

ABSTRACT BOOKLET

CHAMPIONING OUR PATIENTS' FUTURE THROUGH
COLLABORATION AND INNOVATION IN PSYCHO-ONCOLOGY

time since diagnosis (< 2 years vs. 2-5 years vs. >5 years). All analyses were conducted using SAS 9.4

RESULTS: Recruiters were more likely to reach African American survivors than Whites (36.2% vs. 32.4%; p < 0.05), more likely to reach urban survivors vs. rural (36.8% vs. 31.6%; p < 0.05); and more likely to reach survivors closer to diagnosis (< 2 years, 45.5% vs. 2-5 years, 34% vs. > 5 years 28.1%; p < 0.05). Urban survivors were more willing to be screened vs. their rural peers (35.3% vs. 31.4%; p < 0.05), younger survivors were more willing than older survivors (42.6% vs. 25.6%; p < 0.05), and those closer to diagnosis (< 2 years, 35% vs. 2-5 years, 28.7% vs. > 5 years 31.8%; p < 0.05). Among those who screened eligible for the study, African Americans were more likely to decline participation (35.5% vs. 22.4%; p < 0.05), as well as older vs. younger survivors (34.4% vs. 22.2%; p < 0.05).

CONCLUSIONS: Even with population-based recruitment, while it may be easier to reach some diverse populations, continued efforts are needed to engage diverse survivors in clinical research.

ID: 38622 | MENTAL HEALTH IN PROSTATE CANCER PATIENTS: RESULTS FROM EUROPROMS STUDY (EUROPA UOMO PATIENT REPORTED OUTCOME STUDY)

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BACKGROUND-AIM: Europa Uomo is an umbrella organisation of national prostate cancer (PCa) patient groups. One of their goals is to get a cross sectional insight into the impact of being a PCa patient on quality of life. PCapatients may experience loss of erection, urinary incontinence and other consequences, as psychological issues. That is why Europa Uomo has initiated the EUPROMS to collect real-world data on quality of life collected outside the clinical setting. In the present abstract the mental health results described by psychological variables are presented

METHODS: A survey in 19 languages was made available online for Europa Uomo members and through social networks. It included questions on sociodemographic variables and Medical issues like e.g. \ treatment. Validated questionnaires on Quality of life were used (EPIC-26, EORTC-QLQ-C30 and EQ-5D-5L), responses were anonymous.

RESULTS: 2,943 PCa patients from 24 countries participated, (Mean age 71 years; at diagnosis 64), 84% lives with partner, most had surgery as the first treatment. Related to mental health, active surveillance is the option with higher anxiety and depression (15,1%) levels if compared with radical prostatectomy (11,8%) and radiotherapy (13%). Among patients treated for advanced PCa the highest level is in those men who have received the combination of Androgen deprivation therapy, radiotherapy and chemotherapy (27,6%). Favourable/stable clinical course may help to diminish anxiety and depression levels, especially after treatment ends. More than half of patients that suffered a recurrence experience a worsening of their mental health (mean of 6 points among 10). Full results will be presented by country and type of treatment.

CONCLUSIONS: PCa is the most frequent cancer in men, but often underrepresented in Psychooncology field. EUPROMS is generating real-world evidence that can aid, next to clinically collected QofL data to assess the impact of a PCa diagnosis and understand differences among cultures as cancer coping is so related to social views.

POSTER ABSTRACTS

002 | WHAT HAPPENED TO US: PSYCHOSOCIAL ASSESSMENT, COGNITIVE BELIEFS AND PARENTS' ADJUSTMENT TO CHILDHOOD CANCER

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BACKGROUND-AIM: Parents of children with cancer face high uncontrollability and uncertainty of the situation with few possibilities to regulate events, but they have the ability to regulate the cognitive appraisal of the situation. This study aimed to explore the cognitive beliefs in response to their children being diagnosed with cancer.

METHODS: A cross-sectional study was conducted among 55 parents (mostly mothers, n=49) having children with cancer. Pre-adapted Latvian version of Psychosocial Assessment Tool (PAT) was used to collect information about parental beliefs and stress reactions after diagnosis.

RESULTS: Spearman's rank correlation was computed to assess the relationship between parental beliefs and stress reactions. There was a negative correlation between the belief in doctors' competencies and depressiveness, r(53) = -.34, p < .05, as well as positive correlations with the belief in overcoming the illness ("We are going to beat this"), r(53) = .49, p < .001, and the time since starting treatment, r(53) = .31, p < .05. Belief in doctor's competencies correlated negatively with belief about child's pain ("My child will be in a lot of pain"), r(53) = -.28, p < .05. Positive correlations were found between the belief in reason ("Everything happens for a reason") and the belief in strengthening the family ("Our family will be closer because of this"), r(53) = .36, p < .001, but also with higher level of depressiveness, r(53) = .27, p < .05, and anxiety, r(53) = .31, p < .05.

CONCLUSIONS: Results suggest that parental beliefs in response to child's cancer diagnose are comparable to emotion-focused coping strategies (secondary control strategies - predictive, vicarious, interpretative). Some beliefs may simultaneously correlate with anticipation of positive outcomes from disease, but also with negative stress reactions (anxiety/depression) as the context of coping process. The identification of a family's areas of risk and resiliency across multiple domains is crucial for tailoring personalized care.

003 | HOW PERSONALITY TRAITS AND EMOTION REGULATION STRATEGIES AFFECT EMOTIONAL DISTRESS AMONG CANCER PATIENTS

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BACKGROUND-AIM: Cancer could be considered as an extremely stressful experience that affects various aspects of well-being; some factors such as emotion regulation strategies and personality traits could influence patients' distress and adaptation to the disease (Bahrami et al., 2017). The aim of the present study was to explore the association of emotion regulation strategies, personality traits and anxious and depressive symptoms among patients with a cancer diagnosis.

METHODS: Participants were 1174 individuals with cancer (mean age = 47.29 years; s.d. = 11.75). The following self-report instruments were administered: Emotion Regulation Questionnaire (Gross & John, 2003), Italian Personality Inventory-Short (Perussia & Viano, 2006) and Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983).