

CONCLUSIONS: Sexual functioning of OC and BOT survivors was compromised and information provision about this consequence needs improvement. Although the vast majority of survivors and their partners did not report a current need, some did, even years after end of treatment.

ID: 38308 | PREDICTORS OF QUALITY OF LIFE AND PSYCHOLOGICAL FUNCTIONING OF PATIENTS PARTICIPATING IN CLINICAL TRIALS OF NEW DRUGS IN ADVANCED THYROID CANCER.

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BACKGROUND-AIM: The psychological functioning of patients participating in clinical trials (CT) still needs to be recognized. Paying more attention to their resources and the risk factors associated with their mental decompensation is essential.

METHODS: The study aimed to measure the psychological functioning and quality of life (QoL) in patients with progressive thyroid cancer participating in CT with new drugs (n=30) and determine the predictors of these variables. The study was questionnaire-based.

RESULTS: Depending on the phase of CT (screening, randomization, first evaluation of treatment result, 6-month evaluation), different predictors of QoL and psychological functioning were found. Dispositional optimism, resilience, coping, illness perception, the patient's problems, distress, and affective state were statistically significant. The fighting spirit was found to be a predictor of reduced quality of life. The mediating role of fatigue in the relationship between fighting spirit and QoL was also demonstrated (phases I and II).

CONCLUSIONS: The various factors determining the multiple elements of psychological functioning indicate their dynamic and time-varying nature. More than a single assessment of a patient's psychophysical state is required to understand the mechanisms and determine recommendations for therapeutic management. It is essential to monitor the patient's psychological condition at each stage of CT.

ID: 38324 | EXPLORING NON-CENTRAL NERVOUS SYSTEM CANCER SURVIVORS' ACCESS, ACCEPTABILITY, AND EXPECTATIONS REGARDING INTERVENTIONS FOR COGNITIVE COMPLAINTS

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BACKGROUND-AIM: Several non-pharmacological interventions have been explored for non-central nervous system (CNS) cancer survivors reporting cancer-related cognitive impairment (CRCI).

Cognitive rehabilitation (CR) is considered the first-line intervention for CRCI. This study aimed to explore access to and acceptability of CRCI interventions and explore expectations regarding CR.

METHODS: The sample included 135 Portuguese non-CNS cancer survivors reporting cognitive complaints (Mage=47.4, SD=9.4 years). Participants were recruited through social networks and replied to an online survey on previous/current access to CRCI interventions, acceptability of these interventions, and expectations about CR.

RESULTS: Most of the participants were women and breast cancer survivors. Only 12 participants reported receiving or having already received CRCI support, mostly psychological support. For those who have never received it, the main reported reason was not knowing interventions are available/how to access them. Cognitive evaluation, psychological support, physical activity, and CR were considered the most acceptable interventions. Almost all participants reported being interested in having access to CR and considered that this type of intervention would be efficient and useful to deal with CRCI.

CONCLUSIONS: The findings show that Portuguese non-CNS cancer survivors rarely have support to manage CRCI, although they are interested in having access to interventions, namely CR. This landscape stresses the need to develop and make available cognitive support and CR programs to this population, who frequently reports CRCI.

ID: 38334 | HEALTH-RELATED QUALITY OF LIFE, DEPRESSION AND FEAR OF PROGRESSION IN PATIENTS WITH BREAST, PROSTATE, AND COLORECTAL CANCER: CHANGES DURING ONCOLOGICAL INPATIENT REHABILITATION AND AT A 9 MONTHS FOLLOW-UP.

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BACKGROUND-AIM: Only occasionally, evaluation of potential effects of oncological inpatient rehabilitation in German-speaking countries has included follow-up intervals beyond 6 months and patients other than those with breast or colorectal cancer. Therefore, we set out to compare changes in health-related quality of life (HrQoL), depression, and fear of progression between patients with breast, prostate, or colorectal cancer from the beginning to the end of oncological rehabilitation and a nine months follow-up.

METHODS: We included 357 patients undergoing oncological inpatient rehabilitation with a first time diagnosis of breast, prostate, or colorectal cancer (median age 61 years, 49% female). Participants completed measures of HrQoL (EORTC-QLQ-C30), Fear of Progression (FoP-Q-SF), and Depression (PHQ-9) at all measurement points. Employing median splits for Time since Diagnosis (TsD) and Age, data analysis used 3 (Tumor Site) x 2 (TsD) x 2 (Age) x 3 (Time of Measurement) repeated measures ANOVAs.

RESULTS: Tumor Site, TsD and Age showed significant, albeit mostly small (eta-squared < .06) effects. In contrast, effects of Time of Measurement were significant and of at least medium size (eta-squared ≥ .06) for global health, physical, role, emotional and social functioning, and depression which improved during rehabilitation. In women with breast cancer, emotional functioning deteriorated significantly towards follow-up. Among these, the proportion of those reporting distressing life circumstances then was highest (51%).

CONCLUSIONS: Similar to comparable studies, our results show improvement in patient reported outcomes during rehabilitation.