment Tool (PAT) and pilot data

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Objective: When a parent is diagnosed with cancer, both parents and children are affected. A significant number of parents and minor children develop psychosocial problems. Early systematic screening can identify risk factors in families and thereby improve the deliverance of matched psychosocial care, but a screening tool is currently lacking. The aim of this study is to adapt the Psychosocial Assessment Tool (PAT; developed in pediatric oncology) for use in families facing parental cancer, and to examine its reliability and validity. Methods: An adapted version of the PAT was developed based on literature and expert input. The usability and preliminary reliability and validity of the adapted PAT are currently being examined in a pilot study. Patients with cancer (with at least one child 0-18 years) and their partners were asked to fill out the PAT and several validation questionnaires approximately two months post-diagnosis. Results: To date, 19 parents participated. On a VAS-scale ranging from 0 to 100, preliminary data suggest that parents rated the comprehensibility (M=87.7, SD=11.0), clarity (M=85.2, SD=18.6), and appropriateness (M=74.4, SD=16.7) of the adapted PAT positively. The study is ongoing and complete results on preliminary reliability and validity will be available at the time of the presentation. Conclusion and clinical implications: Findings on the usability and validity of the PAT in pediatric oncology hold promise for its usability in families facing parental cancer. This will provide opportunities to improve psychosocial care for these families.

P43.3: Development of parental distress in male and female caregivers of a child with cancer

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Objectives: A cancer diagnosis in children impacts the whole family. This study aims to assess the course and determinants of distress in caregivers of a child with cancer. Methods: Assessments of parental distress were offered to Dutch speaking caregivers every 6 months as part of a psycho-social monitoring program, using the Distress Thermometer for Parents (DT-P). Data was available from august 2015 until august 2023 via the online KLIK PROM portal. Data was extracted for each patient from diagnosis up until 6 years after diagnosis. Linear mixed models was used to assess parental distress over time since diagnoses within sex, and to assess determinants of distress. Results: Repeated distress assessments in 3892 parents (of 2377 children, participation rate: 60%) resulted in 10772 assessments (4373 by males, 6399 by females). Both sexes showed highest distress at diagnosis. Female distress declined after diagnosis, dropped below the clinical cut-off (4) after 2 years, and stabilized after 4 years. Male distress dropped below the clinical cut-off after 1 year, stabilized after 2 years and declined further after 4 years. Relapse of the cancer, having a chronic illness as a caregiver, and experiencing parenting problems were the main determinants for distress. Perceiving social support and living with a partner were associated with less distress. Conclusion and clinical implications: The trajectory of parental distress from diagnosis into survivorship differs by sex of the caregiver. The course and determinants can be used to tailor interventions.

S44: Survivorship

P44.1: Changes of Psychological Distress and Related Factors in Newly Diagnosed Thyroid Cancer Patients: A 12-Month Longitudinal Study

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Purpose: The purposes of the study were to explore the changes of prevalence of fear of cancer recurrence (FCR), anxiety and depression and related factors in thyroid cancer (TC) patients within one year of diagnosis. Methods: A 12-month prospective longitudinal study with consecutive sampling was applied to recruit subjects from two hospitals in Taiwan. Patients were assessed at 6 time points (one week and 1, 2, 3, 6, 12 months post-surgery, T1-T6, respectively). Hospital Anxiety and Depression Scale (HADS), Fear of Cancer Recurrence Inventory -severity subscale (FCRI-SF), Symptoms Severity Scale (SSS) were used. Cut-off points were calculated to decide the prevalence of each distress. The Generalized Estimating Equation (GEE) was used to analyze the longitudinal data. Results: A total of 140 patients were recruited with main majority as females (80.7%). The mean age was 44.1 years (+10.3). FCR was the highest prevalent psychological distress from the beginning (50%, T1) to 12 months (35%, T6) while comparing to anxiety (25.7%, T1 & 15.0%, T6) and depression (18.6%, T1 & 25%, T6). However, depression significantly increased at T3 (2 month) and T6 (12 month). Symptoms is the common predictor for the three psychological distress. Patients with lower education reported more anxiety and FCR. Receiving iodim-131 treatment is also a factor related to FCR. Conclusion and clinical implications: There are 20 to 50% of newly diagnosed TC patients experiencing psychological distress. Psychological assessment/interventions to support TC patients are needed.

P44.2: Unmet supportive care needs trajectories during the first two years of cancer survivorship: a cross-country comparison between Hong Kong and the United Kingdom

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Objectives/purpose: To identify the distinct unmet need trajectories during the 24 months post-treatment and perform a cross-country comparison on trajectory patterns between Hong Kong (HK) and the United Kingdom (UK).Methods: Unmet supportive care needs data assessed by SCNS at 6-, 18-, and 30-month post-curative intent treatment were drawn from cohorts of HK (n=678) and UK (n=1125; HORIZONS) cancer survivors. Latent growth mixture modelling identified SCNS trajectories within each of its domains: health system and information (HSI), patient care and support (PCS), psychological (PSY), physical daily living (PDL), and sexuality (SEX) needs. Fully-adjusted logistic regression compared trajectories by cohorts.Results: Two distinct trajectories for PCS, PDL, and SEX needs, and four distinct trajectories for HSI and PSY needs were identified. The majority of cohort participants showed low-stable unmet HSI (65.0%), PCS (88.5%), PDL (82.4%), PSY (70.8%), and SEX (88.5%) needs. On average 3-in-10 cancer survivors reported high initial unmet needs in at least one domain. Except for PCS, the trajectories of other domains differed between the HK and UK cohorts (all p<0.001). Persistent-high HSI, PDL and SEX needs were more likely in the HK sample, while persistent-high PSY needs were more likely in the UK sample.Conclusion and clinical implications: Significant differences in needs that HK Chinese and British Caucasian cancer survivors face in the longer-term survivorship. Optimising cancer supportive care services should take cultural and/or health service context into account.

P44.3: Trajectories of Depression and Quality of Life in Cancer Survivors and Individuals Without Cancer: A Longitudinal Study in Europe

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Objectives: To investigate trajectories of depression and quality of life (QoL) over time among cancer survivors compared to individuals without cancer throughout Europe and identify associated factors.Methods: The study sample was recruited from the Survey of Health, Ageing and Retirement in Europe and featured 1,066 cancer survivors and 9,655 individuals without cancer from 13 European countries. Group-based trajectory modeling was used to identify depression and QoL trajectories, and a linear mixed-effects model was used to characterize their correlates.Results: Four depression trajectories—stable low, stable high, increasing, and decreasing—and four QoL trajectories were identified. All QoL trajectories were stable over time but differed in their levels: low, low-medium, medium–high, and high. Depression and QoL trajectories were similar between cancer survivors and individuals without cancer. However, significantly more cancer survivors had high depression and low QoL trajectories.Conclusion and Clinical Implications: Although depression and QoL

trajectories did not differ between cancer survivors and individuals without cancer, more cancer survivors were characterized by high depression and low QoL life trajectories. Providers should be aware of and screen for cancer survivors with elevated depression and low QoL and promote relevant psychosocial interventions. Modifiable factors associated with depression and QoL can be targets in long-term care plans for cancer survivors.

P44.4: Health care utilisation and unmet needs in survivors of head and neck cancer in regional/remote Australia: a cross-sectional survey

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Objectives: Post-treatment survivorship period poses distinct challenges and marks the transition for individuals with head and neck cancer (HNC) away from acute care, particularly for those in rural areas. This study investigated survivorship experiences of rural HNC survivors to understand their unmet needs and healthcare utilisation.Methods: Invitations were sent to 619 HNC survivors in rural New South Wales, Australia who were 1-15 years post-treatment. Participants completed self-reported questionnaires assessing any unmet survivorship needs, the strength of these needs using the Cancer Survivors' Unmet Needs Measure, and health care utilisation in the preceding 12 months.Results: 116 responses were received (19% response rate). Participants were predominantly male (65%), had oropharynx cancer (46%), with mean age of 70.1 years. Some 54% reported at least one unmet need and 20% rated these unmet needs as 'strong'. Top unmet needs included concern about recurrence (24%), access to local services (15%), and financial support (15%). GP (95%) and dental (65%) services were most utilised; only 11% sought professional psychosocial support despite prevalent unmet needs.Conclusion and Clinical Implications: Rural HNC survivors face substantial unmet psychosocial needs, and yet demonstrate low utilisation of professional psychosocial

support. This highlights a potential service gap or accessibility challenges, which could be addressed with shared models of care that utilise both GP-led and telehealth services to address psychosocial concerns in rural settings.

P44.5: Psychosocial complaints among advanced cancer survivors treated with immune checkpoint blockade

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Objectives:There is a lack of knowledge on psychosocial outcomes among advanced cancer survivors treated with immune checkpoint blockade (ICB). We evaluated psychosocial complaints to identify care needs.Methods: Patients (pts) diagnosed with an advanced stage III/IV cancer of any type, who initiated ICB at least 1 year prior to inclusion and achieved complete remission (CR), were eligible for this ongoing cohort study. We evaluated the results of the baseline fear-of-cancer recurrence (FCR), psychological distress, cognitive complaints, and fatigue through psychometric questionnaires. We conducted a correlation analysis between the psychological and biographical variables (α=5%).Results:From Jul 2022 to Nov 2023, 70 pts were enrolled (42 male; med age: 65y; 63 stage IV; med time since CR: 3.3y; med ICB duration: 13.7 months). 38 pts had clinical FCR (54%), of whom 15 had pathological FCR (31%). 24 pts (34%) had psychological distress, 23 pts (33%) had fatigue, and 13 pts (19%) had cognitive complaints. FCR was significantly correlated with age, anxiety, depression, fatigue, cognitive complaints, and sleep problems (respectively r=-.288, r=.461, r=.307, r=.320, r=.268, r=.329) but not with gender, education level, physical activity, or time since CR.Conclusion and implications:More than half of the advanced cancer survivors treated with ICB had clinical FCR. Severity of FCR correlated with younger age, increased anxiety, depression, fatigue, cognitive complaints and sleep problems. These results indicate the need for routine screening and timely referral for FCR.

S45: Other Value-based and person-centered cancer care

P45.1: Relationships between dyadic coping, perceived stress and self-efficacy in Chinese nasopharyngeal carcinoma patients.

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AbstractObjective: This study aimed to explore the level of dyadic coping of Chinese nasopharyngeal carcinoma patients and their couples, and to determine the relationships and pathways between dyadic coping, perceived stress and self-efficacyMethods: A cross-sectional study was conducted in Guangzhou, China, from September 2022 to May 2023. Participants were 223 couples with nasopharyngeal carcinoma (N=446) who completed the Dyadic Coping Inventory, The Perceived Stress Scale and General Self-Efficacy Scale. Data were analysed using the actor-partner interdependence mediation model by structural equation modelling.Results: Regarding the actor effects, perceived stress can negatively associated with dyadic coping in Chinese nasopharyngeal carcinoma patients and their partners, respectively, while self-efficacy acted as a mediating role. Higher levels of self-efficacy were linked with higher levels of dyadic coping. Regarding the partner effects, couple perceived stress was negatively linked with patients dyadic coping. Conclusion implications: These findings highlight the importance of assessing perceived stress levels of couples and attract the attention of clinicians to enact and implement targeted dyadic coping intervention plans for nasopharyngeal carcinoma patients and their couples.

P45.2: The Attachment Position of Patients with Cancer: Does it Predict the Intensity of Psychological Treatment?

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Objective: With the limited availability of mental healthcare, it is of utmost importance to provide care that matches the needs of patients: short if possible, but also more intense when necessary. This study explored whether current attachment position of patients with cancer plays a predictive role in the intensity of psychological treatment. Methods: Between June 2020 and December 2022 an observational longitudinal study was conducted among 308 patients who sought help at a specialized mental health care center for those affected by cancer in the Netherlands. At the start of the psychological treatment, each patient's attachment position was calculated based on the self-reported degree of attachment anxiety and attachment avoidance. The total treatment time was recorded upon completion. A linear multiple regression analysis was performed to assess the predictive value of attachment-anxiety, attachment-avoidance, and its interaction on treatment intensity. Results: A higher level of attachment-anxiety predicted a longer psychological treatment in people with cancer. The degree of attachment-avoidance nor the interaction term had predictive value. Conclusion and implications: Our findings imply that assessing the current attachment position of patients with cancer can help identify patients who receive longer psychological treatment. Moreover, the attachment position provides information about the needs of the patient which can help to decide on what treatment would be most beneficial for this patient and facilitate an effective therapeutic relationship.

P45.3: Psychosocial factors associated with quality of life in patients undergoing treatment: an umbrella review.

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Objectives: Quality of life (QoL) of cancer patients is affected by different factors. However, in the scientific literature, there are still no studies that systematically summarize the impact of psychosocial factors on QoL in this population. The aim of the present Umbrella Review is to collect findings from systematic reviews and provide an overview of all investigated psychosocial factors associated with QoL in cancer patients. The outcome of this UR will contribute to the European project “Quality of Life in Oncology:

measuring what matters for cancer patients and survivors in Europe". Methods: Four scientific databases (PubMed, Embase, Scopus, and PsycInfo) were searched to identify reviews examining psychosocial factors associated with the QoL in cancer patients. The review followed Joanna Briggs Institute (JBI) review guidelines. The assessment of the methodological quality was conducted using 'A Measurement Tool to Assess Systematic Reviews' (AMSTAR2) checklist. The study protocol is registered in the International Prospective Register of Systematic Reviews (PROSPERO, identifier: CRD42023413899). Results: The results highlight the correlation between the QoL and a variety of psychosocial factors and underline the positive and negative impact of these factors on QoL. Specifically, the main factors associated with QoL were depression, social support, anxiety, and distress. Conclusion: Our findings provide a broader conception of QoL in cancer patients and can be used for designing and developing more patient-centered care, QoL questionnaires and interventions.

P45.4: **Psychiatric and cognitive function in patients with serotonin producing neuro-endocrine tumours.**

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ObjectiveNeuroendocrine tumor of the small intestine (SINET) are serotonin producing cancers, clinically manifesting as carcinoid syndrome. Serotonin overproduction is hypothesized to be associated with increased levels of psychiatric and cognitive dysfunction in SINET patients, through depletion of serotonins precursor tryptophan in the brain. We aimed to investigate cognitive and psychiatric function in these patients and the association with serotonin (5HT) and tryptophan (TRP) levels.Methods81 patients with a metastatic SINET, without serotonergic medication, underwent standardized neuropsychological and psychiatric assessment. Blood and urinary samples were collected to determine levels of 5HT, TRP, and a serotonin metabolite (5-HIAA). Multivariate normative comparison was applied to determine the prevalence of cognitive impairment. Separate linear regressions of 5HT, TRP, and 5-HIAA levels on cognitive function, depression severity, and anxiety were performed, corrected for age, sex, education and/or duration of illness.ResultsCognitive impairment was present in 11% and a psychiatric diagnosis in 20% of the patients (4% depressive disorder, 13% adjustment disorder, 3% other). Cognitive function was not related to any measure of peripheral serotonin production. Depressive symptoms were not related to 5HT or 5-HIAA, but in contrast to our hypothesis, depression was associated with elevated levels of TRP.ConclusionsCognitive or psychiatric problems occur in a minority of NET patients,

but cannot be explained by tryptophan depletion due to serotonin overproduction

P45.5: OPTIONS: What choices did women at increased risk of developing breast cancer make regarding surveillance, risk-reducing surgery and lifestyle changes?

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ObjectiveDecision making regarding risk management (i.e., surveillance, risk-reducing surgery, lifestyle changes) can be challenging for women diagnosed with an increased breast cancer risk caused by a pathogenic variant (PV) in either the BRCA1/2, CHEK2, PALB2 or ATM gene. Therefore, we aim to investigate women’s choices regarding risk management strategies, the psychosocial impact of these choices, and assess (unmet) information and support needs.MethodsWe are inviting female BRCA1/2 (N≈2000), CHEK2 (N≈1200), or ATM/PALB2 (N≈500) carriers participating in the Dutch HEBON-registry (6 months-20 years after DNA testing) to complete a survey on their choices regarding risk management, its psychosocial impact, and (unmet) needs. ResultsData collection for women with a PV in BRCA1/2 started in December 2023 and will be completed in May 2024. To date, 1,744 surveys have been sent (response rate ~36%). We will present our first results on BRCA1/2 female carriers and their choices on risk management and (long-term) experiences.Conclusion implicationsThis study will generate important insights into the impact of DNA-testing and risk management options. We will use this survey, literature, and a needs assessment (focus groups and interviews) with female carriers and healthcare professionals to develop a decision aid (carriers) and e-learning (healthcare professionals). These tools will empower women to engage in informed decision making regarding risk management that fits them best, which may result in significant psychological- and health benefits.

S46: E-health

P46.1: Reasons for refusal to use the psycho-oncology mobile phone application among patients with primary breast cancer

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ObjectivesE-health is a method of healthcare increasingly used in the field of psycho-oncology. Many reports point to the positive impact of psychological e-health tools, but only a few publications address barriers.MethodsThe retrospective study was conducted between December 2022 and

February 2023. The study included 56 breast cancer patients who refused to use the psycho-oncology mobile app offered by the Breast Cancer Unit. The aim of the study was to find out the reasons for refusing to use the app and to analyze their psycho-emotional functioning (stress level- Distress Thermometer, personality traits- TIPI, coping strategies- Mini-Cope, self-efficacy-GSES).ResultsPatients showed moderate scores in DT and eleveted in GSES. The most frequently used coping strategies were Active Coping, Acceptance and Seeking Emotional Support. On the TIPI, they marked the highest scores on Conscientiousness. Patient responses regarding refusal to participate in app testing were divided into four categories: 1) Focus on life outside the disease, 2) Focus on disease and treatment, 3) Denial mechanism, 4) Technical issues. Statistically significant differences were found in psycho-emotional functioning according to refusal category and age.ConclusionsPatients' stated reasons for refusing to use the psycho-oncology mobile app are related to their psycho-emotional functioning.

P46.2: Exploring the value of Large Language Model Chatbot responses in answering patient questions regarding melanoma: a comparison with established patient information resources

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Objective The emergence of Large Language Models (LLMs) has raised questions regarding their potential value in providing adequate patient information, also in the rapidly changing field of melanoma. This study aims to evaluate the effectiveness of LLMs in providing high-quality responses to patient questions on melanoma, compared with established patient information resources (PIRs). Methods A cross-sectional study was performed. Fifty medical and psychosocial patient questions on melanoma were identified from prior studies. Questions were entered into three most widely used LLMs: ChatGPT version 3.5, version 4.0, and Google Bard, and answers extracted. Answers were also derived from the most used Dutch PIRs for melanoma. All provided answers were scored on (medical) accuracy, completeness, personalisation and readability by two authors independently, after which differences between LLMs and PIRs were assessed. Results Preliminary results show that LLMs' responses generally scored lower on (medical) accuracy compared with PIRs, showing variation across questions and LLMs. Additionally, compared with PIRs, LLMs' responses were rated as more personalized and complete, whereas PIRs were often incomplete or lacked available answers. Regarding readability, PIRs outperformed LLMs.Conclusion implications LLMs show potential in providing high-quality responses to patient questions regarding melanoma. However, their lower and inconsistent accuracy calls for further research into patients’ use of LLMs in practice before they can safely and adequately complement current PIRs.

P46.3: Empowering Cancer Care: Virtual Psycho-oncology Clinic Approach

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Background:Salute's Virtual Psycho-oncology Clinic revolutionizes global cancer care with on-demand psychological support. Our patient-centric model, featuring curated educational content and self-paced CPT training, adapts to individual needs through virtual and in-person sessions.Methodology:Developing this solution faced challenges, blending telemedicine and education. Substantial financial commitments, compounded by unique funding landscapes, and navigating the nascent status of psycho-oncology demanded a pioneering approach.Impact on Clinical Practice:Salute bridges gaps in cancer care, combining technology and education for psychological empowerment. Self-guided CPT training promotes patient autonomy, yet challenges persist due to underappreciation of psycho-oncology and funding constraints, highlighting the need for recognition to transform cancer care practices.Discussion:Patient reluctance and physician unawareness hinder recruitment. The virtual format, while flexible, poses retention challenges without face-to-face interactions. Overcoming these hurdles requires reshaping perceptions, necessitating collaboration among stakeholders, policymakers, and researchers.Conclusion:Salute showcases the interplay of technology, finance, and societal perception. Beyond innovation, recognizing psycho-oncology's role is crucial. The struggle for recognition and funding should drive collective efforts toward a patient-centric cancer care paradigm. Salute urges the medical community to embrace possibilities, advancing mental health support for cancer patients.

P46.4: Developing an online support program for breast cancer and head and neck cancer patients undergoing radiotherapy (OPUS) – A study protocol

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Objective: Radiotherapy (RTx) is part of the treatment guidelines for breast (BC) and head-neck cancer (HNC). Being physically and psychologically challenging, treatment related psychological stress might lead to anxiety, distress and depression as well as limitations in quality of life [5; 6]. Online interventions have been shown to be effective in overcoming barriers to psycho-oncological support [1; 2; 4]. Therefore, building up from the OPaCT program [3], a modular, therapy-based, multidisciplinary online support program for BC and HNC patients under RTx was developed. The aim of this study is to test its feasibility and acceptance. Methods: OPUS was conducted applying an exploratory mixed-methods design using pre-post comparisons and therapeutic monitoring. The implemented needs-oriented content is based on an entity-specific need assessment (T0). Recruitment aim is N=100 patients (50BC/50HNC). Participants complete questionnaires at baseline (T1), mid- (2), post-intervention (T3) and three-month follow-up (T4). Primary outcomes are feasibility and acceptance. An interactive, modular concept was used for implementing 8 compulsory and 4 additional lessons, including multi-disciplinary content, informative and reflective tasks, training in coping and communication strategies and relaxation exercises. Conclusion/implications: The results of the study will provide information about the feasibility and acceptability of an entity-specific, patient-oriented online support program in order to successfully implement the OPUS-project as a complementary offer in routine care.

S47: Patient centered care

P47.1: The importance of listening to the patient voice. How a planned ovarian cancer decision aid developed into a diagnosis support tool.

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Background: Decision aids are used in healthcare to assist patients when facing decisions regarding treatment options. Their aim include providing information, presenting the risks and benefits of the options and facilitating the patient to explore their values. To our knowledge, no decision aids for ovarian cancer treatments are currently available. We sought to develop one. Methodology: A decision aid according to the International Patient Decision Aid Standards (IPDAS) for women diagnosed with ovarian cancer being offered either primary cytoreductive surgery or neoadjuvant chemotherapy and interval cytoreductive surgery was developed. A focus group with the lived experience of ovarian cancer was held. Participants had reviewed the decision aid prior to the session. Results: Feedback provided novel insights into what patients are seeking at the time of diagnosis. All participants experienced receiving the diagnosis as traumatic, and rather than seeking a decision aid at this time, they wanted support and reassurance. They sought information that was reliable, short and succinct, and provided reassurance regarding the treatment options. A leaflet with the information was desirable. Language choice was important, avoiding medical terms and replace "decision aid" with "support tool". Conclusion: This work demonstrates the importance of including and listening to the patient voice when healthcare providers are developing resources. Feedback from the focus group resulted in the development of a support tool created in partnership by healthcare providers and patients.

P47.2: THE MEDIATING ROLE OF MENTAL ADJUSTMENT IN THE RELATIONSHIP BETWEEN PERCEIVED STRESS AND QUALITY OF LIFE IN CANCER PATIENTS

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ObjectiveLiving with cancer is fraught with substantial psychological distress and coping hurdles. The intricate nexus between perceived stress and diminished Health-Related Quality of Life (HRQoL) in this

population has garnered significant attention. However, the role played by mental adjustment to cancer (MAC) as a potential mediator in this intricate relationship remains inadequately explored.   This study investigated this. MethodThe participants were 214 cancer patients (74 males, 140 females, mean age = 50.57, SD= 13.07) selected from a University Teaching Hospital in South-West Nigeria. They completed the Impact of Event Scale, Mental Adjustment to Cancer, and Health-Related Quality of Life administered concurrently. Data obtained were analyzed using mediation analysis with PROCESS procedures in SPSS.ResultsResults indicated that perceived stress was associated with lower HRQoL; and that helplessness, anxious preoccupation and cognitive avoidance were significantly associated with HRQoL. Also, helplessness and anxious preoccupation significantly mediated the relationship between cancer-related stress and HRQoL. The findings suggest that stress related to cancer may lead to elevated levels of helplessness and anxious preoccupation, subsequently contributing to a decrease in Health-Related Quality of Life (HRQoL).ConclusionThe results were discussed in the light of the importance of integrating the role of perceived stressors and mental adjustment in HRQol in any psychological intervention plans for people living with cancer.

P47.3: Reframing Cancer Services through Youth Collaboration and Patient-Oriented Research – an example from Finland

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Background: HUS Comprehensive Cancer Center took a pioneering initiative to increase the participation of young cancer patients in the planning, evaluation, and development of hospital's activities and services. In 2021, the AYA Patient Advisory Board was founded, aiming to amplify the voices of youth, ensuring that their experiences shape the future of cancer care.Methodology: Our initiative involved a close collaboration with AYA cancer patients, aged 18-35, through focus group discussions, surveys, and co-design workshops. We sought to understand AYA's preferences, concerns, and aspirations regarding our services. The data collected was analyzed to identify insights that guided subsequent planning and decision-making processes.Impact on Clinical Practice: This initiative has already begun to reshape our hospital's practices. By incorporating the perspectives of patients, we have implemented tailored psychosocial care and increased patient participation in decision-making. The engagement of young patients has not only empowered them but has also led to a more patient-centric and responsive healthcare environment. Discussion: We have learned invaluable lessons about the importance of authentic engagement and fostering a culture of inclusivity. We aim to expand our efforts, and further integrate the youth perspective into all facets of Cancer Center's operations. Empowering young cancer patients in decision-making processes can revolutionize the landscape of cancer care, fostering a patient-centered approach that prioritizes the unique needs of tomorrow's survivors.

P47.4: 'I live with Lynch' A qualitative interview study exploring support needs for shared decision-making about genetic cancer management

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Objective: The study presented here was part of a larger project to codesign a patient decision support website called Lynch Choices for Lynch syndrome, a genetic cancer predisposition. This study aimed to explore the lived experiences and support needs for making decisions about managing genetic cancer risks. Methods: Twenty people with Lynch took part in semi-structured interviews about their lived experiences, including 12 women and eight men with varied personal and family histories of cancer. Interviews explored experiences of being diagnosed and living with Lynch, access to care pathways and making decisions about cancer risk management. Interviews were analysed using reflexive thematic analysis. Themes were mapped onto a conceptual model for codevelopment of improved integrated care pathways. Results: The six overarching themes were: living with Lynch, finding balance; living with cancer plus a genetic diagnosis; need for joined-up care and support; burden of responsibility for informed access to care; taking control to manage uncertainty; and influence/pressure from others. Conclusions: Findings from this qualitative interview study indicated that people with Lynch have varied lived experiences informed by their personal values and history. Learning from their experiences and preferences should inform recommendations to better support and empower personalised, values-based decision-making. Recommendations included accessible, trusted information, shared decision-making, educated healthcare professionals and joined-up care pathways across the lifespan.

S48: Implementation

P48.1: Early Insights on Clinical Implementation of Psychedelic-Assisted Therapies into Psychosocial Oncology Care: Research Driving Practice

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Psychedelic-assisted therapies (PAT) offer a promising treatment for distress in patients with cancer. While a growing body of evidence suggests PAT could safely and effectively facilitate rapid, sustained improvements in outcomes, less is known about implementation into existing support structures. We present early insights on implementation of PAT into psycho-oncology care based on our experiences in a phase II pilot study of psilocybin-assisted therapy for patients with demoralization receiving hospice care and a pilot ketamine-assisted psychotherapy clinical program embedded within Psychosocial Oncology & Palliative Care at a major cancer center. PAT is a powerful and demanding intervention for both patients and clinicians, and requires coordinated, interdisciplinary care for safe and effective delivery at medical, psychological, spiritual, and relational levels. While barriers exist to coordinated, interdisciplinary psychosocial care in the ambulatory setting, PAT offers an opportunity to build more robust collaborative structures. Ensuring adequate training and building an interdisciplinary team with collaborative structure are essential for clinical implementation. Our experiences support the essential function of the “container”, or supportive environment, in delivering safe and effective PAT. Future research should focus on indications and treatment protocols across various clinical settings to define a sturdy yet flexible container in which patients can receive such a treatment.

P48.2: Providing equitable and affordable access to clean water for people living with cancer: experiences of addressing financial inequalities in a rural and coastal setting

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Background: A universal human right to water has been recognised by the UN. People living with cancer (PLWC) need access to water for hydration, personal hygiene, and infection control. 80% of UK PLWC face a financial impact due to their cancer. In the rural and coastal county of Lincolnshire, reports emerged of PLWC disconnecting their water supply from fear of cost. We report on work by the Lincolnshire Living with Cancer (LWC) team to find ways to ease financial burden and provide equitable access to clean water. Methodology: The LWC team and Anglian Water (AW) developed vulnerable person's support, to raise awareness of water rights, the Priority Services Register (PSR) and Extra Care Assessment (ECA), with accessible literature for non-English speaking communities, a staff training video, presentations across networks and cancer training for AW Call Handlers.Results: Since May 2023 5070 PSR registrations and 25858 ECAs completed. This has helped over 30000 people with long-term conditions, including PLWC, access clean and affordable water, a personalised package of support for water bills and financial assistance.Impact: Positive impact has been seen across Lincolnshire, for patients, workforces and the organisations involved. Discussion: Financial difficulties impact PLWC's health and wellbeing and a willingness to step outside our historical approaches can improve PLWC's quality of life. The project is being considered by AW to be scaled up to other localities and we are exploring opportunities to work with other utility providers.

P48.3: Perspective of oncological experts - A mixed-methods approach to explore barriers and solutions to enhance suicide prevention

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Objective/purpose: Cancer patients are a vulnerable group, with an up to four-fold risk for suicidal ideation and suicide death compared to the general population. In clinical practice, the active exploration of suicidality can thus save lives and is recommended by experts. However, international research indicates that it is not sufficiently implemented by (oncological) healthcare professionals. This project aims to explore barriers hindering suicide prevention in people with cancer and devise solutions. Method: In the TASC project ("Together against suicidal ideation and behavior in cancer patients", funded by German Cancer Aid), a mixed-methods study with semi-structured interviews (N = 20) and a subsequent questionnaire survey is conducted with oncological professional groups. The interviews were analyzed using a qualitative content analysis. Results: The primary is a category system, i.e., a structured overview of barriers and resources, procedures and experiences concerning suicide prevention in oncology. It highlights both structural and personal barriers and indicates modifiable factors - such as attitudes, perceived skills, and training. A nationwide survey built on these results, validating the findings and to explore differences between professional groups, age groups/levels of experience and gender. Conclusion and clinical implication: Involving the perspectives of a range of professionals caring for individuals with cancer, the results provide an important basis for the development of needs-based, specific solutions to strengthen suicide prevention in oncology.

P48.4: A systematic review and meta-analysis of couple-based dyadic intervention on psychological distress of cancer patients and their partners

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Objective: To elucidate the defining characteristics of intervention studies specifically tailored to couples and mitigated psychological distress following a cancer diagnosis.Methods: A systematic search for randomized controlled trials on couple-based dyadic intervention was carried out across eight databases. Our review adhered to the Cochrane risk-of-bias tool, and data extraction as well as analysis followed standardized checklists for quantitative research studies. Two reviewers independently evaluated the studies, with a third reviewer involved when consensus was needed. PubMed, CINAHL, Web of Science, CENTRAL, Embase, China National Knowledge Infrastructure, WanFang, and SinoMed were searched from database inception to 2nd July 2023.Results: 26 RCTs were included. There were no statistically significant effects on patients' anxiety, depression, or cancer-related distress. However, Interventions lasting six or 12 weeks had positive effects on patients’ cancer-related distress. Significant reductions in cancer-related distress scores were only observed when interventions included communication and support as well as skills-building components.Patients experienced higher distress levels with intervention frequencies of less than six times or session durations shorter than six hours. For partners, couple-based dyadic interventions significantly reduced their anxiety and depression levels.Conclusions: Couple-based dyadic interventions, comprising a six-weeks or 12-weeks duration or encompassing both CS and SB components, demonstrated superior effectiveness.

S49: Hope and fear in people with advanced cancer.

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A diagnosis of advanced cancer inevitably brings out fear in patients and their loved ones. Sustaining hope, may help to keep fear and anxiety under control. Exploring fear and anxiety around mortality can increase mentalisation and diminish distress. How do healthcare professionals and patients deal with hope and fear and how does this influence treatment decisions? Should we always sustain hope in our patients? In this symposium we will explore hope and fear in oncology from different perspectives. Corine Nierop- van Baalen, is a nurse practitioner and researcher who will address the meaning of different kinds hope in patients with advanced cancer and their healthcare providers, based on the qualitative studies she did during her PhD research. Anne Huisman is a psychiatrist in cancer care, who will simultaneously interview an oncologist and a patient with advanced cancer about their experience with hope and fear in the cancer clinic. Froukje de Vries is a psychiatrist and researcher who will speak about interventions to address hope and fear in patients and health care providers, using Managing Cancer and Living Meaningfully (CALM) as an example. The symposium will end with an interactive discussion with all speakers and the audience about dilemmas in hope and fear in the cancer clinic, chaired by dr. Huisman. This symposium is a synopsis of the symposium Hope and Fear that was held in November 2023 for the medical and nursing staff in the Netherlands Cancer Institute.

P49.1: Interventions for death anxiety in advanced cancer

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Background Death anxiety is present in up to 45% of patients with advanced cancer. One psychological intervention that addresses death anxiety is Managing Cancer and Living Meaningfully (CALM). CALM supports mentalization by sustaining a double awareness of living while knowing that time may be short. Healthcare professionals working in oncology often avoid to address death anxiety, because they lack skills, or because they feel their task is to sustain hope. Methodology CALM psychotherapy was implemented in the Netherlands Cancer Institute by simultaneously creating a CALM clinic, conducting research and developing an educational program with basic CALM skills for cancer nurses (CALM-N). The CALM program serves two goals: 1. building capacity to provide CALM to cancer patients and 2. increasing awareness, knowledge and skills in hospital staff about death anxiety and distress. Impact on clinical practice Depression and death anxiety improved after CALM and the clinic has been sustainable in our hospital, with the addition of newly trained therapists. The therapists comprise a multidisciplinary team of psychosocial professionals and nurse practitioners. CALM-N is offered on a yearly basis to cancer nurses and it seems to increase reflective capacities in the nursing staff. Discussion Although CALM is now well known amongst nurses, the next step is to increase awareness and skills in oncologists, to start addressing death anxiety in their clinics. Several interventions that can increase reflection in staff will be discussed.

P49.2: Conversations about hope and fear in the cancer clinic

Anne Huisman[1], Lotte Heimans[1],
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Background Patients living with advanced cancer and their healthcare professionals both struggle with dilemmas and challenges regarding hope and fear. Professionals can feel required to sustain hope in every circumstance while at the same time they want to prepare and support their patients. Patients face a similar dilemma when they have to juggle hope and fear and feel safe enough to discuss their worries and anxieties with their doctors. What is the most helpful attitude in these challenging and vulnerable conversations? Should professionals invite their patients to talk about death anxiety, thus providing more reflective space and personal support? Methodology

An interview with a patient with advanced disease and an oncologist in which they reflect on the themes of hope and fear, focusing on how these are being addressed in doctor patient conversations. It will also be an honest and personal discussion about their own needs, experiences, fears and vulnerabilities. Impact on clinical practice In our hospital we plan to organize more of these interview sessions to increase awareness, knowledge and skills in hospital staff about the (often unmet) needs of patients to talk about their hopes and fears in advanced disease, including death anxiety. Discussion Patients and their loved ones should be included in programs focusing on hope and fear in the cancer clinic. We would like to discuss the role of psychosocial oncology services in cancer hospitals in supporting both professionals and patients in creating space for these important conversations.

P49.3: Hope springs eternal, but how to deal with it… The meaning of hope from two different perspectives: people with incurable cancer and health professionals

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Objectives: People with incurable cancer can be very hopeful even though they are aware of the negative prognosis. Many professionals feel uncomfortable when patients express hope that goes beyond (far beyond) the prognosis that has been communicated to them. They feel that they should help the patient accept reality. Methods: This abstract is based on two studies on the meaning of hope from the perspective of people with incurable cancer (N=76) and a study on how health professionals (N=3 focus group discussion) treating patients with hopeful palliative care. Results: Hope is very important to people with incurable cancer, people hope because they have no other choice. Without hope, life would be of no quality or would be unbearable. Health professionals' views of hope for palliative care influence communication with these patients. Health professionals can improve, maintain, or destroy hope in patients through their attitudes, behaviors, and communication. Conclusion and implications: A better understanding of the work of hope can lead to better psychosocial support from health professionals. Health professionals convey many messages that influence the work of hope; patient's efforts to maintain or enhance their hope. Health professionals can become more aware of the possibility of facing impending death and hope at better times can go hand in hand.

S50: Sexual life after cancer: Hispanic women's issues, assessment and interventions

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Women's sexuality has been a challenging concept and experience to classify, understand and dealing because of its subjective nature and the social and cultural values involved. Therefore, assessment and intervention of sexuality in women with cancer turn into the highest interest, mainly when patients have finished their cancer treatment. This symposium aims to show findings related to different methodological and clinical strategies to approach the understanding and appropriate psychological treatment of Hispanic women's sexuality after cancer treatment and during survivorship. This symposium is going to discuss the barriers and facilitators of sexual well-being in this cancer survivor population. The objective of the first study is to describe the sexual unmet needs relationship with sociodemographic factors in Mexican survivors of breast cancer to discuss its implications in terms of appropriate psychological interventions for this cultural population.   The second study aims to analyze sexual assessment barriers and their relationship with medical, physical and psychological variables in a Spanish sample of breast cancer survivors. The findings will provide relevant implications on sexuality evaluation and clues to find out how it is the best strategy to begin treatment.   The third study shows the effects of group therapy after a 6-week workshop aimed at creating a safe space to share and provide information about sexuality and intimacy for women who have received a cancer diagnosis, in the end, to contribute to improving quality of life after surviving cancer.

P50.1: Sexuality assessment in breast cancer survivors (BCS): barriers and opportunities

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-Objectives/purpose: To analyse sexual dysfunction in BCS related to medical, physical and psychological variables. Our hypothesis is that sexual issues in BCS are usually not an isolated problem which may influence its evaluation. -Methods: A sample of 218 BCS (from 6 months after ending treatment but hormonotherapy) filled a self-administered survey on survivorship consequences and HADs scale. -Results: 65% BCS stated sexual relationship worsened after diagnosis, not related to age (p<0.076), years of survivorship (p<0,07) nor to type of surgical intervention (p<;0.065) and to lymphedema (p<0,2). Only fatigue (associated to anxiety levels, p<0.015) as a treatment consequence was linked to sexual impairment (p<;0.014). Psychological and cognitive variables were related to sexual impairment: (memory complaints: p<0.016, concentration issues p<;0.02; anxiety p<0.002, depression: p<0.013; fear of recurrence: p<0.003). Regarding relationships, couple lack of support perceived during cancer journey is related to sexual problems (p<0.043). Patients rated 6,2 (0 to 10) the level of worry related to sexual issues regardless of the evaluation made about its worsening (p<0.013), significantly related to anxiety level (p<0.04). - Conclusion and clinical implications: Sexual dysfunction is an important problem for BCS. Evaluation must be careful as several variables are involved, as mood (especially anxiety), fatigue and problems in couple relationship. BCS who have sexual problems do so in the context of other problems that may influence and/or confuse their assessment.

P50.2: Mujer Plena: Group intervention to improve sexual life

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Background/rationale: Gynecological or breast cancer diagnoses affect patients' sex lives, yet discussing these issues is taboo in Mexico. Despite rising survival rates, many women experience sexual health issues. The Mexican National Cancer Institute study shows 89% of patients avoid discussing these problems with oncologists, though 65% acknowledge the diagnosis alters their sex lives. Addressing these issues is crucial, as untreated conditions can significantly impact long-term quality of life post-intensive treatments.   Methodology: The 6-week intervention evaluates its impact on body image and sexual life in breast or gynecological cancer patients. Sessions are 2 hours each, assessing patients before, after, and 3 months post-intervention. The focus is on four key pillars: self-image, relationships, self-compassion, and mindfulness. Impact on clinical practice The evaluated metrics, primarily focusing on both physical and emotional aspects of sexual life, showed overall improvement. Qualitatively, participants expressed feeling accompanied in addressing their sexual problems through the intervention. Discussion This intervention introduced strategies to improve partner communication and enhance the sexual lives of female cancer survivors. The next phase involves implementing this intervention for all types of female cancers to improve overall quality of life post-cancer.

P50.3: Sexual unmet needs and psychosocial factors in Mexican breast cancer survivors

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Objectives: Sexual problems are an essential part of the breast cancer experience. The affectations are maintained until survivorship, generating a variety of unmet needs (UN), anxiety and depression. Psychosocial factors that determine these UN have been inadequately studied in Latin-American culture. This study aims to describe the sexual UN relationship with psychosocial factors in Mexican survivors of breast cancer (MSBC). Methods: We conducted a cross-sectional study. N=249 females answered an MSBC UN survey validated in the population. MBSC were recruited from a central public specialized cancer hospital. Results: The sample median age was 52 (23-87) years; 43% were married, and 60% had a low level of education. They ranged from 6 to 24 months to finish active cancer treatment. The most common UN were acceptance of appearance changes (35%) and physical changes due to breast cancer surgery (26.9%). Sexual UN were the lowest. The impact of cancer or treatment on fertility was negatively related to age. Appearance and the reaction of partners to the breast's UN were positively associated with the surgery's physical impact. Conclusions and clinical implications: Cultural beliefs about sexuality or undergoing hormonal therapy may explain the low levels of sexual UN. Overall findings could indicate a lack of information about fertility improvement and self-image related to sexual satisfaction. The relevance of changes in self-image and attractiveness produced by breast surgery may be critical for determining new treatment guidelines in this culture.

S51: Psychosocial Care and Pediatric Cancer Survivorship: Current Trends and Way forward

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Pediatric cancer survivorship presents unique challenges that extend beyond the physical realm. The emotional and psychosocial well-being of survivors and their families play a crucial role in their overall quality of life. As psycho-oncologists, it is imperative that we address these psychosocial needs comprehensively to ensure optimal survivorship outcomes. This symposium aims to explore current trends in psychosocial care for pediatric cancer survivors and chart a path forward to enhance their long-term well-being. Objective of the symposium 1. Discuss the psychosocial challenges faced by pediatric cancer survivors and their families. 2.

Emphasize the policies and payoffs in pediatric cancer survivorship approaches to psychosocial support and intervention for pediatric cancer survivors. 3. Examine the role of psycho-oncologists in addressing the psychosocial late effects. 4. Discuss the importance of integrating psychosocial care into survivorship programs through the role of non-governmental support systems. among healthcare professionals, researchers, policymakers, and non-governmental organizations (NGOs) involved in pediatric cancer survivorship. By addressing psychosocial challenges and enhancing support systems, we can optimize outcomes and improve the quality of life for pediatric cancer survivors and their families.

P51.1: Psycho-Social Late Effects of Childhood Cancer Survivors in South East Asia

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Objective Childhood cancer survivors manifest late effects physically and psychologically post cancer treatment. Present study explored the psychosocial late effects of the pediatric cancer survivors. Method: Childhood cancer survivors who is currently taking treatment for late effects due to cancer treatment in the last 1 year between the age group of 18- 55 years and who are regular follow up to After Completion Therapy Clinic of Cancer Institute were included in the study. An in-depth interview technique was conducted to collect the data and thematic analysis was used to analyse the obtained data Results: Themes emerged were difficult interpersonal relationships, financial constraints and family related concerns. Interpersonal relationships were profoundly affected, with survivors experiencing difficulties in establishing and maintaining relationships. Familial dynamics played a significant role, with poor familial functioning associated with increased psychological distress. Survivors with lower beliefs of health reported heightened psychosocial distress. Conclusion: The findings emphasize the complex psycho-social impacts experienced by childhood cancer survivors due to late effects of cancer and its treatment. Understanding these effects is essential for developing tailored interventions. supporting survivors with the focus of holistic well-being will help in the attainment of better transition after cancer. Implication: Interventions should foster survivors health belief to address psychosocial distress effectively.

P51.2: Psychosocial Sequelae of Childhood Cancer Survivors in Low Middle-Income Countries

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Background: Childhood cancer survivors face numerous psychosocial challenges, particularly in low and middle-income countries (LMICs), where resources for survivorship care are limited. This study explores the psychosocial issues encountered by childhood cancer survivors in LMICs. Methods: A comprehensive literature review was conducted, focusing on studies and reports addressing psychosocial concerns among childhood cancer survivors in LMICs. Relevant databases were searched using keywords such as "childhood cancer survivors," "psychosocial issues," and "low-middle income countries." Studies published in English from 2000 to 2024 were included. Results: The review revealed a multitude of psychosocial challenges faced by childhood cancer survivors in LMICs, including but not limited to psychological distress, social isolation, stigmatization, financial hardships, and limited access to supportive care services. Factors such as cultural beliefs, socioeconomic status, and healthcare infrastructure significantly influenced the experiences of survivors in these regions. Conclusion: The findings underscore the urgent need for tailored psychosocial support interventions for childhood cancer survivors in

LMICs. Addressing the unique challenges faced by survivors in these settings requires a holistic approach that considers cultural, economic, and healthcare system factors. Policy efforts should prioritize the integration of psychosocial care into cancer survivorship programs, aiming to improve the long-term well-being and quality of life for survivors in LMICs.

P51.3: Partnership in Cancer Survivorship Optimisation : Role of Not for profit organizations

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Background Cancer Survivorship models in high-income countries for the long term follow up care are not always suitable for India. Indian Cancer Society (ICS) is a not-for-profit organization. ICS has developed a holistic survivorship module based on collaboration of After Completion of therapy (ACT) clinic at Tata Memorial Hospital & Childhood cancer survivors (CCS) support group at ICS. Objective is to facilitate Paediatric Cancer Unit (PCU) to start ACT Clinic for holistic care of CCS and standardize the survivorship care in India. Methods ICS provides technical assistance to PCU through trained clinical psychologists &survivors. CCS (>two years post treatment & disease free) are registered in ACT Clinic, Hospital paediatric oncologist monitors late effects and clinical psychologist assesses psychosocial concerns. Survivorship care plan (SCP) is outlined, therapeutic interventions for Medical & psychosocial issues are implemented . Results: 15 PCUs in India partnered with ICS to establish ACT clinics . 12 /15 PCUs, ICS psychologists assess CCS with the paediatric oncologists. 3/12 PCUs, ICS is a knowledge partner or funding partner. Since 2017, 2900 CCS evaluated. 468 received financial support through ICS for education, late effects treatment such as Growth hormone replacement, hearing aid, dental issues, Infertility etc. Conclusion A comprehensive model through Hospital partnership with Not for Profit Organization can be adapted by PCUs in India. Through the ACT platform Research, clinical guidelines can emerge through this approach.

S52: Advancing Patient-Partner Engagement in Cancer Care Services: Multidimensional Impacts of an Organizational Innovation

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In many countries, patient engagement is now a gold standard for the quality of cancer care and services. Despite its importance, it is still challenging to engage patients living with or beyond cancer (PLC) throughout various levels as clinical care, organizational or research. To address these challenges, a Canadian cancer care center has developed an innovative organizational structure to address the gaps in patient-partner engagement. The Cancer Partnerships Hub (CPH) was established in 2021 in Montreal (QC, Canada). The CPH operates on four pillars: 1) enhancing services for PLC; 2) providing support for patient-partners; 3) integrating patient experience into the cancer program, and 4) promoting partnerships between patient-partners and collaborators. Throughout our symposium, we will address and explain these pillars with different perspectives: clinical administrator, patient-partner and researcher. First, Deborah Pascale will describe and explain the development of the CPH, present the background of this project, discuss key levers that oriented the development of the CPH and provide key advice for the translation of this innovation to other contexts. Sandie Oberoi will describe the development of the CPH from a patient-partner perspective. She will present some patient-related outcomes of the CPH. Karine Bilodeau will conclude with the researcher's point of view and will discuss how her research team collaborates with the CPH. The symposium will end with a recap of the avenues for patient engagement through the cancer care program and a group discussion.

P52.1: Promoting Patient-Partner Engagement in Research: A successful collaboration with the Cancer Partnership Hub

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Background/rationale: Several initiatives have been launched over the past decade to involve patient-partners in research. In Canada, the integration of patients into research teams is advocated. Some funding organizations include patients on their grant evaluation committees. How can we integrate patients into our projects and give them a place of choice in our teams? The presentation will look at concrete examples of patient integration in cancer research activities and collaboration within the Cancer Partnership Hub (CPH). Methodology: Three examples of patient-partner initiatives in collaboration with the EPC will be discussed, showcasing their involvement as: 1) co-investigators; 2) research assistants; 3) key advisors (e.g., in recruitment, outreach, and diffusion). Impact on clinical practice: Trust-based collaboration is forged, ensuring patient partners' voices are heard and their contributions are effectively used in research and dissemination efforts. Research activities are oriented toward patients' needs. Partnership plans are developed to prioritize respectful engagement within the research teams. These plans encompass defined roles, thorough training, and clear expectations. Discussion: This is a new era of collaboration with patient-partners and researchers in the complex context of cancer care. This close collaboration is mutually beneficial, allowing us to work together with respect while recognizing and acknowledging our respective strengths and contributions. This organisation fosters a genuine collaboration between researchers and patient-partners.

P52.2: Empowering Patients: The Evolution and Impact of the Cancer Partnership Hub (CPH) from a Patient-Partner Perspective

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Background/rationale: A new era of cancer care services promotes the introduction of patient-partners in various levels of cancer care pathways. A major issue is to avoid tokenism and fully engage patient-partners in activities. The Cancer Partnership Hub (CPH) is an organizational initiative driven by patient-partners. The presentation will describe the development of the CPH from the perspective of patient-partners. Methodology: The CPH represent an important initiative for patients living with and beyond cancer (PLC). It was designed as a concept of a one-stop-shop where PLC can find resources, support, and information. The CPH offers many educational activities as well as training and empowering willing PLC to take on the role patient supporters effectively. Impact on clinical practice: Since its launch in 2021, a team of more than 40 patient supporters have guided over 800 PLC and conducted 200 visits to care units and treatment rooms. The room, located in a central area of the hospital, has witnessed over 2000 visits. 15 patient-partners have actively contributed to various research projects and 8 were listed as co-researchers or collaborators. Discussion: This initiative has successfully established a platform for individuals living with and beyond cancer to openly share their concerns, fears, and feelings, fostering a sense of community and shared experiences among both patients and patient supporters. Located near the outpatient oncology clinic at Maisonneuve-Rosemont Hospital, the CPH's physical space radiates warmth, providing a comforting space for PLC.

P52.3: Cancer Partnership Hub (CPH): A Comprehensive Approach to Fostering Patient Engagement in Multiple levels in Cancer Care Services

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Background/rationale: Patient engagement is a core concept in cancer care services. Some initiatives succeed in integrating patient-partners into clinical care. However, evidence shows that it is still challenging to develop comprehensive patient engagement initiatives. The presentation will outline the development of the Cancer Partnership Hub (CPH), a unique organizational initiative fostering patient engagement in various levels of cancer care services. Methodology: The CPH was launched in 2021 in Montreal (Quebec, Canada). It is an organizational structure within the organigram of the cancer care program of the Integrated University Health and Social Services Centres of l'Est-de-l'Île-de-Montréal. The CPH operates on four pillars: 1) enhancing services for PLC; 2) providing support for patient-partners; 3) integrating patient experience into the cancer program, and 4) promoting partnerships between patient-partners and collaborators. Impact on clinical practice: This approach ensures the meaningful participation of patient-partners in various committees and decision-making processes. Key indicators showcase heightened satisfaction levels, improved alignment of services with user needs, and increased engagement from patient partners. Discussion: The CPH fosters partnerships with other organizations and institutions, raises awareness about patients' needs, advocates for operational transformations, fosters the development of new services, and serves as a catalyst for resources to address challenges faced by collaborative partners and local community groups.

S53: Facilitating International Collaboration in Survivorship

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Background-Review of survivorship representation at IPOS World Congress found that only 16% of abstracts had international collaboration and <8% represented low/middle-income countries despite reports that members prioritize international and interdisciplinary collaboration through IPOS. Methodology-To address these findings, two members from under-represented countries will inform the group about the landscape of psycho-oncology survivorship care in their nation. A third speaker will present information on leveraging a Delphi study to formulate recommendations for action. The closing discussion will include networking and gathering participant input for the Delphi. Impact on Practice-A better understanding of survivorship practices and challenges in under-represented countries will expose common international needs and interests in this domain. Development of a Delphi study for IPOS members will result in actionable project(s) and priorities that will help address the deficiencies identified in our representation work. Discussion-This symposium is the next critical step to help IPOS leverage its global membership to encourage and support post-treatment survivorship work in under-represented middle- and low middle-income countries. The outcome of the Delphi process will include prioritized projects/research that can be addressed through international collaborations with these countries, and therefore increase their involvement with IPOS. In addition, through collaborative efforts, best practices can be shared and potentially adapted for under represented countries'.

P53.1: Global trend, programs, and next steps for psycho-oncology survivorship care

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BACKGROUND Cancer survival in low- and middle-income countries (LMICs) has been increasing, making survivorship research and care a global matter. Surveys of IPOS members identify barriers to these activities that could be overcome by strengthened international collaboration among members, but there are few models for partnerships between LMICs and high-income countries in psycho-oncology. METHOD Literature review of research prioritization among IPOS members and research/practice collaborations between countries IMPACT ON PRACTICE This presentation will review Delphi methodology to reach consensus on a topic and formulate recommendations for action. We will then share existent models of international collaboration for oncology research and practice and lead a discussion for translation of these models for collaboration in psycho-oncology survivorship care between LMICs and high-income countries. We will conclude by discussing domains to be explored with a Delphi study proposed to: identify obstacles to international collaboration, prioritize issues to address with international collaboration, approaches to education and advocacy, building interdisciplinary teams, and strategies for approach. DISCUSSION As we strive for improved health equity and universal cure rates, we must build strong partnerships that address all aspects of survivorship care globally. Attendees in this presentation will participate in early stages of work that take steps towards building collaborations between high-income and low-middle income countries in the domain of psycho-oncology survivorship.

P53.2: An overview of post treatment cancer survivorship care in Africa

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Background Cancer incidence in Africa has been exponential and is expected to double by 2040 due to factors unique to low- and middle-income countries. Alongside rising incidence, there have been improvements in health infrastructure, leading to a growing number of survivors in Africa. To enhance wellbeing of those living with and beyond cancer, comprehensive and context-relevant survivorship programs informed by evidence need to be enacted in collaboration with those affected by cancer. Methodology Literature review of post treatment survivorship care in Africa. Discussion There are a growing number of reports on post-treatment care in Africa. Financial toxicity and stigma are major concerns for African survivors in the post-treatment stage. Given the unique sociocultural and economic context of Africa, more country-specific research, especially from underrepresented countries, is essential to better understand what is needed to provide holistic survivorship care. Impact on Practice To enhance survivorship care in Africa, it is essential to destigmatize cancer, ease financial burdens, facilitate rehabilitation services, and enable reintegration into the workforce. There is a need for a heightened focus on underrepresented populations, particularly young patients. Nuanced factors of stigma, spousal abandonment, and community rejection warrant further exploration for context-specific insights. Integrating survivors, community health promoters, nurses, and caregivers into care models is crucial for addressing multifaceted challenges of survivorship in the region.

P53.3: Health care in cancer survivors in Costa Rica, a Middle-Income Country

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Background Costa Rica is a middle-income country with 13,325 new cases of cancer annually with high incidence of breast cancer and low overall mortality, leading to a growing number of survivors and increased the public health systems' efforts to keep survivors in close follow up. Because breast cancer is the most common diagnosis, a national program of Breast Cancer Clinics was implemented to provide holistic support to survivors after completion of treatment in tertiary centers. These clinics are located throughout the country and have direct communication with oncologists in the cancer care network. Methodology Literature review of survivorship care in Costa Rica at the Caja Costarricense de Seguro Social (Social Security System) Impact on Practice Improving survival rates requires attention to shift to supporting quality of life of survivors. Most survivors are seen at the tertiary level, but breast cancer survivors now have specialized clinics in their locality, near their homes, bringing improvement in quality of life to further improve survival. This model may serve as an important pilot to scaffold similar models of survivorship for other cancer diagnoses. Discussion The creation of survivor clinics is essential to follow people who have undergone cancer treatments and who no longer need to be treated and followed in tertiary centers. However, it is necessary to address in these clinics all aspects not only of health, but also psychosocial, labor, transversally. Cancer must be treated with an interdisciplinary approach from its diagnosis to the survival period.

S54: Challenges patients with a rare cancer face, the impact on these patients' trust and the value of social and clinical networks.

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One in five patients diagnosed with cancer receives a rare cancer diagnosis, defined as those with an incidence of <6/100,000 people per year. Despite being rare, rare cancers combined have a great impact on the health system and bring unique challenges that are linked to rarity. Specifically, patients with a rare cancer are more likely to: be misdiagnosed or diagnosed at a more advanced stage, have fewer available treatment plans, have difficulty finding a relevant cancer specialist, and have lower survival rates. In addition, patients with a rare cancer have unique supportive care needs, problems accessing information and support groups, higher levels of distress and lower quality of life, compared to patients with a common cancer. In this symposium, we aim to inform IPOS participants about specific challenges patients with a rare cancer are confronted with. More specifically, the three research abstracts that will be presented in this symposium will focus on: (1) trust of patients with a rare cancer in their healthcare professionals and the healthcare system, (2) the use of forums and social networks by patients with a rare cancer and their carers and the value of this user-generated content for quality of life, and (3) the difficult diagnostic trajectory patients with a rare cancer are confronted with and the need for regional clinical networks. We aim to have a lively discussion with the participants of the symposium, not only about the findings of these three studies, but about psychosocial support for patients with a rare cancer at large.

P54.1: Disentangling trust of patients with rare cancer in their healthcare professionals and the healthcare system: a qualitative interview study.

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Objective: Patients with a rare cancer face challenges, e.g. delayed diagnosis, that may affect trust in healthcare professionals (HCPs) and the healthcare system. We aimed to explore trust of patients with a rare cancer in their HCPs and the healthcare system. Methods: Semi-structured interviews were conducted with 20 patients with a rare cancer. The interview guide included topics related to barriers and facilitators of trust and trust dimensions. Thematic analysis was conducted. Results: Mean age of patients was 50 years, 60% were female, and 70% were highly educated. Three themes emerged: 1) ‘Confirmed expertise is a prerequisite of trust’. Patients need confirmation of their HCPs’ expertise, as this could not be assumed due to the rarity of their cancer; 2) ‘Trust depends on the adequacy of information and how it is provided’. Limited information about rare cancer reduced patients’ trust in the healthcare system, while interpersonal trust was affected by how HCPs provided information; 3) ‘Trust is built on properly coordinated and supportive care’. Proper organization and cooperation within/between hospitals, and integration of supportive care, enhanced trust. Conclusion/implications: Patients with a rare cancer experience challenges that influence trust in HCPs and the healthcare system. HCPs may improve trust by focusing on expertise, effective information provision, proper care coordination, and provision of adequate supportive care. Future research should examine trust among subgroups of patients with a rare cancer, to enable tailored interventions' development.

P54.2: The role of sharing personal stories and discussing different coping strategies: analysis of user generated content on blogs and forums in the context of rare cancers

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Objective: Rare cancer patients and their carers are particularly active in forums and social networks. Currently, there is a lack of understanding regarding the patterns and motivations behind people’s usage of these platforms. In this study, we explored the value of this ‘user-generated content’ for rare cancer patients’ and their carers’ quality of life.Methods: Content analysis of blog posts from five networks (i.e. 'Rareconnect', 'Patientslikeme', 'Stuffthatworks', 'Inspire' and 'Kanker.nl'), including posts from rare cancer-specific groups (59) and posts from pre-

diagnosis channels (35). A coding system was crafted to analyse discussions regarding information needs like symptom management, support requirements, and peer-to-peer engagement desires.Results: People turn to online forums and social networks to understand their medical conditions, comparing symptoms for typical progression. They seek reassurance and connection with peers, especially during diagnosis or new treatments. Questions often show uncertainty about future outcomes. Patients and their carers share advice, relying on these platforms for support in managing daily challenges.Conclusion and clinical implications: Participation in online communities improves the lives of rare cancer patients through connectivity, valuable insight and self-care. It also provides comfort, guidance and coping strategies during the diagnostic journey. While user-generated content addresses unmet needs, its impact on trust in healthcare providers requires further research.

P54.3: Diagnostic pathways for patients with a rare cancer type: findings from a cross-sectional survey in The Netherlands

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This study explored the diagnostic journey of patients with a rare cancer and differences between groups (i.e., solid vs. non-solid tumors; and 10 rare cancer EURACAN domains). 1,540 patients participated in a online survey about their diagnostic journey with queries on initial diagnosis accuracy, time between specialists, and disclosing diagnosis. Rare cancer subgroup pathways were compared with independent sample t-tests for continuous variables and Pearson's chi-square tests for categorical variables.Most patients (76%) consulted their general practitioner (GP), with 76.3% being referred to a hospital within 3 months. At the hospital, 14.5% of patients waited >3 months for a final diagnosis. GP-to-hospital delays affected neuroendocrine (21.7%), endocrine (17.5%), and hematological tumor patients (13.4%). Around 32.1% of patients received an incorrect diagnosis, leading to 44.6% receiving treatment or medication for the (perceived) misdiagnosis. Initial correct diagnosis differed between solid and non-solid groups ($p<0.001$). Non-solid cancer patients received a correct diagnosis in a single hospital visit (75%), while solid cancer patients needed two or more visits (57.7%). Sarcoma patients frequently reported >1 incorrect initial diagnosis (19.5%). Rare skin cancer and non-cutaneous melanoma, head and neck, and thoracic cancer patients often visited multiple hospitals before receiving an accurate diagnosis (56.7%, 53.8% and 50.0%).Rare cancer patient journeys are unique. The diverse journeys emphasize the need for regional clinical networks for rare cancers.

P54.4: Supporting People with A Rare Cancer (SPARC): addressing equity in access to supportive cancer care for people with a rare cancer

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Objectives/purpose: The SPARC project aims to address the supportive care needs of people with a rare cancer. There is inequity in access to care and certain groups are considered underserved. Rare cancer patients in rural and remote Australia experience heightened challenges in their illness journey, including significant psychosocial impacts. Although peer support has shown benefits for common cancer patients living in urban areas, these programs often do not reach this underserved group. This study aimed to explore the characteristics of peer support programs for this group.Methods: Focus groups and interviews were conducted with 39 patients and 10 healthcare providers to explore key points for a peer support service for rural patients. Data were transcribed verbatim and analysed thematically, using Nvivo. Results: Interviewees described their peer support needs using the key terms who, what, how, where, and when. Participants advocated for a flexible, multicomponent intervention which could meet the varied and fluctuating needs of this group. Participants also noted challenges such as risk of misinformation, adverse emotional reactions, interpersonal challenges and implementation issues.Conclusion and clinical implications: This study highlights the role of peer support in addressing unmet needs of rare cancer patients, particularly in rural areas. The results, emphasising the importance of tailored, flexible, and multimodal interventions for the delivery of peer support that addresses diverse needs and provides a referral point for clinicians.

S55: Towards lifestyle interventions for cancer survivors

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A healthy lifestyle may help to reduce the risk of complications and of long-term side-effects of cancer and may contribute to better quality of life. Several studies have shown that there is room for improvement in the lifestyle of many cancer survivors. Yet, attention for lifestyle is limited in the follow-up care for cancer survivors. In this symposium, we will discuss data from three different studies from the Netherlands. Researchers from Profiles registry study will present their data on the association between a healthy lifestyle and the risk of second primary cancers. Researchers from the OPTIMUM project will present their data on the lifestyle of breast cancer survivors with a specific focus on how having comorbidities may be associated with the possibility to adhere to lifestyle recommendations. Moreover, researchers from the Sofit study will share the results of a randomized trial among colorectal cancer survivors, which will show to what extent adopting a healthy lifestyle can contribute to better health. The symposium will conclude with a discussion on how we can implement more attention for lifestyle in the clinical care of cancer survivors.

P55.1: The effect of a person-centered lifestyle program on cancer-related fatigue in colorectal cancer survivors: results from the SoFiT randomized controlled trial

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Objective: Cancer-related fatigue (CRF) is a common and severe problem among colorectal cancer (CRC) survivors. Observational studies suggest an association between a healthy lifestyle and reduced CRF. Intervention studies are sparse. We assessed the effect of a person-centered lifestyle program on CRF in the SoFiT study. Methods: For the SoFit study, we recruited CRC survivors who experienced CRF and who completed treatment at least six months and no more than 5yrs ago. Participants were randomized to intervention or control group. The intervention group received the lifestyle program, consisting of 12 individual sessions with a lifestyle coach during six months. The program focussed on adopting healthy dietary behaviours and increasing physical activity according to the World Cancer Research Fund lifestyle recommendations; the program is person-centred with regards to lifestyle and personal characteristics of participants, to the determinants of behaviour, and to the preference, opportunities and disease-related barriers of the participant. The control group received two coaching sessions after six months. The primary outcome is CRF(Functional Assessment of Chronic Illness Therapy Fatigue Scale). Results: We recruited 161 participants (mean age 63yrs, BMI 28.5kg/m2, 55% women) who were on average 27 months after treatment. Data analysis is ongoing. During IPOS, we will present the results on CRF and lifestyle change. Conclusion and clinical implications: The SoFiT trial will show whether a person-centered program that aims to adopt a healthier lifestyle can reduce CRF.

P55.2: Are lifestyle factors associated with the development of second primary cancers? Results from the PROFILES registry

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Objectives: This study aimed to evaluate the association between lifestyle factors (smoking, alcohol use, body mass index (BMI), and physical activity (PA)) and the risk of second primary cancers (SPCs) among cancer survivors. Methods: Using data from the PROFILES registry cohorts and the Netherlands Cancer Registry, participants were followed from the date of primary cancer diagnosis until the date of developing a first non-skin SPC, date of death, or censoring date. The cohorts included survivors with colorectal, thyroid and hematological cancers, diagnosed between 1990 and 2013. Data on lifestyle was collected through surveys. Cox models were used to investigate the association between lifestyle factors and SPCs to obtain hazard ratios (HRs). Results: Among 4,188 cancer survivors included in the analyses, 782 developed their first SPC after a mean follow-up of 6 years (SD: 4.8) from primary cancer diagnosis. Former and current smoking showed a higher risk of all-SPC (HRFormer=1.54[1.23-1.93]; HRCurrent=2.45[1.84-3.27]) and smoking-related SPC (HRFormer=1.79[1.35-2.38]; HRCurrent=3.00[2.11-4.27]). Neither alcohol use nor BMI was associated with SPC risk. Patients who followed the recommended level (7.5-<15 MET-hours/week) of moderate-to-vigorous intensity physical activity (MVPA) had a lower risk of PA-related SPC (HR=0.72[0.56-0.94]). Conclusion and clinical implications: Cancer survivors who avoid smoking and maintain MVPA at the recommended level may decrease their risk to develop a second primary cancer.

P55.3: Determinants of trajectories in World Cancer Research Fund/American Institute for Cancer Research lifestyle recommendations adherence in breast cancer survivors with and without multimorbidity

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Breast cancer (BC) survivors with multimorbidity may struggle more to adhere to lifestyle recommendations, increasing the risk of lifestyle-related mortality. This study examines adherence trajectories to WCRF/AICR recommendations of postmenopausal BC survivors, comparing those with and without multimorbidity, and exploring determinants of these trajectories. Data from the OPTIMUM study were used, comprising a retrospective assessment at 4-6 months and prospective at 12- and 18-months post-diagnosis. WCRF/AICR recommendations adherence was estimated using self-report measures on physical activity, diet, alcohol, and weight. Latent class growth curve models were used to describe adherence trajectories over time. Multinomial logistic regressions were used to examine determinants of identified trajectories. Among 664 survivors, four stable adherence trajectories were identified: “very-low” (10%), “low” (34%), “moderate” (40%), and “high” adherence (16%). Survivors were more likely

to be in the (very) low adherence trajectory if they had lower self-compassion, OR=0.95 (0.90-1.00); younger age, OR=0.93 (0.88-0.98); lower education, OR=17.10 (4.49-65.04); higher anxiety, OR=3.25 (1.00-10.57); or multimorbidity, OR=2.19 (1.04-4.60). Adhering to lifestyle recommendations appears to be more challenging for BC survivors with psychological distress, lower education, reduced self-compassion, and multimorbidity. This emphasizes the importance of supporting BC survivors in developing healthy lifestyle habits and addressing these determinants when designing interventions.

S56: Behavioral Interventions to Reduce Morbidity and Mortality in Survivors of Pediatric Cancer

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Pediatric cancer survivors are at risk for developing secondary cancers later in life. Health behaviors, including substance use, lifestyle, and vaccinations, can mitigate or exacerbate these risks. Despite this, pediatric cancer survivors engage in risky health behaviors at rates that are similar or higher than their peers without a cancer history. Efficacious behavioral interventions are critical to prevent cancer-related morbidity and mortality in this population. This symposium will focus on three evidence-based interventions for pediatric cancer survivors that aim to reduce secondary cancer rates via behavioral treatment targets. First, Dr. Rachel Webster will present data on patient and healthcare provider perspectives on assessing and referring cancer survivors to evidence-based e-cigarette/vaping cessation programs and implications for clinical implementation. Next, Dr. Marilyn Stern will present updates regarding efficacy testing of a family-based health promotion intervention to reduce obesity among diverse pediatric cancer survivors (ages 5-14). Finally, Dr. James Klosky will present findings from an intervention to increase the uptake of human papilloma virus vaccine among adolescent cancer survivors (ages 9 to 17) and clinical adaptation. Dr. Klosky will discuss efficacy testing and practical implementation strategies. Dr. Gwendolyn Quinn, who has extensive expertise in health promotion interventions in oncology, will summarize overarching themes and take-home messages and future directions around preventing morbidity and mortality pediatric cancer survivors.

P56.1: NOURISH-T+: A Healthy Lifestyle Intervention Targeting Parents of Pediatric Cancer Survivors with Obesity from Diverse Family Backgrounds

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Purpose: Pediatric cancer survivors (PCS) with obesity are at risk for a multitude of negative late effects. This presentation describes an ongoing multi-site project, NOURISH-T+, that targets parents of diverse backgrounds in promoting healthy lifestyle behaviors in off treatment PCS with obesity. Methods: Parent-PCS dyads are randomized to NOURISH-T+, an 8-week program, or to a one-wellness session. Anthropometric, dietary, and physical activity (PA) assessments are conducted at baseline, post-intervention, 3-, 6-, and 12 months follow-up. All procedures are conducted virtually and delivered in either English or Spanish. Results: Thus far, of 156 dyads 52% were of minority status and 25% preferred speaking in Spanish. On average, PCS were 2.5 years off-treatment, 10 years old, and M=95th BMI%ile. Analyses show that parent-child eating, and PA behaviors are strongly associated. Spanish-preferring families had lower income, more children, and lower total vegetable and healthy fat intake (p<0.05). Bilingual interventionists report that Spanish-preferring parents often present as more permissive and take longer to complete intervention sessions. Conclusions: Strategies implemented for diverse parents of PCS are highlighted. Although there are some differences in approach, preliminary findings show that PCS and their parents are making positive health behavior changes. Next steps include identifying factors associated with optimal attainment of intervention goals of behavior change and protocol adherence, including timing of intervention delivery (during or after treatment).

P56.2: Barriers to connecting adolescent and young adult cancer survivors to evidence-based vaping cessation programs within survivorship clinic settings

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Objective: One in five adolescent and young adult survivors (AYA) vape nicotine, increasing morbidity risk. Clinic-based assessment and referral processes have been ineffective in detecting vaping and connecting patients to evidence-based treatment programs. We aimed to identify barriers to assessing vaping and referring AYA for intervention. Methods: AYA (age 13-22; N=8) participating in a larger study examining vaping behaviors and healthcare providers (N=14) responded to interviews and/or open-ended questions regarding barriers to assessing/reporting vaping behaviors and referral processes. Responses were analyzed using rapid content analysis. Results: AYA barriers to reporting vaping were fear of “judgement/embarrassment” to disclose to medical team who “saved my life” (75%) and caregiver presence (50%). All AYA reported comfort with discreet approaches for assessment/referral (electronic surveys; text enrollment). Provider barriers to assessment included time (50%), other pressing concerns (29%), caregiver presence (57%). Barriers to referral included limited knowledge of effective programs (29%). All providers were open to using technology to assess vaping and refer AYA to mHealth programs. Conclusion: Clinic-based logistical challenges (time, caregiver presence) and AYA emotional challenges (embarrassment) indicate standard of care (Ask, Advise, Connect) may not work for this population. Leveraging technology may close this gap, with AYA and providers interested in these approaches. The presentation will review digital approaches to assessing and referring AYA.

P56.3: Improving HPV PROTECTions in the Pediatric Oncology Setting: Examining the Impact of a Provider Communication Intervention on Human Papillomavirus (HPV) Vaccine Practices Pre/Post Program Implementation (IM)

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Objective: Despite increased vulnerability for subsequent HPV-related cancers, HPV vaccination (vac) rates among childhood cancer survivors lag behind those of US peers. In response, the HPV PROTECT intervention was developed, consisting of specialized communication strategies (presumptive approach, vac hesitancy management) to enhance provider (pro) skills in recommending HPV vac, completion of vac action plans, and other tailored resources to promote vac among survivors 9-17 yo. The current analyses evaluate the impact of HPV PROTECT on pro outcomes. Method: Pediatric oncology pros self-reported HPV vac-related behaviors across 3 geographically diverse sites prior to and one year post HPV PROTECT IM. Descriptive statistics were used to characterize changes in vac practices. Results: 83 pros completed surveys at baseline (BL) and/or post intervention (PI; 69.9% female, 84.3% non-Hispanic white, 73.5% physicians). Changes from BL to PI in the proportion of pros who endorsed always/often/sometimes in communication domains include recommending vac (54.3 v 91.9%), reviewing guidelines with pts (13.0 v 75.5%), and highlighting vac as CA prevention (56.5 v 89.2%). Behavioral changes include ordering HPV vac (6.5 v 51.4%), making vac referrals to PCP (69.6 v 83.8%) or pharmacy/health depts (21.6 v 51.4%), knowing vac status of pts (43.5 v 91.9%) and easily accessing status (59.0 v 91.9%). Conclusions: HPV PROTECT resulted in improvements in vac-related pro communication and behavior one year PI IM. Future analyses will examine the effect of HPV PROTECT on adolescent vac outcomes.

Poster flits

PF1.1: A study on tobacco consumption, dependence and cessation among Malayali tribes in Yelagiri Hills, Tamil Nadu, India.

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BACKGROUND: About half of the world’s autochthonous people live in India, thus making India home to many tribes which have an interesting and varied history of origins, customs and social practices. India has the second largest tribal population of the world next to the African countries. The present study was conducted to assess the tobacco use, awarness and its effect on health among Malayali tribes, Yelagiri Hills, Tamilnadu, India. METHODOLOGY The inhabitants of the 14 villages of the Yelagiri hills, who have completed 18years and residing for more than 15years present on the day of examination and who were willing to participate in the study were included. Data was collected from a cross-sectional survey, using a Survey Proforma, clinical examination and a pre-tested questionnaire which included Demographic data, tobacco habits. An intra-oral examination was carried out by a single examiner to assess the Oral Health Status using WHO Oral Health Surveys – Basic Methods Proforma (1997). RESULTS Results showed that among 2660 study population, 57.7% had no formal education. Among the study population 75% had the habit of alcohol consumption. Of those who had the habit of smoking, 26% smoked beedi, 10.9% smoked cigarette, 65% chewed raw tobacco, 18% chewed Hans and 28% had a combination of smoking and smokeless tobacco usage. CONCLUSION From the results of this study it may be concluded that the Malayali tribes were characterized by a lack of awareness about oral health, deep rooted dental beliefs, high prevalence of tobacco use and limited access to health services.

PF1.2: Principles to promote social equality in the cancer trajectory: A Group Concept Mapping Study

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Objective: This study aims to synthesise the accumulated knowledge on how social equality may be promoted across the cancer trajectory, drawing upon research conducted in seven work packages within the Danish Research Center for Equality in Cancer (COMPAS). Methods: Researchers, Ph.D. students, clinicians, or persons holding various roles within the work packages of COMPAS between 2019 and 2023 were eligible for participation. The study employed Group Concept Mapping, a stakeholder-driven and mixed-method research approach structured into six phases: 1) Brainstorming; 2) Sorting and labelling; 3) Rating the importance of ideas; 4) Generating a Cluster Rating Map; 5) Validating the cluster map; and 6) Developing a final conceptual model. Results: During the brainstorming session, 22 participants generated 162 unique ideas. The final cluster map identified the following topics to guide the promotion of social equality: 1) Person-centered approach, 2) Supportive interventions targeted vulnerable patients, 3) Communication, 4) Screening for vulnerability, 5) Skills development and implementation, 6) Coherence across, 7) Organisational and cultural factors, and 8) Transport and acceptability. Conclusion and clinical implications: The study elucidates generic principles of how to promote social equality in cancer interventions based on knowledge and experiences from a broad range of research studies. These principles may guide future interventions and clinical practices, facilitating the mitigation of social inequality throughout the cancer trajectory.

PF1.3: Equity and access to cancer clinical trials: A fifteen-year retrospective study of a Canadian comprehensive cancer center

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Objective: Disparities in clinical trials (CTs) enrolment perpetuate inequities in treatment access and outcomes, but there is a paucity of Canadian data. This study examines these disparities at a large Canadian comprehensive cancer center. Methods: Retrospective study among new patient consultations from 2006-2019, with follow up to 2021 (N=154,880), with the primary outcome of enrolment as a binary variable. Associated factors were evaluated using multivariable Bayesian hierarchical logistic regression with random effects for most responsible physician (MRP) and geography, adjusted for patient characteristics (sex, age, language, geography, primary care provider [PCP]), area-level marginalization (residential instability, material deprivation, dependency, ethnic concentration), disease (cancer site, stage), and MRP characteristics (department, sex, language, training). Results: CT enrolment was 11.2% overall, with a 15-year cumulative incidence of 18%. Lower odds of enrolment were observed in females (AOR, 0.82; 95%CI 0.78-0.86), ≥65 years (AOR vs <40, 0.61; 95%CI 0.56-0.65), non-English speakers (0.72; 95%CI 0.67-0.77), and living ≥250 km away (AOR vs <15km, 0.71; 95%CI 0.62-0.80). Significantly greater odds of enrolment were found in patients with genitourinary cancers, late-stage disease (AOR, 1.19; 95%CI, 1.13-1.25), and those with a PCP (AOR, 1.69; 95%CI, 1.55-1.85). Conclusion/implications: Significant sociodemographic disparities were observed, suggesting the need for targeted strategies to increase diversity in access to cancer CTs in Canada.

PF1.4: Co-creation of a pain science education intervention for children living beyond cancer: protocol of the PANACEA study

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OBJECTIVEThe objective of the PANACEA study is twofold: 1) co-creating an evidence-based and theory-driven pain science education (PSE) intervention for children living beyond cancer (CBC); 2) evaluating the feasibility and effectiveness of the co-created PSE intervention on pain-related outcomes in CBC. METHODSThe study will be guided by the Intervention Mapping Protocol. A PSE intervention for CBC will be developed through co-creation with CBC (8-12yo) and their parents, and concept mapping with oncology clinicians. Subsequently, a multicentric randomized controlled pilot study will be conducted to evaluate the feasibility and effectiveness of the co-created PSE intervention in CBC on pain-related psychosocial and physical outcomes. CBC will be randomly assigned to the PSE intervention or a waitlist control group. The primary outcome will be determined during the co-creation. Outcome measures will be assessed at baseline, immediately post-intervention, and 3 and 6 months post-intervention. Between- and within group intervention effects will be explored with linear mixed modelling.RESULTSWe hypothesize that PSE will improve short to medium term pain-related outcomes in CBC, with potential long-lasting effects. We expect to contribute to more specialized care for CBC. Ethical approval has been obtained and the co-creation sessions will be finalized by

September ‘24.CONCLUSION/IMPLICATIONSThis study fills a significant research gap in the management of chronic pain in CBC. PSE is a promising approach to reconceptualize pain and positively impact daily life of CBC.

PF2.1: Art-based Assessment of Disease Experiences in Children and Adolescents with Cancer

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This study evaluated the disease experiences in children and adolescents with cancer through an art-based assessment. It used a longitudinal qualitative research design with inductive content analysis. The study included twenty children (6-17 years old) diagnosed with cancer from the Hospital de Especialidades Pediatricas, Maracaibo, Venezuela. The art-based assessment program consisted of 7 individual sessions in which self-image, family relationships, disease perception, the child's experiences at the hospital, concerns about the disease and treatment, and positive feelings were evaluated through art exercises. Five main categories emerged from the analysis: (1) Cognitive Dimension, related to awareness and concerns regarding the disease and treatment, as well as patients' ability to take responsibility for their health; (2) Emotional Dimension, which covers the positive emotional states, such as fighting spirit, affection towards others, happiness, and hope, along with the negative emotional states which include sadness, anxiety-fear, and anger. (3) Behavioral dimension includes behaviors ranging from rejecting painful medical procedures and hospitalization to adhering to medical instructions. (4) Family dimension, associated with the patient's family needs and family relationships, and (5) Social dimension related to the patient's interrelations and social needs. This research found that art-based assessment is an effective tool to foster a bridge of connection between the pediatric patient and the healthcare provider, allowing the patient's experiences to be accessed.

PF2.2: Evolution and management of a psychoneurological symptom cluster in patients with breast cancer or digestive cancer: study protocol

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Objectives: A psychoneurological symptom cluster (PNSC) composed of fatigue, pain, emotional distress (i.e., depression and anxiety), and sleep difficulties is increasingly documented in oncology. These symptoms reinforce each other through strong but complex associations, impacting patients’ quality of life. The relationships between these symptoms seem to vary according to the cancer diagnosis or timing in the cancer trajectory. The core (i.e., central) symptom of a cluster could represent a target for interventions to improve the whole PNSC. Methods: Our study will focus on breast and digestive cancer survivors. First, network analyses (N=2x240) will be used to assess the evolution of the PNSC in each population, based on four measurement times (baseline, then 6, 12 and 24 months later), and the core symptom of the PNSC at baseline, possibly different between the two populations. Second, a pilot randomized-controlled trial (N=2x16) will test the feasibility and preliminary benefits of a mind-body group intervention designed to address this core symptom, proposed to each population and based on various empowering strategies. Expected results: We expect that depression will be the core symptom in both populations, and that the intervention will allow for an improvement of the whole PNSC. Conclusion and clinical implication: This study will allow an in-depth understanding of the relationships between common symptoms in oncology and offer new therapeutic perspectives to manage symptom clusters, hence improving the quality of life of cancer patients.

PF2.3: Self-hypnosis, mindful self-compassion meditation, and self-induced cognitive trance to improve quality of life in oncology

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Objectives: Patients with cancer can suffer from pain, fatigue, sleep and cognitive difficulties, and emotional distress. Interventions based on non-ordinary states of consciousness (NOSC), such as hypnosis or mindful self-compassion (MSC) meditation, showed promising results on these symptoms. Other NOSC, such as self-induced cognitive trance (SICT), could also have similar benefits. This technique, derived from traditional shamanic practice, is just starting to be scientifically studied. We aim to investigate the benefits of these three interventions on the quality of life of oncological patients. Methods: We designed a longitudinal controlled study in which the 160 participants can chose their intervention (i.e., self-hypnosis, MSC meditation, SICT, control). The three techniques are taught through group workshops combined with individual at-home practice. The impact of each intervention on pain, fatigue, sleep and cognitive difficulties, and emotional distress, among others, as well as on various phenomenological and neurophysiological variables, will be assessed before the group sessions, right after them, then 3 months and 1 year later. Expected results: A general improvement of every clinical variable is expected in each intervention group, with minor differences among conditions. Preliminary results will be presented at the congress. Conclusion and clinical implication: This study will allow an evaluation of the benefits of three interventions based on NOSC and will eventually lead to an improvement of symptom management in oncology.

PF2.4: The Use of Chronoacupuncture and Chemotherapy in Treating Lung Cancer as Kesou ‘Cough’: A Clinical Case Report

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Background/rationale: Traditionally, chronoacupuncture has always been performed in premodern China under the guidance of the Traditional Chinese Calendar . However,in 1911, it was translated in a one-sided fashion into the image of the of the Western Gregorian Calendar and the Greenwich Mean Time. Methodology: In this presentation, I illustrate the performance of chronoacupuncture in the Southern Hemisphere using the ‘ 2013 Chinese Stems and Branches Temporal Calendar (Southern Hemisphere) . Through the medium of the Medical Case Statement Yi an the successful use of chronoacupuncture and chemotherapy in dealing with lung cancer as Kesou (‘cough’) is presented. For the whole month of April, Vernon’s condition was stabilized by chronoacupuncture and materia medica herbal therapy. On May 13th 2013, Vernon received his first intravenous chemotherapy at the Peter MacCallum Cancer Centre .Vernon had gemcitabine and carboplatin .On June 13, 2013, the results of Vernon’s CT Chest Abdomen and Pelvic Scan was released. The size of the major tumour on the left side of Vernon’s left lungs was reduced from 80 millimeters to 37 millimeters. Discussion:In this research, I am using thr sociological method of translation. I bring togerther in one dialogical platform of the clinic the two paradigms of TCM and Western scientific medicine (WSM). Clinical space is seen as a platform for translating the language of TCM into the language of Western biomedical practice and vice-versa. The notion of ‘lung cancer’ in biomedicine is clinically defined as ‘lung cancer-as-kesou.

PF3.1: Discussing psychosocial distress with cancer patients – an evaluation of training materials of an online communication training for professionals in oncology

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Objective: Despite the high prevalence of psychosocial distress in cancer patients, medical professionals sometimes report hesitancy addressing distress adequately. Therefore, we have developed an online training focusing on „information exchange“ and „responding to emotions“ to enhance patient-centered communication. We aim to provide medical staff with easily accessible and time-efficient training materials. Methods: In a randomized controlled trial (RCT), medical professionals (N = 157) currently undergo the training. Participants are randomly assigned to receiving written material (control group) or written and video material (intervention group), conducting the training over two consecutive days and a follow-up one week later. Every time, the communication skills of the participants are assessed using video vignettes. After watching challenging medical conversations participants are asked to fill out a written self-reflective question („How would you react right now?“). The participants’ answers are rated by two independent raters, and compared according to group assignment. Results: We will present preliminary results of the RCT as well as the psychometric properties of the ten video vignettes. Conclusion: By providing psychometrically sound training materials, this study contributes to the promotion of patient-centered-communication, focusing on psychosocial distress of cancer patients.

PF3.2: Effect of Third-Wave Cognitive Behavioural Interventions on Biopsychosocial Outcomes in People Diagnosed With Advanced Cancer: A Systematic Review and Meta-Analysis of Randomised Controlled Trials

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Objectives People living with advanced cancer experience elevated psychological morbidity and poor quality of life (QoL). This study aims to assess the impact of third-wave cognitive-behavioural therapy (CBT) interventions in improving biopsychosocial outcomes in this population. Methods MEDLINE, PsycInfo, CINAHL, Embase and Cochrane CENTRAL were searched. Studies were eligible if they: used a randomised controlled trial design; tested a third-wave CBT intervention; primary outcomes included biopsychosocial outcomes (e.g., anxiety, depression QoL); in an advanced cancer population. Meta-analysis, using a random-effects model, quantified the overall effect of the intervention in the short- (first follow-up) and long-term (second follow-up). Results Thirteen RCTs with 842 participants were identified. Meta-analyses demonstrated that third-wave CBT interventions improved QoL in the short-term (SMD = 0.19, 95% CI [0.00, 0.37], $p < 0.05$) only. No impact was found for other outcomes including anxiety, depressive symptoms, psychological distress, pain, and fatigue interference. Risk of bias was assessed as unclear for eight studies and high for five studies. Conclusion and clinical implications Third-wave CBT interventions may be effective in enhancing QoL in people living with advanced cancer in the short-term. Limitations in sample size and study rigour limit conclusions regarding the utility of these interventions. The efficacy of third-wave CBTs in people living with advanced cancer needs to be established, before their incorporation into standard care.

PF3.3: Narrative Medicine and Doctor-Patient Communication in China

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Doctor patient communication has always been a key concern in Mainland China since its first healthcare reform in 1985. Even though the second healthcare reform starting from 2009 has “achieved near universal health coverage at a speed with few precedents globally or historically”, China is working on building the three-tier healthcare system. Many patients habitually swarm to large tertiary hospitals in large cities with more advanced facilities and famous doctors. Time for communication with patients seems to be a luxury when most doctors concentrate on “getting the job done”. One obnoxious results of lack of communication is violence against doctors. Reasons for violence against health workers in China are many. A Lancet editorial asserts that an inadequate primary health-care system and poor doctor–patient communication are mainly to blame. Communications between clinician and patients and families are now increasingly recognized as a necessary part of effective care. In Mainland China, more and more hospitals and clinicians have espoused Narrative Medicine to improve their communication and empower patients. Narrative Medicine was introduced into China in 2011. The Peking University Narrative Medicine team has been leading in the efforts in its localization. The team has come up with the “22334 Little Red Flower Model” of Narrative Medicine, which by now is one of the main frameworks in guiding Chinese clinicians in their communication with patients and families.

PF3.4: Development and Evaluation of an Interpersonal Psychotherapy Group Program for Patients with Cancer and Comorbid Depression: A Study Protocol

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BACKGROUND. Comorbid depression affects a sizable subset of cancer patients. Psychosocial stressors include interpersonal difficulties such as loneliness, thwarted belongingness, communication impediments, and conflicts. Interpersonal psychotherapy (IPT) is a promising concept for treatment of depression in cancer patients because it addresses relevant interactions and role transformations within the patients' social network. Previous studies have shown IPT can yield benefits for female patients with breast cancer and comorbid depression. OBJECTIVE. The aim of the study is to develop, manualize and evaluate an IPT group program for patients of all cancer sites with a diagnosis of depression. METHOD. Stage one of the study will be a longitudinal quantitative assessment of interpersonal distress in depressed cancer patients including measures of quality of life, distress, symptoms of anxiety and depression, loneliness, perceived social support, perceived burdensomeness, and thwarted belongingness. Stage two will be the development, implementation and evaluation of a structured IPT group program. Results of the program evaluation will be compared to results of the longitudinal assessment of stage one to provide a treatment-as-usual control condition. IMPLICATIONS.To our knowledge, this is the first trial worldwide of group IPT in cancer. It is also highly relevant for clinical practice in providing IPT to patients of different cancer sites. If successful, the new intervention will aid in ameliorating psychosocial distress and psychiatric comorbidity in patients with cancer.

PF4.1: Examining the Stigmatization and Sociocultural Perceptions of Reproductive Cancer: A Study on Culturally Diverse Settings in India

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The study aims to explore the prevalence and determinants of reproductive cancer-related stigma in the Indian context. The study also assessed the various factors responsible for social stigma. Data was collected from 625 reproductive cancer patients using the purposive sampling technique from four Indian States. The respondents represent a diverse demographic profile with a diverse cultural practice. A structured questionnaire was employed to assess their knowledge, attitudes, and practices related to reproductive cancers. The six-point Likert scale was examined with a particular focus on cancer stigma. The study findings reveal that nearly 60% of the respondents reported being aware of a stigma surrounding reproductive cancers. The majority (40%) associate it with feelings of shame and social isolation. The study identified key determinants of stigma, including to blame for their condition, misconceptions about cancer causation, staying away from close relationships, self-humiliation and other taboos surrounding reproductive health. It has found misconceptions prevailing regarding the association of cancer with family history and hereditary factors. The study findings highlight the urgent need for targeted cancer prevention campaigns to raise awareness and address psychological issues and cultural beliefs of cancer patients. The study recommended a multi-agency approach to propose stigma-reducing strategies that encourage early detection and treatment-seeking behaviors among cancer patient and their family members.

PF4.2: The Africa Elevate Program: Implementation and evaluation of a cross-cultural psycho-educational support program for cancer patients and survivors in sub-Saharan Africa

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Psychosocial education and support are cornerstones of cancer survivors' capacity to cope with the challenges of their disease. Yet, such programs are not typically offered in sub-Saharan African countries. To address this problem, a survivor-led nonprofit called A Fresh Chapter (AFC) developed a cross-cultural program that offers survivors skills, empowerment, and a sense of belonging. Designed in partnership with Kenyan cancer advocates, the AFC Elevate program brought 23 International Fellows to Kenya in September 2023 to participate in a 2-week immersive experience that included educational, interactive, and experiential cross-cultural learning activities. Validated pre-post measures assessed fellows 1) understanding of the cancer landscape in Kenya, 2) sense of purpose, and 3) social connectedness. Pre-post measures of understanding revealed that a majority of fellows reported improved understanding of: how cancer is treated in Kenya (77%), how cancer is viewed in Kenya (85%), levels of stigma attached to cancer in Kenya (69%), the biggest concerns for cancer patients in Kenya (69%), and how emotional aspects of cancer affect peoples' lives (62%). In addition, 88% of fellows reported a higher sense of purpose after participating in the program while 82% of fellows reported increased social connectedness. The AFC Elevate program created a meaningful cross-cultural experience for the 23 International Fellows. Future research will assess the impact of AFC psycho-educational and support programs on cancer survivors in Kenya and other sub-Saharan African countries.

PF4.3: Acceptability and feasibility of a group-based stress management intervention among cancer patients in Viet Nam: A rapid qualitative analysis

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Purpose: In Viet Nam, little to no psychosocial services are available to support cancer patients facing psychological symptoms of stress. The purpose of this study was to qualitatively assess stakeholders' perspectives on the acceptability and feasibility of Self-Help Plus (SH+), a group-based stress management intervention based on Acceptance and Commitment Therapy. Methods: Between 2022-2023, we conducted key informant interviews (KIIs) with cancer survivors, healthcare workers, researchers, and policy makers, and focus group discussions (FGDs) with patients, survivors and caregivers. KIIs and FGDs were conducted in Vietnamese, audio-recorded, and analyzed using the matrix method for rapid qualitative analysis. Results: Acceptability of the intervention model was high as it can help address the unmet need for mental health supportive care for cancer patients in Viet Nam. Several modifications were identified to make the intervention more feasible in the Vietnamese context, such as shortening the intervention duration, incorporating healthcare workers, and modifying some of the intervention delivery formats. Conclusion: SH+ is an acceptable and appropriate intervention model, and can feasibly be implemented among cancer patients in Viet Nam. A randomized clinical trial is currently underway to pilot this intervention.

PF4.4: Addressing Distress among Cancer Survivors in southern India: Opportunities for Community-led Survivorship Interventions

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Objectives. By 2040, an estimated 64% of new global cancer cases will occur in low-and middle-income countries (LMICs). We report on a qualitative research study that aimed to assess distress among cancer patients and identify context-relevant psycho-oncology interventions to support cancer survivors. Methodology. We recruited survivors who completed treatment one year prior to the study. Using the distress thermometer's sources of distress -practical, physical, emotional, family and spiritual problems – as a framework, we sought to understand lived experiences and support needs. We also interviewed care providers to identify barriers and facilitators for intervention development. Results. Participants reported stressors stemming from family relations, gender expectations, and childcare. Climate change factors- inadequate and infrequent water supply, crop/harvest failure -were practical and economic stressors. Fear of stigma led to false or absent disclosure resulting in poor social support. Role of peer survivor support was key to coping with physical stressors. Organizational factors supporting survivors include care coordination and frequent interaction with care providers. Conclusions. Community-based interventions that focus on developing cancer health literacy, education and support for rehabilitation post-treatment, and citizen-led campaigns to reduce cancer stigma were some specific ideas for intervention development. We discuss these findings and offer a framework to guide intervention development to reduce distress and support survivors in LMIC settings.

PF5.1: Adaptive and maladaptive emotions in patients with cancer: network analysis on connectivity among emotional symptoms

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Objective The occurrence of cancer constitutes a major stressor, leading to a wide range of emotions. The aim of this study was to examine whether patients with maladaptive emotions are characterized by a stronger association among emotional symptoms as compared to patients with adaptive emotions. Methods Patients with cancer (all diagnoses, except brain tumors; n=132) completed Ecological Momentary Assessments using a mobile phone for 14 days, 5 times a day, 3-7 months after start of systemic treatment. Based on two reference standards (psychiatric diagnostic interview and self-reported subjective need for mental healthcare) patients were grouped as having adaptive or maladaptive emotions. Multilevel Vector Autoregression models were built using the mlVAR package, while networks of groups were compared using the mnet package in R. Results Patients with maladaptive emotions based on the psychiatric diagnostic interview (n=31) had more severe emotional symptoms than patients with adaptive emotions (n=101), mean(sd) = 2.17(0.78) vs 1.52(0.54), p<.001. A similar pattern emerged when groups were based on subjective need for mental healthcare. Preliminary network analyses showed overall connections of low magnitude (partial correlations up to 0.347). Groups showed similar connectedness of symptoms in their network. Conclusion and clinical implications Preliminary analyses indicate that connectedness of emotional symptoms is not different in patients with adaptive or maladaptive emotions. Further results, clinical implications and methodological considerations will be discussed.

PF5.2: THE EFFECT OF ONLINE COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA IN ADOLESCENTS AND YOUNG ADULTS AFTER CHILDHOOD CANCER: RESULTS FROM A RANDOMIZED CONTROLLED TRIAL

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Introduction Insomnia is common during and after childhood cancer and associated with negative health outcomes and impaired quality of life (QoL). The majority of adolescents and young adults do not receive treatment. Internet delivered cognitive behavioral therapy for insomnia (eCBT-i) can fill this gap. This study assesses the effectiveness of the eCBT-i intervention iSleep youth. Methods Patients (12-30 years) with an Insomnia Severity Index ≥8, <10 years after diagnosis and ≥6 months after treatment, were randomized to iSleep youth or the control group. iSleep youth consists of 5 online sessions supported by an coach. Outcomes were sleep efficiency, insomnia severity, fatigue, and QoL. Differences over time between iSleep youth and controls, three (T3) and six months (T6) from baseline, were assessed with linear mixed models, controlled for age, sex and time since end of treatment.

iSleep youth had a follow-up measurement after twelve months (T12). Results Fifty-four (response rate 47%) patients participated: 68.9% females, mean age 18.3 years, mean time since diagnosis 4.85 years. iSleep youth had a beneficial effect on insomnia at T3 (β=-.79) and T6 (β=.55), on fatigue at T3 (β=-1.08) and T6 (β=-.52) and on QoL at T3 (β=.46) and T6 (β=.62). These scores did not change from T6 to T12 in the iSleep youth group. No significant effects were found on sleep efficiency Conclusion iSleep youth is effective (medium to large effect sizes) in treating insomnia complaints and concurrent fatigue in adolescents and young adults after childhood cancer and should be implemented

PF5.3: Psycho-oncology care preferences and barriers: The role of digital health

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Objective: Oncology societies identify addressing mental health as a necessary component of comprehensive care, yet a significant unmet need remains. Over 6 months, >16,000 individuals completed an eligibility screener for a recent U.S. nationwide trial of digital cognitive behavioral stress management (CBSM) in cancer, suggesting high interest in digital treatments. To increase access and uptake of psycho-oncology care, it is crucial to understand patient preferences and barriers. Methods: Patients with stage I-III cancer enrolled in the digital CBSM trial were invited to complete follow-up surveys including questions on treatment motivations and attitudes (N=226). Results: One in five respondents reported mental health services are not available to them. Additionally, one in five patients reported that they have reasons why they would not use available in-person mental health services, such as cost, time/schedule limitations, geographical accessibility, and embarrassment. Similar themes of convenience, privacy, and ability to self-manage were endorsed as important motivators in joining the digital CBSM trial. Most trusted sources for mental health resource recommendations were cancer doctor, followed by primary care doctor, cancer center, and another patient. Most important factors if considering a mental health app were price, cancer-specific content, ease of access, and scientific evidence. Conclusions: A menu of high-quality, low-cost psycho-oncology options, including evidence-based digital programs, are needed to address the diverse patient preferences and barriers.

PF5.4: Co-creation of a Support Tool for Families Facing Hereditary Cancer Risk

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Background: Hereditary cancer risk (HCR) can be identified in the individual through a genetic test. Families affected with HCR present difficulties about how, when, and what to communicate with their children regarding the genetic risk. Both parents and genetic counselors have been reporting the need for materials to support them in this process. We aim to fill this gap with the PLAY-THE-ODDS project and co-create a digital support tool for families facing HCR. Methodology: We recruit HCR families with children, mutation carriers, offspring, and health professionals (genetic counselors, psycho-oncologists) to form a network of stakeholders and participate in co-creation activities from 2022 to 2023. The main activities included a cycle of 4 workshops to address needs collection, ideation, and proof of concept of solutions for the tool, 9 individual sessions followed by a co-creation workshop to settle the patient journey in the healthcare system, and a 3-day international event. Impact on clinical practice: The PLAY-THE-ODDS project co-created 6 solutions: the MY GENE city, the starting Home, the SPA, a Soundwalk, a Library, and a Table Game. The final prototype is expected to facilitate self-awareness, mutual support dynamics on the parental dyad, professional-patient communication, and developmental-appropriate disclosure of HCR. Discussion: Co-creation adds value to the research by actively involving stakeholders and end users. This project showed how to use co-creation and participatory methods and how the final product will most likely be relevant to the end users.

PF6.1: **Who responds to psychological / spiritual distress experienced by palliative care inpatients at a cancer centre?**

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OBJECTIVE: Patients at the end of life often experience psychological and/or spiritual distress. This study explored the involvement of psychosocial and spiritual care teams in the care of palliative care inpatients at the Peter MacCallum Cancer Centre (PMCC) in Melbourne, Australia. METHODS: Medical records of palliative care inpatients at PMCC during 2022 were reviewed to extract their demographic and clinical details; Palliative Care Problem Severity Score – Psychological / Spiritual (PCPSS-PS); referral to and contact with Clinical Psychology (CP), Consultation-Liaison Psychiatry (CL), Social Work (SW) or Spiritual Care (SC) teams. Data analysis utilised descriptive statistics. RESULTS: Palliative care teams cared for 766 patients (47% female) over 1017 admissions (median age 65 years, IQR 52-75). Death occurred in 42% of admissions. A history of mental illness was documented in 16%, although 27% had been in contact with CP and/or CL teams prior to admission. Psychological / spiritual distress was rated as mild (47%) or moderate (22%) during most admissions. Severe distress was rare (1%). Referrals were made to at least one psychosocial or spiritual care team during most admissions (69%): CP (11%), CL (11%), SW (58%) and/or SC (28%). Contact with at least one psychosocial / spiritual care team occurred during most admissions (85%): CP (8%), CL (12%), SW (56%) and/or SC (75%). CONCLUSION: Significant psychological / spiritual distress is uncommon among palliative care inpatients at PMCC. Psychology and Psychiatry teams were involved in a minority of admissions.

PF6.2: **A qualitative study examining the perspectives of Canadian health leaders on the relationship between medical assistance in dying and palliative and end-of-life care services: Lessons for oncology**

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Objective: Medical assistance in dying (MAiD) was legalized in Canada in 2016, but coordination of MAiD and palliative and end-of-life care (PEOLC) services remains underdeveloped. We examined the perspectives of health leaders across Canada on the relationship between and opportunities for coordination for MAiD and PEOLC services. Methods: We purposively sampled health leaders with expertise in MAiD, PEOLC, or both. We conducted semi-structured interviews between April 2021 and January 2022. Transcripts were coded independently by 2 researchers and reconciled to identify key themes using content analysis. The PATH framework for Integrated Health Services guided data collection and analysis. Results: Across 36 interviews, participants expressed diverse views about the optimal relationship between MAiD and PEOLC, and the desirability of integration, separation, or coordination. We identified 11 themes to improve the relationship across 4 PATH levels: client-centred services (e.g., educate public); health operations (e.g., cultivate compassionate and proactive leadership); health systems (e.g., inclusive consultation and planning); and intersectoral initiatives (e.g., standard practice guidelines). Conclusion/implication: Health leaders recognized that cooperation between MAiD and PEOLC services is required for appropriate referrals, care coordination, and patient care. They identified the need for education, standardized practice guidelines, relationship-building, and leadership, indicating implications for policy development and clinical practice.

PF6.3: Palliative care awareness and influencing factors in a general population in Japan: a nationally representative cross-sectional survey (INFORM study 2023)

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Objective: The diversification and changes in social structures necessitate updates on the status of palliative care (PC) awareness in the general population. The aim of this study was to clarify the status and determinants of PC awareness, information sources, and beliefs among the general population in Japan. Method: A total of 10,000 subjects from the general population in Japan aged 20 years or more, were randomly sampled using two-stage stratification. Self-administered questionnaires were distributed in 2023. To ensure comparability, the questionnaire items were selected and partially modified from the previous study (HINTS in USA), which included PC awareness, information source, and beliefs. Weighted logistic regression was conducted to explore the determinants of awareness. Results: In total, 3,452 participants were analysed, of whom 65.2% had any PC awareness, which was significantly associated with older age, female gender, higher education history, higher household income, and internet use. Gender had the strongest association with PC awareness (adjusted odds ratio for female vs. male: 3.20). Across all age groups, healthcare professionals (HCPs) were the most cited as PC information source. The vast majority agreed with the PC benefits, although 82.0% associated PC with death. Conclusion implications: The Japanese population has a relatively high PC literacy, with majority trusting information from HCPs. Further efforts are warranted to address health disparities by eliminating sex and socio-economic gaps in PC awareness through trusted information sources.

PF6.4: Timing and predictors of code status documentation among advanced cancer patients who received supportive care by a dedicated medical team

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Objectives/purpose: Despite guidelines recommending advance care planning (ACP) and early code status (CS) documentation for advanced cancer patients, implementation remains limited. The aim of this retrospective study was to assess frequency and to identify predictors of early CS documentation among deceased patients who received supportive care from a dedicated medical team. Methods: CS documentation characteristics and predictors were extracted from the medical records of 134 deceased patients. Predictors of early CS documentation encompass sociodemographic, medical, psychological, supportive care, end-of-life-related characteristics. Comparisons of CS documentation predictors were conducted between patients with a CS documented early (>30 days before death) and late (<30 days before death). Results: At the time of death, 85% patients had a documented CS, of which 36% were documented early. The median time for early CS documentation was 112 days, and 12 days for late CS documentation. Results regarding factors associated with early CS documentation will be presented. Conclusion and clinical implication: CS documentation among deceased patients who received supportive care from a dedicated medical team is frequent but predominantly occurs in the last month of life, hindering a timely CS documentation within the context of ACP. The results regarding associated factors will offer key knowledge for devising psychological intervention aimed at promoting early CS documentation for advanced cancer patients.

PF7.1: EVALUATION OF A CANCER SURVIVORSHIP CLINICAL PLACEMENT PROGRAM FOR ALLIED HEALTH PROFESSIONALS AND GENERAL PRACTICE NURSES

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Background The growing number of cancer survivors calls for primary care providers to be educated in survivorship care (SC). Building on past initiatives, a statewide clinical placement program was implemented to enhance the knowledge and confidence of allied health professionals (AHP) and general practice nurses (GPN) to deliver SC in Victoria, Australia. Methodology Between November 2022 and April 2024, 10 Victorian health services offered survivorship-focused observational placements (3-8 hours) across 32 clinics, targeting 200 participants. Online survivorship education (3-5 hours) was also provided. Program evaluation used a mixed methods approach with pre and post-placement surveys. Impact on clinical practice As of February 2024, 191/200 participants (AHP=154, GPN=37) had completed placements, 43% (n=82/191) were from non-metropolitan areas. Preliminary data from 149 participants found that 99% (n=138/149) reported that their learning objectives had been met, 95% (n=142/149) reported improved SC knowledge, 91% (n=135/149) gained confidence in delivering SC and 91% (n=136/149) stated they will apply knowledge and skills gained, in practice. Additionally, 82% (n=122/149) developed referral relationships and 81% (n=121/149) improved their understanding of referral pathways. Discussion There was considerable engagement from AHP and GPN with the program. Preliminary findings show that short placements improve SC knowledge and confidence, which can be translated to clinical practice.

PF7.2: Trajectory of cognitive fatigue and fatigability and associated factors in breast cancer survivors

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OBJECTIVE: Following therapeutic treatment, many breast cancer survivors report cognitive impairments that can lead to fatigue and fatigability. Cognitive fatigue is a subjective complaint associated with numerous socio-demographic and medical elements, as well as psychological symptoms. Cognitive fatigability is an objective measure associated with cognitive impairment. Non-oncology studies have shown that cognitive fatigue and fatigability are not associated; however, to our knowledge, no study has investigated these two symptoms in breast cancer survivors. This study aimed to assess cognitive fatigue and fatigability trajectories and their associated factors in breast cancer survivors. METHODS: Patients with breast cancer and participants with no antecedent of cancer were recruited. All participants were aged between 18 and 50 years old. Cognitive fatigue and its associated factors were assessed using self-report questionnaires. Cognitive fatigability was assessed using the TloadDback paradigm, a working memory dual task in which cognitive load levels can be individually adjusted. Assessments were performed at baseline (T1) and one month later (T2). RESULTS: The main results regarding cognitive fatigue and fatigability, and the associated factors will be presented. CONCLUSIONS AND CLINICAL IMPLICATIONS: The results of this study will

promote a better understanding of cognitive fatigue and fatigability among breast cancer survivors. Ultimately, this will allow for the development of effective interventions to alleviate these disabling symptoms.

PF7.3: Life Satisfaction in Cancer Patients: The role of social support, locus control and coping strategies

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The aim of this study was to determine the relationship between social support, locus of control, and coping strategies with life satisfaction in people with cancer. The study involved 104 patients with an average age of 53. EORTC QLQ C30, Rotter's locus of control scale, the Stress Coping Questionnaire (CISS), and the Social Support Questionnaire were used. The results showed correlations between symptoms related to cancer and emotion-oriented coping, and all three coping strategies are significantly associated with general life satisfaction. Emotion-oriented coping is a significant predictor of general life satisfaction and symptoms of cancer, emotion-oriented coping significantly contributing to the absence of symptoms, while avoidance coping best predicts cancer symptoms. The age of the participants proved to be a significant predictor in explaining life satisfaction. Also, negative predictor is emotion-oriented coping - people who use emotion-oriented coping show lower satisfaction. Patients who have greater social support are more satisfied with their own lives and show fewer symptoms related to cancer. The locus of control did not prove significant in explaining life satisfaction, but a negative correlation was found between the external locus of control and life satisfaction. The practical implications lie in increasing patients' awareness of the role of coping with stress, increasing the education of patients about the importance of psychological factors in achieving higher quality of life, and the importance of taking an active role in the treatment process.

PF7.4: Prevalence of symptoms indicative of late effects: A cross-sectional study of Danish colorectal cancer survivors 5-10 years after primary diagnosis

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Objective We conducted a national cross-sectional survey of long-term (≥5 years post-diagnosis) colorectal cancer survivors (CRCs) to examine the prevalence of symptoms indicative of late effects. Methods We identified 6,989 Danish CRCs above 18 years, diagnosed from 2014 – 2018 through the Danish Clinical Registries. Electronic surveys were sent from May 2023 – January 2024. Prevalence of psychological symptoms was defined as percentages of cases with moderate to high symptom levels of either anxiety (SCL-anx >5), depression (SCL-dep

>8), health anxiety (Whiteley-6 >5) or fear of cancer recurrence (FCRI-SF >13). Presence of physical symptoms was defined as responses of “some”, “quite a bit” or “a lot” on the bodily distress syndrome (BDS) checklist and purpose designed questions. Results 3,955 CRCs (56.6%) responded to the survey. 403 (10.3%) were excluded during data cleaning. The 3,552 eligible respondents had a mean age of 72 (range 30 – 96), mean time since diagnosis was 7.1 years (range 4.4 – 9.9) and 43% were female. The prevalence of fear of cancer recurrence was 36%, health anxiety was 16%, anxiety was 5% and depression was 3%. Almost 1/3 of respondents experienced loose stools (29%) and sexual dysfunction (31%). The most prevalent general symptom was tiredness (29%). Conclusion and clinical implications Approximately one third of Danish long-term CRCs experience psychological and/or physical late effects. As this is an older, multimorbid population, further research is needed to investigate etiology and suitable interventions.

PF7.5: Fatigue, pain and insomnia in cancer survivors and associations with sociodemographic, lifestyle and clinical factors – a SEQUEL study

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Objective: To examine systematic differences in fatigue, pain and insomnia in cancer survivors by sociodemographic (education, income, cohabitation), lifestyle (smoking, alcohol, BMI) and clinical (comorbidity, stage, treatment) patient factors. Methods: This study is a secondary analysis of data from the large nationwide SEQUEL cohort and questionnaire study among Danish cancer survivors with information on sociodemographic, clinical, lifestyle data and patient-reported outcomes obtained from national registers, cancer databases and a national cross-sectional questionnaire. Pain, fatigue and insomnia were assessed using the EORTC QLQ-C30 questionnaire. This study is ongoing and associations between patient factors and pain, fatigue and insomnia will be calculated as odds ratios in logistic regression models with adjustment for relevant confounders. Preliminary results: We included 39,441 survivors (19,262 men and 20,179 women) after breast, prostate, lung, colon, rectum cancer, melanoma and lymphoma diagnosed between 2010-2019. The median age at diagnosis were 64 years (IQR 56-70). Most survivors had breast (30%) and prostate cancer (24%). In all, 7768 (21%) survivors reported severe fatigue, 10,787 (29%) severe pain and 6506 (17%) severe insomnia. Statistical analyses are ongoing. Conclusion and clinical implications: The identification of specific patient characteristics for cancer survivors at higher risk of severe fatigue, pain and insomnia can help inform clinicians of who the most vulnerable survivors are and can help guide targeted follow-up in cancer survivorship.

PF7.6: Mapping the supportive care needs of cancer survivors in the context of China: A scoping review

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Objective The review aims to map the currently available evidence regarding the supportive care needs of cancer survivors in China and to identify the knowledge gap and priorities in cancer survivorship care. Methods A scoping review was conducted following the Joanna Briggs Institute guidance. Key databases and grey literature were systematically searched. Qualitative content analysis was employed to synthesise data and a narrative approach was adopted to describe results. Results A total of 2251 records were retrieved via databases and 29 studies were finally included for data synthesis. These studies were published between 2010 and 2023. Information needs were the most frequently reported unmet needs of cancer survivors in China, followed by psychological needs and healthcare service needs. Symptom related needs, social needs, and continuing care needs following curative cancer treatment also remain unmet. Social demographics and disease-related factors such as age, time since diagnosis, gender, living area and educational level were identified to be associated with the needs of cancer survivors. Conclusion and implications The findings in this review highlighted that cancer services in China should be improved, and emphasis should be placed on addressing the psychosocial needs and continuing care needs of cancer survivors following treatment. Future research can be conducted through qualitative or realist approaches that are more interpretive than descriptive to increase the depth of inquiry, particularly in understanding needs from the perspective of service users.

PF7.7: Social determinants of health and physical activity in young adult cancer survivors

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Purpose: Young adult (YA) cancer survivors have low physical activity (PA) levels and an increased risk of obesity-related chronic diseases. Associations between social determinants of health (SDOH) and PA in this population remain unexamined. Methods: This cross-sectional study used 2022 Behavior Risk Factor Surveillance System data (N=1,594 cancer survivors aged 18-39 years). Independent variables included SDOH (employment/economic stability, housing stability/quality, food security, transportation access, utility security, social isolation, social and emotional support, life satisfaction, mental well-being); relevant demographics were included as covariates. Weighted multiple binary logistic regression was conducted. Results: Odds of participating in PA were higher in those with emotional support (OR 3.58, 95% confidence interval [CI] 1.58-8.23), stable employment (OR 2.89, 95% CI 1.42-5.89), and access to food stamps (OR 0.42, 95% CI 0.2-0.87). Additionally, significant covariates of race ($p=.034$), higher education ($p=.013$), and no difficulty walking ($p<.001$) were associated with engaging in PA. After adjusting for multiple comparisons, emotional support ($p=.004$), employment ($p<.001$), and access to food stamps ($p=.02$) remained significant. Conclusion and Clinical Implications: Findings highlight the role of SDOH in PA among YA cancer survivors. Targeted interventions addressing emotional support and integration of SDOH into survivorship care may facilitate PA. Further research is needed to guide tailored SDOH-informed PA intervention efforts for this population.

PF7.8: Examining alignment of educational supports to neurocognitive needs for pediatric survivors

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Background: At least 50% of pediatric survivors have neurocognitive needs that impact educational success and quality of life.

Evidence shows that obtaining needed educational supports via special education and classroom accommodations can improve outcomes for these youth. Our work shows accessing needed school supports can be stressful, as parents report struggling to identify what supports their children need and whether supports provided at school address neurocognitive impacts. A reliable method for helping make these determinations is needed. Method: We developed a tool to characterize neurocognitive needs and associated educational supports as documented in formal support plans (i.e., IEP, 504 plans). Based on neuropsychological assessment, scores >1SD below the mean across 8 domains (i.e., attention, processing speed, memory) are identified as reflecting need. Educational support plans were reviewed to identify whether goals, accommodations, or services address each identified area. Needs-to-support alignment is calculated as proportion of identified needs met by a support or accommodation. Impact: The tool was piloted with 28 oncology patients. Across three raters, identification of domains of need (Krippendorf's alpha: 0.95 [95%CI: 0.89, 0.98]) and agreement on supports (K-alpha: 0.86 [95%CI: 0.69, 0.94]) was satisfactory. Alignment of support plans to needs ranged from 25-100%. Discussion: The needs-to-support alignment tool can reliably quantify how educational supports are targeting identified needs of pediatric survivors, addressing a family information gap.

PF7.9: **Analysing the long-term financial toxicity of childhood brain cancer survivorship care.**

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Childhood cancer survivors (CCS) require long-term care for the management of chronic late effects. Related healthcare costs can lower adherence to health recommendations, cause financial hardship and psychological distress. Our CCS intervention, Engage Brain, provided multidisciplinary case review and personalised health recommendation to CCSs. This study calculated the out-of-pocket costs required to adhere. Method: Using the Australian Medicare cost calculator, recommendations were allocated a minimum and maximum cost (to reflect both public/bulk billing and private/gap-payment scenarios). We calculated the mean costs for following recommendations, adherence rates at 6-month follow-up, and compared care-costs by age, tumour grade, site of treatment, and treatment received. Results: 59 survivors participated (50% male, mean age=22 years, mean time since diagnosis=15 years). The median total cost of recommendations per survivor was $428 (range=$0-1128) in the minimum-cost scenario and $925 (range=$284-5603) in the maximum-cost scenario. Dentistry, mental health and neuropsychology services incurred the greatest proportion of costs. CCSs who received chemotherapy or radiotherapy had significantly higher minimum total costs than CCSs who did not. On average, survivors adhered to 22% of recommendations (range=0-81%) and spent $132.76 (range=$0-652). Conclusion: Services not covered by Medicare, with limited bulkbilling or long public waiting lists are large contributors to costs and are key targets for reducing financial toxicity and improving adherence to survivorship care.

PF7.10: Gender-based exploration of the experiences of the female partners of prostate cancer survivors living in rural/remote areas: a qualitative study

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Objective: Generate insight to guide the design of psycho-social support for female partners of prostate cancer (PCa) survivors living in rural/remote regions of Australia. Methods: An exploratory qualitative study design. In-depth interviews were conducted with 17 female partners of PCa survivors living in rural/remote regions to explore their experiences. The general inductive approach was used to analyse data. Results: Women were simultaneously dealing with broader familial issues and interpersonal dynamics within their local communities while navigating PCa. Accessing local health care to assist their partners posed challenges around maintaining privacy and a lack of choice around clinicians. Multiple financial and wellbeing challenges were associated with travelling away from home in support of their partners seeking treatment. Prostate Cancer Specialist Nurses (PCSNs) were integral to supporting women, although more PCSNs in rural/remote areas were needed to increase their availability to partners. Women accessed peer-support and identified the need for specific promoting from clinicians to bolster their personal agency in seeking support for their own wellbeing. Conclusion and clinical implications: Supporting the psycho-social wellbeing of these female partners requires consideration of accumulated life stressors and the realities of living in rural/remote locations. PCSNs are in a unique position to provide psycho-social support for these women as part of the provision of survivorship care in rural/remote areas.

PF8.1: Preliminary results of a national randomized controlled trial into the effectiveness of a Stages-of-Change-based work rehabilitation program for cancer survivors

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Objective Prior research has shown that cancer survivors (CS) can experience various obstacles when returning to, or staying in, paid employment. In the past, supportive programs have been developed, most of which have proven insufficiently effective to be implemented into practice. We participatorily developed the STEPS program in 2019 with the aim to support CS to participate sustainably in contractual employment, i.e., to gradually increase (when RTW) or sustain (when staying in work) working hours, whilst guarding against overload. We have been testing its effectiveness in a national multicenter randomized controlled trial (RCT). STEPS consists of tailored Stages-of-Change-based support provided by occupational therapists and reintegration consultants.Methods Between-group differences (STEPS vs. usual care) at six months follow-up were evaluated using generalized estimating equations for longitudinal data (primary outcome working hours). Further, a process evaluation was conducted based on the RE-AIM model. Results Preliminary results of the effectiveness and process evaluation will be presented. Results will be based on data of at least 227 participants (mean age 52 years SD 9, 90% female, 77% breast cancer, 57% fully or partially back at work at inclusion). Conclusion implications Our results are expected to underline the usefulness of a Stages-of-Change-based approach to work participation support for cancer survivors. Further, we will share lessons learned regarding recruitment, methodology, program development and effectiveness.

PF8.2: **Preparing the Next Generation of Psycho-Oncology Leaders: Systematic Strategies to Develop, Harness, and Nurture Leadership Skills**

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Background Psycho-oncology professionals are skilled communicators, innovators, problem-solvers, and values-based decision makers who are seldom trained to recognize these inherent leadership skills.Strategic application of such skills has important implications for the quality and growth potential of psychosocial oncology programs. A Staff Leadership Model (SLM), successfully created at 2 internationally recognized cancer centers will be presented. Methodology In 2007, the Department of Supportive Care Medicine (DSCM) at City of Hope integrated the SLM: onboarding, skills training, ways of working (), values-driven evaluations, retreats, and democratic meeting structure. In 2022, the Dana-Farber Cancer Institute (DFCI) social work division implemented SLM: value-based visioning with 43 staff, 3 social work leadership team (SWLT) retreats focused on building trust, values, WOW, and strategic planning. Impact DSCM results: From 25 to 170+ professionals; growth of innovative market-differentiating programs; $20M endowment and top-tier faculty/staff engagement scores. DFCI results: SLM implementation despite significant divisional changes; improved engagement, alignment, and efficiencies within SWLT; staff-led strategic working groups; 29% increase in staffing; recruiting 15 social workers within 8-months in a highly competitive market. Discussion   Psychosocial professionals have the opportunity to exert leadership in addressing many of the challenges facing cancer centers, including rising costs of care, efficiencies, and most of all, the quality of cancer care.

PF8.3: Psychopathology and mortality risk in men and women diagnosed with cancer: results from a 12-year population-based study

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Objective. To investigate whether depressive and/or anxiety disorders prior to cancer onset increase the risk of mortality. Methods. A total of 225 participants (60.89% men) with a history of cancer were drawn from the Geelong Osteoporosis Study, a population-based, cohort study. Lifetime history of depressive and/or anxiety disorders and age of onset was determined by clinical interview (SCID-I/NP). Cancer onset and date of death were determined via data linkage. Competing survival analysis assessed the risk of mortality associated with a history of depressive and anxiety disorders adjusting for potential confounders (age, sex, marital and employment status, socio-economic status [SES], education, activity, smoking, and comorbidity). Results. Fifty-one (22.7%) and 26 (11.6%) participants met the criteria for lifetime depressive and anxiety disorder, respectively, and 73 (32.4%) had died during the study period. After adjusting for age, sex, and SES, those with a history of depressive disorder had an increased risk of mortality compared to those with no history (adjusted subdistribution hazard ratio (adj SHR) 4.1, 95%CI 2.2-8.0, p≤0.001). Anxiety disorder was also associated with increased mortality risk (adj SHR 3.7, 95%CI 1.1-8.0, p=0.008). Further adjustment for marital and employment status, smoking, education, activity, and comorbidity did not contribute to the models. Conclusion and clinical implications. Both depressive and anxiety disorders increased the risk of mortality providing evidence to support targeted psychosocial intervention for patients with cancer.

PF8.4: Longitudinal associations between senescence-associated biomarkers and peripheral neuropathy symptoms among colorectal cancer patients

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Objective: Recent in vitro and mice studies have demonstrated the novel relationships between cellular senescence and PN. The present longitudinal study is the first to examine whether PN is associated with markers of cellular senescence among CRC patients. Methods: CRC patients with the highest (HPN, n=38) and lowest PN scores (LPN, n=38) from the PROCORE study were selected. PN was assessed with the EORTC QLQ-CIPN20 at baseline (after CRC diagnosis, yet prior to treatment) and at two-year follow-up. Senescence-associated secretory phenotype (SASP) factor (IL-1α, IL-1β, IL-6, IL-8, TGF-α, growth/differentiation factor-15 (GDF-15) and serpin E1 (plasminogen activator inhibitor-1); plasma NAD+ levels; leukocyte telomere length (LTL); leukocyte CD38; and sirtuin activity was measured in plasma collected at baseline and 2-year follow-up. Results: Patients who reported PN symptoms also had pain complaints, and higher overall SASP factors levels at both baseline and 2-year follow-up. Increased overall sirtuin activity in leukocyte was significantly associated with higher SPN (β: 4.01, 95% CI: 0.39-8.05) and MPN scores (β: 3.88, 95% CI: 0.74-7.03) at 2-year follow-up after adjustment for age, sex, BMI, number of comorbidities and baseline score. Conclusion: The senescence-associated biomarker sirtuin is related to peripheral neuropathy (PN) among colorectal cancer (CRC) patients based on this small underpowered study. Future research needs to validate our findings, if so, targeted interventions can be developed to alleviate PN in CRC patients.

PF8.5: Longitudinal associations of biological ageing-related markers with peripheral neuropathy in colorectal cancer patients up to 2 years after diagnosis

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Objective: This longitudinal study examines the association between markers of accelerated ageing (leukocyte telomere length (LTL) and plasma NAD+ levels) and oxidative stress (protein carbonyl content (PCC)) with PN in CRC patients. Methods: Newly diagnosed CRC patients were recruited in a Dutch prospective cohort (n=457). LTL, plasma NAD+ levels, PCC and PN (self-reported by EORTC QLQ-CIPN20) were measured at baseline, 1-year and 2-years follow-up. Associations between measured biomarkers and PN were analyzed with a hybrid confounder-adjusted linear mixed model distinguishing the intra-individual and inter-individual associations from the overall longitudinal association. Results: Longer LTL was associated with higher PN total scores, more Sensory PN (SPN) and Motor PN (MPN), while lower plasma NAD+ levels were associated with higher SPN complaints (β: -2.29; 95% CI: -4.31, -0.27). Longitudinal associations between NAD+ levels and SPN were mainly due to inter-individual changes over time. In subgroup analysis, we observed that lower plasma NAD+ levels were longitudinally associated with higher total PN scores (β: −12.63, 95% CI: −23.74, -1.52), more SPN (β: −5.69, 95% CI: −10.71, -0.66) and autonomic PN symptoms (β: -6.97, 95% CI: -12.92, -1.02) among patients treated with chemotherapy. No associations were found between PN and PCC. Conclusion Implications: Lower NAD+ levels were longitudinally associated with higher SPN complaints. Intervention studies are needed to verify the beneficial role of boosting NAD+ levels in alleviating PN symptoms in CRC patients.

PF8.6: A systematic review on the needs of breast cancer survivors

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Objective The impact of breast cancer (BC) may lead patients to perceive the need for support in physical, psychological or social areas, in order to improve their health status and return to a normal life. This systematic review aimed to give an updated understanding of the needs perceived by individuals with BC. Methods Bibliographic search was conducted on MEDLINE, Embase, CINAHL, and PsycInfo from January 2012. We included studies reporting the needs of individuals with BC collected through validated assessment tools. Results In total, 41 studies conducted in Asia, Australia, Europe, America, and Africa were included. The most used tool was the Supportive Care Needs Survey-Short Form (SCNS-SF34). The needs of 7409 individuals with BC were collected by survivorship phase. Overall, the post-diagnosis and post-surgery phases shown the most needs, where health system and information domain represented the major concern. During the active treatment phase, the needs in physical and daily living domain peaked. Needs seemed to decrease up to one year or more after diagnosis, when needs in all domains increased again. Factors that seemed to be related to the occurrence of unmet needs were younger age, type of treatment, side effects, and advanced stage disease. Conclusion and clinical implications This review highlights that the trend of needs of BC survivors is heterogeneous, as patient's needs change over time during the cancer journey. This knowledge can support the implementation of evidence-based survivorship models of care for this population.

PF8.7: Optimising Care: Supporting women with metastatic breast cancer through exercise and diet

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Objective: Women with metastatic breast cancer (MBC) experience poor quality of life (QoL), physical wellbeing and function. This pilot study aimed to assess the feasibility, safety and efficacy of a combined exercise and dietary intervention for women with MBC. Methods: Participants received a 16-week individually-tailored program (8 supervised Exercise Physiologist sessions and 8 Dietitian sessions). The exercise component targeted aerobic (≥150mins/week) and resistance exercise (2-3 sessions/week); the dietary component targeted adequate protein intake (1.0-1.5g/kg) and managing symptoms. Primary outcomes: feasibility (recruitment rate, intervention adherence, retention and satisfaction) and safety. Secondary outcomes: changes in patient outcomes e.g. lean mass, physical function and QoL. Results: 36 consented (86% recruitment; 57□9yrs), with 72% and 80% adhering to ≥6 exercise and dietitian sessions, respectively. Retention at 16-wks was 69% (n=6 disease progression; n=2 too busy; n=3 never started intervention). Qualitative feedback showed high acceptability and satisfaction with the program. Serious adverse events (n=13) were all disease progressions. Patient outcomes were largely maintained or improved over the intervention with no clinically meaningful deterioration observed – lean mass: -0.2kg (-0.7,0.3); 6-minute walk test: +22.2m (7.1,37.3); FACT-B: 0.7 (-4.1,5.6). Conclusion implications: A combined exercise and dietary intervention can be safe and feasible for women with MBC, potentially preventing declines in these outcomes typically seen in MBC.

PF8.8: Real-world patient outcomes and experiences with abemaciclib in combination with endocrine therapy for HR+/HER2- advanced or metastatic breast cancer: qualitative findings of a mixed-methods study

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Objectives Novel targeted therapies, like abemaciclib + endocrine therapy, are commonly used in patients with metastatic breast cancer (MBC). Side-effects (SEs), including diarrhoea, can impact quality of life (QoL) and reduce adherence to oral therapy. Here we report the qualitative findings of a longitudinal mixed-methods study exploring patients' outcomes and experiences in a real-world setting. Methods Qualitative interviews were offered to participants alongside patient-reported outcome measures to capture QoL, symptom burden and experiences. Transcripts were analysed using the framework approach. Results 44 women (aged 42-83) took part, with 20 interviews conducted. Qualitative analysis revealed 8 themes: SEs, SE management, treatment information & support, impact to daily life, relationship impacts, finances & employment, experiences of MBC and COVID. Diarrhoea and fatigue were frequently reported. Some described diarrhoea as manageable, while others felt unprepared about its unpredictability and effect on daily life. Receiving treatment altered family or social life, and influenced relationships and intimacy due to embarrassment or discomfort. Strong treatment beliefs enhanced a desire to remain on treatment, but some patients felt unsupported or noted gaps in supportive information. Conclusion/implications Narratives confirmed high symptom burden and information and support needs; highlighting the necessity of close symptom monitoring. Further research is warranted to examine the impact of education and supportive interventions on patient outcomes and experiences.

PF8.9: Employment among self-employed workers five years after a cancer diagnosis: A registry study from Norway.

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Objective: Studies on employment of cancer survivors (CS) have mostly been done among salaried workers. The objective of this study was to compare self-employed CS, salaried CS and self-employed and salaried cancer-free controls in their likelihood/s of employment five years after diagnosis. Methods: Data from the Cancer Registry of Norway and Statistics Norway were linked. We matched 725 self-employed CS (aged 30-50 years) with self-employed controls and salaried CS and controls. All participants were employed at the time the CS were diagnosed with cancer, and all were alive five years after. Logistic regressions were used. Results: As expected, salaried CS were less likely to be employed five years after diagnosis compared to salaried controls (OR= 0.52 and 0.57 for men and women respectively), whereas self-employed CS were as often employed as their self-employed controls (OR= 0.77 and 1.05 for men and women) and the salaried CS (OR= 0.89 and 1.27 for men and women). Compared to salaried controls, both self-employed CS (OR= 0.36 and 0.54 for men and women) and self-employed controls (OR= 0.47 and 0.51 for men and women) were less likely to be employed. Self-employed controls were less likely to be employed compared to the salaried controls (OR= 0.47 and 0.51 for men and women) Conclusion implications: Self-employed CS are less likely to be employed five years after diagnosis compared to salaried cancer-free controls. It seems that this is because they are self-employed and not because they are CS.

PF8.10: Quality of life in uveal melanoma survivors and ophthalmologist/oncologist communication during survivorship in France – Protocol of a prospective observational mixed-method study

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Purpose: Quality of life (QoL) studies in uveal melanoma (UM) patients pinpoint that fear of cancer recurrence (FCR) is a major issue, potentially exacerbated when patients are informed of prognostication estimates leading to intensive MRI surveillance. Communication with an ophthalmologist or oncologist can then have a key impact on QoL. Methods: We will recruit 250 patients at a French UM reference centre and have clinician-patient dyads complete a questionnaire, after the 6-month post-treatment surveillance visit, to assess their communication experience during that visit. Patients will be requested to fill in additional questionnaires on perceived recurrence risk, psychological distress (HADS), fear of recurrence (FCRI), QoL (EORTC QLQ-C30; QLQ-OPT30), satisfaction with information received (EORTC QLQ-INFO25) and with medical care (EORTC PATSAT-C33), and again one year post-treatment, the HADS, FCRI, EORTC QLQ-C30 and QLQ-OPT30. In-depth interviews with 25 patients (based on saturation) will complement this assessment. Expected results: As information on prognosis based on medical parameters becomes widely integrated into clinical practice, this study will highlight UM survivors' information expectations and needs regarding communication, and its effect on FCR and QoL. Conclusion / clinical implications: We will identify how psychological symptoms relate to patient perception of communication and care continuity. This will help create adapted guidelines for doctor-patient communication in cases of high risk of recurrence with poor prognosis.

PF9.1: Prevalence of mental disorders in newly diagnosed cancer patients in relation to socioeconomic status: a multi-center prospective longitudinal observational study

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Objective Patients with low socioeconomic status (SES) have a higher mental health burden, however, data in oncological populations is insufficient to date. This study investigated the point prevalence of DSM-5 mental disorders in newly diagnosed cancer patients stratified by SES. Methods This multi-center prospective longitudinal study assessed cancer patients within two months after cancer diagnosis (t1) and at 6-,12- and 18-months follow-up (t2/t3/t4). SCID-5 interviews for current mental disorders were conducted between April 2020 and January 2024. Prevalence rates were weighted by SES. Chi-square tests were applied to test for changes in frequency over time. Results Out of 1,030 patients with a SCID-5 at baseline (mean age 60 years, 54% male), 865, 755 and 684 participated at follow-ups. Most frequent diagnoses were melanoma (18%) and prostate cancer (18%). In total, 21%, 18%, 15% and 15% of patients were diagnosed with a current mental disorder at respective time points t1-t4. Decrease of mental disorder over time was present in patients with high SES (p=.048), and a trend for medium SES (p=.057). Patients with low SES show highest and stable prevalence rates (all >19%, p=.63). A similar pattern emerged when analyzing only study completers. Conclusion Patients with low SES exhibit impaired coping with cancer-related stressors, which can result in persistent psychological symptoms following a cancer diagnosis. Social disparities affect physical and mental health, possibly through health behavior or health literacy, which need to be addressed by cancer support services.

PF9.2: Exploring Specific Mechanisms of Change in a Dog-Assisted Psycho-Oncological Group Intervention: A Qualitative Interview-Based Analysis

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Objective: Cancer patients often face considerable psychosocial stress that can lead to mood and anxiety disorders. Psycho-oncological interventions, such as group psychotherapy, play a crucial role in addressing this. Our study examines the under-researched area of dog-assisted psycho-oncological group psychotherapy for highly anxious cancer patients, focusing on the mechanisms of change. Methods: We conducted an exploratory cross-sectional qualitative study with semi-structured interviews with group participants (i.e. patients with cancer, n=8) and health care professionals (HCPs, i.e. psychologists, dog handler, n=3) of a dog-assisted psycho-oncological group intervention for highly anxious cancer patients. Data was analyzed using qualitative content analysis. Results: Group participants described various mechanisms of change, particularly related to the group setting (e.g., universality of suffering) and the presence of the dog (e.g., calming effects, promoting cohesion and therapeutic relationships). Both, participants and HCPs reported diverse yet congruent experiences of these mechanisms, emphasizing the dog's positive impact on the overall group therapy experience. Conclusion and clinical implications: Group participants and HCPs reported a variety of mechanisms of change, which were largely congruent. Both reported that the dog facilitated the overall experience of the group therapy. This study preliminarily supports AAI in the group setting for highly anxious cancer patients. Additional research is needed to further investigate these findings.

PF9.3: Protocol for developing digital psychoeducation to address the psychological distress and treatment nonadherence of women with breast cancer throughout the breast cancer care pathway in Indonesia

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Psychoeducation emerges as a crucial intervention for women with breast cancer. This protocol describes the development of a digital psychoeducation package, focusing on addressing psychological distress and treatment adherence. A co-design approach, embedding design thinking, facilitated collaboration among a multidisciplinary team of patients, psychologists, oncologists, nurses, audiovisual designers, and digital technology experts. This process ensured the development of a patient-centric, clinically relevant, and technologically advanced psychoeducation package. This initiative demonstrates the potential of digital interventions in psycho-oncology, emphasising the importance of a user-centric design approach. Feedback and lessons learned during the development process will guide future enhancements. Expected benefits include reduced distress and improved treatment adherence. Further, it establishes a benchmark for integrating psychosocial care into routine cancer care and represents an innovation in psycho-oncology care.

PF9.4: Psychological distress and MRI surveillance adherence in retinoblastoma survivors aged 15 and over: two-year follow-up

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Purpose: Retinoblastoma (RB) is the most common primary childhood intraocular tumour with >95% survival rates. Treatment modalities include radiation therapy. This raises concerns as it heightens the risk of developing secondary malignancies. It is therefore important to monitor these patients throughout their life. Annual MRI screening may allow early detection of secondary malignancies. However, little is known about patients' MRI-related psychological impact and adherence over the years. Methods: 79 RB patients, aged 15 and over, irradiated more than 5 years prior to inclusion, have been included. At each yearly MRI, they completed the Impact of Event Scale (IES). Results: Mean (SD) age was 27.1 (8.1), 48.1% were female, 92.4% were diagnosed with a bilateral RB and 87.3% had a RB genetic predisposition. At two-year follow-up, 15 (19%) patients were diagnosed with a second primary tumour. MRI adherence was n=43, 74% (V1) and n=40, 69% (V2). Among the 58 patients having completed two-year follow-up, IES' mean scores are 23.9 (18.8) at V0 (n=37), 22.8 (19.2) at V1 (n=33) and 21.3 (15.2) at V2 (n=18). We found no significant IES scores difference between genders and regarding MRI adherence. No correlation was found between age and IES scores (r=0.4). Conclusion: We found moderate IES scores (cut-off score = 26) regardless of age and gender, meaning that yearly MRI surveillance may have an impact on psychological distress without affecting MRI adherence. Hence, it seems important for clinicians to identify patients' needs in order to provide psychological help.

PF9.5: Cortisol, IL-6, Anxiety, Depression and Quality of Life Difference Before and After Mastectomy: A Study Among Indonesian Women with Breast Cancer

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The objective of the present study was to assess Cortisol, IL-6, Anxiety, Depression and Quality of Life Difference before and after Mastectomy among Indonesian women with breast cancer. This study was conducted on 30 women with advanced breast cancer who had undergone chemotherapy and would be followed by a mastectomy at Hasan Sadikin Hospital. Blood levels of cortisol and IL-6 were examined, as well as filling out the HADS and EORTC-QLQ-C30 questionnaires, in the morning before surgery and 14 days after surgery. Data were analyzed using paired T test and Spearman correlation test using SPSS v.21. There was a significant difference in the cortisol score before and after surgery ($p = 0.038$), where the cortisol after surgery was higher. There was no significant difference in IL-6 before and after surgery. There was a significant difference in pain scores before and after surgery ($p = 0.030$), where the pain after surgery was higher. There was no significant correlation between cortisol and IL-6 levels with anxiety symptoms, depression symptoms and quality of life of patients. There was a significant correlation between anxiety and depression scores and the quality of life of the patients. The aspect of pain has a significant correlation with the role function, emotional function and cognitive function of the patient's quality of life. IL-6 levels before and after surgery did not differ significantly because the inflammatory reaction had decreased by day 14 after surgery. The high aspect of pain and fatigue after mastectomy surgery leads to a lower quality of life.

PF9.6: Exploring the factors associated with reproductive cancer and Access to Healthcare Among Women: A Cross-Sectional Survey of four diverse regions in India

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Objective: This cross-sectional survey aimed to explore the factors associated with reproductive cancer and identify access to health care for women affected by reproductive cancers. Methodology: The study collected data from four Indian states from 509 women diagnosed with reproductive cancer through structured interviews and validated questionnaires. Results: The survey reported that 1/4 of the respondents had ovarian cancer, and 23.4% were diagnosed with cervix cancer, 1/3 with breast cancer, and 18% with other reproductive system cancer. Physical consequences encompassed heavy bleeding (57%), foul-smelling discharge (43.4%), excess bleeding between periods (27.3%), post-menopausal bleeding (42.2%) and high fever (32%). Emotional distress was prevalent, characterised by anxiety, depression, and fear of mortality. Social aspects illuminated the stigmatisation of reproductive cancers. The survey identified disparities in reproductive healthcare practices, access to healthcare, and utilisation among different educational and socio-economic strata. While some women had access to comprehensive medical treatment (73.7%), others faced barriers due to financial constraints and lack of awareness. Government healthcare facilities are preferred by most (63.3%) of the respondents and theta only 35.8% of respondents received counselling services during the treatment. Conclusion and implication: The study highlights the need for interventions addressing healthcare access, awareness, and counselling.

PF9.7: Experiencing financial toxicity associated with cancer in publicly funded healthcare systems: A systematic review of qualitative studies

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Objective: A systematic review was undertaken to synthesize the qualitative evidence on cancer-related financial toxicity from the perspective of patients in publicly funded healthcare systems where financial protection would be strongest. Methods: Articles describing financial burden experienced by cancer patients were identified using OVID MEDLINE Embase and PsychInfo, CINAHL, Business Source Complete, and EconLit databases. English language, peer-reviewed qualitative papers describing studies in countries with predominantly publicly funded healthcare systems were eligible. Quality appraisal was conducted using CASP Quality Appraisal Checklist. Narrative synthesis was completed with extracted data and themes identified inductively. Results: Twelve eligible articles were identified, reporting 10 studies. The papers illustrate the complexity and multifaceted nature of financial hardship during cancer and contribute to creating a comprehensive model depicting the patient perspective. Synthesis suggested five themes: household and medical costs are increased,

financial resources are reduced, financial change and financial hardship vary, financial hardship has many consequences, and individuals use various mitigation strategies. Conclusion/Implications: Cancer patients can experience various impacts from financial toxicity. Strategies to mitigate financial effects and income replacement are needed even in publicly funded healthcare systems. Cancer patients should be informed early about the potential for financial burden.

PF9.8: Facilitating Adaptive Coping with Fear of Recurrence Among Breast Cancer Survivors: Qualitative Post-Intervention Outcomes from a Three-Arm Randomized Controlled Trial

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Objective Fear of cancer recurrence (FCR) is a disruptive unmet need for many breast cancer survivors (BCS). We conducted a randomized controlled trial of behavioral interventions for FCR delivered to BCS via group telehealth. We present qualitative thematic findings from BCS' responses to five open survey questions at post-intervention exploring what they liked most and least about the intervention received, the most important thing learned, what they were doing differently because of the intervention, and recommendations for improvement. Methods Of 390 BCS enrolled (mean age 55.8 years; 81.8% were white), 341 responded to at least one of the questions. Qualitative thematic analysis used open coding to identify themes and axial coding to connect themes into categories. Four research team members analyzed responses independently then discussed themes and categories to reach consensus. Results BCS liked connecting with others with similar experiences and learning new coping skills. BCS reported disliking that it was sometimes difficult to connect with others via telehealth and that the interventions had to end. What they learned and were doing differently related to using new coping skills, self-empowerment, and knowing they were not alone in their FCR. Recommendations included wanting more time for interaction or pivoted to how much they valued the group experience. Conclusion/Implications BCS are receptive to and find meaningful benefit from group FCR interventions delivered via telehealth. The interventions tested are manualized to support implementation in practice.

PF9.9: Crucial sources of oncology team resilience at work in Quebec (Canada): A sequential exploratory study using fuzzy cognitive mapping (FCM)

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OBJECTIVE: The adverse situations inherent to cancer care, whether chronic or acute, are emotionally demanding and require specific resources. Although researchers recognize that the mental model of teamwork is a source of resilience in coping with adversity and pursuing common goals, empirical evidence is lacking in the field of oncology. This study applies fuzzy cognitive mapping to explore oncology team members' perceptions of the most crucial sources of

team resilience at work (TRaW). METHODS: As part of a larger study conducted in 5 settings in Quebec, we use a sequential exploratory approach to (a) examine the determinants of resilience at work using qualitative content analysis of 15 focus group discussions involving 52 oncology team members, followed by debriefing sessions, and (b) develop semi-quantitative representations of a mental model constructed in Mental Modeler from five-wave deliberative discussions using fuzzy cognitive mapping. RESULTS: The co-construction of our final FCM illustrates the positive and negative relationships between 24 crucial TRaW sources. Six sources with the highest centrality score represent the most influential determinants at team level. Nine sources with lower scores suggest intermediate influence at the organizational level while the lowest scores relate to health system and environmental sources. CONCLUSION: Our results make the sources of TRaW in oncology more explicit. A better understanding of proximal sources can guide priorities in planning for adverse situations, adapting to adversity and learning for the future.

PF9.10: Coping with Cancer: The Role of Perceived Control in Sustaining Mental Health Among Cancer Patients.

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Objective. A cancer diagnosis and treatment impose critical challenges on patients' mental health. Perceived control, encompassing primary and secondary control, has been shown to be a pivotal factor in coping with critical life events. When confronted with cancer, primary control (i.e. adapting the world to one's needs) is limited - thus, secondary control strategies (i.e. adjustment of the self to the world) might become key. However, we conducted a systematic review highlighting that (secondary) control, has not been considered in the oncological context. The present study aims to fill this research gap. Methods. In our ongoing survey we include adult cancer in- and outpatients from different settings (at submission: N > 100). We assess mental health (e.g., depression, anxiety), personality/individual differences (e.g., optimism/pessimism, self-criticism) and risk/protective factors (e.g., perceived control, loneliness). Results. We will analyze the associations of perceived control and mental health, with a focus on suicidal thoughts. We hypothesize positive associations of control with mental health and will explore how primary and secondary control are interacting on patients' mental health. Conclusion and implications. This study will locate perceived control within the nomological net of risk/protective factors for mental health in the context of cancer, drawing on relevant theoretical frameworks (e.g., the Integrated Motivational-Volitional Model of Suicidal Behavior). Findings will inform screening methods and expand knowledge of modifiable protective factors.

Poster session

PS1: Post-traumatic Stress Disorder in Children after Discharge from the Pediatric Intensive Care Unit: A Scoping Review

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Background: Post-traumatic stress disorder (PTSD) in children following discharge from the Pediatric Intensive Care Unit (PICU) is a critical yet understudied issue. This scoping review aims to systematically investigate PTSD prevalence, measurement tools, and risk factors in this population. Methods: Following the Arksey and O'Malley framework, we conducted a comprehensive literature search across international databases, identifying 31 relevant articles. Applying specific inclusion criteria, we used a narrative descriptive synthesis approach to explore PTSD's potential impact on children post-PICU discharge. Results: The review reveals a wide-ranging PTSD prevalence (13% to 84.6%) in children following PICU discharge. It highlights the effectiveness of diverse assessment tools and identifies key risk factors, including medical interventions, children's characteristics, and family environments. Conclusions: This scoping review emphasizes the importance of understanding PTSD risks in children post-PICU discharge, urging the establishment of prevalence rates, identification of risk factors, and evaluation of assessment tools. It provides valuable insights for enhancing children's mental health, prompting further research and intervention development to alleviate the burden of PTSD in this pediatric population. Addressing these issues is crucial for the well-being of children who have undergone PICU care, informing strategies to mitigate the long-term psychological impact of such experiences.

PS3: Young adult cancer survivors' perspectives on cancer's impact on different life areas post-treatment and hopes for the future: A qualitative study

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Objective. Young adult cancer survivors experience disruptions in various life domains during and after treatment. This study examined these disruptions and related supports to inform interventions targeting psychological wellbeing. Methods. In April-July 2023, young adult survivors (n=23) completed semi-structured interviews assessing cancer's impact on several life domains, how they coped with disruptions, and facilitators to improved psychosocial well-being. We used a dual deductive-inductive approach to develop a codebook, then coded transcripts in Dedoose. Results. In this sample (average age=34, 78% female, 74% non-Hispanic White, 48% partnered, average=2.4 years post-diagnosis) the most salient themes related to disruptions included mental health, feelings of isolation during survivorship, and disruptions to career and relationships with family/partners. Participants reported challenges navigating these feelings and disruptions, and difficulty conveying their needs. Many experienced limited support for navigating cancer-related trauma and life

disruptions. Participants also reported some positive impacts, like reevaluating their goals or feeling resilient, and emphasized the need to identify supports, accept that life had changed due to cancer, and have their continued struggles validated by others during survivorship. Conclusions. Young adults experience ongoing disruptions across multiple life domains, underscoring the need for accessible, longer-term psychosocial supports to help them navigate these disruptions and reevaluate their goals.

PS4: Art Therapy as Symbolic Immortality

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Background Art as 'therapy' has existed for millennia, from pre-historic cave-paintings to Rembrandt's self-portraits. Images when used as symbols, are physical representations of abstract ideas which reflect self-awareness and unconscious psycho-dynamics. Mankind fears death physically and symbolically. Both contribute to Existential Distress (ED). It is estimated that 30% of cancer patients at some point experience measurable ED. I will demonstrate how art Therapy (AT) can relieve ED though the mechanism of Symbolic Immortality (SI). Methodology Working as an Art Therapist part-time over a 3-year period in a palliative-oncology unit, I saw 280 patients for 525 sessions: 240 were women and 40 were men. Ages ranged from 16 to 92. Thirty two percent were breast cancer patients. Recruitment was by medical and nursing referral, and direct approach in the wards. During therapy the images were used to explore a life history, prominent milestones and significant crossroads. These images were transformed into symbols. We will present some examples to explain the process. Impact on practice Transforming an unconscious image into a symbol requires a process of integration, which in turn produces a sense of meaning. I found that these symbols frequently invoked RJ Lifton's concept of SI. Discussion Developing images into meaningful symbols can relieve ED. Lifton categorized these symbols as: biological, creative, nature and transcendental. Understanding these images through SI helps patients understand their symbols and 'make sense' of their experiences which in turn relieves ED.

PS5: Hope as a two-edged sword

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Background Hope is a two-edged sword. It can stimulate us to achieve unexpected results. Hope can also drive us to pursue futile goals. Hope is a hard-wired neurological process influenced by belief, culture, and character. Hope has three essential characteristics: it only exists in the future; it facilitates goals by focusing thinking; it is ego-syntonic or 'good'. Since hope is both uncertain (because it exists in the future) and by its nature makes us feel 'good', it entices us to pursue goals. Hope encourages 20% of cancer patients to receive chemotherapy in the last month of life without benefit. It also is a factor in OECD countries spending 10% of health budget in the last year of life. Methodology Analysis of the definition of hope will show how the mechanism of hoping leads to adverse treatment decisions; and also challenge the accepted wisdom that hope is 'good'. Impact on practice Decisions in cancer care, such as further chemotherapy, truth-telling and resuscitation, are influenced by hope. A 1% chance of response to chemotherapy may be hope-generating to some, but appear futile to others. Some people hope for miracles, and for them this is realistic. The concept 'false hope' is therefore an oxymoron. Many emotions affiliated with hope such as happiness and spirituality are epiphenomena, and are not integral to hope itself which is a cognitive process. Discussion The fear of death encourages people to create hope-generating scenarios. Hope is an elixir of denial. Hope when used as a medication can encourage futile treatments and should be used cautiously.

PS6: Palliative Intubation: an occasional necessary paradox

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Background Occasionally the best way to palliate a patient at the end of life is to intubate and sedate until they die. We will present such a case and outline the principles that explain this paradoxical approach. The literature will be reviewed. Methodology Recent articles analyze the incidence of palliative care (PC) in oncology patients. One nationwide study in USA showed dramatic increase in use of PC in intubated cancer patients (from 0% to 17.4%) over 10 years with a mortality of 57.3%. This was retrospective and did not specifically record the intention of intubation. In our case a 24 year-old man with multi-organ metastatic sarcoma developed respiratory failure. His family demanded intubation and refused Palliative Sedation (PS). He was intubated and died 36 hours later. Impact on practice Whilst this case was exceptional it clarified certain therapeutic principles in PC. The circumstances for palliative intubation at the end of life include that: 1. Intubation will relieve physical and psychological distress 2. The patient has indicated a desire to be intubated 3. Family strongly supports intubation 4. Cultural-religious values litigate against standard PS. Discussion Palliative Intubation, that is, intubating a person who is imminently dying (within a few days) may be justified in the circumstance of alleviating suffering where there is cultural-religious belief that PS (which certain cultures perceive as Euthanasia) may shorten life or extinguish hope. Often the family need to know that ‘everything possible was done’ in order to grieve satisfactorily.

PS7: Is Tragedy a Reality, or a Mind-set?

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Background The literature on tragedy is sparse. This is unusual since suffering and death is often associated with tragedy. Are all our terminal cancer patients tragic? If not, why not? What is tragedy? Over the centuries the understanding of tragedy in society has changed. In all circumstances though tragedy is a shortening of life in quantity and/or quality. Classic Greek thought depicted tragedy as destiny or fate without hope for reversal; traditional Judeo-Christian taught that hope can negate tragedy. Sacks: 'If there is tragedy there is not ultimate hope. If there is hope there is not ultimate tragedy…and the two cannot coexist.' Methodology What is tragedy? Is a young man who died in war defending his country tragic? Or a dying 90 year-old grandmother surrounded by her generations? Are all 20 year olds dying of cancer, tragic in equal measure? The psychological and philosophical literature was reviewed and the following is a working description. Impact on practice Tragedy is characterized by: a) being irredeemable, non-reversible; b) a truncated life potential; c) being outside society’s norms; d) meaninglessness; e) having a sense of injustice (locally or globally). Discussion Can tragedy be undone? Yes, since we can reframe hopes and losses and find meaning. No, when neurosis, cowardice and anger block the opportunity to learn. To change an unavoidable outcome (Greek tragedy) to a situation where we change ourselves (Judeo-Christian hope). Frankl: ‘When we are no longer able to change a situation…such as inoperable cancer, we are challenged to change ourselves.'

PS9: A Mental Health Nurse in Pediatric Hematology-Oncology : A Novel Practice

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Background: Pediatric cancer is associated with significant level of distress, anxiety, depression, and even post-traumatic stress symptom in both children and parents. Many patients have psychological and psychiatric needs that are not addressed. We have developed and implemented a novel nursing role in psychosocial and mental health in Pediatric Hematology-oncology. Methods: One year following implementation, we realized a feasibility, acceptability and appreciation study. The evaluation involved 31 healthcare professionals, 10 parents of children with cancer and 10 adolescents with cancer. A questionnaire using Likert questions (1-5) and open-ended questions was used. We used a standard descriptive method. Results: During the study period, the Mental Health Nurse has realized 691 direct interventions with 112 different patients/parents. The results demonstrate excellent feasibility. The three groups surveyed very much appreciated this new role, and expressed its strong usefulness in the hemato-oncological context. The results expressed an excellent acceptability. Conclusion: This study shows that a mental health nursing role in pediatric hematology-oncology is appropriate, useful and highly valued. Mental Health Nurses who also have a significant experience in oncology can highly contribute to improve psychosocial and psychiatric care of patients-families followed in hematology-oncology settings.

PS10: Psychological distress in fathers of children with cancer during active treatments: a scoping review

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Aim: To review the literature on psychological distress in fathers of children with cancer in order to explore how to better support those fathers and to identify avenues for future research. Introduction: Pediatric cancer affects 300 children in Quebec each year. It affects the family unit in a variety of ways. Psychosocial studies have looked at the distress experienced by these families, notably by assessing the clinical presentation. Many of them often conclude that mothers experience more distress than fathers. Fathers are often less involved in day-to-day hospital life, accentuating the isolation of services. In addition, these fathers may face issues that are unique to them. A better comprehension of their experience is necessary Methods: We searched three databases (CINAHL, Pubmed, PsychARTICLES). The selection of potential sources was based on the study by Pollock et al. (2021). Data extraction, analysis and presentation followed the structure proposed by the "JBI Preferred Reporting Items for Systematic Reviews and Meta-Analysis statement Checklist for Scoping Review" (Tricco et al., 2018). Extracted data were divided into 4 subthemes: 1) distress, 2) psychosocial factors, 3) medico-psychiatric factors or 4) coping factors using a two-researcher deductive method. Results: in progress Conclusions: in progress

PS13: Genetic risk of BDNF rs6265 polymorphism in prospective memory on chemobrain for breast cancer survivors

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Objective: The purpose of this study was to assess the genetic risk of BDNF polymorphism for chemotherapy-associated prospective memory deficits in breast cancer survivors. Methods: The expression of BDNF gene in breast cancer and healthy controls was determined by Timer2.0 and TCGA database. Prospective memory and other cognitive function tests were performed one week before chemotherapy and three weeks after the end of standard chemotherapy. Single nucleotide polymorphism of BDNF (rs6265) was detected from peripheral blood. Results: Statistical differences were found in the expression of single BDNF gene between breast cancer and healthy controls group. Breast cancer patients with BDNF rs6265(Val/Met+Met/Met) genotype were more likely to have obviously prospective memory impairment after chemotherapy (P<0.0001). Binary logistic regression indicated that BDNF rs6265 (C/C) genotype was a protective factor (OR=0.256; 95% CI=0.120-0.547; P<0.000), and breast cancer with Val/Val was performed better cognitive (Beta=-0.145,95%CI=-0.790~-0.004, P=0.048)from multiple linear regression analysis. The Val/Val genotype carrier was performed better on the event-based prospective memory (EBPM) test as compared to the Val/Met+Met/Met genotype (z=2.192, P=0.031). Conclusion: Breast cancer with standard chemotherapy who also carrying BDNF rs6265(Val/Val) genotype are easily affected to mild cognitive function impairment. BDNF gene polymorphism was conceivable genetic risk of prospective memory deficits in breast cancer patients with chemotherapy.

PS14: A Factorial Analysis and Predicative Model of Fear of Cancer Recurrence

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Purpose: To enhance the quality of life of cancer survivors, we conducted a quantitative analysis of the factors influencing the fear of cancer recurrence and proposed a corresponding prediction model. Methods: In this study, general demographic and clinical information was collected from 231 cancer patients, and psychosocial factors and disease-related information were gathered using various scales, including Mishel's Uncertainty in Illness Scale (MUIS), the Fear of Cancer Recurrence Inventory-Short Form (FCRI-SF), the MD Anderson Symptom Inventory (MDASI Part I), Impact of Event Scale-Revised (IES-R), and the Perceived Social Support Scale (PSSS). Results: The results of one-way ANOVA revealed statistically significant differences among patients with low, moderate, and severe FCR in terms of age, disease symptoms, and PTSD symptoms ($p < 0.05$). Furthermore, our multi-factor ANOVA showed that PTSD symptoms were a common predictor of both moderate and severe FCR, and age, disease symptoms and social support were predictors of high FCR. The final prediction model obtained showed a significant chain-mediated effect of perceived social support, PTSD symptoms and disease symptoms on FCR. Conclusion: In this study, we found that social support had an indirect effect on FCR, whereas disease symptoms directly affected its severity. Our finding of a negative correlation between uncertainty in illness and FCR deviates from

the results of previous studies, emphasizing the need for further exploration of its underlying mechanisms and other possible influencing factors.

PS15: Discovery and treatment of cancer leads to improve the insight of schizophrenia.

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Background: Schizophrenia patients without insight are reluctant to visit hospital. However, they agree to visit hospital to reduce the symptoms and pains of a physical disease. Treatment of a psychical disease may offer an opportunity for psychiatrists to intervene their mental disorder. Psychiatrists should not miss this once in a lifetime chance. The patient was 51 years old female. She has been working for a supermarket and complaining delusion of persecution from neighbors and auditory hallucination of insult for these 10 years. She was diagnosed as carcinoma of tongue (cT4aN2cM0) and referred to otolaryngology in our hospital for operation. Then she also visited our psychiatry department and diagnosed as schizophrenia by DSM-V. We have prescribed Brexpiprazole 2mg and Olanzapine 10mg per day, which lead to the decrease of delusion and hallucination. Scores for positive syndrome scale of PANSS has decreased from 35 to 21 in 6 months (40％ recovery). She unfortunately died of lung metastasis at the age of 52. Impact on clinical practice: Even though schizophrenia patients lack insight, we should not give up their treatment. Life events such as cancer bring the opportunity to start the treatment, which we should not miss. Discussion: Due to the physical symptoms, physical doctor easily referred this patient to us and we started the treatment for schizophrenia. At the same time, our information about this diagnosis enabled hospital staff to attend to the patient smoothly. In this way, discovery of cancer leads to improve the insight of schizophrenia.

PS17: To explore the implementation mode of helping Young Adult Cancer patients and their families to explore the meaning and value of life by leaving a legacy

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Background/rationale Methodology：A 46-year-old male patient, married with two young sons, was diagnosed with Intrahepatic Cholangiocarcinoma in January 2022 , the Cancer Ward team recommends the help of the Hospice Care team, and the spiritual care counsellor assists in collecting the photos of patient and commemorative items which are collected into the gift boxes of love. Two weeks after the patient's departure, one of the young sons dreamed of his smiling father sitting on the white clouds and flying to the gate of heaven, the patient's family was deeply comforted. Leaving legacy and being remembered is what the patient seeks in the last stages of life, it is one of the most concrete ways to find meaning of life. (Betty R.Ferrell,2015) Impact on clinical practice：Bereaved people choose to suppress their grief and find it difficult to get out of the grief of the death of a loved one. Through the legacy transformation model, the deceased's departure and thoughts can be effectively repositioned, and family members are encouraged not to rush to dispose of legacy to reduce the bereavement. Discussion： After the intervention of the research subjects in the legacy transformation model, the patient's passive and powerless role was transformed into an active and blessing role. Legacy turns transformation is just a medium, through the guidance of the spiritual care counsellor helps to review life to affirm the meaning and value of life, fulfill the wish and move towards the invisible spiritual formation.

PS18: Application of pre rehabilitation in perioperative nursing of liver cancer

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Objective Explore the nursing effect of pre rehabilitation in the perioperative period of liver cancer. Methods A total of 206 patients admitted to the Hepatobiliary Department of Shenzhen Hospital, Chinese Academy of Medical Sciences for treatment and liver cancer resection from April 1, 2022 to July 30, 2023 were selected. The patients were randomly divided into a pre rehabilitation group and a control group, with 103 patients in each group.Observe the comparison of surgical related indicators between two groups, quality of life before and after intervention, incidence of postoperative complications, and nursing satisfaction.. Results The average postoperative hospitalization days, surgical time, intraoperative bleeding, and total hospitalization expenses of the pre rehabilitation group were significantly lower than those of the control group;The four quality of life scores of the pre rehabilitation group were significantly higher than those of the control group;The total incidence of postoperative complications in the pre rehabilitation group was 12.62%, while the total incidence of postoperative complications in the control group was 24.27%, with a statistically significant difference of p=0.031;The nursing satisfaction rate in the pre rehabilitation group was 97.09%, while the nursing satisfaction rate in the control group was 90.29%, with a statistically significant difference of p=0.045.

PS19: Clinical Nursing Management Strategies of Herbs for Hand-Foot Syndrome Induced by Targeted Therapy in Liver Cancer Patients

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Backgroud: Few studies have reported the clinical effect of herb therapy in Hand-Foot Syndrome Induced by Targeted Therapy in Liver Cancer Patients. Medhods: This protocol of systematic review has been drafted under the guidance of the preferred reporting items for systematic reviews protocols. This study will use the Cochrane Library, Web of Science, PubMed, Embase, Allied and Complementary Medicine Database, China Biomedical Literature Database, China National Knowledge Infrastructure, China Science and Technology Journal Database, Wanfang Database and Ongoing Clinical Trials Database. Quality assessment of the included studies will be evaluated using the Cochrane risk of bias assessment tool. We will performe the meta-analysis by RevMan 5.4 software. Results: The results of this systematic review and meta-analysis will be published in a peer-reviewed journal. Conclusion: Herbs may be a valid mean for the people affected by Hand-Foot Syndrome.

PS20: A qualitative study on the work experience of nurses in oncology hospitals during pregnancy

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To deeply understand the experience of pregnant nurses participating in clinical work in cancer hospital, and to explore the working pressure and demand performance, so as to provide reference for improving the satisfaction of pregnant nurses. Methods The objective sampling method and semi-structured in-depth interview method were used to select the pregnant nurses working in the Department of Internal Medicine and Surgery of the Cancer Hospital as the research objects. A total of 7 pregnant nurses were deeply interviewed from August to December 2021. To understand the working pressure and sources of nurses in oncology hospitals during pregnancy, the interview data were sorted out repeatedly by five steps of summary, coding, reading, reflection and classification, so as to refine the theme. Results Three themes were extracted: nurses in cancer hospitals expressed their willingness to engage in nursing work after pregnancy; Pregnant nurses face great pressure, which is caused by concerns about fetal safety, self-physical fitness and insufficient occupational protection; Hospital and society support for cancer hospital nurses during pregnancy is insufficient. Conclusion Nurses in cancer hospitals have some concerns during pregnancy. Managers should take active and effective measures to ensure the safety of nurses' occupational environment and improve the attention of nurses during pregnancy, so as to provide strong guarantee for the physical and mental health and safety of nurses during pregnancy, achieve the purpose of eugenics and eugenics.

PS21: Applying Systems & Complexity Thinking Approach to Address Breast Cancer Screening (BCS) Disparities in Asia: Insights and strategic policy interventions from Delphi

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Background:Breast cancer remains a significant public health concern in Asian countries, with alarming increases in incidence and mortality. This study aims to improve breast cancer screening uptake using a systems and complexity thinking approach. Methods:The Delphi study involved four expertly facilitated focus group discussions from August 2022 to May 2023, involving 74 experts from 16 Asian countries. The study highlights the two major outcomes (a) Challenges- a complex web of interconnected factors affecting breast cancer disparities in Asian countries and representing causal-loop analogy into broader health care systems in the region. (b) Opportunities and solutions for policy - (1) a holistic, culture-oriented approach, focusing on community involvement, (2) media integration, (3) community champion engagement, (4) women's education initiatives and involvement, (5) decentralised delivery points, (6) collaboration with NGOs and civil societies, (7) policy integration, (8) academic involvement, and (9) training and capacity for HCP (10) resource mobilisation. Conclusion: These findings emphasise a multifaceted strategy encompassing cultural sensitivity, community engagement, and policy integration to mitigate breast cancer disparities in Asian countries. Implementation of these recommendations could pave the way for a more comprehensive and effective approach to address this pressing need to optimise breast cancer screening in the region, which could potentially reduce the disease burden and improve public health payoffs in Asia.

PS23: Concerns of patients surviving from prostate cancer: A qualitative study in Taiwan

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Objective: The aim of this study was to explore concerns of patients with prostate cancer (PC) after prostatectomy during their survivorship. Methods: A qualitative design was adopted with in-depth interviews. A purposive and maximum variation sampling was used to recruit 22 PC survivors from southern Taiwan who (1) aged 40 years or older; (2) completed treatment for at least one year; (3) free of cancer recurrence; (4) currently in stable condition without receiving adjuvant chemotherapy or radiotherapy; (5) fluency in Mandarin or Taiwanese; and (6) willingness for sharing experience. After IRB approval, each participant was invited in person to join the study. Participants were provided written informed consent and were deep interviewed. Data were analyzed through content analysis. Results: Three themes emerged from concerns of these PC survivors: 1) Self no more the same as previous, including two subthemes: a) bounded self and b) embarrassed self.; 2) Accepting “man proposes God disposes”, containing 3 subthemes: a) counting the uncertainty of cancer recurrence, b) redirecting the focus of daily activities, and c) resigning oneself to heaven’s will; and 3) Relocating self in the new life., including two subthemes: a) setting new priority for life, and b) relocating self in new relations. Conclusions: Men with prostate cancer certainly continued to have physical and existential needs during their survivorship based on our findings. It is important to help them openly voice their concerns, set aside their masculinity issue and to redefine-self

PS24: The effectiveness of cognitive behavioural therapy for depression in women with breast cancer: A systematic review and meta-analysis

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Objective: To determine the effectiveness of a specific, well evidenced cognitive behavioural therapy (CBT) protocol for depression in women with breast cancer Methods: Online databases were systematically searched to identify RCTs testing evidence-based, fully protocolised CBT as a treatment for depression in women with breast cancer. Screening, data extraction and risk of bias assessment were independently undertaken by two study authors. Both narrative synthesis and meta-analysis were used to analyse the data. The meta-analysis used a random effects model to compare CBT to non-active/active controls depression using validated, self-report measures Results: Six RCTs were included in the narrative synthesis, and five in the meta-analysis (n=531 participants). Overall, CBT demonstrated an improvement in depression scores in the CBT condition versus active and non-active controls at post intervention (SMD=-0.93 [95%CI -1.47, -0.40]). Narratively, five out of six RCTs reported statistically significant improvements in depression symptoms for CBT over control conditions for women with breast cancer Conclusion / implications: CBT aligned to a particular evidence based protocol for depression appears effective for treating depression in women with breast cancer. However, further research is needed for women with stage IV breast cancer. The

clinical recommendation is that therapists utilise Beck's CBT protocol for depression, whilst considering the complex presentation and adapt their practice accordingly.

PS25: Psychosocial Determinants of Mental Adjustment to Cancer: Insights from a Nigerian Cohort of Cancer Patients.

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Objectives/purpose. Cancer patients grapple with numerous psychological challenges that necessitate the adoption of various coping strategies to enhance their health-related quality of life (HRQoL). This study investigates the psycho-social determinants influencing the mental adjustment to cancer (MAC) within a cohort of Nigerian cancer patients. Methods. A total of 214 cancer patients were recruited from Lagos University Teaching Hospital, Nigeria. They completed validated measures of Mental Adjustment to Cancer (MAC), Cancer Coping Self-Efficacy (CCSE), Impact of Event Scale (IES), Perceived Social Support (PSS), Negative and Positive Religious Coping, and HRQoL (FACT-G). Analysis was conducted using multiple linear regression in SPSS. Results. Lower age, managing affect dimension of CCSE, intrusion dimension of IES, negative religious coping and HRQoL were associated with the helplessness. Negative religious coping was associated with the fighting spirit. Coping and stress management dimension of CCSE, avoidance subscale, negative religious coping, and PSS were associated with cognitive avoidance. Higher age, negative religious coping, and PSS were associated with the fatalism. Conclusion and clinical implications. This study reveals key factors influencing MAC cancer patients in Nigeria, including subjective distress, coping self-efficacy, PSS, religious coping and HRQoL. Identifying these links allows for targeted interventions, including improving coping, addressing negative religious coping, and fostering supportive social environments for cancer patients.

PS26: Exploring the Psychological Experiences, Coping Mechanisms, and Needs of Primary Caregivers for Patients with Familial Clustering of Liver Cancer: A Qualitative Study

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Objective: In China, approximately 60% of liver cancer patients come from families with HBV infections, which is known as familial clustering of liver cancer. The primary caregivers for these patients, who are secondary victims of this distressing circumstance, always experience stress levels surpassed only by the patients themselves. This study aims to gain an in-depth understanding of the psychological experiences and coping strategies of such primary caregivers. Methods: A descriptive qualitative research approach was utilized. Sixteen primary caregivers of from a tertiary cancer hospital were interviewed in-depth between September and October 2023. Data were analyzed using thematic analysis method. Results: Three main themes and nine sub-themes were identified: Multidimensional Negative Psychological Experiences (Feelings of regret and guilt; helplessness and despair related to the illness; fear and concern about genetic predisposition to the disease), Coping Strategies (Proactive health checks; purchasing insurance to manage disease-related expenses; adopting healthier habits), and Diversified Urgent Needs (Improvement in medical insurance policies; reduction of social discrimination; promotion of hepatitis knowledge). Conclusion and implication: Primary caregivers of familial clustering liver cancer patients bear a significant psychological burden throughout the caregiving process. Healthcare professionals are advised to consider their experiences and needs, as addressing these may alleviate their psychological stress and improve their quality of life.

PS28: Exploring the effectiveness of psychosocial interventions designed to address psychosocial distress in young facing a cancer diagnosis within the family

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Objective, The impact of cancer is profound, affecting both the person diagnosed and their immediate support network. Cancer can be even more distressing for young who often play a significant caregiver role. Young commonly experience enormous developmental challenges that they should overcome, and this process is disrupted further facing a cancer diagnosis within the family. It is important that effective supportive interventions are developed and used in a timely manner. This review examine the effect of existing psychosocial interventions designed to address challenges young face with their family member's diagnosis of cancer. Methods, A systematic search of interventions published between 2010 and 2022 was conducted using databases Medline, Psych-INFO, and CINAHL. The inclusion criteria were published in a peer-reviewed journal in English, participants (aged 10-30 years) had a family member diagnosed with cancer, and the interventions targeted psychosocial distress. Each article was appraised using the Mixed Method Appraisal Tool. Results, Programs aimed at improving the well-being of individuals impacted by cancer have detailed. These approaches ranged from educational, peer support associated with group interventions, family-based interventions, psychosocial to self-guided interventions, each with their respective strengths and weaknesses. Conclusion implications, This review is a starting point for the design and implementation of such psychosocial interventions to develop effective methods for mitigating cancer-related psychosocial distress.

PS33: The perspective of caregivers and nurse navigators following the use of the Distress Detection Tool (DDT) for parents of children with cancer

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Background: Pediatric oncology research has significantly improved the survival rate of children treated for cancer. Systematic screening for distress among parents of children with cancer is now recognized as a standard practice. Objective: This study aimed to evaluate 1) the usefulness and overall appreciation of the Distress Detection Tool (DDT), 2) the perception about oncology nurse navigators (ONNs) knowledge and skills necessary to use the DDT, and 3) the availability of professional, organizational, and time resources facilitating the use of the DDT. Method: A prospective quantitative method was conducted at three different time points using a Likert 5-point scale. Data were analyzed using a standard descriptive method. Two groups of participants were studied : parents of children with cancer during active treatment and ONNs. Results: Of the 26 recruited participants, only 17 completed all stages of the study (ONNs, n=2; parents, n=15). The results indicate that the DDT was perceived as useful and appreciated by both ONNs and parents. Both groups supported the notion that ONNs possess the knowledge and skills necessary to use this tool. However, professional, organizational, and time resources are perceived as insufficient by participating ONNs but not by parents. Conclusion: DDT is a useful, and important tool in pediatric oncology. Professional, organizational, and time resources have been perceived as problematic by the ONNs, which may actively contribute to the difficulty of implementing psychosocial tools in pediatric oncology.

PS34: Integration of palliative care in comprehensive oncology care will enhance psychological care for cancer patients and their families: experiences from Kenya

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Research shows that patients with cancer have significant psychosocial problems. In Kenya, many patients with a cancer diagnosis (and familes) do not receive adequate psychosocial care. This results in a negative impact on their quality of life. Cancer care should be holistic, focus on the treatment of the cancer, but also on addressing the psychological, social and spiritual needs of the affected person and their loved ones. Most evidence to inform palliative care (PC) dlivery has been developed and evaluated in high-resource countries. 1% of scientific PC literature originates from low-resource countries. Findings from high-resource countries may not always be relevant to the unique aspects in develping countries. We conducted a study on Kenyan palliative care providers and leaders' perceptions of palliative care research needs and support to facilitate rigorous research. This was a mixed methods study (semi structured questionnaire and focus group discussions). The aim of the study was to explore perceptions of priority areas for PC research and support needed to facilitate rigorous research from the perspective of Kenyan PC providers and leaders. This abstract will focus on psychosocial care as one of the emarging themes. Gaps in psychosocial care were: research on psychosocial needs of patients/ families/caregivers s; bereavement support, lack of integratipon of psychosocial care. There is a great need to understand the impact of psychosocial needs on patients/ families/caregivers as a means of identifying interventions.

PS35: Diagnosis related information preferences of adult cancer patients in Armenia

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Nondisclosure of a cancer diagnosis is a common practice in many family-centric cultures wherein cancer is viewed negatively, resulting in family members opposing truthful communication to patients. Oncologists often mention this request for diagnosis nondisclosure despite that according Armenian health related legislation adult patients should be the first bearers of the diagnosis related information. In the present study, we aimed to evaluate the patients' prospect about breaking bad news and to provide a clinical guidance for Armenian patients and those patients in countries with a similar cultural background. This qualitative study was conducted through semi-structured in-depth interviews with 34 cancer patients aged 40-70, had been receiving chemotherapy at least six month before the interview. Patients completed a survey eliciting their preferences for information on diagnosis including quantity, timing of presentation etc. A qualitative content analysis with inductive approach was used for data analysis. The results of the research indicated that the 32 interviewed patients preferred to be properly informed about their diagnosis and treatment specifics. According to them being informed contribute to fighting against the disease, for planning the things, for knowing what will going on, for better adaptation. According to the patients' it is right and helpful to be fully informed about the diagnosis, it is suggested that the disclosure of cancer diagnosis be done by a physician and in the presence of a family member.

PS36: Towards an improved conceptualization of emotions in patients with cancer

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Objective. Cancer and its associated treatment is a major stressor, leading to emotions which may be either adaptive or maladaptive; that is, emotions either support or interfere with adaptation to cancer. In this theoretical paper, we aim to expand the conceptualization of adaptive and maladaptive emotions in patients with cancer. Method. We draw on major theories in the field of mental disorder and mental health, and apply these theories to conceptualize adaptive and maladaptive emotions in patients with cancer. Results. (i) Maladaptive emotions have two essential features: mental dysfunction and patient harm. Maladaptive emotions are characterized by a network of strongly associated emotional symptoms, which may include cancer-related somatic symptoms. The dysfunctional symptom network is hypothesized to be the result of disturbance of life goal pursuit caused by cancer. (ii) Adaptive emotions have two essential features: ability to deal with cancer and functioning well. The ability to use emotions in an adaptive way depends on skills to recognize, express, and regulate emotions in a flexible manner. A secure attachment style facilitates adaptive emotional responses to cancer. Conclusion and clinical implications. The present conceptualization of adaptive and maladaptive emotions is expected to contribute to better understanding and management of emotions in patients with cancer.

PS38: Psychological distress in parents with cancer and its association with parenting concerns, self-efficacy and emotion regulation – A cross sectional questionnaire study

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Objective: As many as one in four adults with cancer have children under 18. Balancing parenting and cancer is challenging and can be a source of psychological distress. This study aimed to examine psychological distress in parents with cancer and parenting concerns, self-efficacy and emotion regulation. Methods: Cross-sectional questionnaire study (n=406) of parents (aged 25-60) diagnosed with cancer (≤ 5 years), with at least one dependent child (≤18 years). Parents completed questionnaires on psychological distress (Depression Anxiety Stress Scales), parenting concerns (Parenting Concerns Questionnaire), self-efficacy (General Self-Efficacy Scale), emotion regulation (Emotion Regulation Questionnaire), mental and physical health, and sociodemographics. Data were analysed using multiple logistic regressions on depression (yes/no), anxiety (yes/no), and stress (yes/no). Results: Parenting concerns were associated with greater odds of depression (OR=2.33, 95% CI: 1.64-3.31), anxiety (OR=2.30, 95% CI: 1.64-3.20), and stress (OR=3.21, 95% CI: 2.20-4.69) when adjusting for health and sociodemograptic factors. Poorer self-efficacy was associated with higher odds of anxiety (OR=0.94, 95% CI: 0.89-0.99, $p<0.05$), whereas low use of cognitive reappraisal and high use of expressive suppression increased the odds of depression (OR=0.76, 95% CI: 0.59-0.98 | OR=1.46, 95% CI: 1.18-1.80). Conclusion: Parenting concerns were strongly associated with psychological well-being of parents with cancer, highlighting an important aspect of the cancer experience that needs further attention.

PS39: Exploring the Fear of Cancer Recurrence (FCR) in Caregivers of Paediatric Cancer Survivors: A Cross-Sectional Study in Singapore

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Objective: Caregivers of paediatric cancer survivors often receive limited support and intervention to cope with the fear of cancer recurrence (FCR) in their children compared to those undergoing treatment. The study aims to investigate if caregivers continue to experience FCR even after their children have achieved remission. Methods: Thirty caregivers from a local social service organisation were recruited and categorised into two groups based on the time since their child's last cancer treatment: ≤5 years (Group 1) and >5 years (Group 2). Data collected includes demographic details and responses from three questionnaires: State and Trait Personality Inventory (STPI), Fear of Cancer Recurrence Inventory (FCRI) caregiver version and a Risk Factor questionnaire, analysed using independent-samples T-test. Results: Both groups experienced high FCR scores of 111.52(±14.29) and 94.44(± 24.01), p=0.073 for Group 1 and Group 2, respectively. Group 1 had higher level of cancer related triggers at 23.33(±4.13) as compared to Group 2 at 19(±4.97), p=0.04. There was no significant difference between the two groups in their STPI scores across all four subscales ($p>0.05$). Conclusion implications: The study suggests that even as time passes, caregivers will continue to experience high level of FCR. Caregiver support after treatment should match the time since a child's last treatment, as Group 1 may require more acute support, while Group 2 may require support aimed at managing and reducing persistent FCR levels.

PS40: Construction of a risk prediction model for body mass index growth in breast cancer patients during treatment

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Objective To investigate the independent factors influencing the risk of increased body mass index (BMI) in breast cancer patients during treatment, establish a prediction model, and verify the prediction effect. Methods The patients were divided into modeling group and validation group according to the time of enrollment. BMI increase during treatment was taken as the end event. A total of 306 patients re-examined in the Breast Center of Tianjin Medical University Cancer Hospital from January to May 2023 were selected as the modeling group. Patients in the modeling group were set as the stable group with BMI increase < ±0.5kg/m2, and the growth group with BMI increase ≥0.5kg/m2. Independent influencing factors of the two groups were compared, and a prediction model was constructed. Hosmer-Lemeshow test was used to verify the fitting effect, and ROC curve was drawn to verify the prediction efficiency of the model. A total of 110 patients reviewed from June to August 2023 were selected as the verification group to verify the predictive effect of the model. Conclusion The prediction model has good effect, which can provide reference for maintaining the stable BMI of breast cancer patients during treatment and formulating nursing intervention plan.

PS41: Co-Design and Evaluation of a Digital Serious Game to Promote Public Awareness about Pancreatic Cancer

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Objectives: Pancreatic cancer poses a significant public health challenge with most cases diagnosed at an advanced stage, resulting in low survival rates. Early diagnosis significantly impacts prognosis; however, symptoms are often subtle which can lead to delayed help-seeking. Symptom awareness, therefore, is crucial. Patients and their carers prioritise promotion of public awareness and a need for innovative approaches to do so. This study aimed to evaluate the effectiveness of a ‘serious game’ in increasing symptom awareness and help-seeking intentions within the general public. Methods: The serious game presented participants with a diagram of the human anatomy split into tiles which each linked to a question about pancreatic cancer. This was co-designed with patient advocates and healthcare professionals and is free to access here. Members of the public (N = 727) were recruited internationally to complete this study which employed a quasi-experimental pre-/post-test design.   Results: Paired comparisons were possible for 489 cases due to missing data. Statistically significant increases from pre- to post-test levels, with large effect size, were found for both symptom awareness (p < .001, d = 1.43) and help-seeking intentions (p < .001, d = 1.10). Additionally, game acceptability data revealed a predominantly favourable response. Conclusion: This study is the first to explore a serious game’s utility in pancreatic cancer symptom awareness. Results suggest that such interventions show potential in increasing symptom awareness and help-seeking intentions.

PS43: Cancer patients' perceptions of communication skills among oncology nurses and correlations with related factors

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Objective We studied cancer patients' perceptions of satisfaction, communication skills and empathy among oncology nurses and correlations with related factors. Method In oncology units of Taiwan’s medical centers, 116 oncology nurses completed basic information, the Communication Skills in Health Professionals, Burnout and Fatigue scales; Jefferson Scale of Empathy; and Work Stressor Inventory for Nurses in Oncology. 232 cancer patients completed basic information and the Communication Assessment Tool, Empathy and Satisfaction with Nursing Care scales. We analyzed data with descriptive/inferential statistics and Spearman's correlation coefficient. Results Average scores for perceptions of nurses' communication skills and empathy and satisfaction were 56 (SD=12.8, range=30–75), 23.7 (SD=6.5, range=5–35), and 71.8 (SD=12.8, range=19–95), respectively. However, patients' perceptions of communication skills were not significantly correlated with nurses' communication skills (r=.04, p=.96), though negative correlations with work-stress (r=-.49, p=.03), burnout (r=-.53, p=.04), and fatigue (r=-.55, p=.02) were noted. Conclusion Our findings showed no statistically significant correlation between patients' perceptions of communication skills and oncology nurses' self-perceived communication skills. Patients' perceptions of communication skills were related to nurses' work-stress, fatigue, and burnout. It is evident that while training oncology nurses' communication skills, reducing their workload is a primary factor to enhance patients' perceived communication in the future.

PS45: Knowledge, attitudes, and Current practices toward lung cancer palliative care management in China: a national survey

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Objectives: To demonstrate the status and differences in knowledge, attitudes, and practices (KAP) of lung cancer palliative care (LCPC) management, and to measure patient controlled analgesia (PCA) in cancer pain management in of China. Methods: A questionnaire on LCPC management was used in this study, which involved a total of 2093 participants from 706 hospitals in China. Seven major components make up the questionnaire, including chi-square tests or Fisher exact probabilities to measure the differences in KAP between hospitals grades. Results: 84.2% participants believed that anti-tumor therapy is equally important as palliative care. The satisfaction rate of participants from Tertiary hospitals, which was significantly higher than that of Secondary and Primary hospitals ($\chi^2=27.402$, $P=0.002$). The most common symptoms requiring LCPC was pain. The major barriers toward to LCPC were "Patients and families are concerned about the safety of long-term use of palliative care related drugs". The top three barriers toward PCA treatment of cancer pain were (i) worry about adverse reactions of drug overdose, (ii) worry about opioid addiction, and (iii) increase of patients' economic burden. In the past 24 months, 33.9% of the participants had not participated in online or offline training related to palliative care of lung cancer. Conclusion: Chinese healthcare workers are in need of training for lung cancer palliative care and, in particular, for controlling cancer pain symptoms.

PS46: Nutritional assessment for 891 patients with common cancer in a cancer hospital of Southwest China

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Purpose:To investigate the nutritional status of hospitalized patients with common malignant tumor in a cancer hospital of

Southwest China. Methods:We enrolled 891 patients with cancer hospitalized for treatment in our hospital. These patients were diagnosed with one of the common 16 different types of malignant tumors. Patient-generated subjective global assessment (PG-SGA), anthropometric measurements, and laboratory examination were used to evaluate the nutritional risk or nutritional status.Cancer pain status were assessed with the NRS. We investigated the nutritional therapy of these patients. Results:48.7% (434/891) of the cancer patients were severe malnutrition, 31.2% (312/891) were moderate malnutrition,, and only 5.4% (48/891) patients were no malnutrition. The rate of malnutrition for gastrointestinal cancer patients is higher than Nongastrointestinal cancer patients (67.3% vs. 44.6%, χ2=31.48, P <0.001). Multiple linear regression analysis, PG-SGA scores and body mass index (P<0.001), serum total protein(P<0.001), hemoglobin serum(P<0.001), albumin (P<0.001), prealbumin (P<0.001), calf circumference (left side, P=0.001) were correlated. Age(≥65 years), albumin(<40g/L), prealbumin (<150mg/L) and cancer pain (NRS≥4) are the risk factors of severe malnutrition. However, only 26.8% (200/746) of all the moderately and severely malnourished patients received nutritional therapy. Conclusions:94.6% of the common malignant tumor patients enrolled in the present study were malnutrition. Nutritional therapy of malignant tumor patients with malnutrition is very low.

PS49: The Effectiveness of a Remote Psychological Support Course on Workload, Fatigue, and Distress Among Oncology Nurses

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Objectives: Construction and evaluation of a "Remote Psychological Support Course" intervention for oncology nurses. Methods: The study employed a quasi-experimental pre-post design. The experimental group was recruited through the Oncology Nursing Society in Taiwan to partake in the "Remote Psychological Support Course," while the control group comprised participants in the advanced oncology nursing training course organized by the Oncology Nursing Society (spanning 8 days within two months). Questionnaire assessments encompassed workload scales, fatigue, and distress, with paired t-tests utilized to validate the effectiveness of the pre-post intervention. Research Findings: 123 oncology nurses participated in this study, with 92 in the experimental group and 31 in the control group. In the experimental group, oncology nurses who received one or two courses showed significantly lower average scores in workload and fatigue compared to before the intervention. Those who received three or four courses had lower average scores in workload, fatigue, and emotional distress, although the differences were not statistically significant. However, after the fifth course, emotional distress showed a significant improvement. Conclusion: The research findings confirm the effectiveness and feasibility of the "Remote Psychological Support Course" in alleviating nurses' workload, fatigue, and distress. The educational model established in this study could serve as a crucial foundation for the development of future models in professional psychological support courses for oncology nursing.

PS50: Immunotherapy Decision-Making Experiences of Patients with Cancer and Family Caregivers: A Qualitative Study

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Objectives: This study explored the decision-making process related to immunotherapy acceptance among patients with cancer and their family caregivers.Methods: We conducted a qualitative study in Taiwan of patients with cancer (n = 15) and their family caregivers (n = 17) who accepted immunotherapy. Data were collected through face-to-face, semi-structured, audio-recorded in-depth interviews. Content analysis was performed, and the Consolidated Criteria for Reporting Qualitative Research were applied.Results: Four main themes were common among the considerations of patients and caregivers in their decision-making processes regarding immunotherapy: trust in medical professionals and relatives or friends, the value of life being above everything else, treatment side effects, and the financial burden of immunotherapy. Patients undergo immunotherapy for survival, and caregivers, particularly spouses, value life and financially support treatments. Additionally, among patients with cancer and their family caregivers, other major considerations in the decision to accept immunotherapy were the side effects and financial burden.Conclusion: The findings highlight the considerable trust of patients and family caregivers in physicians, underlining the importance of thoroughly considering immunotherapy decisions. Recognizing the value of life, effectively managing symptoms, and responsibly allocating resources for immunotherapy are crucial tasks of oncology nurses in patient-centered care.

PS51: TIMO: INTEGRATED THERAPY FOR ONCOLOGICAL DISEASE

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On 20 January 2024, Auser Cologno Monzese, a volunteer association in Milan, inaugurated TIMO, a service whose interventions are aimed at optimizing health, quality of life and clinical results in support of the well-being of people and families. Recent is the incredible growth that tumors have had in recent years, such as the lowering of the age of onset and in some cases the aggressiveness and the speed of evolution despite the increased effectiveness of oncological therapies. According to more recent scientific theories, the human being is a biological, mental and energetic unit inserted in the surrounding environment. Biology, Medicine and Psychology have shown that there are techniques that have the ability to act on the energy system of the body recreating balance between man and environment that is manifested in terms of well-being or help in medical therapies. The TIMO project follows a holistic model of intervention that follows the mind-body-energy tripartition and involves the intervention of professionals in the psychosocial area, personal development, medical, nutrition, naturopathy and mind-body disciplines. The model, referring to the thought of Dr.Simonton, aims to the awareness of health recovering, the slowing down of the course or the improvement of QoL. TIMO has been active experimentally since 2021 and has generated positive impact in the clinic in terms of active membership and participation in psychological talks and paths of Counseling, Yoga and Qigong.

PS54: Online Group Psychoeducation and Support Sessions for Metastatic Breast Cancer Women

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Background Women with metastatic breast cancer face complex decisions about their care. The development of suffering and/or psychopathology is a relevant biopsychosocial experience that cuts across multiple symptomatic domains and requires a comprehensive and person-centered intervention. Methodology This pilot study preceded the implementation of a Portuguese Online Psychoeducation Group and Support Sessions for Metastatic Breast Cancer Women (MBCW), to be held over the period of 3 years. Each group will have a total of 10 sessions, 15-20 participants and shall include the following topics: Communication & Suffering; Depression & Anxiety; Cognitive Complaints; Sexuality; Pain; Fatigue & Sleep; Self-Image; Advanced Illness; Support for carers/significant others. To assess the relevance of this project and customize its design, we developed a pilot qualitative and quantitative study with a sample of 8 MBCW followed up at a Psychiatry Service of an Oncology Center. It entailed an exploratory open interview about each topic and the proposed modality of group sessions and screening depression, anxiety, and quality of life (HADS; GAD-7, PHQ-9). Impact on clinical practice/Discussion Our pilot study favors the implementation of the psychoeducation group and support sessions described above. Accessible and cost-effective psychological interventions provide tools that allow cancer patients to play an active and meaningful role in their care. These interventions reduce mental distress and improve quality of life.

PS57: The Application of Music Intervention and Tea Culture in Psycho-social Support and Clinical Spiritual Care for Cancer Survivors

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Background: Music intervention and tea culture, both as forms of artistic interventions, indeed play positive roles in the psycho-social support of cancer patients. Methodology: A total of 106 patients with diagnosis of non-small cell lung cancer (NSCLC) were enrolled. All the patients were received music intervention and tea culture intervention for four times. Depressive and anxiety symptoms were assessed using the Hospital Anxiety and Depression Scale (HADS), distress thermometer, Athens insomnia scale (AIS), were used at baseline and at the end of artistic inventions . Impact on clinical practice: The anxiety and depression rates of enrolled patients were 22.6% and 17.0% respectively, at the beginning. Combination of music intervention and tea culture has routinely been given during the treatment for four times. At the end of artistic inventions, the prevalence of anxiety and depression were 14.2%, 9.4%, respectively. The improvement is significantly ($P<0.05$). The portion of insomnia was decreased from 34.9% to 18.9% ($P<0.05$). 37.7% patients with stress (distress thermometer≥4) at the beginning, decreased to 11.3% at the end of artistic inventions ($P<0.05$). Discussion: The combined intervention of tea culture and music intervention, as artistic intervention forms, effectively ameliorates anxiety and depressive symptoms, improves the sleep quality and distress in NSCLC patients. This study provides new insights and empirical evidence for psycho-social support in cancer patients, contributing to the development of cancer rehabilitation.

PS60: Medical Tattooing as a Complementary Cosmetic Intervention to Reduce Body-Image Distress and Mental Health Symptoms in Breast Cancer Survivors

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A review of the literature revealed a high incidence of body-image distress among breast cancer survivors who had surgery. Reconstructive surgery and/or medical tattooing may help mitigate body-image distress and mental health symptoms. We utilized linear regression analyses to examine two main objectives. First, we investigated body-image distress, depression and anxiety symptoms, and perceived stress in survivors who underwent breast cancer surgery, comparing those with medical tattooing (n = 89) and those without (n = 226). Second, we assessed the influence of the participant's surgery type on body-image distress, depression and anxiety symptoms, and perceived stress. Additionally, we evaluated whether individual factors predicted the participant’s level of body-image distress. Results indicated that participants with medical tattoos reported significantly lower levels of body-image distress, depression and anxiety symptoms, and perceived stress compared to those without medical tattoos. The participant’s surgery type did not significantly predict levels of body-image distress, depression or anxiety symptoms, or perceived stress. However, participants who reported greater appearance investment endorsed higher body-image distress. Participants who reported higher satisfaction with their treatment decisions and lower cosmetic expectation discrepancy endorsed lower body-image distress. In the context of post-breast cancer surgical restoration, medical tattooing has been shown to have a positive impact on reducing body-image distress and deleterious mental health symptoms.

PS61: Perspectives from Individuals Living with Cancer about Financial Burden and its Impact

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Objective: Understanding the impact of financial burden from the perspective of individuals living with cancer is important for clinical assessment and designing relevant programs and policies. Despite Canada having a largely publicly funded healthcare system. cancer patients incur out-of-pocket costs for their care. Methods: A qualitative descriptive analysis was completed for comments written in response to an open-ended, free-text item on a pan-Canadian survey about costs incurred during cancer treatment and follow-up and the impact of financial difficulties. Results: A total 378 of the 901 survey respondents provided written comments about their financial situations during cancer treatment. Forty percent of those individuals indicated experiencing financial struggles and resulting emotional distress. Themes which emerged during analysis of the comments were as follows: cost incurred, reduced income and reserves, impact of costs and reduced financial income/reserve, and managing financial distress. Conclusion/Implications: Even within a universal health care system, a significant proportion of cancer patients experienced financial struggle and resulting emotional distress. Early assessment and regular monitoring of financial burden and its resulting emotional distress, as well as the sources of concern, can facilitate the identification of those who are at risk for, or experiencing, financial difficulty and the provision of appropriate interventions.

PS63: Digital health tools to assess symptoms and quality of life in cancer supportive care

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Introduction: Cancer care is associated with diverse symptoms negatively impacting quality of life (QoL). Digital health tools can provide objective symptom assessment in real time. The goal of the current project is to conduct an evidence-based review on digital health tools used to assess symptoms and QoL in cancer care and present preliminary data from an ongoing study investigating mobile health technology to track cancer related symptoms. Methods: An evidence-based review of digital tools in cancer care was conducted using terms such as “digital health”, “depression”, “fatigue”, and “cancer”. A mobile app ‘DepWatch’ was developed by our study team to collect location and activity information via smart phone sensors. To date, 63 participants experiencing depression have been recruited to install the app, wear a FitBit, and be followed over a 3-month study period. Collected data includes sensory data, daily and weekly questionnaires, and monthly assessments conducted by a study clinician. Results: Our literature review found that drivers for digital tool use in cancer care include ease of use, improved communication with healthcare team, and real-time symptom monitoring and management. Barriers include restricted use to high-income countries, loss of privacy, internet access, and difficulty in standardization of patient usage. Preliminary data from the DepWatch study will be presented with a discussion of DepWatch to track diverse cancer-related symptoms. Conclusions: Innovative digital health tools can potentially assess symptoms and QoL of cancer care in real time.

PS65: Exploring the Lived Experience of Pancreatic Cancer in Northern Ireland: A Grounded Theory Study Protocol

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Objective Pancreatic cancer mortality rates remain high, and people diagnosed in Northern Ireland face some of the worst five-year survival rates globally. Literature on patients’ experiences is scarce, so their needs are not well understood, but they experience high symptom burden and worse psychological quality of life compared to people with other cancers. It is essential to understand the unique challenges people with pancreatic cancer face to anticipate needs and develop appropriate support interventions, thus enabling better quality of life for as long as possible. Therefore, this study aims to explore the experiences of people diagnosed with pancreatic cancer in Northern Ireland and build theoretical understanding of their journeys. Methods Glaserian grounded theory study design with four phases: 1) systematic review of literature on psycho-oncological aspects of experiences of people with pancreatic cancer; 2) interviews with people with pancreatic cancer; 3) interviews with care partners; and 4) focus groups with professionals and stakeholders with insight into these experiences. Results Theoretical sampling and constant comparative analysis will guide recruitment, data collection, and analysis until mature theory has developed. Conclusion and clinical implications By obtaining in-depth understanding and creating robust theory to explain the unique experiences of people with pancreatic cancer, this study should contribute to future service provision for patients, as providers and policy makers will be in a better position to anticipate care and support needs.

PS69: Illness and prognostic understanding, and correlates in 78 patients with metastatic treatment-resistant cancer in France

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Objectives: Understanding one's illness and prognosis is critical to making informed life and treatment decisions. Patients with metastatic breast cancer (MBC) or metastatic uveal melanoma (MUM) often face cancer treatment-resistance and a severe, unpredictable prognosis. We assessed medical information preference and understanding, and their associations with psychological distress and coping in theses cancer settings in France. Methods: A consecutive series of patients treated for MBC (n=40) and MUM (n=40) since less than 3 months after diagnosis of treatment-resistance were invited to complete the French version of the 'Prognosis and Treatment Perception Questionnaire (PTPQ)', 'Hospital Anxiety and Depression Scale (HADS)' and Brief COPE. Results: Seventy-eight patients participated in the study. The mean (SD) age was 62.1 y (11.6), 67% were women, and 64% had an education level above high school. Fifty-four percent, 21% and 26% of patients were on first-, second-line or third-line of treatment, respectively. Fifty percent thought it was very important to know their prognosis; 35% thought their chance of being cured of cancer was over 50%; 47% thought that the primary treatment goal was to cure their cancer. Gender, education level, type of cancer and anxiety were significantly associated with some of these items ($p<0.05$). Conclusion: These results highlight misperceptions among metastatic cancer patients regarding their disease and treatment goals and underscore the need to improve tailored patient-clinician dialogue and psychological support.

PS70: Psychological effects of Yin yoga and mindfulness-based stress reduction therapy on adult female cancer patients

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*Background/rationale Methodology This study focuses on female cancer patients.The researcher used purposive sampling to select eight adult female cancer patients treated in our hospital, and invited them to participate in six "Yin Yoga and Mindfulness-Based Stress Reduction and Self-Care Courses" designed by a psychologist. The group psychological intervention program lasts for six times, with an average of once a week for 80 minutes each time. After the group ends, the psychologist will conduct a qualitative interview with each group participant for 60 minutes. The research design will use a mixed research design, using the "Self-Compassion Scale" and "Short Form Health Scale" (BSRS-5) for group pre-test and post-test, and analysis using SPSS version 19 statistical software. This study adopts the single pre-experimental research method. In the group pre-test and post-test design, a group of subjects are measured before and after receiving the experimental treatment to understand the process of changes in the subjects' responses before and after the experimental treatment.Paired samples t-test was used to explore the significant differences ($P<0.05$) between the research subjects in the pre-test and post-test. *Impact on clinical practice Compared with counseling sessions, MBSR with yoga might make patients have higher motivation to change their unhealthy emotions during the short period of time. *Discussion In the future, applying psychology to cancer patients combined with yoga can improve patients' emotion and can be applied to hospital support psychological groups.

PS71: Distress, Social Support, Resources Utilization and Unmet Care Needs among Gynecological Cancer Patients

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Objective: Investigate the current status and correlations in psychophysical condition, social support, utilization of social resources and its helpless, and unmet care needs among gynecological cancer patients. Methods: Conducted a cross-sectional study with participants aged ≥20 at a northern medical center, utilizing a questionnaire covering demographics, psychophysical symptoms, social support, utilization of social resources, and supportive care needs. Statistical analysis included Spearman correlation and Mann-Whitney U test. Results: A total of 118 cancer patients were included. The average age of the participants was 51.3 years (SD= 10.3), and a significant portion diagnosed with ovarian cancer (53.4%). The subdomain of psychological and emotional care needs was the most frequently reported (73.2%). Common physical symptoms included insomnia, fatigue, and pain, with 51% reporting moderate to severe distress. Top social resources were medical information booklets (39.0%), cancer information websites (28.8%), and rehabilitative services (20.3%). Patients with severe symptoms (distress, fatigue, nausea and vomiting, pain, dyspnea, insomnia, appetite loss, financial difficulties), poor support, and non-use of cancer informational websites had higher unmet care needs. Conclusion: Examined variables associated with care needs include age, cancer type, psychophysical symptoms, social support, and website use. Less than 40% utilized social resources. Recommends a unified resource integration approach to increase utilization and awareness.

PS72: Clinical study of traditional Chinese aromatherapy JieYuAnShen (JYAS) sachet improving anxiety insomnia in cancer patients.

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Background: Our study aimed to explore the clinical intervention effects of traditional Chinese aromatherapy, JieYuAnShen (JYAS) sachet, on hospitalized cancer patients with anxiety insomnia. Methodology: All the cases were from cancer patients with anxiety insomnia who were hospitalized from 2022 to 2023 and met the inclusion criteria. A randomized controlled study was conducted, and the patients were randomly divided into control group (54 cases) and experimental group (80 cases). The control group was given sleep health education, and the experimental group was given JYAS sachet on the basis of sleep health education. Case interview method was used to obtain psychological distress thermometer, Hamilton Anxiety Scale (HAMA), Athens insomnia scale (AIS), and the analysis was carried out to draw conclusions. Impact on clinical practice: The comparison between two groups before and after JYAS sachet intervention was statistically significant. The baseline proportion of sleep disorders in the control group and the experimental group was 52 (96.3%) and 78 (97.5%), respectively. On the 8th day and 14th day after the JYAS sachet intervention, the percentage decreased to 34 (63.0%) and 31(57.4%), respectively ($P<0.05$). 67.5% patients in experimental group with stress (distress thermometer≥4) at the beginning, decreased to 54.9% at the 8th day following JYAS sachet treatment, which was statistically significant. Discussions:Traditional Chinese aromatherapy can relieve anxiety, so as to improve the sleep of patients with anxiety insomnia.

PS73: Exploration of Psychological and Social Support Intervention for Cancer Patients from the Perspective of Tea Culture

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Cancer poses a serious threat to physical, mental, social, and spiritual well-being, emphasizing the importance of psychological and social support intervention for patients. This article examines the value and application of tea culture in supporting cancer patients from a psychological and social perspective. With its long history and profound cultural heritage, tea culture embodies concepts of harmony, tranquility, and inclusiveness, which can provide spiritual, psychological, and social support for cancer patients and have positive significance for their psychological adjustment. In clinical practice, tea culture is employed as a form of social support intervention, using the backdrop of Chinese tea culture to promote the beauty of tea art, the principles of the tea ceremony, the enlightenment of tea Zen, and the philosophy of tea into interactive communication with patients, aiming to establish harmonious relationships with people, nature, and society. Through the application of tea ceremony, flower arrangement, appreciation of incense, Guqin music, mindfulness meditation, and the art of tea gatherings, it helps cancer patients build good social relationships, enhance their sense of social belonging, and improve the quality of their lives, holding important theoretical and practical significance. However, the effective integration of tea culture with psychological and social support intervention to maximize its efficacy will need further empirical research verification, which will be the next step to explore.

PS74: An Evaluation Report of the Feasibility of the Short-Term Chinese Ink Art Therapy Group on Promoting Cancer Survivors’ Adaptation of Changes And Self-Acceptance in Hong Kong

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Chinese ink is a fluid and inerasable medium that could invite users to explore the theme of adaptation and acceptance of uncertainty. Historically, Chinese ink artists retreated to floral and landscape painting as a way to release their ambivalence feeling to the uncontrollable external environment. Chinese ink art was first introduced to the Hong Kong Cancer Fund Art therapy service in 2021. After 2 years of development and modification based on the feedback from the participants, a standardized 4-session Protocol has been developed. The 4-session protocol involves adapting the traditional Chinese ink technique in a direct and non-direct way to explore self-expression and promote self-acceptance. The report collected pre-and-post group data from 6 Chinese Ink Art therapy groups during the 2023/2024 period. We used NCCN Distress Thermometer, Warwick Edinburgh Mental Wellbeing Scale and Unconditional Positive Self-Regard Scale (UPSR Scale) and post-group written evaluation from participants to measure its effectiveness on alleviating emotional distress, promoting adaptation of changes, and increasing self-acceptance among post-treatment cancer patients in Hong Kong. Collected data demonstrated an overall decrease in emotional distress accompanied by improvements in mental well-being and positive self-regard. Written evaluation shared a common themes on stress reduction, enhancement of social interaction, and self-discovery with alternatives.

PS77: SUSTAIN CANCER TRUTH-TELLING COMMUNICATION SKILL TRAINING FOR HEALTHCARE PROVIDERS IN TAIWAN

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Background: To explain the efforts of the Taiwan Psycho-Oncology Society (TPOS) in sustaining SHARE Communication Skill Training (CST) on cancer truth-telling through research and policy-making for healthcare providers (HCPs) in Taiwan. Methodology: The Japanese SHARE Model serves as the guiding framework for CST. Through a series of empirical studies, SHARE CST has demonstrated its ability to increase HCPs' ability and confidence in truth-telling.Impact on clinical practice: TOPS has collaborated with interdisciplinary experts to develop an interactive electronic picture book for pediatric cancer truth-telling, which has been patented in Taiwan. This innovation not only enhances the quality of life of pediatric cancer patients but also holds potential for future research and product development. Furthermore, TPOS has partnered with industry to design virtual reality (VR) CST, ensuring medical students have access to high-quality training. VR CST delivers comparable effectiveness to small-class CST while offering economic benefits, contributing to the sustainable operation of CST.Discussion: TPOS has actively advocated for the recognition of CST's value to government officials through research and briefings. Since 2011, the National Health Bureau has mandated CST in the hospital accreditation index, stipulating that at least 10% of the physicians in the cancer center must have received CST to pass the accreditation. This exemplifies how professional societies can influence policy-making through research, serving as a valuable model for other countries to consider.

PS79: The relationship between suicidal thoughts and disease burden in patients with advanced cancer at home

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Objective: To investigate suicidal thoughts in patients with advanced cancer and analyze the relationship between suicidal thoughts and disease burden. Methods: This study was conducted by suicidal thoughts assessment (if you have had suicidal thoughts in the last 14 days? 0= not at all; 1=A few days; 2=More than half the time; 3=Almost every day), MD Anderson Symptom Assessment Scale, to evaluate suicidal thoughts, physical symptoms in 222 home-based advanced cancer patients admitted to Hunan Cancer Hospital from January 2021 to January 2022. Chi-square test was used to analyze the relationship between suicidal thoughts and disease burden in advanced cancer patients. Results: Of 222 patients with advanced cancer at home, 48.6% (n=108) had no suicidal thoughts, 43.7% (n=97) had suicidal thoughts on a few days, 6.3% (n=14) had suicidal thoughts more than half the time, and 1.4% (n=3) had suicidal thoughts almost every day. Chi-square analysis showed that the frequency of suicidal thoughts was related to pain, fatigue and weakness, nausea, sleep disturbance, shortness of breath, poor appetite, lethargy, vomiting, numbness, and the degree to which symptoms interfered with general activities, mood, work (including housework), relationships with others, and enjoyment of life. Conclusion and clinical implications: 51.4% of home-based advanced cancer patients had suicidal thoughts, and the frequency of suicidal thoughts was associated with disease burden. By actively managing symptoms and promoting physical comfort, suicidal thoughts can be effectively reduced.

PS82: Feasibility and effectiveness of a self-COMPAssion focused online group psyChoTherapy for people with bereavement-related grief: the COMPACT feasibility trial.

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Objective: Higher self-compassion is associated with lower bereavement-related grief; however, it remains unexamined as an online group intervention. The aim of this study was to examine the feasibility and effectiveness of online group psychotherapy focused on self-compassion for people with bereavement-related grief. Method: This was a single-arm feasibility trial. Participants were aged 18 years or older and had experienced bereavement at least 6 months ago. Structured trained psychologists delivered online self-compassion-focused group psychotherapy over 5 consecutive weeks. Outcomes were measured at baseline, immediately post-intervention, and 4 and 12 weeks later. Primary endpoint was the percentage of participants who completed four out of five sessions. Secondary endpoints included measures of grief, depression, anxiety, self-compassion and resilience. Result: The number of registered people was 65, of which loss of parents and death due to cancer were the most common causes of bereavement. The primary endpoint was 83.1% (54/65), which met the pre-defined criteria (70%). Grief, depression, anxiety and self-compassion improved (Mean of baseline to the week 12: 36.8 to 30.1; 10.7 to 7.3; 7.1 to 4.9; 72.2 to 79.2, respectively). Resilience seemed to remain unchanged (18.4 to 18.3). Conclusion implications: Self-compassion focused online group psychotherapy for people with bereavement-related grief, is feasible and effective against grief and psychological distress. Conducting randomised controlled trials is warranted to determine the efficacy of the intervention.

PS83: The Significance of Mastectomy Tattoos after Breast Removal: Coping and Meaning-making

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Objectives: Whilst breast removal can be life-saving for women diagnosed with breast cancer, it can also result in significant physical and emotional changes, including loss of body image, self-esteem, and sexuality. Post surgery, many women opt to adorn their bodily scars with tattoos as means of reclaiming their bodies and expressing their identity. Previous studies indicate that these tattoos can be experienced as transformative, empowering and restorative, following elements of post-traumatic growth such as changed self-perception; embodiment, acceptance, rebuilding-agency and reframing. This current study explores the subjective experiences of women who have had decorative tattoos after breast removal surgery. In this study, we aim to broaden the scope of the meaning-making process women utilize to cope with their altered bodies; and to provide tools to help cancer survivors to retrieve their sense of control and meaning following breast cancer. Methods: This study used qualitative research design, employing structured interviews to collect data from a sample of 12 women who have undergone breast removal and have chosen to get tattoos. The data analysis involved thematic analysis, examining the prominent themes and patterns that emerge from the interviews. Results: Expected preliminary results within 3 months. Conclusion and Clinical Implications: The findings of this thesis hold future implications in the Psycho-Oncology field, widening our understanding of the meaning-making process and the embodiment experience of women undergoing Mastectomy.

PS84: What works in peer support for breast cancer survivors: A qualitative systematic review and meta-ethnography.

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Objective: Breast cancer is associated with adverse physical and psychological consequences. Although research has identified the various benefits linked to psychosocial interventions, mixed results have been found in relation to peer support. The aim of the present systematic review and meta-ethnography is to explore the qualitative evidence on the experience of breast cancer survivors in peer support. Methods: A systematic search of the literature was conducted until June 2023, and a meta-ethnographic approach was used to synthesize the included papers. Eleven articles were included, collecting the experience of 345 participants. Results: The following four core areas involved in peer support implementation were identified from the synthesis: Peer support can create understanding and a mutual therapeutic and emotional connection; peer support can facilitate an educational and supportive patient-centered journey; peer support should monitor group members for unpleasant emotional experiences; peer support should have professional supervision of recruitment and training to prioritize quality. Conclusion: These findings can be used as patient-centered insights by healthcare professionals to provide evidence-informed peer support programs and address current limitations in the field.

PS85: DEVELOPMENT AND IMPLEMENTATION OF A CANCER SURVIVORSHIP PROGRAM

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Background/rationale Methodology Cancer survivors experience treatment-related long-term side effects along with psychosocial problems, affecting their health-related quality of life. Survivorship care is currently not adequately organised against these challenges. A cancer survivorship care program (SCP) was developed at Ghent University Hospital in Belgium. The aim of this program was to implement better survivorship care across eight existing oncology groups in this hospital. Impact on clinical practice This research introduces a holistic SCP including a diverse set of tools aiming to improve training, follow-up, knowledge sharing and engagement of a diversity of HCPs throughout the recovery process of survivors. Training sessions aim to increase awareness about survivorship care among HCPs. Nurse-led consults as an addition to medical-oriented follow-up consults is another component of the SCP. More tools such as the survivorship care passport, a patient reported outcome measure and a booklet for patients are part of the SCP. A digital platform for HCPs was created which provides in depth information on nine common late effects in survivorship care. Discussion Implementation of the SCP showed the absence of a one size fits all model regarding the delivery of effective survivorship care. Action based research was considered a feasible method to develop and implement a SCP. This SCP creates a holistic and integral care model in order to guarantee continuation of care through interdisciplinary coordination and follow-up.

PS86: Expressive Writing as an emotional regulation intervention

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It’s been decades since writing has been proved as a useful and therapeutic expression strategy to offer perspective, symbolization and a wonderful material for psychooncologist and consultants to find patterns and create consciousness. The introduction of writing practices to the consultation as a way to capture moments between sessions, has proved to be very effective in psychooncologist interventions. The writing prompts are already designed and in the practice had helped to improve Therapeutic alliance as well as anger, fear and sadness regulation. For discussion and future work, the improvement would need to be assessed as well as learn the writing practices that can be more beneficial in the cancer process.

PS88: Exploring Turkish Oncology Patients' Emotional Responses to the Term "Cancer": A Pilot Cultural Descriptive Study

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Objective Effective communication between cancer patients and healthcare professionals may influence treatment adherence. Applying Greenberg's Terror Management Theory, the study investigates the relationship between biological causation and cognitive functioning in this context. The research explores cancer patients' perceptions of the term "cancer," its impact on individuals receiving cancer treatment, and suggests alternative terminology. Methods A total of 223 Turkish cancer patients took part in the study, with 75.8% being women and 24.2% men, irrespective of their specific cancer diagnosis. A custom questionnaire was created and utilised to evaluate the patients' perspectives and attitudes regarding the term “cancer”. Results 64.5% of participants diagnosed with cancer over a year ago are comfortable with the term "cancer" in info-leaflets, compared to 40% newly diagnosed within a month. 43.2% uncomfortable with the term "cancer" were diagnosed over a year ago. 51.5% experiencing anger upon hearing or reading the term "cancer" were informed more than a year ago. Additionally,51.6% of Turkish patients prefer using "cancer" directly, while 23.8% suggest "the illness" as an alternative phrase. Conclusion implications Addressing the communication gap and using caution when discussing the term "cancer," particularly with newly diagnosed patients, is crucial. Socio-cultural backgrounds must be considered. In practice, substituting "cancer" with an alternative term is recommended, such as referring to it as "the illness" to improve patient adaptation and treatment adherence.

PS89: A Novel Protocol for an Individually Tailored Stress Management Intervention before oncological Surgery

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Background:Surgery is perceived by most people as a stressful event.Stress responses arise even before the surgery and may negatively influence psychological and physiological indices. Studies have indicated that psychological interventions can improve psychological, physiological, and immunological indices.However, research in this field is lacking standardized interventions, and has shown considerable heterogeneity regarding the specific intervention used, and the timing of the intervention.Methodology:development of a structured intervention protocol initiated before surgery and tailored for clusters of stress responses (emotional, cognitive, behavioral, and physiological). The protocol is composed of 3 components:1)first meeting, includes mapping prominent stress response patterns according to the Stress Responses Questionnaire (SRQ) and psychological intervention using a stress management technique according to stress response patterns. 2)4 follow-ups, before and after surgery and 3)phone calls between sessions. Impact on clinical practice: Preliminary results of a recent study indicate that tailored intervention before breast surgery (n=40) reduced stress following surgery and improved molecular indices of cancer progression in the excised tumor.Discussion:The development of an individually tailored protocol enables the flexibility of accommodating patients’ personal stress response patterns.The protocol can be easily adapted to address various surgeries, potentially improving psychological and physiological indices, as well as medical outcomes of disease progression.

PS91: Managing Cancer and Living Meaningfully (CALM) Therapy for Improving the Quality of Life of Patients with Cancer: A Meta-Analysis of Randomized Controlled Trials

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Objective: This meta-analysis assesses the effects of Managing Cancer and Living Meaningfully (CALM) therapy on Quality of Life (QoL) in cancer patients across all stages, aiming to address their complex bio-psycho-social-spiritual challenges. Methods: We searched five databases (PubMed, Embase, Scopus, Cochrane Library, and ProQuest) and Clinicaltrial.gov for relevant trials. Primary outcome focused on QoL, with secondary outcomes including anxiety, depression, spiritual well-being, fatigue, and sleep quality. Review Manager 5.4 was used for data analysis, alongside a sensitivity analysis to ensure result consistency. Results: Twelve trials with 1334 patients were analyzed. CALM therapy significantly improved QoL (SMD = 2.08), spiritual well-being (MD = 1.48), and sleep quality (SMD = -1.56), and reduced anxiety (SMD = -1.66), depression (SMD = -1.25), and fatigue (SMD = -5.86). Sensitivity analysis confirmed the robustness of these findings. Conclusion: CALM therapy enhances QoL, spiritual well-being, and sleep quality while reducing anxiety, depression, and fatigue in cancer patients. Despite promising results, further rigorous RCTs are necessary. CALM therapy is recommended as a key psychotherapeutic approach in cancer care, particularly beneficial for advanced-stage patients.

PS93: Digital Health Humanities Approach to the Illness Experience of Cancer Patients: A Narrative Case Study

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Narratives represent individual identity, collective identity, memory trauma, current situations, and future expectations. Analyzing the narratives of cancer patients can help understand the motivations, themes, realities, consciousness, structures, expectations, and purposes behind their narratives, thereby providing creative solutions to long-standing issues such as doctor-patient conflicts. In light of this, this project aims to establish a narrative database for cancer patients and, utilizing tools and methods of digital health humanities, to explore and analyze the needs, emotions, and expectations of cancer patients. Specifically, this project will focus on three major aspects within the narratives of cancer patients: their medical needs, emotional characteristics, and future expectations. Through narrative data, this project aims to supplement clinical biological information and promote the transformation of oncology from a disease-centered to a quality-centered approach, aligning with the broader concept of comprehensive health.

PS94: Narrative Therapy Plus Cognitive Behavioral Therapy for Patients with Locoregional Advanced Head and Neck Cancer

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Objective: The purpose of this study was to compare narrative therapy (NT) plus cognitive behavioral therapy (CBT) with conventional psychological health education (PHE) for depressive and anxiety symptoms and toxic effects in patients with locoregional advanced head and neck cancer (HNC)

undergoing postoperative radiotherapy (RT). Methods: A total of 320 patients with diagnosis of non-metastatic locoregional advanced HNC received either NT plus CSC (NT + CSC group, n = 159) or conventional PHE (PHE group, n = 161). All patients received surgery and postoperative RT. Patients in the NT + CSC group received a series of 6 NT sessions and CSC sessions for 6 weeks during postoperative RT. Depressive and anxiety symptoms were assessed using the Hospital Anxiety and Depression Scale (HADS) score at baseline, completion of RT, 3, 6 and 12 months after RT. Toxic effects were also evaluated. Results: Patients in the NT + CSC group showed significantly less depressive and anxiety symptoms compared with patients in the PHE group since the completion of RT ($P < 0.01$). Compared with the PHE group, the NT + CSC group showed significantly lower adverse events (insomnia, fatigue, anemia, weight losing, oral mucositis, and trismus $P < 0.05$). Conclusion implications: Narrative therapy plus cognitive behavioral therapy significantly reduced depressive and anxiety symptoms of locoregional advanced head and neck cancer patients undergoing postoperative radiotherapy. NT + CSC is associated with considerable reduction of incidence of toxic effects of postoperative radiotherapy.

PS96: Cancer in the Elderly in India-100 Interviews

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Background-As the Indian population ages and a larger proportion of cancer patients enter the age group 60 and above, there is a need to understand their unique problems. The current study which comes at an important inflection point, presents the findings derived from 100 interviews with cancer patients 60 and above. Description of Intervention-Five interviewers were randomly assigned patients for in depth telephonic interviews using a uniform interview guide. Interviewers shared the resultant interviews over 9 months from January to September 2023. Discussion- Symptoms were mistaken for regular ageing processes. Multiple trips, tests left them feeling worn out before treatment even started. The treatment process is confusing. Doctors explain but either dumb down or are too technical. Rather than why me many wondered why they got cancer in spite of a healthy lifestyle. Families were affected as children had to become caregivers. Stress on meeting responsibilities. Making will, settling finances. Financial hardship when there is no source of income. Collusion to keep patient unknowing. Lack of information on managing side effects. Body image issues. Patients did not ask for wigs, prostheses since they may be considered vain. Hospice care continues to be a taboo in India. Caregiver Experiences Psychological support for caregiver not forthcoming. Friends tend to be judgmental of caregivers who continued social activities when patient is at end of life. The study highlighted gaps in how geriatric patients deal with cancer and helped suggest appropriate interventions.

PS97: The assessment of a Patient Decision Aids for Lung Cancer Patients: a Qualitative Thematic Analysis

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Objective: Making shared decisions is a challenging in healthcare. Lung cancer patients have difficulties in understanding clinical information and making optimal choices regarding their treatments. Thus, Patient Decision Aids can be effective tools for informing patients about the main treatments options, eliciting preferences and values and decreasing decisional regret. Interviews with patients is an helpful way to undertand their needs and preferences related to PDA. In the present study within the I3LUNG project, we developed a PDA for stage 3 and 4 lung cancer patiens and tested its comprehensibility and usability, aiming at making even more useful this decision-making tool. Methods: 10 lung cancer patients participated in an online semi-structured interview by psycho-oncologists. Results: A qualitative thematic analysis highlighted three main themes: a) illness information support decisions during medical consultations; b) the PDA strong emotional impact. In particular, details regarding survivorship rates generated fear and agitation in most of the participants, who needed to stop reading the tool; c) some patients would have preferred not to receive illness information. Conclusion and clinical implications: PDA can be a helpful tool to collect information about illness, allowing for shared decisions during medical consultations. Thus, the I3LUNG project aims to structure and propose a feasible PDA to promote decisions in lung cancer patients. However, it is fundamental to consider patients' needs, possibly providing information in collaboration with a physician.

PS98: HOME-BASE EXERCISE TRAINING TO IMPROVE SLEEP DISTURBANCE OF CANCER PATIENTS: ADHERENCE AND PREDICTORS EXPLORATION

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Background : Sleep disturbance was one symptoms of cancer patients, and home-base exercise training has also been proven to improve their sleep disturbance. However, research on the predictors of adherence with home-base exercise training for cancer patients is still lacking. This study purpose is to investigate adherence and predictors of home-base exercise training for cancer patients. Methods : Study adopted experimental methods to study and design, which included 36 research cases in the sample selection method doing home-base exercise training conducted for 8 weeks. Results : The results showed that after receiving the home-base exercise training in the 4th week ($t = -8.99$, $p = .00$) and the 8th week ($t = -10.19$, $p = .00$), there were statistically significant differences. In addition, after eight weeks of home-base exercise training instruction and intervention, about 83.5% of the cases could actually follow home-base exercise training. Further in the multiple linear regression model, the number of exercises was used as a dependent term, while “previously irregular exercise habits” and “the length of time spent experiencing sleep disturbance” were listed as independent variables. In this way, the overall explanation was 37.2%. Conclusions : Study suggests that “previously irregular exercise habits” and “time spent experiencing sleep disturbance” be included as predictors of exercise adherence for cancer patients and provide information on unplanned exercise intervention plans to effectively improve the home-base exercise training for cancer patients.

PS100: The Success of the Transdisciplinary Approach

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Background Beyond dissemination, research findings are only applicable if they are relevant to practice and readily able to be incorporated into routine care and prioritized by all stakeholders. Patient care and quality of life is multifaceted and thus requires a transdisciplinary approach to not only research, but actionable changes in practice. Methodology Work continues forward in a transdisciplinary model only if all team members view each other as equals and offer mutual respect towards varied expertise and opinion. This presentation will discuss literature that speaks to teamwork in this regard, again, contextualized in the example of the SUCCESS Lab's ability to mutually network and work with clinicians, educators, psychologists, and family advocates all at once. Our model for shared responsibility and leadership in addition to the development of niche areas of specialization within our team (and independent fields) will be discussed. Hurdles experienced by our team will be shared along with successful approaches to addressing these initial difficulties to build shared language and a unified mission. Impact on Practice Developing an environment that is trusting, congenial, and respectful has helped to build an infrastructure and culture that welcomes and embraces each other's specialty and complementary strengths equally. Discussion Building an interdisciplinary team requires ongoing work and support. Attendees will be able to learn from the exemplar of the SUCCESS Lab how to identify, plan for, and address personnel-related factors of team-based research.

PS101: Identifying and building a transdisciplinary team

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Background Complex challenges in psycho-oncology are prevalent and require complex solutions to improve patient outcomes. Solutions are often stalled by research that is frequently siloed by disciplines – but this can be overcome with transdisciplinary approaches. Methodology In this presentation, we will review tenants of transdisciplinary research; comparing and contrasting this to multi-disciplinary and inter-disciplinary models. Parallels between transdisciplinary research and practice will also be made. Exemplars of psycho-oncology issues most amenable to transdisciplinary research will be presented from the literature including a discussion of how to develop a team to address these problems. Finally, we will use the formation of the SUCCESS lab as an exemplar and case study for identification of a complex problem and assembly of a transdisciplinary team to conduct research and translate findings to individual fields for the mutual benefit of patients. Impact on Practice Participants in this symposium can expect to learn how transdisciplinary research can be applied to their clinical practice challenges and advance the science in their area of interest. Opportunities to discuss specific challenges that may benefit from this approach will be incorporated into discussions. Discussion Navigating and devising transdisciplinary research may be overwhelming. Learning from examples, such as the SUCCESS lab, may make it more attainable and the networking potential from this symposium can support the development of transdisciplinary work within IPOS.

PS103: USING IMPLEMENTATION SCIENCE FRAMEWORKS TO GUIDE THE USE OF ELECTRONIC PATIENT-REPORTED OUTCOME (EPRO) SYMPTOM MONITORING IN ROUTINE CANCER CARE

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There are few examples of successful implementation of electronic patient-reported outcomes (ePROs) in routine cancer care. We conducted a qualitative study to identify barriers and facilitators to implementing ePRO symptom monitoring using the Consolidated Framework for Implementation Research (CFIR). Participants were adult cancer patients, their caregivers, or healthcare professionals involved in ePRO monitoring or processes. Semi-structured interviews informed by the CFIR were conducted. Data was analyzed deductively using the CFIR. Barriers were matched to implementation strategies using the CFIR-Expert Recommendations for Implementing Change (ERIC) matching tool. 30 participants were included: 8 patients, 2 carers, 4 medical oncologists, 4 nurses, 6 hospital leaders, 2 clinic administrators, 2 pharmacists, 2 IT specialists. Barriers relating to four CFIR domains were identified and several were novel, including the challenge of adapting ePROs for different anti-cancer therapies. Facilitators relating to all CFIR domains were identified, such as leveraging the acceptability of remote care post COVID-19 to drive implementation. Conducting consensus discussions with stakeholders to tailor ePROs to the local setting, identifying/ preparing champions, and assessing readiness for change were the most frequently recommended implementation strategies. The CFIR facilitated identification of known and novel barriers and facilitators. Theory-informed implementation strategies will be used to co-design an ePRO system for immune checkpoint inhibitor side-effects.

PS106: Comparing the experiences of cancer survivors living with sleep disturbance between differing levels of psychological distress: a qualitative study

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Objective Psychological distress often co-occurs with sleep disturbances; but the specific mechanisms linking the two remain unclear. A qualitative study explored factors contributing to poor sleep, and perceptions of sleep disturbance in cancer survivors with varying levels of psychological distress. Methods 33 Cantonese speaking mixed type cancer survivors were recruited from the Institute of Cancer Care. Participants met >5 the Pittsburgh Sleep Quality Index and had non-clinical or borderline to clinical levels of distress. Semi-structured interviews were conducted and analyzed using grounded theory. Results Common triggers of sleep disturbance included unresolved physical symptoms, intrusive thoughts about treatment, and fear of cancer recurrence. Those with higher levels of distress were more engaged in maladaptive rumination towards cancer diagnosis and worry about recovery, expressed meta-worry towards the effect of negative emotions and poor sleep on cancer progression, and exhibited high daily stress reactivity. Limited social support was commonly observed. In contrast, those with low distress had better adaptive mechanisms, including a changed commitment to prioritizing health and positive reappraisal of their recovery progress. They had more realistic expectations about sleep, and used problem-focused coping, such as reducing physical symptoms, to manage sleep disturbance. Conclusion Interventions targeting rumination, meta-worry, and maladaptive emotion-focused coping may be effective in addressing sleep disturbances in cancer survivors with higher

distress.

PS110: Management of Symptoms and Toxicity During Cancer Treatment in Advanced Solid Tumors and its Impact on Quality of Life

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Objective: This study aimed to categorize advanced cancer patients with grade 3–4 toxicities reported by oncologists and assess demographic, clinical, treatment symptoms, and QoL. Methods: A prospective, multicenter, observational study was conducted across 15 hospitals in Spain.. After 3 months of treatment, participants completed distress (BSI-18), QoL (EORTC QLQ-C30), and fatigue (FAS) assessments. Results: Among the 557 cancer patients (median age: 65), bronchopulmonary, digestive, and pancreatic tumors were most prevalent. Notably, 19% encountered high-grade toxicities (grade 3–4). Patients with recurrent advanced cancer, non-adenocarcinoma, chemotherapy, and deteriorated baseline status (ECOG > 1) were more susceptible to heightened toxicity. Treatment was suspended for 59% of those with grade 3–4 toxicities, while 87% underwent dose adjustments or cycle delays to mitigate mortality risks. Conclusion implications: Future research endeavors should prioritize identifying interventions aimed at mitigating high-grade toxicities and enhancing the QoL of cancer patients.

PS114: THE WORDS TO SAY IT: THE IMPACT OF AUTOBIOGRAPHICAL WRITING ON THE EMOTIONAL DISTRESS AND EDUCATIONAL CARE OF CANCER SURVIVORS

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Background:The submitted autobiographical writing workshop is part of the therapeutic activities to recover the quality of life of cancer survivors asked to face a new life condition,contemplating the risk of cancer recurrence.Their anguish and psychological distress is sometimes more insidious than cancer itself. Methodology:This project is addressed to cancer survivors belonging to the Psychoncology Clinic-Oncology Complex Unit S.Maria delle Grazie Hospital, Pozzuoli. It is structured into 8 biweekly individual meetings conducted by a narrative coach from the Libera Università dell’Autobiografia-Anghiari and a psychoncologist. It investigates, in synergy with the psychological support,the effectiveness of autobiographical writing in: promoting post-traumatic growth;reducing psychological distress;turning lacerating experiences into emotional richness;mending the autobiographical rift between the"before and after cancer";coping better with the post treatment recovery process.Impact on clinical practice:The autobiographical writing has repercussions on the clinical and educational process improving patient empowerment,follow up compliance and

making medical interventions closer to the patients'needs. Discussion:This project, according to educational care, underlines the use of autobiographical writing as a tool for self-care and self-training, by offering expressive and educational opportunities to support well-being beyond the cancer experience.It can contribute to the process of humanization of medicine which cannot be exhausted only in the knowledge of technical science.

PS118: A Feasibility Trial of Managing Cancer and Living Meaningfully (CALM) in Patients with Newly Diagnosed and Recurrent Advanced Ovarian Cancer

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Objective: Ovarian cancer (OC) is a common gynecologic cancer, with a 5-year survival rate of <25% for patients with advanced disease. Traumatic stress symptoms (TSS) may be severe, particularly at the time of diagnosis and recurrence. However, proactive psychotherapeutic care such as Managing Cancer And Living Meaningfully (CALM) is not routinely implemented as standard of care in this setting. Herein we describe the protocol for a feasibility study of CALM at the time of diagnosis and recurrence in patients with advanced OC. Methods: Patients ≥ 18 years with a new or recurrent advanced OC will be recruited at Princess Margaret Cancer Centre in Toronto, Canada. Patients providing informed consent will be offered 3-6 sessions of CALM over 3-6 months. CALM is a brief, supportive-expressive therapy that addresses challenges for patients with advanced cancer. Measures will be administered at baseline and at 3 and 6 months to assess traumatic stress, depression, death anxiety and perceived benefit of clinical care. Feasibility criteria include: >30% accrual of newly diagnosed and recurred patients approached over 12-months; ≥64% of participants completing > 3 sessions over 6 months; ≥64% completion of outcome measures at each timepoint; >50% of participants report perceived benefit based on score >14 on the Clinical Evaluation Questionnaire. Conclusion Implications: The study will assess the feasibility and optimal timing of implementing CALM at the time of a new diagnosis or recurrence of an advanced cancer in order to prevent and relieve traumatic stress in this population.

PS121: The Anxiolytic Effect of Aromatherapy on Patients Awaiting Ambulatory Surgery: A Randomized Controlled Trial

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Introduction:Aromatherapy is a form of complementary and alternative medicine that uses essential oils to affect a patient's mood and health. Heightened patient anxiety may cause increased difficulty in the procedure, increased physical discomfort, and the subsequent need for higher doses of medication for procedural sedation and postoperative pain control Methods:Participants.A total of 116 patients who were admitted to Taipei Medical University, Municipal Wan Fang Hospital, were selected by utilization of a random number

table. The investigator contacted the patients by phone one day prior to surgery and invited their participation in a study where they would be asked to complete questionnaires about anxiety. Results:the use of a random number table, the 109 subjects were randomly assigned into two groups:bergamot essential oil (n = 53) and control (n = 56) (Figure 1). Most of the baseline characteristics were comparable between the two groups ($P >$ 0.05) except for surgical experience.Significantly more patients with surgical experience were randomly assigned to the control group than to the bergamot essential oil group (80.4% versus 56.6%, P = 0.013). Discussion:Patients with surgical experience in both the experimental and control groups showed improvement in anxiety scores and vital signs, Aromatherapy, then, has an important role to play in holistic nursing practice, when dealing with this common and distressing problem for most surgical patients. Aromatherapy may be a useful part of a holistic approach to reducing preoperative anxiety before ambulatory surgery

PS123: A multidisciplinary group-based survivorship intervention for those living with Multiple Myeloma: a feasibility study

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Objective: Survivorship interventions for those living with multiple myeloma (MM) remain scarce, despite mounting evidence for multiple unmet support needs among MM survivors. The current study aimed to evaluate the feasibility and preliminary effectiveness of a novel multidisciplinary group-based MM survivorship intervention. Methods: A mixed-method, repeated measures feasibility study was conducted within a routine cancer support service. Seven participants, aged 18+, with a MM diagnosis and clinically assessed as suitable for the intervention by their haematologist, attended online for six weekly group sessions of physical exercise and self-management input, completing qualitative, physical and self-report measures at baseline, post-intervention and follow-up. Results: The intervention was deemed overall feasible, with relatively high uptake and participants describing it as largely acceptable and appropriate, while also providing recommendations for feasibility enhancing intervention refinements. Findings regarding the effectiveness of the intervention were mixed. Qualitative analyses stressed the benefits of the intervention (e.g., companionship, wellbeing) and large effect sizes were observed for most physical outcomes but there were no improvements in self-reported outcomes (e.g., quality of life, fatigue). Conclusion: This study represents the first investigation of a promising novel survivorship intervention for those living with MM, on which future clinical trials, aiming to establish the intervention’s effectiveness for routine care, will be able to build.

PS127: Multi-level barriers to cervical cancer prevention within the Take CARE program implementation in Appalachian United States (U.S.)

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Background: The Take CARE program uses an implementation science design to integrate 3 projects (HPV vaccination, smoking cessation, cervical screening) into one program, Take Care, to address key risk factors for cervical cancer (CC) in Appalachia, a U.S. region of high poverty, low healthcare access, and greater CC burden compared to the U.S. This paper summarizes clinician and patient feedback from focus groups and interviews and describes how this feedback informed program implementation. Methodology: Clinic staff and patients from 10 participating health systems in Appalachia were interviewed about barriers to CC screening, HPV vaccination, and tobacco cessation in 2020. Feedback guided the development of intervention materials and program activities. The intervention was introduced to participating health systems as part of program implementation from Oct ‘20-Jun ‘22. Evaluation of the program will occur from Nov ‘24-Mar ‘25. Impact on clinical practice: We observed various multi-level barriers to program implementation. At the system-level, EHR-related barriers were noted. Providers reported a lack of resources to discuss CC screening and vaccination. Patients described a lack of awareness of available programs and screening options. Facilitated by community-engaged strategies, program messages and intervention materials were developed and revised to be acceptable to the priority population. Discussion: If successful, this program may be implemented in other health systems throughout Appalachia and other rural regions to lessen the CC burden.

PS128: The experience of emerging adults caring for parents living with advanced disease

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Objective: Emerging adults (EAs; 18-29 years) are increasingly assuming caregiving roles. Caring for a parent during this critical developmental stage may be a disruptive and non-normative experience. Despite the growing prevalence of EA caregivers and their distinct challenges, there remains limited research. This qualitative study explored the experience of EAs caring for parents living with advanced disease. Methods: Semi-structured interviews were conducted with 12 EA caregivers (50% caring for a parent living with advanced cancer). Open-ended questions included the impact of caregiving on wellbeing, developmental tasks, and support needs. Transcripts were analyzed using constructivist grounded theory. Results: The core category was identified as "negotiating accelerated adulthood," which emerged as a dynamic interplay between the dominant experience of "feeling more of an adult than before" and the paradoxical feeling of "I’m not where I should be." Prior to the core category, participants assumed their caregiving role. Availability of support influenced the process of negotiating accelerated adulthood. Conclusions/Implications: Findings highlight the uniqueness and developmental impact of this experience. Results suggest an interplay of different factors with how the caregiving role is assumed, appraised, and experienced by EAs. Greater awareness of this unique developmental trajectory may help inform the development of tailored supportive interventions and strategies to support EA caregivers.

PS129: PYSCHOSOCIAL INHIBITORS AND POSSIBLE FACILTATORS OF ADHERENCE TO CHEMOTHERAPY AMONG BREAST CANCER PATIENTS IN THE NORTH-CENTRAL, NIGERIA

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Objective and background: The role of chemotherapy in managing breast cancer and its effectiveness in prolonging patient survival has been well-established. Patients’ exclusive adherence to this treatment modality is germane to positive outcome of this treatment. However, evidence has shown that most Breast Cancer Patients (BCPs) in Nigeria, particularly in the North-central, do not adhere to chemotherapy due to a compendium of factors thereby resulting to high death rate. Method: The study adopted a qualitative research design which purposively selected 8 consented breast cancer patients who had received three courses and above of chemotherapy from the Lifefont Hospital in the GRA of Ilorin, Kwara state. Three semi-structured questions which examined the psychosocial factors that inhibit breast cancer patients' adherence to chemotherapy, the effect of these variables on BCPs' adherence to chemotherapy generally and suggestions on possible solutions to enhance participants' adherence to chemotherapy were used to guide the discussion. Result: Findings from the inquiry revealed that medication adverse effect, contending family priorities, mood swing, anxiety, depression, external/self-stigmatisation and finance were the major psychosocial variables impinging BCPs adherence to chemotherapy in the region. Conclusion and implication: It was concluded that decentralisation of cancer-assisted care to other metropolitan cities reduction in the cost of medication and availability of functioning counselling units in all health facilities providing care to cancer patients.

PS131: How are healthy vs unhealthy lifestyles perceived by families of young cancer patients in aftercare?

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Objectives: To promote healthy family lifestyles after treatment for pediatric cancer it is necessary to identify the key factors contributing to behaviors. This study aimed to: (1) Explore how contrasted physical activity and nutrition lifestyle scenarios were perceived by families in aftercare (2) Explore the contribution of factors from the Theory of Planned Behavior to child behaviors. Methods: In this within-subject experimental design, 90 independent parents reported their level of endorsement on attitude, perceived control, subjective norms, intention and behavior, applied to healthy/unhealthy scenarios in nutrition/physical activity. We used MANOVA and Bootstrap multiple linear regressions and PROCESS to analyze data. Results: Nutrition healthy scenario triggered more adherence than healthy physical activity on behavior ratings and perceived control ($p<0.001$, $\eta p2=0.004$). Unhealthy scenarios generated more rejection than healthy scenarios generated attraction on behavior and subjective norms ($p<0.001$, $\eta p2=0.600$). Attitude and perceived control contributed to behavior and intention was a major mediator in the relationships leading to behavior. Conclusion: Factors the Theory of Planned Behavior may help identify important targets in future lifestyle interventions. Attitude should be targeted for both physical activity and nutrition behaviors (healthy and unhealthy). Perceived control only contributes to adherence to healthy behaviors (in physical activity and nutrition). Subjective norms and intention may be primary targets for nutrition only.

PS136: The financial burden on patients and their families during cancer care in Georgia: a cross-sectional survey study

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Purpose: Many patients and their families face serious financial challenges during cancer care, especially in developing countries. This study aimed to evaluate patients' unmet needs and financial challenges. Methods: In this multicenter observational study, the questionnaire was distributed, and clinical data were collected, prospectively from 181 patients, on active treatment in 7 tertiary hospitals in Georgia. Patients were stratified using marital and social status, employment, financial burden on family, and out-of-pocket needs. Results: The median age was 63 years (31 to 93), most were female 55,2%, 70,2% were married, and 31,5% were employed. Most patients, 74,5% reported a significant economic burden of cancer care on the family. During cancer diagnosis and treatment more than 2/3 of patients, 129 (71,3%) need out-of-pocket fees and 80 patients (44,2%) use credit for cancer care. Most frequently, patients (76/181) took out a loan for diagnostic expenses before beginning treatment. We didn't find a significant correlation between marital status, employment status, and economic burden on the family. The study revealed that patients ≤65 yo more frequently used credit (49,5%) compared to patients >65yo (37 %), but the difference was not statistically significant (p-value .097) Conclusion: Cancer care imposes high financial toxicity on patients and their families in Georgia. For the majority of patients, out-of-pocket costs are substantial and debt is a common solution. Improved access to financial assistance is required to better avoid potential inequities.

PS137: "I finally feel in control of something": Empowering a young adult with cancer through Prehabilitation

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Background: Prehabilitation (Prehab) is a process where individuals are screened for existing co-morbidities and an exercise plan is developed to maximize pre-surgical function to optimize post-surgical outcomes. Prehab is slowly gaining traction in oncology but remains vastly underutilized, especially in the adolescent and young adult (AYA) population. Needs Assessment: A young woman was diagnosed with Stage IV colon cancer at the age of 32. She completed egg harvest following initial surgery, then began chemotherapy. Rescanning in the fall of 2023 showed progression of disease, and she has resumed chemotherapy prior to surgical intervention. She experienced a decline in overall strength, endurance, and function which negatively impacted her quality of life and mood. Prehab was initiated and an individualized rehabilitation plan implemented. Intervention/Outcome: During Prehab, the patient was seen for six visits over one month. She had significantly improved her overall leg strength and upper extremity grip strength. Notably, her mood and affect improved as her fatigue decreased, stating "it feels good to do something for myself, rather than have things done to me." Impact on Clinical Practice: Prehabilitation is a vital component of the cancer care continuum, as it empowers the patient and should be integrated into patient care to enhance patient outcomes. Discussion: Further research is needed to assess the impact of Prehab in the AYA population on both the physical and emotional well-being of AYAs as they initiate and continue through oncology treatment.

PS138: The value of Narrative Medicine under the psychological burden of cancer

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Cancer is the emperor of all maladies. Developing cancer has become a serious stressful life event. However, under the influence of the biomedical model and medical-technicalism, medical care of cancer lacks the warmth of medicine as a human science. In reality, the doctor-patient relationship is tension and guarded, and sometimes hurtful. The emergence of narrative medicine has transformed the practice of medicine by providing the best path to shift from the biomedical model to the bio-psycho-social medical model, enabling medical staff to shift their attention from a focus on the disease to a holistic focus on the human being, and from a focus on the body to a systematic focus on the patient's mind, body, and community, which ultimately bridging medical divides in cancer care and providing peace of mind for patients.

PS142: The impact of exercise-based weight management intervention on breast cancer survivors' quality of life and self-efficacy: A randomized controlled trail

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Objective: We aimed to assess the effect of an exercise-based weight-management program on breast cancer survivors' Health- related quality of life (HRQOL) and self-efficacy. Methods: A two-arm, single-blinded, randomized controlled trial was conducted among 60 overweight/obese, stage 0–Ⅲ breast cancer survivors. During the 12-week program, the intervention group received weekly information support, fortnightly exercise prescriptions, including aerobic and resistance exercises to perform at home, and one dietary instruction. The control group received information support only. HRQOL and self-management efficacy were assessed using the MOS 36-item short-form health survey (SF-36) and the Strategies Used by People to Promote Health (SUPPH) at pre-intervention (T0) and 3-month follow-up after intervention (T1). The interviews were conducted with the participants in the intervention group at T1. Results: At both T0 and T1, there was no significant difference in the scale scores between the groups ($p>0.05$). The size effect of differences between groups at T1 was medium in SUPPH and five dimensions of SF-36. Eight themes were extracted from the qualitative data: improving HRQOL, improving physical function, promoting mental health, enhancing self-management effectiveness, maintaining a positive attitude, learning self-decision-making, self-stress reduction methods, and recommendations for programs. Conclusion: The intervention could improve the HRQOL and self-management efficiency in overweight/obese breast cancer survivors.

PS144: DEVELOPMENT OF AN INTERVENTION TOOL FOR COUPLES FOLLOWING LOSS

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There is a deficiency of manualized psychotherapy interventions targeting couples who lost a child due to cancer or other causes. Despite facing more persistent and complex symptoms of psychological distress compared to other bereaved populations those experiencing loss of a child have been found to benefit less from existing interventions. A specialized culturally sensitive psychotherapy intervention targeting couples who lost a child is highly needed. A crucial step in developing such intervention is conducting a needs analysis in order to understand this population thoroughly and answer their needs. The main aim is to strengthen couples' ability to cope with their loss by developing a continuous support system between partners. Results of a pilot study including focus groups with the target group and experts and qualitative interviews with couples will be presented following by a proposed treatment model which will be the base of the psychotherapeutic intervention.

PS145: Effects of Narrative Therapy on Negative Emotions of Family members of Patients with Terminal Cancer at home

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Objective: To explore the effect of narrative therapy on negative emotions of family members of patients with terminal cancer at home. To help the family members of patients with terminal cancer go through the grieving period and enter the next stage of life smoothly. Methods: 59 family members admitted to Hospice department of Hunan Cancer Hospital from August to October 2023 were selected as the research objects, and were divided into control group(n= 30) and observation group (n=29) by random number table method. The control group was given routine home palliative care guidance, including how to inform the patient's condition and prognosis, guidance on cancer pain medication, diet care, comfort care, and psychological support, etc. The observation group was given narrative therapy based on the control group. Negative emotions of the two groups were compared. Results: After intervention, the SAS score of observation group and control group were 42.65±4.15 and 46.54±3.97, respectively. SDS scores of the observation group and the control group were 43.17±2.36 and 48.51±1.97, respectively. Anxiety and depression scores of the observation group were lower than those of the control group after intervention.(t=-6.247P<0.001; t=-5.543,P<0.001). Conclusion and clinical implications: Narrative therapy can alleviate negative emotions and promote mental health of family members of patients with terminal cancer at home.

PS149: The Impact of Narrative Nursing on Anxiety and Depression Levels of HIV-Associated Lymphoma Patients

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[Abstract] Objective: To analyze the impact of narrative patient education on anxiety and depression in patients with HIV-related lymphoma. Methods: Twenty male patients diagnosed with HIV-related lymphoma in our department were selected for the study and divided into a routine care group and a narrative patient education group. The routine care group received standard nursing care, while the narrative patient education group received planned narrative patient education in addition to routine care. The anxiety and depression levels were observed and compared between the two groups using anxiety and depression scales. Results: The narrative patient education group exhibited lower levels of anxiety and depression compared to the routine care group ($P < 0.05$). Conclusion: Narrative patient education can effectively alleviate psychological anxiety and depression in patients with HIV-related lymphoma, promote active cooperation with treatment, and have a positive impact on the prognosis of the disease.

PS150: Enhancing Satisfaction in Oncology Family Meetings Through Proactive Communication

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Objective: Effective communication is vital in family-centered care, optimizing meeting efficiency and facilitating collaborative decision-making between healthcare providers and patients, enhancing satisfaction levels among patients and families. This study examines whether a proactive communication strategy can elevate satisfaction among family members in oncology-related care wards following meetings. Methods: Using a pre- and post-intervention design, this study assessed family meeting satisfaction levels in two oncology-related care wards (N = 42 before, N = 30 after intervention). The intervention introduced a QR code-based smart service for proactive inquiry addressing and provided written responses to family queries. Additionally, family members completed a 10-item post-meeting survey, with meeting durations recorded. Results: Analysis revealed consistent demographic characteristics, education levels, and prior family meeting experiences among participants. Post-intervention, satisfaction levels significantly increased across all items. Overall satisfaction surged from 80 to 98 ($P < 0.001$), with meeting duration decreasing from an average of 53 to 40 minutes. Conclusion implications: Integrating a proactive communication platform and offering written responses during family meetings markedly enhanced satisfaction levels among patients and families in oncology-related care wards, improving meeting content and conduct while efficiently reducing duration.

PS151: Patients with Cancer-Related Financial Toxicity: An Examination of their Coping Strategies and Physical Symptom Burden

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Objective: Financial toxicity is a major problem for patients with cancer in many countries. We examined the prevalence of strategies for coping with cancer treatment costs and the relations of these strategies and financial toxicity to symptoms. Methods: Patients with stage I-III breast, gastrointestinal, lung, or prostate cancer (N=176) who endorsed at least mild financial toxicity were recruited from hospitals in the midwestern U.S. Patients were undergoing or had completed cancer treatment within the past six months and completed the Comprehensive Score for Financial Toxicity (COST) measure, PROMIS symptom measures, and a financial coping strategies checklist. Results: Patients (53% female; mean age=62 yrs.; 76% non-Hispanic white) were mostly privately insured (40%) or on Medicare (48%). Fifty-five percent reported an annual household income of less than $51,000. To pay for cancer treatment, 46% used savings, 44% reduced spending on basic needs, 34% borrowed money or used credit, 18% did not fill or partially filled a prescription, and 11% skipped a medical procedure or appointment. Greater use of financial coping strategies was correlated with greater fatigue, sleep problems, and cognitive symptoms. Higher levels of financial toxicity were associated with greater fatigue, sleep problems, and pain. Conclusion implications: Findings underscore the need for interventions to help patients cope with the financial burden of cancer care. Further research is required to understand mechanisms underlying the relation between financial toxicity and symptoms.

PS152: Caregivers' unmet needs and quality of life depending on the care trajectory of breast cancer patients

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Objective: The limited research focused on the cancer caregivers' unmet needs (UN) and their negative consequences on the quality of life (QoL) in low-middle countries highlights the relevance of understanding their specific challenges. This study assesses differences in cancer caregivers' UN and QoL of breast cancer patients during the care cancer trajectory. Methods. A cross-sectional study was conducted in a sample of 200 caregivers. UN and QoL were measured through validated questionnaires. The sample was divided into three groups of cancer care trajectory: recent diagnosis (RD), active treatment (AT) and survivorship (S). The study was carried out in an outpatient room. Results: Mean age of 41.8 years, 14.4 hours dedicated to caregiving, the majority were women (70%), married (62%), employed (50%), they were their mothers (28%) and other relatives (29%). The global QoL and UN levels were moderate. Perceived stress (49-51), information (5- 3), personal (5-4) and emotional needs (6-5) were mostly affected during RD and AT. It was found that the higher the level of the UN, the poorer QoL (p=.000). Conclusion and Clinical Implications: This study confirms the negative relationship between the UN and QoL. The data showed that the majority are women, and the data suggest critical areas of need during RD and AT. This study provides empirical evidence for a future comprehensive and culturally sensitive approach to research and clinical interventions in cancer care settings addressed to the UN of caregivers from developing countries.

PS157: The lived experience of post-operative rectal cancer patients with distress related to low anterior resection syndrome: a meta-synthesis study

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Objective: The purpose of this study is to understand lived experience of post-operative rectal patients with low anterior resection syndrome induced distress. Methods: Mesh term of rectal cancer patients, low anterior resection syndrome, anal saving surgery with Bollinger logic connection to find out 13 studies from databases of PubMed, MEDLINE, CINAHL and JBI library between 1960 and 2023. Appraisal, data extraction and data synthesis were conducted by the process of Joanna Briggs Institute System for the Unified Management, Assessment and Review of Information.   Results: Four themes were aggravated, including (1) distorted freedom: although patients get rid of bag, their body image destroy by the altered bowel function and tie to the uncontrolled excrement; (2) struggling in another disaster: patients often struggle in physically, psychologically and social distress and desire to resolve them; (3) striving to forward: they often develop consolidating brief, cope varied life situation practically and seek other hands; and (4) rebalancing on their own way: patients finally comprise rationalization, develop individually coping strategies and gain salvation by peer supports.   Conclusions and implications: Post-

operative rectal cancer patients experience trouble instead from cancer surgery. They seldom returned forward but made a new balance. Findings of this study provided evidence to healthcare professionals who can really understand the nature of experience of the patients, plan peri-operative care education, promote sharing decision making, and make a holistic care.

PS161: Knowledge on Breast Prostheses and Body Satisfaction After Mastectomy Among Social Service Users in Singapore: A Quantitative Pilot Study

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Objective: Mastectomy has a negative impact on women's feelings of femininity and self-confidence. Previous research shows that external breast prostheses (EBP) can enhance body image. However, the knowledge of EBP of breast cancer survivors is scarce in Singapore. This study aimed to investigate their knowledge of EBP in relation to their body image and social appearance anxiety. Methods: Breast cancer survivors from a local social service agency were asked to complete the EBP Knowledge Questionnaire, Body Image Scale (BIS), and Social Anxiety Appearance Scale (SAAS). EBP Knowledge Questionnaire was developed by our group, with a score 0-1 suggests low knowledge, 2-4 medium, and 5-6 good. A higher BIS score indicates more symptoms of a negative body image, and a higher SAAS score indicates greater social appearance anxiety. One-Way ANOVA was used to compare means. Results: 55 breast cancer survivors (57.20±10.06 years of age) were enrolled into this study. 51% had low to medium level of EBP knowledge. Subjects with low-medium EBP knowledge level recorded poorer SAAS and BIS scores than those with a high knowledge level (SAAS: 33.25±13.75 and 31.69±11.87 vs. 29.19±10.09, p=0.222; BIS: 12.92±9.43 and 9.50±8.33 vs. 8.00±7.19, p=0.558). Conclusion implications: In this pilot study, lack of knowledge about EBP may lead to mental distress. A future large-scale study is warranted to determine if providing comprehensive information and educational support to breast cancer survivors is beneficial in enhancing their body image and reducing social appearance anxiety.

PS163: Health Care Professionals perspectives about the implementation of a digital supportive care tool to support cancer patients and their relatives.

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Given the acute shortage of oncology professionals, the development of online digital interventions can serve as a valuable complement to patient care. Hence, the aim of this study was to identify the needs of healthcare professionals (HCPs) and identify levers and obstacles to implementing a digital tool to support cancer patients and their relatives. Individual interviews were conducted to collect the personal opinions of HCPs (e.g, doctors, psychologists, psychiatrist, nurses, n=40). Data were

analyzed using a thematic analysis approach. Preliminary findings revealed four main themes. For HCPs, digital tools to support patients and relatives should (1) provide information about cancer, side effects, or the care pathway; (2) facilitate communication between HCPs and the open-care network, as well as with patients and their relatives; and (3) overcome obstacles, such as lack of time, social and digital divide, or the multiplicity of existing platforms. However, (4) many benefits of using digital tools have been reported, such as speeding up patient care and improving quality of life. HCPs are generally supportive of implementing a digital supportive care tool in their practice but highlight the need for human support. Findings show the importance of identifying needs to create a transferable tool for HCPs. To overcome the limitations encountered in clinical practice, an online digital intervention to support patients and relatives could be developed, but it needs to be carefully developed with all stakeholders, including patients, relatives, and HCPs.

PS164: Involving young adult cancer survivors as co-researchers in the development of an internet intervention for fertility distress and sexual dysfunction following cancer

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Objective Patient and public involvement and engagement (PPIE) in research is essential in developing relevant and effective complex interventions for health. The aim is to present the planned process of patient involvement in the development of an internet intervention targeting fertility distress and sexual dysfunction among young adults following cancer. Methods The present PPIE project is part of the Fertility and Sexuality following Cancer (Fex-Can) project, aiming to alleviate fertility distress and sexual dysfunction among young adult cancer survivors. Approximately 10 young adults (18-39 years) with experience of cancer are being recruited via patient advocacy organizations, social media, and oncology- and hematology clinics to be part of a co-research group. The collaboration will consist of 1-day meetings during which specific topics of the intervention and study design will be discussed and workshopped, including content and structure of the intervention program, recruitment strategies and patient information, as well as collaborative analysis of study results. Results Evaluation of perceived impact of activities will be assessed using impact logs, and interviews will be conducted to examine the process and experiences of PPIE in the Fex-Can project. Conclusion implications Involvement of members of the target group in the development of the Fex-Can 2.0 intervention can facilitate the relevance and potential impact of our internet intervention, as well as empower individuals with lived experiences, and limit research waste.

PS165: Fatigue Patterns in Lung Cancer Patients Receiving Chemotherapy: Longitudinal study

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Background: Fatigue is a common symptom in lung cancer patients undergoing chemotherapy. There has been little clinical attention paid to this issue, however. Most explorations of fatigue in lung cancer patients are cross-sectional studies, which cannot reveal long-term patterns of fatigue. Objective: The purpose of this study was to track the pattern of fatigue in lung cancer patients from initial diagnosis to one month after the completion of six cycles of chemotherapy at eight time points. Methods: The study adopted a longitudinal design. Thirty-one lung cancer patients were recruited to describe patterns of fatigue over time. The General Fatigue Scale was used to measure fatigue patterns. Results: The results showed the long-term pattern of fatigue in lung cancer patients who underwent chemotherapy. The fatigue associated with chemotherapy peaked after treatment and remained elevated one week after each cycle of chemotherapy, and was observed to gradually diminish over time but never reached baseline values. Conclusion Implications: These findings will help health care providers to understand fatigue patterns over time. They should also improve quality of care and fatigue management strategies for lung cancer patients undergoing chemotherapy. Key Words: lung cancer, fatigue pattern, longitudinal study.

PS166: An internet-delivered intervention targeting fertility-related distress and sexual dysfunction following cancer - a randomized controlled trial with an internal pilot phase

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Objective Fertility-related distress and sexual dysfunction following cancer is a major threat to quality of life in survivorship. Fex-Can 2.0 is an internet intervention developed to alleviate such problems among young adult (18-39 years) cancer survivors through provision of educational and behavior change content, self-management tools, and support. The study protocol of the Fex-Can 2.0 internal pilot study and randomized controlled trial (RCT) will be presented in detail. Methods The study will be performed in a parallel two-armed superiority RCT with an internal pilot phase. The primary objective is to determine the efficacy of the Fex-Can 2.0 intervention in terms of reduction of fertility-related distress and sexual dysfunction. The internal pilot study will assess feasibility of the study, determined according to pre-specified progression criteria on recruitment, attrition, adherence and resources. Primary and secondary outcomes will be assessed at baseline, at end of the intervention, and 12 weeks after end of the program. Primary outcomes are fertility-related distress (RCAC) and sexual function and satisfaction (PROMIS® SexFS v2.0). Conclusion implications Findings from this study will determine the feasibility and efficacy of the Fex-Can 2.0 intervention. As no intervention is available for use among health care providers of young cancer patients in Sweden today, the Fex-Can 2.0 may, if proven efficacious, have significant clinical implications through improving care provided to young adults diagnosed with cancer.

PS168: Young Adult Wellness Retreat —An Educational and Experiential Workshop

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Background/Rationale: Brain tumor patients face significant mental, social, emotional, and physical challenges, with limited support options. A 2.5-day retreat in Ontario for 17 survivors and family members aimed to address these through education, empowerment, and connection, using expert-led sessions and activities. Methodology: The program included stress and relaxation education, anxiety management, empowerment discussions, and fun activities at the Five Oaks facility. Participants completed pre- and post-retreat questionnaires on psychological distress, self-efficacy, and illness perception, plus a satisfaction survey. Results: Feedback from 17 participants (mean age 32.06) showed high satisfaction (9.55/10). Self-efficacy increased from 6.0 to 6.6, and psychological distress decreased from 66.7% to 36.4%, indicating potential positive impacts despite the caution needed due to unmatched responses. Conclusions: The Young Adult Wellness Retreat received high praise for its comprehensive care approach for brain tumor survivors and families, suggesting beneficial impacts. Despite data limitations, positive feedback underscores the program's value. Future research will focus on accurately matching pre- and post-data to better assess effects, aiming to enhance clinical practice by incorporating comprehensive support into the brain tumor patient journey. Lessons learned highlight the importance of holistic care, with future directions including refined data analysis and expanded support programs.

PS169: Recording Diagnostic Conversations for Communication Research Purposes in Pediatric Leukemia

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Objective: Recordings of patient-doctor interactions is recommended in communication research. However, concerns are expressed regarding recording conversations with vulnerable patients. Our study examined experiences of children, parents and oncologists with recording diagnostic conversations in pediatric acute leukemia.   Methods: A semi-structured survey was distributed among children diagnosed with acute leukemia, their parents and pediatric oncologists (POs) who participated in a mixed-method study on communication during the diagnosic trajectory in the Netherlands with audio-recordings.   Results: Four children between 12-19 years (response rate 50%), 66 parents (response rate 80%, 48% male) and 15 POs (response rate 94%) participated in the study. All children and most parents (n=59, 89%) indicated not to be bothered by the question to record the diagnostic conversation. Nine POs (64%) were not bothered to ask parents for permission to record the conversation. Three of the 5 POs that felt bothered, assumed parents were overwhelmed by the question and one PO assumed parents felt obligated to accept the audio-recording. All children, most parents (n=61, 92%) and all POs implied the conversation was not disturbed by the recording. Conclusion implications: This study shows that recording diagnostic conversations is well perceived by virtually all children and parents. However, POs can overestimate the burden for children and parents. The latter stresses the importance of minimizing gatekeeping by professionals since it can decrease patient autonomy and research quality.

PS171: A transdisciplinary model to support efficient research, dissemination, and translation

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Objective Productivity in research activities is beneficial to researchers, practitioners, and importantly, patients and families. Judicious and efficient use of time and financial resources is important to ensure that holistic findings are rapidly translated to practice. Methods: Transdisciplinary research can offer multiple perspectives and novel solutions to longstanding, complex clinical and practice issues. While research findings are often slow to translate into practice, transdisciplinary approaches may more effectively –and efficiently– impact care. Such approaches facilitate financial stewardship and simultaneous conduct of multiple studies strengthened by colleague and patient/stakeholder perspectives. Results This presentation describes work performed by our team of practitioners focusing on funding sources and dissemination of 6 research projects that produced 17 peer-reviewed manuscripts, an award-winning patient support program, and 16 multidisciplinary presentations across 6 countries over 6 years. We discuss development of our mutually beneficial approach to obtain funding, disseminate across disciplines, and integrate findings into practice. Conclusion Implications Practitioners and researchers both benefit from efficient research activities and impactful dissemination. Transdisciplinary teams can achieve these goals via addressing problems of mutual interest. Attendees will gain an appreciation for efficiency of transdisciplinary work in terms of timeliness, financial responsibility, and applicability of findings across multiple specialties.

PS172: PREVALENCE OF SUICIDAL IDEATION, ANXIETY AND DEPRESSION AMONG CANCER PATIENTS IN THE FEDERAL MEDICAL CENTRE, ABEOKUTA, OGUN STATE,NIGERIA

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The OBJECTIVE: The aim of the study was to access the prevalence of suicidal ideation, anxiety and depression among cancer patients in the Federal Medical Centre, Abeokuta, Ogun state. Method: A descriptive research design was adopted for the study. The simple random sampling technique was used in the selection of twenty-five (25) already diagnosed cancer patients receiving treatment at the Federal Medical Centre, Abeokuta. Hospital Anxiety and Depression Scale (HADS) and Suicidal Ideation Questionnaire- Jr were used to collect data from participants. (HADS) had a reliability coefficient of 0.87 while Suicidal Ideation Questionnaire- Jr had a Cronbach alpha of 0.94. The descriptive analysis was used to analyse the data. Results: There is high prevalence of symptoms of anxiety and depression among the patients receiving treatment at FMC, Abeokuta. The findings of the study revealed that most of the participants were females (76%) and the commonest cancer was breast cancer, 48%. The overall prevalence rate of suicidal ideation among cancer patients was 80%. These findings provide useful information for health professionals and cancer patients to understand the psychosocial burden attached to the diagnosis and treatment of cancer. Conclusion and Clinical implication: The research findings demonstrate the importance of psycho-oncology among cancer patients. Clinical recommendations for cancer management should incorporate the early identification of (and therapy for) suicidal ideation, anxiety and depression, as well as their monitoring during treatment.

PS177: Beware of imposter participants: suggestions from a case study of social

media recruitment for a qualitative study in oncology nursing.

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Purpose: To discuss strategies to identify imposter participants during online recruitment and prevent their enrolment in qualitative studies in oncology. Methods: Online recruitment for English or French-speaking young adults (age 18-29), diagnosed with blood cancer and who are no longer on active treatment for at least a year, to participate in a study on post-treatment self-management learning needs took place from October 2023 to February 2024 in Montréal, Canada. Participation consisted of an interview with financial compensation. The recruitment poster was shared on Facebook by nine cancer organizations and on five moderated Reddit cancer communities. Results: Nineteen potential participants communicated their interest. One used an institutional email and met eligibility criteria. Four did not meet criteria. Fourteen raised suspicions based on response time, email address and message configuration, and generic subject lines, and were invited to a meeting to confirm eligibility based on a screening guide developed with a patient-partner. After being informed that there is no additional compensation for the meeting, only two accepted the invitation, but did not attend. Recruitment via Reddit and one Facebook page was closed after being singled out. Conclusion: While social media may improve access to research, it can open the door to imposter participants that threaten data integrity and raise ethical issues related to inclusion. Researchers should check email communications for patterns, apply rigorous screening protocols and avoid advertising financial compensation.

PS178: PATIENTS’ EXPERIENCES OF ABEMACICLIB PLUS ENDOCRINE THERAPY IN ADJUVANT TREATMENT OF HR+, HER2−, NODE-POSITIVE, HIGH-RISK, EARLY BREAST CANCER: A PRELIMINARY QUALITATIVE INTERVIEW STUDY

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Objectives Abemaciclib, a CDK4/6 inhibitor, is used as adjuvant treatment combined with endocrine therapy (ET) in early breast cancer patients with high risk of recurrence. This new targeted therapy can cause side-effects (SEs), mainly diarrhoea within the first months. Many studies show a lack of concordance between patient and clinician reporting of the severity and impact of SEs which if under-recognised can affect adherence. Methods Five women (aged 54-76) receiving abemaciclib + ET within the POETIC-A trial took part in 3 serial interviews about treatment expectations, perceptions and experiences before starting therapy, and at 4 and 8 weeks. Results Patients believed the trial offered the best treatment available but had concerns about SEs. 4/5 reported diarrhoea at follow-up (mild or moderate/severe) which was managed by anti-diarrhoeal drugs or dietary changes (reduced food intake). 1/5 discontinued treatment due to severe impact on daily activities. Diarrhoea was reported as the most bothersome symptom by 3/5, followed by fatigue and heartburn. Adherence was good and strong treatment beliefs (reduced relapse risk) helped some to cope with SEs, alongside medical support. Conclusion Recruitment was low, but initial findings showed that although treatment with abemaciclib + ET was manageable for some, others stated concerns about SEs and restrictions to daily activities. Early detection of SEs, ameliorative interventions and regular follow-up in this patient cohort is important to maintain adherence. More research into patients' experiences in this setting is needed.

PS179: psychosocial needs of cancer patients in Peru

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This first-of-its-kind study in Peru examines social support, psychological needs, and preferences for over 300 cancer patients at the National Institute of Neoplastic Diseases. Participants, Spanish-speaking Peruvians with an average age of 48.7, indicated their actual and desired support from professionals and social circles, with 17.9% being men, and 78.7% identifying as Catholic. The research offers valuable insights into the support dynamics for cancer patients in Peru. METHODS: To gauge the psychosocial needs, the Cancer Rehabilitation Evaluation System (CARES) was employed, translated from French to Spanish and adapted for the study. RESULTS: The study reveals diverse patient demographics, with a significant portion married or living with a partner, and educational backgrounds ranging from secondary studies to primary education. Employment disruption is notable, and breast cancer comprises over 40% of cases, with varied treatment approaches. The study underscores prevalent psychosocial and physical challenges among patients, emphasizing the significant role of familial support, which exceeds explicit requests. CONCLUSION: The study underscored patients' desire for professional support, particularly from psychologists for emotional distress and treatment concerns and from primary physicians and nurses for pain management and medical procedures. However, desired professional support exceeded what patients received, indicating a potential gap in these services.

PS180: Individualized care pathways for preventing and treating chronic pain during cancer survivorship: A working theory on essential mechanisms and preconditions for effective implementation

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Objective Chronic pain is prevalent among cancer survivors. Its prevention and treatment require an individual, interdisciplinary response in which biological and psychosocial needs are met. To be able to implement such complex care, we sought the working mechanisms and preconditions (i.e., a program theory) through which individualized pain care pathways can be established in practice. This program theory was initially developed and evaluated for breast cancer survivors within a local context. In this study, we explored its applicability to other contexts and cancer populations. Methods We conducted interviews (n=20) with cancer survivors, healthcare professionals, and policymakers. Results Pain recognition, validation of involved actors, and a focus on positive aspects of health were considered universal mechanisms for individualized care pathways. These can be approached through supportive tools, as they serve communication, insight into pain-related problems across life domains, and accessibility of care. Although, other intervention elements were mentioned too. Moreover, similar to our initial theory, contextual factors such as limited time, no ready-made solutions for chronic conditions, and limited guidance by professionals can be of influence. Conclusion Individualized care pathways hold promise in allocating health resources according to a survivor's needs and goals, independent of the cancer diagnosis. But, to achieve personalized care, psychological, social, and behavioral determinants of health should be taken into account as well as a survivor's unique context.

PS181: Young adult patients with cancer's experiences and self-perceived evaluation of a web-based psychoeducational intervention targeting sexual dysfunction 1.5 years after a cancer diagnosis

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Objective: The study aimed to investigate acceptability of a clinical trial, the Fex-Can Sex intervention, a web-based program targeting sexual dysfunction following cancer. Methods: Young adults (aged 19–40) who reported sexual dysfunction 1.5 years after a cancer diagnosis were drawn from a population-based cohort and invited to a two-armed randomized controlled trial. Participants in the intervention group (n=72) participated in a 12-week web-based psychoeducational self-help program. The program was guided by self-determination theory, and developed in collaboration with former patients with cancer. Apart from testing the efficacy of the intervention, study-specific items were used to assess experiences of the program's different parts. Additionally, the intervention group answered open-ended questions about their thoughts of the program and/or sexuality which were analyzed with thematic analysis. Results: The post-intervention items were completed by 56 participants (78%). The majority appreciated the program (73%) and would recommend it to others (91%), and 18% reported that their sexual problems had improved. Analysis of the participants' experiences resulted in four main themes: Perceived benefits, Barriers to participation, Not for me, and Suggestions for the future. Conclusion implications: Participants' experiences of the program were generally positive, supporting acceptability. Revision of the program to Fex-Can 2.0 is currently ongoing.

PS183: Using Experienced Based Co-Design (EBCD) in the development of a tool kit for use by Health and Social Care Professionals (HSCPs) with informal caregivers with cancer: study protocol

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Objectives/purpose: To highlight the design of an innovative study that aims to develop a toolkit for use by health and social care professionals (HSCPs) working with cancer patients who are also informal caregivers. This research is necessary given that our systematic review and qualitative research has established a knowledge gap in this area, particularly regarding the challenges

that caregivers face when they are trying to access and negotiate cancer services. Methods: This study will follow an Experience Based Co-design methodology, including two phases. First, workshops with key populations: caregivers with cancer (workshop 1) and HSCPs working in cancer settings (workshop 2), resulting in an initial version of a toolkit. A series of iterative consensus events (n=3-5) with key stakeholders (caregivers, care recipients, researchers, HSCPs, third-sector cancer support organisations) will then be conducted to produce a final tool kit. Results: It is expected that by the end of the process a version of the toolkit will be ready for evaluation with a view to implementation within health and social care services in the future. The study currently is awaiting ethical approval, and the workshops are planned for Spring 2024. Conclusion and clinical implications: The outcome will be a prototype for a tool kit to support HSCPs working with cancer patients who may also have caregiving responsibilities. The toolkit will likely provide information about the needs of this group, the challenges they may face, and any support or signposting that may be helpful to them.

PS184: The impact of a cancer diagnosis on informal caregivers: findings from a large, multi-stakeholder, qualitative study

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Objectives/purpose: There are 19 million informal caregivers in the UK. 1 in 2 people will have cancer in their lifetime, therefore the number of people negotiating caregiving and cancer at the same time could be significant. Our previous systematic review demonstrated that there is an important knowledge gap concerning the psychosocial impact of a cancer diagnosis on informal caregivers. This qualitative study aims to address this gap. Methods: 12 semi-structured interviews were undertaken with caregivers diagnosed with cancer. Additionally, 4 focus groups with Health and Social Care Professionals (HSCPs) were also conducted. Reflexive thematic analysis (Braun and Clarke, 2021) was used to analyse the results. Results: Analysis of interviews resulted in 7 themes: identity, well-being, a changing role, dyadic illness, loneliness, family and new perspectives. They demonstrated that caregivers often struggle to navigate their caregiving role and treatment, some even desisting potentially lifesaving treatments. HSCP focus groups highlighted concerns about assessment, understanding and supporting patients who are caregivers. Conclusion implications: Our findings extend understanding about the impact of cancer on caregivers. There is a broad-reaching psycho-social impact that likely influences treatment-related decision making. Caregivers highlighted a need for additional support, but HSCPs acknowledged that they are often unaware of patient's caregiving status and the challenges faced. These results will be used to develop a toolkit to better support this population.

PS185: The caregiver's journey: who cares for the carer? A holistic approach to cancer care through integration of informal caregivers (HIPPOCRATIC)

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Background: Informal caregivers play a crucial role in cancer care, yet their needs are often overlooked. Grounded in the theory of dyadic illness management, this study emphasizes the importance of integrating their perspectives into clinical practices and offers evidence-based recommendations. Methodology: Using qualitative interviews with 15 dyads of patients with advanced solid tumours and their caregivers, along with 5 oncologists, this study employs thematic analysis to investigate caregivers' experiences and barriers in outpatient settings and their communication with healthcare professionals. Impact on Clinical Practice: The research underscores the critical role of caregivers in managing the emotional and practical aspects of cancer care. It highlights the significance of tailored communication strategies focusing on prognosis and treatment options. Furthermore, providing immediate emotional support, such as psychological first aid, following a cancer diagnosis is essential. Regular assessments of caregivers' needs in outpatient settings are vital for effectively integrating supportive services. Discussion: This study reveals substantial gaps in support systems for caregivers, particularly in communication and access to psychosocial services. It advocates for developing caregiver-inclusive care models, prioritizing personalized support and leveraging digital tools for enhanced healthcare management. Future directions should focus on strengthening the dyadic relationship between patients and caregivers through refined healthcare practices and policy adjustments.

PS189: Shifting Tides of Hope and Support: Unveiling the Complex Relationship Between Age, Depression, and Social Dynamics in Cancer Care

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Objectives: Interaction between global aging and developments in detection and treatment of cancer will result in increased numbers of older people diagnosed and treated for cancer. Older adults diagnosed with cancer, their family caregivers may face unique challenges and difficulties. Methods: We assessed levels and relation between hope (internal resource), perceived social support (external resource), and depression among 377 older cancer patients and their spousal caregivers. Results: Depression escalates with age among patients but perceived spousal support remains constant across patients’ age groups. Among caregivers, those tending to older patients not only report ed paradoxically less depression but also perceive greater support from the patients themselves, challenging traditional views of caregiving dynamics. In the younger cohort, patient and caregiver depressions were positively correlated, implying a shared emotional response to the cancer journey. However, this relationship inversely flips in the oldest group, where patient and caregiver depressions are negatively correlated, pointing towards a complex emotional balancing act within these caregiving relationships. Conclusion: These findings prompt a reconsideration of psychological support strategies for older cancer patients and their caregivers. There is a need for tailored interventions that considers the evolving interplay of hope, support, and depression across different life stages of aging and the differences and similarities between patients and caregivers.

PS191: 'Life is all about hope': A qualitative study exploring the role of connection and hope in the lives of individuals living with terminal cancer.

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Objective: Living with a terminal cancer diagnosis represents a unique experience from a patient's perspective. Terminal cancer survivors are aware that they have entered the end-of-life phase, but still try to live life in the face of death. This diagnosis has been widely documented to have the potential to trigger psychological, social, spiritual, and existential concerns for patients as they move closer towards death. Despite the significance of these concerns, the experience of terminal cancer is not well understood. This study aimed to explore the role of connection and hope in the lives of individuals living with terminal cancer. Methods: Ten semi-structured interviews were conducted with terminal cancer patients. Interpretative Phenomenological Analysis was used for analysis due to its focus on the lived experience of a phenomenon such as illness and how individuals make sense of it in the context of their lives. Results: Three themes were developed, namely Finding Comfort through Connection, Navigating the Social World, and Journeying with Hope. Conclusions & Clinical Implications: These findings suggest that connection and hope play a significant role in the lives of those living with terminal cancer. The research findings may be used to inform psychosocial and spiritual interventions to support patients as they navigate through the terminal cancer experience.

PS192: Mental health symptoms among adult cancer patients in Bangladesh: A cross-sectional study of comparing rural versus urban cancer patients

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Objective: The study investigated anxiety and depression prevalence among cancer patients by cancer type, stage, residence, and other associated factors. Methods: A cross-sectional study was conducted with 516 cancer patients between April and June 2023. The Hospital Anxiety and Depression Scale (HADS) was utilized to assess depressive and anxious symptoms among the participants. Results: Of 516 patients, 28% had moderate anxiety, and 10% had severe anxiety. Additionally, 50% reported moderate depression, and 23% had severe depression. 14% of patients with head & neck cancer (HNC) experienced severe anxiety, followed by cervical cancer (11%). Severe depression was reported by patients with HNC (32%) and cervical cancer (32%). The level of severe anxiety increased with the cancer stage, being 3.18 times higher for advanced-stage cancer patients than those with early-stage cancer (relative risk ratio (RRR)= 3.18; 95% CI = 1.57-6.42). Severe depression in advanced cancer patients was 8.25 times higher than those with early-stage cancer (8.25; 4.24-16.05). Although anxiety levels were similar for rural and urban patients, severe depression was 2.37 times higher for urban patients than for rural patients (2.37; 1.37-4.11). Conclusion implications: Cancer patients in rural areas are disproportionately affected by severe mental health issues. It is essential to ensure that these patients receive the necessary mental health support alongside a tailored treatment plan that addresses their unique challenges.

PS193: Protocol for a Systematic Review Examining The Impact of Premature/Early Menopause Resulting from Cancer Treatment on Psychological Wellbeing.

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Objective: Despite the acceptance that abrupt, premature/early menopause (PEM) is associated with more severe symptoms and long-term effects, the interrelationship between symptoms and multimorbidity in the growing population of cancer survivors experiencing psychological distress is poorly understood. In this systematic review we question: 1. What impact does PEM resulting from cancer treatment have on psychological wellbeing (PWB)?; 2. What psychological experiences are reported by those who undergo PEM resulting from cancer treatment?; 3. What differences in PWB exist between those who undergo PEM resulting from cancer treatment and those who have not? Methods: In accordance with PRISMA guidelines, PubMed, PsycINFO, Scopus, Embase, Web of Science and CINAHAL databases were searched in February 2024 with terms relating to Cancer AND Early Menopause AND Psychological Wellbeing. Results were exported to RAYYAN for analysis, and after duplicates were removed, 1524 studies remain to be screened by two independent reviewers. Results: Due to the likely heterogeneity in study design and measures employed, themes will be identified using Reflexive Thematic Analysis. Summaries of findings of personal experiences of PEM resulting from cancer treatment, and its impact on PWB will be detailed. Implications: Findings will shed light on the impact that PEM resulting from cancer treatment may have on PWB, which will help inform targeted interventions and supports for this population of cancer survivors.

PS200: Memory, Cognitive function and pattern of Distress among Breast cancer patients and Survivors

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Objective The study aimed to find Memory, Cognitive function and pattern of Distress among Breast Cancer patients (BCP) and Survivors (BCS). Methods Prospective Cross Sectional study among women aged between 20 and 60 years, diagnosed with (Stages I/II/III) Breast Cancer planned for or underwent curative intent chemotherapy (CT) was conducted. There were 79 study participants - survivors (N=27), post CT patients (N=27) and pre CT patients (N=25) in the study. Participants were assessed using Post-Graduate Institute Memory Scale (PGIMS), Montreal Cognitive Assessment (MoCA), NCCN Distress Thermometer and Distress Inventory - Cancer Version 2 (DICV2). Pearson Correlation Coefficient, ANOVA and Post hoc tests were used for data analysis. Results Majority of the survivors and post CT patients had increased cognitive impairment when compared to pre CT patients. Memory impairment was greater among post CT patients and survivors. A significant positive relationship between Memory and Cognitive function and a significant negative relationship between Memory and Distress was found. Older participants were found to have deterioration in memory. Conclusion and Clinical Implications The study concluded that Cognitive decline and Distress was found among found BCP and BCS after completing CT. This highlights the importance of appropriate psychotherapeutic management of distress and cognitive difficulties among BCP and BCS. This also emphasizes the importance of psychological and neurocognitive screening and multi-specialty rehabilitation of BCP and BCS.

PS201: The effectiveness of exercise interventions on psychological distress in patients with lung cancer: a systematic review and meta-analysis

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Objective: To assess the effectiveness of exercise interventions in reducing psychological distress among lung cancer patients through a systematic review and meta-analysis. Methods: Randomized controlled trials investigating the impact of exercise programs on psychological distress in lung cancer patients were included. PubMed, Embase, MEDLINE, CINAHL, and Scopus were searched for eligible studies. The review followed the PRISMA 2020 guidelines and utilized Review Manager 5.4 for analysis. Quality assessment was conducted using the Cochrane Risk of Bias tool for RCTs (Cochrane RoB 2). The study protocol was registered with PROSPERO (CRD42023482907). Results: Twenty-five studies involving 2,345 participants were analyzed. Interventions included breathing exercises/inspiratory muscle training, physical exercise, and composite interventions. Anxiety and depression were the primary outcomes assessed. Meta-analysis, focusing on studies utilizing the Hospital Anxiety and Depression Scale (HADS), demonstrated exercise interventions' effectiveness in reducing anxiety and depression over both short and long terms. Conclusion and clinical implications: Current evidence suggested that exercise programs have the potential to reduce psychological distress in patients with lung cancer. Future research should focus on improving the methodological quality of randomized controlled trials to increase the strength of the evidence for the effectiveness of exercise, which may facilitate the provision of appropriate interventions and improve patients' emotional well-being.

PS204: Metacognitive therapy for cancer anxiety

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Background: Cancer survivors often experience psychological morbidity after treatment. Studies from the U.K. have concluded that metacognitive therapy (MCT); a brief transdiagnostic psychological intervention, could be an effective treatment for adult cancer survivors with psychological morbidity. MCT offers a promising approach but has not yet been used in a Swedish cancer rehabilitation context. Methodology: We used an individually administrated, manual based and diagnosis-specific MCT-treatment in 14 individuals at a psycho-oncology unit in Sweden. Each patient received between 7-10 1-hour sessions delivered by a MCT Institute trained and registered therapist. Levels of anxiety, worry and metacognitive beliefs were assessed using GAD-7, PSWQ and GADS-R before and after treatment. A structured exit interview was administered after the treatment. Impact on practice: 13 out of 14 patients reported over cut off on PSWQ and 10 out of 14 patients reported severe anxiety on GAD-7 before treatment. After treatment all patients reported decreased anxiety. 10 out of 14 reported under cut-off on PSWQ. 10 patients reported minimal anxiety and 4 mild anxiety on GAD-7 after treatment. Discussion: MCT, a brief diagnosis-specific psychological intervention seems to be an acceptable treatment to patient with cancer anxiety. It can be delivered effectively and has promising treatment effects. In the interviews patients reported increased quality of life even in other areas outside cancer anxiety.

PS206: Body Image and Social Anxiety After Mastectomy Among Social Service Users in Singapore: A Quantitative Pilot Study

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Objective: Negative feelings towards femininity and self-confidence experienced by breast cancer patient post-mastectomy, can be reduced by undergoing breast restoration, such as external breast prosthesis (EBP) and breast reconstruction. Simultaneously, social workers and counsellors offer emotional support to help survivors to cope with their condition. This study examines body image and social appearance anxiety among breast cancer patients, with or without restoration, after getting social service counseling. Methods: Breast cancer clients were divided into two groups – those who had no restoration done (Group 1) and those who had (Group 2). They were asked to complete Body Image Scale (BIS) and Social Anxiety Appearance Scale (SAAS). A higher BIS score indicates more symptoms of a negative body image, and a higher SAAS score indicates greater social appearance anxiety. Independent-samples T-test was used to compare means. Results: There were 25 participants in Group 1, and 30 in Group 2 (age: 60.84±8.91 vs. 54.17±10.09, respectively, p=0.013). Compared to Group 2, Group 1 had less women who were working (28% vs. 50%) and with household income >$2,000 (24% vs. 40%). Group 1 also reported higher SAAS (32.96±13.04 vs. 29.00±9.65) and BIS (10.52±9.14 vs. 8.67±7.23), although it did not show statistical significance (p>0.05). Conclusion implications: In this pilot study, those who did not opt for restoration post-mastectomy were of lower social socioeconomic status. Targeted interventions may be needed for these patients to enhance their overall body image.

PS207: Differences in travel-related burden between patients with incurable versus curable cancer: Results from a Dutch flashmob study

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Purpose: To explore the differences in travel-related burden between patients with incurable versus curable cancer Method: A two-day Flashmob study in patients visiting the medical oncology department in 65 Dutch hospitals. Disease status was self-reported. Patients completed a questionnaire on travel time, travel-related problems and willingness to travel. Descriptive analyses and logistic regression analyses were used to assess associated factors. Results: In total, 1959 patients with incurable and 991 patients with curable cancer were included. Patients with incurable cancer travelled significantly longer but had fewer hospital visits than patients with curable cancer. Travel-related problems were reported in 30% of patients with incurable and 29% of patients with curable cancer. In patients with curable cancer, this was only associated with worse physical functioning and longer travel time, but in patients with incurable cancer it was also associated with female gender, younger age, having prostate cancer and being dependent on others or public transport. Patients with incurable cancer were significantly more willing to travel further for their current treatment (>30min: 69% vs 63%) and follow-up (>30min: 69% vs 65%). Conclusion implications: One-third of patients with incurable and curable cancer experience travel-related problems. Patients with incurable cancer often travelled longer but were also more willing to travel longer for cancer care. Communication about travel-related burden and arranging regional networks for oncological care could reduce this burden.

PS208: Health Care among deprived Community

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CPAA, a registered charitable organization working towards total management of cancer patient's awareness and rehabilitation for the last 54 years had taken up the task to reach out to transgender community who is deprived of health care facilities. Through a range of initiatives and programs, we have endeavored to address the unique challenges faced by transgender individuals and foster a more inclusive society. We Offered support services tailored to the needs of transgender individuals, such as counselling, support groups and medical assistance, and made them advocates for Tobacco Control. Provided educational programs and training sessions for the public, schools, workplaces, healthcare providers, and law enforcement agencies to increase understanding and sensitivity towards transgender people and their experiences. Conducted research on transgender tobacco issues to better understand their needs, experiences, and challenges, and use this information to inform your organization's advocacy efforts and program development. Ensured that our organization's policies, language, and practices are inclusive and respectful of transgender identities and experiences. In our Detection camp conducted by CPAA, 3000 trans genders were screened for cancer out of which 75% consume tobacco in various forms and also 30%, had pre-cancerous lesions Together, we can create a world where all individuals are celebrated and empowered to live authentically and without fear of discrimination or violence.

PS210: Meeting psychological consequences after cancer diagnosis for AYA's with a person – centered approach through "Team Young"

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Background: Adolescents and young adults (AYAs) with cancer experience unique challenges facing a serious illness in the beginning of their lives. When offered, they often decline psychological support why the project myCode aims at creating a person-centered care model meeting the needs of AYAs, aged 16-30, newly diagnosed with cancer, by increasing the awareness of, and encourage them to accept psychological support. Methodology: A co-design approach is applied where AYAs with a cancer experience are involved throughout the project. A "Team Young" has been created, consisting of youth coordinators and therapists, meeting all AYAs newly diagnosed with cancer. The aim is to connect with the AYA by listening to their story and find out about current psychosocial support through social network mapping. AYAs are then informed about available support: 1) support program Promoting Resilience in Stress Management (PRISM) 2) peer-to-peer support or 3) individual counselling. Evaluation is done by interviews with participating AYAs. Team Young was launched in October 2023. The goal is to include all AYAs at the two comprehensive cancer centers in Sweden involved in myCode. Impact on practice: Approximately 25 AYAs have met with Team Young. Most of them have chosen to accept support and seem to appreciate the support. Discussion: It seems that AYAs who meet Team Young raise their awareness of available support and those who not already receive support are willing to accept any of the presented support options.

PS212: PSYCHOLOGICAL DISTRESS, ANXIETY, DEPRESSION AND SUICIDE IDEATION AMONG WOMEN LIVING WITH BREAST CANCER AND RECEIVING TREATMENT IN WINDHOEK: A CASE STUDY

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This study aimed to describe the levels of and relationships between psychological distress, anxiety, depression, and suicide ideation in women diagnosed with breast cancer and receiving treatment at A. B. May Cancer Care Centre or Namibian Oncology Centre in Windhoek, Namibia. A quantitative, correlational, descriptive, and cross-sectional design was used. The instruments used included: the Emotion Thermometer (ET), the Hospital Anxiety and Depression Scale (HADS), and the Columbia Suicide Severity Rating Scale (C-SSRS). The study sample was 101 participants, with a mean age of 50.36 years. Approximately 47.5% of the participants had mild to severe levels of psychological distress (from the total ET score) and 30.7% had significant levels of psychological distress from the total HADS score. Approximately 32.6% and 27.7% had significant levels of anxiety and depression on the HADS respectively, and 12.9% reported suicidal ideation on the C-SSRS. Significant positive correlations were identified between the HADS-A and the ET (r=0.72, p<0.01), the HADS-D and the ET (r=0.52, p<0.01), the HADS-A and the C-SSRS (r=0.53, p<0.01) and the ET and the C-SSRS (r=0.50, p<0.01). The results support the outcomes of previous studies about the presence of psychological distress, anxiety, depression, and suicide ideation in oncology settings. The study further emphasized the importance of routine screening for psychological repercussions in this context, pre- and post-test counselling services for cancer and sensitivity training for oncology healthcare professionals.

PS213: Emotional distress in cancer patients: Peruvian population

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Emotional distress, encompassing anxiety and depression, is common among cancer patients, especially during diagnosis and initial treatment stages. Various factors contribute to its escalation, necessitating urgent attention and management. Objective: Examine emotional distress levels, prevalence across different cancers, and socio-economic aspects within one month of treatment in Peruvian cancer patients. Methods: A total of 400 patients were assessed, with 347 meeting the criteria. The Hospital Anxiety and Depression Scale (HADS) gauged emotional distress in monthly diagnosed patients. The sample had a mean age of 48.7 years, 78% women, and 44% married or in a relationship. SPSS analyzed the data descriptively. Results: Using a HADS cutoff of 12, 46% exhibited distress, with higher anxiety (41%) than depression (17%). Notably, 65.7% reported moderate to high anxiety, and 48.7% experienced moderate to severe depression. Of these, 81% sought help, particularly those with anxiety indicators. Breast and gynecological cancers accounted for 44%, while hematological and digestive system tumors were prevalent in both sexes. Approximately 53% received chemotherapy. Economically, 80% faced difficulties, and over 50% reported issues with mobility, pain, and work. Higher anxiety scores correlated with cancer diagnosis, treatment, and socioeconomic concerns. Conclusion and Implications: The findings underscore the importance of assessing and addressing emotional and psychosocial needs during treatment, emphasizing holistic care beyond physical aspects.

PS214: A systematic review on interventions to support carers of people with cancer in rural settings

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Objectives/purpose: To identify and

examine the effectiveness of interventions that are delivered to support informal caregivers (family, friends, supporters) of people with cancer in rural settings. Methods: Searches were performed in CINAHL, MEDLINE, PsycINFO and Scopus. Primary research studies (quantitative and/or qualitative) that reported on interventions delivered to informal caregivers of people with cancer in rural settings in OECD countries were included. The review adhered to PRISMA guidelines. The protocol was registered on PROSPERO (CRD42023468015). Results: 9,616 articles were identified via searches. After duplicates, 8,314 were screened by title, abstract and full text. Twenty-two articles published between 2013-2022 across a range of geographies (USA n=12; Australia n=6; Canada n=2; Sweden n=1; England n=1) were included. Most studies used a quantitative design (n=10) with some mixed methods (n=8) and others solely qualitative (n=4). Sample sizes ranged from 5-446 informal caregivers. Regular psychosocial support sessions and educational interventions were found to reduce stress, anxiety, and depression for rural caregivers. Learning new communication skills was beneficial to strengthening the dyadic relationship. Interventions involving telehealth reduced financial and travel burden, but digital infrastructure could be barrier in some instances. Conclusion and clinical implications: The needs of informal caregivers need to be urgently recognised as they provide a vital source of support in rural areas where formal cancer services are often lacking.

PS217: Lifestyle recommendations in oncology: experiences and preferences of Dutch cancer patients

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Objectives. Communication about lifestyle can have a large impact on whether or not cancer patients engage in health behaviours. However, lifestyle communication is not standard in clinical practice. To better understand optimal ways of communicating about these health behaviours, we explored patients' experiences and preferences in regards to communication. Methods. A questionnaire study was conducted with 197 Dutch patients with various types of cancer through the platform kanker.nl. Respondents could also provide answers to open-ended questions regarding their experiences and preferences with lifestyle recommendations from healthcare-providers. A total of 113 patients described their experiences, and 167 patients expressed their preferences. We analysed the comments using inductive and deductive qualitative content analysis. Results. Codes for patients' preferences included at what stage, which content, in what format, from whom, and in what way patients wanted to receive this information. Most patients had a preference for multimodal and digital distribution of information, receival of recommendations at the beginning of treatment, and from a nurse or specific lifestyle specialist. Additionally, patients preferred personalised and non-coercive messages about their lifestyle. Conclusion and clinical implications. The results of this study contribute to a better understanding of ways that current practices of communication about lifestyle in oncology could be improved, in order to support patients in adhering to health behaviours.

PS220: Exploring grieving experiences following patient deaths among psycho-oncologists in Germany: A qualitative interview study

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Objective: Despite regular exposure to patient deaths, research on professional grief among oncology healthcare professionals, particularly psycho-oncologists, is scarce. Our study aims to address this gap by exploring the grieving experiences of these professionals in cancer care. Methods: 25 semi-structured telephone interviews with psycho-oncologists in Germany were conducted, recorded and transcribed. Inductive content analysis was performed by two independent evaluators on one third of the data to develop a code system. The remaining data were analyzed by the first author using the agreed-upon code system and validated by an additional evaluator. Results: Predominantly female participants (80%) with minimum one-year experience worked in psycho-oncological inpatient and outpatient care. Participants experienced 1.7 patient deaths per month on average. Major themes from ongoing analysis encompassed the existing impact of patient deaths (positive and negative), the necessity for coping strategies and support, and the lack of preparedness in dealing with patient deaths. Peer support was highlighted as valuable. Final results will be presented at the conference. Conclusion: Psycho-oncologists in Germany are affected by patient deaths, with varying impacts. Collegial support emerges as a crucial coping mechanism. While most participants managed professional grief successfully, unmet support and educational needs must be addressed to improve healthcare provider well-being. A nationwide quantitative online survey will follow to further expand these findings.

PS223: Women receiving aromatase inhibitor therapy showed greater improvements in quality of life but not body composition when meeting physical activity guidelines at the end of the PAC-WOMAN trial

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Purpose: Physical activity (PA) can reduce side effects of aromatase inhibitor (AI) therapy, including weight gain, enhancing quality of life (QoL) in women diagnosed with hormone-receptor positive breast cancer. Still, most cancer survivors fail to meet PA guidelines. The PAC-WOMAN trial was designed to foster sustained changes in PA and QoL in this population. This study tested if PAC-WOMAN participants meeting PA guidelines (versus not) presented greater improvements in QoL and body composition at program's end. Methods: 110 women on AI therapy (age: 56.1±7.6 yr; BMI: 28.1±5.9 kg/m2) were randomly assigned to: brief PA counseling group, structured exercise group, or waitlist control. They completed measures of PA (IPAQ), QoL (EORTC QLQ-C30; BR23) and body composition (BIA) at baseline and program's end (4 months). Residualized change scores, regressed on baseline scores, were created. Mann-Whitney tests explored differences between participants who met (vs not) PA guidelines. Results: Participants meeting (vs not) PA guidelines at program's end revealed greater improvement in global health status, physical functioning, role functioning, and body image (p's<0.05; Cohen's d=0.46-0.78). A trend towards lower fatigue and greater social functioning was found (p's<0.100; Cohen's d=0.36-0.45). There were no significant differences in body composition. Conclusion and clinical implications: Results offer extra support for PA beneficial effects on QoL but not body composition in women receiving AI therapy. Future research should explore potential moderators of these effects.

PS228: What does stress newly diagnosed breast cancer patients from a low-middle-income country?

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Objective: Breast cancer patients have reported that the diagnosis period is a very stressful time due to the waiting and the different concerns about the possible changes derived from the disease and treatments. However, there is scarce literature that describes explicitly the level of stress and the situations that generate it. Therefore, the study identified stress levels and main stressors in patients newly diagnosed with breast cancer. Methods: A cross-sectional study was conducted on 221 breast cancer (BC) patients. Two validated stress questionnaires (daily life and disease) were employed. The study was carried out in an outpatient room. Results: Mean age 51.4 years, 62% had 7-12 years of education, 53% married, 61% unemployed, and 52% with an early-stage cancer diagnosis. Stress levels were moderate (daily life M=21.4, disease M=12.9). It was identified that the higher the stress from daily life, the higher the stress from disease (p=.000). The main stressors were worry about work (40%), chemotherapy side effects (41%) and disease progression (35%). Patients with locally advanced stages reported less disease acceptance (40%). Conclusions and clinical implications: Patients reported moderate levels of stress caused by worries about their work, the side effects of treatments and the possibility of disease progression. Therefore, it is necessary to implement interventions aimed at these concerns, to provide mainly locally advanced-stage patients with valuable strategies for their control and solutions to improve adherence levels to treatment and their quality of life.

PS231: Effectiveness, safety and psychopathological predictors of antidepressant response in subjects with gynecological cancer

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Background: Gynecological cancer is associated to poor response to antidepressant. The understanding of factors influencing antidepressant response might ease treatment strategies in this population. Aim: To evaluate response/remission rates and psychopathological predictors of response/remission in women with gynecological cancer. Methodology: one-hundred fifty-five patients with a major depressive episode were recruited and followed up for 1 and 6 months. Subjects were divided according with type of cancer. Rates of response, remission and side effects were compared across groups. In women with gynecological cancer, psychopathological predictors were also evaluated. ANOVAs, regressions and moderation analyses were performed. Gender entered as a confounding variable in all the analyses performed. Results: Subjects with gynaecological cancer showed lower rates of response/remission than the other groups and high rates of dropout or treatment discontinuation. Presence of a safer antidepressant profile predicts less discontinuation rates, whereas the occurrence of a recent new event predicts high level of discontinuation. Agitation seem to moderate the aforementioned relationship. Impact on clinical practice: Antidepressant choice in gynecological cancer should take into account its safety profile. Cancer progression should also be considered while prescribing/changing antidepressants. Discussion: Integration of clinical and psychopathological elements might guide pharmacological treatment of subjects with gynecological cancer

PS232: Exploring Participant Perceptions of a Community-based Cancer Bereavement Support Program

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Objective: Community-based organizations play an important role in addressing the unmet needs of people who have lost a significant other to cancer. Hope & Cope, a volunteer-based community organization in Montreal, Quebec, Canada, offers free-of-charge programs that provide emotional, social, and practical support to individuals affected by cancer. Hope & Cope is committed to periodically evaluate program users' perceptions. This mixed-method study seeks to document how the "Living with Loss" program is perceived by bereaved users. Methods: Individuals (N = 15), 18 years or older, registered to the program are invited to take part in the study and provide consent. They are asked to complete self-report e-questionnaires on levels of hopefulness (Herth Hope Index) and coping (Brief Cope Scale) before and after program completion. Semi-structured interviews are also conducted before, during and after program completion to explore affect, relevance and potential burden. Results: Participant recruitment is currently ongoing. Participants' hope and coping levels are compared pre- and post-program attendance using paired sample t-tests to measure potential trends in psychosocial impact of the program. Qualitative data will undergo thematic analysis to explore program-related perceptions as they unfold. Conclusion implications: Findings will serve to adjust "Living with Loss" program delivery to optimally address the unmet psychosocial needs of participants. Foreseen contributions include identifying strengths and gaps in program content, delivery, and psychosocial effects.

PS233: Evaluation of psychological relationships of cognitive and emotional coping mechanisms in an oncological context

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Objective Objective number 1 is to address the following question: why some cancer patients experience more positive/negative changes than others? During medical treatment, patients go through a sequence of states, which involves a multitude of cognitive and emotional changes. Therefore, the number 2 objective of this paper is to conclude if the cognitive-emotional processing theory of post-traumatic growth is a result of adaptation to the stress caused by illness. Methods This exploratory study, with cross-sectional design, was conducted in 35 patients. We used Pearson correlations analyses to examine the research questions. Results The study concludes that the coping approach through positive reappraisal and positive refocusing, and to a lower extent through rumination, was significantly related to the age of the oncological patient. However, age measured in years not being significantly correlated (at all) with acceptance or putting into perspective, persuades the idea of impassiveness with regard to the danger in which the patient is. Conclusions Recognizing that emotional distress is highly correlated with fatigue, psycho-oncological interventions should focus on identifying coping strategies to optimize the patient's ability to cope with anxiety, depression, and psychosocial distress. A peril in this regard is maladaptive coping strategies that are only effective in the short term and harmful in the long term. It is often useful for patients to identify the psychosocial sources of suffering and to eliminate activities that produce stress where possible.

PS234: Fear of cancer recurrence in Mexico: Prevalence and predictors in breast cancer survivors

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This study aimed to determine the prevalence of FCR and identify the predictors using high levels of FCR in Mexican breast cancer (BC) survivors. The sample consisted of 267 BC survivors. FCR, care needs and sociodemographic variables were assessed. A multiple logistic regression model was performed. The sample was divided regarding the presence or absence of clinically relevant severity using a cutoff point ≥13. It was found that 61.5% of the sample presented some degree of FCR. By groups of severity: 52.1% of the survivors reported clinical levels of FCR. The model showed that FCR triggers, psychological distress, functional impairment, and being employed increase the probability of high levels of FCR. The prevalence of FCR in Mexican BC survivors is consistent with previous literature, but when we analize by severity, it was found that more than 50% of the participants showed clinical levels of FCR. This situation could be attributed to economic and contextual circumstances of Mexican population, (e.g. the concern for providing economic support for the family as cancer survivors). Additionally, is important to note that the cutoff employed increases case detection, despite its moderate specificity. Future research should consider different cut-off points or even develop a specific one for the Mexican population, in order to improve the early detection of cases requiring psychological interventions.

PS241: The contribution of awareness of illness on psychological difficulties and mental health in cancer patients in early, metastatic or follow-up setting.

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The aim of the study was to explore the contribution of awareness of illness through the Commonsense Model of Self-Regulation on anxious/depressive symptoms and mental health in cancer patients (pts) in early (ES), advanced (AS) or in follow-up (FW) setting. A monocentric, cross-sectional study was conducted. Pts were enrolled during the first session of a psychological support path. Opinion of illness of Revised Illness Perception Questionnaire (IPQ-R), Hospital and Depression Anxiety Scale (HADS), and Mental Health Continuum Short-Form (MHC-SF) were administered. 114 pts (F 96, M 19), median age 58 (27-84), 57.4% ES, 27.8% AS and 14.8% FW, reported moderate levels of beliefs, showing positive awareness, with significant lower mean values of all dimensions in FW than in ES and AS. AS for HADS, ES and AS mean score exceeded the anxiety and depression clinical cutoff; FW significantly perceived lower values of depression than ES and AS (F=4.84, p<.05). Based on MHC-SF scores, 27.3% of ES, 21.9% of AS and 37.5% of FW were flourishing. No significant differences between groups emerged. Regression analysis highlighted that pts with no perceived control vs. pts with perceived control and languishing vs. flourishing were more likely to report significant anxious/depressive symptoms. No association was found among cancer groups. Our results suggest that supporting the positive and negative relations of awareness with psychological adjustment of illness allows individuals' managing anxious/depressive symptoms together with fostering mental health.

PS242: CALM Therapy Model for Portuguese Women with Advanced Breast Cancer: Results from the validation study

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Managing Cancer and Living Meaningfully (CALM,) is a brief individual therapy, shown to reduce depression and death anxiety and improving quality of life in patients with advanced cancer. Patients with advanced breast cancer (ABC) report high levels of distress (42-60%), but there are no specific resources in Portugal for this population. Our objective was to test and validate CALM intervention for ABC Portuguese patients. We conducted a Phase II single-arm CALM-only clinical trial, with ABC patients treated at our Centre. Assessments were conducted at baseline, 3 months, and 6 months with: PHQ-9/depression; DADDS/death anxiety; QUAL-EC/quality-of-life near end-of-life; CEQ/ perceived benefit from CALM. We recruited 29 women with ABC. Only 15 (54%) completed the intervention, and only 7 did the full 3 assessment points. Mean age 52.2 yrs, with 64% having depression. Intervention at 3 months showed a statistically significant reduction in Death Anxiety (p=.004) and improvement in QUAL-EC (p=.01), and stability of this improvement at 6 months. There was also a reduction in depression, though not statistically significant (p=.08). Patients who completed the full assessment reported also a statistically significant improvement in the sense of life completion (p=.01). Patients evaluated the therapy as being very valuable for them at this stage of life. This study showed that CALM therapy is feasible and useful for ABC Portuguese patients in helping them to deal with the most challenging and threatening phase of their lives. Supported by UICC/SPARC MBC Challenge Grant(ID#:544987)

PS243: Mujer Plena

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Background/rationale: Gynecological or breast cancer diagnoses affect patients' sex lives, yet discussing these issues is taboo in Mexico. Despite rising survival rates, many women experience sexual health issues. The Mexican National Cancer Institute study shows 89% of patients avoid discussing these problems with oncologists, though 65% acknowledge the diagnosis alters their sex lives. Addressing these issues is crucial, as untreated conditions can significantly impact long-term quality of life post-intensive treatments. Methodology (needs assessment, theoretical model, description of intervention, outcome measures): This 6-week intervention evaluates its impact on body image and sexual life in breast or gynecological cancer patients. Sessions are 2 hours each, assessing patients before, after, and 3 months post-intervention. The focus is on four key pillars: self-image, relationships, self-compassion, and mindfulness. Impact on clinical practice The evaluated metrics, primarily focusing on both physical and emotional aspects of sexual life, showed overall improvement. Qualitatively, participants expressed feeling accompanied in addressing their sexual problems through the intervention. Discussion (lessons learned, future direction) "Mujer Plena" introduced strategies to improve partner communication and enhance the sexual lives of female cancer survivors. The next phase involves implementing this intervention for all types of female cancers to improve overall quality of life post-cancer.

PS244: Predictors and Level of Anxiety and Depression among Breast Cancer Patients in the South-west, Nigeria

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Objective: Breast cancer patients like other forms of cancer frequently experience psychological problems related to cancer diagnosis and management. The study aimed to assess the prevalence and predictors of anxiety and depression among breast cancer patients in the South-West Nigeria Methods The study adopted a descriptive cross-sectional design. Three states were randomly selected out of the six states in the South-West and three hospitals were purposively selected based on the breast cancer patients turned out. Sixty consented breast cancer patients with no other morbidity were conveniently recruited for the study. Hospital Anxiety and Depression Scale (HADS), r = 0.83 instrument was adopted to assess their level of anxiety and depression, including their socio-demographic and medical characteristics. Descriptive statistics and regression analysis were used for data analysis Results The majority of the breast cancer patients had anxiety (94.9%) and depression (98.4%). A negative correlation existed between Age and anxiety (r= -0.073), age and depression (r= -0.020), parity and anxiety (r =-0. 161), occupation and anxiety (r = -0.187), occupation and depression (r= -0.054), cancer stage on diagnosis and depression (r= -0.269) and level of education and anxiety (r = -0.119). Conclusion: Anxiety and depression were reported in almost all the study population, affirming the need for psychological distress assessment of breast cancer patient at the point of diagnosis and throughout the disease trajectory.

PS246: Suicide behavior in women affected by breast cancer and gynecological cancer

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Objectives: Different cancer types were differently associated with suicidal ideation. Women with breast and gynecological cancer specifically show high levels of depressive symptoms and anxiety. Understanding suicide rates and risk factors in this population would represent a tool that can be used to plan customized prevention strategies. The aim of the current study is to estimate the suicide rate and identify the factors that contribute to suicide risk among women with breast and other gynecologic cancer. Methods: A systematic research was performed in PubMed and PsycINFO. The following criteria must be met by studies to be included: be an original research, include participants between 18 and 65 years old, investigate suicide behavior (thoughts, suicide attempts or suicide) in women affected by breast cancer and/or other gynecological cancer. Results: Nine papers fulfilled inclusion criteria. The suicide rate among women with breast or gynecological cancer was higher than that of the general population. Ovarian cancer was associated with the higher suicide risk and suicidal ideation. The extent of surgical demolition is positively associated with both. Psychological factors, like self-perceived burden and alexithymia, could also have an impact on suicidal thinking Conclusions and clinical implication: Women with breast and gynecological cancer are at high risk of suicide Interventions designed to reduce the burden of psychological factors could be beneficial in reducing these risks.

PS247: Limited English proficiency is a barrier to adhering to guideline preventative care: Colorectal cancer (CRC) screening behaviors among a diverse sample of adults in California, USA

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Objectives: This study aimed to evaluate how language proficiency is associated with colorectal cancer screening options. Methods: A diverse, representative sample was drawn from the largest state health survey in the USA (N=12,424 adults, ages 49-75 years). Participants were classified as having (n=10,934, 88%) or not having (n=1,490, 14%) English proficiency. Analyses examined the impact English proficiency on A). self-reported completion of: 1) stool or fecal blood test within past year (FBT) and/or 2) endoscopy screening within 10 years, and B). adherence to guideline care (completion of one or both tests). Analyses examined differences by gender, and adjusted for race/ethnicity, marital status, age, education level, and health insurance status. Results: English-proficient individuals were more likely to have completed an endoscopy screening in the last 10 years and be adherent to guideline care (69% and 80%, respectively) compared to limited-English proficient respondents (44% and 59%, p< 0.01). There were no differences in adherence to FBT guidelines by language proficiency. Furthermore, among English proficient respondents, there were no gender differences in adherence to guideline care. However, men with limited-English proficiency were the least likely to adhere to guideline care (OR=0.6 (0.4, 0.9), p=0.007) or to have completed an endoscopy screening within 10 years (OR=0.6 (0.4, 0.9), p=0.02)).

Conclusions/Clinical Implications: Language proficiency impacts adherence to care; providing culturally appropriate and sensitive translation services is necessary.

PS249: Emotional experience of cancer patients undergoing oral antineoplastic treatment

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Oral treatment carried out from the patient's home can bring challenges and also significant emotional suffering depending on the factors involved in the illness. The objective of the work was to characterize the emotional experience of patients, aiming to provide input for the development of assistance interventions, in the prevention and promotion of health from a biopsychosocial perspective. The participants were cancer patients undergoing oral antineoplastic treatment followed by the oral chemotherapy center of a private center that is a reference in cancer treatment in Latin America. Data were collected through an online form, using the Distress Thermometer as tools, and the survey with open questions to better understand and qualify the experiences. After data collection, they were analyzed for their statistical relevance and also through content analysis, corroborating the emotional impact evidenced in the literature and contributing to the implementation of a new care flow carried out via teleservice.

PS250: Mexican Survivors and Therapists' assessment of the Culturally Adapted Manual after a group therapy of Fear of Cancer Recurrence (FORT-Mx)

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Background. Culturally adapted psychological interventions are more effective than those that are non-adapted. This study assesses qualitative data from a culturally adapted manual of Fear of Cancer Recurrence therapy (FORT) in Mexican breast cancer survivors (MBCs) and their therapists. Method After a rigorous cultural adaptation process of the patients' FORT manual, we implemented a usability study for the first time in Mexico. MBCs were invited and accepted to participate. The therapy included six sessions, using manuals for therapists and survivors. Both were interviewed post-assessment about this material's usability, satisfaction, barriers and facilitators. Results Therapists and patients agreed that the manual guided the therapy process, but survivors said some instructions still needed clarification, and they were demanding and specific. For therapists, the patient's manual needed to be more coherent with the therapists'. Both agreed that the most challenging activity was asking patients to simultaneously think on two cognitive levels. The ABC activity was described as a therapeutic facilitator. The therapist indicated that barriers might be solved by having more explicit, didactic and visual instructions. Conclusions and Clinical Implications According to survivors and therapists, the manual still needs improvement regarding instructions and visuals. Despite the evidence, these data showed that assessing patients' experiences of therapy in real life is an indispensable step for obtaining accurate and reliable culturally adapted interventions.

PS251: Key Insights and Strategies for Recruitment and Retention: Engaging Latina Cancer Survivors and Their Partners in Psychosocial Intervention Trials

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Latino cancer survivors are underrepresented in psychosocial intervention studies, and recruitment descriptions are often vague, limiting our understanding of effective recruitment methods. This study assessed recruitment and retention strategies from a randomized control trial (RCT) of a web-based psychosocial intervention, Together After Cancer, for Latina breast cancer survivors (LBCS) and their intimate partners (IP). Recruitment and retention data from the RCT (N=227 individuals to date), notes from team debriefing meetings, and input from the project's community advisory board were assessed through continual reflection and reevaluation of approaches. Several themes emerged, technical literacy, low IP engagement/interest, LBCS gatekeeping due to gender norms (e.g. marianismo, simpatía), and passive refusal. We addressed these issues by revising messaging, developing partner-specific materials, reframed the study narrative, incorporated cultural values (i.e. personalismo), and revised time/modality of communication. To tackle RCT design challenges and time/capacity constraints, we streamlined communication and incorporated warm hand-off protocols between sites, developed new recruitment materials (e.g., interactive videos), partnered/built relationships with physicians, and expanded inclusion criteria Key insights for successfully recruiting and retaining Latina cancer survivors include weaving cultural nuances and values into recruitment and retention procedures and materials, having a gender and language diverse team, and pivoting when necessary.

PS256: Hardiness, distress and psychological adjustment to various stages of pediatric allogeneic HSCT

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Objective. The interrelations between the nature of stress and hardiness, their sustainability, especially in children and adolescents, and the relationship of resilience to other personal characteristics, such as the choice of stress coping strategies, remain relevant. The aim was to analyze the dynamic and interrelations of hardiness, distress and coping strategies during conditioning, on -1week-day 0 (T1), on +3-4 week (T2) and 3 months after HSCT (T3). Methods. Measures of distress DRS (T1, T2, T3), coping behavior ACS (T1, T2, T3) and hardiness PVS III-R (Maddi) (T1) were obtained from 47 patients (aged 8-18, M=12.7, SD=2.6) with hemablastosis, primary immunodeficiency and aplastic anemia. Results. The higher the patient's hardiness (T1), the lower the patient's distress on T1 ($p<.01$) and T2 ($p<.05$), but not on T3. The younger patients are, the higher sense of Control and ability to face HSCT as a Challenge ($p<.05$) is, which may be due to better understanding and awareness of the threat among adolescents. Control correlates negatively with non-productive coping strategies: Worry and Self-Blame on T1 (p<0.01), which in turn are directly related to higher distress on T2 (p<.01). Conclusion implications. The results proved the importance of further contributions of personality factors study' to the patients' adjustment to HSCT. It will help to better understand the mechanisms of psychological adjustment of children during HSCT, to determine the targets of psychological support, and to identify risk factors prior to HSCT.

PS257: Eliciting beliefs of patients with hereditary colorectal cancer regarding cancer surveillance behavior

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Objectives: Patients with hereditary colorectal cancer (HCRC) need regular surveillance for both intestinal and extra-intestinal (endometrial, ovarian, upper gastrointestinal, etc.) cancers. This study aims to explore the behavioral, normative and control beliefs of patients with HCRC to perform cancer surveillance from the Theory of Planned Behaviour (TPB). Methods: A belief elicitation study was conducted. Twenty-three patients with HCRC were recruited in South China. Transcripts from one-on-one interviews were analyzed using deductive content analysis with TPB. Results: The benefits of cancer surveillance have been widely recognized, but meanwhile, fears of stigma, poor outcomes and side effects of medical tests were weakening the intention for surveillance. Participants perceived support from health professionals, spouses and friends; first-degree relatives and other patients with HCRC provided support and served as a reference group by performing cancer surveillance. Control beliefs were linked to limited time, excessive cost, unpleasant medical examinations, no physical discomfort, conflict with daily life, and a desire for HCRC knowledge from health professionals. Conclusion: This elicitation study revealed the factors that are not common to patients with sporadic CRC, such as stigma due to hereditary disease, demonstration effect of individuals, and desire for HCRC knowledge. These findings can help develop a specific TPB-based scale to interpret relationships between beliefs and surveillance for patients with HCRC, and inform clinicians to target interventions.

PS259: Development and validation of the CARE-FCR: A caregiver-specific measure of fear of cancer recurrence and progression

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Objective: Fear of cancer recurring or progressing (FCR) is a key concern for cancer caregivers- 48% report FCR at levels considered clinically significant among survivors. A recent systematic review investigating the utility of caregiver FCR measures found low adherence to measure development and validation best practice as outlined by the COSMIN taxonomy. This study aimed to develop and evaluate the psychometric properties of a caregiver-specific FCR measure (CARE-FCR). Methods: Item generation was guided by a qualitative systematic review and interview studies. Caregivers (n= 438) (56% female, M(age)= 50.5 years, SD= 17.4) completed an online survey including demographics, care provision information, and questionnaires. Convergent validity was assessed using pre-existing measures of FCR, depression, anxiety, death anxiety and meta-cognitions. The CARE-FCR was completed again after 2 weeks to assess test-retest reliability. Factor structure was determined using Exploratory Factor Analysis (EFA) followed by Confirmatory Factor Analysis. Results: EFA indicated a 3-factor structure: recurrence, progression, and communication. The 23-item scale demonstrated good convergent, divergent validity, internal consistency (overall Cronbach's α= .96, progression= 0.93, recurrence= .92 and behaviours= .78) and test-retest reliability (r(377) = .81, p = <.001). Conclusions: The CARE-FCR is a theoretically informed measure capturing FCR aspects unique to the caregiver. This measure will facilitate improved estimates of caregiver FCR and aid intervention evaluation.

PS260: Exploring the Lived Experiences of Gay Men and their Partners Following a Diagnosis of Prostate Cancer: An Interpretative Phenomenological Analysis Study

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Objectives: This study aimed to explore the psychosocial experiences of gay men and their partners navigating the challenges posed by a diagnosis of prostate cancer. Namely, to understand the impact of diagnosis on relationship dynamics and to identify the health repercussions. The study aims to highlight the specific needs of this demographic, addressing the gap in existing support systems and literature. Methods: A qualitative approach facilitated a deep exploration of their personal experiences and coping strategies. The participants were 6 gay men in monogamous relationships. Interpretative phenomenological analysis was employed to analyse interview data. Results: Interviews were conducted with three gay men who have been diagnosed with prostate cancer and their partners. The themes highlighted emotional challenges stemming from the evolution of relationships towards companionship, compounded by a sense of isolation and exacerbated by sexual dysfunction. The lack of targeted support services was palpably felt. Anxiety concerning prostate-specific antigen testing emerged as a common theme, indicating ongoing fears of cancer recurrence and its impact on mental well-being. Conclusion: This study demonstrates the urgent need for more inclusive research and development of support services tailored to the needs of gay men with prostate cancer and their partners. It calls for a broader recognition of the unique challenges faced by this community, advocating for improved health support and resources to facilitate better-coping mechanisms.

PS261: Does psychological burden predicts QoL in informal caregivers of palliative outpatients?

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Objective: Informal caregivers (IC) of patients treated for advanced illness might experience several burdens including an impaired quality of life (QoL). This project aims to identify psychological factors that are associated with impaired QoL. Methods: The

PRePP-study, a mono-centric, longitudinal, observational study was conducted from 04/2021 to 08/2022. It involved 250 patients and 152 ICs receiving support from a specialized outpatient palliative care team. Standardized questionnaires (WHOQOL-BREF, NCCN Distress-Thermometer (DT), PHQ-9, GAD-7) were applied and additional clinical and sociodemographic derived. Exploratory (moderated) mediation analyses were employed to examine the potential impact of distress (as a predictor) and anxiety or depression (as mediators) on different QoL domains. Results: Data from 116 ICs (average age: 65 years; 70% female; 69% spouses) was analysed. . Although QoL scores were similar to those of the general population, 82% of ICs exhibitied above-threshold DT scores. There were predominantly moderate to large correlations between DT, GAD-7, PHQ-9 scores, and various QoL domains. Depression and anxiety fully mediated the effects of DT on psychological and physical QoL. Conclusion/implications: Contrary to expectations, the overall QoL scores of ICs paralleled those of the general population. However, the study confirms that psychological burdens significantly predict the quality of life in informal caregivers. These findings underscore the need for further research in order to explore effective support mechanisms for ICs.

PS266: A randomized controlled trial of a couple-based complex intervention in caring for couples coping with colorectal cancer

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Objective: To examine the efficacy of a couple-based intervention in supporting couples adapting to colorectal cancer (CRC), and compare the effects of different intervention delivery modes (online, face-to-face, and blended) on couple outcomes. Methods: A four-arm randomized controlled trial was conducted. Couples were randomly assigned to an online intervention, a face-to-face intervention, a blended intervention, or a control group. Self-efficacy, dyadic coping, communication, and dyadic outcomes were evaluated at baseline and six weeks later. Analysis of variance (ANOVA) and repeated measures ANOVA were employed to assess between-group differences and within-group effects in the four groups, respectively. Results: Of the 286 eligible couple dyads contacted by the researchers, 212 couples signed consent forms and filled out baseline questionnaires (recruitment rate = 74.1%). Of the 212 couples, a total of 179 completed the 6-week study and post-study assessments. The program showed generally medium-to-large effects across multiple measured outcomes, including self-efficacy, dyadic coping, communication, physical and mental health, negative and positive emotions, and marital satisfaction, for both patients and spouse caregivers. Additionally, interventions delivered through different modes produced equally significant effects on couple outcomes. Conclusion implications: These results supported the effectiveness of the program in improving cancer adaptation in CRC couples. Integrating this program into clinical care may allow couples to better adapt to life with cancer.

PS267: Cancer Patients' Satisfaction with Proton Medical Services

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The Radiotherapy Centre uses protons for cancer treatment.Precise targeting of the lesion through proton therapy reduces the radiation dose to normal tissues around the lesion and eliminates the risk of treatment.

Purpose:The aim of this study is to investigate the effectiveness of proton therapy in caring for cancer patients. Methods:A cross-sectional purposive sampling was used, Result : That from January to December 2023, 229 patients received proton therapy. Head and neck cancer (18%), breast cancer (16%), lung cancer (12%), kidney and urinary tract cancer (11%), brain tumour and brain metastasis (9%). Psychological disturbances were found in 45.5% of patients treated with radiation oncology (including proton), with symptoms such as anxiety, fear, uncertainty, crying, etc. Clinical care services are provided: treatment information, skin, oral and nutritional care, and psychological support. The satisfaction rate of post-proton therapy care services was 96.85%, of which 92.3% were improved in terms of mood. Conclusion: It shows that proton therapy cancer patients receive whole-person medical care, actively assist and solve the physical and mental disturbances of cancer patients, and provide complete medical information and care and hygiene education, which can improve their quality of life.

PS268: Multidimensional Analysis of Psychological and Nutritional Factors in Gynecological Tumor Surgery Patients

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Objectives: This ongoing study explores correlations among psychological and behavioral factors, including distress, anxiety, depression, eating behavior and body image in patients undergoing gynecological tumor surgery within a multidisciplinary approach involving psychologists and a nutritionist. Methods: From October to December 2023, 71 patients (m=53 y.o.) were assessed at admission (T0) and discharge (T1) through Distress Thermometer (DT), Hospital Anxiety and Depression Scale (HADS), Teruel Orthorexia Scale (TOS), Body Image Scale (BIS), and Mini Nutritional Assessment (MNA). Results: At admission (T0), significant correlations were observed between DT and HADS-A ($p<.001$), DT and HADS-D ($p<.001$), as well as between HADS-A and HADS-D ($p<.001$). An association was found between food intolerances/allergies and nutritional assessments (MNA, $p<.001$). Longitudinally, DT, anxiety, and depression significantly decreased ($p<.005$) from T0 to T1, while concern for body image post-surgery increased ($p<.001$). Lastly, a decline was observed in the TOS between T0 and T1. Conclusions and Clinical Implications: Preliminary results suggest reduced anxiety and depression post-surgery. The decrease in orthorexic tendencies highlights the role of nutritional support in fostering healthy eating behaviors. These results emphasize the importance of addressing psychological and behavioral aspects in managing gynecological cancer patients, especially upon admission. A multidisciplinary approach integrating psychological and nutritional support can enhance patient well-being.

PS269: Effectiveness of clinical care provided by Navigator to elderly cancer patients

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In an aging society, "geriatric cancer care" is an urgent and important issue. Therefore, in the medical care of elderly cancer patients, it is important to integrate the healthcare team to provide treatment guidelines and counselling, symptom relief, psychological support and companionship, as well as social resources and referrals, in order to care for and follow up elderly cancer patients. Purpose:This study is to investigate the effectiveness of navigational caregivers in caring for elderly cancer patients in clinical practice. Methods& Results :This study aimed to investigate the effectiveness of navigational caregivers in caring for elderly cancer patients in clinical practice. A cross-sectional purposive sample of 119 patients, 70 males (58.8%) and 49 females (41.2%), received care from the navigators from January to December 2023, Conclusion:Provided with therapeutic health education, psychological support, and other supportive services. After the provision of therapeutic health education, psychological support and companionship, 95.3% of the elderly cancer patients were satisfied with the clinical care provided by the navigators.

PS270: Socioeconomic and Educational Disparities in Healthcare Utilization in the Last Year of Life of Patients with Advanced Cancer

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Purpose: To assess socioeconomic status (SES) and educational disparities in healthcare utilization in the last year of life of patients with advanced cancer Methods: Prospective, longitudinal, multicenter, observational study in patients with advanced cancer (eQuiPe). Patients completed three-monthly follow-up questionnaires until deceased. SES was defined as estimated income on street level. Healthcare utilization included number of healthcare contacts, hospital admission and emergency department (ED) admission. Descriptive analyses and mixed-effects logistic regression were used to assess associated factors. Results: A total of 672 patients were included, of whom 88 (13%) had low, 374 (56%) medium and 177 (26%) high SES. Patients with low SES significantly less often had a partner or children living at home than patients with high SES. Low educated patients were significantly more often religious, less often had children living at home and more often had comorbidities than high educated patients. Regression analysis showed a significant increase in healthcare utilization in all SES groups in the last year of life. Patients with low SES were more likely to have >5 contacts (OR 1.7) and to visit the ED (OR 1.7) than patients with high SES. No associations were found for educational level. Conclusion: Patients with low SES have more healthcare contacts and more frequent ED visits in their last year of life. It is important for physicians to be aware of the high healthcare use in patients with low SES and to try to minimize the difference by more specific patient education.

PS273: Narrative Palliative Care: Concept Proposal and Medical Consultation Analysis

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Objectives By summarizing the development experience of narrative medicine(NM) at Peking Union Medical College(PUMC), we contribute to the theorization and practical implementation of NM in China's clinical settings. Methods Firstly, we introduce the concept of "narrative palliative care" as palliative care(PC) guided by NM principles, demonstrating the compatibility between the two disciplinary fields. Secondly, we integrate PC faculty and cases into NM courses at PUMC and provide students with PC volunteering opportunities. Lastly, in clinical practice, our team proposes "narrative medical records" to integrate narrative content into the existing medical record writing system, allowing for the institutionalization of NM in China's clinical settings. Results By analyzing a case study of a PC consultation, we present an interpretation of the narrative palliative care concept through a microfilm. The utilization of "narrative medical records" in PC signifies a significant methodological advancement in medical practice. This approach provides a viable means for NM to adapt to the medical context in China, thereby promoting its localization process. Conclusion and clinical implications The PUMC NM development serves as a model for medical colleagues. Ongoing research suggests that narrative palliative care could be a pathway for humanistic medical practice.

PS279: Evaluating Oncology Patients' Readiness for Digital Mental Health Solutions in Czech Clinical Settings

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Objective: The RCT on a mobile health app's efficacy for oncology patients' mental support at the Masaryk Memorial Cancer Institute, Czech Republic, uncovers initial eHealth implementation challenges. This study presents target demographic statistics, evaluates readiness, and reports initial dropout rates for a digital mental health application among breast cancer patients. Methods: Coordinators personally recruited patients who met the inclusion criteria. To reach the target population, a media campaign has been running through advertising banners in waiting rooms, podcasts, radio broadcasts, websites, social media, and approximately 5,000 leaflets. Results: Of the 574 approached patients, 58% declined participation, with a mean age of 61 years (SD ± 11.9), citing disinterest in psychological interventions, no personal mobile device, time constraints, or low tech skills. The consenting patients' mean age was 53 years (SD ± 11.6), with a 10%

dropout rate before the intervention began. Conclusion Implications: The results indicate that readiness for digital mental health applications is influenced by age and access to technology. To address the engagement of older generations, strategies to enhance eHealth accessibility are essential. Implications for reducing attrition in future studies are currently under discussion. This research is supported by the Czech Ministry of Health grants NU22-09-00056 and Masaryk University's Specific Research Programme, grant MUNI/A/1319/2022.

PS280: Supportive care needs in patients with newly diagnosed cancer and their relatives: Results of a multi-center prospective longitudinal observational study

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Objective: Cancer patients and their relatives are facing major challenges during the trajectory of treatment. The aim of the work is to analyze supportive care needs in patients and relatives, taking into account the Socioeconomic Status (SES). Methods: Data originated from the multicenter observational cohort study LUPE across four measurement time points: within 2 months after diagnosis (t1), 6 (t2), 12 (t3) and 18 months (t4) after t1. Sociodemographic and medical data were gathered using standardized questionnaires and medical records. Supportive care needs were measured using the Supportive Care Need Survey (SCNC-34). Results: At t1 1,150 patients (54% men, Ø age 60.4 years) and 357 relatives (33% men, Ø age 56.7 years) participated. Tumor of prostate (18%) and melanoma (18%) were the most common cancer entities. The supportive care needs in patients are high at t1 (30-80%), and decrease significantly over time (30-60%, t4). A decrease was also observed in the supportive care needs in relatives. Taking the SES into account, both patients and relatives independently indicated similarly high needs at t1. However, at follow up patients and relatives with low SES reported significantly higher needs than in the samples with a medium and high SES. Conclusion: Results indicate that lower SES is associated with higher level of supportive care needs. Further analyses are required in order to be able to make statements about adapted support.

PS281: Factors of Emotional Distress among Patients with Gynecological Cancer

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Objectives: Gynecological cancers significantly influence the emotional well-being of women. However, the exploration of emotional distress within this context has been limited. Our study aimed to pinpoint the contributing factors of emotional distress among patients withgynecological cancer.Methods: This retrospective study was conducted from January 2020 to December 2022. Data were extracted from three clinical databases and 72 patients with gynecological cancers were selected. Emotional assessment tools included the Brief Symptom Rating Scale (BSRS-5) (5 items) and the ESAS Assessment Tool (12 items). Results:75% of the patients were married. The mean age was 52.3 years (SD= 9.8). 95.8% of the patients had religious beliefs. 68.5% of the patients worked. 91.7% of the patients were initially diagnosed and 93.1% of the patients were single cancer. 51.4% of the patients were diagnosed with ovarian cancer. 41.3% of the patients were in stage I. 50% of the patients received surgery; and 87.5% of the patients received chemotherapy. Using the GEE analysis of BSRS-5 and ESAS, common factors included ovarian cancer, multiple cancers, surgery, and chemotherapy. Other significant factors depended on different items from emotional distress.Conclusions and Clinical Implications: BSRS-5 and ESAS are effective for screening emotional well-being and detecting distress risk in gynecological cancer patients. They enable health providers to swiftly refer for psychological care, aiding patients in managing their emotional responses to illness and treatment.

PS282: Psychosocial distress in cancer patients: A concept analysis

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Objective: To conceptualise psychosocial distress in cancer patients. Methods: The Walker and Avant concept analysis approach was applied. Studies published from inception to August 2023 were searched in PubMed, EMBASE, Cochrane Library, Web of Science, PsycINFO, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Wanfang Data Knowledge Service Platform. Additional studies were included by manually reviewing the reference lists from relevant research. The final included articles focused on attributes, antecedents and consequences of psychosocial distress in cancer patients. Results: A total of forty-three included articles provided data for psychosocial distress conceptualisation. Analysis identified that psychosocial distress in terms of cancer has four defining attributes: (1) role dysfunction, (2) negative self-perception, (3) disrupted daily life, and (4) unpleasant emotion. Antecedents of psychosocial distress were cancer-related stressor and inability to cope. The consequences were negative health-related behaviors and unhealthy outcomes. Conclusion implications: This study clarifies the concept of psychosocial distress by exploring its various applications. The concept analysis of psychosocial distress based on the defining attributes, antecedents and consequences resulted in a preliminary conceptual model, which can be further tested. This identified attributes, antecedents and consequences may enhance health professional's understanding of the nature of psychosocial distress and inform tailored interventions.

PS283: Comparison of Psychosocial Risk Assessment of Children with Cancer and their Families in Five Iranian Hospitals

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Objectives Childhood cancer is a challenging disease that hugely impacts the child’s family too. Meanwhile, access to medical and welfare resources may play a crucial role in the treatment of children with cancer (CWC). Therefore, assessing psychosocial risks related to the child and the family such as family resources, social support, stress reactions, and family beliefs is the first step to plan psychosocial interventions. Method This study aimed to compare the psychosocial risks among CWC and their families in five hospitals across Tehran, Kerman, and Khuzestan provinces of Iran. Totally, 622 parents of affected children were invited to complete the standardized, Persian version of the Psychosocial Assessment Tool (PAT) questionnaire. Results The findings indicate that the CWC and their families were at different levels of psychosocial risks significantly based on the hospital (p= 0.003) and province of residence (p= 0.008). However, no significant difference was observed based on gender (p= 0.355) and type of cancer (p= 0.087). Conclusion Conducting a comprehensive psychosocial screening is of great importance to design an effective treatment plan. In addition, the result implies the significance of personalization of treatment as patients looked meaningfully varied considering their living and treatment conditions. Key Words: Psychosocial Assessment, Childhood Cancer, Assessment of Families, Screening, CWC, Pediatric Oncology

PS285: Determinants of mental health issues in adolescents and young adults with cancer: Preliminary results of a Portuguese multicentric study

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Cancer is the leading cause of disease-related death among adolescents and young adults (AYA), negatively impacting their mental health. However, little is known about the role of emotional suppression, social support and family functioning. This study aims to assess if emotional suppression, social support and family functioning predict distress and fear of cancer recurrence (FCR) among AYAs. Forty-three AYAs diagnosed at 15-25 years were recruited in four hospitals and one association. Fifty-one percent were female, with 24 years at recruitment and 19.7 years at diagnosis, on average. Most participants (62.8%) were off-treatment. Participants completed a self-report questionnaire in person or online. Preliminary results indicate that anxiety was associated with higher depression and FCR; and depression was related to higher FCR, anxiety and emotional suppression and lower social support. As for FCR, no significant correlation was found with emotional suppression, social support and family functioning. Both depression and FCR were significant predictors of anxiety. As for depression, FCR, social support and emotional suppression were significant predictors. Experiencing high FCR, low social support and using emotional suppression seem to be risk factors for depression among AYAs with cancer. Future studies should assess if any of these variables impacts the relationship between FCR and depression. A higher understanding of which factors impact the mental health of AYAs could inform interventions tailored to this population that could be integrated in clinical practice.

PS286: Deep continuous sedation until death: attitudes and psychological adjustment of relatives and healthcare providers: a systematic review

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Objectives: The practice of deep sedation is considered an ethically challenging intervention for healthcare providers (HCP).

However, little is known about the well-being of HCP and relatives in this context. This systematic review investigates the psychological adjustment of relatives and HCP of patients with cancer undergoing continuous sedation. Methods: This review followed PRISMA guideline and was registered in Prospero. Six electronic databases (Embase, Scopus, Web of Science, PsycINFO, PubMed and Cairn) were searched to identify empirical studies on this topic. One researcher assessed the studies eligibility, and the CCAT was used by three researchers to independently assess studies quality. Results: Out of the 860 articles screened, 38 were included. Quantitative studies on the psychological adjustment of relatives in the sedation context are limited. Existing qualitative research consistently shows relatives' acceptance of sedation for patients' comfort. HCP aim to honor patient and family wishes, prioritizing pain relief, yet acknowledge emotional and ethical challenges associated with sedation. Conclusion: This review sheds light on the perspectives surrounding continuous sedation; qualitative studies show that relatives accept sedation, but quantitative research is scarce. HCP face emotional and ethical dilemmas. It elucidates the existing gaps pertaining to this critical aspect of palliative care in France. It underscores the need to further investigate the psychological adjustment of caregivers involved in the care of patients undergoing deep sedation.

PS287: Validation of a scale to assess fear of cancer recurrence among Portuguese adolescents and young adults

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The literature has shown that adolescents and young adults (AYAs) with cancer frequently report high fear of cancer recurrence (FCR). However, no instrument has been specifically validated to assess FCR levels among this population. So, this study aims to validate the FCR7 scale for Portuguese AYAs. Ninety-two AYAs diagnosed at 15-25 years were recruited. Most participants were women, diagnosed, on average, at 19.38 years and with 26.01 years at recruitment. Approximately 75.1 months had passed since the diagnosis, and most AYAs were off-treatment. A self-report questionnaire was used to assess FCR, anxiety, depression and quality of life. Patients and the public were involved in the improvement of the scale. Results show a good internal consistency for the Portuguese version of FCR7, confirming its unidimensional model. Concurrent and divergent validity were confirmed. Approximately 70% of AYAs experienced clinically significant levels of FCR. The FCR7 proved to be an appropriate scale to assess FCR levels among Portuguese AYAs. This is an important resource for Portuguese health professionals, allowing the assessment of FCR in clinical practice and guiding interventions targeting the management of FCR in this population. Future studies should continue to validate FCR instruments for AYAs in other countries.

PS290: Returning to work: making interventions really work

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BackgroundFor many cancer patients, maintaining work is essential to their quality of life. Programs are designed to reach this goal, however, with varying success. So how can we address these needs more adequately?MethodologyTo get insight into the needs of employees, a scoping review was made to map the key concepts of the stressors involved in cancer and its aftermath. New insights from both affective neuroscience and immunology revealed useful themes on restoring both brain and body that the literature did not highlight yet. Impact on clinical practiceAffective neuroscience shows that our basic needs arise deep subcortically, far below our 'thinking center', the neocortex. If urgent needs are detected, distress evolves and our primary emotion systems are switched on. As distress increases, the limbic system blocks the neocortex. Medications, f.i. suppressive hormone therapy, also disturb the brain's functioning. Plus, cancer treatment causes body-wide tissue damage causing 'low grade inflammation' that affects the energy levels of the employee.DiscussionReturning to work is distress. Affective neuroscience shows that human interactions can directly reach the deep subcortical areas where distress originates, whereas cognitions cannot. Being kind decreases distress and restores the brain's capabilities to regulate emotions. Both affective neuroscience and immunology show that recovery from brain and body damage takes time. It requires rest, adequate timing, small steps and humane care. Understanding these processes is vital to tailor support for employees with cancer.

PS291: **Psychological status and influencing factors of female breast cancer patients during the period of major infectious diseases：A cross-sectional study from Shanghai, China**

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Objective To investigate the psychological state of female breast cancer (FBC) patients during the period of major infectious diseases (MID), and explore the related factors of the public psychological state. Methods 252 FBC patients during the period of MID were selected according to the convenient sampling method, and the questionnaire of the demographic information, Symptom Checklist 90 (SCL-90) and Social Support Rating Scale (SSRS) were used. Results In 252 eligible people, the total scores of SCL-90 were between 90.00 and 276.00, with a median of 121.00, and the total average scores of SCL-90 were between 1.00 and 3.07, with a median of 1.34. The average SSRS total score was (38.86 ± 7.44). The SCL-90 total scores were positively correlated with education level ($r=0.131$, $P < 0.05$) and fertility status ($r=0.192$, $P < 0.001$), and were negatively correlated with self-rated psychological influence ($r=-0.561$, $P < 0.01$) and SSRS total score ($r=-0.214$, $P < 0.001$). Logistic regression analysis showed that high education level ($OR=1.675$, $P < 0.05$) and high self-rated psychological influence ($OR =8.695$, $P < 0.001$) were risk factors for psychological state. While the high SSRS total score ($OR =0.468$, $P < 0.001$) was protective factor for psychological state. Conclusions Psychological state of FBC patients during the period of MID is relatively stable. Psychological state of interviewee is poorer if who is higher educated and high self-rated psychological influence, while better if being

better social supported. Social support should be strengthened for FBC in post pandemic era.

PS292: Application of Complex Systems Theory to Cancer-Related Cognitive Change (CRCC)

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Objective / Purpose: To propose a new model to understand cognitive changes experienced by cancer survivors. Methods: Literature review and theoretical integration. Results: Standard neuropsychological assessment assumes that cognitive function is a stable trait and that cancer treatments cause a change in that trait (a deficit). However, cognitive performance is highly variable depending on the state of the individual (e.g., fatigue), characteristics of the situation (e.g., distraction), and task difficulty. Real-world cognitive function fluctuates from optimal to less than optimal, variation not captured in periodic assessments. A hallmark of dysregulation in complex systems, here caused by cancer and cancer treatments, is increased variability. Increased variability in reaction time with no difference in mean reaction time has been demonstrated in cancer survivors. We propose that CRCC is an increase in variability of cognitive function, increasing the probability of shifting to and spending more time in a less than optimal cognitive state, rather than a change in the "trait" of cognition, which is consistent with survivors' reports of good and bad days. Conclusions and Clinical Implications: Defining CRCC as increased variability in the cognitive system requires an assessment methodology that captures variability e.g., methods based in cognitive neuroscience. Treatment implications include interventions that maximize system stability and target factors that contribute to variability, e.g., distractibility and difficulty filtering out irrelevant information.

PS296: Quality of life (QOL) at Glioma diagnosis and its relationship with clinical and sociodemographic characteristics: a pilot study

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Objective: To evaluate the perceived QOL in people with glioma at hospital admission. Methods: 39 patients (F: 17; age: 58,69 +- 13,2) with a new diagnosis of glioma completed EORTC QLQ-C30 questionnaire, specific for assessing QOL of cancer patients. Functional and symptomatic indexes were transformed in Z score using recent normative data. Sociodemographic and clinical data were used to compare groups applying Kruskal-Wallis non-parametric test. Results: Mean Z scores of each index do not differ from normative data (range: -0,68 – 0,28). Females show worse perceived General Health Status (p: .009) and Fatigue (p: .033). Subjects still working (N: 17) display worse Social

Functioning (p: .043) compared to unemployed or retired people (N: 8). Living with a partner or having children is not associated with differences in indexes. Patients with frontal lobe involvement (N: 17) show a worse Physical Functioning (p: .010). Temporal involvement (N: 20) leads to a worse Physical Functioning (p: .007), Appetite Loss (p: .04) and Diarrhoea (p: .047). Parietal involvement (N: 16) leads to a better Role Functioning (p: .050). Occipital areas involvement (N: 6) leads to a higher Fatigue (p: .043). Presenting seizures, lesion grading and hemispheric side lead to no differences in QOL. Conclusions implications: Participants' QOL at admission aligns with normative sample, coherently with the abrupt onset of symptoms in gliomas. Sex, being employed, lobar localization may play a role in QOL. Notably, the role of sex is coherent with other studies and must not be neglected.

PS298: Developing provision of psychosocial services: introduction of an internet-based program for cancer patients

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Background. Cancer diagnosis gives rise to psychological distress and may significantly reduce the quality of life of the patient. Psychosocial care is a necessary part of cancer treatment. With increasing number of patients due to aging population and patients living longer with more effective treatments, the demand for psychosocial services increases. Internet-based psychosocial interventions with their better scalability and accessibility may complement traditional appointment services. Methodology. Internet-based therapy for cancer patients is a new program that is introduced spring 2024 at the Helsinki and Uusimaa Hospital District. The program comprises seven weekly modules with following themes: 1. Psychological shock due to serious illness; 2. How life changes with being ill; 3. Processing thoughts and emotions; 4. Coping with uncertainty and anxiety; 5. Acceptance of worry and self-compassion; 6. Challenging fears; 7. Adjusting to cancer now and in the future. The modules consist of text and audible and video materials. Trained therapist is available via messaging to support the completion of the program. The program is aimed for patients in the early stages of treatment; patients in palliative care or with fast-progressing illness are excluded. The introduction of the program is followed through patient and professional feedback, number of patients entering the program, adherence rates, and other indicators. Impact on clinical practice. When successful internet-based programs may be part of the stepped care model in the psychosocial services for cancer patients.

PS299: Implementation Science Methods: Visualising human experiences of involvement in Cancer Clinical Research

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OBJECTIVES/PURPOSE: Clinical research has traditionally been visualised as a linear pathway from 'bench to bedside' which is now out of step with the reality of complex cancer clinical trials. We aimed to identify intrinsic complexities of delivering research in the NHS, drawing out contextual challenges impacting roles and lives of cancer professionals and patients at the core of socio-medical human healthcare systems. METHODS: Visualisation methods were used to unveil the human experiences and realities central to complex clinical trials. Data were synthesised using visual and diagrammatical approaches to develop contextually sensitive design models, graphical hypotheses and human-centred perspectives capable of articulating complex healthcare systems and experiences. RESULTS: The study drew together multifaceted perspectives of 165 participants (including patients and professionals) across six inter-connected studies to develop a constructivist mixed-methods grounded theory detailing complex networks and systems of NHS trial units. CONCLUSIONS: Dynamic and reflexive visualisation methodologies are needed to understand networked challenges, and to design sustainable solutions with the requisite cohesive structures and adaptive capabilities to manage intrinsic complexities of cancer clinical research, and its pace of change. Visual diagramming can obviate the need for costly or impractical linear models of hypothesis testing through theoretical diagramming of system-wide perspectives which are situationally grounded via in-depth qualitative and place-based data.

PS302: ‘We have to wait for our death’: A qualitative study on the lay understanding of cancer among the indigenous tribes of Nagaland, India

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Objective: Health literacy is an important indicator of cancer screening and early detection. In the Northeastern states of India, Nagaland is observed to be one of the highest per capita burden of cancer. Research has recognised a need to understand the lay understanding of illness to bridge the gap between an individual’s health literacy and help-seeking behaviours. Therefore, the current study aimed to explore the individual’s understanding of cancer beliefs among the indigenous tribes of Nagaland, India. Methods: Using purposive sampling, thirty participants (Mean age: 36.2 years, SD=14.4) were recruited from the indigenous tribes of Nagaland, India, through social networking sites. In-depth semi-structured interviews were carried out. Data was analysed using Interpretative Phenomenological Analysis. Results: The themes constructed from the study were: 1) We die early, right? (Perceiving cancer as a death sentence); 2) It is like the flu for everyone; 3) What medicines cannot heal are healed by God; 4) Gendered illness representation of cancers; and 5) Cancer is a pile of garbage! Conclusions and Implications: Despite the high incidence, the study highlights the lack of accurate knowledge about cancer. Metaphors (such as flu and garbage) used for cancer underscore the importance of understanding cancer beliefs and navigating cancer care. The study suggests implementing public health messages aligned to lay understandings of illness. Further, it also implies the need to explore the use of euphemisms among healthcare providers in cancer communication.

PS303: Impact of pain severity and interference on psychopathology in cancer patients: a comprehensive analysis

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Introduction: Few studies have investigated the relationship between pain and psychopathology in a subpopulation like subjects with cancer. Aims: To investigate the effects of pain severity and interference on psychopathology in cancer outpatients. Methods: We included 208 oncology patients and divided them based on pain perception (Pain, No-Pain), pain interference (Interference, No-Interf), and suicidal ideation (Sui, Non-Sui). Assessments included the Hamilton Anxiety Rating Scale (HAM-A), the Hamilton Depression Rating Scale (HAM-D), the Young Mania Rating Scale (YMRS), and the Koukopoulos Mixed Depression Rating Scale (KMDRS). T-tests and Chi-square were employed for group comparisons, whereas Linear Regressions analyzed relationships. Results: Pain was associated with higher HAM-A and HAM-D scores compared to No-Pain (HAM-A: $p<0.01$, $F=9.98$; HAM-D: $p<0.01$, $F=11.96$), as was Interference compared to No-Interf (HAM-A: $p<0.01$, $F=14.41$; HAM-D: $p<0.01$, $F=13.80$). Higher levels of BPI severity score positively correlated with greater HAM-A and HAM-D scores (HAM-A: $p<0.01$, $F=5.36$; HAM-D: $p=0.01$, $F=5.61$), as did BPI interference scores (HAM-A: $p<0.01$, $F=6.31$; HAM-D: $p<0.01$, $F=6.26$). No other differences emerged. Conclusion: Our data highlight the importance of an integrated approach for oncology patients experiencing pain. Further research is needed to ascertain the optimal psychopharmacological interventions for addressing both physical and psychological distress.

PS306: Family-level impact of extensive germline predisposition screening in childhood cancer: A multi family member interview analysis in parents.

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Objective: Genetic testing is increasingly integrated in pediatric oncology and a large number of families are interested. Research on the psychological impact of genetic testing is limited by a main focus on individual outcomes in parents or children and little is currently known about its impact on the family-level. Our study deals with that limitation by exploring parents' lived experiences of how their family -as a whole- is affected by genetic testing. Methods: In five families who opted for extensive germline sequencing for cancer predisposition, both parents were interviewed individually ($N = 10$). Their experiences were elicited through semi-structured interviews and the data were analyzed using Multi Family Member Interview Analysis. Results: Preliminary findings demonstrate that diagnostic genetic testing is perceived as a straightforward step in the child's oncology trajectory. When explicitly asked about its impact on the family, parents indicate that the challenges resulting from the cancer diagnosis and treatment are predominant, rather than the genetic testing. Yet several themes, for example, transmission and survivor's guilt, family communication, relational coping, mutual concern, and changes in family values and cohesion, emerged implicitly from the data. Conclusions and clinical implications: Clinicians need to be especially attentive to family-related themes during genetic counseling. Although reflected in their narratives, parents are not inclined to talk about these directly. Providing support in addressing these topics can be helpful for families.

PS307: Employment among Norwegian cancer survivors: Results from a 5-year registry-based study

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Purpose: To investigate the likelihood of being employed 5-years post-cancer diagnosis (T5) among Norwegian cancer survivors (CSs) compared to controls. In addition, we assess whether the cancer type matters for employment at T5. Methods: The participants were 13,225 CSs (identified in the Norwegian Cancer Registry, alive at T5, employed [salaried/self-employed] and ages 30-50 at diagnosis/T0), and a cancer-free control group (n = 13,225; matched on age, gender, education, and employment status at diagnosis/T0). We used multiple logistic regression for analysis and adjusted the models for sociodemographic variables and cancer malignancy. Results: CSs were 40% less likely to be employed (salaried/self-employed) at T5 compared to controls. CSs diagnosed with cancer of the respiratory- or reticuloendothelial system, or eye/brain/central nervous system cancer were less likely (40-58%) to be employed at T5 compared to those with cancer of the digestive organs; whereas CSs with skin cancer were 72% more likely to be employed at T5. Conclusion and clinical implications: Although 75% of Norwegian CSs in this study are in employment 5-years post-diagnosis, the direct/indirect effects of cancer inhibit work and CSs are less likely to be employed at T5 compared to controls. Cancer type also plays a critical role in the likelihood of employment at T5. There is a need to identify strategies at the structural level (hospital/clinical, workplaces, Norwegian Welfare Directorate-NAV) that can promote work participation for CSs.

PS308: The Hamburg Life After Cancer Program - Development, Implementation, and Evaluation of a Structured Survivorship Program – A Hybrid Effectiveness-Implementation Study

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Objectives: Advancements in cancer diagnostics and treatment have improved survival rates, yet survivors face enduring physical, psychological, and social challenges. Current care lacks standardization, primarily focusing on medical tumor-specific follow-up. This study aims to develop, implement, and evaluate a structured survivorship program at a comprehensive cancer center in Germany. Methods: The program includes multidimensional screening, a nurse navigator, a survivorship clinic, a multidisciplinary board, a care plan, a handbook, an academy, and an app-based support tool. It's a prospective, single-center intervention study with an external control group, using a hybrid effectiveness-implementation design with three time points. The primary outcome will be health-related quality of life, with self-efficacy, somatic, psychological, social, and occupational consequences being secondary measures. Data collection involves quantitative and qualitative methods, including interviews assessing acceptance, appropriateness, and feasibility. The study encompasses 500 participants in the intervention group and 250 in the control group. Data analysis follows the intention-to-treat principle. Using a participatory research approach, all study phases are supported by a patient advisory board. Expected Results: The study, starting in 2024, will present a detailed protocol at the conference. Conclusions and Clinical Implications: Upon program effectiveness, the intent is to standardize this care model for future survivorship programs, ensuring optimal and comprehensive follow-up care.

PS309: Experience of Patients with Advanced Cancer and their Spouses with a Psychosocial Intervention Addressing Parenting Concerns

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Objective: We conducted a pilot RCT examining the feasibility, acceptability, and preliminary efficacy of a psychosocial intervention supporting advanced cancer patients and their spousal caregivers who parent a minor child. Here, we report on intervention experiences. Methods: Participants completed an end-of-study evaluation and qualitative interviews following participation in a 4-session intervention: two addressing illness communication and family routines (dyadic) and two focusing on caregiver support and family death preparation (spouses only). Results: Patients (n=12; 58% female; 83% White, non-Hispanic) had a mean age of 43.5 years (SD=5.2) and time since diagnosis of 0.73 years (SD=0.53). Spouses (n=14; 50% female; 71% White, non-Hispanic) had a mean age of 45.7 years (SD=7.5). All participants found the intervention useful, acceptable, and applicable to their needs, perceiving benefit to their children. Qualitative themes included that the intervention provided reassurance, created a safe space, provided a gateway for having hard conversations, supported intentionality, and helped identify additional needs. Spouse-only sessions were valuable and there was a desire for additional sessions and support. Some indicated that the program may be most useful at the time of diagnosis, but others felt the content may be overwhelming earlier in treatment.
Conclusions and Clinical Implications: Advanced cancer patients and their spouses perceive a parent support intervention to be acceptable and useful. Additional research is needed to explore intervention timing and dose.

PS310: OPTIMIZING CANCER CARE: MIND-BODY INTERVENTIONS FOR CHEMOTHERAPY SYMPTOMS

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Objective. Chemotherapy is associated with significant side effects that can affect patients' well-being both physically and emotionally. Mind-body interventions, integrating mental and physical aspects, have gained recognition for their potential in alleviating chemotherapy-related symptoms. This review examines the efficacy of such interventions in managing chemotherapy-related side effects among cancer patients. Methods. The study was conducted across PubMed, Web of Science, and PsycINFO, examining research on the efficacy of mind-body interventions in modulating prevalent chemotherapy-induced side effects. Results.

Nine studies meeting inclusion criteria examined interventions including guided imagery, progressive muscle relaxation, yoga, and sensorimotor exercise. The findings suggest promise for mind-body interventions in alleviating chemotherapy-induced side effects. Guided imagery demonstrated overall effectiveness, while yoga was particularly beneficial in managing nausea and vomiting. Conclusion and clinical implications. Mind-body interventions offer numerous benefits in mitigating chemotherapy-induced side effects. Due to their accessibility, safety, customization, and adaptability, these therapies can be seamlessly integrated into treatment protocols. While these therapies have the potential to significantly enhance patient well-being and optimize outcomes, their efficacy may vary depending on the specific intervention and patient population, necessitating further research to elucidate optimal approaches and their long-term effects on cancer patient outcomes.

PS311: Affective psychopathology in gynecological cancer.

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Background: Women with gynecological cancer show high rates of depression. However, comparisons regarding facets of depression in these patients and those with other forms of cancer have not been established yet. Aim: To compare psychopathological characteristics of depression in gynecological cancer with those related to other forms of cancer. Methodology: Two hundred twenty-four subjects with a major depressive disorder were recruited. Subjects were divided in those with gynecological (GYN), head-neck (HN), gastrointestinal (GI), breast (BRE) and other (OTHER) cancers. Affective psychopathology was investigated trough rating scales assessing severity of depressive, anxious and excitatory symptoms, suicide behavior, impulsivity, affective temperament, hopelessness, global functioning. Analyses performed were one-way ANOVAs and linear regressions. Since GYN and BRE were composed by women only, sex entered as confounding variable in all the analyses. Results: GYN showed the highest rates of severity of depression and anxiety symptoms, together with greater rates of inhibited depression, lowest levels of impulsivity and hyperthymic temperament. In GYN, levels of hyperthymic temperament and distance from diagnosis negatively correlate with severity of depression and impulsivity. Impact on clinical practice: Psychopathological characteristics of depression in gynecological cancer can guide antidepressant choice. Discussion: The effect of temperament might enter the evaluation of depressive symptoms in women with gynecological cancer.

PS312: Humor as a Connective Coping Mechanism for Young Adults with Advanced Cancer

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Objective: Young adults with cancer face unique challenges including higher rates of psychological distress, which may contribute to increased risk of social disconnection in response to their cancer situation. Research suggests that humor might be a helpful coping approach and communication mechanism for mitigating distress and discussing difficult topics, which could be intensified for individuals with more advanced disease. Additionally, close friendships appear to offer a unique form of social support, though they have not yet been well-studied. This study qualitatively explored how humor functions within a young adult friendship impacted by advanced cancer. Method: Grounded within the frameworks of Relational Cultural Theory and Communicated Narrative Sense Making, semi-structured interviews were conducted with 12 friendship dyads. Each dyad consisted of one young adult diagnosed with advanced cancer between age 18-39 and one close friend of their choosing with no personal history of cancer. Participants were recruited through various young adult survivorship organizations. Data was analyzed via Consensual Qualitative Research (CQR) methodology. Results: Three themes will be presented in this symposium: Maintaining Normalcy; Navigating Conversations About Cancer; and Evolution of the Relationship After Cancer. Conclusion and Implications: Findings underscore how complex, flexible, and protective humor use is within a relational context, and how humor helped maintain a strong sense of connection within close friendships.

PS313: Capturing the Experiential Knowledge of Young Adults Diagnosed with Cancer: Overview of a Methodological Innovation

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Objectives: This poster aims to outline a new methodological approach to capture the experiential knowledge of young adults (YA) diagnosed with cancer, to promote self-management (SM) in the context of cancer survivorship. Methods: We used the HYVE-3D™, a social virtual reality system that offers an immersive experience without the need for virtual reality headsets, to encourage social interaction among participants. In order to prepare the immersive experience, we developed real life videos of SM challenges faced by YA diagnosed with cancer. Results: Genuine videos representing challenges faced by YA were produced and developed based on the verbatim of a previous project on SM for this population. Our multidisciplinary teams included researchers and graduate students in design, education, nursing, and film study, with the collaboration of an YA patient-partner. Four scripts were developed to discuss the topis of fatigue, return to work, and family relationships. Amateur actors were casted by the film study student and the patient-partner. Methodological steps will be explained in detail. Discussion: Based on our previous work, the immersive reality experience leads to rich discussion. Ultimately, witnessing the lived experiences of other YA diagnosed with cancer and facilitating a discussion among them allows us to access hidden experiential knowledge. This distinctive knowledge will lead to the development of SM interventions tailored to the unique needs of YA.

PS316: Experiences of bullying at school or work among survivors of child and adolescent cancer: self-report and parent proxy report

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Background: This study aimed to describe the experiences of bullying among survivors of childhood cancer. Methods: We recruited survivors aged 8-25 years, 1-10 years post-treatment and their parents. Participants completed a survey, and optional semi-structured interviews about their experiences with bullying, and other social experiences, on return to school or work. Results: A total of 73 survivors (52 children/adolescents and 21 young adults) and 61 parents (including 47 survivor-parent dyads) completed a survey, 9 survivors and 16 parents completed interviews. On survey 44% reported some form of bullying. During interview 1 survivor and 7 parents reported experiencing bullying. There was low agreement between survivor self-reports and parent reports of bullying. Survivors more commonly reported experiencing bullying. Bullying was frequently verbal teasing or social exclusion. Survivors and parents reported bullying resulted from peer misunderstanding about survivors' physical or psychological differences or from survivors' poor social competence. Proactive parents, close friendships and programs that increased peer understanding, facilitated friendships and directly targeted bullying reduced or prevented bullying of survivors. Conclusions: A significant proportion of young survivors experienced bullying on return to school which was associated with poor social and emotional functioning. A coordinated approach between young survivors, their families, treating team and school, combined with opportunities for socialisation and peer education is needed to reduce bullying.

PS317: **Patient Experiences of Outpatient Medical Oncology Infusions and Preferences for Receiving Treatment Closer-to-Home**

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Objectives Patient-centred care result better engagement with treatment and better quality of life, with significant benefits for outcomes. The aim of this study was to identify areas where service design improvements in the medical oncology infusion space might lead to more patient centred care. Methods Participants were from a large central infusion service and a smaller service providing treatment closer-to-home in New Zealand. 209 patients completed a survey and 25 patients participated in semi-structured interviews. Topics were: getting to appointments, treatment preparation, support people, processes and environment, and preferences for treatment closer-to-home. Survey data was analysed using descriptive statistics and the interview data were thematically analysed. Results Three quarters of patients were completely satisfied with their overall experience and 99% felt supported by the staff. The main issues were getting to appointments, not feeling prepared, support for side effects, comfort in the physical space and restrictions on support people. Around two-thirds of patients preferred treatment closer-to-home, but only if it was perceived as safe. Conclusion and clinical implications Patients were very happy with the care they received overall. New patient preparation processes and physical changes to the space are being developed. Travel and transport issues have been more difficult to solve. The findings also support the provision of treatment closer-to-home. These changes are likely to lead to better clinical and psychosocial outcomes for patients.

PS320: Sexual function, coping and emotional distress in cervical cancer: a comparison between surgery versus radiotherapy plus chemotherapy patients

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Objective: This ongoing prospective longitudinal study compares surgical (SURG) vs radiotherapy+chemotherapy (RTCT) cervical cancer patients and aim to assess sexual function, personal/dyadic coping, emotional distress and quality of life at baseline and after 6 months. Methods: Patients diagnosed with primary cervical cancer and undergoing surgery (I-II stage FIGO) or radio-chemotherapy (III-IV stage FIGO), were assessed at T0 (before surgery/first days of RTCT) and after 6 months using: Distress Thermometer, Hospital Anxiety and Depression Scale, Female Sexual Function Index, Mini-Mental Adjustment to Cancer (Mini-MAC), Dissociative Experiences Scale (DES-II), Dyadic Adjustment Scale, and the EORTC cervical module (EORTC-CX24). Results: Since November 2023, 31 patients were enrolled, 14 in the surgical (SURG-G, m=44 y.o.) and 16 in the RTCT group (RTCT-G, m=43.7 y.o.). SURG-G showed greater hopelessness/helplessness at MINI-MAC ($p<.002$), whereas RTCT-G had significant dissociative functioning ($p<.002$) at DES-II. SURG-G reported better vaginal functioning at EORTC-CX24 ($p<.001$). No difference was observed in emotional distress, dyadic coping, sexual function and QoL. Conclusion and clinical implications: Preliminary results indicate that SURG-G exhibits considerable helplessness/hopelessness at T0. This tendency may stem from the impending removal of an organ significant to women. Conversely, RTCT patients may already be experiencing a notable sense of detachment from their bodies. Our results require expanding the sample size to explore and confirm clinical implications.

PS321: Enhancing Adherence to Anticancer Treatments in Metastatic Breast Cancer using Machine Learning Model: Evidence from a Retrospective Study and a Randomized Controlled Trial

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Objective: Developing an adherence model grounded on real-world data for the clinical management of metastatic breast cancer (MBC). Methods: First, we conducted a multi-modal retrospective study, utilizing natural language processing to extract data from Patient Electronic Health Records (n=2.750 MBC patients from 2010 to 2020). Succeeding, an RCT (NCT06161181) (n=100) was implemented, evaluating the effectiveness of a web-based Decision Support System titled Treatment Adherence Support (Treat DSS). The RCT aims to strengthen the predictive power of the machine learning model by incorporating psycho-social, behavioral, and quality of life variables. Results: The retrospective study identified two best performing models being those predicting physical status and comorbid conditions, and short and long-term side effects. The RCT has

enrolled 71 patients (M=55.8 years). At baseline adherence score was 6.72, which increased to 6.93 at 1 month. Preliminary results indicate that adherence presents statistically significant correlations with fatigue and insomnia measured with EORTC-QlQ30 ($p = 0.03$). Conclusions and implications: Currently, the two best-performing models are being refined in the RCT. The expected achievements of the RCT will allow the creation of a new personalized aid, integrating multilevel predictors (clinical, psychological, social, behavioral, and QoL), for identifying patients with poor adherence.

PS325: Persons with cancer or cancer survivors? - Influence of designation and academic field of study on stigmatization of cancer patients by medical and psychology students

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Objective: Understanding the stigmatization of cancer patients by medical and psychology students is important, as it may affect their future care. This study examines the effects of designation (person with cancer vs. cancer survivor) and academic field (medicine vs. psychology) on stigmatization of cancer patients. Methods: In this cross-sectional study, students completed an online questionnaire assessing stigma and subjective illness theories about cancer using an adapted version of the Social Distance Scale. Participants encountered all statements, using either "person with cancer" or "cancer survivor". Designation was randomized across medical and psychology students. Univariate two-factor ANOVA examined group differences, with unpaired t-tests and correlational analyses examining variation in subjective illness theories. Results: On average medical students ($n = 179$) and psychology students ($n = 186$) showed low levels of stigma toward cancer patients. However, a small significant interaction effect indicated that medical students tended to have higher stigmatization levels towards cancer survivors, whereas psychology students showed higher endorsement of stigmatizing statements towards persons with cancer. Differences in subjective illness theories emerged between groups, e.g. regarding the influence of various sexual partners as cause of cancer. Conclusions and clinical implications: Despite similar low levels of stigma, the study highlights the influence of designation and field of study on attitudes toward cancer patients among medical and psychology students.

PS330: Sleep quality trajectories and associated factors in head and neck cancer patients' informal caregivers over a three-year period: A longitudinal study

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Objective: Cancer and its treatment could trigger sleep problems among informal caregivers. Our study assessed trajectories of sleep quality from time of diagnosis to three years after treatment among informal caregivers of newly diagnosed head and neck cancer patients and examined associations of baseline demographic, clinical, and psychological characteristics with trajectories. Methods: 232 informal caregivers of patients from the NET-QUBIC cohort completed the Pittsburgh Sleep Quality Index at baseline, 3-, 6-, 12-, 24- or 36-months posttreatment. Trajectories of sleep quality were identified using Latent Class Growth Analysis. Logistic regression analysis assessed associations between sleep trajectories and baseline demographic and medical variables, personality and coping. Results: Two distinct sleep quality classes were identified: a “poor - improving” group (n = 55, 24%) with baseline PSQI scores above the cut-off indicating poor sleep quality (intercept 10.8 [95% CI 9.9, 11.8]) and a slope of -0.19 [95% CI -0.28, -0.11]) and a “good - stable” group (n = 177, 76%) with PSQI scores indicating good sleep quality at baseline (intercept 4.0 [95% CI 3.7, 4.3] and a slope of -0.04 [-0.08, 0.00]). Female caregivers were more likely to belong to the poor than the good sleep quality trajectory. Other variables were not significantly associated with trajectories. Conclusion and implications: The majority of informal caregivers experienced a good sleep quality trajectory, while sleep quality improved in one in four caregivers who experienced poor sleep quality at baseline.

PS334: The evolving landscape of psychosocial oncology research in the Netherlands: a collective research agenda

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Objective Initiated by the Psychosocial Oncology research Consortium Netherlands (POCON), we aimed to formulate a Dutch psychosocial oncology research agenda by mapping the current landscape of psychosocial oncology publications in the Netherlands and by assessing novel research priorities. Methods We searched the keywords of the last 10 psychosocial oncology publications from January 2019 to January 2024 in which Dutch senior researchers in the field of psychosocial oncology were the first, second or last author. We created 1) a network of keyword co-occurrences to identify prevalent research themes and 2) a network of affiliated institutions to map (inter)national collaboration. In addition, a survey was sent to all Dutch senior researchers in the field to determine priority themes for the collective psychosocial oncology research agenda. These themes were compared to and supplemented with priorities from the 2022-2032 research agenda from the Dutch Cancer Collective. Results Most prevalent keywords included survivorship, quality of life, fatigue, qualitative research and eHealth. First results highlighted implementation and social equality as crucial themes for future research. Final results are expected in July and will be discussed. Conclusion A collective research agenda in the Netherlands will unite researchers in the field of psychosocial oncology, promoting excellent research, and ultimately, facilitating optimal psychosocial support and care for cancer patients and their families.

PS335: Addressing Psychosocial Issues in Young Adult: Development and evaluation of E-Learning Training for Oncology Nurses

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Background: Many young adults (YA) diagnosed with hematological cancer faced unique psychosocial issues during cancer survivorship. Given their significant impacts, healthcare professionals must be aware of these issues. The purpose of this presentation is to share our experience developing an e-learning continuous training education in collaboration with a non-profit organization and patient partners addressing these psychosocial issues of YA. Methodology: The e-learning training was developed with verbatim data from co-design workshops with YAs, literature reviews, and The Leukemia & Lymphoma Society of Canada (LLSC) podcasts and resources. Three modules were developed in collaboration: 1) understanding YAs' realities; 2) exploring psychosocial challenges; 3) providing effective support. Impact on clinical practice: The e-learning training was launched in January 2024 across Canada, in French and English. Preliminary results of our satisfactory survey underline a high satisfaction. Updated results will be presented in terms of number of users, satisfaction and intent to apply learning into clinical practice. Discussion: The collaborative e-learning initiative provides a tailored educational experience for nurses that addresses YA's unique needs and challenges. The program's innovation consists of collaboration with patient-partners and community organizations to design, develop and evaluate its content and its structure.

PS336: Return-to-work Process of People Who Have Received an Allogeneic Hematopoietic Stem Cell Transplantation to Treat Blood Cancer: Descriptive Results from a Survey

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Objective: The poster aims to present findings regarding the return-to-work (RTW) process of blood cancer survivors after hematopoietic stem cell transplantation (Allo-HSCT). Method: Participants completed a vocational survey online. The selection criteria included: undergoing an allograft between 01/01/2016 and 30/06/2022, being aged 18 to 60 at the time of transplantation, and understanding and speaking French. All participants were treated in a specialized cancer centre in Montreal (Canada). Descriptive statistics were used. Results: 78 participants (34 women, 43 men, 1 non-mentioned) filled out the vocational survey. Sick leaves lasted less than 2 years for 34/78 participants. Our findings suggest that 61/78 have RTW. From those who did RTW, nearly 60% did not receive any work accommodations. Nonetheless, many expressed high levels of support from family members (37/41), health professionals (34/41), supervisors (25/41), colleagues (25/41), friends (23/41), and human resources (22/41). Discussion: Nearly a third of the sample remained off work for more than 2 years. It is encouraging to see that more than

75% of the participants were able to RTW. However, it is surprising to observe the limited work accommodations given the long-term side effects of allo-HSCT. However, it appears that family members and health professionals are stepping in to provide support during the RTW. These data add new perspectives about this unique RTW process and can inform new interventions.

PS337: Exploring the Nexus of Social-Environmental Adverse Events, Mental Health Correlates, and Stress: A Longitudinal Cohort Study of Hispanic Breast Cancer Patients in Puerto Rico.

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Objective/ Purpose: This study aimed to map the 12-month trajectory of circulatory cytokines and depression/anxiety symptoms while examining its relationship with Social Environmental Adversity (SEA) exposure. Methods: 175 Hispanic breast cancer (BC) patients (stages I-III) were recruited. Patients completed surveys that included the PHQ-8, Adverse Childhood Events (ACE) questionnaire, and the Trauma History Questionnaire. Blood serum and BC tumor samples are being collected. Follow-up assessments will conclude in March 2024. Results: Participants mean age was 55.69. At baseline, 41.9% reported depression and 35.5% anxiety symptoms. Crime exposure was reported by 43.1%, while 100% experienced general disasters. Sexual/physical abuse was reported by 36.3%, while 25.5% reported exposure to more than 4 ACE events. Correlations were found between depression and serum cortisol levels (p=.026). Depression symptoms were correlated (< 0.05) with several cytokines (MIP□, IL-8, FGF2, and IL-1RA). Anxiety symptoms were correlated (< 0.05) with IL-8, MIP□, MCP3, TGF□, and MIPß. Additional longitudinal analyses are being performed to map the trajectory of circulatory cytokines tumor-associated myeloid/lymphoid-derived cells and examine their relationship with depression/anxiety symptoms. Conclusion: Findings suggest a complex interplay between immune and mental health factors, emphasizing the need for further exploration into the underlying mechanisms behind these observations. Exposure to traumatic SEA events among our cohort highlights the need to address social inequities.

PS339: Death anxiety in patients with advanced cancer and their family caregivers

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Objectives: Death anxiety is associated with fears of suffering and uncertainty at the end of life. It is also relevant to patients' family caregivers, who can experience fears about the patients' death and dying. This study investigates the prevalence of death anxiety in advanced cancer patients and their family caregivers and its association with sociodemographic and medical characteristics. Methods: We recruited patients with UICC stage IV solid tumors from in- and outpatient oncology and palliative care settings. We administered the Death and Dying Distress Scale to assess the prevalence of clinically significant death anxiety. We analyzed its association with sociodemographic and medical characteristics using simultaneous multiple linear regression analyses. Results: We studied 482 patients and 140 family caregivers. The mean death anxiety score was 21.80 (SD = 17.36, scale from 0 to 75) for patients and 39.19 (SD = 18.48) for family caregivers. The prevalence of at least moderate death anxiety was 36.9% in patients and 75.4% in family caregivers. In patients, the most frequent death anxiety symptom was “feeling distressed about the impact of one’s own death on loved ones” (51.3%), and for caregivers “feeling distressed about running out of time with their loved one” (69.3%). Being female predicted higher death anxiety in patients ($\beta = 0.12$; $p = .041$) and family caregivers ($\beta = 0.32$; $p = .002$). Conclusion: The results indicate that death anxiety is a common, clinically significant problem in patients with advanced cancer and their family caregivers.

PS342: The Lincoln Colorectal Cancer Post Treatment Questionnaire (LIN-CPTQ)

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Introduction: Colorectal cancer (CRC) survival may come at the cost of living with chronic symptoms as a result of therapy. This study aimed to develop a new questionnaire (LIN-CPTQ) for use in CRC survivors which will facilitate earlier identification of needs and access to specialist support. Methods: The LINC-CPTQ was informed by a systematic review, that included 35 articles, of the non-GI symptoms CRC survivors develop post-treatment, as well as qualitative interviews assessing follow up care with CRC survivors (n=17). Following this, five participants (3 male, 2 female), mean age of 58 (range 42-67), took part in cognitive interviews to assess the acceptability and usability of the LINC-CPTQ. They were purposively recruited from a specialist clinic in England. A pre-determined interview schedule was designed and interviews conducted via MS Teams. Problems identified by participants were classified according to coding guidelines from the Question Appraisal System (QAS-99) and modified based on the feedback given. Results: The feedback received confirms that items in the questionnaire are important and relevant. There was also information received at how the questionnaire could be improved, with comments being evaluated and amendments made accordingly. Conclusion: There remain many unmet needs of CRC survivors. Clinicians need to understand better the range of symptoms patients can develop post-treatment. Through the use of effective counselling and consultation, augmented with symptom questionnaires, patients that have unmet needs and require support can be identified.

PS346: The 30 Year Mortality Gap Project: Identifying and addressing gaps for people with significant mental health difficulties across the cancer continuum in Ireland

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Purpose People with significant mental health difficulties (SMHD) die 15-30 years earlier than the general population, with cancer cited as a leading cause of premature death. Although cancer screening holds the potential to save lives, uptake is significantly lower in this group than the general population leading to poorer prognosis at diagnosis. To develop effective interventions to target screening uptake, we must first understand care providers approach to cancer screening. As such, the current study seeks to understand the culture of cancer screening for people with SMHD from the perspective of physical and mental healthcare providers This research forms part of The 30 Year Mortality Gap Project which aims to identify and address gaps across the cancer continuum for those with SMHD Methods 15 individual interviews were carried out with mental and physical healthcare providers. Data were analysed using reflexive thematic analysis. Results Seven themes were identified. From the mental health professionals group: (1) cancer screening not on their radar (2) conflicting models of care (3) systemic blocks. From the general practice group: (4) prioritisation of cervical screening (5) fear of opening Pandora's box. The following themes were common to both groups: (6) fragmented systems (7) role of patient's symptoms on their ability to engage with cancer screening. Conclusions The results provide valuable data concerning cancer screening for people with SMHD; highlighting areas for future research and interventions to increase cancer screening uptake for this group.

PS347: Supporting Patients with Advanced Cancer and their Spouses in Parenting Minor Children: Results of a Randomized Controlled Trial

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Objective: Advanced cancer patients and their spousal caregivers who parent minor children report unmet parenting concerns and increased psychological distress. Seeking to address these supportive care needs, this pilot RCT examined the feasibility, acceptability, and preliminary efficacy of a novel psychosocial intervention. Methods: Patients and their spouses completed self-reported assessments of psychological distress (HADS) and parenting outcomes (PCQ, CAPSE) and were randomized to the parent support intervention or a usual care (UC) group. Both groups were reassessed 6 and 12 weeks later. Dyads randomized to the intervention attended the first two sessions jointly addressing illness communication and family routines. Spouses individually attended the last two sessions focusing on caregiver support and family death preparedness. Results: With a consent rate of 51%, 50 patients and their spouses were randomized. Attendance in the intervention arm was high with 84% of caregivers attending all 4 sessions (mean=3.48, SD=1.26). The program was evaluated favorably by all patients and spouses. Caregivers particularly liked the individual in addition to the dyadic sessions. Multi-level analyses revealed a significant reduction in patients and caregiver anxiety symptoms (P<.01) and a marginally significant improvement in parenting efficacy (P=.08). Conclusions and clinical implications: A parent support intervention is feasible, acceptable, and possibly efficacious. A large efficacy trial for further testing of this supportive care modality is warranted.

PS348: Shattered glass: trauma sensitive group intervention for SMI cancer patients using relational Jungian analysis

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Background: SMI patients are complex individuals who are more likely to interrupt their treatments and opt out of the follow-ups during the post-treatment phase. They often have conflictual carer-patient relationships, therefore, are less likely to receive optimal treatment. Methodology: SMI patients were recruited in a 10-session group using relational Jungian analysis by oncologists, psychologists, and through a Hungarian patient information website. All patients were undergoing curative treatment or were in the post treatment phase. The first appointment was allocated for psychodiagnostic tests and the results were discussed during the following session. The focus was on their perceived psychological difficulties related to cancer. All patients were on the spectrum of Group B personality disorders (PDs) with varying degree of severity. Impact on clinical practice: The therapeutic goal of the group was threefold: a) provide tools for managing emotions in relation to cancer and treatment, b) enhance emotion regulation and expression, c) lessen intrapsychic and interpersonal problems related to cancer. The group was a safe environment to work on these goals for patients who are often recognised as ones with problematic compliance and carer-patient relationship. Discussion: Considering the prevalence of Group B PDs, it is vital to have therapeutic interventions for cancer patients with Group B PD. As they are very prone to primitive defence mechanisms, their psychotherapeutic care needs to focus on building adequate coping and trauma sensitive selfcare strategies.

PS350: Teen Cancer Connection: Needs assessment to inform development of an Adolescent and Young Adult oncology program at a large Canadian paediatric centre.

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Background: Adolescents and young adults with cancer (AYA) have unique biopsychosocial needs, often inadequately addressed by healthcare systems. In response, developmentally tailored programs have launched globally. To inform creation of the first known AYA program in a Canadian paediatric centre, a needs assessment was conducted. Methods: Surveys were administered to AYAs (age 12+) and oncology healthcare staff at a large paediatric hospital. 51 AYAs diagnosed with leukemia/lymphoma, brain tumours, or solid tumours participated. 100% of AYAs identified that they have unique psychosocial needs differing from younger children, with 70% reporting needs not adequately addressed by their healthcare team. Infrequently discussed topics were sexual health, transition to adult care, and fertility preservation. Program elements requested by AYAs were social engagement and mental health support. 61 psychosocial, nursing, and medical professionals participated, identifying mental health, body image, and impact on school/work as key AYA psychosocial topics. Psychosocial topics were discussed “often” by 25% and “sometimes” by 51%, with top barriers being lack of time and training, and parental presence. Only 13% felt adequately prepared for these conversations. Impact on Practice: Results of this needs assessment will inform development and evaluation of the new program, Teen Cancer Connection. Discussion: The first in Canada, this program will fill an important clinical care gap and has the potential to expand in future to support development of similar programs across the country.

PS351: Characterizing the Impact of Inflammatory Bowel Disease on Symptom Burden and Psychosocial Problems for Individuals with Breast Cancer Undergoing Treatment

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Objective Inflammatory bowel disease (IBD) worsens social functioning, mental health, and fatigue; it also is a risk factor for breast cancer (BC), a disease that causes similar psychosocial problems. While both conditions lead to a high symptom burden, there is a lack of research on individuals with BC & IBD and the potential synergistic impact of these conditions on symptom burden. This study aims to characterize the symptom burden and psychosocial problems of individuals with BC & IBD compared to individuals with only BC. Methods We used secondary data from the National Institute of Health All of Us Research Program. Inclusion criteria included 1) diagnosis of BC; 2) actively undergoing treatment; 3) symptom data (Overall Health Survey); and 4) diagnosis of IBD (only for BC & IBD group). Data analysis was performed using R in Jupyter Notebooks. Results We analyzed 2,990 participants (2,896 BC and 94 BC & IBD). Most participants were non-Hispanic, white, and female. The BC & IBD group reported a statistically significant ($p<.01$) higher symptom burden for all indices (fatigue, social activities, social role, emotional problems, and mental health) compared to the BC only group. Conclusions Individuals with BC & IBD may be at higher risk for a worse symptom burden and more psychosocial problems compared to individuals with only BC. Clinicians should carefully assess BC & IBD patients to ensure adequate care for the additional needs of this population. Future studies should explore the underlying mechanisms that could be contributing to the increased symptom burden.

PS352: Voices Unheard: Cancer Experiences Among Older Latina Immigrants

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Objectives/purpose: Given the growing population of Latina immigrants aged 60 years and older in Central Florida, United States and the current lack of relevant data, understanding this population’s cancer experiences is crucial to ensure effective interventions, psychosocial care, and policies. Methods: This study assessed 200 responses to a survey developed and administered in Spanish, with questions focused on cancer knowledge, attitudes, prevention, early diagnosis, and treatment. The survey included a qualitative component, consisting of open-ended questions, regarding the perspectives and experiences of 23 older immigrant Latina women with cancer. Recruitment took place in community-based settings, and transcribed in Spanish and in English. Utilizing a grounded theory approach and thematic analysis, codes were developed. Results: The survey data highlight the lack of initial information regarding available cancer treatments, dearth of understanding of the causes of cancer, and insufficient knowledge regarding a cancer diagnoses, that delayed early treatment. Within this sample, 52% had breast cancer, 22% had skin cancer, 13% had uterine cancer, 4% had colon cancer, and 4% had uterine and ovarian cancer. Conclusion and clinical implications: Latino cancer rates are expected to rise 142% in the next 20 years. It is imperative to promote cancer screening and modifying health-related behaviors among the diverse older immigrant Latinas which requires the development of culturally appropriate interventions to overcome health disparities and treatment barriers.

PS353: Breaking Barriers: Integrating Sexologist into Cancer Rehab Team

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The gap in addressing sexual health in cancer rehabilitation is a significant oversight in holistic patient care. Healthcare professionals often avoid this sensitive topic due to discomfort and lack of expertise. Recognizing this deficiency, our interdisciplinary team (IDT) including a sexologist, aims to overcome these barriers using the PLISSIT model to guide sexual health discussions within the team and in patient care. Incorporating a sexologist directly into the IDT shows an unused resource in psycho-oncology. This integration enables immediate, comprehensive care without external referrals, challenging the stigma around sexual health issues and normalizing them as a part of holistic cancer care. A survey conducted after 1.5 years assessed the team's confidence and effectiveness in addressing sexual health. The presence of a sexologist within the IDT enhances team competence and patient care quality. Sexual health issues receive timely attention, before and during the rehabilitation process, reducing the need for external referrals and accelerating patient support. This model fosters an environment where sexuality is openly discussed, diminishing stigma and promoting patient well-being. Also, it strengthens the confidence among team members with no prior education in sexual heath to address these issues when needed. These findings underscore the significance of addressing sexual health as a fundamental aspect of cancer rehabilitation. This approach aligns with the goals of holistic and patient-centered care, presenting a replicable model for other healthcare settings.

PS357: e-Health with patient-reported outcome measures to improve proactive patients' needs assessment and personalized cancer care

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Rationale An e-Health tool was developed, implemented and evaluated to support healthcare providers to proactively and efficiently identify care needs, thereby enabling the delivery of personalized care to patients with hematological cancer, which can be challenging. Methodology An iterative action research study was conducted. The developed e-Health tool includes patient-reported outcome measures (PROMs) as recommended screening instruments in Dutch evidence-based guidelines. Patients report their needs by PROMs in the e-Health tool during and after treatment. The PROMs are visually displayed in the patients' file into 4 domains of life: My Health, My Activities, My Environment and My Own Way, and discussed during a consultation based on shared decision making. A personal (after)care plan is created, printed, and sent to the general practitioner for shared cancer care. Implementation and satisfaction were evaluated with interviews. Impact on clinical practice The tool supports an proactive, easy accessible needs assessment, allowing health care providers to efficiently prepare and conduct their consultations. Using the tool prompted patients to reflect on their actual situation and needs. Patients set goals and decided in shared decision making about interventions, such as a referral to oncological rehabilitation. Discussion To support the implementation of the e-Health tool for needs assessment and personalized cancer care on a larger scale, it is important to integrate the tool in cancer care pathways. For this knowledge clips and a decision tree aid were developed.

PS359: Psychometric Validation of a New Patient Reported Outcome (PRO) to Assess Depressive Symptoms in Older Adults with Cancer (OACs)

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Background/Purpose: The clinical usefulness of existing PROs to assess depression in OACs is questionable as minimal validation information exists and standard DSM depression criteria may not identify depressive symptoms in OACs. This study presents psychometric properties of a novel self-report measure designed to assess unique, non-DSM, depressive symptoms in OACs. Method: Based on a literature review and qualitative work, a novel depression measure was administered to outpatients 70 years and older at a comprehensive cancer center along with legacy measures of depression (PHQ-9), anxiety (PROMIS-Anxiety), and physical functioning (PROMIS-Physical). Test-retest reliability was also collected. Psychometric analysis included: Factor analysis, internal consistency (i.e., Cronbach's alpha), test-retest reliability, and convergent and discriminant validity. Results: 150 OACs completed assessments. Participants were 52% male, 93% White, 91% non-Hispanic, and 67% college educated. Internal consistency was high (Cronbach's alpha = 0.96) as was test-retest reliability (ICC=0.81). Convergent validity was also supported by correlations in the expected direction with the PHQ-9 (r=0.81; p<.001), PROMIS-Anxiety (r=0.68; p<.001), and PROMIS-Physical (r=-0.41; p<.001). Conclusions and implications: Analysis indicate this new PRO displays sound psychometric properties and may more accurately assess depressive symptoms in OACs compared to measures which use traditional DSM criteria.

PS361: How Can Your National Professional Society Serve You?: Findings from a Survey of the Irish Psycho-Oncology Workforce

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Objectives/Purpose: National psycho-oncology societies can be key organisations for supporting psycho-oncology services and research. Cognisant of numerous internationally reported workforce issues affecting those working in cancer care, the

Irish Psychosocial Oncology Network (IPSON) undertook this exploratory study of psycho-oncology professionals working in Ireland. Objectives were to clarify: what members wanted from IPSON; professional development interests and preferences; engagement in research activities; and fulfilment and burnout status. Methods: An online survey was disseminated. Data collected included demographic and occupational details, preferences about IPSON, training and research interests. The Stanford Professional Fulfilment Index assessed fulfilment and burnout. Data were analysed using descriptive and inferential statistics. Results: 224 people consented. Respondents were women (88%), white (98%), with a mean age of 43 years; most were nurses (33%), psychologists (14%), or occupational therapists (11%). Training and networking were endorsed as IPSON's most important benefits. Interest in research was high but protected time was limited. Most had never received specific training (65%) or held a qualification in psycho-oncology (93%) but would like training in psycho-oncology (85%). 43% met criteria for fulfillment, 15% endorsed burnout. 5% were simultaneously fulfilled and burned out. Conclusions and Implications: Results will inform IPSON on how to better serve professionals in Ireland; findings may be useful for professionals in other countries.

PS363: Effects of Structured Spiritual Therapy on Psychological Distress Among Outpatients of Patients Living With Cancer

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Background: The study examined the association between psychological distress and spirituality among a sample of patients living with cancer. The effects of structured spiritual therapy (SST) on psychological distress among outpatients living with cancer were also explored in Nigeria. Methodology: This was a randomized-controlled intervention study with 64 patients in the treatment and the control arm. Baseline assessment using the distress thermometer (DT) and a modified FICA Spiritual Assessment Tool was done, followed by SST administered to the treatment group, with treatment as usual (TAU). This was done at 3 and at 6 weeks respectively. The impact of the intervention on DT scores was analyzed using independent t test and ANCOVA, with types of cancer as covariates. All analyses were set at a level of significance of < 0.05, 95%. Results: At baseline, the mean quantitative FICA score in the two groups was significantly higher in respondents with high DT scores in all the FICA domain, $p < 0.05$ respectively. Mean DT scores significantly reduced in the treatment group, $p = 0.000$, $\pi2 = 0.335$. Impact on Practice: Patients with high psychological distress tended to use spirituality as a coping method at baseline. Also, structured spiritual therapy was effective in reducing psychological distress in patients living with cancer. Discussion: There is a need for routine chaplaincy and spiritual services for patients living with cancer. There is also a need for further studies on this.

PS366: The lived experience of people after childhood cancer: A global study of emotional and information needs

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Objectives/purpose: Follow-up care for childhood cancer survivors (CCS) is a lifelong process that begins at the completion of cancer treatment; and involves both medical and psychosocial care. It is important for CCS and their families to be adequately informed about what to expect after cancer treatment completion. This study aimed to explore globally, the emotional and information needs of CCS and their parents. Method: An online survey, developed by paediatric psychosocial experts, was distributed by the World Health Organization. This study presents a sub-analysis from these data, focusing on emotional and information needs. Results: The study cohort included 102 parents of CCS (94 female, mean age=45 years, mean time since child diagnosis=9 years) and 43 CCS (28 female, mean age=31 years, mean time since diagnosis=21 years) from 17 countries. While 95% of parents and 75% of CCS reported a desire for a discussion about the emotional impact of the cancer experience following treatment completion, this did not occur for 69% of parents and 46% of CCS. Additionally, 69% of parents and 66% of CCS reported a desire for more information on what to expect after their cancer treatment. Conclusion: This study identified a gap in global cancer survivorship care that is similar for both parents and CCS. Discussions regarding emotional wellbeing appear to be occurring less frequently in the cancer survivorship setting than CCS and parents would like.

PS368: Patients’ perceptions of patient-centered communication with healthcare providers and associated factors in Japan – the INFORM Study 2020

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Objective: To describe patients’ perceptions of the patient-centeredness of their communication with healthcare providers in Japan, and to examine factors associated with these perceptions. Methods: We analyzed the cross-sectional data from the INFORM Study 2020, which is a nationwide survey on health information access in Japan. A total of 3605 respondents completed the survey. Our primary outcome was the nine elements of the patient-centered communication scale (PCCS), which was compiled from 2703 respondents (75.0%) reporting at least one provider visit within 12 months. It was rated on a four-point Likert scale: always, usually, sometimes, and never. We used binary logistic regression to examine the association between sociodemographic and health-related variables, and each element of the PCCS. Results: For all elements, the percentage of respondents who agreed that their healthcare providers always communicated in a patient-centered way was low (17-31%). The perception rate of patient-centered communication among cancer survivors alone (21-34%) was not significantly different from the overall perception rate. Patients with higher age, higher education, poorer general health status and a larger number of visits to providers in the previous 12 months were more likely to have positive perception. Conclusion and clinical implications: Patient-centered communication as reported in a national sample in Japan was low. Efforts are needed to improve the patient-centeredness of patient-provider communication in Japan to optimize health outcomes.

PS369: A qualitative study of the psychosocial impacts of paediatric skin cancer predisposition syndrome, Xeroderma Pigmentosum.

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Children with xeroderma pigmentosum (XP) have a 2,000 and 10,000-fold risk of developing melanoma and non-melanoma skin cancers respectively, compared to the general population. Median survival age is 30 years, though may be greatly extended with good clinical care and education. This study aimed to understand the needs of families living with paediatric XP. Method: XP patients aged 5-18years with no intellectual disability and their parents/carer participated in semi-structured interviews exploring diagnosis, current care, preferred models of care, psychosocial impact, and information needs. Interviews were analyzed thematically. Results: Families reported diagnosis as extremely challenging; involving simultaneously processing the emotional impact of their child's potentially fatal diagnosis and immediately implementing life-altering sun-safe practices. While the clinical and genetic information provided was sufficient, information on how to sun-protect their child was learned from international families and websites. Families reported living in a state of chronic and constant vigilance to ensure their child remained safe. Families with associated neurological components reported greater uncertainty and concern for the future. Families described a sense of grief at the loss of their life as they knew it before. A “one-stop” multidisciplinary team that included dermatology, ophthalmology, neurology, and allied health was the preferred model of care. Conclusion: Development of clinical services to address both the medical and supportive care needs of XP patients is urgent.

PS371: Enablers and barriers of use of an online patient-driven stepped-care model for menopause management after cancer: a qualitative study

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Background: Menopausal symptoms are common after cancer, negatively impacting quality of life. The majority of patients are not referred to evidence-based interventions to manage symptoms. In response we are developing a patient-driven stepped-care model, where survivors will complete patient reported outcome measures and then be triaged to a level of care matched to symptom severity.   Objective: To explore enablers and barriers to the implementation of a web-based platform to manage menopausal symptoms.   Methods: Cancer survivors were identified through consumer and disease-related organisations and invited by email to participate in a semi-structured interview. Interviews were guided by the Theoretical Domain framework (TDF), analysed thematically, grouped onto TDF domains, and classified as enablers and barriers.   Results: The 17 participants, with diverse cancer types, had a mean age of 53 ± 13.8 years (range: 30-75). At diagnosis, 14 were pre- and 3 were post-menopausal. Under the 14 TDF domains, 39 subthemes were identified. Enablers included confidence using mobile technologies, a user-friendly platform, access to internet/mobile devices, a "cancer survivor" identity, and endorsement of the platform by healthcare professional or consumer advocacy groups. Barriers included poor awareness of how stepped interventions work, cost, and time constraints. Conceptually, the platform was considered important, with high intention to use.   Conclusions and Implications: Identified enablers and barriers will guide the development of a stepped-care intervention.

PS373: A goal without a plan is just a wish. Creating a personalized aftercare plan for breast cancer patients supported by a new patient decision aid.

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Objectives Personalized aftercare plans should be used to support breast cancer patients' self-management during recovery after curative treatment, but are often not personalized and limitedly applied in daily practice. This study aimed to develop a tool to support creation of a personalized aftercare plan, integrating assessment of patients'

goals, needs and resources and information on support options. Methods A multidisciplinary workgroup convened throughout the development process to decide on the target audience, scope and purpose of the tool. Content and format requirements of the tool were aligned after assessing needs of 18 patients and 12 Health Care Practitioners (HCPs). After usability tests of a prototype among 7 patients and 10 HCPs, we improved and finalized the tool. Results The tool, called 'Breast Cancer Aftercare Decision Aid' (BC-ADA), provides information on potential effects of cancer and support options on five domains: physical wellbeing, emotions, relationships, regaining trust and return to daily routine. Patients can indicate which domain(s) they wish to improve, what resources they have and where additional help is needed. Based on their answers, patients can create a personalized aftercare plan together with the HCP, including personal goals, concrete actions and agreements on follow-up. The BC-ADA was assessed as usable and acceptable by both patients and HCPs. Conclusion and implications The BC-ADA seems promising in stimulating patients' decision-making on a personalized aftercare plan and is currently being tested within the NABOR study.

PS374: **Different needs ask for different care. Breast cancer survivors' preferences regarding information provision and assessment of care needs in personalized aftercare.**

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Objectives Aftercare for curatively treated breast cancer patients includes support and information provision. As patients differ in their needs, personalization of aftercare is advocated, but clear guidelines for how to establish this, are currently missing. This study assesses patients' preferences regarding assessment of care needs and information provision. Methods Semi-structured interviews were conducted with 18 patients who received posttreatment aftercare in four Dutch hospitals. Interviews were analyzed using thematic analysis. Results Some patients perceived aftercare as more or less intensive than needed, therefore they preferred to discuss their needs beforehand with their health care provider (HCP). Patients preferred more attention to care needs on the domains of social and emotional wellbeing and return to work. Patients expressed a need for an overview of potential (late) effects of cancer and its treatment and of available support options, including self-help. They preferred a comprehensive information resource, enabling them to self-manage the amount and timing of information. Patients were positive about creating a personalized aftercare plan with their HCP, to have an overview of their care needs, support options and agreements about the aftercare trajectory. Conclusion To facilitate personalization of aftercare, informational and care needs should be better addressed, with attention to patients' differences in dealing with information and preferred amount of support. This might be supported by a (online) dialogue tool and a personalized aftercare plan.

PS375: Patients with Brain Cancer and end-of-life medical treatment: A grounded Theory protocol for exploring patient medical decision-making capacity and its assessment

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Objectives/Purpose: Decision-making capacity impairment is prevalent among patients with brain cancer. Patients make consequential decisions in the unique palliative and end-of-life setting. Tensions exist between extant legal theory and care frameworks, with clinicians attempting to reconcile the presumption of capacity with cognitive function impairment in this cohort. This research will develop a mid-level theory of decision-making capacity and its assessment among patients with brain cancer in the palliative and end-of-life context. Methods: A qualitative constructivist grounded theory methodology is employed using individual semi-structured interviews with patients with brain cancer, caregivers (current and bereaved), healthcare and legal professionals (approximately n=30 in total) to explore issues of medical decision-making capacity. Patients, caregivers, and healthcare professionals will be recruited from two hospices in the East of Ireland, with legal professionals recruited via community organisations. Analysis will be aided by patient and public involvement and stakeholder input from clinicians. Results: Preliminary findings from healthcare and legal professional interviews highlight a perceived lack of training in legal and medical aspects of capacity, respectively, and a need for interdisciplinary collaboration. Conclusion and Clinical Implications: Finalised results will be presented and interpreted considering relevant medico-legal literature.

Keywords: decision-making capacity; capacity assessment; brain cancer; palliative & end-of-life care; qualitative

PS377: Tobacco cessation for cancer patients - On the way of implementing a clinic-wide smoke-free concept

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Background: Tobacco cessation as an adjuvant therapy in cancer treatment has considerable benefits for the recovery and quality of life of those affected. Nevertheless, 26% of Germans consume tobacco and one in two patients who smoked before cancer continues to smoke during treatment. It is important to offer support services for tobacco cessation as part of cancer treatment. Methodology: The University Medical Center of Leipzig aims to make it easier for cancer patients to quit smoking. It has been a member of the German Network of Smoke-Free Hospitals&Healthcare Facilities (DNRfK e.V.) in accordance with the WHO Framework Convention on Tobacco Control. Core of this strategy is the combination of smoking cessation counselling with the "Rauchfrei-Program"-group offer from the hospital's smoke-free outpatient clinic. The strategy also includes establishing a smoke-free hospital environment for patients with diseases other than cancer, for staff and visitors. We will present experience in implementation and results on utilization. Impact on clinical practice: Both, patients and staff make targeted use of tobacco cessation support.

Internal multipliers are currently being trained in the Clinic for Visceral Surgery as a pilot clinic to systematically expand qualified, low-threshold initial contact with smoking cessation counselling. Discussion: In future, multipliers will be trained throughout the hospital. We are planning internal smoke-free courses for specific target groups (e.g.young adult cancer patients) and clinic-wide activities as part of the certification process.

PS380: Fertility and quality of life in AYAs with gynecological cancer: a systematic review.

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With growing survival rates of Adolescent and Young Adults (AYA) diagnosed with gynecological cancer, increased attention has been directed to quality of life after treatment, including preservation of fertility. While fertility-sparing surgery offers a viable alternative to standard radical treatment, oncological outcomes are slightly inferior, making treatment choice difficult and perspectives of AYAs on decision-making and psychological outcomes afterward important. This review provides an overview of the impact of future (in)fertility on psychological well-being during the cancer treatment itself, and in the long term. A systematic review of literature, with a systematic search of online databases was performed, resulting in 15 selected articles. Quality was assessed by a Mixed Methods Appraisal Tool (MMAT). Key findings highlight the significance of preserving fertility for AYAs, emphasizing factors such as keeping future pregnancy options open and feeling more feminine. However, feeling time-pressured and conflicted between choosing the best oncological outcome and the desire for children were common. Multiple aspects like shorter time since diagnosis, younger age, time pressure, and inadequate counselling increased reproductive concerns, contributing to anxiety and cancer-related distress in the long term. This review shows the complexity of decision-making and evolving perspectives over time. These findings can be used to improve fertility counselling but also underscores the need for further research to bridge identified knowledge gaps.

PS382: Feasibility and preliminar outcomes of Fear of Cancer Recurrence Hybrid Therapy culturally adapted to Mexican breast cancer survivors (FORT-Mx).

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Background: Fear of Recurrence Therapy (FORT) has been effective in Caucasian cancer patients. However, it has not been tested in the Mexican population. This study aims to assess the feasibility and preliminary outcomes of culturally adapted FORT-MX for Mexican breast cancer survivors (MBCS). Methods: Five MBCS were included in the first group therapy implemented in Mexico. Mexican Culturally adapted FORT manuals were used during the hybrid format. Pre, and post-intervention assessments of FCR, depression, anxiety and quality of life were performed. Feasibility was assessed with MBCS, and therapists were surveyed. Results: Feasibility data showed that all MBCS were satisfied and described the group format as useful and supportive. MBCS agreed that more sessions were needed, and it would be better to implement therapy in person instead of hybrid. Therapists were satisfied with the sessions' duration, number, and format and found each detailed schedule to guide them. Preliminary outcomes of COC (>20%) showed decreasing anxiety in all patients, FCR, and depression in 3/5 patients. Wilcoxon test resulted in significant differences in anxiety pre- and post-group intervention (Z= -2.023, p=.043). Conclusions: These data showed preliminary positive outcomes and some challenges of FORT-MX in MBCS. Further research is going to continue studying FORT-MX implementation. Impact on clinical practice: FORT-MX, the first cultural adaptation for the Latino population, will provide an evidence-based treatment for MBCS.

PS384: Exploring patient-specific factors and personal reflections about the Managing Cancer and Living Meaningfully (CALM) intervention for adults with advanced cancer in Southern Alberta: A mixed methods study

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Objective: Managing Cancer and Living Meaningfully (CALM) is an evidence-based psychotherapeutic intervention designed to address the complex needs of those with advanced cancer. Numerous studies support the efficacy of CALM therapy; less is known about the patient-specific factors that influence initiation and continuation of CALM. The aim of this study was to further our understanding of patient-specific factors and referral routes associated with participation in CALM. Methods: Adults (n = 69) with advanced, solid-tumour cancers were recruited for a CALM pilot trial via local cancer centres, palliative care services, and community cancer care organizations across Southern Alberta, Canada. A subset of participants (n=10) also completed virtual interviews about their CALM experience. A concurrent triangulation mixed-methods design, within an Interpretive Description framework, was used. Results: Triangulation of quantitative and qualitative results suggests that initiation and continuation of CALM sessions is affected by multiple, complex factors including mood symptoms, referral route, need for support outside of family/friends, and decline in health status over time. Conclusion & clinical implications: Findings suggest that timing and referral route may be important to our understanding of participation in CALM. Interview results indicate that patients support provision of comprehensive, sensitively worded CALM information shortly after an advanced cancer diagnosis is made; moreover, patients prefer autonomy in choosing whether and when to initiate CALM counselling.

PS385: Exploring patient experiences with the Managing Cancer and Living Meaningfully (CALM) intervention: A qualitative study using Interpretive Description

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Objective: Managing Cancer and Living Meaningfully (CALM) is an evidence-based psychotherapeutic intervention designed to address the complex concerns of those with advanced cancer. CALM may offer a programmatic mechanism whereby the traditionally separate silos of psychosocial, palliative, and oncology care may be bridged. This qualitative study sought to explore CALM patients' perceptions of: (1) diagnosis and living with advanced cancer; (2) referral to and engagement in CALM therapy; (3) impacts of CALM on navigation of oncology and palliative care. Methods: Adults with advanced, solid-tumour cancers were recruited to a CALM implementation study via oncology, psychosocial oncology and palliative care services. Ten women with diverse cancer diagnoses participated in virtual interviews. Within an Interpretive Description framework, thematic analysis was used for analyses. Results: Participants discussed a variety of ways in which CALM therapy supported navigation of healthcare systems and life with advanced cancer. This included support with (1) self-advocacy as a patient, including communication with care team members and treatment decision-making; (2) understanding palliative care as a resource to enhance quality of life; (3) shifting perspectives on living well with advanced cancer. Conclusion & clinical implications: CALM counselling may enhance integration of psychosocial, palliative, and oncology care by supporting patients as they navigate the complexities of living with advanced cancer, including relationships with oncology and palliative care teams.

PS390: Using Mandalas in a round sand tray therapy to cope with the loss of a loved one

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Background Grief is a universal human response to death and loss. Mourning is an equally universally observable practice that allows the grieving person to express their grief and come to terms with the reality of the loss. An innovative practice to overcome the pain of losing a loved one is mandala therapy in a round sand tray. Mandala in Sanskrit means "circle", the mandala has potential benefit for the treatment mental disorders. It can be included as a therapeutic mourning process within sand play therapy, a therapeutic technique that is based on the free expression of imagination and individual creativity and which can be used with children, adolescents and adults. In the context of sand play therapy, symbols can be defined as objects or figures that represent something else. They can be concrete or abstract and can be used to communicate complex feelings or experiences. Symbols can take many forms, such as animals, people, objects, or shapes. Impact on clinical practice Sand can also represent feelings of being overwhelmed or trapped, as it can easily dislodge and bury things. Sandplay is a form of therapy that offers clients the opportunity to portray feelings and experiences that are inacessible or difficult to express in words. Sandplay also provides a balance to the extroverted, verbal, and outer-focused everyday world. Discussion Mandalas are a wonderful way to tap into the Creative Self, the part of the psyche that thrives in authenticity. Touching the sand encourages the inner Self to come to the surface, which is the goal in making mandalas and sand trays.

PS393: The feasibility of a multidisciplinary online lymphedema prevention program 'Let's Rinpafushu Yobo' for Japanese survivors of breast and gynecologic cancer

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Objectives: Lymphedema (LE) is a late effect of cancer treatment. Lifelong self-care is recommended for prevention. We investigated the feasibility of a multidisciplinary online LE prevention program. Methods: In this single-arm study, post-operative breast and gynecologic cancer survivors without LE were recruited between June and August 2023 to participate in a 9-month LE prevention program. The program included four sessions: 1) self-care, 2) healthy lifestyle, 3) stress reduction, and 4) follow-up. The acceptability of sessions was assessed and efficacy was evaluated by comparing scores before program start and after the third session. Results: Of 21 survivors enrolled, 14 completed the first three sessions (66.7% participation rate), and 13 completed the questionnaires. The 13 completers were aged 31–62 years with 1–22 years since their cancer diagnosis; 10 had breast cancer. Over 92% of participants found all sessions understandable, enjoyable, and satisfactory. Compared with scores before program start, more participants were confident of detecting early LE signs after the third session and there was a significant decrease in depression as measured by the Hospital Anxiety and Depression Scale (p=0.045, Wilcoxon matched-pairs test). Conclusion and clinical implications: This feasibility study showed that the program was well received by participants and that depression levels decreased after the third session. Data collection is ongoing to further investigate our program's efficacy, assess behavioral changes, and evaluate LE prevention in a larger population.

PS397: Peer2Me - Evaluation of a peer-supported intervention for adolescents and young adults with cancer

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Objective: Numerous studies suggest that adolescent and young adult (AYA) cancer patients experience unmet needs regarding informational exchange about their disease and emotional support from peers in order to benefit from the experiences on an eye-to-eye level. Currently, there is a lack of evaluated peer support interventions in Germany. Methods: This study evaluates a peer mentoring intervention for AYA cancer patients (18-39 years old) under acute treatment using a comprehensive cohort design on a sample of N=180 AYA. Following mentor training, mentees and mentors are matched by diagnosis, age and gender. Validated and standardized questionnaires were used pre (1) and post intervention (t2) to assess various psychological outcomes in mentees (IG), control group (CG) and mentors. Results: At the end of the study (09/2024), comparative analyses between and within subjects will be conducted to assess psychological wellbeing, social support, health literacy and self-efficacy in both groups as well as posttraumatic growth, life satisfaction and empathy in mentors. Additionally, sociodemographic, medical and psychosocial predictors for the effectiveness of the intervention will be identified. Conclusion implications: The findings are expected to provide evidence regarding the benefit of peer-support interventions for AYA with cancer undergoing acute treatment. Peer2Me is the first evaluated mentoring program for AYAs in Germany and may represent an essential and necessary addition to existing professional psycho-oncological support services for young cancer patients.

PS399: Are walk in centers making a difference? A deep dive into unmet needs and lived experience

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Walk in centers for oncological patients have been booming in Belgium.These low threshold centers proclaim to fill in unmet needs for patients by, above all, focusing on the person behind the patient. An array of services (ex. yoga, cooking classes, make up advice etc.), often based on the 7 pillars of integrated care, is offered to patients and their loved ones in order to alleviate the impact of the disease and facilitate the road to recovery. That having been said, not much is known about the lived experience of the people attending the walk in centers and whether the people visiting them indeed experience less unmet needs compared to those who do not. This research takes a deep dive into the unmet needs of cancer patients in Belgium and investigates the potential difference walk in centers could be making on the oncological patient journey. Making use of a mixed method research design the lived experience of visitors of walk in centers is mapped out and compared to that of non visitors. The appreciation for walk in centers is clearly indicated by the lived experience of their visitors. However, the input from non users warrants a critical appraisal of the impact of their services. Lessons learned and policy recommendations are formulated based on the research findings.

PS402: Patient engagement with and experience of the lung cancer care pathway: An interview study exploring the impact of distance and disadvantage in an urban setting

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Objectives: Northeast London is an ethnically diverse and highly deprived area; two factors associated with difficulty navigating care and high lung cancer mortality. This study aims to explore how patient and carer characteristics, and factors related to their location, interact to influence patient experience and their capability, opportunity, and motivation to engage with their lung cancer care pathway. Methods: Semi-structured interviews with lung cancer patients receiving care in Northeast London diagnosed within the last 6-months (n=30), and their informal carers (n≥15), conducted from Nov 2023-May 2024. The COM-B model of behaviour change informed the topic guide and framework analysis to enable identification of modifiable behavioural targets. Results: Preliminary findings show that multiple appointments, extensive medications, and changes to care plans were distressing and difficult to navigate for patients and their family. Prehabilitation exercises were empowering for patients and relationships with nurse specialists were reassuring. Public transport was direct and accessible due to reduced fares, but expensive personal cars were often more convenient when patients were unwell. Final themes will be presented. Conclusion and clinical implications: The results will inform the development of a tailored tool to improve patient experience of and engagement with their lung cancer care pathway. By targeting modifiable barriers faced by patients and carers in deprived, diverse settings, the tool will help address disparities in experience, engagement and health outcomes.

PS403: Developing a tool to improve patient experience of and engagement with their recommended lung cancer care pathway in urban and rural settings

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Rationale: Optimising lung cancer outcomes depends upon patients' capability, opportunity and motivation to engage with each investigation, test and treatment within their recommended care pathway. This is impacted by both contextual factors associated with an individual's characteristics and circumstances; and by unique barriers associated with their location (e.g. urban vs rural). A patient engagement tool is being developed to support lung cancer patients' engagement with and experience of the UK's recommended lung cancer pathway. Methodology: A pragmatic, evidence-and theory-based intervention development process running from Nov 2023 to Sep 2024, informed by Medical Research Council and INDEX guidelines. Evidence is being gathered through a rapid review of patient engagement interventions; interviews with lung cancer patients and informal carers in urban and rural settings; and stakeholder and PPIE workshops. This will be triangulated using the COM-B model, and intervention and service mapping, to identify modifiable behavioural factors to target with the intervention. Impact on clinical practice: The tool will support patient engagement early in the lung cancer pathway. The aim is to improve health outcomes and patient experience, by addressing both general and location-specific barriers. Discussion: The patient engagement tool will be tailored to the needs of patients in rural and urban settings. By directly targeting factors that lead to inequalities in lung cancer patient engagement, the intervention will help address disparities in experiences and health outcomes.

PS406: Development of a prediction model for clinically-relevant fatigue: a multi-cancer approach

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Objective: To support clinicians in providing fatigue-related supportive care, this study aims to develop and compare prediction models predicting clinically relevant fatigue (CRF) between two and three years after diagnosis, and to assess the validity of the best-performing model across diverse cancer populations. Methods: Patients with non-metastatic bladder, colorectal, endometrial, ovarian, or prostate cancer who completed a sociodemographic questionnaire and the EORTC QLQC30 within three months after diagnosis and a subsequent questionnaire between two and three years thereafter, from the PROFILES registry, were included. Predictor variables included clinical, socio-demographic, and patient-reported variables. The outcome was CRF. Logistic regression using LASSO selection was compared to XGBoost-, SVM-, and ANN-based models. Finally, internal-external cross-validation was conducted. Results: 3,160 patients were included in the analyses. The logistic regression model had the highest C-statistic (0.759) and balanced accuracy (0.64), both indicating good discrimination between patients with CRF. However, sensitivity was low across all models (0.22-0.36). Following internal-external validation, performance between different cancer types was consistent (C-statistics between 0.73-0.81). Conclusion: Although the models' discrimination was good, the low balanced accuracy and poor calibration indicates a relatively high likelihood of underdiagnosis of future CRF. Therefore, the clinical applicability of the model remains a venue for future research.

PS407: The prevalence and course of pre- and post-operative anxiety in brain tumor (BT) patients utilizing the Beck Anxiety Inventory (BAI)

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OBJECTIVE: Anxiety, like depression, is associated with poorer quality of life (QOL) and reduced overall survival time in BT patients. Anxiety remains understudied, and no studies have examined anxiety pre- and post-operatively. This retrospective study examines anxiety using the BAI in pre- and post-operative BT patients (current N=182). METHODS: Patients were administered the BAI as part of pre- and post-operative cognitive evaluation. Demographic and clinical characteristics, including age, ethnicity, sex, handedness, education, tumor hemisphere and tumor grade will be analyzed utilizing appropriate correlational analyses. The Reliable Change Index (RCI) will be utilized to determine if patients display significant change in anxiety post-operatively. Paired sample T-tests were used to determine significant difference between pre-and post-operative groups. RESULTS: Preliminary analysis showed a significant difference in BAI score pre-operatively (M=8.15, SD=7.65) and post-operatively (M=5.62, SD=6.67); t(df)=4.9(181), p=.000), indicating higher pre-operative levels of anxiety compared to anxiety post-operatively. Pre-operatively, nearly 40% (39.6%) of patients displayed at least mild levels of anxiety. Post-operatively 28.6% of patients endorsed at least mild levels of anxiety. CONCLUSIONS: This study shows pre-operatively levels of anxiety in BT patients to be marked, with nearly 40% of patients endorsing at least mild levels of anxiety. Post-operative anxiety levels are reduced, but nearly 30% of patients continue to endorse at least mild levels of anxiety.

PS408: Enhancing survivorship care through connected health: Insights from patient experiences on barriers, facilitators, and opportunities for improvement

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Objective: With the rapid expansion of digital health, understanding the experiences of people living with and beyond cancer (PLWBC) within this context is crucial. This study examined PLWBC's experiences with connected health (CH, i.e. two-way communicative healthcare technologies such as mHealth or telehealth) in Ireland. Methods: Semi-structured interviews with PLWBC (n=15) focused on their experiences with CH, including barriers and facilitators to its use, needs it can address, and opportunities for improvement. Reflexive thematic analysis was used. Results: Preliminary analysis suggested five core findings. i) CH was valued for its convenience and the connection it provided with healthcare professionals and support groups. ii) Barriers to CH included digital literacy challenges, connectivity issues, and the impersonal nature of virtual interactions. iii) Facilitators highlighted were the ease of access to care and the availability of online resources. iv) Participants desired more personalized and patient-centred CH services. v) Suggested opportunities for improvement included enhancing digital literacy and infrastructure and tailoring CH services to individual needs. Conclusion implications: CH has significant potential to improve cancer survivorship care, but barriers exist. Findings suggest the need to develop patient-centric CH services that consider the varied needs of PLWBC within the Irish context. Improving digital infrastructure, educating patients on digital tools and adding personal touches to CH interactions could improve care quality and equity.

PS409: Engaging under-represented adolescents and young adults in psychosocial oncology research: Results from a qualitative study

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Objective: Psychosocial research on survivors of adolescent and young adult (AYA) cancer has limited representation of diverse social identities in the Canadian population. This includes AYAs who are Indigenous, racialized, 2SLGBTQIA+, and/or living with a disability. This study aimed to explore the experiences of under-represented AYAs in cancer research and identify strategies for meaningful engagement. Methods: Participants included AYAs in Canada who were 15-39 years old, diagnosed with cancer, and identified as under-represented, as well as community partners who served this population. Recruitment involved snowball and convenience sampling and social media. Semi-structured virtual interviews were conducted and transcribed verbatim. Data were analyzed using reflexive thematic analysis and informed by patient partner and member checking feedback. Results: Interviews were conducted with 17 AYAs and 2 community partners. Most AYAs (65%) reported intersecting under-represented identities. Analyses revealed three themes present in the data: (1) representation leads to empowerment; (2) person-centred approaches are a prerequisite to build connections; and (3) consideration of structural contexts is necessary. Conclusion and implications: Findings reflect the timely need for community partnered research that meaningfully integrates the diverse voices of under-represented survivors of AYA cancer. The study offers guidance for researchers in engaging this population in research that can meaningfully influence AYA cancer care.

PS412: To Treat or Not Treat: Challenges and Conflict of Cancer Patients Suffering with Mental Illness

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• Objectives: To depict the ethical dilemma of respecting autonomy and the qualified capacity of adult and adolescent cancer patients suffering with severe mental illness. while seeking the "best interest standards" for patients. • To identify the ethical and legal perimeters of decision making in both the adult and adolescent population. • Our case is a woman with early stage breast cancer and schizophrenia. She is held in hospital under the Mental Health Act; and the Public Guardian and Trustee is her health care decision-maker. • The patient has refused treatment because she does not believe she is ill and the oncology team is questioning attempting treatment with this patient and considering the next steps. •

The second case involves Jane who is 15 years old suffering from acute leukemia. •

She has a history of severe depression and anxiety. • She admits that she uses drugs recreationally but substance abuse/dependency appears to more profound and she has run away from home for some extended periods of time. •

She has refused to continue with her cancer treatment which has a moderate chance of success but because of more frequent incompliance it is hard to determine her chances for good treatment outcome. •

The case analysis will utilize an ethics framework to explore the key issues for the team and the ability of the team to address the mental health challenges in order to move to appropriate cancer care, and to assess the acceptable threshold for a patient with limited capacity.

PS413: A comprehensive Health and Lifestyle Assessment for remote review of childhood cancer survivors' current health concerns

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The late effects of childhood brain cancer may develop decades post-treatment completion. Long term follow-up care is recommended, yet barriers to accessing care may result in disengagement from oncology services. We developed a self-report remote health and lifestyle assessment to comprehensively review childhood cancer survivors' current health concerns across all body systems, psychosocial domains, health behaviours, medication use and genetic information. This study aimed to evaluate its accuracy, feasibility and acceptability. Method: Childhood brain cancer survivors completed the assessment online. A survivorship nurse then validated each response during an online consultation with the survivor. Concordance between survivor/nurse report was calculated. Survivors completed a program evaluation survey one-month post-intervention. Results: 61 survivors (mean age=21 years; range=10-41 years) participated. The overall survivor/nurse discordance rate was 10.6% (the most discordant sections were hearing (16%), dental (13%), endocrine (13%), and central nervous system (13%)). On average, completion of the assessment took 50 and 67 minutes by the survivor and nurse respectively. Survivors reported the assessment was "relevant to their medical care" (79% of survivors), "easy to complete" (88%), and the nurse consultation was "helpful" (97%). Conclusion: The assessment was highly acceptable to survivors, feasible to implement in a clinical setting, and accurately assessed survivors' health concerns. This remote assessment supports a telehealth model of cancer survivorship care.

PS414: Initial psychological experience of hyperthermic intraperitoneal chemotherapy for gastrointestinal tumors: A qualitative study

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Objective To understand the psychological experience of patients with gastrointestinal tumors receiving hyperthermic intraperitoneal chemotherapy for the first time. Methods Using phenomenological research principles, semi-structured interviews were conducted in 24 gastrointestinal tumor patients who received hyperthermic intraperitoneal chemotherapy for the first time. According to Colaizzi's analysis method, Nvivo software was used to derive common themes from the data. Results Through the interview analysis, we identified three main themes: early complex psychotherapy, including the inducement of complex psychology, the classification of complex emotions, and the influencing factors of emotional changes; self-adjustment in the treatment stage, including personal adjustment and professional intervention; recovery phase needs. Conclusions Psychological changes are complex issues for gastrointestinal tumors patients who received hyperthermic intraperitoneal chemotherapy for the first time. Medical staff should pay attention to identifying diverse psychological problems, actively take adequate measures to guide patients' positive emotions, and improve patients' prognosis.

PS417: Bridging Care and Career: The Experience of Industrial Nurses with Cancer Patients

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Objectives: This study focuses on the role of industrial nurses in aiding workplace cancer patients, especially as cancer rates climb among younger workers. It seeks to understand the challenges and support mechanisms in these settings, offering insights into the interplay between healthcare and occupational environments for better cancer patient management at work. Methods: From October to December 2023, 8 industrial nurses with notable oncology counseling skills were selected through online recruitment for hour-long interviews. The collected qualitative data was analyzed using Creswell's case study method. Results: The analysis of industrial nurses' experiences in individual cases revealed the context of their counseling experiences with cancer patients, extracting 15 integrated themes across cases. Industrial nurses faced challenges in counseling and educating due to constantly encountering new types of cancer and treatments, and felt the pressure of assessing job suitability upon a patient's return. However, they found fulfillment and confidence in advocating for employees diagnosed with cancer, facilitating work adjustments and reassignments among other staff. Conclusion: The study identifies significant gaps in industrial cancer care, emphasizing the need for a deeper understanding of its impact on employees and the crucial role of healthcare professionals. It suggests a collaborative approach to develop targeted educational programs, involving oncology experts and industrial nurses, to create a supportive workplace for cancer patients.

PS418: Empowering Breast Cancer Survivors: A Five-Year Journey in Conquering the Fear of Cancer Recurrence through Canadian-Based Psycho-Oncology Training in Russia

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Background: In 2019, our psycho-oncology team initiated a Russian training program, inspired by the Canadian model, using Cognitive-Behavioral Therapy (CBT) for culturally sensitive support in combating the Fear of Cancer Recurrence (FCR). Methodology: We adapted the Canadian model through a needs assessment, crafting an online training plan delivered via expert-led sessions and group discussions. Survivors with heightened anxiety or depression were encouraged to seek medical assistance. The COVID-19-driven shift to online training revealed challenges in accessing psychiatric services. Impact on Clinical Practice: Over five years, our program reached 500 survivors, notably reducing FCR-related distress. Limited accessibility to psychiatric services posed participation challenges. The online transition underscored the need for improved accessibility and engagement strategies. Discussion: Our Canadian-based model effectively addressed Russian breast cancer survivors' needs. Challenges in psychiatric referrals highlighted barriers to mental health support, prompting lessons on alternative support structures. Future directions include collaboration with community resources, peer support, and innovative solutions for enhanced mental health access. Conclusion: Our journey highlights the positive impact of psycho-oncology training on FCR among Russian breast cancer survivors. Acknowledging psychiatric assistance challenges, we commit to refining our program for comprehensive, accessible support, ensuring no survivor is left behind on their path to resilience and empowerment.

PS419: Cooking Therapy and Superheroes: experiential activity for stress management of a group of Pediatric Oncology Unit volunteers.

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Background: The stress of healthcare workers generated by the suffering and long-term effects of oncological disease is well known. This condition is also widely found in course volunteers, therefore adequate training enriched by experiential activities and the acquisition of intervention strategies that provide support is necessary. The Cooking therapy protocol is based on the assumption "I cook to feel good" and uses a daily action as a tool for well-being. Created in 2017, it has also been tested in the psycho-oncology field with patients, caregivers and healthcare workers. Methodology: A group of Superheroes volunteers was led by a Cooking Therapy facilitator expert in psycho-oncology and adequately trained on the protocol. The experience involved the preparation of a basic recipe together with breathing exercises, visualizations and metaphors. Through the 7 phases of the protocol we act on the 4 dimensions of the person: physical, cognitive, social, intrapersonal. The metaphor redefines and reinforces group dynamics and work; we work on conscious breathing. Impact on practice: the volunteers reported a beneficial effect at the end of both the experience and the hospital service. Discussion: the observation of the psychologist facilitator expert in Psycho-oncology and the feedback received from the Superheroes volunteers at the end of the experience confirm the positive effects found in a previous experience with the healthcare workers of the Medical Oncology UOC. Other studies will be conducted in this direction.

PS422: Self-perceived cognitive impairment in the first year after breast cancer and the identification of at-risk patients.

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Purpose: This study investigated self-reported clinically relevant cognitive impairment of breast cancer patients in routine clinical care and assessed factors associated with new-onset clinically relevant cognitive impairment. Methods: Cognitive functioning was assessed at T0 (before treatment), T6 (6 months post-diagnosis) and T12 (12 months post-diagnosis) at the Erasmus medical center (EMC) and Antoni van Leeuwenhoek hospital (AVL). Cognitive functioning (CF) was measured with the EORTC QLQ-C30 questionnaire and the EORTC pre-defined threshold for clinical importance (CF<75). Factors associated with new-onset clinically relevant cognitive impairment at T6 were identified using multivariable logistic regression. Results: At T0, 21% of EMC patients and 24% of AVL patients reported clinically relevant cognitive impairment. At T12, percentages were 31% and 38%, respectively. Furthermore, 19-23% of patients reported new-onset clinically relevant cognitive impairment at T6 and/or T12. This new-onset impairment was associated with younger age, chemo(immuno)therapy and impairment in role functioning, emotional functioning and fatigue. Conclusion and clinical implication: One in four to five breast cancer patients reported clinically relevant cognitive problems before treatment, and this increased within the first year, particularly for those undergoing chemo(immuno)therapy. One in five patients reported new-onset clinically relevant cognitive impairment, highlighting the need for systematic monitoring and potential referral to interventions.

PS423: Work-related problems in a Spanish sample of breast cancer survivors women

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Objectives/purpose: To analyse work related problems (WRP) in breast cancer survivors (BCS) and diagnosis disclosure in the workplace. In our country there is no need to explain the reason to have a sick leave. -Methods: 214 BCS (Mean: 54 years) answered a survey on different problems after treatment. WRP are analysed quantitatively, but also qualitatively. We analyzed them independently and then reached a consensus. -Results: 80% were working at the time of diagnosis. 59% disclosed their diagnosis to all workmates,"only to some" category was stated by 16%.10% didn't explain it to anyone. 68% explained it to their bosses, and 12 did not. 17% had WRP after diagnoses, qualitatively analysed, with 4 categories found, as follows: 1) Difficulties in performing previous work (e,g,:"being too tired", "having pain"); 2) Related to feel being undervalued (e.g.: "being substituted in own workplace", "not being able to return to previous job category"); 3) Feeling no empathy from bosses and/or workmates (e.g.:" lack of understanding when having to be absent from work frequently for tests or controls"; 4) Economic difficulties (e.g.:"loss of salary supplements"). -Conclusion and clinical implications: there are still cancer patients that prefer not to disclose their real reason for being absent from work. WRP were divided into more personal and relationship problems and those more related to the execution of work and economic. It's important to go further WRP as more survivors are willing to return to work for economic reasons and to feel that they are returning to normal life.

PS424: ADOLESCENT'S (AGE 12-18 YEARS) EXPERIENCES WITH GERMLINE CANCER PREDISPOSITION SEQUENCING IN PEDIATRIC CANCER: A QUANTITATIVE APPROACH

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In pediatric oncology, large-scale germline sequencing for cancer predisposition is gradually becoming routine care. Yet, there is limited literature on the experiences of pediatric cancer patients with sequencing. This study explores young adolescent's experiences. Adolescents with cancer participating in a nationwide sequencing genetic study completed questionnaires twice: after consent for sequencing (T1) and after disclosure of test results (T2). Previously validated questionnaires to quantify patients' hopes(T1), worries (T1, T2), satisfaction (T2), and knowledge(T1) on genetics were adapted and expanded for a pediatric oncology setting. Descriptive statistics were used. Of 109 eligible adolescents, 47 completed the first measurement and 41 the second. The most common hopes to participate in sequencing were: to help scientists (92%) and future patients (89%), to gain information about one's cancer (79%) and to learn if their own offspring could be at risk (60%). Common worries included getting cancer again (31%) and consequences of the test result for their future offspring (25%). After receiving a negative test result these percentages were 20% and 8% respectively. On average, patients had few regrets about sequencing their DNA (16/100 on Decisional Regret Scale). Mean genetic knowledge scores were 49%. Pediatric cancer patients agree to sequencing to help both others and themselves. Adolescent's future offspring formed both a hope and a worry. Overall adolescents reflected positively on the sequencing process.

PS425: Stigmatization of cancer patients – risk factors and the impact on quality of life: data from a prospective multi-center study (LUPE)

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Objective: The frequency of stigmatization of cancer patients is 30-80%. Stigmatization leads to an impairment of psychosocial health and quality of life (QoL). The focus of research has mainly been on larger or highly stigmatized groups (f. e. lung cancer). No longitudinal data are available yet. We aim to investigate: (1) The frequency of stigmatization over time, (2) risk factors and (3) the impact of stigmatization on QoL focusing on socioeconomic status (SES). Methods: This multi-center prospective longitudinal study (LUPE) assessed patients with solid cancer entities up to 2 months after diagnosis (t1) and at three follow-ups. Data for t1 and t3 (t1+12 months) are evaluated. Validated questionnaires were used to measure stigmatization (SIS, Social Impact Scale) and QoL (EORTC QLQ-C30). We report frequencies, bivariate (correlations, ANOVA) as well as multivariate results (regression model, dv=QoL) of n=680 patients (Ø age: 60 y, 51% men, cancer diagnosis >15%: prostate, skin, breast). Results: The proportion of people with stigmatization was reduced from 90% (t1) to 85% (t3). Average levels of stigmatization decrease significantly (p<.001), but remain consistently high among people in lower SES (compared to middle / high, p<.001). Further results on the impact of stigmatization on QoL as well as risk factors will be presented at the IPOS. Conclusion: Stigmatization affects most patients to varying degrees after diagnosis and at 12 months follow-up. Lower SES is a risk factor of persisting stigmatization. De-stigmatization efforts should be SES-specific and continuous.

PS426: Neighbourhood disadvantage of people with cancer: the role on distress

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OBJECTIVE The present study aimed to investigate the role of living in deprived neighborhoods on perceived distress in people with cancer. METHODS 24 patients completed a socio-demographic questionnaire and The DistressTthermometer. A deprivation index of each urban zone was calculated based on 1) the percentage of economically active people unemployed, 2) the percentage of households not owner-occupied, 3) the average number of occupants per house, and 4) the percentage of people with less than a secondary level of education. The indexes were ranked in 6 classes and a score was assigned to participants according to their home address. RESULTS 11 patients were diagnosed with lung cancer (5F, age = 63-85 years, Degree = middle school – Master), 7 with breast cancer (7F, age = 32-82 years, Degree = middle school – Master), and 6 with head & neck cancer (5F, age = 62-76 years, Degree = middle school – Master). All patients were tested during disease progression. Age and degree were set as control variables. We found differences between lung and other cancers in the deprivation, $F(1,20) = 6.24$, $p = .021$, but not in the distress level, $F(1,20) = .02$, $p = .886$. In addition, a significant correlation between distress and deprivation emerged in lung cancer, $r = .70$, $p = .035$, but not in breast and head & neck cancer, $r = -.46$, $p = .152$. CONCLUSION IMPLICATIONS The effect of neighbourhood deprivation on levels of distress is correlated with the type of cancer. Considering people with lung cancer, living in deprived neighborhoods causes them to experience higher levels of distress.

PS427: The Hope Tree: what Heathcare Workers hope for people with cancer at the end of life

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OBJECTIVE The present study aimed to investigate the hopes of healthcare workers (HCWs) for their cancer patients at the end of life. METHODS After a lecture about communication with People with Cancer (PwC) at the end of life, 89 HCWs participated in the Hope Tree (HT) activity in which they had to write down their hopes for PwC on a sticky note that they had to place on a drowned tree. The authors deeply analyzed transcripts to detect themes. Two experimenters independently coded the notes with a substantial agreement, K =.87. When a consensus about discrepancy was not reached, a third researcher made the final decision. RESULTS Seven thematic areas emerged. 28% of HCWs expressed hopes mediated by the Italian culture (e.g., “Fly higher”). 22% of HCWs expressed hope to give PwC help, smiles, empathy, listening, understanding, support, strength, and courage. 21% of HCWs expressed hopes that reveal a personal investment in the relationship (e.g., “Be a ray of sunshine even on the patients’ darkest day”). 18% of HCWs hoped to be there for PwC and 15% wished for organizational changes (e.g., “The acceptance by some doctors that the end of life exists”). Only a minority places their hope on sustainable projects (e.g., “hope that the patient can go home and celebrate the nephew’s birthday”) or on taking off PwC’s fear or pain. CONCLUSION IMPLICATIONS The HT is a creative technique that can be used in active learning helping HCWs to foster a complex range of hopes beyond the hope of recovery. It could also detect organizational and personal issues affecting HCw-PwC communication.

PS430: Determinants of the need for psychological support in people with cancer during hospitalization

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OBJECTIVE The present study aimed to investigate the determinants of the need for psychological support in people with cancer (PwC). METHODS Hospitalized PwC completed a socio-demographic questionnaire, The Multidimensional Scale of Perceived Social Support, the Distress Thermometer, and the Emotions Thermometer. RESULTS 40 hospitalized PwC agreed to participate (27F, Aged 32-83). 13 patients were diagnosed with lung cancer, 11 with breast cancer, 4 with gastrointestinal cancer, 4 with gynecological cancer, 2 with melanoma, 2 with kidney cancer, 1 with sarcoma and 3 with head & neck cancer. 10% reported the need for psychological support. PwC who need psychological support did not differ from other people not requiring it in Age, Social support, Distress, Stress, Anxiety, and Rage, $|t(38)| < 2.00$, $p > .053$. The two groups differed in depression and in the need for help, $t(38) < -2.22$, $p < .033$, in the direction that people requiring psychological support reported higher levels of depression and a higher need help for in dealing with emotions. We also found that the need for help correlated with stress, r=.44, p=.004, and that depression correlated with distress, r=.46, p=.003, anxiety, r=.49, p=.001, and the perceived support of family, r=-.47, p=.002, and a special person, r=-.49, p=.001. CONCLUSION IMPLICATIONS In our study, we found that during hospitalization, a low percentage of PwC need psychological support which is linked to depressive symptoms and the referred need for help. These two aspects are related to emotional symptoms and social support.

PS432: Acceptance and Commitment Therapy (ACT) in oncosexuological care for rare genital cancer patients.

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Patients with vaginal, vulvar, penile or anal cancer experience deteriorated psychosocial en sexual functioning which decreases their quality of life. They encounter a lack of awareness and knowledge about their rare cancer type, difficulties regarding communication and long-term changes in body image and sexual health. Awareness of symptoms for rare genital cancer should be raised among health care providers and in the general public. Prior to specialized sexual interventions such as sensate focus exercises, optimizing effective sexual stimuli and helping patients reshape the sexual relationship, there needs to be attention for the challenges and controversies patients with vaginal, vulvar, penile and anal cancers face. Acceptance and Commitment Therapy (ACT) is a psychological intervention, which reduces both physical and psychological symptoms among individuals with chronic pain and emotional distress. Offering patients with rare genital cancer two to three sessions ACT could increase psychological flexibility and gives them the tools to deal with the controversies and challenges they face. Combining specialized oncosexological care with ACT can improve the outcome and satisfaction with the sexological treatment of patients with rare genital cancer. More research is needed to determine the effectiveness of combining specific psychological techniques such as ACT in sexological treatment for cancer patients in general and especially for patients with rare genital cancer. Seen their specific needs this should get more attention in psychosocial oncology care.

PS433: Does health-behavior moderates the relationship between dyadic coping of cancer patients with their partners and quality of life?

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Objectives: Coping of couples facing cancer is considered as a dyadic process (dyadic coping, DC). That affects psychosocial outcomes such as quality of life (QoL). We aim to investigate the relationship between DC and health-behavior during and/or after cancer treatment, as well as the moderating role of health-behavior between DC and QoL Methods: Data were collected as a part of a prospective longitudinal multi-center cohort study (LUPE). We analyze data from baseline assessment within < eight weeks after diagnosis of a solid cancer (t1) and a six-month follow-up (t2). Validated questionnaires were used (Dyadic Coping Inventory, EORTC QoL questionnaire). Health-behavior was assessed based on the German Questionnaire for the Assessment of Health Behavior (FEG). We describe the subscales drinking, smoking, physical exercise and intake of medication as well as a sum score of the subscales. Analysis was carried out using partial correlations and a moderation analysis. Results: Our sample comprises 220 couples (patients: 64.5 % men; average age 60.2 years; 77.7 % married). Most prevalent cancers were prostate (31.4 %), breast (12.5 %) and skin cancer (8.6 %). Relationships between health-behavior and DC as well as an analysis of health-behavior as a potential moderator between DC and QoL will be presented at the congress. Conclusion: Increase QoL is one goal of (psycho-)oncological aftercare for cancer patients. The possible link to DC via strengthening health-conscious behavior (moderator) could offer suggestions for improving survivorship programs.

PS434: The moderating role of dyadic coping on depression and sexual satisfaction among cancer survivors and their partners

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Objectives: The relationship between depression and impairment of sexual satisfaction has been reported previously. However, limited research has investigated how dyadic coping may enhance or exacerbate this relationship among cancer survivors across all major tumor entities and their respective partners. Methods: We analyzed the relationship between depression (PHQ-9) and sexual satisfaction (NSSS-SD), considering dyadic coping (DCI) as a potential moderator with structural equation models (SEM). Analyses are based on data obtained from 266 couples in the third wave of a prospective multi-center observational cohort study conducted in Germany (LUPE study) twelve months after baseline (within eight weeks after diagnosis). Results: The comprehensive analysis of the ongoing questionnaire study will be finalized by mid-year, enabling the presentation of findings at

the IPOS congress. Conclusion and clinical implications: The findings could provide insights into the significance of dyadic coping as a protective factor mitigating the impact of depression on sexual satisfaction. This, in turn, might guide the development of couple-based interventions aimed at cultivating supportive coping mechanisms to sustain a gratifying sexual life.

PS436: Artetherapy path of color with the Stella Maris method. Give color to life after breast cancer

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Purpose: Breast cancer is the most common cancer in Western countries who affects women’s quality of life. The role of the psychoncologist is recognized. An additional help may come from arteterapy: women report psychological and physical benefits. We conducted a pilot study in collaboration with an artetherapist on a population of 10 voluntary partner patients at an association of women with breast cancer to detect the levels of distress, anxiety, depression, fatigue and their variation in breast cancer patients undergoing weekly artetherapy sessions. Methods: 10 breast cancer patients undergoing to adiuvant cancer therapies (hormono or chemo) between 41 to 77 years proposed to an art-therapy activity, based on the “Stella Maris Method”. They were enrolled as member volunteers of a Breast Cancer Volunteers Association. At 1st, 5th, 10th session they answered to 4 validated questionnaires before and after the session: the Distress Thermometer and the Problem List, The Hospital Anxiety and Depression Scale, The Core Om Questionnaire, The EORTC FA12 Fatigue Questionnaire. Results: Distress, Anxiety and Depression decrease. Women report to feel more energic, more satisfied, less concerned about the cancer therapies and their side effects. Between the pre and the post sessions physical problems at DT reduce. Patients will be retested at a distance to test for medium-term effects. Starting from this experience our Multidisciplinary Team is going to propose an experimental research Project to study the effects of art therapy and music therapy on a larger sample of patients.

PS437: The association between health-related quality of life and five-year survival among head and neck cancer patients: evidence from the multicenter Netherlands Quality of Life and Biomedical Cohort Study (NET-QUBIC)

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OBJECTIVE: The aim of this prospective cohort study was to estimate associations between health related quality of life (HRQOL) in the first six months after diagnosis and treatment of head and neck cancer (HNC) and five-year overall survival, in relation to personal, clinical, physical, psychological, social, lifestyle, HNC-related and biological factors. METHODS: Data was used of 638 HNC patients of the NETherlands QUality of life and BIomedical Cohort study (NET-QUBIC). HRQOL was operationalized by the EORTC QLQ-C30 global quality of life subscale (QL) and summary score (SumSc). Cox regression analyses were used to test the association between QL/SumSc and survival, adjusted for potential personal, clinical, physical, psychological, social, lifestyle, HNC-related and biological confounders. Cox regression analysis was also used to evaluate which variables influenced the association between HRQOL and survival. RESULTS: The unadjusted models showed that QL and SumSc at baseline and at 6 months were significantly associated with OS. The adjusted models showed that baseline QL ($P<0.01$; HR: 0.85 (95% CI: 0.76-0.96)) and baseline SumSc ($P<0.05$; HR: 0.90 (95% CI: 0.81-0.99)) remained significantly associated with OS. Sex and mean arterial blood pressure moderated the association between QL and OS. Coping style (avoiding) and systolic blood pressure moderated the association between SumSc and OS. CONCLUSION: Baseline HRQOL is significantly associated with OS among HNC patients. Personal (sex, coping style) and clinical (blood pressure) factors moderated this association

PS438: EFFECTIVENESS OF ACCEPTANCE AND COMMITMENT THERAPY (ACT) INTERVENTION AMONG ADVANCED HEAD AND NECK CANCER PATIENTS: EMPIRICAL EVIDENCE

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OBJECTIVE: Head and neck cancer patients may have negative emotions due to various reasons. This includes treatment outcomes, impairments, disabilities, survival rates, and changes in physical appearance. This study aims to investigate the effectiveness of an eight-week Acceptance and Commitment Therapy(ACT) program to address negative emotions and improve psychological adjustment and quality of life. METHODS: This study uses a mixed-method approach, combining qualitative and quantitative research methods. Qualitative data obtained through open-ended questions is analyzed using content analysis, while quantitative data is analyzed using descriptive and inferential statistics with SPSS. A sample size of 60 patients with advanced stage Head and Neck Cancer from all medical settings is taken in Tamil Nadu, India, RESULTS: To determine the effectiveness of ACT, pre-post intervention analysis is done using paired 't' TEST. The ACT program meets the needs of Head and Neck Cancer patients by incorporating the core principles of ACT. Over eight weeks, participants were engaged in sessions that showed improvement in their psychological adjustment and quality of life. CONCLUSION AND CLINICAL IMPLICATIONS: The ACT program helps Head and Neck Cancer patients improve their psychological adjustment and quality of life. It addresses unique challenges related to altered bodily functions and treatment outcomes. It promotes acceptance and willingness, helps patients adopt a non-judgmental attitude towards their emotions and personal values, resulting in improved psychosocial outcomes.

PS440: First steps to bridging the gap: exploring healthcare professionals' barriers in cancer-related fatigue management

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Background/Objective: Cancer-related fatigue (CRF), characterized by persistent tiredness despite rest, greatly affects cancer patients. International management guidelines emphasize the crucial role of healthcare professionals (HCPs) in patient education, regular CRF screening and assessments, and offering evidence-based psychosocial and physical activity interventions. Although following these guidelines offers the potential to alleviate symptom burden and improve quality of care, literature demonstrates suboptimal guideline adherence. This study aims to explore HCPs' perceived barriers to this guideline adherence. Methods: This qualitative study conducts semi-structured interviews with diverse HCPs in primary and secondary care. The interview guide is informed by the Theoretical Domains Framework, a validated instrument designed to understand determinants of current and desired behaviour of HCPs. Inductive thematic analysis is used to analyze the data. Results: Preliminary analysis of 7 interviews shows participants' lack of knowledge on CRF guidelines and their contents. When a patient presents fatigue, most HCPs do try to assess CRF-related patterns like sleep, nutrition, and exercise. Nonetheless, CRF management often remains limited due to time constraints, patient referral difficulties, competing priorities, and system inefficiencies. Conclusion: HCPs perceive several barriers to fatigue management and guideline adherence. Further analysis in the following months is warranted to draw conclusions and clinical implications.

PS441: Harmonising Hope - Exploring the Impact of Silent Disco Events on Psychological Well-Being in Cancer Patients, Survivors and Caregivers - Study Protocol

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Objective: This research investigates the potential of silent disco events as a novel approach to enhancing psychological well-being for cancer patients, survivors, and caregivers. The immersive and mindful environment of silent disco events has the potential to foster empowerment, social connection, and emotional release, contributing to psychological resilience. The study aims to explore the impact of silent disco events on emotional and social dimensions of health. Methods: A silent disco event is scheduled at an oncology clinic in Cluj-Napoca, Romania as part of the clinic's strategy for patient well-being. Using a single-group, within-subjects design, a minimum of 36 participants will be recruited. Psychological symptoms, including social anxiety, mindfulness, and self-esteem, will be assessed before, after, and at follow-up (two weeks after the event), using validated self-report measures. Results: Data analysis using repeated measures ANOVA will examine changes in measures across the three time points, with moderation analysis exploring the potential role of posttraumatic growth as a moderator. Conclusion: Anticipated outcomes include significant improvements in psychological well-being, with reductions in social anxiety and enhancements in self-esteem and mindfulness observed post-event. This pioneer study highlights integration of music and dance events into cancer care to offer accessible opportunities for physical activity and psychosocial support, promoting resilience and improving overall quality of life for those affected by cancer.

PS442: Changes in eating behavior in children with cancer as a violation of basic trust in the world

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Cancer seriously affects children's beliefs and trust in their abilities, acceptance by the community and safety. The change in eating behavior in children is a kind of response to the fear of an aggressive "world" suddenly attacking them and an attempt to regain control. The objective was to study the eating behavior in children with various malignant tumors. Methods. The study included 77 children aged 4-17 (avg 8,6) with hemoblastoses (31%), brain tumors (34%), other solid tumors (35%) in remission of 1-7 years (avg 4). The methods included the analysis of the child's projective and verbal material, clinical observation, clinical interview with the parents, the analysis of the questionnaires filled out by a parent. Statistical analysis: SPSS statistics 17,0. Results. Changes in eating behavior were detected in 56 children: overeating in 14%; avoidance or restriction of food intake in 48%; selectivity of food intake in 38%; vomiting after food intake in 36%. It was shown that children with overeating additionally experienced regression and children with food avoidance/restriction often showed autoaggression and victim position. There was no statistically significant association of eating disorders with any gender or any of the nosological groups. However, it has been shown that children with brain tumors are at increased risk of developing persistent eating disorders, especially ARFID. 45% of the sample had a range of depressive symptoms. Conclusion. Evaluating eating disorders and finding an effective treatment program are important steps towards recovery.

PS443: Longitudinal changes in insomnia and sleep duration among postmenopausal women with a history of cancer

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Objective: Cancer survivors have some of the highest rates of poor sleep quality. We aimed to examine changes in insomnia and sleep duration over 30 years among postmenopausal women with and without a cancer diagnosis. Methods: We included 157,843 participants, aged 55-85 years old, who were enrolled in the Women's Health Initiative (WHI), a long-term study of aging in U.S. postmenopausal women. Cancer diagnosis was adjudicated by medical record review. Sleep (WHI Insomnia Rating Scale and sleep duration) was assessed at up to 8 timepoints. Linear mixed models and mixed effects logistic regression models were used to estimate changes in sleep as women aged among those with and without a cancer diagnosis. Results: Over follow-up, 30,103 (19.1%) women were diagnosed with cancer. Average cancer diagnosis was 9.7 years (±6.2) after study enrollment. Among those with and without a cancer diagnosis, insomnia symptoms, short sleep (<6 hr), and long sleep (≥9 hr) duration increased as women aged. There was a significant difference in insomnia symptoms as women aged by group ($p<0.001$), where those with a cancer diagnosis had greater insomnia symptoms at younger ages compared to those without cancer, but the groups became more similar in older ages. There were no significant differences in short sleep ($p=0.21$) or long sleep duration ($p=0.57$) as women aged by group. Conclusions: Understanding the effect of aging on longitudinal insomnia symptoms in older women with a history of cancer is important, as younger cancer survivors may need more sleep support than their older counterparts.

PS444: Communication about sexual health with gynecological cancer patients with a migrant background: A qualitative research study in the Netherlands

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Gynecological cancer (treatment) has a huge impact on women's sexual health, and improving communication surrounding sexual health can lead to overall increased well-being for patients. Previous research at the

Netherlands Cancer Institute indicated that communication surrounding sexual health for gynecological cancer patients was inadequate, especially for women with a non-western migrant background. Thirteen in-depth semi-structured interviews were conducted with nurses, surgeons and sexologists in various hospitals in Amsterdam. Data was coded and themed with grounded theory. Results showed four main themes: barriers to communication (lack of time, age and discomfort with the subject of patients), improving communication (knowledge of sexual health issues and impact of negative sexual experiences, importance of timing), language issues (children as or absence of a translator) and cultural differences (cultural differences surrounding sexuality, stigmatization and stereotyping). This research looked at data collected from health care professionals, further research should also involve patients, especially those with a migrant backgroud. Suggestions for improving communication include: use of PROMS that look at sexual health explicit during diagnosis, the hospital stay, discharge and after care / better basic oncosexology training / availability of information material (in different languages) / awareness of discomfort of patients to talk about the subject / avoid stereotyping, both cultural as in age / use a professional translator when discussing sexual health

PS450: Remotely-Delivered Cognitive Behavioral Stress Management Improves Antibody Responses to Protective Influenza Vaccine in Distressed Older Women Undergoing Breast Cancer Treatment

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Objectives. Stress causes metabolic demands that compromise anti-viral immune functioning, which has implications for older breast cancer (BC) patients enduring metabolically demanding treatments. We tested effects of remotely-delivered cognitive behavioral stress management (R-CBSM) on antibody responses to a quadrivalent influenza vaccine in distressed older BC patients initiating treatment. Methods. Distressed post-surgical BC patients > 50 yrs (N = 42) were randomized to R-CBSM or wait-list control (WLC) before starting adjuvant therapy. R-CBSM provided 10 weekly 90-min group telehealth sessions and access to educational videos. Women provided questionnaires and blood at baseline and 6 months and then received the quadrivalent influenza vaccine. We measured 7- and 28-day antibody responses (using Hemagglutination Inhibition, HAI). R-CBSM effects on HAI were tested with HLM controlling for age, stage, BMI, comorbidities, adjuvant therapy and surgery type. Results. Women (M: 61.4 years), were mostly White, completed surgery ~ 48 days prior, overweight, and had grade 2, stage I disease with no group differences in age, race/ethnicity, income, BMI, education, physical activity, or stage. Women in R-CBSM showed ~ 4-fold HAI increase over 28-days post-vaccine vs only ~20 % increase in those assigned to WLC, significant after controlling for covariates, t = 2.27, p = .027. Conclusions. Among distressed, older women undergoing BC treatment, R-CBSM may help preserve a healthy antibody response. R-CBSM also mitigates cellular hyper-metabolism—a possible mechanism.

PS451: Fatigue in Cancer patients and survivors; testing psychometric properties of FACIT-Fatigue Scale in Mexico

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OBJECTIVE:Identify psychometric properties of the FACIT-F scale in survivors and patients with cancer of México. METHODS: A cross-sectional study witha a convenience sample of 221 survivors and patients. RESULTS: The sample had a mean age of 52 years old, 95% women, 84% diagnosticated with breast cancer and 46% with a partner. 17% were diagnosticated in a 0 or 1 clinical stage of cancer, 29.8% in stage 2, 31.2% in stage 3 and 13% in fourth stage and 84.5% received chemotherapy. Confirmatory Factor Analysis was carried out with a final model of 12 items, distributed in two factors renamed Subjective fatigue and Functional Impact, which explains 65% of the variance with good fit indices (CFI=.993, TLI= .991, RMSEA=.030 and SRMR= .031). Adequate reliability index were obtained: .92 and per scale of .81 and .92. Cut off point were stablished by quartiles for both general and subscales, noting that 75% identify some level of fatigue, meanwhile the total sample refer some level of fatigue affecting directly functional aspects of their daily lives. Conclusion and Clinical Implications: FACIT-F scale in Mexican population shows better factor structure through a two-dimensional model. It is a brief, valid and reliable option to measure subjective perception of fatigue and its impact on functionality. What is reported in this population is similar to the international literature, where prevalence up of 95% of fatigue are mentioned. Stablishing specific cut-off points for this population, allow to interpret better the construct and provide better medical and mental health care.

PS453: Psychology Integration in a Pediatric Cancer Predisposition Program: Psychosocial Concerns and Implications

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Background Genetic counseling and testing are increasingly incorporated into pediatric cancer care. While identifying a cancer predisposition syndrome (CPS) can lead to early cancer detection, the associated psychosocial aspects are inherently multifaceted and dynamic across the trajectory of care and lifespan. To meet these complex psychosocial needs, evidence-based psychology practice has been integrated within an interdisciplinary framework in the Pediatric Cancer Genetic Risk Program (PCGRP), Dana-Farber Cancer Institute. Methodology Retrospective review of psychosocial concerns discussed by patients seen by Psychology in PCGRP between January 2022 – January 2024. Impact Pediatric patients with CPS and their families present with a wide range of psychosocial concerns. The continuum of psychosocial needs is relative to the developmental context and is situated within a culturally-responsive patient-centered care model. Psychosocial concerns included initial adjustment to CPS diagnosis, decision-making, anticipatory guidance, medical coping, navigating perceived uncertainty related to cancer risk, management of distress, and family communication. Discussion The review elucidates the numerous psychosocial concerns of patients with CPSs. Integrating psychology within pediatric cancer predisposition programs may better address psychosocial concerns at the individual and family-systems level. Offering patients evidence-based psychological practice targeted to their unique needs will optimize access to and utilization of this central component of pediatric cancer risk care.

PS460: A Qualitative Examination of Barriers to Bereavement Care in an Oncology Specialist Centre in Singapore

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Background: Providing psychosocial support to bereaved families is an important part of holistic oncology care. However, barriers exist which limit the bereaved's ability to receive bereavement support from medical social workers (MSWs) and psychologists in medical settings. Aim: This study aimed to identify barriers to receiving bereavement care amongst the next-of-kin (NOK) of deceased cancer patients in Singapore. Method: 235 NOK of deceased patients receiving care in our oncology specialist centre were contacted to invite them to a memorial event (Remembrance Day) that is conducted bi-annually at our centre, and to screen for highly distressed bereaved persons. Those who declined any form of support had their reasons noted down. Content analysis was conducted on barriers to receiving bereavement support. Results: Work commitments, being based overseas, and being dissatisfied with the patient's medical care were identified as barriers. Notably, NOK who have poor relationship with the medical team would cite their distrust/frustration as a significant reason for declining bereavement support. Conclusion: A proportion of bereaved NOK declined bereavement support services based on their prior experiences with healthcare providers. It may be helpful for MSWs/psychologists to differentiate themselves from the medical team, and to appear impartial and empathetic to patients/NOK. Further studies are needed to understand how we can overcome such barriers.

PS467: Implementation of electronic patient reported outcome measures (ePROMs) into routine oncology care

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Background: Research and international guidelines (ESMO) suggest that ePROMs offer many benefits to patient care and health services, yet their integration into practice is limited. Here we describe our large-scale ePROMs service implementation and impacts on patient outcomes, efficiencies and experiences of patients and clinicians. Methods: ePROMs service was launched to lung, head and neck services in January 2019 before expanding to other areas. ePROMs, comprising symptom and quality-of-life (EQ-5D-5L) questions, were sent to patients via text message before outpatient appointments. Upon completion patients received automated medical advice. ePROM responses are available directly in the hospital electronic health record. We conducted a suite of service evaluations. Impact on clinical practice: Over 44,000 ePROMs forms completed by more than 5,000 patients from over 30 services. The overall completion rate was 43.9%. 100% of clinician users believe ePROMs have the potential to enhance patients' quality of life. 97% of patients reported ePROMs were user-friendly, and 96% would recommend the

service to others. We report efficiencies in the Breast-HER2 service - saved 7.1 minutes per consultation on average with pre-appointment ePROMs. ePROMs data from 1,480 lung patients showed association between symptoms and treatment modalities, informing direct patient care and future clinical practice. Discussion: This work demonstrates the success of large-scale ePROMs implementation. Future direction includes a real-time responsive service facilitating early symptom intervention.

PS468: “Between Fighting and Withdrawing”: How Do Individuals with Severe Mental Illness Cope with Coexisting Cancer? An In-Depth Examination

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Purpose: Cancer survivors with preexisting severe mental illness (SMI) have a poorer quality of life and more than twice the level of mortality than other cancer survivors. This qualitative study sought to better understand the lived experience of cancer survivors with SMI. Perceptions of cancer, coping strategies, and experiences with medical care professionals were explored. Methods: In-depth interviews were conducted with individuals (aged 25 or older) who were diagnosed with cancer 1–5 years before the study and also had an SMI diagnosis before cancer. The interpretive phenomenological approach and thematic analysis were used to analyze, interpret, and present the data. Results: Three core themes were identified using thematic analysis. Each theme demonstrates aspects of the survivors’ lived experience: (1) “People around me started to acknowledge my pain”: Others acknowledged cancer but not the mental health condition; (2) “Between fighting and withdrawing”: The coping strategies used; and (3) “Cancer is not the whole story”: Oncology teams were unaware of the unique needs of patients with serious mental health difficulties. Conclusions: Survivors reflected on their perception of cancer, their state of body and mind during and after treatments, multifaceted challenges in coping with cancer, their SMI condition, and how the intersection of these conditions shaped their experience. Findings underscore the importance of promoting cooperation between professionals working with individuals with SMI to address their perceived needs.

PS470: Psycho-emotional Aspects of Care: Assessing Depression and Caregiver Burden in Elderly Oncology Patients and Their Caregivers in Singapore

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Background Assessing depressive symptoms among elderly patients and caregiver burden aids in understanding the psychoemotional impact of cancer, and aid tailoring support to address needs of both parties. Our study examined the geriatric depression and caregiver burden scores of patients aged 70 and above, presenting to the geriatric oncology team at NCCS. Method Data from patients and their caregivers (N=172) who received care in an outpatient oncology setting were cross-sectionally analyzed. Patient self-reported Geriatric Depression Scale (GDS) scores and caregiver reported Zarit Caregiver Burden Scale scores

were descriptively evaluated before exploring their statistical association. Results The mean GDS score in our patient sample was 2.50 (SD = 2.68) out of a total score of 11. 19.2% met the recommended threshold for depressive symptoms (GDS ≥ 5). Key concerns were low energy (38%) and reduced activities and interest (37.2%). Caregivers reported average burden score of 18.53 (SD=13.2). 38.9% reported at least mild burden. Key concerns were patient's dependence (95.5%) and expectations of care (91%). Caregiver burden scores was significantly positively associated with patient depression scores (r=0.32, p<.001). Discussion Our findings suggest that a sizeable proportion of elderly cancer patients and their caregivers require psychosocial support. We found that psychosocial screening can be done easily and likely useful in addressing psychosocial needs of patient and their families. Further research is needed to inform targeted interventions and support strategies.

PS472: You learn to live; it is an altered existence: A study on mothers who care for adolescents and young adults navigating a sarcoma diagnosis.

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Objective: The objective of this study was to explore the lived experiences of mothers caring for young adults (AYAs) diagnosed with sarcoma using an existential phenomenological approach. Methodology: Nine mothers participated in conversational interviews, guided by their narratives. Reflexive thematic analysis, informed by Van Deurzen's four existential dimensions (Umwelt, Mitwelt, Eigenwelt, and Uberwelt), identified themes within and across interviews. Findings: The findings highlight that mothers' experiences could be thematized into three domains with associated themes. These domains intersected with the four aforementioned dimensions with the context of living through a sarcoma diagnosis. The main themes were: Mothers oscillate between the everyday world organised by their day-to-day responsibilities and the healthcare system. The demands of living with a sarcoma diagnosis creates a sense of displacement and isolation for mothers. However, they find support and connection through a "sisterhood" with other mothers facing similar experiences. Mothers experience a range of emotions – shock, fear, and grief. They have to grieve an unthought future for their child, while confronting the potential loss of their child in the here and now. The experience transforms mothers' worldviews, leading to a deeper appreciation for life and a stronger sense of self. Conclusion and Implications: The findings call for a biopsychosocial approach to healthcare, integrating psychosocial support into cancer care for both patients and caregivers.

PS473: Preferences for treatment outcomes in rectal cancer: a discrete choice experiment

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Objective: The majority of rectal cancer patients receive sphincter-sparing surgery (SSS), rather than a permanent stoma, however SSS can leave patients with bowel dysfunction. The aim of our study was to examine preferences for treatment outcomes in people with and without rectal cancer. Methods: Our discrete choice experiment (DCE) contained seven treatment attributes: risk of cancer recurrence, presence of a stoma, and five bowel problems that comprise low anterior resection syndrome (LARS) – incontinence for wind, incontinence for liquid stool, urgency, incomplete emptying, and frequency. 372 rectal cancer patients without a stoma (CNS), 269 with a stoma (CS), and 204 people without cancer (NC) completed the DCE which was administered online. Results: The importance of treatment outcomes differed significantly between the CNS and CS groups (chi2(13) = 393.60; p<0.0001), and the CNS and NC groups (chi2(13) = 59.86; p < 0.0001). Patients with CNS only accepted a permanent stoma at the same rate as SSS assuming no LARS, if having a stoma conferred a 17% lower risk of recurrence. Among the NC group this was 15%. In the CS group, SSS or permanent stoma were accepted at the same rate with equivalent levels of risk of recurrence. If SSS was accompanied by major LARS, preferences changed more in the CS and NC groups than in the CNS group. Conclusion and implications: Experience of a stoma or LARS resulted in higher tolerance of those treatment outcomes. Raising awareness of how patients adapt to their surgical outcomes may help new patients make more fully informed decisions.

PS475: Hereditary cancer' in married AYA women: Impact on familial relationships in Japan

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Purpose This study aimed to consider the impact of "hereditary cancer" in married adolescent/young adult (AYA) women on their familial relationships. Method This qualitative descriptive study included three married AYA women with inherited cancers. Results of analysis A total of 35 codes, 20 subcategories, and eight categories were generated. When an AYA woman learns that her advanced cancer was inherited from her mother, the shock of having hereditary cancer makes her memory skip, she does not resent her parents but feels a sense of disappointment, and she stops thinking about it. On the other hand, patients who underwent cancer gene panel testing are "relieved at the fact that the cancer was not my fault but that heredity was the culprit." The first thing that these patients do is worry about passing the disease on to their children and discussing how to prepare their children with their health care providers. AYA patients with hereditary cancers do not talk to their parents or relatives about their hereditary disease. Moreover, conversations among extended families about such disease have disappeared. In other words, these patients cope within a small support system (siblings and spouse's siblings). The couples were divided into two extremes: intimate and estranged. Those with the same genes grew closer to each other. Conclusion In Japan, the issue of disease and heredity is sensitive and considered a "bloodline" issue (i.e., inherited from one's ancestors). Thus, support for patients and their families who develop hereditary cancers is imperative.

PS476: Independent predictors of changes in Quality of life among Breast Cancer Survivors

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The study aimed to assess the predictors & to determine the patterns of changes on QoL among breast cancer survivors (BCSv) in South India. A longitudinal study was carried out with assessment I & assessment II between the age 20 to 64. Among 248 BCSv statistically significant differences in mean scores of FACTB were found on family type, women living in joint family 129.5, nuclear family 123.96 (p=0.004) physically active women 126.8, physically inactive women 122.65 (p = 0.024) and borderline significance on duration of survivorship <2 years 124.28, 2 -5 years 123.85 <5years 128.43 (p= 0.060) In univariant analysis significance were found on place of residence, family type, duration of survivorship & physical activity. The predictors for FACTB were women living in nuclear family (p= 0.011) & duration of survivorship <2 Years 2-5 Years (p=0.031) On t test the overall FACTB showed significant statistical difference (p=0.002). The mean I & II assessment scores were 125.6 vs 124.2. Statistical significance were observed among majority of demographic & clinical variables during the I assessment During survivorship period patients with breast cancer experienced poorer QOL. Higher symptoms were observed during the I assessment than the II confirming the fact that BCSv experienced more issues during the routine follow-up period at the hospital. The major predictors for poorer QOL were factors like family type & duration of survivorship. Cancer survivors can lead a fruitful life by incorporating the multidisciplinary survivorship care plan in routine oncology units.

PS477: Experiences of cancer survivors and professionals with a serious game to prepare cancer survivors for return to work – a qualitative study

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Objectives: A first version of a serious game including a knowledge base was developed by a patient advocate, game developers, specialists in patient engagement, cancer survivors and researchers. The serious game aims to enhance return to work by: 1) providing knowledge, 2) thinking about choices (e.g. disclosure), and 3) practicing with communication (e.g. supervisor). Objective is to gather experiences of cancer survivors and professionals with this first version. Methods: So far, 6 cancers survivors, 2 occupational physicians, 2 labour experts, 2 HR-professionals, and 2 serious game experts participated in semi-structured interviews. Topic list encompassed: 1) design, 2) content, and 3) feasibility of achieving aims. Interviews were thematically analysed. Results: Experiences with the game were very divers ranging from ‘a cumbersome way to deliver information’ to ‘practicing with communication is very positive’. Strong points were the showcase of having a choice in how to communicate with supervisor/colleagues and the knowledge base. Points for improvement include: 1) a well-functioning and purposeful interface, 2) personalizing the game (e.g. storyline), and 3) creating more meaningful interactions between user and game. Participants thought that with providing a knowledge base and improvements in the content and interface of the game, the formulated aims could be achieved. Conclusion: Future rounds of developing and testing is needed before a serious game embedded in care pathways can be tested in a randomised controlled trial.

PS479: Exploring the qualitative experiences of rural and coastal people with lung cancer and their informal carers' in accessing and engaging in their cancer care pathway

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Objective: People with lung cancer (PWLC) in rural areas experience unique inequalities in care compared to their urban counterparts. Lincolnshire has some of the most deprived parts of the UK, particularly in rural and coastal areas, where people face significant barriers to accessing care. This study aims to explore how patient and carer characteristics and factors related to location interact to influence engagement with the lung cancer care pathway. Methods: Qualitative interviews conducted between Jan–May 2024 with PWLC diagnosed within the last 6 months (n=30), and their informal carers (n>15), who reside in Lincolnshire, UK. Framework analysis informed by the COM-B model of behaviour change was used to thematically analyse facilitators and barriers to patient engagement. Results: Initial findings indicate that PWLC were distressed by delays in early investigations and treatment and struggled with the communication of their diagnosis and treatment options. Support from family, friends, and the wider community was integral in managing physical and psychological challenges and empowering engagement. Accessing specialist treatment required travelling long distances and imposed significant financial burden. Final analyses will be presented. Conclusion and Clinical Implications: By identifying and understanding factors that may impact on patient engagement, we can inform patient-orientated care tailored to the needs of rural PWLC. Our findings will support the development of an intervention to improve PWLC's engagement in their care pathway in rural and coastal settings.

PS482: A qualitative systematic review on patient, professional and carer experiences of communicating a lung cancer diagnosis

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Objective: People with lung cancer, and those who support them, require clear and consistent communication to support their engagement in care pathways. This review aimed to identify and synthesise qualitative evidence surrounding patients', carers', and healthcare professionals' experiences of communicating a lung cancer diagnosis. Methods: Searches were performed in MEDLINE, CINAHL, PsycINFO, Scopus and limited to between 2013-2023. Thomas and Harden's approach for the thematic synthesis of qualitative research in systematic reviews was used. The CASP qualitative checklist was used to assess study quality. The review was reported in accordance with PRIMSA and ENTREQ guidelines. Results: Four themes were identified: 1) Need for honesty and transparency, 2) Poor use of language to communicate diagnosis, 3) Seeking information elsewhere, and 4) Carer reliance for support and understanding. Patients and carers desired honesty and openness from their healthcare professionals and highlighted the poor language used to communicate their diagnosis. Some were dissatisfied with the information received and actively searched for information online. Carers played an integral role in helping patients understand their diagnosis and treatment. Conclusion and Clinical Implications: This is the first review to collate and analyse qualitative data on people's experiences of communicating a lung cancer diagnosis. Our findings may hold importance in supporting the development of tailored communication strategies to better understand and address patients' and carers' needs.

PS483: Interpersonal Emotion Regulation and Mental Health among Cancer Survivors: A Systematic Review

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Objective: Cancer can evoke negative emotions in patients and their loved ones with a negative effect on mental health. Interpersonal emotion regulation is a social-psychological process in which people manage each other's emotions. The current study systematically reviewed the evidence on the associations between interpersonal emotion regulation and mental health among cancer survivors. Alongside, we aimed to obtain insight into the models and theories that guide this research. Methods: PubMed, Embase, Web of Science, and Scopus were systematically searched. Out of 6,122 identified studies, 76 studies with a total of 54,841 cancer survivors met the inclusion criteria. These studies assessed various aspects of interpersonal emotion regulation (i.e., emotional support, social constraints, emotional expression, affectionate support, family support and dyadic coping) in association with various aspects of mental health (e.g., distress, anxiety, depression, quality of life, well-being). Results: Statistically significant, small-to-moderate associations were found between almost all aspects of interpersonal emotion regulation and all aspects of mental health. Less than a third of the studies mentioned a theoretical model, including the social-cognitive processing model (6 studies), the stress buffering hypothesis (3 studies), and thirteen other models. Concluding implications: Future studies, integrated in a theoretical framework, are needed to advance our understanding of the role various aspects of interpersonal emotion regulation in mental health among cancer survivors.

PS484: Acceptance and valued living in patients with cancer: associations with mental health and health-related quality of life

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Objective: This study aimed to investigate associations between cancer acceptance and valued living and various psychological symptoms, health-related quality of life (HRQoL), and psychological constructs like resilience and psychological flexibility in patients with cancer. Psychometric properties of the German translations of the Peace, Equanimity, and Acceptance in the Cancer Experience (PEACE) and the Valuing Questionnaire (VQ) were also examined. Methods: In this two-center cross-sectional study, the construct validity of the German PEACE and VQ scales was examined using confirmatory factor analyses (CFA). Convergent validity was examined with correlation analyses using validated measures of HRQoL, psychological resilience and flexibility, and related psychological constructs. Results: 213 patients with a variety of primary cancer diagnoses participated in this study. Significant positive correlations were found for associations between acceptance of cancer and valued living and HRQoL, resilience, as well as significant negative correlations with depression, anxiety, distress, and psychological inflexibility (all ps < .05). The results of the CFA confirmed the factor structure of the original questionnaires. Conclusion and clinical implications: Our results suggest the essential role of acceptance and valued living in psycho-oncology. They underline the importance of acceptance- and value-based interventions, like Acceptance and Commitment Therapy. Further, our findings reveal the validity and reliability of the German PEACE and VQ in cancer patients.

PS485: An Evaluation Study of "Going Through Project": Insights and Implications for a Holistic Care Model for Chinese Men with Prostate Cancer in Hong Kong

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Hong Kong Cancer Fund conducted a study to evaluate "Going Through Project" for Chinese men with prostate cancer and their carers, which was in 5 domains: Cancer knowledge, Symptoms management, Exercise

rehabilitation, Psychological adjustment, and Sexual health/ Partner intimacy.A mixed method approach using questionnaires and focus groups was adopted. Survey questions were to evaluate project performance on participants' satisfactory rate through 5 behavioural clusters, quality of life, and participants' experience and opinion. Survey data of 57 respondents were analysed with SPSS. Two focus groups with 12 users were recorded, transcribed and analysed with grounded theory to investigate the impacts of respondents.The survey revealed interconnectedness among domains of cancer knowledge, symptoms management and exercise rehabilitation. Integration with domains of psychological adjustment and sexual health may enhance synergistic value. Least satisfaction with sexual health, social functioning and fatigue was revealed, suggesting needs for culturally sensitive and innovative programmes addressing these issues. The focus groups revealed the importance of formal and informal referral sources. Online promotion has become a critical strategy. Men prefer information-rich and activity-based initiatives, pointing to tailored intervention.Identified facilitators and barriers to participation offer guidance for project planning and staff training. Improved orientation procedures, personalized care plans, and inclusion of service users in programme design will be future directions.

PS486: Exploring Sexual Health in Oncology and Palliative Care Practice in Oman: Current Practice and Barriers

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Objective: Sexual health is an important aspect of the quality of life of people with cancer and also for survivors. It can be a difficult topic for patients and healthcare professionals to discuss. There are barriers causing healthcare professionals to avoid raising this topic. We aim to explore the perspectives of oncologists and palliative care physicians regarding discussion of sexual health with people with cancer in Oman. Method: An online questionnaire will be sent to oncologists and palliative care physicians who are currently working at Sultan Qaboos Comprehensive Cancer Care and Research Center (SQCCCRC). The questionnaire consists of 19 questions covering different domains (demographics, experiences, current practice and barriers). Results and clinical implications: From this study, we are expecting to have different dimensions and types of barriers that oncologists and palliative care physicians are facing in approaching sexual health concerns in non-western population, considering differences in family system and culture. Through discussion of the results, the study will shed the light on how to improve the current practice and will suggest approaches to bridge the gap in both quality of care and patients' quality of life.

PS487: Understanding the impact of cancer on everyday life: what are the online privacy experiences and needs of people living with and beyond cancer?

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Objectives: Significant life transitions, such as cancer, require complicated decisions about how, when, and who with, to share personal information, including in online spaces. Decisions may be driven by control need, fear of discrimination or perceived stigma. Unintended information leakage may amplify distress. We aimed to understand online privacy experiences and needs of cancer survivors. Methods: We recruited 100 cancer survivors to take part in an online survey, including closed and open question about digital literacy, online privacy experiences, and needs. We then conducted experience-based co-design workshops (n=10) to enhance our understanding and develop potential solutions. Results: Survey data indicates more willingness to share information and fewer privacy concerns compared with other life transitions, though online presences were often anonymised. Information sharing distress was low and correlated with perceived control. Workshops highlighted the value of online spaces for sharing information with known and unknown contacts, and to 'give back' to the cancer community. Frequently experienced online harms were misinformation, scamming and unsolicited interactions. Conclusions: Online spaces are important for cancer survivors, but present vulnerabilities. Misinformation could influence treatment-related decision making and high privacy concern might lead to social isolation and distress. Online behaviour is so engrained in modern life that care teams and support organisations need to be aware of both negative and supportive impacts these spaces bring.

PS490: Identifying patient engagement interventions to support people with lung cancer: A rapid systematic review

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Objective: Patient engagement with tests, appointments and treatments within the lung cancer care pathway is critical to optimising outcomes. But people with lung cancer face complex physical, psychological, and contextual challenges which limit engagement. Interventions can support people to overcome these challenges, but the extent of their evaluation, implementation and effectiveness to date is unclear. This review aims to rapidly identify and synthesise the literature describing patient engagement interventions for people with lung cancer. Methods: MEDLINE and Google Scholar were searched. Only studies published in English between 2000-2024 were included. The Mixed Methods Appraisal Tool will be used for quality assessment. Findings will be tabulated and synthesised narratively. The TIDiER checklist will be used to describe intervention components and implementation factors. The review adheres to Cochrane Rapid Reviews Methods Group guidance and is reported using the PRISMA checklist. Results: Following deduplication (n=9), searches identified 1393 studies that were screened by title and abstract. Fifty-five full texts are being screened. Final analysis and intervention outcomes will be presented. Conclusion and Clinical Implications: Findings will provide key insights into the characteristics, implementation, and effectiveness of existing patient engagement interventions for people with lung cancer. This will help inform the development and tailoring of future tools to improve patient experience, engagement, and outcomes of the lung cancer care pathway.

PS492: How does cancer impact sleep? - Disparities in sleep quality among young cancer survivors and healthy controls

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Objectives: Cancer among adolescents and young adults (AYA) can negatively affect sleep quality. It remains unclear whether sleep quality in AYAs with cancer is substantially worse than in non-cancer peers in general. The study aims to investigate sleep quality of young cancer survivors compared to a healthy control group, and related psychosocial factors. Methods: Data from AYA survivors aged 18 to 39 years at diagnosis and a healthy control group were assessed at the fourth wave (mean 3 years after diagnosis) of the AYA-LE study. Sleep quality (PSQI) was compared between groups using a t-test, while the impact on quality of life (EORTC) and social support (F-SozU) was assessed using ANOVA. Results: A total of 407 AYA survivors (mean age 34.8 years, 75.2% female) and 372 healthy peers (mean age 32.3 years, 61.8% female) completed the questionnaires. Patients had a significantly lower subjective sleep quality (p<.001), lower sleep efficiency (p<.5), more sleep disturbances (p<.01), more daytime dysfunction (p<.001), and used more sleep medication (p<.01). In both groups, significant associations with partially high effect sizes were identified between sleep quality and global/functional quality of life, as well as social support. Conclusion: These results underscore the importance of addressing sleep disturbances in AYA survivors, given their substantial link to quality of life and social support. They emphasize the necessity of ongoing monitoring of and support with sleep problems during aftercare. Further research on the underlying mechanisms linked to sleep is needed.

PS493: The Kennishub: a wealth of information on psychosocial research conducted and interventions available in the Netherlands

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Background The Kennishub (i.e., knowledge hub (https://nvpo.nl/kennishub/)) is an online database of Dutch psychosocial research projects and interventions that provides an overview of ongoing and completed research projects going back to the past ten years. Recently, it was extended to include an overview of psychosocial interventions (including their evidence base and clinical availability). Methods Here, we present a descriptive overview of the characteristics of the research and interventions that have been submitted to the Kennishub and we reflect on our experiences maintaining this database. Results To date, the Kennishub contains 234 (164 completed and 67 ongoing) research projects and 68 interventions. Most research and interventions have adults as the target population and do not focus on a specific type of cancer or phase in the disease process. The most prevalent themes are: psychosocial functioning (n=102), communication and patient information (n=51), physical functioning & recovery (n=42), and prevention, screening and quality of care (n=28). The main challenge is motivating researchers to submit their work for a comprehensive and updated tool. An opportunity lies in the increasing interest in team science and collaboration. Conclusion implications The Kennishub is a valuable resource for researchers, clinicians, and policymakers, offering an overview of the field and pinpointing psychosocial research gaps. To maintain its relevance and maximize potential, implementation strategies are needed to motivate researchers and clinicians to contribute.

PS494: Efficacy and budget impact of a tailored psychological intervention program targeting cancer patients with adjustment disorder: a randomized controlled trial

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Background: Evidence on efficacy and budget impact of psychological interventions targeting cancer patients with a psychiatric disorder is scarce. This study aimed to investigate the efficacy and budget impact of a tailored psychological intervention program targeting cancer patients diagnosed with adjustment disorder (AD) (the AD-program). Methodology: Patients were randomized to the intervention or control group. The AD-program consisted of three modules: psycho-education (1-4 sessions) and two additional modules (maximum of 6 sessions per module) in case needed. The primary outcome was psychological distress (HADS). Secondary outcomes were mental adjustment to cancer (MAC) and health-related quality of life (EORTC QLQ-C30). Measures were completed at baseline and 3 and 6 months later. The budget impact analyses were based on the size of the population, the costs of the AD-program compared to current care, and other costs which may be influenced by offering the AD-program. Impact on clinical practice: The AD-program had no statistically significant effect on psychological distress, symptoms of anxiety and depression, mental adjustment to cancer or health-related quality of life. The budget impact of the AD-program was estimated at 7 to 28 million euros per year. Discussion: No significant effect was found of the AD program on distress, adjustment to cancer or QoL. Limitations include that this study was underpowered due to recruitment difficulties during the COVID-19 pandemic. More research into the efficacy, adoption and implementation of the AD-program is warranted.

PS495: Impact of lack of immediate access to treatment to pre-invasive lesions on patients' psychology and public health seeking behavior.

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Background: Cervical cancer screening is a safe practice with almost no associated direct complication as a result of the procedure itself. There are however unintended consequences that could arise from false or delayed results and wrong or delayed treatment. We hereby report on clients experience post screening and projected impact on public demand for screening. Methods We leveraged the Clinton Health Access Initiative (CHAI) and World Health Organization (WHO) supported pilot HPV screening in Kebbi State to establish a resource stratified cervical cancer screening program at police cottage hospital Kebbi command. We follow up all screen positive cases as part of clients navigation. We conducted a telephone interview for an equal number of screen positive clients to compare their level of satisfaction with the screen positive clients. The results were presented in simple frequency tables. Impact on clinical: Clients that feel that they benefit from screening can be motivated to generate demand for the screening services. Screening without treatment will lead to clients dissatisfaction and could discourage others from seeking the service. Discussion: The program has screened 125 women for cervical cancer of which 3 were positive. Two of the positive cases had pre-invasive lesions while 1 had invasive lesion of the cervix. All the 3 screen positive cases showed some level of dissatisfaction with the screening program while none of the screen negative client express significant dissatisfaction against the program.

PS496: GENDER DIFFERENCIES IN PSYCHOLOGICAL SUPPORT REQUEST IN AN ONCOLOGY UNIT

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-Objectives/purpose: Gender is a variable that may influence in psychosocial profile when coping with cancer. 1) We analysed differences between breast cancer patients and other women with cancer and 2) We compared women versus men in the same variables. -Methods: 231 cancer patients clinical records are analysed for psychological support request variables. -Results: Mean age = 57, 150 women (74%), mainly breast cancer patients (45.3%). 1) Breast cancer versus other women. There were no differences in reason to ask for psychological support ($p=0.55$) nor for who did the referral ($p=0.811$). Related to main problems, there were no differences in suffering from insomnia ($p=0.230$), and in considering it as the main problem ($p=0.27$), but among those who said yes, women with other cancers are significantly consuming more pharma resources to sleep ($p<0.036$). Also there were no differences in support received perception during cancer journey from family or friends ($p=0.543$) nor in satisfaction with this support ($p=0.907$), no differences in history of psychopathology previous to cancer ($p=0.923$). 2) Men versus women: men are more prone to be referred by doctor and never by themselves ($p<0.021$),ask for help for insomnia ($p<0.0005$), more past history of psychiatric illness ($p<0.0005$) and more satisfied with perceived support by family, mainly couple ($p<0.0005$). No differences by age are found. -Conclusion and clinical implications: There are some gender differences, not related to tumour site as expected, in approaching psychological support that will be deeply analysed.

PS497: Prevalence and associated factors of shared decision-making in patients with recurrent/metastatic nasopharyngeal carcinoma: An observational cross-sectional study

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Objective: The treatment of recurrent/metastatic nasopharyngeal carcinoma (R/M NPC) is more complex and cautious. Shared decision-making (SDM) has the potential to increase the quality of care. Data from observational studies on the prevalence of SDM in R/M NPC is lacking. This study aims to describe the prevalence of SDM in patients with R/M NPC and to analyze the predictive factors. Methods: An observational cross-sectional study design was used to carry out the study in a tumor hospital in South China. A total of 199 patients with R/M NPC were included from October 2023 to January 2024. The outcome was whether the patient is actively involved in SDM, and the main independent variable was selected based on the theory of planned behavior, they were decision-making self-efficacy, trust in nurses, decision-making expectation, and decision-participation attitude. Results: 44.7% of patients with R/M NPC actively SDM in the development of treatment options. The logistic regression model showed trust in nurses (OR = 1.09, 95%CI = 1.00–1.17), decision-making expectation (OR = 1.03, 95%CI = 0.97–1.09), decision-making self-efficacy (OR = 1.06, 95%CI = 1.03–1.09) as the variables associated with SDM. Conclusion implications: Negative attitudes toward SDM or low self-efficacy can impede positive communication. The trust that patients have in their nurses is a crucial factor in SDM. Nurses, who are intensively involved in care in the wards, with the appropriate skills, could play a ‘facilitator’ role to promote better SDM.

PS498: A Comprehensive Approach for Embedding Lifestyle Support in Oncology Care through eHealth: Study Protocol of the CARE-FIT Project

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Objectives: To present the study protocol of the CARE-FIT project. The project aims to improve health and quality of life of cancer patients by supporting them in being sufficiently physical active and to cope better with stress and sleep problems. Paying attention to lifestyle is becoming more and more urgent within this population since cancer survival rates are gradually increasing. Methods: An existing and effective online physical activity intervention targeting patients with prostate and colorectal cancer will be adapted and expanded to make it suitable for people with other cancer types. Additionally, intervention elements focusing on stress and sleep problems will be integrated. An explicit focus will be on embedding the intervention in current care to achieve optimal intervention reach and use among cancer patients. Subsequently, the embedded intervention will be evaluated to investigate whether the intervention is cost-effective and achieves effects on behavior, health and quality of life. After evaluation procedures, it will be ensured that embedding of the intervention in care is continued. Results: The project will be executed from March 2024 to March 2027 and is funded by ZonMw. Conclusion and clinical implications: Currently, insufficient attention is paid to lifestyle counseling in cancer care, which is often due to a lack of time, knowledge or skills within caregivers. A tailored eHealth-intervention embedded in healthcare practice could potentially circumvent these barriers and offers an unique opportunity to realize lifestyle advice for cancer patients.

PS499: Addressing Cognitive Complaints in Cancer Survivors: Challenges and Opportunities in Portugal

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Background Cognitive complaints are prevalent among cancer survivors, yet they remain overlooked by many healthcare professionals. This neglect can be attributed to various factors, including controversial findings from initial studies and the complexity surrounding the etiology of these complaints. In Portugal, the assessment of cognitive complaints is hindered by limited available instruments, resulting in low dissemination of their use. Despite evidence advocating for non-pharmacological interventions, such as cognitive rehabilitation, tailored specifically for cancer patients, dedicated services for cognitive rehabilitation in this population are lacking in Portugal. Although some cognitive rehabilitation programs have been validated within the country, those specifically targeting cognitive complaints in cancer survivors are almost non-existent to date. Impact on clinical practice While efforts have been made in recent years to address this issue in Portugal, there remains a need to test interventions further and disseminate information to bridge the service gap. Discussion Future endeavors should focus on developing and implementing specialized cognitive rehabilitation programs for cancer patients, ultimately improving their quality of life and overall well-being.

PS501: Relationship distress among parents of children with cancer – A qualitative in-depth interview study

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Objectives Up to 40% of parents to children with cancer experience relationship distress. Despite the well-known link between relationship problems, psychological distress and overall family functioning, few studies have explored relationship distress in the context of childhood cancer. Also, there is a lack of interventions supporting parents' couple relationships in paediatric oncology care. This study therefore aims to generate a deeper understanding of the experience of relationship distress among parents of children with cancer. Methods Parents who experience relationship distress after their child's cancer diagnosis are recruited to take part in semi-structured interviews exploring how parents cope individually and as a couple with the stressors associated with the child's cancer, as well as the support needs that parents experience. Interviews will be transcribed verbatim and analysed using qualitative content analysis. Results Preliminary results from this ongoing study (started in Jan 2024, at present n=15) indicate that both individual and dyadic coping strategies are involved in the development of relationship distress, and further; that relationship problems are a driving force for individual psychological distress. Conclusion and clinical implications This study contributes with important information on how childhood cancer affects parents' couple relationships, and on the intricate interplay between psychological and relationship distress in the aftermath of childhood cancer. Results may contribute to the development of targeted support for this population.

PS502: The MiLES intervention targeted at employers, aimed at enhancing successful return to work of employees with cancer: initial insights into recruitment of employee-employer dyads

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Objectives/purpose: The employer-based MiLES intervention aims to enhance the successful return to work (RTW) of employees with cancer. Recruiting employee with cancer-employer dyads proofed challenging in a previous pilot study, where insufficient and a non-representative sample of dyads participated. In the current randomized controlled trial (RCT), we employed an innovative recruitment strategy involving an intermediary. The purpose here is to provide initial insights into the feasibility of this strategy. Methods The feasibility of our strategy is assessed during a RCT with a 12-month follow-up. We will recruit 140 dyads from January 2024, with an occupational physician or reintegration consultant as intermediate. Characteristics of participating and non-participating dyads are logged and compared, including reasons for non-participation. Results So far, 9 dyads have been included. Characteristics of employees show a diversity in gender, age, diagnosis, and RTW phase. There seems to be a bias towards already satisfied employees and employers regarding the RTW support and process. Out of 34 invited employees with cancer so far, at least 10 will not participate, as participation would be too burdensome or a response is lacking. Conclusion/implications A knowledge gap exists regarding the recruitment of dyads. Our strategy is expected to facilitate the recruitment of an adequate sample of employee-employer dyads. Based on tracking these data we may adjust our recruitment strategy and the results of our strategy can also benefit other studies involving dyads.

PS504: The assessment of distress is relatively stable during the first year of initial treatment of patients with highly malignant gliomas

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The assessment of distress is relatively stable during the first year of initial treatment of patients with highly malignant gliomas Objective: High-grade gliomas are frequently associated with poor survival. The aim of the study was to assess the experience of distress during the first year of initial treatment. Methods: Patients with high-grade gliomas and Karnofsky performance status >70 were included. Distress thermometer was used after surgery, at 3, 6 and 12 months or until disease progression. Problems with cognitive function were self-rated on a 10point scale. Descriptive methods, Spearman's rho and Kruskal-Wallis were used. Results: Of 90 patients, 64 participated after 3 months, 41 after 6 and 21 after 12 m . The mean age was 58.8 years, 63% were men, 17% of patients had an IDH1 mutation, 42% had MGMT methylation. The median time to progression was 14.3 months; the median overall survival was 16.19. The self-assessment of distress was 3.98, 3.51, 3.61 and 3.96 over 4 measured periods. Self-assessments of >4 were given by 53%, 38%, 49% and 48% of patients, where there were no significant differences. At baseline, distress did not differ significantly by gender, age, type of surgery, IDH1 or MGMT status. We found statistically significant differences in terms of performance status (p = .001) and self-assessed cognitive performance (p <.001). Conclusion: In the first year of initial treatment, distress appears to be relatively stable. Patients with a lower performance status or who report more problems with cognitive functioning show significant greater distress.

PS516: Hospital Volunteer in Oncology

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Introduction Volunteers in oncology aim to contribute to improving the well-being of patients by providing emotional and pratical support (Moura & Bacalhau, 2002). Our Hospital Volunteering program aims to contribute to the humanization of care for cancer patients by providing practical and emotional support to patients in outpatient and inpatient settings at hospitals with oncology services. Methodology A descriptive analysis of data was conducted, revealing that there are currently approximately 368 volunteers, of which 276 are female. On average, volunteers have been part of this project for about 10 years, and in terms of age, approximately 50% of volunteers are over 65 years old. Recruitment is done through an application followed by a semi-structured interview with two members of the technical team, including a psychologist. Candidates who are deemed suitable undergo a 4-month training and internship. Only after successfully completing these stages does the candidate become a volunteer. Impact of clinical practice The primary goal is to provide emotional and practical support to patients and their families in outpatient consultations, Day Hospitals, inpatient care, Pediatrics, Palliative Care, Day Care Centers, and in the distribution of coffee with milk. Volunteers are organized into various services, with each having a designated leader to guide their work. Discussion An analysis is needed to understand the reason behind having a higher percentage of female volunteers and what are the reasons/motivations that keeps them so many years on hospital volunteering.

PS517: Psychological burden and associated factors before and after individualized risk-assessment for men with familial and hereditary prostate cancer risk (PROFAM-PSYCH): Study Protocol

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Objectives In a novel prostate cancer (PCa) prevention center (ProFam-Risk) at University Hospital Düsseldorf, individualized risk-assessments and risk-adapted prevention recommendations for men with familial risk for PCa are offered. The subproject ProFam-Psych aims at investigating the psychosocial burden and associated factors before and after attendance of this prevention center. Methods In a prospective mixed methods observational design, men attending ProFam-Risk (case group) are compared to a control group of inpatient care kidney or ureter calculus patients. A combination of clinical parameters, mpMRI and genetic profiling is provided for risk-adapted assessment in the case group. Psychological variables are collected at 4 time-points in the case group and at 2 time-points in the control group. A subgroup within the case group will be interviewed. Primary endpoint is PCa-specific anxiety (MAX-PC), secondary endpoints include risk-perception and anxiety. For rm-ANOVAS comparing the groups and time-points, a recruitment aim of n=225 (case group) and n=118 (control group) was calculated. Expected Results In accordance to the sample size calculations, PCa-specific anxiety at baseline is expected to be higher in the case group than in the control group and a decrease in PCa-specific anxiety over time in the case group is hypothesized. Conclusion & clinical implications This project will inform us about the impact of risk-adapted PCa-prevention on PCa-specific anxiety, and holds the potential of directly enhancing standard clinical care for men with increased PCa risk.

PS519: Money Matters: Unpartnered Breast Cancer Patients Experience Significant Financial Distress

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Background: City of Hope Women's Cancers Program created a psychosocial program for unpartnered patients (single/widowed/divorced/separated). The goals are to proactively identify biopsychosocial distress and maximize patients' coping and communication skills. Patients complete SupportScreen® (SS) and a psychoeducation counseling session prior to an initial physician visit. SS results stratify patients' psychosocial risk level and target personalized interventions. Methods: SS is a validated tool measuring problem-related distress on a 5-point Likert scale (with a cutoff

score of >=3 being “high” distress). Logistic regression analyzed the association between distress and relationship status. The covariates included age (younger ≤ 40 vs older >40), ethnicity, and disease stage (early vs late). Results/Impact: 701 English-speaking, breast cancer patients completed SS. Mean age was 59 for unpartnered patients and 55 for partnered patients. 81% were Non-Hispanic White and 56% had early stage disease. After controlling for covariates, unpartnered patients were significantly more distressed than partnered patients regarding finances (OR=2.15, p= 0.0002). These findings support unpartnered patients having more economic concerns when compared to those partnered, which will impact future financial interventions. Discussion: Financial toxicity can impact survival, adherence, and quality of life. Proactively addressing financial distress may improve health outcomes through targeted psychosocial interventions to those who need it most, unpartnered financially at-risk patients.

PS523: A qualitative approach to understanding coping and the development of posttraumatic growth in cancer

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Objective: The possibility of positive psychological change as a result of struggling with cancer, post-traumatic growth (PTG), is a growing research area. Most studies are quantitative. There are recommendations and attempts to assess qualitative data in order to explore further dimensions and understand the development process better. Most of the qualitative research is conducted with survivors, assessing how they perceive growth after cancer treatment. Furthermore, the relationship between coping and PTG in cancer is not clear and it is suggested that PTG itself could be a coping strategy. To understand this better, there is the need to explore the development and dimensions of PTG and its relationship with coping strategies in patients with cancer qualitatively during the treatment. Methods: An exploratory qualitative study with patients with cancer was conducted. Data were collected through semi-structured interviews which were audiotaped and transcribed. Questions involved personal ways of coping with the disease and perceived personal changes as well as the expectancy of such changes. Transcripts were categorized into groups of repeating themes and analysed according to content analysis. Results: The study is ongoing and the results of the analysis of the first interviews will be available in time for the congress. Conclusion and implications: In order to enhance PTG in psycho-oncological interventions it is necessary to understand the processes of its development which can be achieved by in-depth qualitative interviewing.

PS532: Blended care intervention for cancer aftercare in general practice centers: a study protocol for a randomized controlled trial

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Objectives: In the coming decades,

the growing number of cancer survivors will challenge healthcare worldwide. This underlines the urgency of finding ways to safeguard quality of life after disease and treatment. Cancer survivors may face physical, psychological and psychosocial challenges that affect their transition to normal life. In addition, it is important that survivors adhere to lifestyle recommendations regarding physical activity, diet, smoking cessation and alcohol consumption to prevent recurrence or the development of comorbidities. In reality, many cancer survivors find it difficult to adhere to these guidelines. Combining effective eHealth programs with face-to-face consultations in general practice centers (GPCs) may help general practitioners (GPs) to care for cancer survivors. Methods: This study protocol describes a two-armed RCT to evaluate (cost-)effectiveness of a blended intervention integrating the Cancer Aftercare Guide in GPCs. A process evaluation is included in the study. Results: The study is ongoing, patients are currently being enrolled. Enrolment started August 2023. Over 100 patients have participated as of January 2024. Conclusion and clinical implications: Results are relevant to cancer aftercare in GPCs, and the field of eHealth implementation in general. Currently, insufficient attention is paid to lifestyle counseling in cancer care, often due to a lack of time, knowledge or skills within GPCs. A tailored eHealth-intervention embedded in GPCs could potentially offer a strong opportunity to realize lifestyle advice for cancer survivors.

PS536: The PLACES study: protocol of a randomized controlled trial on the (cost-)effectiveness of a supported employment intervention aimed at enhancing work participation of unemployed and work-disabled cancer survivors

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Objective: To describe the protocol of a randomized controlled trial (RCT) on the (cost-)effectiveness of the PLACES intervention, supporting unemployed and/or work-disabled cancer survivors in returning to paid employment. Methods: A two-armed RCT (12-month follow-up) will be conducted. Eligible participants are aged 18-65 years, diagnosed with cancer 6 months to 10 years ago, unemployed and/or partially or fully work-disabled, those who have completed cancer treatment, and motivated to work. The intervention group (n=82) will receive the PLACES intervention: a program based on Individual Placement and Support principles, providing support in seeking, returning to and maintaining paid employment. The control group (n=82) will receive usual care. Participants will complete questionnaires at baseline (T0), three (T1), six (T2) and 12 (T3) months follow-up. Primary outcome is paid employment; secondary outcomes are time until paid employment, change in working hours, work ability, quality of (working) life, and self-efficacy regarding return to work. Results: Data collection is ongoing at time of IPOS. A preliminary description of this specific study sample, and an update on recruitment and first intervention experiences (T0/T1) will be presented and discussed. Conclusion/implications: We hypothesize that the PLACES intervention will be effective and cost-effective for obtaining paid employment, enhancing work ability/work hours, self-efficacy, and quality of (working) life. If shown to be effective, the intention is to implement the intervention in usual care.

PS540: Understanding Canadian Women's Intentions to participate in HPV Test-based Primary Screening: A National study

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HPV test-based primary cervical screening is replacing cytology across Canada. We investigated psychosocial correlates of intentions of screening eligible individuals to participate in HPV-based primary cervical screening. We conducted a national web-based survey of individuals aged 21-70 years in 2022. We used validated scales to measure HPV test-based screening knowledge, attitudes, and beliefs. We estimated associations of psychosocial factors with women's stage of intentions regarding participating in HPV testing and self-sampling using multinomial logistic regression. Both adequately screened (AS; n=1871) and under-screened (US; n=1853) women who had more knowledge about HPV were associated with intention to participate in HPV testing. Women reporting personal barriers to the HPV test was associated with lower intentions to participate in HPV-testing or to self-sample. Expressing concerns about self-sampling was associated with lower intentions to self-sample; while women expressing higher need for autonomy and worries about HPV testing were associated with increased intention to self-sample. In the US group, increasing age was associated with lower intentions and living in Canada for < 10 years was associated with higher intentions to engage in HPV testing and to self-sample. Our results can guide policymakers and healthcare professionals in adapting communication and implementation strategies for AS and US individuals. These strategies should consider insufficient knowledge and negative attitudes to ensure a smooth transition to HPV-based primary cervical screening.

PS541: Screening YA (Adolescent and Young Adult) Cancer Patients for Referral to VR (Vocational Rehabilitation) Services: A VR Readiness Screening Tool

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Purpose. Develop an online vocational rehabilitation readiness screening (VRRS) tool for young adults (YA) diagnosed with cancer. VR readiness was defined as being physically and cognitively ready to enter or return to work

or school. Methods. The authors developed an initial VRRS tool, informed by previous study findings, a systematic review, and consult with subject matter experts. They refined the tool, editing it after each of four interview rounds with young adults with cancer. VRRS tool completion rate determined the tool's feasibility. The ability of the VRRS to vet patients' readiness for VR was determined by concordance with the clinician's determination and analyzed per Cohen's kappa (κ) or a fitting alternative; (κ) > .61 suggested clinical utility. Results. The proportion of study participants completing the VRRS tool was 72.3% (136/188, 95% CI = 65.4%-78.6%) & 69.2% (81/117, 95% CI = 60.0%-77.4%) of participants with clinical interviews. All clinician determinations and 93.8% (76/81) of patient surveys indicated VR readiness. Patient-clinician agreement rate was 93.8% (CI 95% = 86.2%-98.0%). The prevalence, bias, prevalence-bias indices corrected (κ) statistic with 95% CI (PABAK; Byrt et al, 1993) was 0.938 (-0.991 - -0.886), 0.062 (0.009 – 0.114), and 0.877 (0.724 – 0.959), respectively. Conclusion. This VRRS tool is both feasible and effective in this YA oncology sample.

PS543: Patient and caregiver distress at the time of medical assistance in dying (MAiD) request

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Objectives: Since medical assistance in dying (MAiD) became legal in Canada in 2016, there has been a need to understand the patient and caregiver experience of this process. The purpose of this study was to examine patient and caregiver distress at the time of MAiD request. Methods: Patients requesting MAiD and their caregivers were recruited from hospital and community settings in Toronto, Canada. Patients reported on physical symptoms (Edmonton Symptom Assessment Scale, ESAS), depressive symptoms (Patient Health Questionnaire-9, PHQ-9), death anxiety (Death and Dying Distress Scale, DADDS), and satisfaction with care (FAMCARE-P16). Caregivers reported on depressive symptoms (PHQ-Q) and satisfaction with care (FAMCARE). Results: 50 patients were recruited of whom 78% had a diagnosis of advanced cancer and 88% were approved for MAiD. They reported moderate physical symptom burden (ESAS mean 27.9, SD 12.3), moderate depressive symptoms (PHQ-9 mean 12.6, SD 6.0), low death-related distress (DADDS mean 20.4, SD 12.1), and high satisfaction with care (FAMCARE-P16 mean 65.3, SD 12.2). 61 caregivers were recruited and reported low depressive symptoms (PHQ-9 mean 6.9, SD 5.1) and high satisfaction with care (FAMCARE mean 82.2, SD 16.5). Conclusions: This sample was not highly distressed, perhaps due to the availability of MAiD or the support of the MAiD process. Study limitations include possible response bias with less distressed individuals participating. Results will help to characterize MAiD requests and inform clinical guidelines in Canada and beyond.

PS544: Using Virtual Reality as a Recovery Tool to Help Cancer Survivors

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Objective: This PhD study involves designing and developing a bespoke virtual reality (VR) mindfulness app tailored to the needs of cancer survivors. Methods: An interpretive phenomenological methodology was adopted. Participants were recruited from a cancer care centre, who were invited to use an existing VR mindfulness app. Focus groups and subsequent semi-structured interviews were conducted to elicit participants' experiences. Inductive Reflexive Thematic Analysis was used. This data, along with a literature review encompassing Cancer Survivorship, Post-Traumatic Growth, Mindfulness-Based Cancer Recovery, and VR, informs the design of the app. Results: Insights from both the focus groups and literature review highlight the benefits of integrating VR technology with mindfulness practices to address the multifaceted needs of cancer survivors to promote post-traumatic growth. Conclusion: This presentation demonstrates the critical importance of qualitative inquiry in VR studies, in the context of cancer survivorship. Prioritizing the participants experiences, this study shows how to incorporate VR technology into cancer recovery. This research advocates for a paradigm shift towards qualitative methodologies in the design and evaluation of VR interventions. This type of research fosters meaningful and impactful solutions for enhancing survivorship, well-being and post-traumatic growth. Clinical Implications: The combination of mindfulness-based VR interventions in cancer care holds promise for augmenting traditional support services and addressing psychosocial needs.

PS547: Unlocking (Neuro) Psychologists' Perspectives on Cancer-Related Cognitive Impairment and Web-Based Cognitive Rehabilitation for Cancer Survivors: Insights from Qualitative Portuguese Data

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Objective: Cancer-related cognitive impairment (CRCI) presents a significant challenge for cancer survivors. However, limited research exists on how health professionals, including (neuro) psychologists, perceive these difficulties, manage them, and implement rehabilitation strategies. This qualitative study seeks to explore the perspectives of Portuguese (neuro) psychologists on CRCI and the use of web-based cognitive rehabilitation (CR) for cancer survivors. Methods: Semi-structured interviews were conducted to explore (neuro) psychologists' knowledge, expectations, and practices concerning CRCI and web-based CR. Results: We will share findings regarding (neuro) psychologists' awareness of CRCI, current CR practices, and attitudes toward incorporating digital solutions into CR programs. Themes include identifying cognitive complaints, coping strategies, knowledge gaps in CRCI management, and preferences for web-based CR features. Motivations and barriers to participating in web-based CR programs will also be discussed. Conclusion and clinical implications: The findings of this study provide valuable insights that can help in developing effective and patient-centered interventions to tackle CRCI and integrate web-based CR into clinical practice based on the viewpoints of professionals who frequently encounter these difficulties. By achieving these objectives, the study has the potential to positively impact the lives of cancer survivors and improve their overall well-being.

PS548: Meaning of Life Therapy: an original model of brief psycho-existential intervention on cancer palliative care in Portugal

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Meaning of Life Therapy (MLT) is a brief and innovative psycho-existential intervention, adapted to the cultural and social context of the Portuguese population, which aims to lead patients at the end of their lives to find meaning in their existence, respecting dignity, strengthening a sense of value, and adapting to finitude. The protocol involves five sessions, through a set of 14 questions and culminates with the construction of a written document, called a "Life Letter" (LL). The MLT was developed by a team of researchers from three universities in the north of Portugal and implemented in 33 palliative care patients and 23 family caregivers in three health institutions same region, in different settings: outpatient, inpatient, home and videoconference. The evaluation of its effectiveness used a mixed methodology and longitudinal, controlled, and randomized research designs (pre-test, post-test and follow-up). Preliminary results indicate that MLT helps patients, and their families adjust psychologically to the end-of-life process. Review life, share and build a legacy fostered acceptance of the illness and the (re)construction of new meanings, which preserve the identity and dignity of patients and promote life purpose. The LL drawn up by the patient is seen by family members as a communicational and transgenerational element and becoming a tool in the process of adapting to the loss In conclusion, MLT is a promising proposal for the Portuguese PC population. However, more studies are needed, particularly in terms of its impact on loss and bereavement processes.

PS549: Development of an online portal for people diagnosed with brain tumour by considering cognitive and visual processing impairments

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Objectives:People with brain tumour (PwBT) experience a range of symptoms and needs. We are implementing screening to identify distress and unmet need in PwBT using an online portal - ADAPT BRAINS. As cognitive and visual processing issues are prevalent in this population, we sought to obtain feedback on the portal to improve its useability. Methods: PwBT, caregivers of PwBT and healthcare professionals (HCPs) who care for PwBT were recruited via professional networks, community organisations, social media and snowballing. Semi-structured cognitive walkthrough interviews were conducted to obtain feedback on the portal's useability and design as participants navigated the portal. Results: We interviewed 14 PwBT, 4 caregivers and 7 HCPs. Overall, participants indicated the portal was easy to use and navigate, but assistance from caregivers may be required for people with severe impairments. Accessibility features such as a customisation tool that allows users to modify elements such as font size, were reported to be useful but needed to be more obvious to overcome impairments in visual scanning. Reducing amount of text presented, using short, simple sentences, and simplifying page layout were recommended to reduce cognitive processing load. Participants highlighted the importance of content being adaptable across devices. Conclusion: Feedback emphasised the importance of adapting the portal presentation and content to meet the visual and cognitive processing needs of PwBT. Engaging end users assists in improving usability of online systems and can increase engagement and use.

PS550: Factors that influence adherence to Endocrine Therapy in the treatment of breast cancer: conclusions from a systematic analysis

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In breast cancer treatment, the administration of Endocrine Therapy (ET) is common, particularly for hormone-dependent cancer types. Despite its effectiveness in reducing recurrence and mortality risks, this therapy can cause significant side effects such as muscle pain, fatigue, and mood changes, highlighting the challenges patients face in adhering to and continuing treatment. This review aims to systematically examine predictors of decision-making processes in women with breast carcinoma undergoing ET. The systematic search encompassed three databases: ProQuest, PubMed Central, and Scopus, identifying studies linking sociodemographic and psychosocial factors to decision-making regarding ET in women with breast cancer. Twelve cross-sectional studies conducted between 2011 and 2023, involving 8510 women diagnosed with breast carcinoma undergoing ET, were analyzed. Preliminary results indicate that 83% of studies identified sociodemographic variables (e.g., age, ethnicity, professional status) as significant predictors of the decision-making process. Additionally, 75% of the studies found a significant influence of psychosocial variables (e.g., Quality of Life [QoL] [anxiety, depression], fear of recurrence, social support) on decision-making regarding ET among women with the diagnosis. These findings align with previous studies, suggesting that adherence to and continuation of ET are influenced by various intrinsic and extrinsic factors in women with breast carcinoma.

PS551: Psychosocial correlates of death anxiety in advanced cancer: A scoping review

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Objectives: Individuals living with advanced cancer commonly experience death anxiety, which refers to the distressing thoughts or feelings associated with awareness of one’s mortality. Identifying the psychological and social factors linked to death anxiety may inform conceptual models, clinical screening, and intervention strategies in oncology and palliative care settings. Accordingly, the present scoping review was conducted to assess and summarize the literature on the psychosocial correlates of death anxiety among patients with advanced cancer. Methods: A comprehensive scoping review methodology was used following the Arksey and O’Malley framework. A literature search was conducted using four electronic databases: CINAHL, Embase, PsycInfo, and MEDLINE. Results: Following article screening, 16 studies met the inclusion criteria. Seventeen psychosocial correlates of death anxiety were identified. The most frequently investigated correlates included depression, spiritual well-being, and attachment security. Conclusions: This review provides a current summary of psychosocial factors associated with death anxiety in advanced cancer. Multiple psychosocial correlates should be targeted concurrently in research and clinical practice to address the influences and consequences of death anxiety.

PS552: Parental Psychological Wellbeing Impacts Physical Activity in Childhood Cancer Survivors

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Objectives : Physical activity is critical for reducing adverse health events in childhood cancer survivors (CCS). Poor caregiver and/or child emotional health may negatively impact CCS physical activity engagement. This study investigates associations between caregiver and CCS psychological symptoms on CCS physical activity at the end of cancer-directed treatment. Methods: Caregivers (n=95; m=43.63[7.68] years old; 84% mothers) of CCS (n=95; m=10.99[4.08] years old; 35% female), who completed treatment 3 – 12 months prior, completed measures of CCS physical activity (self-report >12 years old or proxy <12 years old), anxiety, and depression. Caregivers also completed measures of their own anxiety and depression. Regression analyses examined the moderating role of CCS age on associations of CCS/caregiver emotional health and CCS physical activity after adjusting for z-scored BMI, area deprivation index, caregiver education, and race/ethnicity. Results: More children (37.8%) than adolescents (12.2%) met physical activity guidelines ($\chi 2=7.38$, $p<0.00$). CCS age moderated the association (depression, $\beta=.14$, $p<0.05$; anxiety, $\beta=.12$, $p=0.05$), between caregiver emotional health and decreased physical activity (young children: depression, $\beta=-.09$, $p<0.05$; anxiety, $\beta=-.14$, $p<0.001$; adolescents: depression, $\beta=-.05$, $p=0.40$; anxiety $\beta=-.02$, $p=0.73$). CCS emotional health was not associated with physical activity.

Conclusion: Though less impactful for adolescent CCS, interventions designed to improve physical activity in young CCS should consider caregiver psychological wellbeing.

PS554: Navigating Infertility Treatment and Family-Building Options in Canada: A Qualitative Study of Female Adult Survivors of Childhood Cancer

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Purpose: Childhood cancer and its treatments can affect female fertility later in life, and adult survivors of childhood cancer (ACCS) may turn to reproductive technologies or other family-building options. Yet, there is limited understanding of their experiences navigating infertility, hindering the design of appropriate healthcare services. The study aimed to explore the challenges faced by female ACCS in navigating infertility and family-building within the Canadian public healthcare context. Methods: In this qualitative, interpretive description study, data from semi-structured interviews with 13 female ACCS (aged 25 - 39 years) who experienced infertility were analyzed using inductive coding, constant comparative techniques and writing of memos and analytic notes. Results: Female ACCS described several prominent challenges. 1) Initially, survivors were surprised upon realizing their impaired fertility. 2) They grappled with intense feelings of loss and grief and struggled with self-identity related to impaired fertility and unsuccessful treatments. 3) Navigating the healthcare system and accessing reproductive technologies proved difficult, as did 4) pursuing adoption and international family-building options, and 5) covering the financial costs. Conclusions: Study findings underscore the need for patient-centred healthcare services that fully acknowledge, support, and ease the significant burden of cancer-related infertility and the pursuit of treatments and family-building options.

PS555: French translation and adaptation of the "Return to Work Self Efficacy's scale - 11 items" in patients diagnosed with cancer

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Objective: The return-to-work self-efficacy is a major psychological determinant of the return to work of cancer survivors. French investigations lack of a suitable tool for its assessment. The aim of this study was to propose a French translation and adaptation of the "Return to Work Self-Efficacy' scale - 11 items" (RTWSE-11) initially proposed in Dutch by Lagerveld et al. (2010).Methods: Following translation/back-translation stages, supplemented by expert consensus meetings, interviews were conducted with 13 cancer survivors to assess the degree of clarity, simplicity and ambiguity of the various items in the French version of the RTWSE-11.Results: The main modifications inherent in the French adaptation of the RTWSE-11 concerned the reformulation of the Likert scale modalities and the inversion of three negative items into positive ones.Conclusion implications: The French translation and adaptation of the RTWSE-11 were particularly faithful to the semantic, idiomatic, functional, experiential, conceptual and operational aspects of the original version. The modifications requested by the study participants, in particular because of cognitive difficulties that do not facilitate comprehension of the reversed items, will be discussed in greater detail. In the light of this

study, the use of this questionnaire with cancer survivors requires a revision of the reversed items for better readability and understanding of the tool on the part of patients.

PS560: Facilitators and barriers to survivorship shared-care model implementation: Comparisons between health care professionals in designated cancer hospitals and community hospitals/clinics in Japan

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Objectives: The cancer survivorship shared-care model is new to Japan, where oncologists typically perform five-year follow-ups. This study identified and compared the barriers and facilitators of model implementation for adult cancer survivors between healthcare professionals in designated cancer hospitals (DCH) and those in community hospitals/clinics (CHC). Methods: Online focus groups and individual interviews were conducted with oncologists, home care physicians, nurses, and social workers at DCH and CHC in Japan. Interview transcripts were analyzed separately (DCH vs. CHC) using content analysis and categorized using the Consolidated Framework for Implementation Research (CFIR). Results: Nine DCHs (n=25; managers, n=15) and four CHCs (n=8; managers, n=3) participated. We identified four CFIR constructs affecting shared-care implementation: outer vs. inner settings, individual, and implementation. Participants at the DCH reported difficulties in building linkages with other organizations, little awareness of the necessity of follow-up for curable cancer survivors, and family physicians following up with them. CHC participants reported little awareness of the significance of cancer survivorship care and few opportunities to share practices with the DCH. They also reported that the national fee schedule facilitated implementation. Conclusion and clinical implications: This study identified critical factors affecting survivorship shared-care model implementation for adult cancer survivors. These factors could be used to select appropriate implementation strategies.

PS561: Development of clinical practice guidelines for psychological distress of patients with cancer

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Objectives The Japan Psycho-Oncology Society and the Japanese Association of Supportive Care in Cancer aimed to develop practice guidelines for psychological distress of patients with cancer. Methods Systematic reviews were conducted, collecting the randomized controlled trials (RCTs) with the eligibility of 1) targeting individuals with cancer with “elevated psychological distress”, defined as those who were either diagnosed with clinical depression or anxiety, or scored above a certain threshold on psychological-distress measurement, and 2) addressing the interventions that correspond with each clinical question (CQ). Studies were searched electronically through Cochrane database, Pubmed, PsychoINFO, and Ichushi up to end of December 2020. The CQs included anxiolytics (CQ1), antidepressants (CQ 2), psychotherapies (CQ3), collaborative care (CQ4), early palliative care (CQ5), psychosocial care to nonprofessional caregivers of patients with cancer (CQ6), peer support (CQ7), and cares for fear of cancer recurrence, including psychotherapies (CQ8) and other approaches (CQ9). Results Psychotherapy (CQ3 & 8) and collaborative care had strong evidence-base. Evidence for anxiolytics & antidepressants were weak with less than two RCTs with positive results. There were no eligible studies for early palliative care, psychosocial care to nonprofessional caregivers, and peer support. Conclusion and clinical implications The Japanese clinical guidelines are to propose the levels of recommendation based on the findings above, incorporating accessibility and availability of each care.

PS562: Biopsychosocial factors associated with psychological distress and post-traumatic growth during the COVID-19 Pandemic: An exploratory study of Canadian cancer patients

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Objectives: This study examined: 1) The prevalence of psychological distress (depression, anxiety, fear of recurrence (FCR), and emotional distress) and post-traumatic growth (PTG) among Canadian cancer patients during the COVID-19 pandemic, and 2) biopsychosocial variables associated with psychological outcomes. Method: A cross-sectional survey was undertaken of patients receiving care at a regional cancer centre in Canada between Feb and Dec 2021. Patients completed questionnaires, and disease-related information was extracted from health records. Results: High levels of depression, anxiety, FCR and emotional distress were reported by 26%, 21%, 44%, and 50% of the sample (N = 104), respectively. Approximately 43% of participants reported high levels of PTG. Social difficulties, female gender, lower education, and unemployment status were associate factors for distress. Perceptions of the pandemic as threatening, performing health safety behaviours, and not being on active treatment were also associated with negative psychological outcome. Younger age, adopting health safety behaviours, viewing the pandemic as threatening and having relationship difficulties were associated with high PTG. High levels of FCR, but not other distress variables, was associated with PTG. Conclusion: Whereas social factors were the most prominent associates of psychological distress, fears of COVID-risk were salient determinants of PTG during the pandemic. More research is needed to determine whether these factors are drivers of psychological outcome in the pandemic aftermath.

PS563: Examining the Mediators of Mental Health Improvement in Men with Localized Prostate Cancer: Self-Efficacy, Illness Perceptions, and Heart Rhythm Coherence in PC-PEP vs. Standard Care

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Objectives/purpose Identifying how interventions alleviate psychological distress in prostate cancer patients is key to improving care. This research examined the roles of self-efficacy, perceptions of illness, and heart rhythm coherence in mediating the effects of the Prostate Cancer Patient Empowerment Program (PC-PEP) on reducing psychological distress, compared to standard care. Methods In a study, 128 prostate cancer (PC) patients were randomized to either PC-PEP, an intervention focusing on relaxation, stress management, diet, exercise, pelvic floor muscle exercises, and relationship and intimacy enhancement, or to standard care. Results Participants in the intervention group experienced enhancements in self-efficacy and specific views on their illness (personal control and emotional response) compared to the control group. These factors acted as mediators in the relationship between the intervention and its psychological benefits, compared with standard of care, with self-efficacy explaining 52% of the reduction in psychological distress. No significant differences in heart rhythm coherence were observed. Conclusion and clinical implications This study validates the critical role of self-efficacy and certain illness perceptions in mediating psychological improvements among PC patients participating in the PC-PEP compared to standard of care. Future research should include broader multi-center trials to validate and expand these results, showing how comprehensive interventions benefit the psychological health of these patients.

PS564: The Psychosocial Impact of Cancer on Adolescent and Young Adult's

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Adolescent and young adult (AYA) cancer patients are susceptible to psychosocial needs that often puts this population more at risk. AYA's often experience financial toxicity, psychological distress, fertility issues, and long-term physical and social challenges. Consequently, AYA's experience disparities in access to informed care, further affecting their quality of life beyond cancer diagnosis and treatment. AYA's are at a crucial stage in their social, emotional, and cognitive development.   The goal of this systematic review is to identify and explore key psychosocial factors impacting the AYA population to provide informed care and enhanced clinical practice to health systems treating this population.   Levin, N. J., Zebrack, B., & Cole, S. W. (2019, May 6). Psychosocial issues for adolescent and   young adult cancer patients in a global context: A forward-looking approach. National Library of Medicine.   Haines, E. R. (2020, January). Improving care coordination for adolescents and young adults with cancer: Building a bridge between needs and services. University of North Carolina Digital Repository.   Abdelhadi, O. A., Pollock, B. H., Joseph, J. G., & Keegan, T. H. (2022). Psychological distress and associated additional medical expenditures in adolescent and Young Adult Cancer Survivors. Cancer: An International Interdisciplinary Journal of the American Cancer Society, 128(7), 1523–1531. https://doi.org/10.1002/cncr.34064

PS565: Validation of the Mexican version of the EORTC QLQ-CR29 in patients with colorectal cancer

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Objectives/purpose: This study aims to validate the EORTC QLQ-CR29 instrument in the Mexican population with CRC (colorectal cancer). Methods: The study used an instrumental design and a no probabilistic sample due to availability, made up of 251 patients with CRC, with an average age of 54.7 ± 12.28 years. A cultural adaptation was performed through expert validation and pilot testing. Exploratory and confirmatory factor analyses were performed, as well as concurrent validity tests. Results: The exploratory factorial analysis yielded four factors (Psychological affectations, Physical symptoms, Blood and mucus in the stool, and Urinary symptoms) that explained 51.64% of the variance, with a Cronbach reliability coefficient of .766 and an Omega index of .725. The confirmatory factor analysis indicated that the proposed theoretical model fits the data almost perfectly, with an error close to zero, which shows that it is a balanced and parsimonious instrument to measure the QoL of the patients with CRC. Conclusion and clinical implications: The EORTC QLQ-CR29 instrument proved to be a valid and reliable instrument for use in clinical care and research directed at patients with CRC in Mexico. The factorial structure identified incorporates more items compared to the original one; this grouping of items decreases the number of unique items, improves the reliability of the scale, and provides evidence of the validity of the structure by integrating the items in a theoretically interpretable manner. Its use is recommended by multidisciplinary health teams in oncology in Mexico.

PS567: Fear of Cancer Recurrence in Parents of Children with Cancer

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Objective: Up to 50% of caregivers experience fear of cancer recurrence (FCR), which is associated with poorer quality of life, anxiety, and depression. Less is known about FCR in parents of children with cancer, particularly with cancer predisposition syndromes (CPS) where the impact of genetic risk on cancer recurrence is unknown. This study characterizes parental FCR and its correlates. Methods: Parents of children with cancer and CPS germline genetic testing (N=192; 33% pathogenic; 87% female; 71% White; 37%<$50,000 income) reported demographics, FCR, perceived cancer risk (PR), and intolerance of uncertainty. ANOVAs, t-tests, and correlations assessed the relation between FCR and demographic and clinical variables. Results: FCR (42% above clinical cutoff) was higher for brain or hematological cancers vs. solid tumors and younger child age, and lower for Black vs. White parents. Higher FCR correlated with higher PR and intolerance of uncertainty, and lower FCR was related to more religious service attendance and spirituality. FCR did not significantly differ

for children with vs. without CPS; however, parent FCR was significantly higher for those whose children with CPS were undergoing tumor surveillance. Conclusion Implications: Parents frequently endorsed clinically elevated FCR. Findings suggest potential factors for screening FCR risk and targets for intervention. Given that FCR is linked with surveillance adherence, findings warrant further study of race differences in FCR and surveillance to identify factors that risk further exacerbating health disparities.

PS568: Case Report on Emotion-Focused Assistance in Emotional Regulation for Adolescents with Cancer Relapse and Concurrent Breakup

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Background/rationale Methodology This study focuses on a case of a 16-year-old adolescent who is a recurrence leukemia patient. Having previously received treatment at MMH HSINCHIU branch, Because of the recurrence led to the main hospital. The reason for admission was the inability of the patient to regulate emotions triggered by recurrence-related anxiety and unfamiliar environment, prompting a consultation with a psychologist. The intervention in this case involves using EFT for emotion regulation, identifying and addressing internal working models, and implementing attachment-based strategies to assist the relapsed patient in adapting to the grief of a breakup with a partner. Impact on clinical practice The case relapsed and was admitted in November 2023, and a total of eight consultations were conducted. Through four sessions of emotion-focused section, the patient was assisted in progressing from being unable to self-regulate in the face of the disease relapse to a more rational approach to disease treatment. The remaining four sessions, focusing on internal working models, helped the patient cope with the emotional impact of the partner's breakup, alleviating feelings of despair and balancing acute grief arising from the breakup process Discussion Providing assistance for adolescents experiencing both relapse and a breakup simultaneously can be seen as effectively offering patients a viable alternative for emotional regulation and restoring psychological resilience.

PS569: Translation and adaptation of the Vietnamese Mini-MAC using the WHO 5-step process

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Purpose: We translated and adapted the Mini Mental Adjustment to Cancer scale (Mini-MAC) using the WHO 5-step guidelines while engaging participants from three linguistically distinct regions of Vietnam. Methods: First, forward Vietnamese translation was completed by two independent bilingual translators. Second, a bilingual expert panel identified inadequate expressions, concepts and discrepancies Third, the revised version was translated back to English by an independent translator. Fourth, pre-testing and cognitive interviewing was conducted to check the understanding of individuals representing the target population (breast and gynecologic cancer patients) and uncover problems relating to language, comprehension, and cultural relevance. Lastly, the expert panel finalized the instrument using all notes gathered throughout the process. Results: The 5-step guidelines and the inclusion of diverse linguistic regions enhanced the acceptability and validity of the Mini-MAC in the Vietnamese context. The process yielded insights that should be considered when translating and adapting instruments, such as grammatical structure, the use and implications of certain terms to describe psychological states, and regional linguistic variations, even within the same language, which makes the instrument cross-culturally equivalent among the Vietnamese population. Conclusion: We applied and enhanced the WHO instrument translation guidelines, which helped create a more conceptually equivalent, comprehensible, and acceptable Vietnamese version of the Mini-MAC.

PS570: Development of a stress management mobile app for cancer patients and caregivers: preliminary findings

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Purpose: To address the gap in scaleable mental health interventions for those affected by cancer in low-resource settings, we adapted the World Health Organization's Doing What Matters in Times of Stress guide to a self-guided short audio course to equip cancer patients and caregivers with practical stress management skills. Methods: Participants were recruited mostly online. Cancer patients or caregivers aged over 18, with valid phone numbers, and NCCN Distress Thermometer scores of less than or equal to 7 were eligible. Online surveys, including the Depression, Anxiety, and Stress Scale (DASS-21), were administered at three time points: baseline, 5 weeks post-baseline, 10 weeks post-baseline. Results: Between October 2023 and January 2024, n=25 participants (14 patients; 11 caregivers) were enrolled in the study. Participants were primarily female (72%) and diagnosed/associated with breast cancer (28%). NCCN distress scores were higher among caregivers (mean=5.18, SD=2.36) than patients (mean=2.42, SD=2.38). The proportions of those who exhibited moderate to extremely severe depression symptoms were 21% for patients and 27% for caregivers. Compared to caregivers, patients had more elevated levels of stress (43% vs. 36%) and anxiety (43% vs. 27%). Conclusion: This ongoing study is the first to assess the acceptability and feasibility of a mobile app providing stress management for cancer patients and caregivers in a resource-scarce setting. Insights gained can guide future digital psychosocial support interventions for cancer patients and caregivers in similar contexts.

PS572: Multimodal Online Support Intervention in a Randomized Clinical Trial Eases Mental Burden in Cancer Care: The Cancer-Patient Empowerment Program (Cancer-PEP) Outcomes

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Objective: To examine the effects of the Cancer-Patient Empowerment Program (Cancer-PEP), a 6-month online intervention, on reducing psychological distress among cancer patients. Methods: In a clinical trial, 104 cancer patients (22-77 years) were randomized to receive the Cancer-PEP intervention with HRV-biofeedback at trial start (52), or 6 months later to the end of the year (52). The Cancer-PEP intervention consisted of daily e-mails with video instructions providing education, patient activation, and empowerment on healthy living including physical and mental health, dietary recommendations, social support, physical fitness, stress reduction using a biofeedback device, social connection and intimacy, and social support. The primary outcome was nonspecific psychological distress (clinical cutoff ≥20) measured at baseline, and at 6 and 12 mo using the Kessler Psychological Distress Scale (K10). Results: From baseline to 6 months, patients had 2.5 times (95% CI: 1.3–4.8) lower odds of distress, and at 12 months, 2.4 times (95% CI: 1.3–4.4) compared to the start of the trial. Biofeedback's impact was statistically not significant (p=0.7). Among breast cancer patients, the most prevalent cancer type in the study, results mirrored those of the overall group. Conclusion: Cancer-PEP significantly reduces psychological distress in cancer patients at both 6 and 12 months, demonstrating that HRV biofeedback is not crucial for its efficacy. This underscores the substantial clinical relevance and immense potential of online interventions in enhancing the standard of cancer care.

PS573: A voice-activated AI assistant for CRC screening(ScreenTalk AI) intervention for first-degree relatives of people with colorectal cancer: a study protocol for a randomized type II hybrid effectiveness-implementation trial

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Objective To develop a voice-activated AI assistant for colorectal cancer screening(ScreenTalk AI) that would customize information based on risk and psychosocial characteristic assessment for first-degree relatives(FDR), and to examine ScreenTalk AI on both clinical effectiveness of colonoscopy uptake rate and implementation.MethodsThe study describes a randomized type II hybrid effectiveness-implementation trial. ScreenTalk AI is developed in 4 parts: tailoring variable, decision rule, tailored message and delivery plan. Alongside the cluster randomized controlled trial to evaluate the effectiveness, qualitative research methods, including individual in-depth review, focus group discussion, field observation, will be also adopted to collect implementation data. The evaluation uses the RE-AIM framework to identify barriers and facilitators to implementation in perspectives of FDR, healthcare providers, and healthcare institutions.ResultsThe primary and secondary effectiveness outcomes are colonoscopy uptake rate and perceptions of CRC and colonoscopy of FDR, respectively. Implementation outcomes involving reach, adoption, maintenance, acceptability, feasibility, fidelity, and cost.Conclusion implicationsThe results of this study will determine the clinical effectiveness of Screentalk AI and provide real-world evidences, and will also inform that how to utilize AI technology reinforce the impact of psychosocial assessment-oriented communication intervention and provide implementation strategies on how to incorporate Screentalk AI into routine CRC screening workflow.

PS574: Impact of the Prostate Cancer-Patient Empowerment Program (PC-PEP) on Urinary Function, Weight Loss, and

Quality of Life in Curative Treatment: A Randomized Clinical Trial

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Objective: To evaluate the effects of the six-month Prostate Cancer-Patient Empowerment Program (PC-PEP) on patient-reported outcomes and quality of life among men receiving curative prostate cancer treatment. Methods: In a randomized crossover trial, 128 men undergoing surgery or radiotherapy were assigned to PC-PEP or a waitlist control. The PC-PEP included daily instructional emails, exercise and dietary guidance, stress management, and social support, with adherence monitored via text alerts. Outcomes were assessed at baseline, 6, and 12 months using the International Prostate Symptom Score (IPSS), Expanded Prostate Cancer Index Composite (EPIC), and Short-Form Six-Dimension (SF-6D) for quality-adjusted life-years (QALYs). Results: After 6 months, PC-PEP participants reported significant improvements in urinary bother (IPSS, $p = 0.004$), continence (EPIC, $p < 0.001$), and weight loss (2.7 kgs on average, $p<0.001$), with sustained benefits in urinary continence at 12 months ($p = 0.002$). The control group showed higher odds of urinary issues and a significant decrease in QoL at 6 months, not observed in the PC-PEP group. At 12 months, QALY significantly favored the PC-PEP group ($p=0.027$). Conclusion: PC-PEP significantly enhances urinary function, weight management, and overall quality of life in prostate cancer patients undergoing curative treatments. These results advocate for the integration of comprehensive patient empowerment programs in standard care protocols to improve long-term health outcomes.

PS575: Implementing an anxiety and depression screening and management clinical pathway for cancer patients in an Australian private health setting

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ObjectiveThis study explored staff adherence to, and perceptions of implementing a Clinical Pathway (CP) to manage cancer patient distress (ADAPT) in an Australian private health setting.MethodAdherence data during the 6 month implementation period was collected via the ADAPT Portal. Staff (nurse, administration, allied health, oncologist) completed surveys (n=16) and interviews (n=5) pre implementation (baseline). Post implementation (follow up) data collection is ongoing, with 5 surveys and 2 interviews completed to date.ResultsStaff adhered to the ADAPT CP during implementation, and reported that the CP was acceptable and appropriate at both time points. At baseline, staff reported that implementing the CP would increase workload and time burden; at follow up most staff reported this was not the case. Strategies, such as posters, roadshows and training were reported as useful at both time points. At baseline, staff felt that implementation would be facilitated by dedicated staff, although this was also identified as a barrier to sustainability at follow up. Perceived barriers at baseline included technology (cyber security requirements), staff time constraints, and patient burden. These continued to be barriers at follow up. Full results will be presented.

Conclusion/implicationsThe ADAPT CP was acceptable and appropriate, but staff were less confident about feasibility, identifying facilitators and barriers to implementation and sustainability. Staff adherence to the CP ensured patients identified as experiencing distress had access to appropriate support.

PS577: Disordered Eating in Pediatric Cancer Care: A Scoping Review, Implications, and Future Directions

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Background: Children with cancer on active treatment often experience side effects that have the potential to predispose them to disordered eating, which can lead to serious short and long-term medical consequences. However, data about the magnitude and prevalence of disordered eating in this patient population is lacking.   Methodology: A scoping review will be conducted according to the structure outlined by the 2018 PRISMA Extension for Scoping Reviews. Impact on clinical practice: Typical medical interventions such as placement of nasogastric tubes or electrolyte repletion may be temporary effective, can be traumatic to the patient, may delay treatment, and do not address underlying psychosocial components of eating difficulties which can lead to lasting effects on patients following treatment.   Discussion: Few studies assess disordered eating in this population: whether it may vary by age, subtype of cancer, treatment regimen or its relationship to standard classifications of eating disorders per DSM 5 criteria. No known existing protocols therapeutically target the core psychological issues and unique concerns relating to disordered eating within this specific population. Future directions include standardizing implementation of brief screens to assess for risk and development of brief, acute interventions for on-treatment patients.

PS579: Increasing the Reach of Integrated Cancer and Mental Health Care for Adults with Mental Illness

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Background: Increasing access to mental health care at cancer diagnosis is a promising approach to improve cancer care delivery for adults with serious mental illness (SMI). However, access to psycho-oncology care remains inadequate. Methodology: We applied collaborative care principles to develop the BRIDGE model of person-centered collaborative care for SMI and cancer. Core principles include proactive identification, person-centered team care, and systematically tracking mental health symptoms and cancer care delivery. In a randomized trial, BRIDGE decreased psychiatric illness severity and cancer care disruptions. A critical next step is to increase reach to setings without psycho-oncology. Therefore, we developed and piloted the virtual cancer and mental health tumor board. The model includes proactive identification of adults wtih SMI and cancer, navigator assessment of patient needs/values, and monthly videoconferences with the psycho-oncology team and community-based oncology and mental health clinicians to discuss cases and share best practices. The model aims to increase clinician self-efficacy and access to care. Impact on practice: Tumor board participants noted improved self-efficacy caring for adults with SMI and cancer and increased collaboration across sectors. Patients valued increased access to care without additional burden. Discussion: The cancer and mental health tumor board has potential to increase the reach of psycho-oncology expertise for adult with SMI. Research is needed to examine impact on patient, cliniican, and systems outcomes.

PS580: Redefining the pivotal visit for cancer distress screening and interventions

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Objective The USA Commission on Cancer mandated implementation of distress screening for accreditation but did not dictate when screening should be performed, other than at a pivotal visit. Distress screens are often performed at the start of treatment, which is an overwhelming time for patients. The aim of this study is to evaluate the prevalence of distress in veterans with cancer and assess how receptive they were to referrals to social work (SW), mental health (MH) or physical medicine and rehabilitation (PMR) for distress interventions at their first treatment visit. Methods Patients were screened for distress using the NCCN Distress Thermometer at cycle 1 day 1 of treatment at our VA Hospital between Jan and Sep 23. They were characterized by cancer type, distress score, source of distress and if they were amenable to specialist referral. Results 58 of 129 patients (45%) screened for distress had scores greater than 4 triggering intervention referrals. 47% had practical concerns, 52% MH concerns and 46% functional concerns prompting referrals. However, only 66%, 38% and 24% of patients were amenable to SW, MH or PMR referral respectively. Conclusion Veterans with cancer have a high prevalence of multifactorial distress. Referring patients for distress interventions at cycle 1 day 1 may not be optimal as they are less likely to be receptive at this time. While screening should be performed at multiple time points during a patient's cancer journey, interventions for distress should be offered once patients have had time to adapt to a life changing cancer diagnosis.

PS581: Evaluating Feasibility and Adaptability of Stronger Together Peer Mentoring Program for Cancer Patients in Viet Nam Using the Consolidated Framework for Implementation Research

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Purpose: Peer support is an important and effective supportive care intervention, especially for low-resource contexts. We used the Consolidated Framework for Implementation Research (CFIR) to analyze implementation determinants that affect the acceptability and feasibility of a pilot study of the Stronger Together (ST) peer mentoring model among breast and gynecologic cancer patients at 4 oncology centers/hospitals in Viet Nam. Methods: Qualitative interview data, collected at 1-, 5- and 8- months, included focus group discussion and in-depth interviews with patients, peer mentors and healthcare workers. Translated data was then coded by two independent analysts for CFIR constructs and implementation outcomes. The research team held routine meetings to adjudicate codes and refined themes. Results: Major

facilitators of both acceptability and feasibility included those in the Innovation and Individual domains, and indicated high satisfaction of the ST program as it met the psychosocial needs of patients. Analysis also underscored the training and support for mentors to enforce knowledge and skills. An outer setting factor, COVID-19, was often cited as a major barrier for feasibility, which forced the program to be delivered virtually and likely modulated the intended impact on patients' perceived social support. Conclusion: The ST program is a feasible and acceptable peer support model in Viet Nam. It has strong potential to enhance mental health support among cancer patients and lessen the cost and workload of supportive cancer care in many low-resource settings.

PS582: Motivations for MAID in Patients with Advanced Cancer

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Objective/Purpose: Terminally ill patients with depression are more likely to request medical assistance in dying (MAiD) than those without depression. Depression can result in psychological biases that may alter affective forecasting, resulting in poor predictions of the future and impairments in capacity. The goal of this study was to understand how cognitive and emotional factors affect decision-making among depressed and non-depressed patients with advanced cancer at different levels of MAiD engagement. Methods: Qualitative interviews (n=26) were conducted with patients diagnosed with advanced cancer, including those with (n=11) and without (n=15) moderate or severe depressive symptoms, of which 11 requested MAiD. Transcripts were coded using a grounded theory approach to explore how cognitive and emotional factors influenced attitudes and decision-making about MAiD as well as forms of psychological suffering. Results: Psychological suffering was expressed as fear related to losing capacity or distress around conflicting desires (desire for hope vs accepting the inevitability of death). Patients described challenges, decision-making values (quality vs quantity of life), approach to managing uncertainty and possible mortality, as well as unhelpful and beneficial aspects of support. Thematic comparisons between depressed and non-depressed participants are currently underway. Conclusions: Study findings can inform the design of psychotherapeutic interventions and MAiD capacity assessments for patients with significant psychological suffering or depression.

PS583: Translation and adaptation of the Self-Help Plus stress management intervention for cancer patients

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Purpose: Breast and gynecologic cancer comprise 47.5% of women's cancers in Viet Nam and can contribute to anxiety and depression due to the lack of mental health support. We sought to translate and culturally adapt the World Health Organization's Self-Help Plus (SH+) to be piloted among breast and gynecologic cancer patients in Viet Nam.

SH+ is a group-based 5-session course that uses pre-recorded audio clips and lay facilitators to deliver stress management skills. Methods: We conducted key informant interviews with oncologists, psychiatrists, hospital administrators, and cancer survivors and focus groups with cancer patients and caregivers to identify the necessary adaptations to enhance the acceptability and feasibility of SH+. A team of US and Vietnamese researchers, clinicians, and survivors followed Heim and Kohrt's conceptual framework to translate and culturally adapt the intervention. Results: The 5 SH+ lessons (Grounding, Unhooking, Values, Being Kind, and Making Room) were retained but condensed into 4 shorter sessions in the adapted Vietnamese version, vSH+. Healthcare workers, such as nurses and social workers, were designated as lead facilitators and cancer survivors as co-facilitators. Facilitation instructions and drawings were also modified to enhance inclusivity and cultural sensitivity. Conclusion: vSH+ showcases the use of robust research methods in the translation and cultural adaptation of evidence-based psychosocial interventions for cancer patients in low- and middle-income countries. A clinical trial is underway to pilot the feasibility of vSH+.

PS584: Perceived Versus Estimated Melanoma Risk: Evaluating Factors Associated with Risk Over-Estimation

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Objectives Patient perceived melanoma risk (PMR) is a primary skin-check motivator due to the absence of melanoma screening guidelines. Our objectives were to determine (1) the correlation between PMR and estimated melanoma risk (EMR), and (2) patient characteristics associated with PMR. Methods Patients completed two melanoma risk factor questionnaires to calculate 10-year EMR, based on validated melanoma predication calculators. PMR was based on a patient's personal perception of new melanoma development in the next decade. Pearson's correlation coefficient and multivariate linear regression were conducted in 2 subgroups: patients with/without melanoma. Results 240 patients (72% with melanoma) were included in the analysis. A moderate correlation between PMR and EMR for patients with melanoma was established (r[170]=0.449 [95%CI 0.32, 0.56], p<0.001). No correlation was present for non-melanoma patients (r[66]=0.128 [95%CI -0.11, 0.36], p=0.300), who over-estimated their risk by 32%. Identified predictors of raised PMR included young age, skin self-examination anxiety, and fear of cancer recurrence. Conclusions and Clinical Implications Patients with melanoma history had accurate expectations of melanoma risk. Non-melanoma patients over-estimated risk. Melanoma education may improve risk perceptions, guide appropriate screening, and protection behaviour. Patient PMR shouldn't guide melanoma screening. Psychological screening for anxiety may be considered for low-risk cancer patients seeking skin checks.

PS585: Stress among adolescents who have a parent with cancer

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Cancer impacts not only the patient but the entire family system. About one third of the cancer patients has children and teeagers. Previous studies show different result on how adolescents cope with the parent's diagnosis. The aim of this paper is to assess how stress related to cancer is perceived by this population and can lead to PTSD. Method: participants (n=46) have completed self-reports on their symptoms and ADP (Affective Distress Profile). Result found that girls are more responsive than boys in terms of perceived stress, have more symptoms of arousal and emotional distress esspecialy when the parent who has cancer is the mother, but boys show more behavioral symptoms regardless of parent's gender.The relevance of this research consits in designing suportive programes for teenager who has a parent with cancer.

PS586: Feasibility of an intensified, needs-oriented counseling intervention on the return to work of cancer survivors in outpatient psychosocial counseling centers: Counselors' perspective – Results from the CARES study.

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Objectives: About 35% of cancer survivors are of working age at diagnosis, often needing support for vocational reintegration. The CARES study aims to develop, implement, and evaluate an intensified, needs-oriented counseling intervention on return-to-work in outpatient psychosocial cancer counseling centers (OCCs). This substudy seeks to identify the intervention's feasibility regarding advantages and challenges from counselors' perspectives. Methods: Semi-structured interviews were conducted with 11 counselors from 19 OCCs across Germany who have been implementing the intervention since October 2022. Interviews were audio-recorded, transcribed, and analyzed using qualitative text analysis. Coding was based on the Consolidated Framework for Implementation Research (CFIR) and was extended by inductive codes. Results: Counselors were mostly social workers, female and on average 41 years old. The intervention's perceived advantages included increased counseling time and longer counseling period, a more structured and focused counseling process, consistent counselor availability for clients, increase in counselor competence, expansion of network, needs-orientation and openness to results in counseling, and centralization of support services at one place. Challenges related mostly to the complexity of socio-legal-related issues and the associated time required. Conclusion/implications: The results offer insights into the intervention's advantages and challenges, highlighting gaps in the psychosocial care of cancer survivors. Sustaining the intervention should be considered.

PS588: Effectiveness of a group Mindfulness and Compassion-Based Stress and Burnout Reduction Program for Healthcare Professionals (MaHALO program): a randomized controlled trial

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Objective Stress and burnout are highly prevalent among health professionals. This study aimed to examine the effectiveness of a group mindfulness-based program for health professionals in a randomized controlled trial design. Methods The study subjects were healthcare professionals who work in the field of oncology or palliative care. The intervention was a mindfulness and compassion-based program called the Mindfulness for Health Professionals Building Resilience and Compassion (MaHALO) program, which consisted of a 2-day weekend workshop and 3-hour follow-up sessions at 4 and 8 weeks. The study was approved by the institutional review board of Keio University School of Medicine. (Registration: UMIN-CTR:000031435) Results Sixty cases were subjected to analyses. The primary endpoint, the Perceived Stress Scale, significantly improved in the intervention group compared to the wait-list control after 8 weeks of intervention (between-group difference 3.8, standard error=1.2, $p<0.01$). Secondary endpoints (Maslach Burnout Inventory, Profile of Mood State, Self-Compassion Scale, Connor-Davidson Resilience Scale, Satisfaction with Life Scale, and EuroQoL -5D) were all significantly higher in the intervention group than in the control group ($p<0.01$). The effect persisted at 12 weeks. Conclusion implications The MaHALO program, an easily accessible intervention for busy healthcare professionals, reduces the participants' stress and burnout and improves their mood state, subjective well-being, compassion, resilience, and quality of life.

PS592: Quality of life among older patients during the hematopoietic stem cell transplantation

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Objective Hematopoietic stem cell transplantation (HSCT) is integral to therapy in hematological and non-hematological malignancies and autoimmune disorders. This is a very demanding procedure and significantly impacts patients' quality of life (QoL). Due to the risk associated with HSCT, it was initially used to treat only younger patients. Over the last decade, it is also widely offered to older adults. The impact of HSCT on QoL of older patients is largely unknown. Our study aimed to elucidate the association between medical and psychological factors and OoL during HSCT in older groups of patients and to identify risk factors for poorer quality of life. Methods 58 patients aged ≥ 60 years old at the day of admission to the hospital (T1) and 44 of them at the day of discharge from hospital (T2) completed the Functional Assessment of Cancer Therapy-Bone Marrow Transplant Scale (FACT-BMT), HADS, and Positivity Scale (P Scale). Results Above one-third respondents had low QoL in T1 (37.9%) and T2 (38.6%). After conducting logistic regression it turns out that the risk factors for low QoL in T1 were depression and being a woman. In T2 only depression was the risk factor for low QoL. Conclusion implications Some factors (sociodemographic and psychological) were found to be particularly strongly associated with low quality of life among older patients during hematopoietic stem cell transplantation. From psychological factors, only depression turned out to be essential for the level of quality of life for older patients both at the beginning of treatment and at the end.

PS593: Empowering Cancer Journeys: A Personalized Mobile App to Reduce Anxiety and Foster Well-being

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Background. The emotional burden of cancer extends to patients, survivors, and caregivers. Limited access to specialized psycho-oncology services creates a critical need for scalable decisions. Digital health solutions offer a promising avenue to bridge this gap and empower individuals to manage anxiety and emotional distress throughout the cancer journey. Methodology. OncoDiary is a personalized mobile app designed to support cancer patients, survivors, and caregivers. It incorporates evidence-based features including daily journaling prompts, anxiety check-ins, psycho-educational content, and secure space for reflection. To further promote emotional well-being and foster a sense of control, OncoDiary also integrates mindfulness exercises and self-care reminders. Impact on Clinical Practice. OncoDiary empowers users to manage their emotional well-being through self-reflection, fostering self-awareness and resilience. Daily journaling and anxiety monitoring provide valuable tools for identifying and addressing emotional distress. The app complements traditional care by offering accessible psycho-educational resources and fostering a sense of control throughout the cancer journey. Discussion. OncoDiary demonstrates the potential of mobile apps to address the unmet psychosocial needs of cancer patients and their loved ones. Further research is needed to evaluate the app's impact on anxiety reduction and emotional well-being. Future directions include integrating the app into clinical workflows and exploring features that promote social connection within the user community.

PS601: The Psychological Impact of COVID-19 pandemic on Patients Diagnosed with Malignancies at a Single Medical Center

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Background: Patients diagnosed with malignancies were particularly vulnerable to the shortage of medical resources during the COVID-19 period. The aim of this study was to investigate the psychological impact of the pandemic on this patient population. Methodology: Between 2020 and 2023, all adult patients diagnosed with malignancies undergoing psychological screening at a single tertiary referral center were retrospectively reviewed. Information about demography, cancer diagnoses, date of screening, and scores on depression questionnaire (DQ) was collected and analyzed. The timeframe was divided into pre-pandemic (2020/01-2021/05), pandemic (2021/06-2023/02), and post-pandemic (2023/03-2023/12) periods. All patients were categorized according to their psychological demands (Low< 12, Moderate12-18, High>18). Impact on clinical practice: A total of 2159 patients were considered eligible for the study. The numbers of patients receiving psychological screening during the pre-pandemic, pandemic, and post-pandemic periods were 775, 873, and 511 with the most common diagnoses being breast cancer, lung cancer, and liver cancer, respectively. The proportions of patients with high psychological demands were 98 (4.5%), 175 (8.1%), and 1887 (87.4%), respectively. The degree of demands was positively associated with female, age, and cancer type (all $p<0.05$). Discussion: Our results indicated a decreased psychological demand since the COVID-19 pandemic, which was associated with an advanced cancer diagnose. The degree of demand correlated with demography, and cancer type.

PS604: The needs and satisfaction of family after a cancer diagnosis

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When suffering from cancer, family and loved ones are an important source of support and a constant in the patient's life. Nevertheless, the role of family in the treatment and healing process is still regularly underestimated. In addition, the impact of the disease, the treatment and care for the patient on (the life of) the family is regularly underestimated, and their (support) needs are overlooked by too many care providers. Current scientific evidence, however, clearly shows that involving the family during treatment improves the quality of care and the patient's recovery. Moreover, benefits for the well-being of family, patient and care provider have been reported when involving family. In our study, we focused on the needs of family post-diagnosis and we evaluated how satisfied they currently are with the contact with, information from, support from and involvement in cancer departments. Two hundred and thirty-four family members and other relatives participated in this questionnaire study. The results showed that the needs of family are often unmet and that some are significantly dissatisfied with the family-friendliness of care providers/ cancer units. Guidelines and good practices for care providers to better meet the needs of family are shared.

PS605: Self-Management, Patient Activation and Nurse Empowerment Behavior among Postoperative Lung cancer patients: A Prospective Observational Study

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Objectives:To examine the level and influencing factors of self-management among postoperative lung cancer patients and to explore its association with patient activation and nurse empowerment behavior. Methods:In total,161 participants with lung cancer after pneumonectomy were recruited in a tertiary cancer center in Southern China from September 2023 to February 2024.The participants completed a demographic and disease-related questionnaire,Patient Activation Measure-13,Patient Perception of Patient-Empowering Nurse Behaviors before discharge.Cancer Patient Self-management Assessment scale were investigated on the 30th day after discharge. Multiple linear regressions were used for statistical analysis. Results:The mean scores of self-management and nurse empowerment behavior were (121.58±20.44) and (290.18±56.05).Most patients were at the second activation level.Patients who perceived low nurse empowerment behavior($r=0.307,p<0.01$),with low patient activation level($r=0.538,p<0.01$),older age($r=-0.296,p<0.01$)and more symptom($r=-0.240,p<0.05$)before discharge could experience higher risk of poor self-management after discharge.These factors explained 48.3% of the variance. Conclusion and clinical implications:Higher patients perceived nurse empowerment behavior may influence patients' post-discharge self-management by increasing patient activation.Healthcare professionals should improve self-management capacity by empowering patients with nursing skills and increasing their activation levels to mitigate unfavorable discharge outcome due to insufficient self-management.

PS606: Rupture to re-union: a qualitative study of cancer survivors' evolving relationship with the Divine

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Objective A person's journey through cancer, while being psychologically challenging, is also inextricably intertwined with their spiritual journey. The present study is a qualitative enquiry into the phases through which the patient's relationship with God evolves over the course of their illness. Method Ten cancer survivors and one informal caregiver described their experiences with cancer and parallely their changing relationship with God. Thematic content analysis of the transcribed narratives was carried out. Results Four prominent themes emerged, namely, rupture (initial loss of faith and anger), reliance (finding solace through prayer and turning towards God), surrender (acceptance and re-establishment of faith) and reunion (the experience of tremendous gratitude, love, joy and closeness) with the Divine, as coinciding with their journey of coping up with the illness. One patient, an atheist, reported feeling unsupported in their journey through cancer, but did not turn towards God. Conclusion/Implications The journey of cancer patients as they navigate through initial shock, denial, then through anxiety, sadness and eventually to acceptance is intertwined with their spiritual journey, more specifically the journey of their relationship with the personal Divine. This study has important implications for integrative psychotherapy for cancer patients, survivors, as well as caregivers, as this process of rupture in their faith and a gradual restoration of it can be emotionally intense and baffling. Key words: cancer, spirituality, rupture, reunion, Divine

PS607: An exploration study for operation strategy for key stakeholders to define Colorectal cancer care for Chinese Medicine inpatient setting in Hong Kong

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Colorectal cancer (CRC) use Chinese Herbal Medicine (CHM) commonly from 14.2%(US) to 55%(China) and 64%(Taiwan). Among 27% of CRC cases result in central or peripheral nervous system-related disabilities requiring hospitalization. Together with the establishment of the Hong Kong Chinese Medicine Hospital in 2025 and the WHO of Traditional Medicine Strategy, exploring stakeholder expectations in the inpatient setting for rehabilitation are essential. Objectives: This study aims to explore key stakeholders' expectations regarding the operation strategy for CRC care in a TCM inpatient setting. Methods: A qualitative survey involving 10 subjects, including patients/caregivers, oncologists, family medicine doctors, Chinese Medicine practitioners (CMP) and Pharmacist was conducted. Results: Stakeholders expressed positive views on integrating medicine, emphasizing improved communication and patient benefits. Opinions on inpatient rehabilitation facilities varied, with concerns about admission criteria, practitioner qualifications. Collaboration during emergencies was the most debatable. Financial concerns and insurance coverage were raised, with suggestions for cost transparency and government support. Conclusion: Stakeholders support integrating TCM and Western medicine in CRC care but varying views on inpatient rehabilitation facilities and end-of-life care. Addressing financial burdens and ensuring safety in emergency situations are crucial for defining effective CRC care in a CM inpatient setting in Hong Kong.

PS609: The impact of a melanoma survivorship care plan application for patients with stage I and II melanoma (the Melanoma SCP-app): protocol of a multicenter randomized controlled trial

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Objectives The growing and diverse group of stage I and II melanoma survivors leads to an increasing need for patient-tailored survivorship care. A personalized survivorship care plan (SCP) application (app) was developed, which provides survivors with personalized healthcare information and options for support. The study outlined in this protocol aims to evaluate the impact of this Melanoma SCP app on clinical practice. Methods A multicenter randomized controlled trial (RCT) will be performed in four Dutch hospitals. A total of 180 patients (stage I and II) will be randomized to receive either the 'SCP-app' or 'usual care'. The app consists of information tailored to survivors' melanoma stage and phase as well as their information needs. Participants receive questionnaires at baseline, and at 6 and 12 months. Additionally, medical records are examined for healthcare use. The primary outcome is patient empowerment. Secondary outcomes include fear of recurrence, satisfaction with information and care, and healthcare use. Additionally, a process evaluation will be conducted to gain insight into the uptake and evaluation of the app. Results NA Conclusion implications Through this trial insight will be gained into the impact of the Melanoma SCP-app on patient reported outcomes, objective medical care consumption and survivors' use and evaluation of (different elements of) the SCP app. By tailoring the content of the app to both survivors' characteristics and needs, we expect their empowerment to increase, ultimately leading to more effective and personalized survivorship care.

PS610: My Needz: a digital tool for AYAs in Leuven University Hospital

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Background In University Hospital Leuven, approximately 200 AYAs ('adolescents & young adults') are diagnosed with cancer every year. Due to their age and stage of life, these AYAs have age-specific care needs that all too easily remain undetected and unanswered in adult wards. To meet their needs, we developed a tool within our digital patient platform, called MY NEEDZ. Methodology The MY NEEDZ tool invites AYA's to think about their own needs and questions, around themes that are specific to this target group. Based on recognizable statements, we go deeper into possible problems from AYAs. We provide explanations for a better understanding of what they are experiencing and suggestions on how to deal with it. In addition, they are also advised which healthcare providers they can talk to about this. We also give the opportunity to ask their question within the tool. Impact on clinical practice The tool was co-developed and tested by 22 AYAs from the UZ Leuven AYA advisory group.. We offer the tool to AYA's in UZ Leuven since 2022. In this way we hope to be able to capture questions and needs that AYAs have that have not yet been answered. Discussion Thanks to the tool My Needz, every AYA can consult age-specific information and ask questions at any time during their oncological trajectory. Because information does not always come at the time when the patient needs it the most. It provides a platform where AYAs discover answers to their needs, at any time.

PS613: AYA roomservice Leuven University Hospital: a more pleasant stay in the hospital.

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Background In Leuven University Hospital (Belgium) approximately 200 AYAs (Adolescents and Young Adults) are diagnosed with cancer every year. These AYAs have age-specific health care needs that too easily go under the radar and stay unanswered in adult wards. A multidisciplinary working group of the Leuven Cancer Institute has taken important steps to promote age-specific care for AYAs in Leuven University Hospital. One of the initiatives is the optimization of the hospital stay of AYAs in the adult wards. Methodology It is very important for young people to get on with their lives. One of the pillars of the working group was to bring the normal living environment of young people into their hospital room. The idea was to offer them a box full of possibilities to relax during their stay and to decorate their room with accessories. Through a survey, the AYAs were allowed to decide what exactly should be in the box. Impact on clinical practice This resulted in the AYA Roomservice: the AYA chooses from the box what he want to use, just like real roomservice. The purpose of the AYA Roomservice is fourfold: decorating the hospital room, distraction, providing information resources and support. In addition to an information folder, board games, there are mood lamps, an aroma dispenser, beautiful sheets and nice crockery to make the room 'AYAproof'. Discussion The project started in two departments. After a positive evaluation by the young people themselves, the project was expanded to seven other oncology units, including pediatric oncology.

PS614: Integrated pshychoncological care for advanced cancer patients: psychoncological model in a simultaneous care clinic

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- Psychoncological intervention in simultaneous care (SC) provide evaluation and treatment of psychosocial concerns of patient, but actually there is a lack of psychoncological SC models. • At the Oncological Unit of the Villa Scassi Hospital, a SC outpatient clinic has been active since november 2022. Patients with advanced cancer are evaluated by a multidisciplinary team composed of an oncologist of the hospital oncological unit (HOU), a home palliative care physician and the psychoncologist of the HOU, in order to screen patients' needs and to offer the most adequate and earliest responses. After the multisisciplinary visit patients continue their oncologic care, alongside follow up multidisciplinary SC visit and single SC specialist visit, on the identified needs. If the patient's PS doesn't allow hospital care, psychoncological home care is performed by the same psychoncologist of the SC team. • 78 Patients were evaluated in SC clinic since november 2022 to february 2024. Psychological intervention was deemed necessary and undertaken in 42% of the patients. 4 patients who were involved in a psychoterapy received home care visit by the psychoncologist in their terminal phase. 7 of the admitted patients was referred by the psychoncologist himself. • This model allows the psychoncologist of the HOU to accompain the patient throught all the trajectory of the illness, since the first hospital setting to the home care setting. The psychologist has a crucial role being the only reference figure who always remains the same in the oncological patient's journey.

PS615: Influence of delivery mode on use, appreciation & motivational value in a computer-tailored physical activity intervention for prostate and colorectal cancer patients

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Objective: OncoActive, a computer-tailored physical activity (PA) intervention, improved PA in prostate and colorectal cancer patients. It comprises personalized PA advice (online and printed), a pedometer, and an interactive website. Users can opt for one or both delivery modes. Understanding of (1) characteristics linked to intervention appreciation, motivation, and use; (2) associations of delivery mode with these outcomes; (3) delivery mode's impact on PA effects are important for future development of PA interventions. Methods: OncoActive participants (N=249) completed questionnaires on delivery mode, appreciation, motivation, and use at 3 and 6 months post-baseline. Participants were categorized into print only (n=36), mixed (N=183), or full online & print (n=30). Chi-square tests, ANOVAs, and linear regression analyses were conducted to answer the research questions. Results: Participants valued pedometers, PA exercises, and expressing autonomous motivation highest. The full online & print group reported more motivational value and greater use of intervention components than the print only group. Appreciation and motivational value was higher in older and less educated participants. Lower education correlated with higher intervention use. Full online & print predicted higher MVPA at 6 months compared to the print only group. Conclusions: This study identified important components for PA self-management interventions and showed that combining delivery modes improves use, appreciation and effects. OncoActive proved valuable for older, less educated cancer patients.

PS616: Predicting the Effect of Information Overload on Satisfaction with Treatment Decision Making and Decisional Conflicts: Mediating Role of Gender and Cancer Stage

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Objective: Advances in medical treatment have boosted cancer patients' chances of survival. However, the process of enrolling in treatment can be daunting for individuals given the volume of cancer-related information they must comprehend. The study aims to investigate the role of gender and cancer stage in mediating the effect of information overload on patient satisfaction with treatment decisions and decisional conflicts. Method: For this empirical study, 400 Indian adults seeking cancer care in hospitals, oncology clinics, and community settings in the Pune areas would be recruited. Individuals with any sort of cancer seeking any type of treatment will be eligible for participation. Individuals with comorbidity of psychiatric and neurological illnesses will be excluded from the study. Results: Structural Equation Modelling will be used to determine whether the mediating impact is total or partial. Conclusion Implications: Gender and cancer stage are likely to mediate the effect of information overload on patient satisfaction with treatment decisions and decisional conflicts. The findings might be beneficial in planning the effective dissemination of treatment-related information for the patients and relatives.

PS617: Understanding the Experiences of Indian Family Caregivers of Patients with Cancer: A Systematic Review

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Objective: The present review aims to understand the experiences of Indian family caregivers of patients with cancer. A collection of qualitative studies describing the experiences of caregivers of patients with cancer have been explored. This was done to (a) articles that studied Indian caregivers who provide care for their family members of all age groups and with any type of cancer; (b) to understand the contributions of these common themes to expand knowledge regarding Indian caregivers' experience, (c) to suggest culturally appropriate psychosocial interventions that are relevant to the caregivers' experiences in India. Methods: Major electronic databases, including, PubMed, Web of Science, Google Scholar, and Science Direct, were searched. The quality of qualitative research was also assessed through the Critical Appraisal Skill Program (CASP). A total of 16 studies were included.Results: The 7 major themes that have evolved were, understanding cancer, operational challenges, emotional rollercoasters, physical costs, psychosocial affliction, pride in caregiving, and spiritual anchoring. Conclusion & Implications: Tailored psychosocial interventions that are specifically designed to meet the distinctive needs of the caregivers across the cancer care trajectory are imperative. Moreover, these interventions must be rooted in the socio-cultural ethos inherent to Indian contexts.

PS618: MEDICAL ORGANIZATIONAL PSYCHOLOGY (MOP): NEW WAYS FOR A COMMON GOAL

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Background/rationale Health care professionals (HCP) in clinical oncology face communicative and emotional challenges on a daily basis. Among others, these include dealing with non-curable diseases and associated difficult treatment decisions, frequent patient deaths, a high workload as well as moral distress. The resulting high levels of psychological burden HCPs have to face, increasingly gain attention in political and scientific discourse. However, to date few concepts exist to provide sustainable support structures for HCP in oncology. With our newly founded, interdisciplinary working group Medical Organizational Psychology we aim to build networks and establish structures for support offers on an individual, team and organizational level. As a first step towards this goal, we investigated psychological health, stressors and resources of HCPs using a mixed-methods approach. Methodology At baseline (t0), we investigated HCPs at the Dept. of Hematology and Oncology of the LMU University Hospital with questionnaires regarding the constructs psychological health (WHO-5, PHQ-2, GAD-2), general occupational stressors and resources (COPSOQ, PS-C) and specific stressors (MDT, CBI, trauma). Further, we conduct focus groups with physicians and nurses to gain in depth insights. Impact on clinical practice/discussion Results are expected by 06/24 and will be used to derive interventions for behavioral and environmental prevention, such as counseling and training programs, peer-support programs and team supervision as well as development of work processes for critical situations.

PS621: Cognitive Changes in Cancer Survivors: Challenges and Opportunities in the Brazilian Population

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Cognitive complaints are prevalent among cancer survivors in Brazil, but remain ignored by many health professionals. This neglect can be attributed to several factors, including controversial results from initial studies and the complexity surrounding the etiology of these complaints. In Brazil, the assessment of cognitive complaints is hampered by patients' lack of access to professional psychologists, the lack of psychosocial rehabilitation programs in cancer and the scarcity of available screening instruments. Despite the evidence supporting non-pharmacological interventions, such as cognitive rehabilitation, specifically adapted for cancer patients, there is a lack of services dedicated to cognitive rehabilitation in this population in Brazil. Although patients frequently report this complaint during medical and psychological consultations, there is currently no specific treatment aimed at these symptoms. Impact on clinical practice These complaints increasingly affect the quality of life of cancer patients in Brazil and the lack of attention from medical teams and cancer centers strongly impacts the clinical practice of psycho-oncologists. Although efforts have been made in recent years to publicize and resolve this issue in Brazil, much psychoeducation work remains necessary to disseminate this information and minimize this gap in cancer services. Discussion Future efforts should focus on developing and implementing specialized cognitive rehabilitation programs for cancer patients in Brazil, ultimately improving their quality of life and overall well-being.

PS623: Sexuality challenges for cancer patients in Brazil.

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The impact of cancer treatments on sexual function can develop at any point during the course of cancer disease, including after treatment has been completed. Sexual dysfunction can cause ongoing emotional distress, reinforcing negative body image, disrupting relationships, and reminding patients of their experience with cancer. On the other hand, studies prove that maintaining or recovering sexual function can be a turning point in the experience of the disease, enabling satisfactory psychosocial rehabilitation. Brazil presents many barriers to treatment and intervention in Sexuality with patients, from the limited time of consultations, lack of training on sexual health, concerns about offending the patient or making them uncomfortable and the uncertainty of how to manage these complaints. main barriers to addressing sexuality during cancer care.Impact on clinical practiceAlthough sexual rehabilitation has received greater attention in recent years, this topic is still very little addressed in Brazil and it remains necessary to study qualified instruments, interventions and methods to expand treatment and improve the quality of life of cancer patients in Brazil.Discussion:Future efforts should focus on developing and implementing specialized sexual rehabilitation programs for cancer patients, ultimately improving their quality of life and overall well-being.

PS624: Addressing the Intersection of Poverty, Support system and Cancer Care in Jharkhand, India: A Mixed method study

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Objective: The complex relationship between cancer care and poverty was examined in this paper. The study identified the association of various demographic factors with cancer care. The study also analyses the family's role and the support network in cancer care. Methodology: The study employed a mixed-method approach to comprehensively understand cancer care in Jharkhand, India. The study was conducted as a cross-sectional survey with 204 reproductive cancer patients. A structured interview schedule covered the Socio-demographic variables and cancer care facilities. The study also used case study methods with three eligible adults undergoing or currently undergoing cancer treatment. Results: The survey results show that 47 percent of the respondents access treatment. Only 12.7 percent of respondents had taken the HPV vaccine, and 44.6 percent got physiotherapy during the treatment. Forty-four percent of respondents accessed counselling services from health services providers. Respondents' characteristics, such as age and gender, were strongly associated with access to counselling services. Education and family income were statistically associated with access to cancer care treatment. Conclusion and Implication: Poverty plays a negative role in providing and accessing cancer care in the state of Jharkhand. The role of family and society is essential for a cancer survivor.

Psychological support from the family gives hope to life of the cancer patients. In addressing the complex relationship between financial burden and cancer carecomprehensive strategies required.

PS626: First results of a dyadic internet-based mindfulness-based cognitive therapy (couple eMBCT) targeting cancer-related fatigue.

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Objectives: eMBCT is effective in reducing chronic cancer-related fatigue (CCRF). Involving partners in therapy might increase the effectiveness, and partners may also benefit from their involvement. We co-created a couple eMBCT for CCFR and determined its acceptability and the potential effectiveness for patient fatigue. Methodology: A multi-center 1-arm pilot trial was conducted. Couples were included in case the patient of the couple had a confirmed cancer diagnosis, has completed treatment since ≥ 3 months and experienced severe fatigue since ≥ 3 months. Patients were recruited via hospitals, the Helen Dowling Institute and self-referral. The primary outcomes were intervention acceptability (i.e. adherence to the intervention, experiences with following (couples) and providing (therapists) the intervention, and the degree of partner involvement) and preliminary effectiveness (i.e. change in patient fatigue). Assessments included three questionnaires (pre-, post-intervention and follow-up) and weekly diaries for 17-22 weeks. Results: From February to May 2023, 21 cancer survivors and their partners were included. Two couples did not start the couple eMBCT and one couple experienced technical difficulties, resulting in a total of 18 couples completing the eMBCT therapy. Both couples and therapists experienced the intervention as helpful. Data on the preliminary effectiveness of the intervention will be presented. Discussion and implications: A randomized controlled trial appears feasible and is needed to establish the effectiveness of the couple eMBCT.

PS630: Elderly and cancer: the approach to the person in aging and illness. How much is a life worth?

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Background: Treatment of cancer after the age of 65 requires a specific strategy and particular attention. Despite the evolution of psycho-oncological thought, even today, when faced with an "old" person, the approach to this type of patient does not respond to his/her needs and expectations, as if "he/she were no longer able to understand what is happening to him/her" and as if "he/she does not have the right to actively participate in his/her illness and the related choices", which involve a double path towards the end of life. Methodology: Clinical case, patient-oriented.The psycho-oncological intervention is managed with an integrated approach, focusing mainly on the observation of the patient and family dynamics, as well as on the relationships between the different actors, including healthcare professionals. Impact on clinical practice: Priority is on the awareness aimed at ensuring quality of life and dignity for the elderly patient diagnosed with cancer with a poor prognosis. This clinical condition induces many reflections on taking care of the patient and the family members, responding to all their needs, along the palliation process, working on life and death as well as on human peculiarities, on acceptance, through searching for meaning. Discussion: The combination "elderly and cancer" requires particular attention in order to allow the understanding of needs and how to provide a tailored psychological-psychotherapeutic intervention in a severe clinical oncological case. More patient-oriented content research is needed.

PS631: Intervention for the improvement of psychosocial well-being in patients and caregivers at Una Nueva Esperanza, an association for children with cancer in Puebla Mexico

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Cancer affects the quality of life (QoL) of patients and caregivers, and how they perceive social support (SS); QoL and SS together are understood as psychosocial well-being (PSWB). Una Nueva Esperanza provides basic and specialized services to oncopediatric patients and their caregivers. To improve their PSWB, a psycho-oncological intervention with support groups (SG) was implemented. The intervention had three phases: 1) assessment of PSWB (QoL and SS;139 patients, 203 caregivers); 2) implementation of SG (59 patients, 107 caregivers); and 3) Reassessment of PSWB (15 patients, 30 caregivers). QoL was evaluated with the PedsQL Cancer Module© (patients), and WHOQOL-Bref (caregivers); SS was measured with MOS-A (patients) and EAS (caregivers). Phase 1 showed good QoL for both groups (68 and 64/100); SS found in patients was fair, while in caregivers was good (56 and 76/100). SG sessions facilitated communication for expression of emotions, contributing to the strengthening of support networks. During the sessions, both groups worked with guilt, fears, cultural beliefs, loss management, doubts about cancer, and strategies for coping with the disease. No significant changes have been observed on QoL nor SS, however, anxiety for treatment reported by caregivers was significantly better handled after the intervention (Mn Pre=61, Post 75). Despite the progression of the disease, PSWB has maintained the same levels for patients and their caregivers, probably as an effect of SG. The intervention with SG will continue, expecting the improvement on the PSWB for both groups.

PS633: Developing a Psychological Support Program for Pediatric Oncology/Hematology Patients with Cancer Predisposition Syndrome and Their Families

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Background/ rationale. Around 10% of conditions in pediatric oncology/hematology are associated with hereditary syndromes, increasing the risk of tumors throughout the patient's life. Specialized observation protocols are being developed to enable early detection and medical care. Psychological support is a crucial component of them. Methodology. We developed psychological program at the Dmitry Rogachev National Research Center to provide support during genetic counseling sessions. It is based on the psychological assessment of distress, studying the significance, information preferences of families, as well as the motivation to participate in observation programs. Impact on clinical practice. Psychological support for families promotes awareness and acceptance of the diagnosis and associated risks. It helps

patients to cope with complex emotional experiences (uncertainty, anxiety, feelings of guilt, fear of death), challenges in reproductive behavior. Psychological recommendations for medical staff improve communication skills, increase compliance, and reduce traumatic experiences for families, provide an opportunity to discuss complex ethical dilemmas, teenager's inclusion in informing process and decision-making, finding a balance between confidentiality, autonomy, and continuity of information, as well as providing support to families dealing with fatal syndromes. Discussion. The program enables the optimization and enhancement of observation protocols for patients with cancer predisposition syndrome and their families, while also reducing distress of medical stuff.

PS635: DEVELOPMENT OF A PSYCHOCOLOGICAL INTERVENTION THROUGH A TOOL OF VISUAL-IMAGINATIVE RESOURCES, FOR AN EFFECTIVE PROCESS OF ADAPTATION TO DIAGNOSIS, TREATMENTS AND SURVIVORSHIP OF ONCOLOGICAL DISEASE

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BACKGROUND Scientific literature has demonstrated the emotional impact of an cancer diagnosis to the extent that it can lead to adjustment disorders, etc. International research has also confirmed the scientific validity of psycho-oncological interventions, to allow patients to process, negative experiences, in order to achieve the best adaptation and/or resolution of psycho-emotional critical issues. This also allows application to individual patients that we clinical psycho-oncologists encounter every moment of our professional activity, patients who do not belong to study groups but who can benefit from the effectiveness of the psycho-oncological interventions studied. METHOD At the 2023 IPOS Congress, the workshop "Imagery and non-verbal interventions]...]", directed by Jan Taal, who introduced us to the tools of the Imagery Toolbox 3.0. After having acquired the necessary material, our Oncology Service has the opportunity to offer patients who have specific needs the ability to achieve coping and processing strategies relating to reactive negative emotional experiences. to the oncological clinical state. It was decided to start carrying out psycho-oncological interventions starting from January 2024 by administering the Symbol Cards to patients both in the pre-surgical phase, in chemthio-hormone therapy, and in survivorship up to Palliative Care. RESULTS After 6 months, a general clinical evaluation of the effectiveness achieved by this psycho-oncological intervention will be carried out and the results will be reported at the IPOS 2024 Congress.

PS638: DEVELOPMENT OF A PSYCHOCONCOLOGICAL INTERVENTION THROUGH A TOOL OF VISUAL-IMAGINATIVE RESOURCES, FOR FAMILY MEMBERS OF ONCOLOGICAL PATIENTS

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BACKGROUND Oncological disease affects not only the patient but also those around him. Neuroscience has studied mirror neurons and empathy; therefore, even family members often need to process certain emotions in order to best accompany their loved one during the illness. The Imagery Toolbox (Taal J., 2017) contains some tools that help you use your imaginative resources to find coping strategies, contain negative experiences and increase resilience in difficult moments. METHOD Our Oncology Service provides psycho-oncological activities not only to patients, but also to their families, both upon their direct request and upon referral by oncologists. From January 2024 it was decided to extend the psycho-oncological intervention through visual-imaginative tools to also include family members of cancer patients. This process can be useful especially in the final stages of the disease and when undertaking palliative care. The confrontation with the end of existence is an integral part of cancer. Even when the prognosis is positive, thoughts about death inevitably appear in the minds of almost every patient and the relative who is close to him. The meetings can also be held in the context of mourning to facilitate a less complicated processing due to a reactivity that is particularly interfering with somato-psycho-emotional well-being. RESULTS After six months, a general clinical evaluation of the effectiveness achieved by this psycho-oncological intervention will be carried out and the results will be reported at the IPOS 2024 Congress.

PS639: Feasibility of an intensified, needs-oriented counseling intervention on the return to work of cancer survivors in outpatient psychosocial cancer counseling centers from the survivors' perspective– results from the CARES study

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Objective: About 35% of cancer survivors (CSs) are of working age, often in need of support when returning to work or maintaining work. In Germany, outpatient psychosocial cancer counseling centers (OCCs) provide such support but resources are limited for this task. Hence, the CARES study aims to develop, pilot and evaluate the feasibility of an intensified, needs-oriented counseling intervention on return to work in OCCs. This study explores the feasibility regarding the advantages and challenges of the intervention from the perspective of the CSs. Methods: Semi-structured interviews were conducted with 16 CSs who have been recruited in participating OCCs across Germany that are piloting the intervention since October 2022. The audio-recorded interviews were transcribed verbatim and analyzed applying qualitative text analysis. Deductive coding was based on the Consolidated Framework for Implementation Research (CFIR) and complemented by inductive coding. Results: The participating CSs were mostly female and on average 52 years old. The CSs valued among others timely appointments, the time scope of the counseling, and the trusting relationship with the counselor. Challenges mostly related to needs for remote counselling and appointments in the evenings to enable compatibility with the CSs' working hours as well as insufficient information provision. Conclusion and implications: The results indicate the feasibility and usefulness of the intervention from the CSs' perspective. Continuing the intervention should therefore be considered.

PS641: Schema therapy mode model for oncology patients and their caregivers

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Background: Psychological work in a hospital is often complicated due to the variety and complex nature of patient complaints, variability of emotional and somatic states, organizational difficulties (forced breaks, change of the actual request etc.). It is necessary to have a holistic therapeutic model that consider many factors in order to effectively meet the needs of patient. Schema therapy offers a comprehensive model of assessment and intervention which can be useful for working with cancer patients. Schema mode model can be used to structure complaints and guide the treatment based on the individual psychological response to diagnosis and treatment. Impacts on clinical practice: We analyzed consultations with 23 cancer patients (treatment in Ilyinskaya Hospital in Moscow, 2021-2023) and their caregivers. We used Schema Mode Inventory (SMI 1.1), interview and self-report data. The discovered modes were discussed with patients and their caregivers. 85% of participants found the Modes model very useful. It makes possible to transform the complexity of the patient's behavior and feelings into a limited number of conditions that are convenient to work with both in a psychotherapy and in psychoeducation of the patient, his relatives, and medical staff. Discussion: This model allows to find a "common language" to describe the patient's current condition, to have a structured look at the cases of cancer patients and choose an adequate tactic for helping the patient. The model of modes is convenient for use and does not require special training.

PS642: Exploring the Prevalence and Correlates of Insomnia with Anxiety and Depression in Omani Cancer Patients Undergoing Chemotherapy

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Objectives: This study investigates the prevalence of insomnia among cancer patients receiving chemotherapy. It evaluates the risk factors of insomnia with other cancer-related symptoms at Sultan Qaboos Comprehensive Cancer Care and Research Center. Methods: A cross-sectional study was conducted in the day-care unit at the SQCCCRC, Oman. Collecting data from 211 participants undergoing chemotherapy (age = 49.5±11.7 years, 67% female). Insomnia was measured using (PSQI), while symptoms were assessed using (ESAS-r). Result: 18.3% and 4.4% had sleeping problems and psychiatric illness before being diagnosed with cancer, respectively. In contrast, sleep problems and psychiatric illness were increased to 35.2% and 12.3% before they received chemotherapy. According to the ESAS score,72.5% had depressive symptoms, and 46.9% had Insomnia using the PSQI score. Patients with sleeping problems before receiving chemotherapy were 4 times (OR=4.03, 95% CI: 1.89-8.33, p<.001) more likely to have Insomnia than those without reporting any sleep problems. Patients with depressive symptoms were 2.4 times (OR=2.43, 95% CI: 1.09-5,37, p=0.029) more likely to have Insomnia. Being responsible for caring for children (p=0.041), having sleeping problems before receiving chemotherapy (p<0.001), and having depressive symptoms (p=0.002) were significantly associated with Insomnia. Conclusion: Insomnia is prevalent in cancer patients, often exacerbated by chemotherapy. Further research is needed to identify sleep disruption causes and implement interventions.

PS644: Telenursing, a tool for Navigator Nurses

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Background Navigation in oncology has shown benefits for patients and survivors. At the IRCCS San Raffaele Hospital, there are seven oncology Nurse Navigators (NNs). Their activities are homogeneous, especially in terms of patients follow-up. Objectives Evaluate the feasibility and possibilities of telenursing in the NN activity. Methods. During the reorganisation of the hospital for OECI accreditation, NNs prepared the telenursing project. After reviewing the literature, they discussed together their training needs and implementation strategies. Results NN participated in two live meetings to learn the features of the telehealth tool (four hours) and one-to-one on-demand calls with the technical experts. In January 2024, all NNs implemented telenursing to reach patients living in areas far from the hospital. They started using live chat, sharing documents and questionnaires, and video calls with 88 patients. Implications for clinical practice conclusions Telenursing has several advantages: optimisation of the follow-up of NNs' work activity; legal protection of NNs-patient communications; the possibility of frequently assessing patients' needs and health status without leaving homes; costs and burden reduction for patients by reducing their travels. Future observations will regard patients and NNs satisfaction about telenursing project. Ref. Role of the oncology nurse navigator throughout the cancer journey ONF 2018, 45(3), 283-283. E. Rowett; D. Christensen Oncology Nurse Navigation: Expanding the navigator role through telehealth CJON 2020, 24(3), 24-31.

PS648: Defining core competencies for psychosocial oncology using the Delphi approach

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Objectives/purpose: Core competencies are essential to the definition of psychosocial oncology (PSO) and quality of care for the families we serve. We present findings from our Core Competencies Phase I Delphi Survey of multidisciplinary professionals working in PSO. Methods: Twenty-seven subject matter experts from psychiatry (n=6), psychology (n=6), social work (n=6), nursing (n=7), and chaplaincy (n=2), 89% having over 15 years experience in psychosocial oncology, rated 81 competencies in 6 domains (Patient Care, Medical & Psychosocial Knowledge, Interpersonal and Communications Skills, Professionalism, and Practice-Based Learning). Participants also identified the qualities required to work in the field. Results: The majority of competencies were supported (77%) or supported with modifications (23%). None were rejected. There were no significant differences by discipline. Advanced communication skills, identification of evidence-based cancer information resources, cancer symptom management, and suicide risk screening were supported by over 96% of participants. Empathy, compassion, effective communication/listening skills, and cultural humility were deemed essential qualities. Conclusions: There was broad agreement on the core competencies and qualities, providing a solid foundation for standardized training and certification in PSO. Core competencies in psychosocial oncology are key to program development, growth of academic and training programs that support researchers and clinicians, and delivery of excellent care that is evidence-based and equitable.

PS649: A sick body, the wound of the soul: a path of individuation and integration of the Shadow, in light of Carl Gustav Jung's analytical approach.

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Objective: Often the diagnosis of cancer causes an existential crisis requiring a change, bringing attention to the body, to one's life, dealing with death, opening to one's inner psychic world, trying to decode the meaning of what was experienced. Methods: This qualitative research is based on Grounded Theory based, in a continuous interaction between observation and theoretical elaboration. The reflections presented - taking up Jungian thought - arise from over two years of listening and observation, dialogue and interaction, with over two hundred cancer patients aged between 18 and 90 years, of different nationalities and cultures. Results: It is regularly and often found, in patients' stories about their cancer, how a dark part emerges in their life - the Shadow -, often not recognized, much less accepted by the human psyche, until they experience the disease. This set of all personal and collective psychic dispositions, due to their incompatibility with the consciously chosen form of life, contributes to the formation of a partial and relatively autonomous personality in the unconscious, with contrary tendencies, requiring the recognition and the integration of the contents of Shadow. The ultimate goal is the full affirmation of the Self: through the experience of cancer, many patients discover that they understand who they truly are, removing all external influences that distance them from their nature. Conclusion implications: Further in-depth research is needed.

PS650: Experiences of women with gynaecological cancer in India: A Qualitative Study

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This study aims to explore the experiences of women with gynaecological cancer in India. Using a purposive sampling method, 26 participants from the age group of 35–55 years from Odisha, India, were included in the sample. Semi-structured, in-depth interviews were conducted with women undergoing treatment for gynaecological cancer. Data were analyzed using interpretative phenomenological analysis, yielding five themes: i) cancer diagnosis; ii) information & resources; iii) support systems;

iv) emotional well-being; and iv) self-management. The findings of this study help us to recognize and understand the unique experiences of Indian women with gynaecological cancer and provide insight into how to optimize supportive interventions and holistic care, particularly in a country like India. The study has significant implications for psycho-oncologists, health psychologists, and social workers engaged in this field.

Keywords: Gynaecological Cancer, Health, Women, Qualitative Study, India

PS651: A web platform for home-caring long-term cancer survivors

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Rationale We must implement an intervention for long-term survivors in a healthcare context characterized by increasing lack of resources. We need a system that engages patients (pts) in completing questionnaires to report on their quality of life (QoL) and allows clinicians to monitor different parameters on a bio-psycho-social perspective. Methodology We tailored a GDPR-compliant platform to the needs of long-term (>10 years) follow-up of prostate cancer pts. Pts and caregivers register on the platform during a clinical appointment. In the follow-up, the system sends reminders to pts when they must upload examination results/fill in pts-reported outcomes, including psycho-oncology measures and QoL. Pts can also autonomously message the clinical team or fill out a questionnaire when they have specific needs that are not monitored during the scheduled follow-up. Impact on clinical practice The platform supports innovative clinical/organisation management models for properly delivering out-of-hospital care tailored to each disease scenario and guaranteeing effective communication among all the players around pts care. Data are collected/monitored timely and effectively. Clinicians receive notifications when pts take action and can react punctually to those actions. They can examine dashboards with historical plots of all the information in the system. Discussion The platform is a clinical & research tool. We plan to use the system in daily clinical practice for 3 years and then evaluate pts' & clinicians' perceptions, mainly focusing on intervention for long-term survivors.

PS652: Evaluation of efficacy of the Mind programme against a support group intervention: preliminary results from a randomized controlled trial in women with breast cancer

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Background: Acceptance and Commitment Therapy (ACT) and compassion-based approaches show promise in improving adjustment and quality of life(QoL) in cancer. The Mind programme is a 8-session integrative ACT and compassion-based group intervention which aims to prepare women with breast cancer (BC) for survivorship. A pilot study of this programme has previously shown acceptability. The present Randomized Controlled Trial (RCT) will report on a preliminary efficacy evaluation of this intervention. Methodology: Participants will be women with BC (stages I-III) undergoing

Radiotherapy, randomly assigned to the Mind programme or a support group intervention (active control). Data from the first three rounds of intervention delivery of this RCT (N=61) will be used in a preliminary efficacy analysis of the two interventions (Intention to treat). Treatment outcomes will be: cancer-specific QoL (primary outcome; EORTC QLQ-C30;QLQ-BR23), depression, anxiety, psychological flexibility, and self-compassion. Impact on clinical practice: We expect that the Mind group will show greater improvements in all assessed outcomes compared to the support group. In the long-term, this trial has the potential to highlight the clinical relevance of psychosocial interventions in oncology and support their implementation. Discussion: This will be the first RCT testing the efficacy of the Mind programme. It is possible that each intervention will be distinctively beneficial or particularly efficacious for certain subgroups of patients, which will provide important data for treatment personalization.

PS653: Post-Traumatic Stress Disorder (PTSD) Screening for Hematopoietic Stem Cell Transplant (HSCT) Patients

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Background/rationale Methodology: The rigorous Hematopoietic Stem Cell Transplant (HSCT) can lead to not only physical trauma but also Post-Traumatic Stress Disorder (PTSD) symptoms which can last multiple years post-HSCT. There are no standard validated screening tools currently used. Implementing the PLC-5 screening can identify pre-HSCT patients at risk of developing clinically significant PTSD symptoms and facilitate timely interdisciplinary referrals. The project followed the Health Belief Model (HBM) theoretical framework and the Promoting Action on Research Implementation in the Health Services (PARIHS) Framework. This Evidence-Based Practice (EBP) was conducted at the outpatient Multiple Myeloma (MM) and BMT clinics at Mount Sinai Hospital (MSH) in New York City, NY. A total of 18 patients pre-HSCT were evaluated with the PCL-5 screening tool. Results include 11.1% (n=2) had provisional PTSD symptoms, and only 50% were referred for coping support. A Fisher's exact test was employed. It was not statistically significant ($p = .111$), no significant association exists between screening PCL-5 and being referred for coping support. Implications for Practice: Pre-HSCT, 11% of patients identified PTSD symptoms, and it is important to continue to follow up with individualized coping support. All pre-HSCT patients should receive assessments from mental health specialists. Discussion: The DSM-5 Symptoms cluster indicated many patients have "re-experiencing" and "insomnia" and work with a Psych-Oncologist closely to alleviate "intrusion thought" and promote sleep.

PS654: Psychological flexibility mediates the association between perceived health state and depressive symptoms in women with breast cancer

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Cancer patients usually have unfavorable health state perceptions, which impact on depressive symptoms. Psychological Flexibility (PF) is the Acceptance and Commitment Therapy (ACT) key-process, and is defined as "the ability to contact the present moment fully and consciously, and to change or persist in behavior in the service of chosen life values". ACT is a promising intervention to promote psychological adjustment in the context of cancer, although not enough studies have explored it thoroughly. The current study aimed to explore the mediating role of PF in the relationship between the perception of health and depressive symptoms. The sample was composed of 68 women with breast cancer receiving radiotherapy treatment in Portugal. Participants completed an online survey assessing quality of life of cancer patients (EORTC-QLQ-C30), PF (CompACT-8) and anxiety and depression (HADS). Descriptive, correlation and path analyses were conducted. Perceived health state was positively correlated with PF, and negatively correlated with depressive symptoms. The path model presented an adequate fit to data and accounted for 27% and 25% of the variances of PF and depressive symptoms. Results showed that the association of perceived health state with depressive symptoms was fully mediated by PF ($\beta = -.17$; 95%CI= -.30 to -.05; $p<.005$), while controlling the effects of age. Findings are suggestive of the importance of psychological flexibility in the manifestation of depressive symptoms in breast cancer patients, supporting the relevance of ACT-based interventions in this context.

PS655: The impact of interventions on psychological resilience in colorectal cancer survivors: A mixed methods systematic review

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Objective: The overarching aim is to fully and deeply understand the impact of different interventions on psychological resilience in colorectal cancer survivors. Background: Colorectal cancer is the third most common cancer type worldwide. The 5-year survival rate has recently increased to 64.5%. With long survivorship, psychosocial strength for survivors is essential but undermined. Resilience is a crucial variable for enhancing the quality of life and psychological strength. Enhancing resilience can enrich both the quality of life and mental health well-being for survivors. Thus, understanding broadly and deeply the impact of different interventions on resilience promotion is crucial to clinic practice. Methods: A data-based convergent mixed-method systematic review was conducted. Eight databases will be searched for papers published from January 1987 to date: CINAHL Plus with Full Text, Scopus, PubMed, PsycINFO (EBSCO), EMBASE (Elsevier), Cochrane Library, Web of Science and Medline (OVID). This MMSR will apply the PRISMA statement guidelines. All papers (quantitative, qualitative and mixed method studies) aimed at resilience among colorectal cancer survivors (diagnosed with CRC and ≥18 years old) will be included. Results: 13 papers were chosen for data transformation and synthesis. Conclusion implications: This review provided an awareness of interventions on psychological resilience development among colorectal survivors which contribute to guiding the health professionals and caregivers as well as colorectal survivors themselves for practical implementation.

PS657: Feasibility and effects of a support group intervention for women with breast cancer: Preliminary results

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Two RCT (NCT05642897; NCT06212414) are being conducted to test the efficacy and cost-effectiveness of a psychological intervention tailored to women with breast cancer (BC): the Mind programme. It will be compared to a support group intervention (SGI). SGI comprises 8 weekly online sessions about BC-related content (e.g. emotional impact, body image, sexuality). The current study presents preliminary data on the SGI feasibility and effect. Twenty women with BC (stages I-III) undergoing radiotherapy [M=51y] were randomly assigned to SGI and assessed twice (pre/post-treatment) regarding quality of life, depressive symptoms and anxiety severity. Retention, adherence and satisfaction were also measured. Quantitative (viz. RCI) and qualitative (viz. content analysis) analysis were conducted. Of the 20 assigned women, 4 dropped-out due to "limited availability" (80% retention). The median number of sessions attended was 7 and 94% of the attendants were treatment completers. There was complete adherence (100%) to the session theme. High levels of satisfaction (90%) were reported due to "safe place for expressing feelings and learn helpful information", "increased self-understanding". By this study's submission, only 10 women had completed their post-treatment assessment. Among them, 7 exhibited improvements in depression symptoms. No other changes were observed. This study demonstrated that SGI is feasible (i.e. acceptable, well-adhered to and fulfilling) and tends to have a predominantly positive effect on the psychological health of women with BC preparing for survivorship.

PS662: Association between mental health disorders and colorectal cancer screening attendance in Taiwan

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Objectives: Most studies demonstrated that lower participation in colorectal cancer (CRC) screening was associated with severe mental disorders. Free two-phase CRC screening (FIT and colonoscopy) was offered to high-risk populations in Taiwan. This study explored the association between mental disorders and CRC screening participation in Taiwan. Methods: The study subjects were people aged 50-74 in 2013. Their mental health disorders were defined based on the medical records from 2010 to 2012, and those with emergency department visits or hospital admissions because of mental disorders were categorised as having severe mental disorders. The propensity score matching method was used between people with and without mental disorders. CRC screening attendance was observed from 2014 to 2016. Multiple logistic regression was used to investigate the association between mental disorders and screening participation. Results: After 5,734,221 people were matched, data for 920,880 study subjects were used in the analysis. 48.02% of people participated in CRC screening in three years, and 18.50% had mental disorders. Compared to people without mental disorders, those people with severe mental disorders were less likely to attend screening (OR = 0.89, 95% CI = 0.85-0.93). Conclusion implications: The decreased CRC screening participation found among people with severe mental disorders followed the associations identified in other studies. Conducting qualitative studies to understand barriers to CRC screening participation among individuals with severe mental disorders is essential.

PS667: Parent Emotional Functioning as a Predictor of Parenting Behaviors among Parents of Pediatric Brain Tumor Survivors

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Objectives Caregivers of pediatric brain tumor survivors (PBTS) demonstrate risk for affective difficulties persisting after treatment, raising concerns about parent-child interactions. We examine associations of parent depression and emotional awareness on parenting practices of PBTS caregivers and healthy comparison-classmates (CC). Methods PBTS, age 8-13 and 1+ years post-treatment (N=115, Mage=11.3 SDage=2.0, 40.9% female) participated at three medical centers in North America. Demographically matched CC (N=65, Mage=11.9 SDage=2.0, 41.7% female) were also enrolled. Caregivers (N=249, 68% female; 18.3% non-white and/or Hispanic) completed the Beck Depression Inventory-II (BDI), Emotional Awareness Questionnaire (EAQ), and Parent Behavior Inventory (PBI); children completed the Children's Report of Parent Behavior (CRPBI). T-tests, correlations, and multiple regression evaluated direct, indirect, and contingent effects. Results Only mothers (d=0.48) of PBTS had more depressive symptoms than CC parents. Neither BDI or EAQ predicted child-reported parenting. Mothers with more depressive symptoms reported higher Psychological Control (r=.25,p<.01). Higher depressive symptoms and less emotional awareness were linked to more Psychological Control (r=.22,p<.05; r=-.39,p<.01) and less Acceptance (r=-.22,p<.05; r=-.30,p<.01) by fathers. Emotional awareness did not buffer depression impact on parenting. Conclusion/Clinical Implications Parent emotional functioning may be linked with parenting behaviors, particularly for fathers, and could be targeted for intervention development.

PS668: Adolescents Beliefs about Cancer and its Associated Health Risks Behaviour

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Objectives: To assess adolescents beliefs about cancer and its associated health risks for the development of health behaviour questionnaire for adolescents Methods: The study was based on the Health Action Process Approach framework using open-ended questionnaires and semi-structured interviews. Students from Mizoram, between the age of 13 to 18 (N = 51) were recruited. The data were analysed using thematic analysis. Results: Three themes emerged from understanding of cancer which includes incurable, death and bald. From the associated health risks of cancer, sub-themes of HAPA were analysed separately. In self-efficacy, the theme was 'belief in one's own capability' and 'spirituality'. In outcome expectancy, two themes including, 'smoking and cancer' and 'alcohol's impact on family'. In planning, the theme was 'failure to plan'. Conclusion: The emerging themes in understanding of cancer indicates their lack of

understanding about cancer. They believe that they have the capability to change their lifestyles if needed, in which many proclaim that with the help of god, they have the strength they need. They associate smoking with cancer while their negative view of alcohol is mostly related to its impact on family's relationship more than its health consequences. The participants reported that they usually do not make plans when it comes to behaviours related to their health. The emerging themes will help in the construction of a health behaviour questionnaire for adolescents in regards to cancer using the HAPA model and intervention will also be designed accordingly.

PS669: Training 'Customized care for adolescents and young adults (AYAs)' for healthcare providers in Flanders (Belgium)

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Introduction Nearly 1000 patients aged 16 to 35 were diagnosed with cancer across 50 hospitals in Flanders, Belgium, in 2019. The 'Blueprint for Age-Specific Care for Young People with Cancer in Flanders' (Stand up to Cancer, 2018) recommends training healthcare providers specifically for this group Appropriate AYA care involves multidisciplinary, integrated approaches to address the unique needs of patients based on their age and life stage. The Cédric Hèle Institute (CHi) aims to create AYA ambassadors who champion AYA care within their professional contexts through specialized training. Methodology In 2019, CHi collaborated with AYAs and care providers to develop a multi-day AYA-specific training. Good practices, research findings, and experiences from Flanders and abroad were shared and discussed. AYA basic training sessions have been conducted, empowering participants with age-specific skills for AYA care. The training covers communication, medical aspects, palliative care, identity development, self-image, rehabilitation, sexuality, fertility, and fear of relapse. Impact on clinical practice In the past 2 years, over 80 care providers received specialized training in AYA-specific care. These training sessions received a rating of 8.9 out of 10. Participants particularly valued the inclusion of AYAs through individual cases and testimonials. Discussion In the future, different trainings, in-depth courses and other e-learnings will be developed to further stimulate the exchange of knowledge and experience about

PS670: Toolbox 'Cancer and sexuality'

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Background Cancer patients often face sexual difficulties during and after treatment. Research estimates that 40% to 100% of cancer patients encounter sexual problems, impacting their quality of life. Despite growing awareness among healthcare providers, inadequate knowledge often hinders discussions about sexuality during cancer care, leaving patients and partners with unanswered questions. Methodology To address this, the Cédric Hèle Institute, in collaboration with Stand up to Cancer and Sensoa, developed a toolbox to facilitate discussions on cancer and sexuality among healthcare professionals. This toolbox, containing resources like ready-to-use powerpoint presentations, testimonials, brochures, and an overview of articles, book tips, podcasts, websites, etc., is provided to participants of our sexuality training sessions, aiming to equip caregivers with the knowledge and tools to confidently address this sensitive topic. Impact on clinical practice The toolbox is freely available to participants in our training courses. Prior knowledge of sexuality and cancer is a requirement for accessing this resource. With the toolbox, we offer an overview of existing materials, eliminating the need for healthcare providers to search independently. Discussion Not everyone feels comfortable discussing sexuality in relation to cancer. Healthcare providers often lack the background and experience for this. Our courses provide the necessary knowledge, and the toolbox provides the necessary tools to approach this topic with more confidence.

PS671: About Cancer and Vitality: Insights into the Minds and Hearts of Key Figures in Oncology

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Introduction While people with cancer frequently share their stories in podcasts, healthcare providers in oncology receive less attention. The Cédric Hèle Institute (CHi) aims to shine a light on some key figures in oncology, focusing on healthcare providers' stories. Each one has a mission, a dream, and a story. Methodology This podcast series, supported by Stand up to Cancer , features heartfelt conversations. We explore what drives these professionals, their sources of courage, and the moments that stay with them. Each episode creates a chain of care providers, ending with an ex-patient. Episodes feature experts like Prof. Dr. Wim Distelmans, who passes the torch to others. Find the podcast on www.chicom.be/podcast or listen via Spotify. Impact on clinical practice Through this podcast, we aim to provide insight into the minds and hearts of key figures in oncology. Healthcare providers find recognition in these stories, and patients get to know the person behind the caregiver. Discussion These stories allow us to recognize healthcare providers and connect patients with the human side of caregiving. Listen and be moved!

PS672: Post-academic Psycho-Oncology Training: state of the art

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Background The Cédric Hèle Institute (CHi), a pioneer in psychosocial oncology in Flanders, has been offering a two-year post-academic training since 2006. In collaboration with 4 universities and funded by the Belgian government, this program equips psychologists and health science graduates to support individuals with cancer and their relatives. The scientist-practitioner model emphasizes evidence-based practice and clinical skill development. In 2023, the curriculum was updated to address evolving field needs. Methodology Year one focuses on theoretical and clinical skills, delivered through blended learning courses. In year two, the emphasis shifts to clinical interventions, enabling deeper exploration. Students participate in intervision sessions, learning from each other's experiences and discussing clinical cases. Additionally, individual supervision allows students to reflect on their learning and growth as onco-psychologists. Students also write a scientific paper and clinical case report. Impact on clinical practice The certificate in psycho-oncology bridges the gap between research and clinical practice, enabling students to apply evidence-based principles to their clinical skills as onco-psychologists within a multidisciplinary context. Since 2006, 136 students have graduated. Discussion This training aims to address significant field developments and maximize the potential of blended learning to focus on practice-oriented learning. Well-trained onco-psychologists contribute to evidence-based and humane oncology care.

PS673: Loneliness in prostate cancer survivors

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Objectives: Research on loneliness in survivors of prostate cancer (PC) is scarce. The current study aimed to investigate the prevalence and determinants of loneliness in long-term PC survivors following radical prostatectomy (RP). Methods: In this cross-sectional study, 3127 PC survivors (mean age 79.5 years) from the multicenter German Familial PC Database were asked on average 17.4 years (SD = 3.8) following RP. Loneliness was assessed using a previously used single item measure. Standardized measures were applied to assess symptoms of anxiety and depression, health related quality of life, and frailty. Descriptive statistics, chi-square tests, and logistic regression analyses were conducted to examine the prevalence, correlates, and determinants of loneliness in PC survivors. Results: Overall, 16.6% of patients reported at least some degree of loneliness. Feeling lonely was significantly associated with partnership status ($p < 0.001$), depression ($p < 0.001$) and anxiety ($p < 0.001$). Having an intimate partnership significantly reduced the risk of experiencing loneliness (OR 0.18, 95% CI 0.13-0.24). Symptoms of depression (OR 1.49, CI 1.31-1.7) or anxiety (OR 1.29, CI 1.13-1.47) and being frail (OR 3.97, CI 2.99-5.28) were associated with feeling lonely. Conclusions and implications: Nearly one in five PC survivors experienced loneliness, which was associated with partnership status, symptoms of depression or anxiety and frailty. The findings emphasize the importance of addressing loneliness as part of comprehensive care for PC survivors.

PS675: The use of complementary therapies among cancer patients

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Antineoplastic therapies side effects amplify the patient discomfort /suffering, impact QoL and could reduce the response to treatments (e.g. postponed or interrupted therapies). To prevent/minimize drug damage, an increasing number of patients use CAM. The aims of this study were: measure the CAM prevalence among 405 cancer patients; explore the sources of information about CAM and the need to share these therapeutic choices with the oncologists. An anonymous/self-completed questionnaire has been used. CAM was used by 227 (56.05%) patients, and recommended by pharmacists (36.1%), oncologists (27.3%), and GPs (15.4%). 61.7% of patients believe they have benefited from it. 86.0% informed the oncologist. Among 46 patients that would not inform the oncologist about CAM use: 60.9% “do not believe it is useful/important to talk about it”, 28.3% “have tried in the past and it was not useful”; 17.9% “do not consider her/him the right person”. From this survey emerged that oncological patients use CAM, a percentage, even if low, would not talk about it with the oncologist, giving explanations attributable to the belief that oncologist does not have adequate knowledge of it. What about CAM and antineoplastic treatment interaction? Are there CAM adverse effects? To answer these question it is important to train oncologists on CAM. It is equally important to adopt an attitude of active listening and ask patients if they use CAM, discuss therapeutic options, inform patients on the risk-benefit ratio, in line with health-based medicine evidence

PS676: The application of aromatherapy in the psychosocial care of cancer patients through the olfaction

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-Background： In Chinese culture, many people are not good at detecting or expressing their feelings and emotions. Not mentioned some patients have specific disease, such as oral cancer. Aromatherapy can approach patients’ feelings, the olfactory nerve can stimulate the amygdala and hippocampus. Therefore, we want to observe whether the essential oils and the subjective feelings can be matched with their emotional status, to help expressing feelings. -Methodology： When the nurse finds the patient with emotional issues, then can refer to aromatherapist to have one-to-one aromatherapy. 1.The patients choose the single essential oils which particularly like or dislike and guide them to express their impressions, preferences, or special memories. 2.According to the effects of essential oils, we connect to the relationship between what patients expressed, helping patients to be aware of their feelings. 3.Let the patients keep smelling it for days. -Impact：Among the 136 cases in 6 years, we concluded 4 main emotional needs of cancer patients： 1.Intimacy(love and be loved)：Rose、Geranium、Lavender 2.Expectation for treatment and hope for survival： Tea tree、Eucalyptus、rosemary 3.Fear and anxiety about death：Vetiver、Patchouli 4.Spiritual need for meaning of life: Frankincense、Myrrh More than 90% of patients will choose the above-mentioned essential oils if they have corresponding emotional needs. -Discussion：Aromatherapy is efficient to approach patients’ feelings, and moreover, it can reduce patients’ defensiveness in talking about their emotions and can be tried more in the future.

PS678: Health equity, quality of life, and sleep-time in young adult cancer survivors

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Objective: Young adult (YA) cancer survivors demonstrate poor sleep time, which increases their risk of chronic disease onset. Health equity and quality of life (QOL) can serve as facilitators and barriers to sleep time; however, associations remain unexplored. Methods: This cross-sectional study used 2022 Behavioral Risk Factor Surveillance System data for YA cancer survivors aged 18-39 years. The relationship between sleep time, health equity (employment/economic stability, housing stability, food security, transportation access, utility security), and QOL (loneliness, social and emotional support, life satisfaction, and mental well-being) were examined. Covariates included race, gender, education, income, and employment. Weighted multiple binary logistic regression was conducted. Results: Most YA cancer survivors (N=1,594) were female (n=1,004, 63%) and non-Hispanic white (n=1,323, 83%). Positive emotional support (OR 0.313, 95% CI 0.12-0.813) and no anxiety or stress (OR 2.85, 95% CI 1.53-5.31) were associated with longer sleep time (range 3-18 hours). In the adjusted model, race (p=.003), gender (p=.035), and higher education (p=.0019) were significant covariates. After adjusting for multiple comparisons, having no anxiety or stress remained significant (OR 4.01, 95% CI 2.43-6.85). Conclusion Implications: The findings of this project highlight the role of health equity and QOL in sleep time among YA cancer survivors. Future targeted interventions addressing anxiety, stress reduction, and health equity in cancer survivorship care may facilitate longer sleep time.

PS680: Promoting resources in elderly breast cancer patients throughout expressive tasks

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OBJECTIVES: Recent studies have shown that cancer patients' willingness, capacity, and opportunity to communicate their feelings and concerns about their disease may have an impact on their adjustment to the disease-related stressors. Within a multicenter study involving 6 European countries, the sub-study aimed to explore feelings and thoughts about emotional experiences in elderly breast cancer patients. METHODS: Within the CARDIOCARE prospective clinical study, 300 breast cancer patients (age: >60 years of age) were presented with two psychological techniques through a mobile App (expressive writing and best-possible-self) able to elaborate negative emotion the first and promote optimism the second. The patients performed the tasks one month after the starting of the cancer treatment. RESULTS: The text analysis of expressive writing technique showed that only a minority (22% of patients) wrote about cancer and treatments when ask to write about the current negative emotions. One of the main themes include thoughts and negative emotions related to relationships. In the best-possible-self exercise, 40% and 45% of patients indicated travels and enjoying family respectively as a positive future. Only a minority were not able to imagine their self in a positive future. CONCLUSIONS: Despite the cancer diagnosis is recognize as a shocking event, the results of the present study showed the resources that breast cancer patients have during treatment. Expressive writing and best possible self can be good strategies to activate the patient personal resources.

PS681: Utilization of asynchronous messaging for social support and networking in a digital behavioral intervention for adolescent and young adult (AYA) hematopoietic stem cell transplant (HSCT) patients

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Objectives/purpose: The presence and quality of peer social support may meaningfully benefit AYA HSCT patients' psychosocial well-being. Digital interventions (DI) utilizing asynchronous messaging (AM) may facilitate social support and networking during the challenging, prolonged post-HSCT recovery period. Stempowerment is a 14-part interactive DI to optimize self-management and psychosocial well-being after HSCT discharge. We evaluated utilization of an AM intervention component, including preferences and perceived value of AM for social support and information exchange. Methods: Eligibility: age 18-39 years; received allogeneic HSCT for leukemia or lymphoma. Patients used the DI for up to 60 days following HSCT hospital discharge. AM utilization was tracked. Patients completed a semi-structured post-study interview on perceived value of AM. Results: 51 patients completed the DI plus post-study qualitative interviews. 41% were female, 84% had leukemia, 77% were White, 20% reported

Hispanic ethnicity. Mean age was 28 years. Most AM (n=177 posts) included sharing comments about the completion of DI activities. Few AM (n=15) were initiated on other topics. The majority (at least 93%) were aware of AM and perceived its value in social support and networking; however, 33% did not use this feature. Conclusion and clinical implications: AM utilization in this DI was low; however, most patients perceived value in AM. Strategies to increase AM utilization may help determine its impact on facilitating social support and networking in patients during HSCT recovery.

PS682: Psychosocial experiences among Head and Neck cancer patients with Nasogastric tube feeding

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Background: Head and Neck Cancers (HNC) among Indian male and female patients are in the rising trend. As a result of the multimodal treatment, HNC patients suffer from a diverse range of psychosocial issues especially when a nasogastric tube (NGT) is administered for feeding. This study aimed to study the psychosocial factors of NGT administered in HNC patients, combining clinical aspects, to determine whether any changes occurred in psychological perceptions, including distress and anxiety, from the pre-test to a one-month post-test period. Methodology: This pre-post research study among newly diagnosed HNC patients (n=88) above the age of 18 years and were planned for radiation therapy /concurrent chemoradiation. After obtaining informed consent, assessed Body Image Scale, Functional Assessment for Cancer Therapy-Head and Neck, Mini Mental Adjustment to Cancer, Zung's Self-rating Anxiety Scale, Patient Health Questionnaire-9, Symbolic assessment of Fatigue Extent and NCCN Distress Thermometer, initially before the insertion of the NGT and after 1 month from insertion. Results: Significant associations between the independent variables and also difference, and increase in the distress/anxiety have been noticed between pre and post-tests. Conclusion: Head and Neck cancer patients using Nasogastric tube as a part of their treatment requirements exhibit issues with body image and fatigue. The findings indicated the need for psycho-social intervention for effectively treating HNC patents administered with NGT.

PS684: Common Pathways for Distress and Mental Health Assessment

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Psychosocial distress is common among cancer survivors with up to 46% reporting significant levels of distress and 32% diagnosed with psychiatric disorders. Yet, less than 15% receive care for distress. A number of tools can assess distress in clinical settings but the degree to which these tools accurately predict mental health diagnoses is unknown and there is no universally accepted tool. Roswell Park Comprehensive Cancer Center's cancer survivorship and screening clinic provides care to a diverse population and uses a number of different distress assessment tools. This offered the opportunity to identify common pathways to the diagnosis of clinically significant mental health concerns using several validated tools. A total of 3120 patients were seen at RPCC, of which 3088 had a problem list including ICD-10/SNOMED-CT diagnoses and 2511 completed the EORTC-QLQ-C30. Descriptive analysis indicated that 87% were female and 90% were of White. 1185 (47%) patients never met criteria for PHQ-2 or EORTC Emotional Functioning (EORTC-EF)<75, nor did they have any diagnosis of depression, anxiety, or adjustment disorder. Of the remaining 1326, 258 had diagnoses prior to being administered PHQ-2 or EORTC-EF. 1068 met the criteria for screening with 158 patients receiving an ICD-10 CM code for Depression, Anxiety, Adjustment Disorder. Identification of common pathways can determine ideal timepoints for intervention, which may streamline mental health diagnosis, accelerate provision of timely care, and improve outcomes

PS686: Preference for Non-Operative Treatment Strategy in Locally Advanced Rectal Cancers

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Introduction Despite advancements in managing colorectal cancer, surgical resection remains the standard treatment. Surgery can be omitted in carefully selected patients when a clinical complete response is achieved after radio-chemotherapy. This survey will provide an understanding of patients' preference towards a wait-and-watch non-operative management (NOM) strategy for treating the disease. Method Fifty-eight patients aged above 18 years diagnosed with locally advanced mid or lower rectal cancer were assessed on awareness about the type of surgery, willingness for the trial with/without increased side effects, willingness for the trial with a close follow-up regime, willingness for the trial with a 25% chance of tumor regrowth, willingness for the trail with similar/different cure rates to surgery and overall willingness for the NOM. In addition, Fear of Progression-12 (FOP), Life Orientation Test-Revised, and Multidimensional Health Locus of Control-Form C (MHLC-C) were assessed. Results Of all patients, 40% expressed willingness towards the NOM. A majority (91.4%) reported that they would consent for the NOM if there were no increased side-effects while only 44.8% reported they would consent even with 10% increased possibility of side-effects. Overall, 53.4% expressed consent for the NOM with the suggested close follow-up regime, while only 10.3% were willing for NOM if there was a 25% chance of tumor regrowth. Conclusion Despite the psychosocial impacts perceived post-surgery, only less than half of patients in the study preferred a NOM.

PS687: A pragmatic implementation study of the Managing Cancer and Living Meaningfully (CALM) psychological intervention for individuals with advanced cancer in Southern Alberta

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A pragmatic implementation study of the evidence-based Managing Cancer and Living Meaningfully (CALM) intervention was necessary to determine the feasibility of altering established psychosocial programming in Southern Alberta. Would patients with advanced solid-tumour cancers find the intervention acceptable and effective? Referrals for the CALM intervention study came a) directly from cancer care clinicians, b) indirectly (an alternative to usual psychosocial care) and c) self-referral. Recruitment feasibility was assessed via enrollment rates following referral. Intervention acceptability included the proportion of consented patients participating in >3 CALM sessions. Effectiveness of CALM was evaluated by change in depression (PHQ9 questionnaire), death anxiety (DADDS) and quality of life (QUAL-E). Of sixty-nine patients (54.3% of 127 eligible referred patients) who consented to participation, 59.4% (n=41) completed >3 CALM sessions. At three months, participants' depression (PHQ9 mean) was significantly less (p <0.01) and healthcare-provider relationships improved (p<.03) with greater sense of life completion (p<.02). Implementation feasibility was shown with three routes for CALM referrals and over half of referred, eligible patients consented to CALM participation. Almost 60% completed the recommended three or more sessions, showing acceptability. The effectiveness of CALM at three months was shown to improve well-being and healthcare-provider relationships. Future directions may include automatic CALM referrals within weeks of a non-curative cancer diagnosis.

PS688: Screening and mortality form cancer. among Italian people with SMI: Inequity in cancer care?

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Objective: To examine possible inequities in cancer care by examining screening for cancer and mortality in patients with severe mental disorders (SMI) in Ferrara, Emilia Romagna Region, Northern Italy. Methods: We used the local data base of the department of Mental health and the data base of the Cancer Screening in the Ferrara District, as well as the ER Regional Mental Health Registry identifying all patients aged ≥18 years who had received an ICD-9CM system diagnosis of SMI. Information on screening for cancer and cancer deaths (date and causes of death) were retrieved through the Local and Regional Registry. Results: Preliminary data regarding screening indicated a higher rate of screening in the general population with respect to people with SMI. Also, death from cancer in the region were higher among people with SMI than the general population, irrespective of the psychiatric diagnosis (50% higher among people with schizophrenia and bipolar disorders, p <0.001; 86% higher among people with major depression p <0.001; 50% higher among people with common mental disorders). Conclusion and clinical implications: Screening for cancer should be more available to all patients with psychiatric disorders, especially those with SMI. Sensitization of the prevention health care service and cancer care prevention services should be considered an urgent priority. Also, intervention within cancer care departments should be structured with more effective liaison betwwn oncology and mental health departments, to reduce the higher mortality form cancer amongst people with SMI.

PS692: Contemplative Self-Healing Program: Quality of Life in Breast Cancer Survivors Before and During the COVID-19 Pandemic

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The COVID-19 pandemic

introduced a new layer of stress and anxiety to breast cancer survivors already struggling with anxiety and fear of recurrence. The self-healing program aimed to reduce this chronic stress and to address concurrent COVID-related stressors in a virtual format during the pandemic. Participants were invited to complete pre- and post-survey questionnaires to evaluate the program. The survey included the Perceived Stress Scale (PSS), Functional Impact of Cancer (FACT-G), and Impact of Events (IES). There was a significant difference in total FACT G scores for the in-person pre-pandemic program but no differences in FACT G for the online pandemic classes. For IES, there was a decrease for the pre-pandemic but a slight increase in the total IES score. However, the qualitative online responses reveled the interconnectivity of life events, feelings/emotions, and relationships. "I found the sessions very supportive. Though I have people in my life who love me and support me, they don't understand that the illness I had will always be a part of me - that I will always be fearful." "It is such a wonderful way for people to be supported, gain knowledge, and experience meditation together." "Meditation, particularly when I have maintained the practice, has made me much more self-reflective and less stressed, both emotionally and physically." The thematic analysis results confirmed that offering an online contemplative self-healing program significantly impacted survivors' quality of life and resilience.

PS695: The Double-Edged Experience: Preparedness, Duality and the Pathways of Grief after Voluntary Assisted Dying

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ObjectiveThe continued introduction of assisted dying laws in many countries may have an impact for both cancer patients receiving end of life care and their families. Little is known about the bereavement experience following voluntary assisted dying (VAD) in an Australian context due to the relative recency of the legislation in this jurisdiction– this work, completed as part of a Churchill Fellowship project aimed to gather information about experiences of bereavement and specific bereavement support services after assisted dying in other jurisdictions in order to comment on possible further support for this cohort in Australia in the future.Methods16 Health professionals providing either formalised or informal support to families after VAD, 8 academics conducting research in the area and 5 family members who were recipients of bereavement support after assisted dying were either interviewed or asked about their experiences via an online survey.ResultsThematic analysis of the interviews and written responses mentioned above resulted in four themes of 1) preparedness, 2) ambivalence, worry and hidden experiences of carers and family members and 3) stigma Conclusion/ImplicationsRecommendations resulting from the above analysis include increased support for families from application process through to bereavement, enhanced health professional education and support, availability of VAD specific peer support groups, adjustment of current bereavement risk tools and continued awareness raising to decrease stigma.

PS697: Impacts of a therapeutic recreation camp in Greece for children with cancer and their siblings.

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ObjectiveThe aim of this review was to explore how camp participation impacts the psychosocial wellbeing of childhood cancer patients and their siblings.Design and methods: The sample consisted of 220 children of which 50 (22.7%) had cancer and participated in the camp, their siblings (n=50; 22.7%) did not have cancer but also participated in the camp, 60 (27.3%)) suffered from cancer and did not participate in the camp, and their siblings (n=60; 27.3%) did not suffer from cancer and did not participate in the camp. The study used statistical analysis to compare the changes in QLQ-C30, self-esteem, and support scales among children with Ca and their siblings over a follow-up period. The results were analyzed using one-way repeated measures ANOVA and two-way repeated measures ANOVA, with statistical significance set at $p<0.05$. The study was conducted using SPSS statistical software.Results: The study analyzed QLQ-C30 scores in children with Ca who went to camp. Results showed significant changes in subscales, except for constipation. Camp-attending patients had lower symptoms and greater functionality. Self-esteem and support increased significantly after camp, with higher levels after 6 months. Children with Ca had lower self-esteem before camp, but increased after camp and 6 months. Support increased in both groups, with greater satisfaction in Ca patients. Support was greater in Ca patients, while self-esteem was lower in non-camping children.This study provides rich insights into the experiences and impact of TR camps for kids with chronic illness.

PS698: Research Trends on Decision-Making by Cancer Patients with Dementia in Japan；Current Situation and Issues of Decision-Making by Cancer Patients with Dementia

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Objective：The objective of this study is to examine the current status and issues of decision making by patients based on research trends on decision making by cancer patients with dementia in Japan. Methods：The literature search database Japan Medical Abstracts Society (JMAS) was used. The keywords "cancer," "dementia," and "decision making" were used, and the search period was 1981-2024, and the number of literature hits was counted. Articles consistent with the research objectives were carefully read, and the current status and issues of decision making by patients were summarized. Results：The total number of references was 99, of which 18 were original papers and 81 were commentaries or special features. An overview of the original papers revealed the following: "Factors hindering patients' decision making using medical records," "Characteristics of cancer treatment cases of elderly patients with decision-making difficulties," "Support for patients with clear decision making," "Support for patients with dementia to continue cancer treatment as outpatients," and "Support for patients with dementia to continue cancer treatment as outpatients. Support for patients who have made clear decisions. No researches were found that clarified the process of decision support. Conclusion implications：In researches of decision-making in cancer patients with dementia, the process of support is not clear. In the future, it is necessary to promote research to clarify decision-making support and to reflect it in treatment and care, as well as to respect the preferences of patients.

PS699: Patient reported outcomes of Immunotherapy plus Targeted therapy for Patients with Unresectable Hepatocellular Carcinoma at real world

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Objective: To report patient-reported outcomes of unresectable hepatocellular carcinoma patients undergoing immunotherapy combined with targeted therapy in real-world settings. Methods: This study utilized a prospective follow-up design and enrolled hepatocellular carcinoma patients receiving immunotherapy combined with targeted therapy at a medical center in northern Taiwan. Results: This study monitored 33 hepatocellular carcinoma patients, mean age 65.09 years (SD: 9.10). During treatment, patients' overall health perception (p=.02) and medical history (p=.05) significantly influenced decision regret. Patients had a higher risk of moderate to severe fatigue in the third treatment cycle compared to the first (OR=2.05, 95% CI: 1.08-3.88). Significant interaction was observed between Barcelona Clinic Liver Cancer (BCLC) stage and treatment cycles (p=.012) regarding health-related quality of life. Rash (45.1%), fatigue (35.4%), and muscle/joint pain (31.1%) were the most common immunotherapy-related adverse reactions. Younger age, higher ECOG scores, and female gender correlated with a higher risk of various immunotherapy-related adverse events during treatment. Conclusion implications: It's advisable for hepatocellular carcinoma patients undergoing immunotherapy with targeted therapy to monitor symptoms, adverse events, and address psychological issues like anxiety, depression, and overall health perception.

PS700: Systematic review of psychosocial interventions for promoting benefit finding in cancer survivors (protocol).

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Objectives/purpose – Given the substantial psychological impact of cancer diagnosis and treatment, understanding the effectiveness of psychosocial interventions in promoting benefit finding amongst survivors is crucial. This systematic review aims to address the lack of clarity in the literature. By synthesising existing evidence, we seek to investigate the types of interventions used, their effective components, and the impact they have on enhancing benefit finding. Methods – A comprehensive search of electronic databases (PsycINFO, OVID Medline, Web of Science, CINAHL and Scopus) will be conducted to identify relevant studies. Included studies will examine psychosocial interventions targeting benefit finding in cancer survivors. Data extraction and quality assessment will be performed using predefined criteria. A narrative synthesis is expected, since the data are likely to exhibit heterogeneity rendering meta-analysis unsuitable. Results – Search term curation and database selection are underway. Synthesising the results will provide an overview of psychosocial interventions and their reported effectiveness in promoting benefit finding among cancer survivors. Conclusions and clinical implications – Findings from this systematic review will provide valuable insights into the effectiveness of psychosocial intervention components in promoting benefit finding among cancer survivors. This systematic review will inform the development of tailored interventions to support benefit finding and guide future research.

PS701: Exploring the psychometric qualities of the Benefit Finding Scale using Multidimensional Item-Response Theory (protocol)

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Objectives/purpose – Survivors of a traumatic event, such as cancer, can sometimes experience positive psychological sequelae. However, results from previous studies are ambiguous and inconsistent, with few agreements on the exact conceptual definition of benefit finding and it's associated sociodemographic and psychological predictors. One potential explanation for this is the conflated use of the terms benefit finding and post-traumatic growth. This study aims to investigate the psychometric rigor of the BFS. Methods – Participants for this study will be recruited through online platforms, including Prolific and various social media sites. The Benefit Finding Scale will be administered to participants, along with measures of related constructs (post-traumatic growth, happiness, optimism, and satisfaction with life). Multidimensional Item-Response Theory (MIRT) analysis will be conducted to examine the item-level characteristics of the BFS, including item difficulty and discrimination parameters. Results – This study is currently underway, completing in early summer 2024. Analysis will reveal distinct dimensions of benefit finding captured by the scale items, providing valuable insights into its underlying structure and conceptual definition. Conclusions and clinical implications – Previous data suggest that the BFS is a reliable and valid measure of benefit finding. Understanding the multidimensional nature of benefit finding in greater depth will inform the development of tailored interventions targeting specific dimensions of this important outcome.

PS702: "Getting Out of a Dark Place": A Qualitative Exploration of the Impact of Fear of Recurrence on the Daily Lives of Breast Cancer Survivors Enrolled in a Randomized Controlled Trial

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Objective Clinical levels of fear of cancer recurrence (FCR) in breast cancer survivors (BCS) can lead to maladaptive coping and have a negative impact on quality of life. We analyzed survey responses of BCS reporting clinical FCR (FCR-7 score ≥17) regarding the impact on their daily life, how they coped with FCR before intervention, and what they hoped to gain from participating in a randomized controlled trial targeting FCR. Methods Participating BCS (N=384, mean age 55.8(SD=12.0)years; 81.8% were white) completed 3 open survey questions about their FCR at baseline. Four coders analyzed the responses for content and themes, discussed to consensus, and assessed themes by baseline FCR-7 scores. Results Mean baseline FCR-7 score was 21.5(SD=6.9). We found 5 daily FCR impact domains: emotional, behavioral, cognitive, relational, and professional. FCR-7 scores ≥27 were associated with daily impact in all 5 domains. Moderate (17-26) and minimal (6-16) FCR-7 scores saw intermittent or single-domain impact. Most BCS reported ≥1 coping strategy. Strategies were consistent across FCR-7 scores and included: behavioral, emotional, cognitive, social, and spiritual coping. Strategies increased and tended toward avoidant coping with higher FCR-7 scores. BCS wanted to gain more effective coping strategies from study participation. The

number of reasons for participation increased with FCR-7 scores. Conclusion BCS with clinical FCR are suffering without adequate means of coping. Understanding the impact of clinical FCR on daily life can lead to potential intervention recommendations.

PS703: How to Distress screening - OptiScreen training for nurses

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Objective: Screening procedures to identify psychological stress and the need for support among cancer patients have already proven successful in practice. Nevertheless, these are not used comprehensively and appropriately and patients in need of support (around 50% are mentally stressed) are overlooked. Methods: A special training course (OptiScreen-Training) was developed for nursing staff in oncology to equip them with background knowledge on the screening process, communication, psycho-oncological support services and their own self-care. The 6-hour training was conducted by psycho-oncologists with N = 72 nurses and evaluated with pre- and post-questionnaires. Results: Personal uncertainties were significantly reduced by the training (t(63) = -13.322, p < .001, d = 1.67). Feasibility and overall acceptability from the nursing perspective were achieved (69.0-94.3%). The overall results show high satisfaction (62.0-98.6%) with the design and content of the OptiScreen-Training. Conclusion implications: The positive evaluation of the nursing staff and the increased self-confidence in the screening and communication process can contribute to providing patients with psychological oncology care that meets their needs and to improving interdisciplinary cooperation.

PS704: Dysfunctional sexual beliefs regarding the quality of sexual life amongst gynecological cancer patients

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BACKGROUND-AIM: Over 3 million women live with gynecological cancer. Sexual problems are extremely common (43% in general population of women), while among gynecological cancer patients it is 66%. Our aim is to explore how common it is with the increasing prevalence of oncopsychology and the availability of educational materials for patients treated with gynecological cancer to have dysfunctional beliefs about the quality of their sexual life. METHODS: We used a case-control research design. We examined sexual dysfunctional beliefs (SDBQ), cognitive schemas activated in sexual contexts (QCSASC), and sexual quality of life (EORTC QLQ-CX24 module) between patients treated for gynecological cancer (n=44) and a healthy female control group (n=131). RESULTS: Among gynecological cancer patients, we found significantly lower QoL (U=744,000; p<0.001), maladaptive cognitive schemas were activated in a sexual context to a significantly greater extent (average rank: patient group: 100.44; controll group: 83.82), and a greater presence of sexual dysfunctional beliefs (U=2294,000; p=0.022) compared to control group. We found inverse correlation between the quality of sexual life and dysfunctional sexual beliefs. CONCLUSIONS: Developing positive beliefs and attitudes about sexuality and reducing dysfunctional beliefs can be crutial to improve sexual health and the quality of life of patients. Psychoeducation, extensive and comprehensive medical information and individual, couple and family therapy consultations should play a prominent role in the therapy process.

PS705: The relevance of sexual consultations and devices to improve sexual health amongst gynecological cancer patients in Hungary

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BACKGROUND-AIM:Sexual health requires a positive and respectful approach to sexuality and sexual relationships. The impact of cancer diagnosis and treatment on sexual quality of life is a significant and often neglected issue amongst gynecological cancer survivors. METHODS:An exploratory research was carried out on women with gynecological cancer (n=177), with questions about complaints, availability of consultations, knowledge about devices for improving sexual health. REESULTS:Lack of sexual desire (90%) and vaginal dryness (82%), vaginal pain (80%) and mental distress (79%) were the most common complaints. Around half of participants claim to have experienced vaginal shortening and vaginal tightening. Managing these complaints well is not common, especially mental distress: 4 out of 5 participants have struggles or can not manage it at all. More than two-thirds of respondents are aware of vaginal dilators, but the majority have never used it. Awareness is significantly lower among younger participants. Lubricants and vibrators are the most commonly known devices. Almost none of the respondents have been offered sexual consultation at their hospital, while 55,9% considered their medical doctors to be a preferred source of information. CONCLUSIONS:Lack of sexual consultation after cancer treatment seems to be a huge problem. Our survey highlights the prevalent sexual health challenges faced by gynecological cancer survivors, with inadequate management being a common issue. Results show the need for improved care for sexual health of gynecological cancer patients.

PS706: What have you gained? Phenomenological Inquiry into Stories of Growth and Transformation after cancer diagnosis

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Objectives/purpose Cancer diagnosis and treatment represent a profound challenge and great psychological distress, which may lead to the development of long-term depressive, anxiety, and PTSD symptoms. On the other hand, this event often encourages existential questioning providing an opportunity to reconstruct core beliefs and reevaluate life priorities. This consequently may catalyse positive psychological changes toward having a richer and more meaningful life despite the remaining symptoms. This study aims to explore patients' experiences after receiving a cancer diagnosis to get a more nuanced picture of what factors may foster positive trajectories. Methods In-depth qualitative interviews (n=10) were conducted with individuals who underwent cancer treatment. The data was analyzed using the Interpretative Phenomenological Analysis guidelines. Results Rich narratives illustrate participants' perceptions of the positive changes and what might have facilitated the process. The themes of finding meaning and heightened appreciation of life with the qualities that supported the transformative journeys i.e. self-reflection, acceptance, and gratitude are discussed. Conclusion and clinical implications This study contributes to a more nuanced understanding of the role of qualities facilitating positive changes in life after receiving a cancer diagnosis. The implications for clinical interventions underscore the importance of nurturing the qualities of self-reflection, acceptance, and gratitude to foster positive psychological outcomes.

PS716: Psychometric properties of the Cancer Worry Scale in a Canadian sample of pediatric survivors of childhood cancer

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Objective: Relatively little is known about fear of cancer recurrence (FCR) experienced by youth. Contributing to this challenge is the scarcity of tools available to measure FCR experienced by children and adolescents under age 18. Our aim was to evaluate the psychometric properties of the Cancer Worry Scale (CWS) in a pediatric sample. Methods: Participants (n = 70) 8-17 years of age completed the CWS. We evaluated psychometric properties of both the CWS-6 and CWS-8 and conducted exploratory factor analyses (EFAs) for each to evaluate number of factors, variance explained, and item fit. Correlations between the CWS and IUSC-12, PROMIS Anxiety-8a, PROMIS Depression-8a, and PedsQL were assessed for evidence of convergent and divergent validity. Results: Individual CWS items had acceptable psychometric characteristics, except for item 3, which performed poorly across analyses. Both CWS versions demonstrated floor effects, with no participants endorsing the highest scores. Internal consistency reliability was good for both the CWS-6 ($\alpha = .91$), and CWS-8 ($\alpha = .92$). EFA produced a single factor solution for both CWS versions, accounting for 62-65% of total variance. Both CWS versions were strongly correlated with measures indicating convergent (IUSC-12, PROMIS Anxiety-8a, PROMIS Depression-8a; $r = 0.464$ to 0.535, $p < .001$), and divergent validity (PedsQL; $r = -0.285$ to -0.324, $p < .05$). Conclusions: Preliminary results are consistent with the extant literature and suggest the CWS may be used effectively with pediatric samples. Continued exploration of FCR experienced by pediatric survivors is needed.

PS717: "Between Fighting and Withdrawing": How Do Individuals with Severe Mental Illness Cope with Coexisting Cancer? An In-Depth Examination

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Purpose: Cancer survivors with preexisting severe mental illness (SMI) have a poorer quality of life and more than twice the level of mortality than other cancer survivors. This qualitative study sought to better understand the lived experience of cancer survivors with SMI. Perceptions of cancer, coping strategies, and experiences with medical care professionals were explored.Methods: In-depth interviews were conducted with individuals (aged 25 or older) who were diagnosed with cancer 1–5 years before the study and also had an SMI diagnosis before cancer. The interpretive phenomenological approach and thematic analysis were used to analyze, interpret, and present the data.Results: Three core themes were identified using thematic analysis. Each theme demonstrates aspects of the survivors' lived experience: (1) "People around me started to acknowledge my pain": Others acknowledged cancer but not the mental health condition; (2) "Between fighting and withdrawing": The coping strategies used; and (3) "Cancer is not the whole story": Oncology teams were unaware of the unique needs of patients with serious mental health difficulties.Conclusions: Survivors reflected on their perception of cancer, their state of body and mind during and after treatments, multifaceted challenges in coping with cancer, their SMI condition, and how the intersection of these conditions shaped their experience. Findings underscore the importance of promoting cooperation between professionals working with individuals with SMI to address their perceived needs.

PS718: Balancing love, family life and cancer – A qualitative study on the impact of parental cancer on the romantic relationships in couples with dependent children

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Objectives: A cancer diagnosis has a significant impact on the individual diagnosed and on their partner. However, there remains a lack of understanding of how couples with dependent children are affected by cancer, despite the well-known association between relationship functioning and psychological well-being for the whole family. This study aimed to explore in-depth how romantic relationships are affected by parental cancer in couples with dependent children.Methods: Semi-structured interviews were carried out with 17 parents with cancer who were in a relationship, and had children aged 18 years and younger. Data were analysed using qualitative content analysis.Results: Three main categories of challenge were identified: Communication put to the test; Adapting to new roles; and A change in sex, intimacy and fertility. The need for constructive communication increased when facing a range of emotionally charged topics which were difficult to talk about due to children being present. The experience of cancer forced couples to adapt to new roles in order to manage complex practical issues of being parents and dealing with cancer at the same time. Both physical and psychological aspects of cancer had affected sex, intimacy and fertility including decreased sexual engagement and changed conditions for family planning. Conclusion: Results highlight the added complexity of being parents to dependent children in previously identified areas of challenge for couples managing cancer. Tailored support may be necessary to help couples cope with these challenges.

PS719: Bridging Gaps in Knowledge: A Comprehensive Study on the Care Situation of Cancer Survivors in Germany

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Objective: Cancer survivors in Germany face challenges due to inadequate information and support, impacting long-term outcomes. This study surveys 3000 survivors with various tumor types to identify care knowledge gaps, focusing on long-term survivors' needs across different life domains. Methods: The survey covered diet, exercise, sleep, cognition, quality of life, and somatic late effects. Special attention was given to long-term survivors, especially those with a migration background, who face unique challenges. Age- and subgroup-specific strategies were developed to address psychological and physical distress. Results: Preliminary analysis is forming the basis for recommendations and future guidelines in cancer survivor care. Early results highlight the importance of adherence to follow-up exams and lifestyle recommendations for preventive health. The principle of 'do no harm' underscores these findings. Initial observations stress the need for tailored strategies for diverse survivor groups, indicating a key area for further research. Conclusion/Implications: This research aims to address knowledge gaps and establish a needs-oriented care approach for primary and secondary survivors. Age- and subgroup-specific strategies are central to the development of recommendations. The importance of follow-up exam adherence is expected to influence comprehensive healthcare strategies. This ongoing research is set to significantly enhance healthcare practices and quality of life for the studied cancer survivor group.

Pre-conference workshops

PW01: AYA Cancer Care: Insights from Flanders and the Netherlands

Introduction Adolescents and young adults (AYAs) facing cancer have unique medical and psychosocial needs. Existing literature underscores the significance of age-specific care and advocates for the establishment of centralized specialist services.ObjectiveIn this workshop, we aim to collaborate with the ‘Nationaal AYA Zorgnetwerk Nederland’ and share our experiences from Flanders (Belgium) on the development and implementation of several key interventions in AYA care:- A transmural care pathway - A customized interdisciplinary training for healthcare providers-

Innovative age-specific care interventions MethodsOur workshop will provide insights from both the Netherlands and Flanders. Participants will have the opportunity to share their own experiences and engage in clinical exercises.ResultsDrawing from our collective expertise, we will present an illustrative transmural care pathway for AYAs—from diagnosis through follow-up. Additionally, we’ll provide health care professionals with a practical roadmap and supportive tools for AYA care.ConclusionWe look forward to further developing this workshop during a joint meeting with Nationaal AYA Zorgnetwerk Nederland in April 2024, to discuss further details and program.Authors:- Kleo Dubois, Cédric Hèle institute and University Hospital Leuven- Nathalie Belpame, University Hospital Gent- Hans Neefs, Stand Up against Cancer- Dr. Evelien Manten-Horst, Nationaal AYA Zorgnetwerk Nederland- Olga Husson, Nationaal AYA Zorgnetwerk Nederland

PW02: Embracing Acceptance in Cancer Survivorship

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Acceptance, a key concept in psychological literature, involves embracing uncomfortable emotions while engaging in meaningful activities. Rooted in Acceptance and Commitment Therapy (ACT), acceptance has shown efficacy in adapting to chronic pain and difficult emotions, such as fear and anxiety (Gloster et al., 2020). This concept is crucial in cancer survivorship, improving patient well-being (Mathew et al., 2020). But do we truly understand acceptance in cancer survivorship? And how can we foster this process in care? In this 1.5-hour workshop, we focus on fear of cancer recurrence and pain, both intrinsically linked to acceptance in cancer survivorship. The workshop includes interactive methods such as discussions, reflections, and experience-based learning.

PW03: Sexual rehabilitation intervention for women after cancer

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drs. I. Suvaal, drs. C.C. Tuijnman-Raasveld, dr. M.M. ter Kuile The outpatient clinic of psychosomatic gynecology and sexology, Leiden University Medical Center, 2300 RC, Leiden, the Netherlands. The aim of the workshop is to provide (clinical) psychologists knowledge on sexual rehabilitation for women after cancer. During this workshop, we provide a theoretical sexology framework, offering tools to address and discuss sexuality with oncology patients, as well as to implement sexual rehabilitation interventions. Additionally, attention is given to referral options. The framework is based on our specially developed nurse-led sexual rehabilitation intervention for women treated with radiotherapy for gynecological cancer. This 11-module program combines psycho-education and cognitive-behavioral therapy, addressing specific cancer education, (barriers to) dilator use, fear of penetration and resuming sexual activity, coping processes, and sexual, body image, and relationship concerns. Personalized content considers psychological, relational, and somatic factors. The workshop, which delves into the details of the sexual rehabilitation program, discusses our study results, and involves role-playing and the contribution of case studies, is interactive in nature.The outpatient clinic has longstanding expertise in the development and evaluation of cognitive-behavioral therapy interventions for women with somatic complaints, including cancer. The research group has published more than 100 English and Dutch papers and was a co-author of more than 35 chapters.

PW04: Facilitating Bereavement Support Groups: Practical training for group leaders.

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Conceptualized within the framework

of prevention, this workshop will provide an overview of the experiences of recently bereaved individuals whose loved ones have died from cancer, focusing on group support within the first year of loss. Step-by-step, participants will be taken through a training program used at Dana-Farber Cancer Institute in Boston, for facilitating a 6-session bereavement support group based on cognitive behavior therapy (CBT) techniques. Individual screening, including the identification of risk factors for poor bereavement outcomes, will also be reviewed. Group session topics include: Understanding grief; Remembering, and acknowledging difficult feelings; Tackling barriers; Dealing with ‘firsts’; and Maintaining a connection with the deceased. During the workshop, participants will have an opportunity to observe demonstrations, including videos of bereaved individuals, and to practice strategies and receive feedback. The group curriculum can be readily adapted for different types of losses, including bereaved spouses, bereaved parents and bereaved adult children, and can be used in a variety of settings, such as in hospitals, hospices and community organizations. This workshop is designed for clinicians or group leaders who have some prior experience working with bereaved individuals and families.Objectives1. To outline the nature of grief from a psychological perspective2. To review the core components of a 6-session bereavement support group curriculum3. To describe four CBT strategies that can be used in bereavement support groups

PW05: Enhancing Relationship Resilience: Hold Me Tight training for Couples Coping with Cancer

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This abstract presents a workshop designed for oncology professionals. It focuses on the Hold Me Tight training for couples confronted with cancer. Hold Me Tight is based on the Emotionally Focused Therapy (S. Johnson), a well-established approach for couple therapy, rooted in research about attachment and emotions. This research tells us, in addition to clinical and life experiences, that humans have more resilience in coping with difficult life-events when feeling emotionally close to important others. That's what Hold Me Tight is all about: by supporting couples in strengthening their emotional bond, they can cope better with difficult life events, such as the devastating impact of a cancer diagnose and treatment. Partners who are capable of sharing with eachother their vulnerable feelings concerning the disease, as well as to support eachother emotionally, seem to adapt more easily to the changes and challenges that cancer brings into their lives. They also experience less negative feelings as hopelesness and fear. This workshop will provide participants with an experiential understanding of the unique challenges faced by couples dealing with cancer. In addition we will give a taste of how the Hold Me Tight training can make a valuable contribution to the paramedical treatment of cancerpatients, by engaging their most important emotional resource - their partner. We believe that by integrating this attachment view into their practice, oncology professionals can provide a more holistic and effective support to couples coping with cancer.

PW06: Acceptance and Commitment Therapy for Beginners and Intermediate Clinicians. Helping cancer patients deal with uncertainty and finding meaning.

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Acceptance and Commitment Therapy (ACT) has been shown to be effective in helping patients deal with different psychological problems in acute or chronic somatic pathologies, including cancer patients. The trajectory of a cancer patient could change very often and enhance emotional distress or influence the problem-solving process while trying to deal with the diagnosis, treatment and survivorship. Hence, this workshop will focus on helping patients deal with uncertainty and redirect them to activities that could enhance their well-being and be according to their values.The content of the workshop will be:- The ACT Model – Introduction and principles- The ACT Hexagon model- Acceptance- Cognitive Defusion - Self as a Context- Mindfulness- Values- Committed Action

PW07: Bereavement among Professional Caregivers after Patient Deaths: Conceptualization, Assessment, Empirical Findings, and Support Advice

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Abstract: Healthcare professionals experience bereavement after patient deaths, termed professional bereavement. Transcending personal and professional boundaries, this experience involves a comprehensive, meaning-driven, multi-dimensional, and often disenfranchised process with both immediate and long-term impacts. Given the inevitability of encounters with patient deaths, especially in fields like oncology, adequate information for healthcare professionals is crucial to prevent maladaptive professional bereavement outcomes. The workshop aims to introduce the evolving concept of bereavement, the latest measurement tool, updated empirical findings, and support advice derived from both research and insights of frontline healthcare practitioners.Learning objectives: 1) Gain an understanding of the concept of professional bereavement and the nature of the experience; 2) Develop the ability to use the Professional Bereavement Scale for assessment and identify risk factors for more intense experiences; 3) Familiarize yourself with the measures institutions can take to support staff in professional bereavement and self-care strategies for staff members.Biography: Dr. Chen Chuqian is an assistant professor in the Department of Medical Humanities at Southeast University, China. She has passionately explored the field of professional bereavement, contributing a Ph.D. thesis and a series of peer-reviewed papers. Beyond research, Dr. Chen actively engages in social services related to the topic, providing training to medical staff and reaching diverse audiences through podcasts.

PW08: Mindfulness as a coping strategy for cancer survivors

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The workshop aims to elucidate the efficacy of Mindfulness as a coping strategy to reduce stress and promote emotional wellbeing in cancer survivors. This interactive experience presents the scientific mindfulness base, exploring its benefits, key characteristics, and evidence-based results. Additionally, attendees will engage in mindfulness practices such as mindful breathing, meditation, and gratitude exercises to foster body-emotional awareness, self-compassion, and loving-kindness. Furthermore, this workshop will showcase the tangible benefits of Mindfulness through firsthand accounts from participants in the "Spanish Wellbeing Program" conducted at the Canopy Survivorship Center in the Woodlands, United States. The program's outcomes include satisfaction and peace, reduced anxiety and sadness, improved personal well-being, positive self-identification, an optimistic perspective, and feelings of confidence. • Learning objectives:1. The participant shall be able to analyze the benefits and efficacy of Mindfulness for cancer survivors. 2. The participant shall be able to identify mindfulness-evident exercises to increase cancer survivors' body-emotional awareness, self-compassion, and lovingkindness.3. The participant shall be able to practice at least three exercises to promote their well-being as social-health professionals.• Length: Half a day (3,5 hours)

PW09: Delivering Acceptance and Commitment Therapy (ACT) for Cancer Survivors Via Telehealth

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As the number of cancer survivors continues to rise worldwide (ACS, 2019), the demand for psychological interventions addressing their unique needs has become more evident. There is growing interest in providing cost-effective and time-efficient psychological support for cancer survivors using telehealth platforms. This 3,5 hour interactive workshop is designed for providers who have a working knowledge of Cognitive Behavioral Therapy (CBT) and are looking to advance their clinical practice with new tools developed from Acceptance and Commitment Therapy (ACT; Hayes et al., 2021), an evidence-based psychotherapy. Attendees will learn the basic theories and fundamentals of ACT and its appropriateness for cancer survivorship issues. Additionally, the instructors will model the delivery of ACT techniques. These techniques include 1) describing ACT metaphors, 2) teaching cognitive defusion and expansion, 3) implementing values driven actions and 4) teaching brief mindfulness and meditation exercises that align with ACT concepts. This workshop will incorporate unique cultural considerations when working with a diverse cancer survivor population. Participants will also receive a list of online resources and references to further support their practice of ACT interventions. By the conclusion of this workshop, attendees will feel equipped to effectively implement ACT techniques to help survivors increase their awareness and acceptance of thoughts and emotions, foster mental flexibility to help manage fears of cancer recurrence and pursue a values-driven life.

PW10: Providing psychosocial care to families with young children (<18 years) facing parental cancer

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Background: A cancer diagnosis in a parent with minor children affects the entire family. Research shows that patient and partner wellbeing affect the child’s wellbeing, and vice versa. Around 25% of children show psychological problems, such as anxiety or traumatic stress symptoms.Methodology: This workshop addresses the impact of parental cancer on the family, from both theoretical and clinical points of view. Moreover, it will demonstrate the way children understand and react to a parental cancer diagnosis in different developmental- and illness stages. We propose to further develop a stepped-care model of psychosocial care for families. In this workshop, we will also practice to communicate with children, both verbally and non-verbally, and discuss interventions for individual children and their families.Impact on clinical practice: Up to recently, little attention was paid to the consequences of parental cancer for children of any age, and their parents. In oncological practice, parents' concerns and questions about their children often go unnoticed or unaddressed. Workshop participants will acquire more knowledge on universal needs of children facing parental cancer and on communicating with them. In addition, they will learn to support parents in maintaining their parental role and supporting their children in understanding and regulating their emotions in these challenging times.Discussion; Attention to the family system should be an integral part of (psychosocial) oncological care. It improves family resilience in adapting to this challenging situation.

PW11: Empowering Cancer Patients with the Untire Now App for Beating Cancer-Related Fatigue

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Cancer-related fatigue (CRF) severely impacts the quality of life for more than 65% of patients post-primary treatment. The Untire Now app, developed by Tired of Cancer, offers a multimodal digital therapeutic approach, following the NCCN guidelines and incorporating cognitive behavioral therapy, acceptance and commitment therapy, physical activity, and stress reduction exercises for CRF management. This workshop shows how the app works and presents practical strategies for clinicians on how to integrate Untire Now into care, enhancing patient outcomes, engagement and adherence.Attendees will gain insights into the app's initial assessment, energy tracking, personalized goal-setting, and various psycho-educative themes. Through live demonstrations and interactive discussions, the workshop will explore how to effectively utilize Untire Now within psycho-oncology practices in the Netherlands and beyond.Key Learning Objectives:>Understand Untire Now's evidence-based approach for CRF.>Conduct assessments of fatigue and happiness, and the "Vase of Energy".>Implement personalized CRF management plans.>Integrate the app into existing practices, addressing diverse CRF challenges.Engagement:Interactive elements include discussions, (RCT) studies, and live demonstrations. Patient co-presenters are welcome to share insights on the app's impact on CRF management.Duration: 1.5 hours. Two rounds of workshop (Dutch & English). 40 attendees per round max.

PW12: Empowering Cancer Survivors Across the Life Span: Integrating Pain Science Education for Children Living Beyond Cancer

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Studies suggest that 11-44% of children living beyond cancer experience chronic pain, negatively impacting a wide range of biopsychosocial outcomes in children and their families. These numbers highlight the importance of addressing pain management and providing appropriate support to children living beyond cancer to improve their quality of life and overall well-being. One promising non-pharmacological treatment approach for both pediatric and adult populations is pain science education (PSE). PSE is an evidence-based conceptual change strategy that empowers individuals by providing them with knowledge about the neurophysiology of pain and pain management strategies, including lifestyle factors. Currently, evidence points in the direction of promising results of PSE in pediatric and adult non-cancer populations on various pain-related outcomes. However, PSE is recently gaining noteworthy attention as a promising approach within rehabilitation following cancer treatment. Several studies started to modify and apply PSE interventions to children and adults living beyond cancer. During this workshop, I will: 1) provide insights in the prevalence and nature of pain in children living beyond cancer; 2) familiarize participants with the principles of PSE; 3) elaborate on our ongoing study on the co-creation of a PSE intervention for children living beyond cancer and subsequent pilot trial; and 4) facilitate discussions and knowledge sharing among clinicians and researchers, fostering collaboration and advancements in pain management strategies for childhood cancer survivors.

PW13: Beyond Simple Language Translation: Strategies for Adapting and Implementing Evidence-Based Psychosocial Interventions (EBPIs) for Diverse Cancer Survivors

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There is a growing interest in adapting empirically supported interventions to effectively improve patient engagement, intervention uptake, and psychosocial health outcomes among culturally diverse groups, including those residing in settings not included or considered in the EBPI’s development. Participants will learn why translating EBPIs validated with dominant or privileged populations to a new language is insufficient to significantly benefit diverse populations (e.g., ethnic, socioeconomic, educational, sexual, gender, racial, and contextual). Participants will also learn to distinguish between cultural tailoring, adaptation and transcreation models, including their key elements, processes, strengths, and limitations. Finally, participants will differentiate between surface and deep structure adaptations and discover how to balance the tension between fidelity and fit so that the modified EBPI is culturally salient yet maintains theoretical integrity to the original program. The workshop will illustrate how community engaged and qualitative approaches can assist in identifying content themes, cultural beliefs, values, preferences, ideas, and linguistic considerations. Participants will engage in experiential learning for adapting EBPIs through a combination of didactic instruction, interactive small-group exercises and guided reflection and application in their own work. Drawing on their collective experiences and best practices from the field, presenters will share insights, tips, and examples from their work .

PW14: A showcase of world class Cancer Wellbeing Centres: insights into the experiences and key learnings to successfully enhance patient experience and cancer outcomes

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This session brings a line up of key speakers from world class Cancer Wellbeing Centres from across Australia and Europe, with the aim of showcasing the experience and learnings that have led to these centres successfully impacting on positive patient experience and outcomes.Speakers from each of these Centres will discuss critical success factors and strategies that have contributed to their success, including:- Comprehensive programs and services available- Physical architectural space.- Integration and partnering with clinical teams - Building evidence through research including metrics to support better patient outcomes and experiences- Evidenced based Integrative Oncology careThis workshop will include feedback from a consumer on their lived experience of the influence of a Cancer Wellbeing Centre on their own patient experience. It will conclude with a panel discussion which will allow participants to ask questions and seek advice from these experts, that they can put into practice in their own local settings.

Author Index

-, POCON, The Netherlands, PS334
Aagesen, Maria, Denmark, PF1.2
Aardoom, Jiska, The Netherlands, P33, P33
Aarts, Johanna, The Netherlands, P54
Abate, Valentina, Italy, PS114
Abdurahman, Maman, Indonesia, PF9.5
Aben, Katja K.H., The Netherlands, PS406
Abe, Akiko, Japan, PS561
Abitz, Maja, Denmark, P05
Abraham, Jisha, India, PS200
Abraham, Katharina, The Netherlands, P33
Acebo de Arriba, Rita, Germany, PF3.4
Acua Morales, Marisol, Mexico, PS152
Adebayo-Oke, Bosede, Nigeria, PS244
Adigun, Agboola, Nigeria, P07
Adiprakoso, Dhirendra , The Netherlands, PS406
Aerts, Isabelle, France, PF9.4
Affandi, Nur Syafiqah, Singapore, PS161, PS206
Aggarwal, Ajay , United Kingdom, PS662
Agrali, Sakine, Germany, PS325
Aguado Loi, Claudia , United States, PS251
AGUIAR, STEFAN, Canada, PS582
Ahles, Tim, United States, PS292
Ahmad, Imran, Canada, PS336
Ahmed, Saima, Canada, P17, PS232
Ahsan, Anam, United States, P11
Akbari, Fatemeh, The Netherlands, P33
Akin-Odanye, Elizabeth, Nigeria, P39
Al-Azizi, Buthaina, Oman, PS642
Al-Azri, Mohammed , Oman, PS642
Al-Yafai, Entesar, Oman, PS642
Al Balushi, Ashwaq, Oman, PS642
Albers, E.A.C., The Netherlands, PS422
Albers, Elaine A.C., The Netherlands, PS493
Albers, Peter, Germany, PS517
Albrecht, Tara, United States, PS351
Alexander, Sarah, Canada, P10, P21, PS350
Alexandrová, Radka, Czech Republic, P07
Al Fahdi, Amal , Oman, PS642
Alfaro, Jordi, Spain, PS496
Algeo, Naomi , Ireland, PS361
Ali, Zipporah , Kenya, PS34
Al Jamei, Alyasa, Oman, PS642
Al Jamei, Elias , Oman, PS642
Alken, Scheryll, Ireland, P02
Allin, Sara, Canada, PF6.2
Almeida, João, Maria, Portugal, PS548
Alperin, MD, Mordechai , Israel, PS468
Alves, Margarida, Portugal, P19
Amato, Ottavia, Italy, PS241
Ambugo, Eliva , Norway, PF8.9
Ammitzbøll, Gunn, Denmark, P35
Ananeva, Evgeniia, Russia, P46, PS418
Anazodo, Antoinette, Australia, PS369
Andersen, Hougaard, Aida, Denmark, P05
Andersen, Maar, Christina, Denmark, P05
Andersen, R, Clark, United States, PS541
Anderson, Roger, United States, PS127
Anderson, Sarah, United States, PS443
Anderson, Tara, United Kingdom, PS41, PW14
Andrade Ruiz, Rene , United States, PS681
Andrews, Caroline, United States, P39
Andreyev, Jervoise, United Kingdom, PS342
Anghelone, Chiara Annunziata Pasqualina, Italy, PS436
Ann-Yi, Sujin, United States, PS309, PS347
Annekathrin, Sender, Germany, PS492
Antao, Nirav, United States, PS580
Antoch, Gerald, Germany, PS517
ANTOINE, Pascal, France, PS163

Antoni, Michael, United States, PF5.3
Antoni, Michael , United States, PS450
Antoni, Michael H, United States, PF8.3
Aoki, Syunsuke, Japan, PS698
Apolone, Giovanni, Italy, P45
Arbab Solimani, Sahar, Iran, PS283
Arce Salinas, Claudia Haydeé, Mexico, PS228
Arch, Joanna, United States, P24
Arem, Hannah, United States, PS3, PW04
Arizu-Onassis, Alejandra, Spain, P18
Armaiz-Pena, Guillermo, Puerto Rico, PS337
Armay, zeynep, Turkey, PS144
Arora, Sheena, Australia, PF7.9
Arroyo Hernández, Gabriela, Mexico, PS152
Arslan Argin, Aslihan, United Kingdom, PS482, PS490
Ashrafi, Morteza, Iran, PS283
Askinis, Martha, United States, PS681
Asklöf , Kajsa, Sweden, PS210
Asmussen, Sven, Germany, P27
Asperen, van, Christi , The Netherlands, P45
Asuzu, Asuzu, Nigeria, PS244
Asuzu, Chioma, Nigeria, P36, P39, P39, PS129, PS172
Aubry, Tim, Canada, P28
Auchettl, Jane, Australia, P15
Aukema, Eline, The Netherlands, P43
Ausems, Margreet, The Netherlands, P45
Avery, Jonathan, Canada, P41
Avuzzi, Barbara, Italy, PS651
Ayash, Claudia, United States, P12
Ayinde, Olatunde , Nigeria, P07
Ayloor Seshadri, Ramakrishnan, India, PS686
Baars, Arnold, The Netherlands, PS270
Badaghi, Nasim, The Netherlands, P18
Bae, Ka Ryeong, South Korea, PS417
Bagnall, Anne Marie, United Kingdom, P16
Bagnardi, Vincenzo, Italy, P37
BAHCIVAN, OZAN, Turkey, PS88
Baider, Lea, Israel, P11, PS189
Baiyewu, Olusegun, Nigeria, P07
Bai, Yang, China, PS573
Baker, Amanda, Australia, P42
Bakhuizen, Jette, The Netherlands, PS424
Ball, Nathan, United States, PS3, PW04
Baltic, Ryan, United States, PS127
Banerjee, Smita, United States, P11
Banks, Hannah, Australia, PS549
Baños-Lara, Ma del Rocío, Mexico, PS631
Banser, Selena, Canada, PS554
Barakat, Lamia , United States, P43
Barbeau, Anne , Canada, PS582
Barberio, Daniela, Italy, PS114
Bardi, Francesca, Italy, P16, PS303
Barešová, Zdeňka, Czech Republic, P18, PS279
BARGALLÓ ROCHA, ENRIQUE, Mexico, PS451
Barnwell, Elizabeth, United States, PS552
Barrera-Tlapa, Rosalba Yazmín, Mexico, PS631
Barrera, Maru, Canada, PS667
Barrett, Chimene, Australia, P15
Barseghyan, Vejinya, Armenia, PS35
Bartels, Helena , Ireland, P47
Bartley, Nicci, Australia, PS575
Bártolo, Ana, Portugal, PS550
Başer, Gokcenay, Turkey, PS144
Bassi, Maria Chiara, Italy, PF8.6
Bastounis, Anastasios , United Kingdom, PS24
Bates, R., Carolyn, S56
Batka, Jaclyn, United States, PS580
Batra, Rachita, Canada, PS540

Bauereiß, Natalie, Germany, P10
Bäuerle, Alexander, Germany, P08
Baumann, Jannike, Germany, PS308
Baussard, Louise, France, PF2.2
Bauwens, Sabien, Belgium, PS672
Bazán-Muñoz , Jorge , Mexico, PS250
Bazán- Muñoz , Jorge , Mexico, PS382
Bazan , Jorge, Mexico, PS234
Baziliansky, Svetlana, Israel, P44
Bean, Sally, Canada, PS543
Beasley, Elizabeth, Australia, PF3.2
Beattie, Sara, Canada, P01
Beatty, Lisa, Australia, P08, P18, P18, PS575, PS700, PS701
Beaussant, MD, MSc, Yvan, United States, P48
Beckett, E, Angharad, United Kingdom, P22
Bedu, Margot, Canada, PS10
Beekman, Aartjan, The Netherlands, PF5.1
Beets, Gwenn, The Netherlands, PS217
Beijer, Sandra, The Netherlands, P55
Beijer, Sandra, The Netherlands, P55
Beijer, Sandra , The Netherlands, P16
Bekkers, Ruud L.M., The Netherlands, P24
Belella, Daniela, Italy, PS268, PS320
Bellardita, Lara, Italy, PS651
Bell, Rachael, Australia, P21, PF7.9
Bell, Rachael , Australia, PS413
Belpame, Nathalie, Belgium, PS669
Beltman, Jogchum, The Netherlands, PS380
Ben-Eliyahu, Shamgar, Israel, PS89
Bengtsson, Anna-Sofia , Sweden, PS353
Bennicelli, Elisa, Italy, PS296
Bento, Samantha , United States, PS577
Berclaz, Luc Maxime, Germany, PS618
Berenschot, Lucienne, The Netherlands, P32
Bergaglio, Marina, Italy, PS614
Bergelt, Corinna, Germany, PS397
Bergh , van den , Esther M.M., The Netherlands, PS169
Bergström, Charlotta, Sweden, PS164, PS181
Berg, J, Carla, United States, PS3, PW04
Berg, van den, Sanne, The Netherlands, P31
Berkhout, Marja, The Netherlands, P06
Bernardi, Evelina, Italy, P16, PS303
Bernardi, Evelina , Italy, PS246
Bernier, Pascal, Canada, PS9, PS10, PS33, PW08
Bernstein, Lori, Canada, P34, PS350
Besani, Chiara , Ireland, PS361
Best, Stephanie, Australia, PS103
Beutel, MD, E., Prof. Manfred, Germany, P48, PF9.10
Beverdam, FH, The Netherlands, PS609
Bice, L., Briana, United States, P34
Bidstrup, Pernille, Denmark, P05, P35
Bidstrup, Pernille Envold, Denmark, P05
Bidzan, Mariola, Poland, PS706
Biesmans, Jesper, The Netherlands, PS357
Biffa, Gabriella, Italy, PS296, PS426, PS427, PS430
Bighin, Claudia, Italy, PS426, PS427, PS430
Bilash, Tristan, Canada, PS409
Bilodeau, Karine, Canada, P06, P06, P22, S52, P52, PS177, PS335, PS336
Birn, Anne-Emanuelle, Canada, P20
Biscaldi, Valentina, Italy, PS241
Bitz, Courtney, United States, PF8.2, PS519
Blake, Alise, United States, PS567
Blake, Lisa, New Zealand, PS317
Blanco, Remei, Spain, PS496
Bleiker, Eveline, The Netherlands, P45
Blickle, Patricia, Germany, P17

Blinder, Victoria, United States, P12
Bloemhof, Sharon, The Netherlands, P55
Blomberg, Bonnie, United States, PS450
Bober, Sharon, United States, P37, PS166
Bober, Sharon , United States, P34
Boelen, Paul, The Netherlands, P43
Boele, Florien, United Kingdom, P17
Boer , de, Angela, The Netherlands, PS502
Boer, de, Angela, The Netherlands, P13
Bokemeyer, Carsten, Germany, P07, PS220, PS308
Bolman, Catherine, The Netherlands, PS532, PS615
Bolognini, Ida, Italy, PS114
Bol, Nadine, The Netherlands, PS217
Bonassi, Lucia, Italy, PS436
Bonhof, Cynthia, The Netherlands, PF8.4, PF8.5
Bon, Sebastian, The Netherlands, PS424
Boomstra, Eva, The Netherlands, P23
Boot, Cécile, The Netherlands, PS502
Boran, Lorraine, Ireland, PS375
Bormani, Valentina, Italy, PS114
Boschheidgen, Matthias, Germany, PS517
Both, Stephanie, The Netherlands, P37
Bouchard, Isabelle, Canada, PS131
Bouleuc, Carole, France, P23, PS69
Bourassa, Mégane, Canada, PS336
Bourboulis, Stephanie , Australia, P08
Bowers, Amanda, United States, PS580
Braam, Cheyenne, The Netherlands, P28
Brähler, PhD, Prof. Elmar, Germany, P48, PF9.10
Brajkovic, Lovorka, Croatia, PF7.3, PW09
Brandes, Lisa, Germany, PS220
Brand, van den, JAGJ, The Netherlands, P46
Bravi, Francesca, Italy, PF8.6
Bredart, Anne, France, PS69
Brédart, Anne, France, P23, PF9.4
BREDART, Anne, France, PF8.10
Bree, de, Remco, The Netherlands, P40
Breidenbach, Clara, Germany, PS586, PS639
Brennan, PhD, APRN, Caitlin, United States, P48
Brennan, Donal, Ireland, P47
Brennan, Sarah, United Kingdom, PS24
Breuning, Martina, Germany, P05
Brisse, Hervé, France, PF9.4
Britton, Ben, Australia, P42
Brock, Hannah, Germany, PS397, PS492
Brock, Hannah , Germany, P27
Brooke Russell, K., Canada, PS716
Brooker, Joanne, Australia, PF3.2
Browne, K, Emily, United States, PS552
Browne, Emily K. , United States, P56
Brownstone, David , Canada, PS350
Brown, Joshua, United States, PS577
Brown, Sarah , United Kingdom, P17
Brown, L. , Tyler, Canada, PS551
Bruera, Eduardo, United States, PS347
Bruinvels, Anne, United Kingdom, P33
Bruinvels, David, The Netherlands, P33
Brummel, Bo, The Netherlands, P55
Brunelli, Cinzia , Italy, P45
Bryant-Lukosius, Denise, Canada, PS562
Buckles, M., Deborah, United States, PS702
Bültmann, Ute, The Netherlands, PF8.1
Burchell, George, The Netherlands, PS483
Burdorf, Alex, The Netherlands, PS477
Burgers, JS, The Netherlands, P46
Burkhard-Meier, Anton, Germany, PS618
Burns, Karen, United States, P25
Buro, W, Acadia, United States, PF7.7, PS678
Buro, Acadia , United States, P56

Butow, Phyllis, Australia, P18
Buursma, Petra, The Netherlands, PS169
B, Dr. Satheesan , India, PS200
Cabanes, Anna, United States, P39
Cabanes , Anna , United States, P39
Cabrera-Galeana , Paula , Mexico, P50
Cafferty, A, Lauren, United States, PS3, PW04
Cai, Xinyi, The Netherlands, P55
Cajamarca, Samantha, United States, P12
Calderillo-Ruíz, German, Mexico, PS565
Calderon, Caterina , Spain, PS110
Caldwell Phillips, Brenda, United Kingdom, PS214
Calman, Lynn, United Kingdom, PS482
Calman, Lynn , United Kingdom, P44
Camero Garcia, Maria, United States, PS681
Campayo, Marc, Spain, PS496
Campbell, Rosaline, United States, PF4.3
Campens, Sara, Belgium, P04
Campone, Mario, France, P06
Campos Gonzalez, D., Paula , United States, P56
Caneva, Stefano, Italy, PS296
Canosa, Antonia, United States, P24
Capozza, Scott, United States, PS137
Carder, Justine, Australia, P15
Cardoso, Susana , Portugal, PS550
Carey, Lisa, United States, P22, PF7.8, PS100
Carlick, Thomas, Australia, PS549
Carlson, Linda, Canada, P01
CARON, MARTHES MOLLI, FABIANA, Brazil, PS621
Carraça, V., Eliana, Portugal, PS223
Carreiras, Diogo, Portugal, PS652, PS654, PS657
Carrión, Iraida, United States, P50
Carrion, V, Iraida, United States, P11, PS352
Carter, Leigh, Gregory, Australia, P42
Carter, Tim, United Kingdom, PS24
Cartmell, Kathleen , United States, PS34
Caru, Maxime, United States, PS131
Carzaniga, Jvonne , Italy, PS644
Cassisi, Jeffrey, United States, PS60
CASSOUX, Nathalie, France, PF8.10
Castillo, Yesenia, Puerto Rico, PS337
Castro-Figueroa, M, Eida, Puerto Rico, PS337
Cavuto, Silvio, Italy, PF8.6
Cayrol, Julie, Switzerland, PS366
Centeno, Isabel, Mexico, P50, PS86, PS243
Cesaro, Matilde, Italy, PS114
Chai, Tze Lin, Australia, PF7.1
Chambers, K, Suzanne, Australia, PF7.10
CHANG, CHE-MING, Taiwan, PS43
Chang, Pihua, Taiwan, PS281
Chang, Shanton , Australia, PS371
Chan, Chik Yi, Taiwan, PS17
Chan, Iris, Hong Kong SAR China, PS485
Chan, Wai Kay , Johan, Singapore, PS470
Chan, Julia, Hong Kong SAR China, PS106
Chan, Raymond , Australia, PS61
Charette, Marie-Claude, Canada, PS9, PS33, PW08
Chavannes , Niels, The Netherlands, P33
Chavez, Melody, United States, PS251
Chawak, Shweta, India, PS302
Cheng, Chihtao, Taiwan, P20
Cheng, Huaidong, China, PS13
Cheng, Cathy, Yi-Chuan, Taiwan, PS601
CHEN, JIE YING, Taiwan, PS70, PW05
Chen, Jill, Australia, PS549
Chen, . , Kuen-Yuan, Taiwan, P44
Chen, Mei-Ling, Taiwan, P42
Chen, Mengting, China, P07, PS45, PS46, PW03, PW10
Chen, Min-Ru, Taiwan, P44, PS201

Chen, Shin-Cheh , Taiwan, P42
Cherven, Brooke, United States, P25, P56
Chevrier, Marion, France, PF9.4
CHIANG, CHIA-WEI, Taiwan, PS70, PW05
Chidebe, Runcie, United States, P47
Chieffo, Daniela Pia Rosaria, Italy, PS268, PS320
Chittem, Mahati, India, P21, PS302
Chodúr, Tomáš, Czech Republic, P07
Choo, Suet Cheng, Singapore, PS39
Choo, Suet Cheng , Singapore, PS161, PS206
Choucroun, Lisa, Belgium, PF6.4
Chou, Hsiu-Ling, Taiwan, PS165
Chowdhury, Roy, Anupama , Singapore, PS470
Chow, Lai Yin, Agnes, Singapore, PS470
Cho, Juhee, South Korea, PS417
Chui, Pinglei, Malaysia, PS1
Chukwuemeka, Nkechi, Nigeria, P24
Chung, Chichun, Taiwan, PS281
Chu, Alanna, Canada, P01, P10, P20
Chu, K, Alanna , Canada, P28
Chwa, Cindy, United States, PS247
Ciccarone, Francesca, Italy, PS268
Cicchetti, Alessandro, Italy, PS651
Ciceri, Fabio, Italy, PS644
Cil, Tulin, Canada, P20
Ciria-Suarez, Laura, Spain, P18
Civello, Sarah, United Kingdom, PS479
Claassen, Saskia, The Netherlands, PS374
Claes, BM, Kathleen, Belgium, PS306
Clark, Jessica, United Kingdom, PS482
Clark, R., Jonathan , Australia, P44
Clark, Karen, United States, PS519
Clinical Pathway Authorship Group comprising Afaf Girgis, Alison Pearce, Annie Miller, Carolyn Ee, Laura Kirsten, FCR, Australia, P01
Clover, Kerrie, Australia, P42
Cockburn, Christine, Australia, P54
Coelho, António, Portugal, PF5.4
Coenen, Pieter, The Netherlands, PF8.1, PS536
Cohen, Miri, Israel, P03, P44, PS468, PS717
Cohen, Paul, Australia, PS371
Cohn, Richard, Australia, P21, PF7.9, PS316, PS413
Collins, Daisy, Australia, PS316
Collombon, Eline, The Netherlands, PS498
Colombat, Philippe, France, PF9.9
Coltin, Hallie, Canada, PS10
Comtois, Camille, Canada, PS10
Cona, Maria Silvia , Italy, PS241
Conley, Sha-Ron, United States, PS541
Conti, M., Rena, United States, PF1.3
Contri, Angela, Italy, PF8.6
Conyers, Rachel, Australia, P19
Cooke, Samuel, United Kingdom, PS402, PS403, PS479, PS482, PS490
Cooke, Samuel , United Kingdom, P48, PS214
Cook, Lana, United Kingdom, PS41, PS65, PW14
Cooper, Sarah, United States, PS127
Coppola, Paola, Italy, PS114
Cordoș, Teodora, Romania, PS441
Cornelissen, Véronique, Belgium, P21
Correia, Bruna, Portugal, PS548
COSTAS-MUÑIZ, ROSARIO, United States, PS451
Costa, Daniel, Australia, P01
Costi, Stefania, Italy, PF8.6
Côté, Rebecca, Canada, PS350
Cotton, Johnny, Australia, PS575
Cottu, Paul, France, P23, PS69
Covelli, Andrea , Canada, P20
Crabtree-Ide, Christina, United States, PS684
Crabtree, Valerie, United States, P19

Craig, Steven , Australia, P44
Crasto, Alisha, India, PS606
Crawford-Williams, Fiona, Australia, PF7.10
Cridland, Kate, Australia, PF7.1
Crișan, Tiberiu, Romania, P03
Crisostomo-Rosas, Shoshana, Mexico, PS250
Crisóstomo- Rosas, Soshana , Mexico, PS382
Crombez, Prof. Dr. Geert, Belgium, P30, P30
Cross, Ainslea, United Kingdom, PS214
Crowder, Sylvia , United States, PS678
Crowell, David, Philip , Canada, PS412
Cullen , Clare , Ireland, PS346
Cummins, Hannah , Ireland, PS123
Curnier, Daniel, Canada, PS131
Curran, Laura, Ireland, PS193
Curtis, Ffion, United Kingdom, PS299
Custers, Jose, S01, P28, P31
Custers, A.E., José, The Netherlands, P01, P01, P18, P28
Custers, José , The Netherlands, PS494
Custers, José A.E. , The Netherlands, PS330
Cust, Anne , Australia, PS584
C, Vanlalhruaii, India, PS617
D'Agostino, PhD, Norma, Canada, P41
D'Alton, Paul, Ireland, PS346
Daem, Michiel , Belgium, PS85
Dai, Fengjuan, China, PS149
Dale, William, United States, PS519
Dalla-Pozza, Luciano, Australia, P19
Dalton, Susanne, Denmark, PF1.2
Dalton, O, Susanne , Denmark, P35
Dalton, Susanne Oksbjerg, Denmark, P05, PF7.5
Dalu, Davide, Italy, PS241
Daly, Anthony, Australia, P18
Daly, Ellen, Belgium, PS672
Dams, Dr. Lore, Belgium, P30, P30
Dams, Lore, S30, P30, P30
Dang, Anh Thu, Vietnam, PS569
Daniel, Juliet, Canada, P20
Da Ponte, Guida , Portugal, P29
Davies, A, Elizabeth , United Kingdom, PS662
Davis , J. , Kimberley , Australia, P44
Deamond, Haley, Canada, P12, P12
De Backere, Dr. Ir. Femke, Belgium, P30
De Baene, Wouter, The Netherlands, P17
de Boer, Angela, The Netherlands, P06, P06, PS477, PS536
de Boer, Elianne, The Netherlands, PS207
de Boer, Michiel , The Netherlands, P16
de Brun, Aoife, Ireland, P02, P02
De Clippeleir, Inge, Belgium, PS670
De Craemer, Marieke, Belgium, PF1.4
Dégi, Csaba, Romania, P03
Degner, Jon , Australia, P18
De Groef, An, Belgium, P30, P30
De Groef, Prof. Dr. An, Belgium, P30, P30
de Groot, Janet, Canada, PS384, PS385, PS687
de Heus, Eline, The Netherlands, P54, P54
Dehury, Parthsarathi, India, PS624
Dehury, Parthsarathi , India, PF4.1, PF9.6
Dehury, Kumar, Ranjit, India, PS624
Dehury, Kumar , Ranjit , India, PF9.6
Dehury , Kumar, Ranjit , India, PF4.1
de Jong, Anneke, The Netherlands, P06
de Jong, Wouter, The Netherlands, PS270
Dekker, Joost, The Netherlands, PF5.1, PS36
de Ligt, K.M., The Netherlands, PS422
de Ligt, Kelly, The Netherlands, P35
Della Valle, Angelica, Italy, PS436
De Los Santos, Yulianny, United States, P12
Del Sette, Paola, Italy, PS426, PS427, PS430
de Maaker-Berkhof, Marianne, The Netherlands, PF8.1

Demedis, Jenna, United States, P25
Demirjian, Caraline, United States, PS359
De Munter, Johan, Belgium, PS669
Deng, Mingchun, United Kingdom, PF7.6
Dennis, Kyla , United States, PS3, PW04
De Paepe, Dr. Annick, Belgium, P30, P30
De Paola, Rebecca, Italy, PS268, PS320
de Putter, Robin, Belgium, PS306
Derakhshan, Leili, Iran, PS283
de Ribaucourt, Sybille, Belgium, PF2.3
de Rijk, Angelique, The Netherlands, P06
De Roeck, Laurien, Belgium, P17
de Rooij, H., Belle, The Netherlands, PS334
de Rooij, Belle H., The Netherlands, P24, PS406
Deshields, Teresa, United States, PS648
Desjardins, Leandra, Canada, PS9, PS10, PS33, PW08
Desmond, Deirdre, Ireland, PS408
Deuning-Smit, Esther, The Netherlands, P01, P18, P31, PS493
Deursen, van, Liza, The Netherlands, P33, P33
Deuskar, Megha , India, PS606
Devault-Tousignant, Cyril, Canada, P12
de Vos van Steenwijk, Peggy, The Netherlands, P24
Devos, Martine, Belgium, PF2.2
de Vries-ten Have, Judith, The Netherlands, P55
Dewa, Carolyn, United States, P06
de Wit, Mariska, The Netherlands, P06
Dhamankar, Vandana, India, P51
Dhanarajan, Asha, United States, PS580
Dhillon, Haryana, Australia, PS549
Dias Amaral , Ana , Portugal, PS54, PW02
Diep, Anh, Belgium, PF2.2
DiGiacomo, Michelle, Australia, PF7.10
Dijcks, Robbert, The Netherlands, PS330
Dijkstra, Jeanette, The Netherlands, P17
Di Mattei, Valentina , Italy, PS310
Dinapoli, Loredana, Italy, PS320
Dinger, Ulrike, Germany, PS517
Dinkel, Andreas, Germany, PS673
Dionigi, Francesca, Italy, PS436
Dirven, Iris, Belgium, P44
Dirven, Richard, The Netherlands, P23
Distelmans, Wim, Belgium, PS671, PS672
Dixon, Kelly, United Kingdom, P48
Dixon, B, Stephanie, United States, PS552
Doerner Rinaldi, MD, Alden, United States, P48
Dolbeault, Sylvie, France, P23, PF9.4, PS69
DOLBEAULT, Sylvie, France, PF8.10
Donders , Rogier, The Netherlands, P18
Dondin, Morgan, France, PF9.4
Donelli, Emanuela, Italy, PS614
Dongen, van, Sophie, The Netherlands, PS626
Donnell, Cathy, United States, PS648
Donoghoe, Mark, Australia, P21
Doppenberg-Smit, Elise, The Netherlands, PF5.1
Dorangricchia, Patrizia, Italy, PS97
Dors, Natasja, The Netherlands, PS169
Dorta, Tomas, Canada, PS313
Doss, Brian, United States, PS251
Dotor, Emma, Spain, PS496
Doyle, Ryan, Ireland, P02
Do, T., Mai, Vietnam, PS569, PS581
Draghi, Simone, Italy, PS310
Drbohlav Ollerton, Rachel, The Netherlands, PS217
Dreismann, Lara, Germany, PS703
Driessen, Helen, The Netherlands, P23
Drossaert, Stans, The Netherlands, PS373, PS374
Drury, Amanda, Ireland, P02, P02
Duarte, A, Danielle, United States, PS3, PW04

Dubois, Kleo, Belgium, PS610, PS613, PS670
Dubois, Kleo , Belgium, PS669
Du Bois, Marc, Belgium, P40
Ducharme, Laurence, Canada, P12
Duijts, Saskia, The Netherlands, P35, S54, P54, P54, P54, PS477, PS536
Duijts, Saskia F.A., The Netherlands, PF8.1
Dunne, Simon, Ireland, PS191
Dunne, Siobhan, Australia, P15
Dunn, Jeff, Australia, PF7.10
Duong, Jenny, Canada, PS409
Duong, Thu Huong , Vietnam, PS570
DUPREZ, Christelle , France, PS163
Durston, Vicki, Australia, P15
Du, Qianqian, China, PS257
Dwinger, Sarah, Germany, PS397
Dwyer, Patrick, Australia, P44
Dwyer, Sarah, Australia, P15
D, Asha, India, PS617
Eakin, Elizabeth, Australia, PF8.7
Eakin, Elizabeth , Australia, P18
Eccles, Diana, United Kingdom, P47
Edib, Zobaida, Australia, P25
Edris Malayeri, Zohre , Iran, PS283
Eekers, B.P., Daniëlle, The Netherlands, P17
Eelen, Sofie, Belgium, PS672
Eerenstein, Simone, The Netherlands, P40
Ee, Carolyn, Australia, PS371
Egberts, Marthe, S43, P43
Egorov, Vyacheslav, Russia, PS641
Ehrlich, Sabine, Germany, PS618
Eich, Geoff, United States, PF5.3
Eilert, Nora, Ireland, PS123
Einarsson Berg, Susanna, Sweden, PS204
Elinger, Gali , Israel, P29
Ellis, Peter, Canada, PS562
Ellis, Sarah, Australia, PS316
Émond, Richard, Canada, PF9.9
Enebrink, Pia, Sweden, PS38, PS501
Engelen, Vivian, The Netherlands, P54
Engelhardt, Ellen, The Netherlands, P45
Engelhardt, Ellen G., The Netherlands, PS493
Eriksson, E, Lars, Sweden, PS181
Ermin, Yesim, Germany, P08
Ernst, PhD, Asst. Prof. Mareike, Germany, P48, PF9.10
Ernstmann, Nicole, Germany, PS586, PS639
Ernst, Jochen, Germany, PF9.1, PS425, PS433, PS434
Ernst, Marie, Belgium, PF2.2
Esan, Oluyomi, Nigeria, P07
Escudero-Vilaplana, Vicente, Spain, P18
Espinosa, Adriana, United States, P12
Esplen, Mary Jane, Canada, P41, PF5.4
Esser, Peter, Germany, P27
Estapé, Jordi, Spain, P11, P50
Estapé, Jorge , Spain, PS352
Estapé, Tania, Spain, P11, S36, P50, PS423, PS496
Estapé, Tania , Spain, PS352, PS565
EUonQoL Consortium, on behalf of , Italy, P45
Evdokimova, Maria, Russia, PS256
Evenepoel, Margaux, Belgium, P30
Ewald, Dan, Australia, P01
Ezendam, P.M., Nicole, The Netherlands, P24, P55, PS334
Ezendam, Nicole , The Netherlands, P35
Ezendam, Nicole P.M., The Netherlands, PS406
Faassen, van , Martijn, The Netherlands, P45
Facchini, Gaetano, Italy, PS114
Fadhlaoui, Asma, Canada, PS336
Fagerkvist, Kristina, Sweden, P37
Fagotti, Anna, Italy, PS268
Fai Chan, Moon , Oman, PS642
Faivre-Finn, Corinne, United Kingdom, PS467
Falender , Jennie, Sweden, PS210

Fallowfield, Lesley, United Kingdom, PF8.8, PS178
Falls, Sarah, United States, PS684
Falsafi, FarokhSadat , Iran, PS283
Fanfani, Francesco, Italy, PS320
fang, bingru, China, PS138
FANG, CHUN-KAI, Taiwan, PS676
Fang, Hui-Fen, Taiwan, PS267
Fan, Wen-Yeh, Taiwan, PS269
Fardell, Joanna, Australia, P19, PS316
Faris, Mona, Australia, PS549
Farrugia, Tamsin, Australia, P54
Fasakin, Faith, United States, P11
Fasola, Cinzia, Italy, PS241
FASSE, Léonor, France, PS286
Fasse, Léonor, France, P16
Faymonville, Marie-Elisabeth, Belgium, PF2.2, PF2.3
Fehm, Tanja, Germany, PS517
Feijen, Lieke, The Netherlands, P21
Felbor, Ute, Germany, P27
Feldstain, Andrea, Canada, P01, PS384, PS385, PS687
Fergusson, Larissa, New Zealand, PS317
Ferketich, Amy, United States, PS127
Fernandes, Darren, United Kingdom, PS342
Fernandes, Estela Cunha, Eloísa, Portugal, P19
Fernandez, Loreto, Chile, P20
Fernandez, Nicolas, Canada, PS335
Fernandez, Nicolas, Canada, PS313
Ferrandina, Maria Gabriella, Italy, PS320
Ferrao Nunes-Zlotkowski, Kelly, Australia, P18
Ferrara, Ottavia, Italy, PS303
Ferrara, Ottavia Marianna, Italy, P16
Ferrara, Ottavia Marianna , Italy, PS246
Ferrario, Sabrina, Italy, PS241
Ferrari, Alberta, Italy, PS436
Feufel, Markus, Germany, P27, P27
Fiaschi, Pietro, Italy, PS296
Fielding, Richard, Hong Kong SAR China, PS136
Figueiredo, Patricia, Brazil, PS249
Finke, Gandolf, Germany, P27
Fink , Per , Denmark, PF7.4
Fitch, Kayla, United States, P25
Fitch, I, Margaret, Canada, PF9.7, PS61
Fitzgerald, Lisa, Ireland, PS375
FLAHAULT, Cécile, France, PS286
Flahault, Cécile, France, P16
Flaherty, Kathleen, United States, PS359
Flix-Valle, Aida, Spain, P18
Flood, Margaret , Ireland, P22
Flores, Tessa, United States, PS684
Flowers, Stacy , United States, PS648
Flyger, Henrik, Denmark, P05
Flynn, Jessica, United States, PS567
Folkvord, Frans, The Netherlands, PS217
Fontanete, Diana, Portugal, PS499
Foran, Laura, Canada, P10
Forbes, Caitlin, Canada, PS409, PS716
Forbes, Erin, Australia, P42
Forshaw, Mark, United Kingdom, PS700, PS701
Foster, Claire, United Kingdom, P44, P47
Foster, Rebecca, United Kingdom, P44, P47
Foucaud, Jérôme, S13
FOURNIER, Valentyn , France, PS163
Fragale, Elisa, Italy, PS321
Francis, Delfin Lovelina, India, PF1.1
Franco, Sofia, Portugal, PS223
Frasca, Daniela, United States, PS450
Fredrix, Milou, The Netherlands, PS498
Freeman, Nicola, Australia, P18
Frénel, Jean-Sébastien, France, P06
Frieden, Lex, United States, PS541
Friedrich, Michael, Germany, P27
Friesen-Storms*, Jolanda, The Netherlands, PS357
Fritzell, Kaisa, Sweden, P29
Fromage, Marie-Noëlle, France, P16

Frostholm, Lisbeth , Denmark, PF7.4
Ftanou, Maria, Australia, PF6.1
Fuemmeler, Bernard , United States, P56
Fugazzaro, Stefania, Italy, PF8.6
Führes, Hannah, Germany, PS220, PS308
Fujimori, Maiko, Japan, PF6.3, PS368, PS561
Fujisawa, Daisuke, Japan, PS82, PS561, PS588
Fujita, Risako, Japan, PS560
Fujita, Risako , Japan, PS393
Fusco, Flavio, Italy, PS614
Fu, Kexin, United States, PS581
Gadiraju, Padmaja, India, PF9.6, PS617, PS624
Galán-Moral, Rocio, Spain, PS110
Galhardo, Ana , Portugal, PS652
Galindo-Vázquez, Oscar, Mexico, PS565
GALINDO VÁZQUEZ, OSCAR, Mexico, PS451
Galindo, Oscar, Mexico, P11
Gallagher, Pamela, Ireland, PS191
Gallo, Alessandra, Italy, PS51
Galvan, Andrea, United States, PS681
Gálvez- Hernández, Lizette, Mexico, PS382
Galvez-Hernández , Lizette , Mexico, PS250
Gálvez-Hernández , Lizette , Mexico, P41, P50
Gálvez Hernández, Carmen Lizette, Mexico, PS228
Galvéz Hernández, Carmen Lizette, Mexico, PS152
Gálvez Hernández, Carmen Lizette , Mexico, PS234
Galvez, Christelle, France, PF9.9
Gambacorta, Maria Antonietta, Italy, PS320
Gambaro, Anna , Italy, PS241
Gamboa, Jessame, Canada, PS687
Gandossi, Chiara, Italy, PS644
Gany, Francesca, United States, P12, P12
Gao, wenxing, China, P16
García-Garcia, Teresa, Spain, PS110
Garcia, Ana, United States, PS667
Garland, Sheila, Canada, P01, PS409
Garvey, Gail, Australia, P01, P35
Gatti, Francesca, Italy, PS310
Gauci, Lewis, Australia, PS371
Gautama, Made Satya Nugraha , Indonesia, PS91
Gebre, Yordanos , United Kingdom, PS482
Gehring, Karin, The Netherlands, P17
Gelber, Sheri, United States, P37
Gélinas-Gagné, Charlotte, Canada, PS313, PS335, PS336
Gelkopf, PhD, Marc, Israel, PS468
Genkin, Avital, Israel, PS83
Genter, Peter, Denmark, P05
Gentile, Lucrezia, Italy, PS644
George, A., Megan , Canada, PS118
Gerhardt, Cynthia, United States, PS667
Gerits, Véronique, Belgium, PS671
Gershfeld-Litvin, Avital, Israel, PS83
Geue, Kristina, Germany, PS397, PS492
Gibson, L., Jennifer, Canada, PF6.2
Gibson, Ryan, United Kingdom, PS487
Giebel, Sebastian, Poland, PS592
Giesler, M., Juergen, Germany, P42
Giguère, Lauriane, Canada, P01, P20
Gijbels, Jos, Ireland, PS544
Gijsen, Brigitte , The Netherlands, PS357
Gikaara, Nancy , Kuwait, PS34
Gilliland, Jaime , United States, P12
Giraldi, Annamaria, Denmark, P05
Gitonga, Isaiah, S39
Gitonga, Isaiah , Ireland, P53, PS408
Giwa-Oyekenu, Deborah Oluwakemi, Nigeria, PS363
Glasson, Nicholas, Australia, PS366
G M, Dr. Ashitha , India, PS200
Gnana Sambanthan,, Swetha , India, PS682
Gobbo, Andrea, Italy, PS680

Goddard, Karen, Canada, PS554
Goderis, Martha, Belgium, PS85
Goel, Neha, United States, PF5.3
Goerling, Ute, Germany, PF3.1, PF9.1, PS185, PS280, PS425, PS433, PS434
Goh, Emily, Singapore, PS460
Goldblatt, Hadass, Israel, P03
Goldstein, L, Abby, Canada, PS128
Goldzweig, Gil, S11, P11, P29, PS189
Gold, Stefan , Germany, PS185
Golsteijn, Rianne, The Netherlands, PS498, PS615
Gommers, D, Sanne, The Netherlands, PS477
Gondón, Núria, Spain, P50, PS423
Gore, Claire, Australia, PS103
Gorman, Jessica, United States, PS166
Gosseries, Olivia, Belgium, PF2.3
Gouveia, Helena , Portugal, PS242
Gowan, M., Tayler, United States, PS702
Gowan, M., Tayler , United States, PF9.8
Graaf, van der, Winette, The Netherlands, P28
Graboyes, M, Evan, United States, P20
Graf, Johanna, Germany, P08, PF3.4, PS523
Graham-Wisener, Lisa, United Kingdom, PS41, PW14
Graham, Amanda L., United States, P56
Graham, Robin , Canada, PS582
Grapp, Miriam, Germany, P08, P46
GRASSI, LUIGI, Italy, PS688
Grasso, Roberto, Italy, PS97
Grasso, Roberto , Italy, P45
Gray, Heewon, United States, P56
Greegan, Keith, Ireland, P02
Greene, Katie, Australia, PF7.1
Green, Anna, Australia, PF7.10
Grégoire, Charlotte, Belgium, PF2.2, PF2.3
Greidanus, Michiel, The Netherlands, P06, PS536
Greidanus , Michiel , The Netherlands, PS502
Grootenhuis, Martha, The Netherlands, P21, P31, P43, P43, PS424
Grootenhuis, Martha A., The Netherlands, PF5.2, PS169
Grunfeld, Beth, United Kingdom, P17
Grunhagen, Dirk, The Netherlands, P54
Grünhagen, DJ, The Netherlands, PS609
GRYNBERG, Delphine, France, PS163
Grypdonck, Mieke, Belgium, P49
Gschwend, E., Jürgen, Germany, PS673
Guedes, Patrícia, Portugal, PS548
Guerin, Suzanne, S02, P02, P02, P02, P02
Guerrero-Paez, Cristina, The Netherlands, PS374
Guglieri, Irene, Italy, PS614
Guinan, Emer, Ireland, PS361
Guldin, Mal-Britt, Denmark, P05
Guo, Liping, China, PF3.3
Guo , Siqi, China, PS20
Gurren, Lorna, Ireland, PS375
Guseva, Alexandrovna, Marina, Russia, PS442
Gustems, Marina, Spain, PS110
Gustems, Marina , Spain, PS110
G, Padmaja, India, PF4.1
Haavisto, Anu, Finland, P37
Habibovic, Mirela, The Netherlands, P55
Haenen, Vincent, Belgium, P30
Haering, Charis, Germany, PS261
Hafkamp, Emma, The Netherlands, P10
Hagedoorn, Mariët, The Netherlands, P17, PS440, PS626
Hageman, Geja, The Netherlands, PF8.4, PF8.5
Hagen, Susanne, Norway, PF8.9
Hagopian, Emma , Canada, PS582
Hahlweg, Pola, Germany, PF9.2
Halámek, Filip, Czech Republic, P18
Halámková, Jana, Czech Republic, P18, PS279

Hales, Sarah, Canada, P10, PS242, PS543
Halim, Danny, Indonesia, PF9.5
Halkett, Georgia, Australia, PS549
Hamilton, Kayla, United States, PS453
Hamre, Camilla Jensen, Denmark, P05
Hanalis-Miller, Tsipi, Israel, PS89
Hanania, Joan, United States, PS453, PS667
Hansen, Till, Germany, PS484
Han, Yongqing, China, PS273
Harder, Helena, United Kingdom, PF8.8, PS178
Hardillo, Jose, The Netherlands, P40
Harding-Bell, Ava, United Kingdom, PS214, PS403, PS479, PS490
Harnois, Jacinthe, Canada, PS9, PW08
Harrison, Lynn, United States, PS567
Harris, Cheryl, Canada, P01, P01, P28
Harris, Ebonee, United States, P25
Härter, Martin, Germany, P07, PS220
Hartono, Benedicta, Canada, P22, PS177, PS335
Hasson-Ohayon, Ilanit , Israel, P29
Haward, Ben, Canada, PS540
Hayden, Lucy, Ireland, PS191
Hayes, Sandi, Australia, PF8.7
Heathcote, Lauren C, Belgium, P30
Hecke, Van, Ann, Belgium, P49
Heidkamp, Paula, Germany, PS586, PS639
Heier, Lina, Germany, PS586, PS639
Heimans, Lotte, The Netherlands, P49
Heinen, Jana Maria, Germany, P08
Heine, Peter, The Netherlands, P33
Helbig, Birgit, Germany, PS261
Hellemans, Sabine, Belgium, PS306
Hemming, Laura, Australia, P54
Hendriks, Florine, The Netherlands, PS380
Heneka, Nicole, Australia, PF7.10
Henry, Brianna, Canada, PS409
Henry, Melissa, S12, P12, P12, P39
Hentschel, Leopold, Germany, P08, P46, PS261
Herkommer, Kathleen, Germany, PS673
Hermann, Myriel, Germany, PF9.1, PS425, PS433, PS434
Hermans, Daniëlle, The Netherlands, P07
Herman, Flore, Belgium, PS85
Hermens, Rosella, The Netherlands, P18, P31
Hernández-Marín, Jazmin , Mexico, PS565
Hernandez, Claudia, Canada, P01
Hernandez, Paula, United States, PS678
Herrera-Martínez, Marytere, Mexico, PS565
Hertz, Catherine, United States, PS580
Hery, Chloe, United States, P15, PS127, PS443
Heuvel-Eibrink, van den, Marry, The Netherlands, PS424
Heyne, Svenja, Germany, PS434
Hezewijk, van, Marjan, The Netherlands, PS373
He, Sharon, Australia, PS549
He, Zhong, China, PS273
Hickey, Martha, Australia, PS371
Hikila, Jemima, Australia, PS316
Hillen, Marij, The Netherlands, P28, P54
Hill, Jacques , Australia, P44
Hiltrop, Kati, Germany, PS586
Hiltrop, Kati , Germany, PS639
Hinds, Pamela, United States, PS3, PW04
Hirschmiller, Judith, Germany, P48, PF9.10
Hoang, V., Minh, Vietnam, PF4.3
Hoang, Minh V., Vietnam, PS583
Hoedjes, Meeke, The Netherlands, P16, S35, P35, P55
Hoefgen, Holly, United States, P25
Hogg, Kimberley, United Kingdom, P33

Holch, Patricia, United Kingdom, P16
Holtmaat, Karen, The Netherlands, P44, PS483, PS494
Holy, Celeste, Canada, P20
HOLZNER, Bernhard, Austria, PF8.10
Homan, Eva, The Netherlands, P01
Hommes, Saar, The Netherlands, PS217
Honkoop, Aafke, The Netherlands, PS373
Hoogendoorn, Adriaan, The Netherlands, PF5.1
Hoogerbrugge, Peter M., The Netherlands, PS169
Hopkirk , Colin, United Kingdom, PS214
Hopper, Louise, Ireland, PS375
Horevoorts, Nicole, The Netherlands, PS494
Hornemann, Beate, Germany, P46, PF9.1, PS261, PS425, PS433, PS434
Hornemann, Beate , Germany, P08
Hornikx, Miek, Belgium, P21
Hosseini, Ash, Australia, PS28
Houlihan, Emma , Ireland, PS123
Hou, Sharon, S38, PS409
Hövel, Peter, Germany, PF9.1, PS425, PS433
Hövel , Peter, Germany, PS434
Howard Sharp, Katianne, United States, PS567
Howard, Fuchsia, Canada, PS554
Hoyos, Leslie, United States, P12
Hoyt, Michael, United States, PS247
Hoy, S., Michelle, United States, PF9.8, PS702
Ho, Kim-Lien, Canada, PS33
Ho, Lun-Hui , Taiwan, P42
Htun, Hsu, Australia, PS413
Huang, Rong, China, PS93
Huang, Tsai-Wei, Taiwan, PS91, PS699
Huang, Xufen, China, PS73, PS94, PS145, PW01
huang, xufen, China, PS57, PS72
Huang, Yalan, China, PS45, PS46, PW03
Huberts, A.S., The Netherlands, PS422
Hudder, Amanda, Canada, PS168
Hudson, Melissa M, United States, P56
Hughes, Kian, United Kingdom, PS700, PS701
Hughes, Seren, United Kingdom, P16
Huisman, Anne, The Netherlands, P10, S49, P49
Hulbert-Williams , Lee, United Kingdom, PS701
Hulbert-Williams, Nicholas, United Kingdom, PS700, PS701
Hulbert-Williams , Nicholas, United Kingdom, PS183, PS184
Hulbert-Williams, Nick, United Kingdom, PS487
Hulscher, Kim, The Netherlands, P36
Humprhis, Gerald, United Kingdom, P01
Hung, Linzin, Taiwan, PS281
Huniche, Lotte, Denmark, P05
Hunt, Kate, Canada, P10
Husson, Olga, The Netherlands, P54, P55
Huta, Veronika, Canada, P28
Hutton, Gemma, United Kingdom, PS473
Huynh, Hong, Vietnam, PS570
Hu, Guangfu, China, PS291
Høeg, Lim , Beverley, Denmark, P05
Høeg, Beverley Lim, S05, P05
Høgh, Høgh, Julie, Denmark, P05
Ickmans, Kelly, Belgium, PF1.4
Ilbawi, André , Switzerland, PS366
Ilharco, Vitor, Portugal, PS223
Ilie, Gabriela, Canada, PS563, PS572, PS574
Ilie , Gabriela , Canada, PS168
Ilska, Michalina, Poland, PS592
Ilstedt , Helena, Sweden, PS210
Ilstedt, Helena , Sweden, PS204
Irestorm, Elin, Sweden, P43
Irwin, Kelly, United States, PS579
Isenberg-Grzeda, Elie, Canada, PS543
ISGO-PPI, ISGO-PPI, Ireland, P47
Ishii, Ryota, Japan, PS588
Iskandarsyah, Aulia, Indonesia, PF9.5
Itou, Yuki, Japan, PS698

ITTOUCHENE, Ambre, France, PS163
Ivzori-erel, PhD, Adi, Israel, PS468
i Yazdani, Abbasali , Iran, PS283
Iyizoba-Ebozue, Zsuzsanna, United Kingdom, P17
Jacobo, PhD, Michelle, United States, P48
Jacobson, Lisa, United States, PF7.8, PS171
Jacobs, An, Belgium, P54
Jacobs, Eva, Belgium, PS672
Jacobs, M. , Jeremy, Israel, P11, PS189
Jacoby, Rebecca , Israel, PS89
Jacquin-Courtois, Sophie, France, P42
Jafariyan lahijani, Nagin, Iran, PS283
Jahnen, Matthias, Germany, PS673
Jahnukainen, Kirsi, Finland, P37
Jakubowski, Rita, United States, PS653
Janio, Emily, United States, PS247
Janisch, Maria, Ghana, PS261
Jansen, Femke, The Netherlands, P01, P15, P40, PS330, PS494
Januszewski, Adam, United Kingdom, PS402, PS403
Jarząb, Michał, Poland, P46
Jayakumar, Pradeep , India, PS686
Jayasinghe, Yasmin, Australia, P25
Jeanes, Louise, United Kingdom, P48
Jefford, Michael, Australia, P15, PF7.1, PS103, PS371
Jeffrey, Isabel , United Kingdom, PS214
Jena, Pratap Kumar, India, PF1.1
Jenkins, Valerie , United Kingdom, PS178
Jensen, Kjeldsted, Eva, Denmark, P35
Jensen , Lars Henrik , Denmark, PF7.4
Jereb, Jana, Slovenia, PS504
Jerónimo, Flávio, Portugal, PS223
Jerusalem, Guy, Belgium, PF2.2, PF2.3
Jervaeus, Anna, Sweden, P29
Jespersen, Abild, Bodil, Denmark, P05
Jiang, Jie, China, P45
jiang, ling, China, PS72
jiang, sunjie, China, PS138
Jia, Ning, The Netherlands, P17
Jia, Xihan, The Netherlands, PS483
Jibb, Lindsay, Canada, P10, P21
Jie, Asiong, The Netherlands, PS357
Jiménez-Fonseca, Paula , Spain, PS110
Jimenez, T, United States, PF4.2
Jochem, Anne, France, PF9.4
Johannsen, Maja, Denmark, P05
Johansen, Christoffer, Denmark, P05
Johns, PhD, A., Shelley, United States, PS151
Johnston, Karen, Australia, P21, PF7.9, PS413
Johns, A., Shelley, United States, PF9.8, PS702
Jones, PhD, Jennifer, Canada, P41
Jones, M, Anna , United States, PS552
Jones, Anna M, United States, P56
Jones, Jennifer, Canada, P01, P41, PF1.3
Jones, Morgan, United States, PS309
Jones, Morgan , United States, PS347
Jones, Sandra, United States, PS552
Jongmans, Marjolijn, The Netherlands, PS424
Jose Carlos, Sanchez Ramirez, Peru, PS179, PS213
Jose, Neeha, India, PS200
Juan-Linares, Eva, Spain, P18
Juarez-García, Dehisy , Mexico, PS234
Juárez-Martínez, Martha Eugenia , Mexico, PS631
Jurbergs, Niki, United States, PS567
Jurbergs, Niki , United States, P56
JUSTIN, Pauline, France, PS163
Jutagir, Devika, United States, P12
Kakhniashvili, Tamar, Georgia, PS136
Kállay, Éva, Romania, P03
Kaluvoya, Ramanaiah , India, PS682
Kamalyan, Alisa, Armenia, PS35

Kamarudin, Norhashimah, Singapore, PS39, PS161, PS206
Kamath, Jayesh, United States, PS63
Kamihara, Junne, United States, PS453
Kamminga, NCW, The Netherlands, P46, PS609
Kampman, Ellen, The Netherlands, P55
Kamps, Sanne, The Netherlands, P10
Kamp , van de, Maaike, The Netherlands, P23
Kanaya, Millan, United States, PS450
Kanesvaran, Ravindran, Singapore, PS470
Kane, Ros, United Kingdom, P48, PS299, PS403, PS479, PS482
Kansiime, Dr, Rachel, Uganda, P21
Karai, Virág, Hungary, PS704, PS705
Kareem, Yesir, Nigeria, P07
Karekla, Maria, Cyprus, P08
Karger, André, Germany, PS517
Karine, Bilodeau, Canada, PS313
Karkaby, Laurice, Canada, P10
Kars, Marijke C. , The Netherlands, PS169
Kasperkovitz-Oosterloo, Johanna, S32, P32, P32
Kaspers, Gertjan J.L, The Netherlands, PF5.2
Kassianos, Angelos, Cyprus, P08
Katsimpokis, Dimitris, The Netherlands, PS406
Katz, Mira, United States, PS127
Kautsky , Siri , Sweden, PS210
Kayano, Ayako, Japan, PS561
Kazak, Anne, United States, P43
Kearns, Emma, Canada, P28
Kearns, Emma , Canada, P01, P20
Keilholz, Ulrich, Germany, PF9.1, PS425
Kelada, Lauren, Australia, P21, PS316
Kelders , Saskia, The Netherlands, P18
Kelly, Brian, Australia, PS575
Kelly, Helana, Australia, PF7.1
Kemp, Emma, Australia, P08
Kendel, Friederike, S27, P27
Kendel, Friederike , Germany, P27
Kenny, Liz, Australia, PF8.7
Kenyhercz, Flóra, Hungary, PS704
Kephart, George, Canada, PS563
Kepper, Maura M., United States, P56
Kerkhof, van de , Martijn, The Netherlands, P45
Kessels, Jolien, Belgium, P44
Kets, Marleen, The Netherlands, P45
Khain, Alina, Russia, PS256
KHALIL, AMANI, Oman, PS486
Khalil, Ielaf, Canada, P20
Kiernan, Gemma, Ireland, P02
Kievits, JEC, The Netherlands, P46, PS609
Kikuchi, Kyoko , Japan, PS82
Kiladze, Ivane, Georgia, PS136
Kimata, Akiko , Japan, PS393
kimi, Laltlan, India, PS668
Kim, Gloria, United States, PS247
Kim, Nayoen, South Korea, PS417
Kim, Yoojung, Canada, PS232
Kim, Youngmee, United States, P03
Kirsten, Laura, Australia, PS575
Kishino, Megumi, Japan, PS15
Kiteni, A., Elianeth , Tanzania, P22
Kitrel, Addi, United States, P11
Kjaer, Trille K., Denmark, PF7.5
Klaassen-Dekker, Anneleen, The Netherlands, PS373, PS374
Klastersky, Jean , Belgium, PF6.4
Klein, Katharina, Germany, P27
Klett, Maike Kim, Germany, PS517
Klipinina, Natalia, Russia, PS633
Klosky, L., James, United States, P56
Klosky, James , United States, P25
Knauer, Klara, Germany, PS523
Knauer, Lisa, Germany, PS261

Knific, Jana, Slovenia, PS504
Knoop, Hans , The Netherlands, P31
Knottnerus, Bart, The Netherlands, PS373
Koch, Uwe, Germany, P07
Koczwara, Bogda , Australia, P18
Köditz, Anne-Kathrin, Germany, PS433, PS434
Kogan, Cary, Canada, P01
Kohli Cira, Mishka , United States, P53
Kohut, Kelly, United Kingdom, P47
Koh, Eng-Siew, Australia, PS549
Kokic, Matea, Croatia, PF7.3, PW09
Koldenhof, José, The Netherlands, P28
Kolsteren, E.M., Evie, The Netherlands, P28, P28
Koole, Sander, The Netherlands, PS483
Kool , Marianne , The Netherlands, P10
Koopman, Miriam, The Netherlands, PS406
Koós, Zsuzsanna, Hungary, PS704, PS705
Kopilas, Vanja, Croatia, PF7.3, PW09
Koppert, L.B., The Netherlands, PS422
Kop, Jean-Luc, France, PS69
Korc-Grodzicki, Beatriz, United States, P11
Korenblum, Chana, Canada, PS350
Korevaar, Joke, The Netherlands, PS373, PS374
Koroba, Grigory, Russia, PS641
Korse, Tiny, The Netherlands, P45
Korte, de, Anne, The Netherlands, P33, PS494
Kosugi, Teppei, Japan, PS588
Kotecha, Rishi , Australia, P19
Kotera, Yasuhiro, United Kingdom, PS82
Kothari, Janan, Belgium, P30
Kotwal, Juee, United States, PF8.2
Kournikova, Maria, Russia, PS633
Kou, HuiLing, Taiwan, PS601
Kovacs, Agnes Anna, Hungary, PS348
Kowalski, Christoph, Germany, P27, PS586, PS639
Kracen, Amanda, Ireland, PS361
Kracen, Dr. Amanda, Ireland, PS193
Krahmer, Emiel, The Netherlands, PS217
Krakowczyk, Julia Barbara, Germany, P08
Krämer, Sebastian, Germany, PS377
Kranenburg, Leonieke , The Netherlands, P23, PS334
Krawczyk, Janusz, Ireland, PS123
Kreicbergs, Ulrika, Sweden, PS501
Kremer, Leontien, The Netherlands, P21
Kristanto, Paulus, Belgium, PF7.2
Krzywon, Aleksandra, Poland, P46
Kuchiba, Aya, Japan, PF6.3, PS368
Kühne, Franziska, Germany, PF3.1
Kuile, ter, Moniek, The Netherlands, PS380
Kuiper, Bram, The Netherlands, P33
Kumagai, Rie, Japan, PS698
Kumar Shenoy V P, Dr. Praveen, India, PS200
Kumar, Janine, New Zealand, PS317
Kumar, Mahesh, Australia, P42
Kurkure, Purna, India, P51
Kuylenstierna, Astrid , Sweden, PS501
Kwakkenbos, Linda, The Netherlands, P01, P28, P28, PS330
Kwakkenbos , Linda , The Netherlands, P18
K, Ratheesan , India, PS200
Labelle, Patrick R., Canada, P20
Lacey, Judith, Australia, P44
Lacki, Fiona Janina, Germany, PF3.1
LACOMBE, Céline, France, PS286
la Cour, Karen, Denmark, PF1.2
Lad, Girish, India, PS606
Lafuenti, Letizia, Italy, PS268, PS320
Lah, Suncica, Australia, PS316
Lai-Kwon, Julia, Australia, PS103
Laing, Ebba, Germany, PF3.4
Laizner, Andrea Maria , Canada, P41

Lai, Yeur-Hur, Taiwan, P44, PS201
Lakes, Jale, Germany, PS517
Lally, Kate, United States, P26
Lamal, Salomé, Belgium, P22
LAMANCUSA, CLARA, Italy, PS390
Lamarche, Jani, Canada, P41
Lambert, Sylvie D., Canada, P41
Lambrecht, Maarten, Belgium, P17
Lamers, Femke, The Netherlands, P15, P40, PF5.1
Lammens, Chantal, S33, P33, PS494
LAMORE, Kristopher , France, PS163
Lampic, Claudia, Sweden, P15, P25, P37, PS164, PS166, PS181
Lam, Wendy Wing Tak, Hong Kong SAR China, P44, PS106
Landaverde, Denis, Costa Rica, P53
Landier, Wendy, United States, P56
Langballe, Rikke, Denmark, P35
Langendijk, Johannes, The Netherlands, P40
Langguth, Pauline, Germany, P08, PS261
Lang, Klaus, Germany, PS220
Lanoye, Autumn, United States, P10
Laparidou, Despina, United Kingdom, PS490
Lapuente, Maria, United Kingdom, PS402
Larivière, Manon, Canada, PF9.9
Larkin, Derek, United Kingdom, PS260
Laronne, Anat, Israel, P29
LAROUSSI-LIBEAULT , Lisa, France, PS163
Larsen, Baekgaard, Hanne, Denmark, P05
Lasebikan, Tiwatayo, Nigeria, PS363
Lasebikan, Victor, Nigeria, PS363
Lateef, Dr Fatimah , Singapore, PS39
Lateef, Prof Fatimah, Singapore, PS161, PS206
Latour, Marie-Paule, Canada, PS33
Lau, HBSc, Sharlane CL, Canada, P41
Lauritzen, Kira, Denmark, P05
Lauwerier, Emelien, The Netherlands, P40, PS180
Lau, C.L., Sharlane, Canada, PF6.2
La Verde, Nicla, Italy, PS241
Laverdière, Caroline, Canada, PS131
Lawal, Ishak, Nigeria, PS495
Lawal, Qudus, Nigeria, PS495
Lawler, Mark , United Kingdom, P48
Law, Graham, United Kingdom, PS299, PS342
Leaci, Giacomo, Italy, PS51
Leal, Monick, Portugal, P19, PS516
Lebel, PhD, Sophie, Canada, P41
Lebel , Sophie, Canada, PS250
Lebel, Sophie, Canada, P01, P01, P01, P20, P28, S41, P41, PS234, PS382
Lebel, Sophie , Canada, P41
Lechner, Lilian, The Netherlands, PS498, PS532, PS615
Leemans, René, The Netherlands, P40
Lee, Hsiang-yi, Taiwan, PS281
Lee, Kim Luan Nicole, Singapore, PS39, PS206
Lee , Kim Luan Nicole, Singapore, PS161
Lee, van der, Marije, The Netherlands, P33, P45, PS373, PS626
Lee, Sang, United States, PS581
Lee, Yun-Hsiang, Taiwan, PS43, PS71
Lee, Yun-Hsiang , Taiwan, PS49, PS50
Legge, Dianne, Australia, PS549
Leggio, Nicola, Italy, PS644
Lehmann-Laue, Antje, Germany, P29, PS377
Lehmann, Vicky, S25, P25, S37, P37
Leite, Manuela, Portugal, PS548
Lekárová, Monika, Czech Republic, P18, PS279
Lemiere, Jurgen, S04, P04
Lemmens, Gilbert, Belgium, PS604
Leng, Jennifer, United States, P12
Lerner, Anna, United Kingdom, PS402

Leske, Morgan, Australia, P18
Lessard, Sylvie, Canada, PF9.9
Letot, Jessica, France, P16
Letsch, Anne , Germany, PS185
Leuteritz, Katja, Germany, PS377, PS492
Lévesque, Ariane, Canada, PS131
Levinsen, Anne Katrine Graudal, Denmark, PF7.5
Le, Brian, Australia, PF6.1
Le, H., Dieu-Anh, Vietnam, PS569
Le, H., Dieu Anh, Vietnam, PS570
Le, Dieu Anh H., Vietnam, PS583
Le, PhuongThao, United States, P39, PF4.3, PS570, PS581
Le, D., PhuongThao , United States, PS569
Le, PhuongThao D., United States, PS583
Lheureux, Stephanie, Canada, PS118
Li, MD PhD, Madeline, Canada, P41
Liang, Boheng, China, PS573
liang, hui, China, PS72
Liang, Yingru, China, PS573
Libert, Isabelle, Belgium, PF6.4
Libert, Yves, Belgium, PF6.4
Lidege, Salum , Tanzania, P22
Liénard, Aurore, Belgium, P22
Ligabo, Emanuela Valentina , Belgium, PF6.4
Ligt , de , Kelly, The Netherlands, P23
Liguori, Carmela, Italy, PS114
Lilley, John, United Kingdom, P17
Lima, Esperança, Portugal, PF5.4
Lima, Gabriela, Brazil, PS249
Linder, Oana, United Kingdom, P22
Linde, van, Myra, The Netherlands, PF5.1
Lin, Hung-Yu , Taiwan, PS23, PW12
Lin, Keng Chen, Taiwan, PS17
Lin, Menglan, China, PS273
Lin, Shuya, China, PS573
Lin, Yi, China, PS266
Lin, Yung-Chang, Taiwan, P42
Lissenberg-Witte, Birgit, The Netherlands, P40
Lissenberg-Witte, Birgit I., The Netherlands, P15
Liston, Kate, United Kingdom, P16
liu, feng, China, PS72
Liu, Feng, China, PS73, PS94, PW01
Liu, Huan, China, PS273
Liu, Jia (Jenny), Australia, P01
Liu, Jun-E, China, PS142
Liu, Qingpeng, United States, PS569
liu, xiaohong, China, PS57, PS72
Liu, Xiaohong, China, PS73, PS94, PW01
Livinski, Alicia , United States, P53
Li, Chi, Australia, PF6.1
Li, Fei, China, PS273
Li, Juan, China, P19
Li, Madeline, Canada, PF6.2, PS543
Li, Madeline , Canada, PS582
Li, Qiuping, China, PS266
Li, Wen, China, PS13
Li, Yisheng, United States, PS347
Li, Yuanyuan, China, PS149
Ljungman, Gustaf , Sweden, PS501
Ljungman, Lisa, Sweden, PS38, PS501, PS718
LOCATELLI, Marie, France, PS286
Loecher, Nele, United States, PS552
Lofters, Aisha, Canada, P20
Loida, Esenarro Valencia, Peru, PS179
Loida , Esenarro Valencia , Peru, PS213
Loiselle, G, Carmen, Canada, P17, PS232
Lone, M, Irfan, Belgium, PS21
Longo, J, Christopher, Canada, PF9.7, PS61
Looijmans, Anne, The Netherlands, P17
Looijmans, Anne , The Netherlands, PS440
Looney, Kathy, Ireland, P02, P02, P02, P02
Lordick, Florian, Germany, P27, PF9.1, PS425
Loscalzo, Matthew, United States, PF8.2, PS519
Loughan, Ashlee, United States, P10
Louise, Zanni, France, P16
Lounsbury, W, David, United States, P39, P39
Lövgren, Malin , Sweden, PS501

Lowe, Matthew, United Kingdom, P17
Lo, Serigne , Australia, PS584
Lucchini, Diana, Italy, PS436
Lucentini, Chiara, Italy, PS296, PS426, PS430
LUCIA, CRISTINA, Italy, PS390
Lugtenberg, M, The Netherlands, P46, PS609
Luigjes, L., Yvonne, The Netherlands, P01
Luijendijk, Maryse, The Netherlands, P45
Lukács, Edina, Hungary, PS705
LUMBROSO - LE ROUIC, Livia, France, PF8.10
Lunger, Lukas, Germany, PS673
Lunter, Saskia M., The Netherlands, PS493
Lupau, Anda, Romania, PS585
Lupau, Corina, Romania, PS585
Luyckx, Koen, Belgium, P04
Lu, hsinyen, Taiwan, PS568
Lu, Ling-Chun, Taiwan, PS157
Lyhne, Dam , Johanne, Denmark, PF7.4
Lynch, Sinead, Ireland, P24
Lysnyk, Kateryna, Ukraine, P23
Maas, Anne, The Netherlands, P21, P43
Maas, Charlotte, The Netherlands, P24
Maas, Lou, The Netherlands, PF8.4, PF8.5
Maatouk, Imad, Germany, P08, P46
MacDonald, Cody, Canada, PS563
Machiavelli, Aline, United States, PS321
Mack, W. , Jennifer, United States, PS484
Madrid, Kristen, United States, PS564
Madukkarai Nadarajan , Arunkumar , India, PS682
Maebayashi, Kensei, Japan, PS15
Maehara, Hiroko , Japan, PS82
Magheli, Ahmed, Germany, P27
Maguire, Dr. Rebecca, Ireland, PS193
Maguire, Rebecca, Ireland, PS408
Maheu, PhD, Christine, Canada, P41
Maheu, Christine, Canada, P01, P41
Mahue, Christine , Canada, P41, PS250, PS382
Maier, Ayline, Germany, P27
Maier, Sabrina, Germany, PS618
Mak-van der Vossen, Marianne, The Netherlands, P06
MALAISE, Denis, France, PF8.10
Malakian, Argin, Canada, P10
Malatincová, Tatiana, Czech Republic, P18, PS279
Malfitano, Carmine, Canada, P10, P10, P21, PS118
Malmström , Christoffer , Sweden, PS210
Mancini, Elisabetta, Italy, PS651
Mander, Tracey, Australia, P15, PF7.1
Manica, Isabel, Portugal, PS242
Marcil, Valérie, Canada, PS131
Marcos, Faué, Portugal, PS547
Marenghi, Cristina, Italy, PS651
Marie-José, Durand, Canada, PF9.9
Marie Ahern, Aisling , Ireland, PS408
Marie, Nolwenn, Belgium, PF2.3
Marino, Jennifer, Australia, PS371
Marin, Maria, Spain, PS496
Markham Jones, Helene, United Kingdom, PS299
Marklund, Sarah, Sweden, P15, PS164
Markovič, Jana, Slovenia, PS504
Marta-Simões, Joana, Portugal, PS654, PS657
Marta-Simões, Joana , Portugal, PS652
Marthes Molli Caron, Fabiana, Brazil, PS623
Martinez Tyson, Dinorah, United States, PS251
Martin, Adam, United Kingdom, P22
Martin, Carl N., Germany, PS719
Martin, Cheryl, Australia, P15
Martin, Linda, Australia, PS369
Martin , Linda , Australia, PS584
Martin, Michelle, Australia, P19

Martus, Peter, Germany, P08
Marzorati, Chiara, Italy, P45, PS321
Masiero, Marianna, Italy, PS321, PS680
Masujima, Mariko, Japan, PS393
Mateos-Salgado, ERik , Mexico, P50
Mateos, Marion, Australia, P19
MATET, Alexandre, France, PF8.10
Mathew, Metty, New Zealand, PS317
Matoufi, Reza , Iran, PS283
Matsangidou, Maria, Cyprus, P08
Matsui, Tokuzo, Japan, PS15
MATSUMOTO, NOBUKAZU, Japan, PS475
Matsunaga, Hisato, Japan, PS15
Mattioli, Pietro, Italy, PS296
Mattock, Richard, United Kingdom, P22
Maudgal, Shubha, India, PS96
Maurer, N, Stacey, United States, P20
Maurice-Stam, Heleen, The Netherlands, P21, P43, PF5.2
Maytal, Guy, United States, PS648
May, Shirley, United Kingdom, PF8.8
Mazzocco, Ketti , Italy, PS680
Mazzotti, Eva, Italy, PS675
Mazzuca, Federica, Italy, PS675
Mazzurco, Olivia , Canada, PS582
Ma, Annie, United States, PS570, PS583
Ma, Zhongyue, United States, PS570
Mbangtang, Zara, Namibia, PS212
McCarter, Kristen, Australia, P42
McCarthy, Nicole, Australia, PF8.7
McCarthy, Peter, Ireland, P02
McCleary, Karen, Australia, P19
McCormick, G., Katherine, United States, P34
McCready, Darcey, United States, PS3, PW04
McGee, Rose, United States, PS567
McInnerney, Daisy, United Kingdom, PS402, PS403, PS479, PS490
McIntosh, Rebecca, Australia, P15
McKeaveney, Clare, United Kingdom, PF7.6
McLaughlin, Jeffery, United States, PS681
McLoone, Jordana, Australia, P21, PF7.9, PS366, PS369, PS413
McMillan, Kimberly, Canada, P28
McNeill, Rob, New Zealand, PS317
McPeake, Kathie, United Kingdom, P48, PS214
McPherson, Christine, Canada, P28
McSorley, Lauren, United Kingdom, P16
Medina-George, Sandra, United States, PS541
Medina, Joan C., Spain, P15, P18
Meeus, Mira, Belgium, P30, P30
Meeus, Prof. Dr. Mira, Belgium, P30, P30
Mehnert-Theuerkauf, Anja, Germany, P27, P29, PF9.1, PS377, PS397, PS425, PS434, PS492
Mehnert-Theuerkauf , Anja, Germany, PS433
Meichan, Chong, Malaysia, PS1
Meissner, H., Valentin, Germany, PS673
Melchor, Regina, S22
Melikam, Sylvia, United States, PS34
Meloche, Caroline, Canada, PS131
Melzi, Greta, Sweden, PS718
Mena Matos, Paula, Portugal, PF5.4
Mendelsohn, Meridithe, United States, PF5.3
Mendes-Santos, Cristina, Portugal, PS547
Mendez, Armando, United States, P03
Meneses-García, Abelardo, Mexico, PS565
Merckaert, Isabelle, Belgium, PF7.2
Merckaert, Isabelle , Belgium, P22, PF6.4
Merluzzi, Thomas V., United States, PS631
Mertens, Ann , United States, P25
Mertens, Dr. Michel, Belgium, P30
Mertens, Michel G, Belgium, P30
Mertz, Birgitte, Denmark, P05

Mesquita, Rita, Ana , Portugal, P19
Mesquita, Beatriz , Portugal, PS550
Mesters, Ilse, The Netherlands, PS532
Meyer, M, Ralph, Canada, PS562
Michael, Michael, Indonesia, PF9.5
Míchalová, Jana, Czech Republic, P07
Michaud, L., Alexis, United States, P34
Micheletti, Manuela , Italy, PS436
Michelsen, Inger, Denmark, P05
Middleton, Kathryn , Australia, PF8.7
Miettinen, Teemu, Finland, PS298
Mihutiu, Simona, Romania, PS585
Mikocka-Walus, Antonina, Australia, PF3.2
Milani, Alessandra , Italy, PS680
Milano, Francesca, Italy, PS310
Milbury, Kathrin, United States, PS309
Milbury , kathrin, United States, PS347
Miles, Anne, United Kingdom, P17, PS473
Miller, Yulia, United States, P19
Mills, Sam, Australia, P15
Miranda , Ana Sofia, Portugal, PS54, PW02
Mitchell, Gary, United Kingdom, PS41, PS65, PW14
Mitchinson, Lucy, United Kingdom, PS402, PS403, PS479, PS482, PS490
Mkhitaryan, Sergo, Armenia, PS35
Mkrtchyan, Arevik, Armenia, PS35
Mohamed Azli, Nur Syakila, Singapore, PS206
Mohamed Azli , Nur Syakila , Singapore, PS161
Mohar, Alejandro , Mexico, PS250
Mohar , Alejandro , Mexico, P41
Mohebbi, Mohammadreza , Australia, PF8.3
Möllerstrand , Anna , Sweden, PS210
Mollet, Judith, The Netherlands, PS502
Mollica, Michelle, United States, PF4.4
Mols, Floortje, The Netherlands, P16, P55, P55, PF8.4, PF8.5, PS406
Monahan, Rachel, United States, PS581
Moncur, Wendy, United Kingdom, PS487
Monpellier, Mildred, The Netherlands, P07
Monteiro, Juliana, Portugal, PF5.4
Monteiro , Sara , Portugal, PS285, PS287
Montero-Pardo, Xolyanetzin, Mexico, PS565
Montgomery, Guy, United States, P27
Monzani, Dario, Italy, PS97
Moore, Anne, United States, PS692
Moore, Sara, Canada, P28
Moore , Susan , Ireland, PS346
Moradi, Shahram, Norway, PS307
MORALES BARRERA, LILIAN, Mexico, PS451
Moreira, Helena, Portugal, PS652, PS654, PS657
Morgante, Manuela, Italy, PS644
Morishita, Junko, Japan, PS588
Mori, Masanori, Japan, PF6.3
Mori, Miki , Japan, PS393
Morrison, Val, United Kingdom, PS183, PS184
Morris, Stephen, United Kingdom, PS473
Morris, Sue, United States, P19
Morrow, Diane, United Kingdom, PS487
Mortimer, Joanne, United States, PS519
Morton, Kate, United Kingdom, P47
Moseley, G Lorimer, Australia, P30
Mosher, MD, Pamela, Canada, P41
Mosher, PhD, E., Catherine, United States, PS151
MOSHTOHRY, AYA, Oman, PS486
Moskalenko , Evgeniya , Russia, PS641
Mukherjee, D, Som, Canada, PS562
Mulder- Mertens, Helmie, The Netherlands, P33
Mulder, M, The Netherlands, P46
Mulder – Mertens, Helmie, The Netherlands, P18
Mulhall, John, United States, P24

Mullen, Louise , Ireland, PS346
MÜLLER, Anita, France, PF8.10
Müller, Carolin, Germany, PS492
Müller, Fabiola, The Netherlands, P35
Muller, Fabiola, The Netherlands, PS626
Muller, Jennifer , Australia, PF8.7
Müller, Theresa, Germany, P08, P46, PS261
Mumm , Friederike Hedwig Annemarie , Germany, PS618
Munte, K, The Netherlands, PS609
Munzone, Elisabetta, Italy, PS321
Murphy, M, Kathleen, United States, PS541
Murphy, Norma-Jean, Ireland, PS123
Murray , Louise, United Kingdom, P17
Murugan, Jagan , India, PS686
Muta, Rieko, Japan, PS698
Mutsaers, Brittany, Canada, P01
Mwilike, Beatrice , Tanzania, P22
M, Dr. Geetha , India, PS200
Naganathan, Gayathri, Canada, P20
NAKANO, KISAE, Japan, PS475
Nakaya, Naoki, Japan, PF6.3
NALLEPALLI, VEENAVANI, India, PS438
Namjoshi, Shraddha, India, P21
Nandakumar, Devi , India, PS476
NANIS, DIMITRIOS, Greece, PS697
Nanos, Stephanie, Canada, P10, P21
Narang, Bharat, United States, P12
Nash, Tegan, Australia, P15
Naughton, Michelle, United States, P15, PS443
Ndzana Siani, Ines, Canada, P20
Necroto, Victoria, United States, PS309
Necroto, Victoria , United States, PS347
Neefs, Hans, Belgium, PS669, PS670
Neelamegam, Malinee, United States, PS352
Negro, Alessandra, Italy, PS644
Nelson, J, Christian, United States, P11, P24, PS359
Nelson, David, United Kingdom, P48, PS214, PS342, PS402, PS403, PS479, PS490
Nelson, David , United Kingdom, PS299, PS482
Neri Flores, Veronica, Mexico, PS152, PS228
Ness, K, Kirsten, United States, PS552
Ness, Kirsten K, United States, P56
Neves, Maria Carolina, Portugal, PS285, PS287
Neylon, Karen, Ireland, P02, P02, P02, P02
Neyns, Bart, Belgium, P44
Nguyen, Ngoc Bao, Vietnam, PF4.3, PS583
Nguyen, Linh, Thuy, Vietnam, PS581
Nguyen, V., Tien, Vietnam, PS569
Nguyen, T., Van, Vietnam, PF4.3
Nguyen, Van T., Vietnam, PS583
Nguyen, Vinh, United States, PS541
Ng, Danielle Wing Lam, Hong Kong SAR China, PS106
Ng, Danielle Wing Lam , Hong Kong SAR China, P44
Ni Cheallaigh, Cliona, Ireland, P02, P02, P02
Nichols, Kim, United States, PS567
Nichols, S, United States, P39
Nichols, Sharon, United States, P39
Nicklin , Emma , United Kingdom, P17
Nielsen, Roy , Norway, PF8.9
Nierop - van Baalen, Corine, The Netherlands, P49
Nierop - van baalen, Corine, The Netherlands, P07
NIGRIS, CRISTINA, Italy, PS635, PS638
Nijsten, TEC, The Netherlands, P46, PS609
Nikolskaya, Natalia, Russia, PS256
Nilsson , Emelie, Sweden, PS210
Ning, Xiaohong, China, PS273
Ninomiya, Akira, Japan, PS588
Nishii, Rie, Japan, PS15
Nissim, PhD, Rinat, Canada, P41
Nissim, Rinat, Canada, P10, P41, PF6.2, PS128, PS543

Ni, Cheng-Hua, Taiwan, PS121
Nobre, Inês, Portugal, PS223
Northrup, Rachel, United States, PF7.8
North, Chloe, United Kingdom, P48
Noteboom, Eveline, The Netherlands, P18
Nuamek, Thitikorn, United Kingdom, PS467
Nuseibeh, Betsey, United States, PS702
O'Connor, Mairead, Ireland, PS361
O'Daly, Hannah, Ireland, P02
O'Donoghue, Brian , Ireland, PS346
O'Meara, Yvonne, Ireland, P47
O'Sullivan, Niamh, Ireland, P02
O'Toole, Sharon, Ireland, P47
Oberoi, Sandie, Canada, P52
Oberoi, Sapna, Canada, PS409
Obioha, Wisdom, Nigeria, P24
Obiols Portis, Myriam , Belgium, PF6.4
Obispo, Berta, Spain, PS110
Ochoa-Arnedo, Cristian, Spain, P18
Ochoar-Arnedo, Cristian, Spain, PS84
Odiaka, Emeka, Canada, P39
Odiyo, Philip, Kenya, P39
Odoga, Cecilia, Nigeria, PS129
Oechsle, Karin, Germany, P07, PS220
Oenema, Anke, The Netherlands, PS498
Oerlemans, Simone, The Netherlands, P35, P55, PS270, PS406
Ogunfowora, Toyosi, Nigeria, P07
Okamura, Masako, Japan, PS368, PS561
Oksbjerg Dalton, Susanne, Denmark, PS536
Okuyama, Toru, Japan, PS561
Olabumuyi, Adeniyi, Nigeria, P07
Oldenmenger, Wendy, The Netherlands, P24
Oliveira, F. , Ana , Portugal, PS499
Oliveira, Ana F., Portugal, PS547
Oliveira , Catarina, Portugal, PS54, PW02
OLIVEIRA, ZAPAROLI, GIOVANA, Brazil, PS621
Oliveira, Hernâni, Portugal, PF5.4
Olsen, Marianne, Denmark, P05
Olsson, Erik, Sweden, PS166
Olszewski, Henryk, Poland, PS706
Ongaro, Giulia, Italy, PS97
Ong, Yi Xuan, Singapore, PS460
Onyedibe, Maria-Chidi Christiana, Nigeria, PS25
Onyedibe, Maria Chidi, Nigeria, P24, P47
Onyeka, Tonia , Nigeria, P53
Oo, Han, United States, PS581
Orico Vilaça, Anali, Brazil, PS623
Origlia, Camilla, Italy, PS296
Orman, Amber , United States, PS251
Ortega-Andeane, Patricia, Mexico, PS565
Ortiz, Roberta, Switzerland, PS366
Oswald, Laura, United States, PS251
Otsuki, Aki, Japan, PF6.3, PS368
Oudsten, den , Brenda, The Netherlands, P37
Oultram, Sharon, Australia, P42
Ouma, Phillip Odiyo, United States, PF4.2
Oza, M., Amit, Canada, PF1.3
Padilla , S, Catarina, The Netherlands, P54
Paeps, Marnik, The Netherlands, P43
Pagani, Olivia , Switzerland, P37
Pagan, Eleonora , Italy, P37
Palipana, Anushka , United States, PS351
Palmeira, L., António, Portugal, PS223
Palmeira, Lara, Portugal, PS652
Paltrinieri, Sara, Italy, PF8.6
Panjwani, PhD, Aliza A, Canada, P41
Panjwani, Aliza , Canada, PS582
Panoch, E., Janet, United States, PS702
Panoch, E., Janet , United States, PF9.8
Pan, Lingyi, China, PS291
Pape, Eva, Belgium, PS85

Pardini, Matteo, Italy, PS296
Pariser, Ashley, United States, P15
Parker, Patricia, United States, P11
Park, Sunre, Japan, PS588
Parsons, Gabriella, Australia, PS584
Partow, Kebriaei, United States, PS681
Partridge, Ann, United States, P37
Pascale, Deborah, Canada, P52
Pasco, Julie A, Australia, PF8.3
Paskett, Electra, United States, PS127, PS443
Pastrana , Alexandra, United States, P39
Patel, Parit, United States, PS63
Patten, Scott, Canada, PS384, PS385
Pattichis, Constantinos, Cyprus, P08
Patton, Michaela, Canada, PS716
Pavlova , Alexandra , Russia, PS641
Pawełczak-Szastok, Marta, Poland, P46
Pawełczak-Szastok, Marta , Poland, PS592
Paya Benito, Ana Lucia, Brazil, PS623
Peake, Michael D, United Kingdom, PS479, PS482
Peate, Michelle, Australia, P25, PS371
Peels, Denise, The Netherlands, PS615
Peersmann, Shosha H.M., The Netherlands, PF5.2
Peña-Bojorges, Brandon Robin, Mexico, PS631
Peña-Vargas, Cristina, Puerto Rico, PS337
Peng, Juan, United States, P15
Peng, Junsheng, China, P22, P48, PS414
Peng, Wanglian, China, PS73, PS79, PW01, PW06
Peng, Wanglian, China, PS94
peng, wanglian, China, PS57, PS72
Pennell, Michael, United States, PS443
Perdomo, Dolores, United States, PS450
Perdomo, Dolores , United States, PS251
Perego, Gaia, Italy, PS310
Pereira, Cátia, Portugal, PS516
Pereira, Joana, Portugal, PS652, PS654, PS657
Pereira, Susana, Portugal, PF5.4
Pereira, Vanessa, Portugal, PS548
Perez-Brumer, Amaya, Canada, P20
Pérez, Rosa, Spain, PS496
Perez, Samara, Canada, PS540
Perrone, Cecilia, Italy, PS426, PS427, PS430
Pessin, Hayley, United States, P24
Petersen, Bert, United States, P12
Peterson, Jessica, Canada, PS168
Peterson, Susan, United States, PS681
PETER, ANITA, India, PS208
Peter, Chikieze , Nigeria, PS495
Petit, Audrey, France, P06, PS555
Petri , Alva , Sweden, PS210
Petropoulis, Demetrios, United States, PS681
Petzold, Olimpia, United States, PF2.1
Philipp, Rebecca, Germany, P07, P07
Philp, Lauren, Canada, PS118
Pichler, Theresia , Germany, PS618
Pietrobon, Ricardo, United States, PS321
Pietrobon, Ricardo , United States, P45
Pimentel , Paulo , Portugal, PS499
Pineda-Flores , Claudia , Mexico, P50
Piperno-Neumann, Sophie, France, P23, PS69
PIPERNO-NEUMANN, Sophie, France, PF8.10
Pires , Claudia , Portugal, PS499
Pirl, MD, William, United States, P48
Pirl, William, United States, PF8.2
Pisa, Aleydis, Spain, PS496
Pittman, Tyler, Canada, PF1.3
Pizem, Noam, Israel, P29
Plaisier, PW, The Netherlands, P46, PS609
Planchard, David, France, P16
Pleysier, Sophie, Belgium, PF1.4
Ploeg, van der , Iris , The Netherlands, P23, P45

Plotke, Rachel, United States, PS450
Podlesnik, Anja, Slovenia, PS504
Poecke, van, Niels, The Netherlands, P25
Pogacian, Adrian, Romania, PS233
Pogacian, Carmen, Romania, PS233
Pogson, Zara, United Kingdom, PS403, PS479
Poirier, Eloise, Canada, PS9, PW08
Poll-Franse, van de, Lonneke, The Netherlands, P10
Poll-Franse, van de , Lonneke , The Netherlands, P23
Pond, Greg, Canada, PS562
Pongener, Matsungshila, India, PS302
Pool, Grieteke, The Netherlands, PS440
Poort, Hanneke, The Netherlands, P28
Poort, Hanneke , The Netherlands, P28
Popa, Adela, Romania, P13
Pope, Debbie, United Kingdom, PS260
Porro, Bertrand, S06, P06, PS336, PS555
Potter, S, Brian, United States, PS552
Powell, Richard , United Kingdom, PS34
Pozo Kaderman, Cristina, United States, P26
Pradhan, Poorva, Australia, P44
Prattipati, Nikki , United States, P53
Pravettoni, Gabriella, Italy, PS97, PS321, PS680
Pravettoni, Gabriella , Italy, P45
Prelaj, Arsela, Italy, PS97
Prestwich , Robin , United Kingdom, P17
Price, Erin, United States, PS312
Price, James, United Kingdom, PS467
Prigerson, G., Holly, United States, PS484
Prikken, Sofie, Belgium, P04
Prins, Judith, The Netherlands, P01, P28, P28, S31, P31, PS494
Prins, Judith , The Netherlands, P18, P18
Prins , Judith B. , The Netherlands, PS285, PS287
Prins, Judith B. , The Netherlands, PS330
Proctor, Miranda, United States, PS60
Project Team, Mind, Portugal, PS652, PS657
Provenzano, Leonardo, Italy, PS97
Prue, Gillian, United Kingdom, PS41, PS65, PW14
Pype, Peter, Belgium, PS180
Qamar, A, United States, P39
Quade, Kath, Australia, P15
Quadvlieg-Delnoy*, Danny, The Netherlands, PS357
Quaife, Samantha, United Kingdom, PS403
Quaife, Samantha , United Kingdom, PS402
Quarata, Ermelinda, Italy, PS114
Quast Esposito, Lauren, United States, P25
Rahamatullah, Iqra, Canada, PS409
Rahikainen, Anna-Elina, Finland, P47
Rahman, Md Ahasanur , United States, P53
Raijmakers, Natasja, The Netherlands, PS207, PS270
Raithel, Charlotte, Germany, PS484
Rajgopal, Revathi , India, P51
Rajkumar, Divya, India, PF4.4
Rajkumar, Divya , India, P51
Ramachandran, Shanti, Australia, P19
Ramiller, Allison, United States, PF5.3
RAMÍREZ OROZCO, MÓNICA, Mexico, PS451
Rammant, Elke, Belgium, PS85
Rancati, Tiziana, Italy, PS651
Rano, Bala, Abdullahi , Nigeria, PS495
Raue, Jan Simon, Germany, P27
Rault, Aude, France, P23, PS69
Raymaekers, Koen, Belgium, P04
Raymond, Blessing Olunloyo, Nigeria, PS172
Razavi, Marianne, United States, PS519
Ream, Molly , United States, PS450
Rebbeck, Timothy, United States, P39
Rebora, Simona, Italy, PS426, PS430

Recklitis, J., Christopher, S34, P34
Redeker, Claudia, United Kingdom, P17
Redler, Silke, Germany, PS517
Reeder, SWI, The Netherlands, PS609
Reeves, Annie, United Kingdom, PS402
Reeves, Marina, Australia, PF8.7
Refsgaard , Hanna , Sweden, PS210
Reid, Mary, United States, PS684
Reilly, T., Karen, France, P42
Reischer, Anna, Germany, PS618
Reiter, Paul, United States, PS127
Reitsma, Hans, The Netherlands, P33
Remondes-Costa, Isabel, Sónia, Portugal, PS548
Remondes-Costa, Isabel, Sónia , Portugal, PS550
Renaud, Karen, United Kingdom, PS487
RESPINI, DANIELA, Italy, PS390
Restaino, Antonio, Italy, PS246, PS303
Restaino, Antonio , Italy, P16
Reutner, Esther, Germany, P05
Reuvers, Milou, The Netherlands, P54
Rexer, L, Jennie, United States, PS407
Reyners, An, The Netherlands, PS207
Rheel, Emma, Belgium, PF1.4
Ribeiro, Diana, Portugal, PS548
Ribeiro, F., Marvin, The Netherlands, P17
Ribi, Karin, Switzerland, P37
Riccardi, Francesca, Italy, PS426, PS427, PS430
Richard, B., Amélie, France, P42
Richter, Diana, Germany, PS397, PS492
Ricketts, William , United Kingdom, PS402, PS403
Ricon-Becker, Itay, United States, PS89
Righes, Sadio, Belgium, PF7.2
Rijk, de, Angelique, The Netherlands, P13
Rivera-Olvera, Iván , Mexico, P41
Rivera-Olvera , Iván , Mexico, PS250
Rivera Fong, Liliana Mey Len, Mexico, PS152, PS228
Rivera Olvera, Ivan, Mexico, PS152
Robert, Rhonda, United States, PS541
Robinson, Missy, United States, PS567
ROCCARO, SEBASTIANA, Italy, PS419
Rocha, Neuza, Portugal, PS548
Rodin, Danielle, Canada, P20, PF1.3
Rodin, Gary, Canada, P10, P10, P20, P21, PF1.3, PF6.2, PS118, PS242, PS543
Rodin, Gary , Canada, PS582
Rodrigues, Bruno, Portugal, PS223
RODRIGUES, Manuel, France, PF8.10
Rodrigues, Manuel, France, P23, PS69
Rodriguez-Castro, Zindie, Puerto Rico, PS337
Rodriguez-Wallberg, Kenny, Sweden, P25
Rodriguez Grieve, Luna, Australia, PS575
Roessler, Kaya, Kirsten, Denmark, P05
Rogers, K., Sarah , United States, PF9.8
Rogiers, Anne, Belgium, P44
Romano, Erika, Italy, PS426, PS430
Roman, Alina, Australia, P25
Romare Strandh, Maria, Sweden, PS38
Roncero, Laura, Spain, PS110
Rondeau, Émélie, Canada, PS131
Root, James, United States, PS292
Roquelaure, Yves, France, P06, PS555
Rosberger, Zeev, Canada, P36, PS540
Rosenberg, Shoshana, United States, P37
Rosenthal, Meredith, United States, PF1.3
Rose, Johanna, Sweden, PS164
Rose, Matthias, Germany, PS185
Roslee, Zuriati Zulfa, Singapore, PS39
Rossetti, Anna Maria, Italy, PS644
Rossum, van , Huub, The Netherlands, P45

Rosthøj, Susanne, Denmark, P05
Roth, Michael, United States, PS541
Rottenberg, Yakir , Israel, P11, PS189
Rousseau, Pascale, Canada, PS335
Roussel, Nathalie, Belgium, P30
Rozycka, Emilia, Poland, PS706
Ruble, Kathy, S53, PS101
Rudnik, Agata , Poland, PS706
Ruffier, Alexandre, Canada, PS313
Ruggeri, Monica, Switzerland, P37
Ruggieri, Lorenzo, Italy, PS241
Ruhe, Eric, The Netherlands, P45
Ruíz-García, Erika, Mexico, PS565
Ruiz-Romeo, Marina, Spain, P18
Runde, Annkatrin, Germany, P27
Russell, Hayley, Australia, PS695
Russell , Hayley , Australia, PS259
Rus, Tina, Slovenia, PS504
Rutherford, Claudia, Australia, PS103
Rutledge, Rob, Canada, PS168, PS572, PS574
Rutledge, Robert, Canada, PS563
Rydall, Anne, Canada, P10
Rydall, Anne , Canada, P10, PS582
Rymenans, Isha, Belgium, P40
Rynar, Lauren , United States, PS648
Saab, Aseel, United States, PS583
Sacco, Gaia Giulia Angela, Italy, PS680
Sachner, Leila , United States, PS567
Sadahiro, Ryoichi, Japan, PS561
Sade, Charity, United States, PS312
Sado, Mitsuhiro, Japan, PS588
Sagar, Rajesh, India, PS476
Sager, MD, Zachary, United States, P48
Saito, Junko, Japan, PF6.3, PS368
Sakamoto, Yuri , Japan, PS82
Sakurai, Naomi, Japan, PF6.3
Sala, Diana , Italy, P45
Sales, Célia, Portugal, PF5.4
Sales , Célia M. D. , Portugal, PS285, PS287
Samal, Rekha, Rashmi, India, PS650
Samuel, Gonzales Puell, Peru, PS179, PS213
Sanabria, Gabriella , United States, PS251
Sánchez-Berber, Rosaura, Mexico, PS631
Sánchez, Alberto, Spain, PS110
Sanctorum, P., Katelijne, Belgium, P54
Sanders, J. , Justin , Canada, PS551
Sandholm, Hundal, Lene, Denmark, P05
Sandler, Carolina, Australia, PF8.7
Sandoval Leon, Ana, United States, PS251
Sani, Gabriele, Italy, P16, PS246, PS303, PS311
Sani, Livia, Italy, PS268, PS320
Sanson, Christina, Sweden, PS630, PS649
Santiago, T., Anna, Canada, PF1.3
Santin, Olinda, United Kingdom, PF7.6
Santin, Olinda , Ireland, P08
Santos, Isabel M., Portugal, PS547
Sapir, Eli, Israel, P11, PS189
Saracino, Rebecca, United States, P11, PS359
Sarcletti, Elena, Italy, PS426, PS430
Saris, Laura, The Netherlands, P45
Sartori, Raffaela Daria Giovanna, Italy, PS241
Sato, Yasuko, Japan, PS588
Satragno, Camilla, Italy, PS296
Sauer, Christina, Germany, PS484
Sauls, Rachel, United States, PF7.7, PS678
Saunders, Christobel, Australia, PS371
Savignoni, Alexia, France, PF9.4
Scambia, Giovanni , Italy, PS268, PS320
Scardaville, Melissa, United States, PS541
Schäffeler, Norbert, Germany, PS523
Schagen, S.B. , The Netherlands, PS422

Schagen, Sanne, The Netherlands, P45
Scharll, Marie-Françoise , Belgium, PF6.4
Schauvaerts, Yanaika, Belgium, PS672
Schellekens, Melanie, The Netherlands, P01, S28, P28, P45, PS334
Schepers, Lara, The Netherlands, P55
Schepers, Sasja A. , The Netherlands, PS169
Scherpers, Sasja, The Netherlands, P43
Schiebeck, Lisa, Germany, P29
Schiele, Stefan, Germany, PS673
Schiepers, Katleen, Belgium, PS669
Schilstra, Clarissa, Australia, P19, PS316, PS366
Schmidt, Josef, Germany, P08
Schmidt, Martina E., Germany, P17
Schnaitmann, Natalie, United States, PF8.2
Schneider, Nicole, United States, P21
Schofield, Elizabeth, United States, P11, P24, PS359
Scholl, Isabelle, Germany, PF9.2, PS220, PS308, PS325
Schoormans, Dounya, The Netherlands, P24, PF8.4, PF8.5
Schrieks, Marga, The Netherlands, P54
Schug, Caterina, Germany, P08
Schuit, Ewoud, The Netherlands, P33
Schuler, Ulrich, Germany, PS261
Schulte, Fiona, Canada, PF1.4, PS409, PS716
Schulz, Holger, Germany, PS308
Schütte, Katharina, Germany, PS261
Schwarz, E., Madison, United States, PS702
Schwicht, Charlotte, Germany, PS618
Schwinn, Tamara, Germany, P48, PF9.10
Schwoy, Maximilian, Germany, PS673
Scullion, PharmD, Bridget, United States, P48
Scwierczynski, Guillaume, France, PS555
Sears, Carly, Canada, PS384, PS385, PS687
Sebri, Valeria, Italy, PS97
Šedo, Jiří, Czech Republic, PS279
Sehabi, Ghizlène , Canada, P20
Sehabi, Wardat Yasmine , Canada, P20
Seidell, Jaap C, The Netherlands, P16
Seidell, Jacob C., The Netherlands, P55
Selby, Debbie, Canada, PS543
Selby, Peter, United Kingdom, P48, PS482
Sellman, Susanna, Canada, PF1.3
Sender, Annekathrin, S29, P29
Serber, R, Eva, United States, P20
Seretny, Marta, New Zealand, P40
Serra-Blasco, Maria, Spain, P18
Servaes, Petra, The Netherlands, P28
Serwa, Dorcas, Australia, PS371
Seshadri, Pranav, United States, PS63
Setyowibowo, Hari, Indonesia, PF9.3
Ševčík, Leoš, Czech Republic, P07
Sgarella, Adele, Italy, PS436
Shahjalal, Md., Bangladesh, PS192
Shaikh, Abdulsattar, Ezaz, India, PS616
Shannon, Catherine, Australia, PF8.7
Shapiro, Gilla, Canada, PF1.3, PF6.2
Shapiro, Gilla K. , Canada, PS582
Sharman, R., Ashleigh, Australia, P44
Sharpe, Louise, Australia, PS259
Sharun, Noorsyafiaton, Singapore, PS161, PS206
Shaw, Joanne, Australia, P01, P18, P35, PS259, PS549, PS575
Shea, Lauren, United States, PS519
Shen, Wen-Chi , Taiwan, P42
Shepherd, Heather, Australia, P01, P18, PS575
Shih, Mei Ling, Taiwan, PS601
Shilling, Val, United Kingdom, PF8.8
Shimazu, Taichi, Japan, PF6.3, PS368
Shirai, Fumi, Japan, PS698

Shi, Dongmei, China, PS149
Sholevar, MD, Roxanne, United States, P48
Short, Camille, Australia, P18
Shumay, Dianne, United States, PF5.3
Shu, Bih-Ching, Taiwan, PS23, PW12
Siao, Chia-Li, Taiwan, PS49, PS71
Sicco, Svetlana, Italy, PS268
Sierra-Murguía, Mariana, Mexico, PS250
Sierra- Murguía , Mariana , Mexico, PS382
Siesling, Sabine, The Netherlands, PS373, PS374
Signorelli, Christina, Australia, P21, PF7.9, PS413
Silva, Eunice, Portugal, PF5.4
Silva, João, Portugal, PF5.4
Silva, N., Marlene, Portugal, PS223
Silveira, Kristen, Canada, PS384, PS385, PS687
Simard, Sébastien, Canada, P01, P01
Simkiss, Liz, Australia, P15
Simonetti , Alessio, Italy, PS246
Simonetti, Alessio, Italy, P16, PS231, PS303
Simons, Barbara, The Netherlands, P54
Simon, Jessica, Canada, PS384, PS385
Singh, Punam, India, PS624
Singh, Punam , India, PF4.1, PF9.6
Sinnett, Daniel, Canada, PS131
Sinn, Marianne, Germany, PS308
Siriwardena, Aloysius, United Kingdom, PS342
Sirrine, Erica, United States, P19
Siston, Amy, United States, PS648
Sitskoorn, Margriet, The Netherlands, P17
Sitter, C, Kathleen, Canada, PS687
Sivaram, Sudha, United States, PF4.4
Sjödin, Lars, Sweden, P15, PS164
Skinner, Dawn , United Kingdom, PS479
Skoblar Vidmar, Marija, Slovenia, PS504
Skoda, Eva-Maria, Germany, PS719
Skog, Rebecca, Sweden, PS164, PS166, PS181
Škufca Smrdel, Andreja, Slovenia, PS504
Skvarc, David, Australia, PF3.2, PS652
Skvortsova, Yulia, Russia, PS256
Slack, Julia, United States, PS351
Slaghmuylder, Yaël, Belgium, PS180
Slebsager, Pernille, Denmark, P05
Sleurs, Charlotte, The Netherlands, P04, P17
Slevin , Finabr, United Kingdom, P17
Slezáčková, Alena, Czech Republic, P18, PS279
Slingerland, Marije , The Netherlands, PS207
Smedts, Huberdina P.M., The Netherlands, P24
Smets, Ellen, The Netherlands, P25
Smilde, Tineke, The Netherlands, PS270
Smith, RN MN, Marllie, Canada, P41
Smith , 'Ben', Allan , Australia, PF7.4
Smith, Allan Ben, Australia, P01
Smith, Ben, Australia, P01, P01
Smits, Michelle, The Netherlands, PS532
Smit , Amelia , Australia, PS584
Smrdel, Uroš, Slovenia, PS504
Snoeks, Julia, The Netherlands, P43
Snyder, Stella, United States, PS151
Soares, Andreia, Portugal, PS652, PS654, PS657
Soares, Célia, Portugal, PS54, PW02
Soca Lozano, Sandra, United States, P56
Soedamah-Muthu, Sabita, The Netherlands, P55
Sokol, Antonín , Czech Republic, P07
Solberg, E. , Megan , United States, PS312
Solomou, Theodoros , Cyprus, P08
Sombrun, Corine, France, PF2.3
Sommeijer, Dirkje, The Netherlands, PS270
Sone, Chikako, Japan, PS698
Song, Long, Australia, P25
Sörensditter, Renita, Sweden, PS38

Sorkin, Dara, United States, PS247
Sosa-Pavón, Fátima del Rocío, Mexico, PS631
Sousa Almeida, Susana, Portugal, PS54, PW02
Sousa, Flávia, Portugal, P19
Souto-Sampera, Arnau, Spain, P18
söylemez , Yudum, Turkey, PS144
So, Tsz Wai , Hong Kong SAR China, PS74
Spahrkäs, Simon, The Netherlands, P33
Spanics, Cosette, Hungary, PS705
Speckens , Anne, The Netherlands, P18
Speiser, Dorothee, Germany, P27, P27
Spelten, Evelien , Australia, P54
Springer, Franziska, Germany, PF9.1, PS425, PS433
Springer , Franziska, Germany, PS434
Springer, Franziska , Germany, P27
Springer, Leila, Canada, P20
SP, Saravanan , India, PF1.1
St-Hilaire, France, Canada, PF9.9
Stålberg, Karin, Sweden, PS38
Stanners, Greig, United Kingdom, PS473
Starkings, Rachel, United Kingdom, PF8.8
Stark, Daniel, United Kingdom, P22
Steele, J.C., Robert, United Kingdom, PS473
Steeman, Kim, Belgium, PS604
Stegen, Stephanie, Germany, P27
Steindorf, Karen, Germany, P17
Stein, D., Kevin, United States, PF4.2, PS684
Stenberg, Jan-Henry, Finland, PS298
Stengel, Andreas, Germany, P08, PF3.4, PS523
Stepanyan, Pertshanush, Italy, PS644
Stephan, Zipfel, Germany, PF3.4
Stern, Marilyn, United States, P56, PF7.7, PS678
Stokoe, Mehak, Canada, PS716
Stouten, Myrle, The Netherlands, P33
Strada, Maria Rosa , Italy, PS436
Strandh, Maria Romare, Sweden, PS718
Straub, Nicolas, Germany, P27
Strauser, R., David, United States, P40
Streefkerk, Nina, The Netherlands, P21
Stroeken, Yaël, The Netherlands, PS380
Strohschein, Fay, Canada, PS384, PS385, PS687
Stuart, Amanda L, Australia, PF8.3
SUBRAMANIAN, KADHIRAVAN, India, PS438
Sudhakar, Revathy, India, PS686
Sudhakar, Revathy, India, PF4.4
Sugao, Shoko, Japan, PS82
Sugitani, Mari , Japan, PS82
Suijkerbuijk, Karijn, The Netherlands, P28
Sultan, Serge, Canada, PS131
Šumec, Rastislav, Czech Republic, PS279
Sundholm , Tina, Sweden, PS210
Sun, Cindy , United States, P39
Sun, Qian, China, P22, P48, PS414
Sussman, Jonathan, Canada, PS562
Svendsen, P, Lukas, Denmark, P35
Světlák, Miroslav, Czech Republic, P18, PS279
Swash, Brooke , United Kingdom, PS183, PS184
Swoboda, Ryszard, Poland, PS592
Syed, Tahreen , India, PS606, PS616
Symons, Julie, Australia, P15
Syska-Bielak, Anna, Poland, P46
Szerencsés, Dóra, Hungary, PS705
Søby, Katrine Hartmann, Anne, Denmark, P05
Sørensen, M, Dina, Denmark, P35
Tack, Emma, Belgium, P30, P30
Tadsuan, Jinsuta, Taiwan, PS201
Tahiri, Natyra, Germany, PS618

Takes, Robert, The Netherlands, P40
Takita, Yuka, Japan, PS588
Tamaro, Ludovic, Canada, PS313, PS335
Tamminga, Sietske, The Netherlands, P06, PS477, PS502
Tamura, Noriko, Japan, PS588
Tang , Hoi Lam , Hong Kong SAR China, PS74
Tang, MaoTing, China, PS1
TANG, MEI-FEN, Taiwan, PS98
Tang, Woung-Ru, Taiwan, PS77, PW11
Tang, Zhimin, China, PS149
Tan U Tong, Emily, Singapore, PS460
Tan, Maureen , Australia, PS472
Tan, Wei Chong, Singapore, PS470
Tan, Yee Pin, Singapore, PS460
TASINATO, DANIELA, Italy, PS635, PS638
Tatar, Ovidiu, Canada, PS540
Taub, Chloe, United States, PF5.3
Taylor, D., Carolyn, United States, P39, P39, PS570, PS581
Taylor, Natalie, Australia, P01
Taylor, M, Rachel, United Kingdom, P22
Tazaki, Makiko, Japan, PS560
Tazaki, Makiko , Japan, PS393
Team, Mind Project, Portugal, PS654
Teepen, Jop, The Netherlands, P21
Teixeira, Lucas, United States, PS321
Teixeira, João, Ricardo, Portugal, PS548
Teo, Irene, Singapore, PS460
Terado, Saori , Japan, PS82
Terrasson, Johanna, France, P23, PS69
Terwase, Joyce, Nigeria, P39
Tesselaar, Margot, The Netherlands, P45, P54, PS207
Teufel, Martin, Germany, P08
Tewari, Priti, United States, PS681
Thakkar, Diksha, United States, P39
Tham, MingLi , Lynette, Singapore, PS470
the SEQUEL study group, & on behalf of , Denmark, PF7.5
Thé, Regina, The Netherlands, PS373
Thirukkumaran, Neeraja , Australia, PS584
Thomas, Mareike, Germany, PF9.2, PS220, PS308, PS325
Thomas, Paula, Germany, P27
Thompson , Jake , Australia, PS584
Thomson, David , United Kingdom, P17
Thomson, Vicky , United Kingdom, PS214
Thorne, Sally, Canada, PS554
Thornton-Benko, Elyse, Australia, PF7.9, PS413
Thornton-Benko, Elysia, Australia, P21
Thornton, Clifton, United States, P53
Ting, Amanda, United States, P03
Tiquia, Rey, Australia, PF2.4
Tiue, MinhThi, Australia, P42
Tix, Tobias, Germany, PS618
Tollonchi-Natali, Nelmi, Puerto Rico, PS337
Tomfohr-Madsen, Lianne, Canada, PS716
TOMINAGA, CHIEKO, Japan, PS475
Tongi, Lolohea, New Zealand, PS317
Tong, Eryn, Canada, PF6.2, PS128
Tong, Eryn , Canada, PS543
tong, fei, China, PS57, PS72
Tong, Fei, China, PS73, PS94, PW01
Topf, Cheyenne, Germany, PF9.2
Torabi, Pegah, Canada, PS335
Torenholt, Rikke, Denmark, P35
Torp, Steffen, Norway, PF8.9
Torres-Blasco, Normarie, Puerto Rico, PS337
Torres Chavez, Enrique, Mexico, PS228
Torres Chavéz, Enrique , Mexico, PS152
Torres, Ana, Portugal, PS499, PS547
Torres, Juan , Mexico, PS234

Tortorelli, Claudia, Italy, PS114
Tóth, Icó, Hungary, PS705
Tóth, Richárd , Hungary, PS705
Toumbourou, John W, Australia, PF8.3
Townend, Emma, United Kingdom, P48
Trahair, Toby, Australia, P19
Traina, Tiffany, United States, P12
Tran, T., Khanh Linh, Vietnam, PS569, PS570
Tran, Huong T., Thanh, Vietnam, PS581
Tran, T., Thanh Huong, Vietnam, PS569
Travado, Luzia, S50, PS242
Trejos, Rolando, United States, PS251
Tremblay, Dominique, Canada, PF9.9
Trillingsgaard, Tea, Denmark, P05
Trindade, Inês, Sweden, PS652, PS657
Trindade, Inês A., Sweden, PS654
Tromp, Jacqueline, The Netherlands, P54
Trotti, Eugenia, Italy, PS436
Truffelli, Monica, Italy, PS296
Tsai, Chin-Hung, Taiwan, PS70, PW05
Tsai, C, Thomas, United States, P03
TSENG, CHIH-TING, Taiwan, PS676
Tsirigotis, Markos, Canada, PS168
Tsuchiya, Miyako, Japan, PS560
Tsuchiya, Miyako , Japan, PS393
Tucker, Kathy, Australia, PS369
Tulsky, MD, James, United States, P48
Tung, C, Stephanie, United States, P26
Turcotte, Annie, Canada, PF9.9
Turenne, Malick, Canada, P12
Turner, Jane, Australia, PF8.7
Turner, Lesley, United Kingdom, P47
Tutelman, Perri, Canada, PS409
Tutika, Thanvita, India, P21
Uchitomi, Yosuke, Japan, PS368
Uddin, Saimah, United Kingdom, PS214
Ugalde, Anna, Australia, PF3.2
Umeh, Charles, Nigeria, P47
UNENO, Yu, Japan, PF6.3, PS82
Urbutienė, Eglė, Lithuania, P15, PS593
Uslu, Cennet, Germany, P27
Uyttebroeck, Anne, Belgium, P04, P21
ÜZAR-ÖZÇETİN, Yeter Sinem, Ireland, PS655
Vaart, van der, Roos, The Netherlands, P33
Vaflard, Pauline, France, P23, PS69
Valencia, Mirtha, United States, PS321
Vallès, Vicenç, Spain, PS496
van Asselt, Kristel , The Netherlands, P06
van Beek, Florie, The Netherlands, PS494
van Cappellen-van Maldegemen, Sandra, The Netherlands, P55
van Cappellen - van Maldegem, Sandra, The Netherlands, P16
Van Den Bergh, Esther , The Netherlands, P43
van den Bergh, Esther M.M, The Netherlands, PF5.2
Van den Broeck, Anja, Belgium, P40
Van den Cruyce, Nele, Belgium, PS399
van de Poll-Franse, L.V. , The Netherlands, PS422
van de Poll-Franse, Lonneke, The Netherlands, P55, PF8.1, PF8.4, PF8.5, PS207, PS406
van de Poll - Franse, Lonneke, The Netherlands, P16
van de Poll-Franse, Lonneke , The Netherlands, PS270
van de Poll-Franse, , Lonneke V., The Netherlands, P24
van der Aa- van Delden, Alied, The Netherlands, P21
van der Beek, Allard J., The Netherlands, PF8.1
van der Graaf, Winette, The Netherlands, P54
Vanderhaegen, Janne, Belgium, P04
van der Heiden-van der Loo, Margriet, The Netherlands, P21
van der Heide, Agnes, The Netherlands, P24

van der Hoek, Hinke, The Netherlands, PF5.2
van der Lee, L., Marije, The Netherlands, P01, P28
van der Linden, Yvette, The Netherlands, PS270
van der Padt-Pruijsten, Annemieke, The Netherlands, PS270
Van Dijck, Sophie, Belgium, P30, P30
van Dongen-Melman, Jeanette E.W.M., The Netherlands, PS290
van Dorst, Eleonora B.L. , The Netherlands, P24
Van Ermengem, Nel, Belgium, P21
Vanhaudenhuyse, Audrey, Belgium, PF2.2, PF2.3
van Helden, Claudia, The Netherlands, PS357
Van Hoyweghen, Sophie, Belgium, PS306
van Kampen, Roel , The Netherlands, PS357
Van Laere, Elise , Belgium, P04
Vanlaer, Nathalie, Belgium, P44
Vanlalhruaii, C, India, PF4.1, PF9.6, PS650
Vanlalhruaii, C. , India, PS624
Vanlalhruaii, Dr. C., India, PS668
Van Lierde, Elke, Belgium, PS604
Van Litsenburg, Raphaële, The Netherlands, P43
van Litsenburg, Raphaële R.L., The Netherlands, PF5.2
Vannatta, Kathryn, United States, PS667
van Nitsen, Valérie, Belgium, PF2.3
van Ommen, Fenna, The Netherlands, PS536
Van Overbeke , Marthe, Belgium, P30
Van Overbeke, Marthe, Belgium, P30
van Roekel, Eeske, The Netherlands, P28
Vanrusselt, Deveny, Belgium, P04, P21
Van Schoors, Marieke, Belgium, PS306, PS604
van Schooten, Frederik-Jan, The Netherlands, PF8.4, PF8.5
van Straten, Annemieke, The Netherlands, PF5.2
Vargas, Sabrina, United States, PF8.2, PS519
Vasconcelos, Ana, Portugal, PS547
Vass, PhD, Anat, Israel, PS468
Vaz-Luis, Ines, France, P16
Vazquez-Esseso, Monica , Mexico, PS234
VÁZQUEZ ROMO, RAFAEL, Mexico, PS451
Veeraiah, Surendran, India, P51, PF4.4, PS682, PS686
Veeriah, Surendran, S51
Veeriah, Surendran , India, P51
Vehling, Sigrun, Germany, P07, P07
Veiga, Elisa, Portugal, PS548
Veldt, van der, AM, The Netherlands, P46
Venchiarutti , Rebecca , Australia, P44
Ventoruzzo, Federico, Italy, PS644
Ventura Faci, Tirso , Spain, P29
Ven, van de , Ramon , The Netherlands, PS615
Verbeek, Wieke, The Netherlands, P45
Verdonck-de Leeuw, Irma, The Netherlands, P01, P31, P40, PS437, PS483, PS494
Verdonck-de Leeuw, Irma M, The Netherlands, P44
Verdonck-de Leeuw, Irma M., The Netherlands, P15, PS330
Verhaeghe, Sofie, Belgium, P49
Verhesen, Tessa, Canada, PS716
Verheul, Henk, The Netherlands, PF5.1
Verhofstadt, Lesley, Belgium, PS306
Verkaar, Auke, The Netherlands, P55
Verschueren, Sabine, Belgium, P04, P21
Versluis, Moyke, The Netherlands, PS207, PS270
Verzelen, Angelique, Belgium, PS672
Vigano, Anna, Australia, PF8.3
Vigašová, Dana, Czech Republic, PS279
VILAÇA, PÓVOAS ORICO, ANALI, Brazil, PS621
Vila, Raquel, Spain, P11
Vinette, Billy, Canada, PS335
Vink, Geraldine R., The Netherlands, PS406
Vinson, Katie, United States, PS3, PW04
Vissers, Pauline, The Netherlands, PS207

Viteri, Ana Paula, Portugal, PS547
V K, Sobhith, India, PS200
Voinovich, Madison, United States, PS648
Volders, Esmee, The Netherlands, PS615
vom Eigen, Kira, United States, PF4.3, PS569
von Grundherr, Julia, Germany, PS308
von Heymann, Annika, Denmark, P05
von Kalle, Christof , Germany, PS185
Voskanyan, Viktorya, Italy, P45
Vos, M. Caroline, The Netherlands, P24
Vounckx, Manon, Belgium, P44
Vries, de, Froukje, S10, P10, P45, P49
Vries, de, Hein, The Netherlands, PS615
Vullings, Charlotte, The Netherlands, PS498
Vu, Thao, Vietnam, PS581
Waart, van, Hanna, New Zealand, P40
Wahlin, T, Keiko, United States, PS653
Wakefield, Claire, Australia, P21, P21, PF7.9, PS316, PS366, PS413
Wakkee, M, The Netherlands, P46, PS609
Walbaum, Charlotte, Germany, P07, P07, PS339
Walker-Charles, Melea, Australia, PS575
Walsh, Emily, United States, PS450
Wandke, Svenja, Germany, PS220
Wang, Ashley, Taiwan, P03, PW13
Wang, Ashley Wei-Ting, S03
Wang, Bing, United States, PS63
Wang, Chao-Hui , Taiwan, P42
Wang, Cheng, China, PS291
Wang, Huei-Shiuan, Taiwan, PS699
Wang, Jianli, China, PS273
Wang, Qing, China, PS40
Wang, Yanhui, China, PS26
Wang, Yueh-Hsin, United Kingdom, PS662
Ware, Nicola, Australia, PS575
Waterman, Leah, The Netherlands, P25, P37
Webb, Kyra, Australia, PS259, PS369
Webster, Rachel, United States, P56, PS552
Webster, Sarah, United States, PS450
Weezel, Gualthérie van, Anne, The Netherlands, P10
Wein, Lena, Israel, PS4
Wein, Simon, Israel, PS5, PS6, PS7, PW07
Weissflog, Gregor, Germany, PS484
Weis, Joachim, Germany, P05, P36, P42
Wei, Wei, Ireland, PS655
Wells-Di Gregorio, Sharla, United States, PS648
Wengstrom, Yvonne, Sweden, P13
wen, minni, China, PS57, PS72
Wen, Minni, China, PS73, PS94, PW01
Wertheim, Reut, Israel, P29
Wéry, Justine, Belgium, PF7.2
Wesselius-Wuestman, Anita, The Netherlands, P32
Westendorp, Janine, The Netherlands, P19
Wettergren, Lena, Sweden, P15, P25, P37, PS164, PS166, PS181
Whalen, Phil, United States, PS684
Wheatley-Price, Paul, Canada, P28
Whisenant, Meagan, United States, PS309, PS347
White, Benjamin, United States, PS3, PW04
White, Vicki, Australia, PF8.3
White, Victoria, Australia, P15, PF3.2
Wieczorek, Dagmar, Germany, PS517
Wieland, Stephania, United Kingdom, PS24
Wiener, Lori, United States, PS366
Wijnands, Ap, The Netherlands, PS498
Wijnhoven, Lonneke, The Netherlands, PS494
Wikman, Anna, Sweden, PS38, PS501, PS718
Wilborn, P, Adaixa, United States, P20
Wiles, Louise, Australia, P30
Wilkinson-Meyers, Laura, New Zealand, PS317
Willemsen, Chloe, Australia, PF7.9
Williams, Lana J, Australia, PF8.3
Wilson, Carlene, Australia, P54

Wilson, Michelle, New Zealand, PS317
Wiltink, MD, Prof. Jörg, Germany, P48, PF9.10
Wingham, Terri, United States, PF4.2
Winkels, Renate, S55, P55, P55, P55
Winkels, Renate , The Netherlands, P16
Winkens, Laura, The Netherlands, P55
Winterling, Jeanette, Sweden, PS204
Witziers, Marijn, The Netherlands, P17, PS440
Woezik, van , Rosalie, The Netherlands, PS626
Wojtyna, Ewa, Poland, P08
Wolchok, Rachel, United States, P12
Wolfe, Joanne, United States, P05
Woloski, Raphael, United States, PS321
Womack, Lyndsey, United States, PF4.2
Wong, Elvin, Hong Kong SAR China, PS485
Wong, Jiahui, Canada, P41
Wong, Jojo, Hong Kong SAR China, PS573
Wong, Wendy, Hong Kong SAR China, PS607
Wouters, Michel , The Netherlands, P23
Wouters, Roel, The Netherlands, PS424
Wratten, Christopher, Australia, P42
Wright, Frances, Canada, P20
Wright, Josephine , United Kingdom, PS607
Wright, Lorraine, United Kingdom, PS487
Wright, Lorraine , United Kingdom, PS183, PS184
Wu, Carrie, S26, P26
Wu, Huijun, China, PS497
wu, jing, China, PS138
Wu, Min-Hsun, Taiwan, P44
Wu, Raymond, Australia, P44
Wu, Shu, China, PS18, PS19, PS20
Wu, Verena, Australia, P01
Wu, Wenbo, The Netherlands, PF8.4, PF8.5
Wymenga, Machteld, The Netherlands, PS207
Wæhrens, Eva, Denmark, PF1.2
Xianliang , Liu, Australia, PS1
Xie, Jingyue, China, PS282
Xu, Peirong, China, P22, P48, PS414
Yaguchi-Saito, Akiko, Japan, PS368
Yamada, Misako , Japan, PS82
Yanagihara, Kiyoko, Japan, PS698
YANAGIHARA, KIYOKO, Japan, PS475
Yanai, Yuko, Japan, PS561
Yang, Cheng-Fang , Taiwan, PS50
Yang, Desong, China, PS73, PS94, PW01
Yang, Hsin-Yi , Taiwan, P42
Yang, Hui, China, PS94
Yang, Shaojie, China, PS149
yang, yongting, China, PS138
Yanting, Ning , China, PS14, PS18, PS19, PS20
Yasko, Ludmila, Russia, PS633
Yeo, Su-min, Singapore, PS460
Yiu, Wong, Hong Kong SAR China, PS607
Yi, Lili, China, PS73, PW01
yi, lili, China, PS57
Yohana, Yohana, Indonesia, PF9.5
Yorke, Janelle, Hong Kong SAR China, PS467
Yoshikawa, Eisho, Japan, PS561
Young, Rebekah, United Kingdom, PS490
Yuen, Eva, Australia, P54
Yue, Xian, China, PS26
Yu, Ally, Canada, P21
Yu, Huiqing, China, P07, PW10
Yu, Qian, China, PS605
Yu, Wen-Chun, Taiwan, PS150
Zachariae, Robert, Denmark, P05
Zakhary, Iman, Australia, P01
Zakieh, Abdulhafiz, United Kingdom, P53
Zantingh, Ilaniek, The Netherlands, PS432, PS444
Zaparoli de Oliveira, Giovana, Brazil, PS623
Zegers, Amber Daniëlle, The Netherlands, PF8.1
Zegers, M.L. , Catharina , The Netherlands, P17
Zeillemaker, Anneke, The Netherlands, PS373
Zengin, Hatice Yagmur, Turkey, PS88
Zeng, Zihao, The Netherlands, PS483
Zenner, H.P., The Netherlands, P33
Zhang, Chengjiao, China, PS291

Zhang, Hailong, China, PS19
Zhang, Jing-ping, China, P19
Zhang, June, China, P45, PS497, PS605
Zhang, M, Karen, Canada, PS562
zhang, lemeng, China, PS72
Zhang, Lemeng, China, PS73, PS94, PW01
zhang, lemeng zhang, China, PS57
Zhang, Meifen, China, PS257, PS282
Zhang, Peng, China, PS149
Zhang, Qianwen, China, PS26
Zhang , Yuankai, United States, PS570
Zhan, Zhengyin, China, PS18
Zhao, Fuyun, China, PS142
Zheng, Ruishuang, China, PS26
Zhivov, Alexey, Russia, PS641
Zhou, S., Eric, United States, P34
Zhou, Jiaxin, China, PS273
Zhou, Ran, China, PS73, PW01
Zhu, Chenyanwen, China, PS273
zhu, liming, China, PS138
Zhu, Mei, China, PS149
Zhu, Patricia, Canada, PS540
Zimmermann, Camilla, Canada, P10, P21, PF6.2
Zimmermann, Camilla , Canada, PS118
Zimmermann, Tanja, Germany, P27, PF9.1, PS425, PS434, PS703
Zimmernmann, Tanja, Germany, PS433
Zingler, Hannah, Germany, PS433
Zion, Sean, United States, PF5.3
Zipfel, Stephan, Germany, P08
Zito, Emanuela, Italy, PS651
zoghi, Hourie , Iran, PS283
Zomerdijk, Nienke, Australia, P54
Zou, Ran, China, PS94
zou, ran, China, PS72
Zusterzeel, Petra L.M., The Netherlands, P24
Zwanenburg, Laura, The Netherlands, P28, PS493
Zwerenz, PhD, Rüdiger, Germany, P48, PF9.10
Zyumbileva, Petya, Germany, PS185

Poster Presenter Index

PF1.1 Francis, Delfin Lovelina
PF1.2 Aagesen, Maria
PF1.3 Shapiro, Gilla
PF1.4 Pleysier, Sophie
PF2.1 Petzold, Olimpia
PF2.2 Grégoire, Charlotte
PF2.3 Grégoire, Charlotte
PF2.4 Tiquia, Rey
PF3.1 Lacki, Fiona Janina
PF3.2 Beasley, Elizabeth
PF3.3 Guo, Liping
PF3.4 Laing, Ebba
PF4.1 Vanlalhruaii, C
PF4.2 Stein, D., Kevin
PF4.3 vom Eigen, Kira
PF4.4 Veeraiah, Surendran
PF5.1 Doppenberg-Smit, Elise
PF5.2 van der Hoek, Hinke
PF5.3 Taub, Chloe
PF5.4 Lima, Esperança
PF6.1 Li, Chi
PF6.2 Shapiro, Gilla
PF6.3 UNENO, Yu
PF6.4 Choucroun, Lisa
PF7.1 Jefford, Michael
PF7.2 Righes, Sadio
PF7.3 Brajkovic, Lovorka
PF7.4 Lyhne, Dam , Johanne
PF7.5 Levinsen, Anne Katrine Graudal
PF7.6 Deng, Mingchun
PF7.7 Buro, W, Acadia
PF7.8 Jacobson, Lisa
PF7.9 McLoone, Jordana
PF7.10 Green, Anna
PF8.1 Zegers, Amber Daniëlle
PF8.2 Vargas, Sabrina
PF8.3 Vigano, Anna
PF8.4 Schoormans, Dounya
PF8.5 Schoormans, Dounya
PF8.6 Paltrinieri, Sara
PF8.7 Reeves, Marina
PF8.8 Harder, Helena
PF8.9 Torp, Steffen
PF8.10 MÜLLER, Anita
PF9.1 Springer, Franziska
PF9.2 Thomas, Mareike
PF9.3 Setyowibowo, Hari
PF9.4 Dondin, Morgan
PF9.5 Iskandarsyah, Aulia
PF9.6 Gadiraju, Padmaja
PF9.7 Fitch, I, Margaret
PF9.8 Johns, A., Shelley
PF9.9 Tremblay, Dominique
PF9.10 Hirschmiller, Judith
PS1 Tang, MaoTing
PS3 Arem, Hannah
PS4 Wein, Lena
PS5 Wein, Simon
PS6 Wein, Simon
PS7 Wein, Simon
PS9 Bernier, Pascal
PS10 Bernier, Pascal
PS13 Li, Wen
PS14 Yanting, Ning
PS15 Matsui, Tokuzo
PS17 Chan, Chik Yi
PS18 Yanting, Ning
PS19 Yanting, Ning
PS20 Yanting, Ning
PS21 Lone, M, Irfan
PS23 Shu, Bih-Ching
PS24 Carter, Tim
PS25 Onyedibe, Maria-Chidi Christiana
PS26 Zheng, Ruishuang
PS28 Hosseini, Ash
PS33 Bernier, Pascal
PS34 Ali, Zipporah
PS35 Kamalyan, Alisa
PS36 Dekker, Joost
PS38 Romare Strandh, Maria
PS39 Kamarudin, Norhashimah
PS40 Wang, Qing
PS41 Anderson, Tara
PS43 CHANG, CHE-MING
PS45 Chen, Mengting
PS46 Chen, Mengting
PS49 Lee, Yun-Hsiang
PS50 Lee, Yun-Hsiang
PS51 Leaci, Giacomo
PS54 Soares, Célia
PS57 zhang, lemeng zhang
PS60 Proctor, Miranda
PS61 Fitch, I, Margaret
PS63 Seshadri, Pranav
PS65 Cook, Lana
PS69 Dolbeault, Sylvie
PS70 CHIANG, CHIA-WEI
PS71 Siao, Chia-Li
PS72 liu, xiaohong
PS73 Yi, Lili
PS74 So, Tsz Wai
PS77 Tang, Woung-Ru
PS79 Peng, Wanglian
PS82 UNENO, Yu
PS83 Genkin, Avital
PS84 Ochoar-Arnedo, Cristian
PS85 Daem, Michiel
PS86 Centeno, Isabel
PS88 BAHCIVAN, OZAN
PS89 Hanalis-Miller, Tsipi
PS91 Huang, Tsai-Wei
PS93 Huang, Rong
PS94 Liu, Feng
PS96 Maudgal, Shubha
PS97 Sebri, Valeria
PS98 TANG, MEI-FEN
PS100 Carey, Lisa
PS101 Ruble, Kathy
PS103 Jefford, Michael

PS106 Chan, Julia
PS110 Gustems, Marina
PS114 Bolognini, Ida
PS118 George, A., Megan
PS121 Ni, Cheng-Hua
PS123 Eilert, Nora
PS127 Paskett, Electra
PS128 Tong, Eryn
PS129 Odoga, Cecilia
PS131 Sultan, Serge
PS136 Kakhniashvili, Tamar
PS137 Capozza, Scott
PS138 zhu, liming
PS142 Zhao, Fuyun
PS144 Armay, zeynep
PS145 Huang, Xufen
PS149 Li, Yuanyuan
PS150 Yu, Wen-Chun
PS151 Snyder, Stella
PS152 Galvéz Hernández, Carmen Lizette
PS157 Lu, Ling-Chun
PS161 Kamarudin, Norhashimah
PS163 ITTOUCHENE, Ambre
PS164 Marklund, Sarah
PS165 Chou, Hsiu-Ling
PS166 Skog, Rebecca
PS168 Hudder, Amanda
PS169 Buursma, Petra
PS171 Jacobson, Lisa
PS172 Raymond, Blessing Olunloyo
PS177 Hartono, Benedicta
PS178 Harder, Helena
PS179 Jose Carlos, Sanchez Ramirez
PS180 Slaghmuylder, Yaël
PS181 Bergström, Charlotta
PS183 Wright, Lorraine
PS184 Wright, Lorraine
PS185 Zyumbileva, Petya
PS189 Goldzweig, Gil
PS191 Hayden, Lucy
PS192 Shahjalal, Md.
PS193 Curran, Laura
PS200 Jose, Neeha
PS201 Tadsuan, Jinsuta
PS204 Ilstedt, Helena
PS206 Kamarudin, Norhashimah
PS207 Versluis, Moyke
PS208 PETER, ANITA
PS210 Ilstedt , Helena
PS212 Mbangtang, Zara
PS213 Loida , Esenarro Valencia
PS214 Nelson, David
PS217 Drbohlav Ollerton, Rachel
PS220 Wandke, Svenja
PS223 Carraça, V., Eliana
PS228 Neri Flores, Veronica
PS231 Simonetti, Alessio
PS232 Kim, Yoojung
PS233 Pogacian, Adrian
PS234 Bazan , Jorge
PS241 Sartori, Raffaela Daria Giovanna
PS242 Travado, Luzia
PS243 Centeno, Isabel
PS244 Adebayo-Oke, Bosede
PS246 Ferrara, Ottavia Marianna
PS247 Sorkin, Dara
PS249 Figueiredo, Patricia
PS250 Galvez-Hernández , Lizette
PS251 Martinez Tyson, Dinorah
PS256 Khain, Alina
PS257 Du, Qianqian
PS259 Shaw, Joanne
PS260 Larkin, Derek
PS261 Hentschel, Leopold
PS266 Li, Qiuping
PS267 Fang, Hui-Fen
PS268 Chieffo, Daniela Pia Rosaria
PS269 Fan, Wen-Yeh
PS270 Versluis, Moyke
PS273 Li, Fei
PS279 Lekárová, Monika
PS280 Goerling, Ute
PS281 Lee, Hsiang-yi
PS282 Xie, Jingyue
PS283 Matoufi, Reza
PS285 Neves, Maria Carolina
PS286 LOCATELLI, Marie
PS287 Neves, Maria Carolina
PS290 van Dongen-Melman, Jeanette E.W.M.
PS291 Hu, Guangfu
PS292 Ahles, Tim
PS296 Caneva, Stefano
PS298 Miettinen, Teemu
PS299 Markham Jones, Helene
PS302 Pongener, Matsungshila
PS303 Bardi, Francesca
PS306 Van Hoyweghen, Sophie
PS307 Moradi, Shahram
PS308 Scholl, Isabelle
PS309 Whisenant, Meagan
PS310 Di Mattei, Valentina
PS311 Sani, Gabriele
PS312 Solberg, E. , Megan
PS313 Gélinas-Gagné, Charlotte
PS316 Schilstra, Clarissa
PS317 McNeill, Rob
PS320 Lafuenti, Letizia
PS321 Masiero, Marianna
PS325 Thomas, Mareike
PS330 Kwakkenbos, Linda
PS334 Schellekens, P.J., Melanie
PS335 Bilodeau, Karine
PS336 Bilodeau, Karine

PS337 Castro-Figueroa, M, Eida
PS339 Walbaum, Charlotte
PS342 Fernandes, Darren
PS346 Cullen , Clare
PS347 Milbury , kathrin
PS348 Kovacs, Agnes Anna
PS350 Bernstein, Lori
PS351 Slack, Julia
PS352 Carrion, V, Iraida
PS353 Bengtsson, Anna-Sofia
PS357 Friesen-Storms*, Jolanda
PS359 Nelson, J, Christian
PS361 Kracen, Amanda
PS363 Lasebikan, Victor
PS366 McLoone, Jordana
PS368 Okamura, Masako
PS369 McLoone, Jordana
PS371 Peate, Michelle
PS373 Klaassen-Dekker, Anneleen
PS374 Klaassen-Dekker, Anneleen
PS375 Gurren, Lorna
PS377 Leuteritz, Katja
PS380 Stroeken, Yaël
PS382 Sierra- Murguía , Mariana
PS384 de Groot, Janet
PS385 de Groot, Janet
PS390 RESPINI, DANIELA
PS393 Tsuchiya, Miyako
PS397 Brock, Hannah
PS399 Van den Cruyce, Nele
PS402 Mitchinson, Lucy
PS403 Mitchinson, Lucy
PS406 de Rooij, Belle H.
PS407 Rexer, L, Jennie
PS408 Gitonga, Isaiah
PS409 Duong, Jenny
PS412 Crowell, David, Philip
PS413 McLoone, Jordana
PS414 Xu, Peirong
PS417 Bae, Ka Ryeong
PS418 Ananeva, Evgeniia
PS419 ROCCARO, SEBASTIANA
PS422 Albers, E.A.C.
PS423 Estapé, Tania
PS424 Grootenhuis, Martha
PS425 Ernst, Jochen
PS426 Riccardi, Francesca
PS427 Riccardi, Francesca
PS430 Riccardi, Francesca
PS432 Zantingh, Ilaniek
PS433 Köditz, Anne-Kathrin
PS434 Heyne, Svenja
PS436 Dionigi, Francesca
PS437 Verdonck-de Leeuw, Irma
PS438 NALLEPALLI, VEENAVANI
PS440 Witziers, Marijn
PS441 Cordoș, Teodora
PS442 Guseva, Alexandrovna, Marina
PS443 Hery, Chloe
PS444 Zantingh, Ilaniek
PS450 Antoni, Michael
PS451 RAMÍREZ OROZCO, MÓNICA
PS453 Hanania, Joan
PS460 Goh, Emily
PS467 Yorke, Janelle
PS468 Cohen, PhD, Miri
PS470 Tham, MingLi , Lynette
PS472 Tan, Maureen
PS473 Miles, Anne
PS475 YANAGIHARA, KIYOKO
PS476 Nandakumar, Devi
PS477 Tamminga, J, Sietske
PS479 Cooke, Samuel
PS482 Cooke, Samuel
PS483 Holtmaat, Karen
PS484 Sauer, Christina
PS485 Wong, Elvin
PS486 MOSHTOHRY, AYA
PS487 Hulbert-Williams, Nick
PS490 Cooke, Samuel
PS492 Richter, Diana
PS493 Engelhardt, Ellen G.
PS494 Holtmaat, Karen
PS495 Lawal, Ishak
PS496 Estapé, Tania
PS497 Wu, Huijun
PS498 Collombon, Eline
PS499 Torres, Ana
PS501 Kuylenstierna, Astrid
PS502 Mollet, Judith
PS504 Škufca Smrdel, Andreja
PS516 Leal, Monick
PS517 Klett, Maike Kim
PS519 Vargas, Sabrina
PS523 Knauer, Klara
PS532 Smits, Michelle
PS536 van Ommen, Fenna
PS541 Robert, Rhonda
PS543 Hales, Sarah
PS544 Gijbels, Jos
PS548 Remondes-Costa, Isabel, Sónia
PS549 Shaw, Joanne
PS550 Mesquita, Beatriz
PS551 Brown, L. , Tyler
PS552 Loecher, Nele
PS554 Howard, Fuchsia
PS555 Scwierczynski, Guillaume
PS560 Tsuchiya, Miyako
PS561 Fujisawa, Daisuke
PS562 Zhang, M, Karen
PS563 MacDonald, Cody
PS564 Madrid, Kristen
PS565 Hernández-Marín, Jazmin

PS567 Howard Sharp, Katianne
PS568 Lu, hsinyen
PS569 vom Eigen, Kira
PS570 Ma, Annie
PS572 Rutledge, Rob
PS573 Lin, Shuya
PS574 Ilie, Gabriela
PS575 Shaw, Joanne
PS577 Brown, Joshua
PS579 Irwin, Kelly
PS580 Antao, Nirav
PS581 Fu, Kexin
PS582 AGUIAR, STEFAN
PS583 Saab, Aseel
PS584 Parsons, Gabriella
PS585 Lupau, Corina
PS586 Heidkamp, Paula
PS588 Fujisawa, Daisuke
PS592 Pawełczak-Szastok, Marta
PS593 Urbutienė, Eglė
PS601 Cheng, Cathy, Yi-Chuan
PS604 Van Schoors, Marieke
PS605 Yu, Qian
PS606 Syed, Tahreen
PS607 Wong, Wendy
PS609 Kievits, JEC
PS610 Dubois, Kleo
PS613 Dubois, Kleo
PS614 Guglieri, Irene
PS615 Golsteijn, Rianne
PS616 Shaikh, Abdulsattar, Ezaz
PS617 D, Asha
PS618 Maier, Sabrina
PS621 CARON, MARTHES MOLLI, FABIANA
PS623 Zaparoli de Oliveira, Giovana
PS624 Dehury, Kumar, Ranjit
PS626 Muller, Fabiola
PS630 Sanson, Christina
PS631 Baños-Lara, Ma del Rocío
PS633 Klipinina, Natalia
PS635 TASINATO, DANIELA
PS638 TASINATO, DANIELA
PS639 Hiltrop, Kati
PS641 Moskalenko , Evgeniya
PS642 Al Fahdi, Amal
PS644 Morgante, Manuela
PS648 Wells-Di Gregorio, Sharla
PS649 Sanson, Christina
PS650 Samal, Rekha, Rashmi
PS651 Marenghi, Cristina
PS652 Trindade, Inês
PS653 Wahlin, T, Keiko
PS654 Soares, Andreia
PS655 Wei, Wei
PS657 Soares, Andreia
PS662 Wang, Yueh-Hsin
PS667 Hanania, Joan
PS668 kimi, Laltlan
PS669 Dubois, Kleo
PS670 De Clippeleir, Inge
PS671 Gerits, Véronique
PS672 Verzelen, Angelique
PS673 Dinkel, Andreas
PS675 Mazzotti, Eva
PS676 TSENG, CHIH-TING
PS678 Sauls, Rachel
PS680 Mazzocco, Ketti
PS681 Peterson, Susan
PS682 Veeraiah, Surendran
PS684 Stein, Kevin
PS686 Veeraiah, Surendran
PS687 de Groot, Janet
PS688 GRASSI, LUIGI
PS692 Moore, Anne
PS695 Russell, Hayley
PS697 NANIS, DIMITRIOS
PS698 Sone, Chikako
PS699 Huang, Tsai-Wei
PS700 Hughes, Kian
PS701 Hughes, Kian
PS702 Johns, A., Shelley
PS703 Dreismann, Lara
PS704 Koós, Zsuzsanna
PS705 Tóth, Richárd
PS706 Rozycka, Emilia
PS716 Brooke Russell, K.
PS717 Cohen, Miri
PS718 Melzi, Greta
PS719 Martin, Carl N.

Poster Presenter Alphabetical Order

Aagesen, Maria, PF1.2
Adebayo-Oke, Bosede, PS244
AGUIAR, STEFAN, PS582
Ahles, Tim, PS292
Albers, E.A.C., PS422
Al Fahdi, Amal , PS642
Ali, Zipporah , PS34
Ananeva, Evgeniia, PS418
Anderson, Tara, PS41
Antao, Nirav, PS580
Antoni, Michael , PS450
Arem, Hannah, PS3
Armay, zeynep, PS144
Bae, Ka Ryeong, PS417
BAHCIVAN, OZAN, PS88
Baños-Lara, Ma del Rocío, PS631
Bardi, Francesca, PS303
Bazan , Jorge, PS234
Beasley, Elizabeth, PF3.2
Bengtsson, Anna-Sofia , PS353
Bergström, Charlotta, PS181
Bernier, Pascal, PS9, PS10, PS33
Bernstein, Lori, PS350
Bilodeau, Karine, PS335, PS336
Bolognini, Ida, PS114
Brajkovic, Lovorka, PF7.3
Brock, Hannah, PS397
Brooke Russell, K., PS716
Brown, Joshua, PS577
Brown, L. , Tyler, PS551
Buro, W, Acadia, PF7.7
Buursma, Petra, PS169
Caneva, Stefano, PS296
Capozza, Scott, PS137
Carey, Lisa, PS100
CARON, MARTHES MOLLI, FABIANA, PS621
Carraça, V., Eliana, PS223
Carrion, V, Iraida, PS352
Carter, Tim, PS24
Castro-Figueroa, M, Eida, PS337
Centeno, Isabel, PS86, PS243
CHANG, CHE-MING, PS43
Chan, Chik Yi, PS17
Chan, Julia, PS106
Cheng, Cathy, Yi-Chuan, PS601
Chen, Mengting, PS45, PS46
CHIANG, CHIA-WEI, PS70
Chieffo, Daniela Pia Rosaria, PS268
Choucroun, Lisa, PF6.4
Chou, Hsiu-Ling, PS165
Cohen, PhD, Miri, PS468, PS717
Collombon, Eline, PS498
Cooke, Samuel, PS479, PS482, PS490
Cook, Lana, PS65
Cordoș, Teodora, PS441
Crowell, David, Philip , PS412
Cullen , Clare , PS346
Curran, Laura, PS193
Daem, Michiel , PS85
De Clippeleir, Inge, PS670
de Groot, Janet, PS384, PS385, PS687
Dehury, Kumar, Ranjit, PS624
Dekker, Joost, PS36
Deng, Mingchun, PF7.6
de Rooij, Belle H., PS406
Di Mattei, Valentina , PS310
Dinkel, Andreas, PS673
Dionigi, Francesca, PS436
Dolbeault, Sylvie, PS69
Dondin, Morgan, PF9.4
Doppenberg-Smit, Elise, PF5.1
Drbohlav Ollerton, Rachel, PS217
Dreismann, Lara, PS703
Dubois, Kleo, PS610, PS613
Dubois, Kleo , PS669
Duong, Jenny, PS409
Du, Qianqian, PS257
D, Asha, PS617
Eilert, Nora, PS123
Engelhardt, Ellen G., PS493
Ernst, Jochen, PS425
Estapé, Tania, PS423, PS496
Fang, Hui-Fen, PS267
Fan, Wen-Yeh, PS269
Fernandes, Darren, PS342
Ferrara, Ottavia Marianna , PS246
Figueiredo, Patricia, PS249
Fitch, I, Margaret, PF9.7, PS61
Francis, Delfin Lovelina, PF1.1
Friesen-Storms*, Jolanda, PS357
Fujisawa, Daisuke, PS561, PS588
Fu, Kexin, PS581
Gadiraju, Padmaja, PF9.6
Galvez-Hernández , Lizette , PS250
Galvéz Hernández, Carmen Lizette, PS152
Gélinas-Gagné, Charlotte, PS313
Genkin, Avital, PS83
George, A., Megan , PS118
Gerits, Véronique, PS671
Gijbels, Jos, PS544
Gitonga, Isaiah , PS408
Goerling, Ute, PS280
Goh, Emily, PS460
Goldzweig, Gil, PS189
Golsteijn, Rianne, PS615

GRASSI, LUIGI, PS688
Green, Anna, PF7.10
Grégoire, Charlotte, PF2.2, PF2.3
Grootenhuis, Martha, PS424
Guglieri, Irene, PS614
Guo, Liping, PF3.3
Gurren, Lorna, PS375
Guseva, Alexandrovna, Marina, PS442
Gustems, Marina , PS110
Hales, Sarah, PS543
Hanalis-Miller, Tsipi, PS89
Hanania, Joan, PS453, PS667
Harder, Helena, PF8.8, PS178
Hartono, Benedicta, PS177
Hayden, Lucy, PS191
Heidkamp, Paula, PS586
Hentschel, Leopold, PS261
Hernández-Marín, Jazmin , PS565
Hery, Chloe, PS443
Heyne, Svenja, PS434
Hiltrop, Kati , PS639
Hirschmiller, Judith, PF9.10
Holtmaat, Karen, PS483, PS494
Hosseini, Ash, PS28
Howard Sharp, Katianne, PS567
Howard, Fuchsia, PS554
Huang, Rong, PS93
Huang, Tsai-Wei, PS91, PS699
Huang, Xufen, PS145
Hudder, Amanda, PS168
Hughes, Kian, PS700, PS701
Hulbert-Williams, Nick, PS487
Hu, Guangfu, PS291
Ilie, Gabriela, PS574
Ilstedt , Helena, PS210
Ilstedt, Helena , PS204
Irwin, Kelly, PS579
Iskandarsyah, Aulia, PF9.5
ITTOUCHENE, Ambre, PS163
Jacobson, Lisa, PF7.8, PS171
Jefford, Michael, PF7.1, PS103
Johns, A., Shelley, PF9.8, PS702
Jose Carlos, Sanchez Ramirez, PS179
Jose, Neeha, PS200
Kakhniashvili, Tamar, PS136
Kamalyan, Alisa, PS35
Kamarudin, Norhashimah, PS39, PS161, PS206
Khain, Alina, PS256
Kievits, JEC, PS609
kimi, Laltlan, PS668
Kim, Yoojung, PS232
Klaassen-Dekker, Anneleen, PS373, PS374
Klett, Maike Kim, PS517
Klipinina, Natalia, PS633
Knauer, Klara, PS523
Köditz, Anne-Kathrin, PS433
Koós, Zsuzsanna, PS704
Kovacs, Agnes Anna, PS348
Kracen, Amanda, PS361
Kuylenstierna, Astrid , PS501
Kwakkenbos, Linda, PS330
Lacki, Fiona Janina, PF3.1
Lafuenti, Letizia, PS320
Laing, Ebba, PF3.4
Larkin, Derek, PS260
Lasebikan, Victor, PS363
Lawal, Ishak, PS495
Leaci, Giacomo, PS51
Leal, Monick, PS516
Lee, Hsiang-yi, PS281
Lee, Yun-Hsiang , PS49, PS50
Lekárová, Monika, PS279
Leuteritz, Katja, PS377
Levinsen, Anne Katrine Graudal, PF7.5
Lima, Esperança, PF5.4
Lin, Shuya, PS573
Liu, Feng, PS94
liu, xiaohong, PS72
Li, Chi, PF6.1
Li, Fei, PS273
Li, Qiuping, PS266
Li, Wen, PS13
Li, Yuanyuan, PS149
LOCATELLI, Marie, PS286
Loecher, Nele, PS552
Loida , Esenarro Valencia , PS213
Lone, M, Irfan, PS21
Lupau, Corina, PS585
Lu, hsinyen, PS568
Lu, Ling-Chun, PS157
Lyhne, Dam , Johanne, PF7.4
MacDonald, Cody, PS563
Madrid, Kristen, PS564
Maier, Sabrina, PS618
Marenghi, Cristina, PS651
Markham Jones, Helene, PS299
Marklund, Sarah, PS164
Marta-Simões, Joana, PS654
Martinez Tyson, Dinorah, PS251
Martin, Carl N., PS719
Masiero, Marianna, PS321
Matoufi, Reza , PS283
Matsui, Tokuzo, PS15
Maudgal, Shubha, PS96
Mazzocco, Ketti , PS680
Mazzotti, Eva, PS675
Ma, Annie, PS570
Mbangtang, Zara, PS212

McLoone, Jordana, PF7.9, PS366, PS369, PS413
McNeill, Rob, PS317
Melzi, Greta, PS718
Mesquita, Beatriz , PS550
Miettinen, Teemu, PS298
Milbury , kathrin, PS347
Miles, Anne, PS473
Mitchinson, Lucy, PS402, PS403
Mollet, Judith, PS502
Moore, Anne, PS692
Moradi, Shahram, PS307
Morgante, Manuela, PS644
MOSHTOHRY, AYA, PS486
Moskalenko , Evgeniya , PS641
MÜLLER, Anita, PF8.10
Muller, Fabiola, PS626
NALLEPALLI, VEENAVANI, PS438
Nandakumar, Devi , PS476
NANIS, DIMITRIOS, PS697
Nelson, J, Christian, PS359
Nelson, David, PS214
Neri Flores, Veronica, PS228
Neves, Maria Carolina, PS285, PS287
Ni, Cheng-Hua, PS121
Ochoar-Arnedo, Cristian, PS84
Odoga, Cecilia, PS129
Okamura, Masako, PS368
Onyedibe, Maria-Chidi Christiana, PS25
Paltrinieri, Sara, PF8.6
Parsons, Gabriella, PS584
Paskett, Electra, PS127
Pawełczak-Szastok, Marta , PS592
Peate, Michelle, PS371
Peng, Wanglian, PS79
Peterson, Susan, PS681
PETER, ANITA, PS208
Petzold, Olimpia, PF2.1
Pleysier, Sophie, PF1.4
Pogacian, Adrian, PS233
Pongener, Matsungshila, PS302
Proctor, Miranda, PS60
RAMÍREZ OROZCO, MÓNICA, PS451
Raymond, Blessing Olunloyo, PS172
Reeves, Marina, PF8.7
Remondes-Costa, Isabel, Sónia, PS548
RESPINI, DANIELA, PS390
Rexer, L, Jennie, PS407
Riccardi, Francesca, PS426, PS427, PS430
Richter, Diana, PS492
Righes, Sadio, PF7.2
Robert, Rhonda, PS541
ROCCARO, SEBASTIANA, PS419
Romare Strandh, Maria, PS38
Rozycka, Emilia, PS706
Ruble, Kathy, PS101
Russell, Hayley, PS695
Rutledge, Rob, PS572
Saab, Aseel, PS583
Samal, Rekha, Rashmi, PS650
Sani, Gabriele, PS311
Sanson, Christina, PS630, PS649
Sartori, Raffaela Daria Giovanna, PS241
Sauer, Christina, PS484
Sauls, Rachel, PS678
Schellekens, P.J., Melanie, PS334
Schilstra, Clarissa, PS316
Scholl, Isabelle, PS308
Schoormans, Dounya, PF8.4, PF8.5
Scwierczynski, Guillaume, PS555
Sebri, Valeria, PS97
Seshadri, Pranav, PS63
Setyowibowo, Hari, PF9.3
Shahjalal, Md., PS192
Shaikh, Abdulsattar, Ezaz, PS616
Shapiro, Gilla, PF1.3, PF6.2
Shaw, Joanne, PS259, PS549, PS575
Shu, Bih-Ching, PS23
Siao, Chia-Li, PS71
Sierra- Murguía , Mariana , PS382
Simonetti, Alessio, PS231
Skog, Rebecca, PS166
Škufca Smrdel, Andreja, PS504
Slack, Julia, PS351
Slaghmuylder, Yaël, PS180
Smits, Michelle, PS532
Snyder, Stella, PS151
Soares, Andreia, PS654, PS657
Soares, Célia, PS54
Solberg, E. , Megan , PS312
Sone, Chikako, PS698
Sorkin, Dara, PS247
So, Tsz Wai , PS74
Springer, Franziska, PF9.1
Stein, D., Kevin, PF4.2, PS684
Stroeken, Yaël, PS380
Sultan, Serge, PS131
Syed, Tahreen , PS606
Tadsuan, Jinsuta, PS201
Tamminga, J, Sietske, PS477
Tang, MaoTing, PS1
TANG, MEI-FEN, PS98
Tang, Woung-Ru, PS77
Tan, Maureen , PS472
TASINATO, DANIELA, PS635, PS638
Taub, Chloe, PF5.3
Tham, MingLi , Lynette, PS470

Thomas, Mareike, PF9.2, PS325
Tiquia, Rey, PF2.4
Tong, Eryn, PS128
Torp, Steffen, PF8.9
Torres, Ana, PS499
Tóth, Richárd , PS705
Travado, Luzia, PS242
Tremblay, Dominique, PF9.9
Trindade, Inês, PS652
TSENG, CHIH-TING, PS676
Tsuchiya, Miyako, PS560
Tsuchiya, Miyako , PS393
UNENO, Yu, PF6.3, PS82
Urbutienė, Eglė, PS593
Van den Cruyce, Nele, PS399
van der Hoek, Hinke, PF5.2
van Dongen-Melman, Jeanette E.W.M., PS290
Van Hoyweghen, Sophie, PS306
Vanlalhruaii, C, PF4.1
van Ommen, Fenna, PS536
Van Schoors, Marieke, PS604
Vargas, Sabrina, PF8.2, PS519
Veeraiah, Surendran, PF4.4, PS682, PS686
Verdonck-de Leeuw, Irma, PS437
Versluis, Moyke, PS207, PS270
Verzelen, Angelique, PS672
Vigano, Anna, PF8.3
vom Eigen, Kira, PF4.3, PS569
Wahlin, T, Keiko, PS653
Walbaum, Charlotte, PS339
Wandke, Svenja, PS220
Wang, Qing, PS40
Wang, Yueh-Hsin, PS662
Wein, Lena, PS4
Wein, Simon, PS5, PS6, PS7
Wei, Wei, PS655
Wells-Di Gregorio, Sharla, PS648
Whisenant, Meagan, PS309
Witziers, Marijn, PS440
Wong, Elvin, PS485
Wong, Wendy, PS607
Wright, Lorraine , PS183, PS184
Wu, Huijun, PS497
Xie, Jingyue, PS282
Xu, Peirong, PS414
YANAGIHARA, KIYOKO, PS475
Yanting, Ning , PS14, PS18, PS19, PS20
Yi, Lili, PS73
Yorke, Janelle, PS467
Yu, Qian, PS605
Yu, Wen-Chun, PS150
Zantingh, Ilaniek, PS432, PS444
Zaparoli de Oliveira, Giovana, PS623
Zegers, Amber Daniëlle, PF8.1
Zhang, M, Karen, PS562
zhang, lemeng zhang, PS57
Zhao, Fuyun, PS142
Zheng, Ruishuang, PS26
zhu, liming, PS138
Zyumbileva, Petya, PS185