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Late Breaking Poster

Abstract Title: Unmet needs of Thai cancer survivors: implications for developing support care services.

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Background: Thailand is one of the country in Asia-Pacific region joined an international service-mapping study of Survivorship care for patients with cancer after Treatment completion (STEP Study) which developed project by Queensland university, Australia. A supportive needs assessment is an essential component of any cancer care program. There is no research evidence regarding the supportive care needs in Thai cancer patients.

Methods: A cross-sectional survey was carried out in a Cancer center, University Hospital, Bangkok, Thailand. A total of 160 cancer patients completed the validate scales (Cancer Survivors Unmet Needs scale-CaSUN), physical-symptom concerns (Cancer Survivors Survey of Needs-CSSN subscale) and a single-item measure of global quality of life perception (QOL). Descriptive statistics were used for data analysis.

Results: One-quarter of the patients reported poor QOL. Unmet needs of moderate/strong level were particularly high in all aspects assessed, particularly in the area of existential survivorship (psychosocial care) and receiving comprehensive cancer care.

Conclusion: Thai cancer patients experience many unmet needs and there is an urgent need for establishing additional survival ship care plan for cancer patients after the end of first line treatments. The results from this study indicate that it is important to develop supportive care services to improve the quality of life in Thai cancer survivor.

Abstract Title: A systematic review of exercise and psychosocial rehabilitation interventions to improve health-related outcomes in patients with bladder cancer undergoing radical cystectomy

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Background: Patients with bladder cancer (BC) undergoing radical cystectomy (RC) experience physical and psychosocial side effects of cancer diagnosis and treatment impacting their health-related quality of life (HRQoL). Rehabilitation interventions such as exercise and psychosocial support improve patient reported outcomes (PROs) (e.g. HRQol, fatigue, distress) and physical fitness in other types of cancer patients. Unfortunately, evidence is lacking for rehabilitation interventions in BC patients undergoing RC. This systematic review aims to assess the impact of and the adherence to pre- and postoperative exercise and psychosocial rehabilitation interventions on PROs and physical fitness in patients with BC eligible for RC.

Methods: Randomized controlled trials (RCT) and non-randomized studies (NRS) assessing the effects of exercise and psychosocial rehabilitation interventions in BC patients undergoing RC were eligible. The primary outcome measures were patient reported outcomes (e.g. Qol, fatigue, pain) and physical fitness. Studies were identified independently by two authors by searching the Cochrane Central Register of Controlled Trials, MEDLINE, Embase, Web of Science and the Physiotherapy Evidence Database. Risk of bias was assessed using the Cochrane Collaboration tool and the Newcastle-Ottawa Scale. In addition, sample size was evaluated as a quality indicator of precision.

Results: Five RCTs and one NRS were identified. Quality assessment showed most shortcomings with sample sizes (including high dropout rates), performance and detection bias. Positive significant effects of exercise interventions were found for physical fitness, some HRQoL domains, personal activities in daily living and muscle strength. Psychosocial interventions showed positive significant effects for anxiety, fatigue, depression, HRQoL and posttraumatic growth.

Conclusion: This review showed that rehabilitation interventions could improve several PROs, physical fitness and muscle strength in BC patients undergoing RC. However, exercise and psychosocial research remains an understudied area in the field of BC so more well-designed studies are needed.

Abstract Title: Body image mediates the effect of cancer-related stigmatization on depression: a new target for intervention

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Background: Since cancer-related stigmatization is prevalent but difficult to change, research on its impact on psychological burden and mechanisms buffering this effect is needed. Therefore, we investigated the effect of stigmatization on depressive symptomatology and whether body image mediates this relationship.

Methods: This bi-centric study assessed patients of four major tumor entities. We measured stigmatization, depressive symptomatology and body image with the four-dimensional SIS-D, the PHQ-9 and the two-dimensional FKB-20, respectively. We applied multiple mediator analyses. In detail, we calculated the total effect of stigmatization on depressive symptomatology and the indirect effects exerted via the two body image scales rejecting body evaluation and vital body dynamics.

Results: Among the 858 cancer patients recruited (breast: n=297; prostate: n=268; colorectal: n=168; lung: n=125), stigmatization showed robust total effects on depressive symptomatology across all stigma dimensions (all $p_{total\ sample}$<.001). Except for lung cancer patients, this result could be replicated for each cancer group. Body image was shown to mediate the effect across all samples ($\gamma_{total\ sample}$ = .04, 95 %- CI: 0.03 – 0.06). Among the total sample and colon cancer patients, the mediating effect of rejecting body evaluation was significantly larger than the effect of vital body dynamics ($d_{total\ sample}$ = .02, 95 %-CI: 0.01 – 0.04).

Conclusion: Perceived stigmatization is an important and generalizable risk factor for depressive symptomatology among cancer patients. Body image was shown to be a buffering variable. Apart from interventions addressing stigmatization, body image could be targeted in order to reduce the psychological burden in stigmatized patients.

Abstract Title: W-Decide: a guided internet- and mobile-based self-help intervention for adult cancer patients with depression – design and results of a randomized controlled feasibility trial

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Background:Depression is common in cancer populations and associated with worsened patient outcomes. Barriers to mental health care are still high for cancer patients, including stigmatization or limited mobility. Internet- and mobile-based interventions are an innovative approach to overcoming these barriers. The present trial aims at evaluating the feasibility and potential effectiveness of "W-Decide", a guided internet- and mobile-based self-help intervention for adult cancer patients with depression.

Methods:A parallel group randomized controlled feasibility trial will be conducted. Recruitment is currently in progress and will last until August 2017. Participants will be randomly assigned to either the intervention group (n=30) or a wait-list control group (WLC) (n=30). W-Decide is based on cognitive behavioral therapy and consists of seven weekly guided lessons, up to six optional lessons on various topics (e.g. sleep) and one booster lesson. Participants in the WLC will get access to the unguided intervention after the final assessment. All participants will have unrestricted access to care-as-usual. Feasibility of recruitment, intervention and safety procedures will be the primary outcome. Secondary outcomes will be assessed at baseline and post-intervention and include depression, anxiety, quality of life, fear of progression and cancer-related fatigue. Intervention effects will be analysed based on an intention-to-treat approach.

Results:Rationale, design and preliminary results of the study will be presented at the congress.

Conclusion:This study contributes to improving and facilitating mental health care for cancer patients. Findings regarding feasibility and patient outcomes will inform decisions on the progression to a future definitive randomized controlled trial.

Abstract Title: Meta-analysis of Psychosocial Treatment Effects on Cancer Survival: Sources of Heterogeneity

Authors: Špela Križanec, Helena Kraemer, Booil Jo, Mona Ershadi, Eric Neri, Bita Nouriani and David Spiegel

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Background: Consistent associations have been reported between psychosocial variables and cancer progression/mortality and this has served as the foundation for studies researching the effect of psychosocial interventions on survival. Currently, there are seven meta-analyses that address this question and they reach different conclusions. One reason for inconsistent findings may be the methods by which previous meta-analyses were conducted. The aim is of this study is to evaluate the effect of psychosocial interventions on survival and to explore reasons for heterogeneity, using hazard ratios (HR).

Methods: Databases (September-December 2015) were searched to identify valid randomized controlled trials that compared psychosocial intervention with usual care. Hazard ratios and their confidence intervals were pooled to estimate the strength of the treatment effect on survival time and z-tests were performed to assess possible heterogeneity of effect sizes associated with different patient and treatment characteristics.

Results: Twelve trials were included (involving 2,471 patients) of which four were cognitive-behavioral (CBT), three supportive-expressive (SEGT), three psychoeducational, and two supportive interventions. The overall survival effect favored treatment groups, with a HR of 0.74 (95% Cl [0.65-0.83], p=0.001, I^2=65%). An effect size favoring treatment group survival was observed in studies sampling patients with lower social support (NNT=5.4 versus NNT=15.9), at early cancer stage during CBT treatment (NNT=0.7 versus NNT=-29.0), and in patients older than 50 years (NNT=4.9 versus NNT=-20.4).

Conclusion: Psychosocial interventions may have an important effect on survival. Although subgroup results are exploratory, they provide promising directions for future studies and crucial information for clinical decision-making.

Abstract Title: Alexithymia in breast cancer patients and their sisters in Seoul

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Institution: Cancer Patients Aid Association

Background: The purpose of this study was to examine the levels of alexithymia in breast cancer patients, their sisters and healthy controls in South Korea.

Methods: The Korean version of the Alexithymia Questionnaire was used to compare the groups. The study group consisted of 98 breast cancer patients, 50 sisters and 43 healthy controls.

Results: The highest level of alexithymia was reported in patients, followed by their siblings. Healthy controls reported the lowest level of alexithymia. Difficulty in describing feeling scores has shown significant negative correlation with age and marital status among women with breast cancer. Women 51 years and above and married women have scored lower than those below 50 years aged women and those who are single, in a live in relationship, widowed or divorced. No such significant correlation was observed among siblings and control group. The intensity of cancer was a significant predictor of the alexithymia score. Patients with T4 stage disease reported the highest levels of alexithymia. No significant differences were found among patients with lower staging.

Conclusion: Not only breast cancer patients, but also their sisters show significantly more alexithymia than their healthy counterparts. Counselors can use the alexithymia questionnaire to identify persons who require support to prevent or reduce psychological problems in patients and siblings.

Abstract Title: The Vaccine Hesitancy Scale: Psychometric properties and validation

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Background: As some cancers can be prevented through vaccination, understanding vaccine hesitancy is critical. The SAGE Working Group on Vaccine Hesitancy developed the Vaccine Hesitancy Scale (VHS); however, this scale has not yet been psychometrically evaluated.

Methods: Using a cross-sectional design, we collected self-reported survey data from a large national sample of Canadian parents from August to September 2016. An online questionnaire was completed in English or French. In addition to the VHS, measures included socio-demographics items, vaccine attitudes, parents' human papillomavirus (HPV) vaccine decision-making stage, vaccine receipt and refusal.

Results: A total of 3779 Canadian parents completed the survey in English (74.1%) or French (25.9%). Factor analysis of the VHS revealed that a two-factor structure best explained the data, consisting of 'lack of confidence' and 'risks'. A relationship was found between the scales and vaccine attitudes. ANOVA found significant differences in the VHS sub-scales by parents' vaccine decision making stage. Independent samples t-tests found that the VHS sub-scales were associated with HPV vaccine receipt, HPV vaccine refusal, and refusing another vaccine. Socio-demographic differences in VHS sub-scales were found; however, effect sizes were small.

Conclusion: The VHS was found to have construct and criterion validity in identifying vaccine hesitant parents. A limitation of the VHS was few items that loaded on the 'risks' component and a lack of positively and negatively worded items for both components. Based on these results, we suggest modifying the wording of some items and adding items on risk perceptions.

Abstract Title: Preserving Sexual Function after Bone Marrow Transplant

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Women with haematological cancers are frequently rendered menopausal by chemotherapy. Untreated this results in vasomotor symptoms insomnia, low mood, low libido and genito-urinary syndrome of menopause including dry vagina. In addition women who have allogenic bone marrow transplants are susceptible to Graft-Versus-Host-Disease (GVHD). When this affects the genital tract, sexual function can be difficult or impossible especially when vaginal stenosis occurs

Background:The Menopause Symptoms after Cancer clinic at the Royal Women's Hospital provides management of menopausal symptoms as well as gynaecological surveillance for women after cancer. A protocol has been developed for haematological cancer follow-up designed particularly for the early detection and treatment of GVHD. Many opportunities exist for the discussion of sexual issues during the consultations. This can aid detection and treatment of GVHD. Furthermore it can open up opportunities for improving quality of life with sex and relationship therapy via the Sexual Counselling Clinic (RWH)

Methods:Suggestions are made for the introduction of the topic of sexual function into the medical consultation leading to seamless integration of medical and psychological issues

Results:There has been increased recognition of sexual difficulties after cancer and increased time spent in discussion.

Conclusion:Raising awareness of sexual and relationship issues improves the quality of the consultation for doctor and patient

Abstract Title: Real time distress assessment in routine cancer care

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Institution: University Hospital Carl Gustav Carus, University Cancer Center, Psychooncological Division

Background: Almost a third of cancer patients suffer from comorbid psychological disorders and even more from distress. S3-guidelines emphasize the need to screen for psychosocial distress using Patient Reported Outcomes (PROs). Electronically assessing PROs contributes to improved communication between doctors and patients, patients' overall wellbeing, longer quality-adjusted survival and decrease in unplanned hospital survival. Providing physicians with real-time patient reported distress can promote early onset of psychooncological support

Methods: 160 consecutive newly admitted patients of a German Comprehensive Cancer Center were screened as part of routine admission procedure with a tablet-PC for distress (NCCN Distress Thermometer, DT) and need for psychooncological support (Hornheider Screening Instrument, HSI). Obtained information were automatically calculated, compared to available cut-off or reference data, presented graphically, transferred to the hospital information system and accessible prior to first physician consultation.

Results:

126 (78%) patients consented to participate; both scores (DT and HSI) were available for 99 patients. Being older or on curative treatment was associated with non-participation. Most patients were male (66.7%), mean age 63 years, 67% suffered from gastrointestinal tumors. 53 % comprised need for psychooncological support and 62 % revealed moderate to severe psychosocial distress. Of those with high distress, 33% indicate no wish for psychooncological support.

Conclusion: Early electronic screening reveals a high level of psychological distress and need for psychooncological support. A relevant amount of distressed patients indicates no need for psychooncological support. Longitudinal evaluation could reveal how affective coping develops. Clinicians could reconsider the care of those patients indicating no distress but need for psychooncological support.

Abstract title:
A systematic review of the relationship of quality of life and psychological factors with fatigue in breast cancer survivors

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Background:
About one in four patients suffer from severe fatigue after curative breast cancer treatment. In this systematic review, we aimed to (i) provide a comprehensive overview of the relationship of fatigue with quality of life (QOL) and psychological factors in breast cancer survivors and (ii) determine the strength of evidence for these relationships, in order to detect target factors for interventions aimed at fatigue.

Methods:
A systematic search of the databases Pubmed, PsycINFO, Cochrane, CINAHL and Web of Science was conducted and consisted of the components 'breast cancer', 'fatigue', and 'survivors'. The search included studies from inception up to April 2017 and resulted in 5.662 hits. After removing duplicates and screening abstracts and/or full-texts, 57 eligible studies remained. Relevant fatigue-related factors were extracted and the level of evidence for any relationship with fatigue was determined using standardized criteria.

Results:
Moderate to strong evidence appeared for the relatedness of fatigue with the following QOL-related factors: general QOL, functioning, work ability, pain, and mental health. Regarding psychological factors, fatigue was related with depressive symptoms, anxiety, distress, sleep disturbances, lower physical activity levels, difficulties with coping with cancer, and catastrophizing about symptoms (moderate to strong evidence).

Conclusion:
Our findings highlight the negative consequences of fatigue on patients' lives. The factors that emerged from this review are points of attention for existing and future psychological interventions for fatigue in breast cancer survivors. This knowledge could be used in the development of new interventions or to optimize the efficacy of existing fatigue-oriented interventions.

Abstract Title: The potential of a pretend play intervention in young leukemia patients

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Background: Pretend play is a medium for ill children to express feelings and experiences. Concerning challenges of disease and treatment, it may help to understand the condition, reduce fears of medical procedures and support coping. The study aims at examining a structured pretend play intervention for young leukemia patients by collecting parents and professionals perspectives regarding its context, contents and administration.

Methods: Semi structured interviews with 13 parents of children diagnosed with leukemia (3-11 years) and 15 clinical experts were conducted in a German University Hospital. The pretend play approach was introduced and discussions were recorded transcribed and content analyzed. Qualitative analysis based on a deductive and inductive procedure with a defined coding guideline, using the software MaxQDA12.

Results: Despite their satisfaction with psychosocial hospital care many parents emphasized the need for additional support. They described the transition from acute treatment to maintenance therapy as a burden and thought that their children may benefit of the opportunity to express and cope with their emotions in play. They suggested changes in the interventions as did professionals, who were more skeptical. Still they approved of a pretend play intervention with a trained facilitator, expecting benefits for children adaptation at reduced parent burden.

Conclusion: Based on the interviews with parents and professionals, the pretend play intervention was adapted. New topics were included and the opportunity to play at home was added. A pilot study is currently ongoing to investigate feasibility of the adapted pretend play intervention.

Gedanken und Ängste bezüglich Tod und Sterben bei Patienten mit fortgeschrittener Krebserkrankung

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Hintergrund:Nur wenige Studien beschäftigen sich mit Gedanken und Ängsten bezüglich Tod und Sterben bei Patienten mit fortgeschrittener Krebserkrankung.

Zielsetzung:Vor diesem Hintergrund sollen folgende Fragen beantwortet werden: Wie hoch ist die Prävalenz von Ängsten bezüglich Tod und Sterben bei Patienten mit fortgeschrittener Krebserkrankung? Welche medizinischen und/oder psychosozialen Parameter stehen mit erhöhter Angst vor Tod und Sterben in Zusammenhang?

Methodik:Die Ergebnisse stellen eine querschnittliche Analyse der Baseline-Daten (t0) einer randomisiert kontrollierten Studie dar: Managing Cancer and Living Meaningfully – CALM. N=185 Patienten mit unterschiedlichen Tumorentitäten haben im Rahmen der Studie den t0-Fragebogen ausgefüllt. Ängste bezüglich Tod und Sterben werden mithilfe des Fragebogens DADDS (deutsche Version) erfasst. Weiterhin wird der Zusammenhang mit medizinischen, soziodemographischen sowie psychischen Merkmalen überprüft.

Diskussion und Schlussfolgerung:Das Ausmaß der Ängste bezüglich Tod und Sterben und seine Zusammenhänge mit psychischem sowie physischem Distress sowie eventuelle Auswirkungen auf die Arzt-Patient-Beziehung werden für die Patientengruppe mit fortgeschrittener Krebserkrankung diskutiert.

Abstract Title: **Patient-reported outcome (PRO) may facilitate communication physician (phy)/patient (pt) about the side effects associated with chemotherapy (SE-CT).**

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Background: The SE-CT increase the distress in cancer pts, and impact negatively on quality of life of the pt (QoLp) and their compliance. The PRO are measures that allow to describe and evaluate the QoLp through his own perception.

Methods: In pts admitted to day-hospital CT, we studied SE-CT, commonly reported in medical records (m.r.) according to the WHO classification, vs PRO, through a structured card (P.Re.SEC.). It 's been also given the Distress Thermometer (DT)

Results: We enrolled 50 pts. The greatest discrepancy between the m.r. and P.Re.SEC. card was found in the average level of the 'minimum' level: fatigue (pts 16 vs phy 10); pain (22 vs 3); nausea (17vs5); vomiting (13vs7), constipation (14vs10); diarrhea (6vs0); problems to feed (13vs0); mouth ulcers (11vs1); difficulty digesting: (17vs2); skin dryness / itching (9vs 0); stuffy nose and sense of dryness (7 vs 0); tingling in the hands/feet (16vs7); bloating (8vs0); sleep problems (8 vs 0); sleep problems / concentration (19 vs 0). QoLp: 32 pts have had limitations in their work; 31 pts in hobbies and leisure activities; 26 pts in social activities. DT≥4 in 39 patients.

Conclusion: PRO for the detection of SE-CT facilitate pt-phy communication on toxicity from CT and on the patient's health status

Abstract Title: Demoralization in patients with advanced cancer

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Background:Demoralization, characterized by hopelessness and helplessness in concert with loss of meaning, is a syndrome of existential distress that is found to be significant in cancer patients. Despite a substantial overlap with depression demoralization is considered a distinct phenomenon. This study examines the syndrome of demoralization in a sample of advanced cancer patients through replication of recent findings in demoralization literature and explorative analyses.

Methods:We analyzed cross-sectional baseline data of a randomized controlled trial study with patients with advanced cancer (N = 185) from study centers in Leipzig and Hamburg. Among others, measurements of Depression (BDI-II, PHQ-9) and physical symptoms (MSAS-SF) were evaluated regarding associations with Demoralization syndrome (Demoralization-Scale).

Results: Demoralization was present in 90.3 % (N = 167) of patients who completed the Demoralization-Scale. The number of physical symptoms in interaction with average strain was identified as a predictor for Demoralization (β=.408, t(167) = 5.781, p < .001) and accounts for a significant amount of the variance (R^2=.167, F(1,167)=33.425, p <.001). A Prediction model for suicidal ideation containing Demoralization and Depression showed, that only Demoralization was a significant factor (β=.494, t(135)=4.154, p < .001). Lower SES was associated with higher scores on the Dysphoria subscale.

Conclusion:In this study we showed, that Demoralization is a widely spread phenomenon among advanced cancer patients, which underlines the importance of specific meaning-based interventions in cancer care. In concert with previous studies, Demoralization was associated with physical symptoms and was a higher predictor of suicidal ideation than depression. Results showed evidence of an association of socio-economic status (SES) and Demoralization which should be addressed in subsequent studies.

Abstract Title: Economic evaluation of blended cognitive behavior therapy for managing fear of cancer recurrence in cancer survivors.

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Background: Fear of cancer recurrence (FCR) is a common problem among cancer survivors and associated with increased healthcare costs. Blended cognitive behaviour therapy (bCBT) has been shown to reduce FCR severity in curatively treated breast, colorectal and prostate cancer survivors with high FCR. This study aimed to assess the cost-effectiveness and cost-utility of bCBT compared with care as usual (CAU).

Methods:An economic evaluation from a societal perspective was performed between baseline and three months post-intervention, among 88 participants with high FCR randomized to bCBT or CAU. Costs were measured with healthcare diaries, quality-adjusted life years (QALYs) with the EQ-5D and FCR levels with the Cancer Worry Scale.

Results:Significantly higher QALYs and reduction of FCR were found in the bCBT group compared to CAU. Combined medical and non-medical costs were lower in the bCBT group than in the CAU group (€1,447 vs. €1,145). Intervention program costs were €874. The ICUR amounted to €25,980 (95% CI €-14,512 to €80,371) per additional QALY with a high probability (87%) that bCBT is cost-effective at a willingness to pay threshold of €50,000. The ICER resulted in €1,115 per clinically significant change. An implementation scenario analysis showed that bCBT is more cost-effective when implemented more broadly in usual care.

Conclusion:bCBT for FCR is more effective and reduces both medical and non-medical costs made by cancer survivors, but is overall more expensive than CAU due to relatively high intervention costs. However, additional costs fall within acceptable thresholds and therefore bCBT is likely to be cost-effective.

Reference:

1.   van de Wal, M., et al., *Efficacy of Blended Cognitive Behavior Therapy for High Fear of Recurrence in Breast, Prostate, and Colorectal Cancer Survivors: The SWORD Study, a Randomized Controlled Trial.* J Clin Oncol, 2017. **35**(19): p. 2173-2183.

Abstract Title: A pilot intervention to improve oncology professionals' perceptions of communication with people with an intellectual disability: Final results and conclusions

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Background: Communication barriers and low practitioner confidence can inhibit effective communication with cancer patients with intellectual disabilities (ID), potentially impacting psychological and physical patient outcomes. These final results provide additional insights into the impact of a pilot intervention to improve oncology professionals' perceptions of communicating with cancer patients with ID; building on preliminary data presented previously.

Methods: Ninety-seven oncology professionals were recruited internationally to the baseline survey, and 16 participants completed the online training package (12 continued to follow-up). The training comprised: 14 video vignettes of consultations with a patient with ID and cancer, and practice questions. Measures at three time-points (baseline, post-intervention, and 6-week follow-up) assessed confidence in communicating and intention to engage in difficult conversations with people with ID and cancer.

Results: Participants demonstrated more willingness to engage in conversations about cancer with patients with ID post-intervention ($F(1,15)=5.95$, $p=0.028$, $\eta^2=0.08$) and at follow-up ($F(2,22)=3.54$, $p=0.046$, $\eta^2=0.11$), although pairwise comparisons showed no significant differences at follow-up (T0 and T1: $p=0.277$; T0 and T2: $p=0.140$; T1 and T2: $p=1$). Participants felt more confident in their ability to communicate with patients with ID post-intervention ($F(1,15)=30.41$, $p<0.001$, $\eta^2=0.25$) and at follow-up ($F(2,22)=19.73$, $p<0.001$, $\eta^2=0.25$).

Conclusion: Although the sample was small, and retention to this pilot study was poor, results are potentially interesting. Results from this pilot project suggest that this method of training does show some modest improvements. Participant feedback indicates that the involvement of people with ID as actors in the videos would improve the impact and authenticity of the training.

Abstract Title: Patients' experiences of sexuality, intimacy, self- and body image throughout their illness trajectory

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Institution: Foundation against Cancer

Background: Given the increased chance of survivorship over the past decades, cancer has become less 'synonym' for mortality and is more and more approached as a chronic disease. Within the context of this focus shift towards "living *with* cancer", awareness and concern is rising as to what stakeholders and caregivers can undertake to enhance patients' *quality of life* – given their (sometimes lasting) physical traumas and consequent reorientation of values, aspirations and altered life choices. Previous research underlined the *centrality of (changed) sexuality, intimacy, self- and body image* within patients' experiences throughout their illness trajectory. Despite the tangible need to openly discuss these essential subjects, the *taboo on cancer and "enjoyment"* – as an integral part of patients' *well being* – still dominates everyday exchanges with healthcare professionals. The Foundation against Cancer (FaC) aspires to assume a leading role in Belgium in efficiently addressing this deficiency, by sensitizing health care professionals, thoroughly investigating and subsequently attending to patients' currently *unmet needs*. Therefore, as a main Action Plan for 2018, a comprehensive study will be conducted amongst Belgian cancer patients with respect to their experiences with – and desired expectations towards – information soliciting and subjective care.

Methods: Mixed in-depth quantitative and qualitative data analysis from (online and paper version) questionnaires with multiple choice and open-ended items.

Results: Based on the results – and comparison with (precedent/current) international exemplars – policy guidelines and innovative projects will be proposed towards improved cancer care.

Conclusion: Presentation of these ambitions will enable constructive exchanges amongst international researchers and stakeholders with like-wise aspirations and/or experiences.

Abstract Title: Post-traumatic Stress Disorder in Operable Early- Stage Lung Cancer Patients in Taiwan – Current Status and Associated Factors

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Institution: National Taiwan University, College of Medicine, School of Nursing

Background: Lung cancer (LC) is one of the most life-threatening diseases. It might develop post-traumatic stress disorder in these patients. However, limited information has been reported about PTSD in early stage LC patients. The purpose of this study was to explore the severity of PTSD and factors related to it in early-stage LC patients in Taiwan.

Methods:A cross-sectional study was conducted to recruit patients from a medical center. Patients were assessed at three-month after surgery of their PTSD, symptom severity, and performance status by Impact of Event Scale Revised [IES-R],EORTC Lung Cancer 13 module [QLQ-LC13], Karnofsky's Performance Scale, respectively. IRB approval and patients' consents were obtained before assessment.

Results:A total of 170 LC patients were recruited. The results showed that the levels of PTSD sub-dimensions as their descending order were avoidance, intrusion and hyper-arousal. Patients with younger age tended to have higher avoidance. Patients with higher education perceived higher intrusion, avoidance and overall PTSD. Patients with severer symptoms reported to have higher PTSD, particularly for those with higher dyspnea.

Conclusion:Although having relatively longer survival time, part of early-stage LC patients still perceived the impacts and even some level of PTSD. Systematic assessment for PTSD in these patients was suggested.

Abstract Title: Identifying Barriers to Career Development and Employment for Young Adult Survivors of Pediatric Brain Tumors

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Country: USA

Institution: Dana-Farber/Boston Children's Cancer and Blood Disorders Center & University of Illinois at Urbana-Champaign

Background: Given that young adult survivors of pediatric brain tumors (PBT) are five times more likely to be unemployed when compared to their non-cancer counterparts, the purpose of this study was to develop an employment barriers assessment to assist in the career development of PBT survivors.

Methods: A sample of 85 young adult PBT survivors completed a research packet containing a demographic form, multiple psychosocial and functional measures, and an employment barriers scale specifically developed for this study by Dana-Farber.

Results: Results indicated a two-factor solution accounting for 57.92% of variance consisting of two factors labeled *Internal Barriers (n=7)* and *External Barriers (n=5)* with loadings ranging from.48-.88. The *external subscale* was negatively associated with psychosocial and functional variables ranging from (r = .19, p < .01) to (r = -.69, p < .01). The *internal subscale* was associated with psychosocial and functional variables ranging from (r = .25, p < .01) to (r = -.54, p < .01); A significant relationship between both subscales and the WHODAS-2 provided additional support for construct validity.

Conclusion: Findings provide initial support regarding the development of a screening instrument that can be used in psychosocial treatment to identify internal and external barriers to employment for young adult survivors of PBT. Of particular importance is that initial results indicate that the scale's ability to identify personal and environmental risk factors that may negatively impact career development and impede vocational pursuits.

Abstract Title: Psychosocial Risk of adulthood patients beginning clinical oncology treatment in a university hospital of Brazil

Author first name: Juciléia

Author last name: Souza

City: Brasília

Country: Brazil

Institution: University Hospital of Brasília - HUB

Background: All of cancer patients beginning oncology treatment at the University Hospital of Brasilia has their level of psychosocial risk evaluated with a screening tool - Psychosocial Risk Indicator in Oncology (PRIO). It can assess five variables – illness perception, emotional social support, instrumental social support, active coping, distress.

Methods: Once a week, newly patient are oriented and evaluated by a multidisciplinary team. In this moment, the PRIO is applied by a psychology team. The following results are about the PRIO use from December 2014 to June 2017. For data analysis were conducted descriptive and inferential statistics for nonparametric data's.

Results: 1030 newly patients – 630 women; 400 men (average age=57,66; SD=14,15) – were evaluated with PRIO and questions about suicidal ideation and mental health treatment. The mostly patients were married (57%), with low education level (60,9%). Analyzing PRIO domains: 45,6% presented negative illness perception; 36,5% had poor emotional social support; 21,8% had low instrumental support 45,6%; 42,4% had less active coping; 41,5% presented high distress level. The general risk indicator (GRI) was high for 31,2%. Furthermore, 07,7% confirmed suicidal thinking and 03,1% reported a suicidal plan. Only 10,7% informed previous psychiatric treatment. All patient with high GRI was forward for psychological consultation, with 44% of adhesion. Female, unmarried and people with less educations presented higher risk.

Conclusion: PRIO has been helping psychology team to focus the assistance in patients with more necessity, contributing to improve mental health promotion and prevention. Further follow up studies are necessary to evaluate the long terms results.

Abstract Title: Psychosocial Risk Indicator in Oncology (PRIO)

Author first name: Juciléia

Author last name: Souza

City: Brasília

Country: Brazil

Institution: University Hospital of Brasília

Background: The PRIO is a screening tool developed to identify cancer patients at risk for poor adjustment, allowing the early referral for psychological counseling. It was compost with five variables that could be used to predict psychosocial vulnerability – illness perception, emotional social support, instrumental social support, active coping, distress.

Methods: The predictors of psychosocial risk were investigated in the scientific literature. After this, the screening tool was elaborated and submitted to analysis of validity and reliability. The Hospital Anxiety and Depression Scale - HAD was used to analyses the predictive validity and to determine the optimal threshold score.

Results: Patients (N=300) were evaluated with the first version of PRIO (37 items). The remaining 27 items were distributed in five factors: distress (8 items; $\alpha = 0.91$); emotional social support (6 items; $\alpha = 0.84$); active coping (5 items; $\alpha = 0.71$); instrumental social support (4 items; $\alpha = 0.90$); negative perception of illness (4 items; $\alpha = 0.78$). The general score had good level of reliability ($\alpha = 0.90$). Linear regression analysis (N=98) demonstrated good predictive power ($R2 = 0.59$). A cut-off score was defined using a ROC curves (AUC=0.88; sensitivity = 73%; specificity=86%; cut-off 55). How higher the score higher the risk of poor adaptation.

Conclusion: PRIO has good and generalizable psychometric properties and might be useful to improve intervention strategies for mental health promotion and prevention in cancer patients.

Abstract Title: **Patient-reported outcome (PRO) may facilitate communication physician (phy)/patient (pt) about the side effects associated with chemotherapy (SE-CT).**

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Country: Italy

Institution: Azienda Ospedaliera Cosenza

Background: The SE-CT increase the distress in cancer pts, and impact negatively on quality of life of the pt (QoLp) and their compliance. The PRO are measures that allow to describe and evaluate the QoLp through his own perception.

Methods: In pts admitted to day-hospital CT, we studied SE-CT, commonly reported in medical records (m.r.) according to the WHO classification, vs PRO, through a structured card (P.Re.SEC.). It 's been also given the Distress Thermomether (DT)

Results: We enrolled 50 pts. The greatest discrepancy between the m.r. and P.Re.SEC. card was found in the average level of the 'minimum' level: fatigue (pts 16 vs phy 10); pain (22 vs 3); nausea (17vs5); vomiting (13vs7), constipation (14vs10); diarrhea (6vs0); problems to feed (13vs0); mouth ulcers (11vs1); difficulty digesting: (17vs2); skin dryness / itching (9vs 0); stuffy nose and sense of dryness (7 vs 0); tingling in the hands/feet (16vs7); bloating (8vs0); sleep problems (8 vs 0); sleep problems / concentration (19 vs 0). QoLp: 32 pts have had limitations in their work; 31 pts in hobbies and leisure activities; 26 pts in social activities. DT≥4 in 39 patients.

Conclusion: PRO for the detection of SE-CT facilitate pt-phy communication on toxicity from CT and on the patient's health status

Title: Responding empathically to patients and colleagues: focus on a working group for implementing an effective communication skills. The experience of the team of Oncology Department in Cosenza Hospital (max 30 words)

Authors: Angela Piattelli*, Enrico Cazzaniga**, Eleonora Colistra*, Maria Domenica Iuvaro*, and Salvatore Palazzo***

Affliation: *Psycho-Oncologist, Oncology Unit Cosenza; **Psycho-Therapist, Teacher, Milano; ***Director, Oncology Unit Cosenza.*

Purpose : Emotions and motivations have a fundamental role in a working group. Showing empathy towards patients/relatives and colleagues results in a positive workload for oncological environment. However, this process is not innate and requires many efforts. The goal of this study is to implement a resilient and empathic relational style in order to protect working group from stress. An ad hoc and mandatory training course during the working hours may foster this process.

Materials Methods: A pre-post test investigated training needs in 31 Helping Professionals (HPs), 10 Oncologists, 17 nurses, 3 Psycho-Oncologists, 1 Social worker, aged between 31 and 62**.** The evaluated parameters are relative to the integration level with the group and the stress indicators related to work. A training course in two sessions was made, on the job, with the themes requested by (HPs).

Results All (HPs) have filled into questionnaire form before and after training course. In the pre-test 22 of the 31 (HPs) ranked as medium/low their integration level with the group, and the stress indicators were as follows: 17/31 relationship with colleagues; 13/31 relationship with patients/relatives and 8/31 relationship with Supervisor.

Conclusions The results let us realize that the training is surely an important tool but it does not solve the more structured problems concerning the operator. Improving empathy is possible but it requires a strong motivation. Difficulties in relation with authority are linked to the operator and should be dealt with in other settings.

References Pehrson C et al *Responding empathically to patients..* Patient Educ Couns 2016 Apr;Vol. 99(4):610-616.

Abstract Title: Bhaktambar Sloka No. 2 and Sloka No. 5 use, treatment for Retinopathy.

Introduction

I Dr. Dara Rupa would like to thank Dr. (Mrs.) Manju Jain for the marvelous work carried out on the various Sloka and its applications.

Having met her in Nagpur where she had presented the Sloka applications. I felt the need that a particular type of research work should be carried out in such a way that a common person can recite the Sloka in a particular pronunciation and can be repeated 108 times easily. All Sloka's are programmable from 1 to 48 with its application. See Photograph of the Audio Box Attached. Eye scan Retina photographs also.

Invention

A small Practical invention by me was applicable by putting the Sloka of Dr. (Mrs.) Manju Jain sweet voice with correct pronunciation recorded and each Sloka repeated 108 times and stored on the micro SD card which is played on a programmable small mini Audio Box. This was liked by her and put into circulation to cancer patient and patient's having various abnormal conditions including children where Sloka's increase memory and IQ conditions of a child. It was rather a tough job maintaining the demands required by Dr. (Mrs.) Manju Jain as the Electronic market of Audio box kept on fluctuating in price and demands were difficult to be coped up, so the only solution was to buy in bulk the programmable Audio boxes available and then go on distributing them accordingly.

Diabetic Problem

Personally I was suffering from various diabetic conditions and sugar could not be controlled by allopathic doctors due to my highly stressed NDT Business. So I decided to try Ayurveda with my friend who was also very good in Nadi Shastra and also a scientist. From September 2016 onwards he advised me to stop all medical advice and tablets during the Ayurvedic treatment. Not realizing the consequences. The body started depleting badly and frequent urine condition became very frequent every half an hour day and night and sleep was badly disturbed. This was reported to my friend Ayurveda doctor who requested to continue and have faith in him.

Looking at the daily sufferings I decided to do my daily fasting blood sugar test later through a Gluco meter to find an alarming 455mg/dl blood sugar level. This might have been continuing from October, November and December, 2016 slowly. I could feel a lot of bodily, disorders, disturbance such as Neuropathy leg cramps, tingiling sensation, numbness, coldness in feet and loss of low vision. Pathology tests of Blood gave various indications of Urine Infection, Thyroid, Creatine, Uric Acid, Kidney Function, Liver, Prostrate, Heart and infections in the body. Finally I felt to go back to Allopathy treatment and went to life span who put me on to RISC test and lot of misappropriate bodily functions were detected. The doctor also advised hospitalization for monitoring the blood sugar level or to apply a patch on the arm known as gluco rite which gives continuous monitoring for 24 hours the glucose level

As per Neuropathy was concerned tingiling sensation numbness on both the left and right legs, cramp in the night, feet coldness in late nights and finally right leg became difficult to move. This forced me to go to an Orthopedic surgeon who prescribed exercises and medicines.

The sugar level slowly started declining from 455mg/dl to 300 mg/dl by January and February, 2017.

Retinopathy Started

One day while reading newspaper below J 8 fonts could not be seen and news paper was very difficult to read including the PC Font below J 8. This created a panic situation to rush to an eye specialist who took the Macula Thickness of the condition of the Retina of both the eyes. However the similar situation was not considered to be so serious and doctor had advised to keep control on sugar level. Unfortunately the above incident of high sugar fluctuation the Right eye had a Retina problem and once again a scan taken to note that it is serious and two injections into the eye were given in the right eye which caused a lot of trouble and trauma to self and family. The left eye had cataract and could not be operated due to high sugar level.

Being a condition of the eye, I remembered Dr. (Mrs.) Manju Jain Sloka 2 and 5 which I had put into Audio box. The Audio box went on reciting each Sloka 108 times (One hour, 29 minutes each) throughout the day and night continuously. The eye drops as well as tablets all bombarded with Sloka 2,5 mantras daily and miraculously to find what the doctor had suggested of seeing lines and bars on the retina nothing such thing happened and vision started getting cleared with no any kind of poor vision noticed within 8 days.

By the grace of god the Sloka 2 and 5, have done a wonderful job of restoring the eye site to normal vision. Thank you God.

Advice on Radionics

This Audio box with all the 48 Sloka's can be used for various disabilities, as suggested By Dr. (Mrs.) Manju Jain where the medicines can be bombarded by the Sloka as well as plain water, oil massage, medicines in any form taken by the patient's will definitely cure the particular type of disease which normally no. of years / months / days cannot cure, without the Sloka. Miraculously cure based on the principle of Radionic healing. The Audio frequencies of the Sloka would take care of the entire body alignment. Chakras Aura by healing naturally without any side effects.

All the Sloka's 1 to 48 and its applications when strictly followed with correct pronunciation frequency maintained will give miracle power to medicines, food, water, oil etc. The vibrational frequencies work at the Aura level and cure the patient miraculously.

A vote of thanks to Dr. (Mrs.) Manju Jain for making the Sloka's known to mankind. A great work carried out for mankind.

Title:

Effect of Mantra Chanting on Brain tumour Cancer Patients.

Background: Chanting releases secretion of melatonin from penial gland. Melatonin is anticarcinogenic and helps in reducing the size of tumor in brain.

Introduction: Dr. Mrs Manju Jain is a Spiritual Healer working on the Jaina Method of Curing. Her spiritual healing revolves around the philosophy, "Where faith in God is an Essential element". Her spiritual inclination and immense faith in her spiritual healing has cured incurable diseases - defying logic & science. Even doctors have endorsed her unique style of spiritual healing and the miraculous results obtained - reducing the sufferings of her innumerable patients. She has worked on cancer, psoriasis, kidney failure, tuberculosis, skin problems and many more - successfully. She has given surprising results on a patient suffering from deflection in spinal cord - thus avoiding surgery on his spinal cord. In another case, the patient suffering from throat cancer who had lost his voice - got his voice restored - due to the intense spiritual healing process of Dr. Mrs Manju Jain. She attributes these phenomenal recovery - not to any magic, but, to the immense healing powers in the 48 shlokas /mantras of Bhaktamar Stotra.

Method:EORTC QLQ C-3, 30 Version (90% Sensitivity and Validated scales in India)

Research under guidance of Dr. Shakun Mala Gupta (MD Internal Medicine, Howard County, Maryland Associated with Johns Hopkins medicine, Baltimore)

 Research under guidance of Dr. Vilas Tambe, Neuro physician Head Critical Care Centre.

1) Part deals with physical activity.
2) Pain
3) Behaviour, life style
4) Overall Health
5) Quality of Life.

Outcomes of Study:

1) Reduction in size of tumor.
2) Reduction in Calcification.
3) Dissolution of Knot in brain.

Symptoms: Headache, Memory loss depending on site if frontal lobe.

- Paralysis
- Brain edema in CT scan or MRI report.
- Nausia

Advice Monitoring and chanting of 45th shloka of Bhaktamar can help decrease Brain Edema. Upto date information on health Mantra on www.drmanjujain25.com

Brain tumour- Seizures and speech problem can be overcome by chanting 6th shloka of Bhaktamar.goto https://www.youtube.com/watch?v=UOhgkb702zI

Thinking Medically http://www.drmanjujain25.com/health-mantra.html

Steroids , chemmotherapy , radiation. Internal Medicine , diabetes with steroid , basically refer to specialist Oncologist.

1) Patients younger in age and resectable tumour have better prognosis. Patients more than 50 years and unreseptable tumour , corpus collasum tomour have bad prognosis , survival could be from 9 months to 3 years.

2) Meningioma is benign neo plasm of brain , it is resectable . Meningioma are to be watched and most of them are not cancerous.

3) Glioblastoma Multiforme is the most malignant , most aggresive tumour.

Abstract Title: The Impact of Palliative Care on psychological outcomes and biomarmarkers among lung cancer patients in Kolkata

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Background: Psychotherapeutic support is known to improve a better quality of life among cancer patients. In addition according to perspective of pervious study some of the symptoms associated with cancer and promoting personal growth. In those cases this type of therapy in potentially important biological markers of stress and health. Palliative Care (PC) has aimed to facilitate physical and psychological adjustment to life with cancer through the proper psychological support.

Methods: Data was collected from 123 lung cancer patients those who were undergoing chemotherapy were willing to undergo psychological treatment, with no history of past psychiatric illness. Their baseline of depression, anxiety, stress and quality of life were assessed using validated tools. The effect of biomarkers (including TOS, TAS, MDA, LDH and CEA) on mentioned psychological factors were determined at baseline. The participants were randomly divided into two groups: experimental (PC, 4 sessions over 2 months) and control group. Mentioned psychological factors as well as biomarkers were measured during post intervention on 2months follow-up. Appropriate statistical analyses were performed to determine the effect on psychological and biological factors in two groups.

Results: At baseline, the factors that significantly influenced psychological factors were TOS, TAS, MDA, LDH and CEA was related with that. Per and post intervention analysis showed that PC resulted not any highly significant difference both in terms health as well as psychological status.

Conclusion: PC is an effective therapeutic option for giving a better quality of life through reducing psychological symptoms among cancer patients.

Abstract Title: LIVED EXPERIENCE AND BODY IMAGE DISTURBANCE IN SOUTHERN THAI WOMEN WITH BREAST CANCER

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Institution: Thailand: Prince of Songkla University, Faculty of Medicine

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Background: Brief background: The persistence of Body Image Disturbance one year after the surgery could predict psychosocial problems up to 6 years later in breast cancer survivors. However, current body image questionnaires mainly focus on the score but do not delve deeper as to how body image disturbance affects women with breast cancer.

Objectives: To assess the impact of changed body image on women with breast cancer.

Methods: Focus group interview and semi-structured interview with narrative approach. The interviews were focused on three aspects; 1) How did your body image change after the diagnosis? 2) How was it during the treatment? 3) What is your future plan regarding your changed body image? Data were analysed using content analysis with methodological and investigator triangulation methods.

Results: We conducted 10 semi-structured interviews and 4 focus group interviews. 24 participants had an average age of 44 years, 86% of whom were married. 29% of them had been treated with mastectomy. For the content analysis, the body image disturbance could be categorised into three phases;

1) The diagnosis moment and changed self
2) Transition and Recovery
3) Normalisation

Positive factors that help participants to transit from each phase are family support, social construction, and social support. Negative factors are an improper truth telling process and not being given the treatment decisions.

Conclusions: Being diagnosed with breast cancer and choice of treatment have major impact on body image transformation. Health care providers should take extra care when disclosing the diagnosis and give treatment options.

Key words: Breast cancer survivor, Body image, Qualitative research.

Becoming mothers after an oncological diagnosis: an observational longitudinal study about psychological aspects and influence on maternal attachment.

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Background: Pregnancy is crucial for the construction of the mother-infant relationship, which is of great importance for the child's development. Maternal exposure to stressful life events during pregnancy may be linked to adverse outcomes in children. Although several authors consider cancer a 'critical life event' and have underlined the importance of psychological factors during pregnancy, studies that investigated motherhood after an oncological diagnosis are still scarce.

Objective: The main aim of this study was to investigate psychological aspects in a clinical sample composed of pregnant women with previous or current cancer diagnosis and of their partners. We would like to investigate prenatal attachment and representations, quality of life, in terms of psychological and emotional functioning, perceived social support, trauma-related response and resilience processes.

Method: A first assessment will be conducted during the last trimester of pregnancy and a second three months after delivery to a sample of 40 patients.
Both parents will be asked to complete the following questionnaires: Prenatal Attachment Inventory, Maternal Antenatal Attachment Scale (only mothers), Baby Care Questionnaire, World Health Organization Quality of Life, Multidimensional Scale of Perceived Social Support, Profile of Mood States, Impact of Event Scale-Revised, Centrality of Events Scale, Parenting Stress Index and the. Finally, a semi-structured interview will be conducted to investigate maternal representations of the child in depth .

Conclusions: Exploring the impact of the cancer event on the construction of mother-child relationship would be of great applicative relevance to identify individuals at risk which could benefit from perinatal and postnatal support.

Abstract Title: Evaluation of the implementation of an electronic psycho-oncological adaptive screening program (EPAS) assessing emotional distress and unmet supportive care needs in cancer patients

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Background: The purpose of this study was to evaluate the first implementation of the EPAS screening assessing emotional distress and unmet supportive care needs in the University Cancer Center Hamburg. EPAS is a java-based electronical psycho-oncological adaptive screening program and follows three innovative approaches: 1) The use of mobile electronic devices, 2) A structured assessment of anxiety, depression, and distress using validated self-report questionnaires and computer-adaptive tests, 3) Immediate and automatic evaluation of patients response and results-based written feedback to patients and physicians including information regarding psychosocial support services.

Methods: Evaluation of the EPAS screening based on a longitudinal cluster-cross-over study design. Participating cancer care facilities received both intervention (EPAS) and control condition (care as usual) in a sequence determined at random. Participants in the control condition were screened using paper-pencil self-report questionnaires. Outcome criteria were collected at 3-month follow-up and included patients' level of information about and their utilization of psychosocial support services, and acceptance. Linear and logistic regression analyses were conducted.

Results: A total of 715 patients (EPAS: 359; care as usual: 356) were enrolled at baseline. EPAS condition ($p < .001$), a younger age ($p < .05$), and higher education ($p < .05$) were the variables to predict a higher patients' level of information about psychosocial support services significantly. Furthermore, the odds of a patient, who completed EPAS screening taking advantage of a psychosocial support service are 3.34 times higher compared to a patient in routine care condition.

Conclusion: Despite difficulties in the process of implementation, EPAS was successfully implemented during study period. Implementation of EPAS increased patients' level of information about psychosocial support services as well as the utilization of support services.

Abstract Title: Effect of fluoxetine on depression mice bearing Lewis lung cancer

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Objective: To observe if fluoxetine has a potency to inhibit the progression of Lewis lung cancer in the depression mice bearing Lewis lung cancer.

Methods: Mice depression was induced by chronic unexpected mild stress for 8 weeks. All mice were both in normal mice and depression mice were grouped as: (A) control mice, (B) control mice control mice bearing Lewis lung cancer, (C) control mice bearing Lewis lung cancer + fluoxetine treatment, (D) depression mice, (E) depression mice control mice bearing Lewis lung cancer, and (F) depression mice control mice bearing Lewis lung cancer + fluoxetine treatment. The depression model was tested with behavioral analysis and sucrose preference test. The tumor tissue volume was measured at the end of 21 days treatment of fluoxetine.

Results: The behavioral changes and sucrose preference test confirmed the model establishment successfully. Tumor tissue were selected for investigation and comparison. The depression mice bearing Lewis lung cancer showed progression compared to those treated with fluoxetine treatment ($P < 0.05$).

Conclusions: Antidepressant fluoxetine might has potency to inhibit the progression of tumor in mice with depression.

Key words: Lung cancer; depression; fluoxetine; mice