



Conclusions: Psychiatric symptoms may be the first and/or only manifestation of an organic lesion in some cases. Neuroimaging tests (CT and MR) may be useful in the differential diagnosis. It is important to carry out an individualized treatment based on the patient's pathology, which may include surgery and/or drugs.

Disclosure: No significant relationships.

Keywords: Neuroimaging; bipolar disorder; Meningioma; Neurosurgery

EPP0268

Depression among Endometrial Cancer hospitalizations - Preliminary results of a nationwide retrospective study

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Introduction: Uterine cancer is the most common gynecologic malignant neoplasm in developed countries. While depression is up to 3-5 times more common in patients with cancer than in the

general population, literature is still limited regarding the relation between Endometrial Cancer and depression.

Objectives: To analyze Depression among Endometrial Cancer hospitalizations in mainland Portuguese public hospitals (2008-2015).

Methods: A retrospective observational study was conducted using administrative data from all hospitalizations in Portuguese mainland public hospitals between 2008-2015. All women's hospitalizations (≥ 18 years) with a primary diagnosis of Endometrial Cancer (ICD-9-CM 182.x) were selected. Secondary diagnosis of depression was identified with ICD-9-CM 296.2x, 296.3x and 311x codes. Surgical procedures codes 68.4x, 65.6x, 40.3x, 40.5x, 68.6x, 68.9x and 68.8x were used to divide the hospitalizations into surgical vs non-surgical. Groups were compared with Pearson Chi-square test and crude odds ratio(OR) was used to estimate the association between surgery and depression.

Results: From 10227 hospitalizations with a primary diagnosis of Endometrial Cancer, 533 had a registry of depression(5.2%). Annual depression frequency rose from 2.0% (2008) to 8.3% (2015). Among patients with a record of depression, 73.2% had surgery. Women who had surgery were significantly more likely to have registered depression ($p < 0.001$). The OR for depression in surgical vs non-surgical patients was 1.73 (95%IC:1.42-2.10).

Conclusions: Patients hospitalized due to Endometrial Cancer and submitted to surgery had almost two-fold more risk of having a registry of depression. This trend reinforces the importance of early depression screening of these patients, enabling the implementation of timely therapeutic strategies before and after surgery.

Disclosure: No significant relationships.

Keywords: Endometrial Cancer; surgery; Depression; Administrative data

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Barriers to access cancer screening and treatment services in Germany

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Introduction: individual attitudes and structural inadequacies act as major barriers towards non-utilization of cancer screening and treatment offers in many high-income countries with subsidized public healthcare.

Objectives: Our interdisciplinary research group at Heidelberg University is studying the underlying individual perceptions, attitudes and experiences of age- and gender-specific barriers against cancer-related medical and psychosocial offers available in Germany.

Methods: We designed a mixed-methods, sequential explanatory study using two quantitative instruments to determine the most important age- and gender-specific barriers for non-patients and cancer patients and survivors. In the second phase, semi-structured interviews will be conducted via selective sampling to record participant opinions, experiences and expectations of using cancer-related health services.