Oncology and Psychiatry

EPP0245

Evolution of Depression and Anxiety among Breast Cancer Patients: a prospective analysis using clinical, biological and genetic factors

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Introduction: Numerous studies have explored the symptoms and course of depression and anxiety in breast cancer patients and identified various clinical, sociodemographic, and genetic factors associated with their evolution. Nevertheless, these studies have been limited in duration and have focused on specific time points during chemotherapy or post-treatment follow-up. Furthermore, these studies included patients receiving different treatment regimens and used different tools to assess symptoms.

Objectives: To assess the prospective evolution of depression in breast cancer patients over eight consecutive chemotherapy cycles, taking into account sociodemographic, clinical, biological, and genetic factors.

Methods: A prospective longitudinal study was conducted on 69 breast cancer patients treated with intravenous chemotherapy at the oncology outpatient unit of the Hôtel-Dieu de France hospital (2017-2019; Ethics: CEHDF1016). The Hospital Anxiety and Depression Scale (HADS) was used to evaluate anxiety and depression in patients. Genotyping was performed for several genes (*ABCB1, COMT, DRD2, OPRM1, CLOCK, CRY2, PER2*) using the Lightcycler® 2.0 (Roche).

Results: Univariate repeated measures analysis showed differences in the evolution of depression and anxiety over time. For depression, a polynomial linear contrast for HADS-D scores was noted from cycle 1 to cycle 8, with a significant increase in depression at cycles 7 and 8 compared with cycle 1 (p-value$_{cycle7}$=0.004 and p-value$_{cycle8}$=0.009; Figures 1 & 2). Repeated measures analysis for anxiety showed a decrease in anxiety scores between cycles 1 and 6 of chemotherapy, followed by an increase starting cycle 6 (a polynomial trend for contrasts) (p-value$_{cycle6\ versus\ 1}$=0.038; Figures 1 & 2). Multivariable analysis showed that higher anxiety and depression scores at baseline were both associated with higher depression and anxiety scores over time. Other clinical and genetic factors, including polymorphisms in the *OPRM1, PER2,* and *COMT* genes, were also significantly associated with higher depression and anxiety scores.
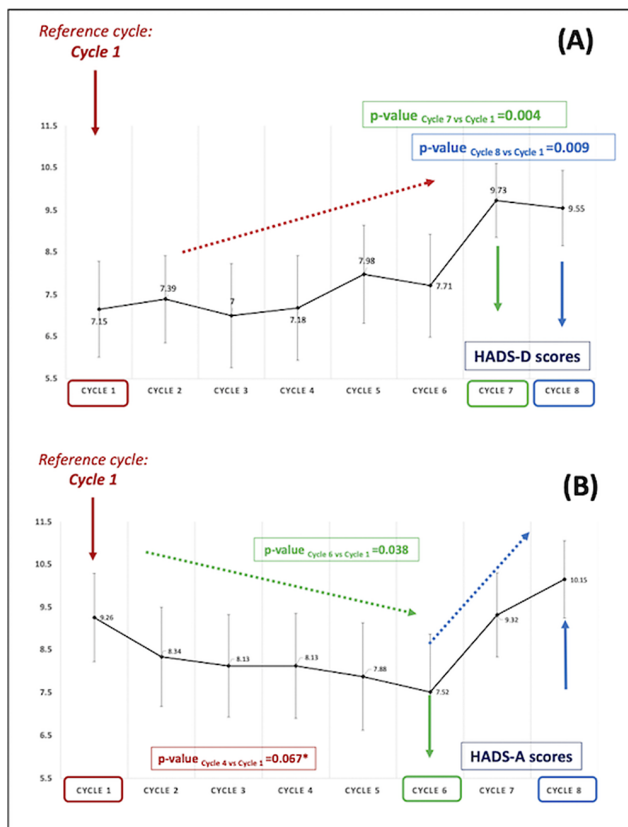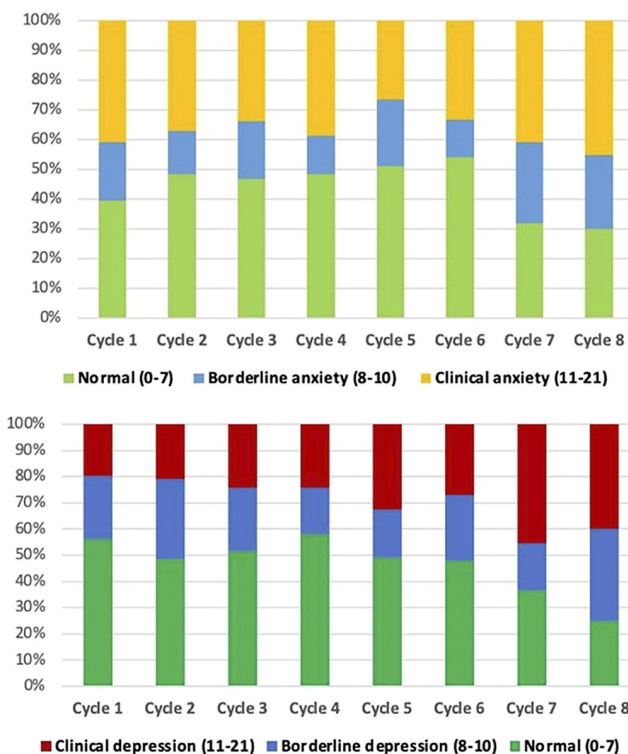
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Conclusions: Our findings highlight the importance of understanding the trajectories of depression and anxiety over time in women with breast cancer and identifying the triggering factors. Such personalized approaches would improve patient quality of life.

Disclosure of Interest: None Declared

EPP0246

Barriers in cancer care for patients with mental illness – a qualitative study

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Introduction: Patients with mental illness experience a substantial inequity when facing cancer treatment compared to patients without mental illness. They have a higher cancer mortality and are less likely to be referred for treatment following clinical guidelines. The cancer treatment can exacerbate mental symptoms, which may lead to discontinuation of the treatment. Other relevant specialities such as psychiatry and general practice are rarely involved.

Objectives: In this qualitative case study, the needs, barriers and facilitators of providing high quality, patient-centered care to patients with cancer and pre-existing mental illness were explored. Emphasis was on patients' experiences of being in the field between oncology, psychiatry, general practice and the municipality.

Methods: The study was anchored at the Department of Oncology, Lillebaelt Hospital, Vejle and data collection took place from January to June 2023. Through purposeful sampling five patients with cancer from adult psychiatric setting were included. Field studies were carried out inspired by the framework of Spradley, and involved following the patients during visits to the department of oncology and in the psychiatric setting. Formal interviews were performed using semi-structured interview guides inspired by Kvale and Brinkmann. Patient files were examined focusing on the awareness of the psychiatric diagnosis and treatment and communication between the departments and sectors.

Results: Our analysis showed one major theme: "Complexity on many levels", and five subthemes: "The impact of the cancer trajectory on mental illness", "The structure follows the disease, not the patient", "Fragmentation of the health care system", "Patient vulnerability" and "Importance of the patient-professional-relationship". Barriers included lack of a systematic approach to the patient group in the health care system and sparse collaboration between departments and sectors. The cancer trajectory often led to severe worsening of the psychiatric illness, resulting in psychiatric hospitalisation. Facilitators were specialized coordinators at the hospital or municipality, relatives, patients' resources and health professionals approaching the patient as a person rather than a disease. Final results will be ready for presentation at the conference.

Conclusions: Despite intentions of reducing inequality, the Danish health care system is still not equipped to sufficiently help patients with cancer and pre-existing mental illness through their cancer treatment. This study will highlight relevant target points, paving the way for a new, feasible care model that improves continuity and patient-centered care for patients with cancer and mental illness.

Disclosure of Interest: None Declared

EPP0248

A body beaten again: a narrative analysis of a series of cases of breast cancer survivors punctuated by violence

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Introduction: Various mechanisms have been identified to explain the relationship between gender-based violence, screening, and cancer. Biological mechanisms, primarily related to chronic stress and allostatic load, have been associated with high rates of chronic diseases among victims of violence, impairing the functioning of the immune and endocrine systems. Victims of abuse simultaneously show less initiative for screening exams, such as mammograms, as they perceive them as invasive and retraumatizing. They also demonstrate a greater tendency toward maladaptive coping behaviors and unhealthy lifestyles, such as abusive substance use. A significant number of these patients develop psychosocial dysfunction and body image disturbance during breast cancer treatments.

Objectives: This work aims to provide a descriptive and narrative analysis of body image and psychosocial changes in women breast cancer survivors with prolonged experiences of violence, supported by a non-systematic literature review on the central aspects under study.

Methods: For the introductory literature review, a search was conducted on search engines such as Google Scholar and PubMed, with no date limitations, using the following terms (or combinations): "intimate partner violence," "violence AND cancer," "body image AND psychossexual adjustment AND breast cancer." Additionally, a narrative analysis of body image and psychosocial changes in women breast cancer survivors with prolonged experiences of violence was conducted. For this purpose, participants were asked to complete two validated scales in the Portuguese language, and first-person testimonials were collected.

Results: The analysis of scale results and participant testimonials highlights a consensus on the significant impairment of psychosocial functioning and the experience of sexuality. There is evidence of avoidance behaviors in terms of affectionate and sexual contact due to feelings of fear, shame, and discomfort. The breast is valued as a sensual, erotic, and essential sexual element, and impactful changes in body image persist. However, in some cases, these changes are experienced as transformative and liberating, fostering a more generous view of the body, identity, and femininity.

Conclusions: Women with breast cancer should be screened for the possibility of being victims of violence, as this context predicts a