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Conclusions: The majority of prostate cancer patients reported at least mild anxiety and mild depression. In this analysis of real-world evidence, cancer stage, PSA at diagnosis, treatments, and side-effects, were among the factors affecting patients in several ways. The multiple determinants of emotional wellbeing of prostate cancer patients warrant more research and offer the opportunity for personalised interventions.

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1491P Assessment of psychiatric disorder in patients with metastatic breast cancer: A cross-sectional study

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Background: In patients with cancer, anxiety is the most frequent comorbid psychiatric disorder, followed by depression, tobacco and alcohol abuse.

Methods: This is a cross-sectional study using the MMSE, HADS, BSI, and WHOQOL-Bref scale and aims to screen patients (pts) with metastatic breast cancer for psychiatric disorders and to assess the quality of life.

Results: A total of 91 female pts were included with a median age of 55 years; 57 pts had ECOG-PS 0; 69 pts were postmenopausal; 15 pts had a history of PD and used psychiatric medication; 24 pts were smokers and 11 had moderate alcohol habits; 55 pts were an initial stage IV. Luminal B-like Her2-negative was the most common molecular subtype (n=43); at screening 58 pts were being treated with 2nd or later lines of treatment. HADS scale: 17 pts had anxiety and 16 pts had depression. BSI scale: 2 pts had a positive score. Anxiety was shown to be related to chemically induced menopause (p<0.001), non-metastatic disease at diagnosis (p = 0.005), and lack of therapeutic adherence in the 1st line of palliative treatment (p = 0.009). Depression was more frequent in pts who underwent a mastectomy with lymphadenectomy (p=0.022), had luminal B tumors (p = 0.020), and experienced toxicity in the 1st and 3rd line of palliative treatment (p = 0.018, p = 0.031). BSI scale score was related to alcoholic habits (p = 0.013). Domain 1 of the WHOQOL-Bref had a statistically significant association with ECOG-PS, menopause, alcoholic habits, initial stage, and toxicity with the 1st line of palliative treatment; domain 2 with ECOG-PS, menopause, the initial stage and palliative treatment of 2nd and 3rd line; domain 3 with ECOG-PS, menopause, palliative treatment of 1st and 2nd line and toxicity in 2nd and 3rd line; domain 4 with use of previous psychiatric medication, initial stage, molecular subtype and lack of therapeutic adherence in the 2nd and 3rd line (p < 0.05).

Conclusions: The prevalence of psychiatric disorders and its impact on the quality of life of patients with breast cancer is significant and it is therefore important to screen for it.

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1492P A longitudinal cohort study on assessing the impact COVID-19 pandemic on the mental health of cancer care providers: Developing world scenario

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Background: COVID-19 is one of the most unfortunate events seen in the 21st century due to its outrageous spread and ordeal effect on people. Cancer care providers (CCPs) are under immense mental burden due to the unpredictable pandemic and compromised cancer care amongst patients. Pandemic has taken a toll on the caregivers, be it physically, mentally, or psychosocially.

Methods: A prospective longitudinal study was conducted from May 2020 to September 2020 to assess the pandemic's impact on mental health amongst the CCP. DASS 21 & PCL5 instruments were used to identify the temporal change with pandemic evolution on mental health. An online survey was administered at three different periods with 6-week intervals through email. Collected data is analyzed using the SPSS 26. Independent variables are presented as categorical data and analyzed using chi-square. Temporal change in the mean scores analyzed using independent t-tests. Various demographic factors were correlated with the DASS 21 scores and PCL 5 scores using logistic regression.

Results: The questionnaire was mailed to 240 CCP's; 115 responses were valid. Mean age is 29.9 +/- 5.86, 62.6% were male and 27.4% were female respondents. 41.7% were nursing staff, and 58.3% were doctors; 67% had less than five years of medical experience. Respondents who stayed with family had significant depression levels in the first and third surveys (OR: 0.37, CI- 0.15-0.91, P=0.03), (OR: 0.17, CI-0.026-1.1, P=0.04). Stress levels were significantly high in the caregivers staying with family in the first survey (OR: 4.38, CI: 1.2-15.7, P=0.02). On analyzing three surveys, 55 respondents in both the first and second survey 21,8,17 respondents persisted in having depression, stress, and anxiety. There was an increase in the stress levels in the third survey when compared to the second survey.

Conclusions: In any disaster or an unnatural event, time helps the human mind to adapt to the new conditions; it is similar to our initial results that show improvement in the depression, stress, and anxiety levels with the second survey. It is essential to assess and address the mental health status-related problems to ensure HCW's personal well-being and deliver quality health care to the patients.

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1493P An evaluation of the psychological impact of early phase clinical trials in cancer patients

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Background: The prevalence of anxiety and depression in cancer patients (pts) is approximately 20% and 10% respectively. This is associated with decreased quality of life and increased morbidity and mortality but is often overlooked and untreated. Early phase clinical trials (EPCTs) recruit pts with advanced cancers who frequently lack future treatment options, which may lead to increased anxiety and depression. Despite this, EPCTs do not routinely consider any psychological screening. To our knowledge, this prospective observational study explores levels of anxiety and depression in addition to impact of trial participation in the context of EPCT for the first time.

Methods: From September 2018 to June 2019, cancer pts attending clinic to consent for an EPCT were invited to take part. The Hospital Anxiety and Depression Scale (HADS) was used to measure anxiety and depression. Pts completed questionnaires at the point of EPCT consent, at the end of screening and at pre-specified time points thereafter.

Results: 64 pts (median age 56 (range 21-77); 56% (N = 36) female; median ECOG Performance Status 1 (N = 44)) were recruited. At consent 57 pts returned questionnaires; 39% (N = 22) reported clinically relevant levels of anxiety whilst 18% (N = 10) reported clinically relevant levels of depression on the HADS. Of those pts experiencing psychological distress before EPCT enrolment, 63% had never reported this to a health care professional. Males were more likely to be depressed (p = 0.037) and females were more likely to be anxious (p = 0.011). Changes in anxiety or depression were observed after trial enrolment on an individual level, but not significant on a population level.

Conclusions: EPCT pts are at an increased risk of anxiety and depression and may not openly seek support for this. This study did not demonstrate that the psychological wellbeing of pts was improved by participating in an EPCT. These findings should be regarded when EPCTs are discussed with pts but require validation in a larger cohort. Sites offering EPCTs should consider including an element of psychological screening in order to encourage a more holistic approach to cancer care. Subsequent interventions should consider the gender of individuals when tailoring psychological support to meet specific needs.