



PP.01 Care need, care seeking and care use for cancer-related fatigue among cancer survivors with Moroccan and Turkish background in The Netherlands: experiences and determinants.

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Introduction

While cancer-related fatigue (CRF) is one of the most prevalent complaints after cancer treatment, little is known about how people with a migration background experience and cope with CRF. This qualitative study aimed to explore which factors influence the care need, care seeking, and care use of cancer survivors with a Turkish and Moroccan background in the Netherlands, in relation to CRF. This may help us to understand why patients with a migration background rarely use cancer aftercare and psychosocial support.

Methods

Semi-structured interviews were conducted with Turkish (n = 9), Moroccan (n = 5) and Turkish/Moroccan (n = 1) cancer survivors experiencing CRF, and healthcare professionals (HCPs) with a Moroccan migration background (n = 2). The interviews were conducted in Dutch, Turkish or Arabic. The data were analyzed with a thematic approach.

Results

Among participants experiencing CRF, a care need or care seeking behavior was rarely present. Care need and use of care for CRF depended on several factors: 1) the impact of fatigue on daily activities, 2) the use of religion as a coping strategy, e.g. seeing dealing with cancer and remaining fatigue as a religious task, 3) a preference for practical support, e.g. help for doing chores that are too demanding, 4) limited knowledge of available care options, and 4) the presence of cultural and language barriers hindering communication and access to care.

Conclusion

Turkish and Moroccan cancer survivors often rely on practical support from others, especially from their family, and less on emotional support when dealing with CRF. Religious beliefs can help to cope with CRF. At the same time, this form of coping and the reliance on practical support could contribute to the underutilization of professional care for CRF, which focuses on individual strategies to lessen the symptoms and associated disability. Cultural barriers, combined with limited knowledge of available interventions, seem to restrict access to supportive care. To address this, further research on how to reach this group as well as on tailoring interventions to the needs and characteristics of this group is recommended to improve access to supportive care and reduce CRF.



PP.02 Longitudinal relations between lifestyle factors and inflammation in patients with colorectal cancer: results from the PROFILES registry

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Introduction

Lifestyle factors are involved in carcinogenesis and disease progression in colorectal cancer (CRC) and contribute to systemic inflammation. We examined individual and group-level trajectories of associations between lifestyle factors (smoking, alcohol use, body mass index (BMI), and physical activity) and systemic inflammation from diagnosis until 24 months thereafter.

Methods

We used data from the PROCORE-study, a prospective cohort of stage I–IV CRC patients (n=411). Patients completed lifestyle questionnaires and provided blood samples at diagnosis (pre-treatment), and 12 and 24 months thereafter. Linear mixed models examined associations between lifestyle and inflammation (C-Reactive Protein (CRP), interleukin-(IL)1 α , IL-1 β , IL-6, IL-8, IL-10, IL-17A, IL-22, Interferon-gamma (IFN- γ), soluble Tumor Necrosis Factor Receptors (sTNFR)I/II), while adjusting for demographics, stage, comorbidities, and time since diagnosis.

Results

IL-8, IL-1 β , IL-10 levels decreased at 12 and increased at 24 months follow-up, whereas IL-22 decreased and sTNFRII increased over time. Smoking was associated with higher CRP (p=.003). Obese patients showed elevated IFN- γ (p=.001) and sTNFRI (p<.001), while overweight patients had increased sTNFRI (p=.014) and IL-1 α (p=.040), and reduced IL-1 β (p=.039). Underweight patients displayed higher IL-22 (p=.038). Physical activity was associated with lower IFN- γ (p=.020) and sTNFRII (p=.044). Alcohol consumption levels were linked to lower IL-1 β and IL-10, while occasional and moderate use were also related to lower IL-17A and IFN- γ .

Conclusion

Lifestyle factors were longitudinally associated with systemic inflammation in CRC. Smoking, obesity, and alcohol use were linked to higher inflammation, whereas physical activity showed protective effects. Findings highlight the importance of integrating lifestyle support into survivorship care.



PP.03 The interconnectedness of early maladaptive schemas (EMS) and anxiety, depression, and fatigue in cancer patients seeking psychological care: a network approach.

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Background

Confrontation with cancer has a major impact, often leading to psychological symptoms, such as anxiety, depression, and fatigue. However, not all patients develop these problems, suggesting that vulnerability factors play a role. Early Maladaptive Schema's (EMSs) are deeply ingrained patterns of thoughts/beliefs, emotions, and behaviors that develop during childhood or adolescence because of unmet core emotional needs (e.g. secure attachment, autonomy and validation), which are found to be valuable indicators of vulnerability of psychopathology. This study examined how different EMS are related to symptoms of anxiety, depression, and fatigue in cancer patients.

Methods

This cross-sectional study used baseline data from an existing prospective cohort study that included cancer patients who were referred to the Helen Dowling Institute (HDI), a mental healthcare institute. Patients filled out questionnaires on anxiety and depressive symptoms, fatigue and EMSs.

Data were analyzed using network modeling. Shortest paths analysis were applied to study what EMSs were directly connected to anxiety, depression and fatigue.

Results

Data of 319 clients were used for analysis. Shortest paths analysis indicated that anxiety is directly connected to the EMS Vulnerability to harm, and that depression was directly connected to dependence. Fatigue showed no direct connection to an EMS, only via depression to dependence.

Conclusions

This study helps us understand how early maladaptive schemas (EMSs) are linked to psychological symptoms in people with cancer. We found that the schema Vulnerability to Harm was most strongly related to anxiety, while depression is most strongly connected to the schema Dependence. These results suggest that fears about danger or illness and feelings of helplessness or loss of independence may play an important role in how cancer patients experience psychological distress. Recognizing these patterns could help identify people who are more vulnerable and guide support or therapy for those struggling after cancer.



PP.04 Personalized versus standard cognitive behavioral therapy for fear of cancer recurrence, depressive symptoms or cancer-related fatigue in cancer survivors: a randomized controlled trial

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Background

Fear of cancer recurrence, depressive symptoms, and cancer-related fatigue are common among cancer survivors, negatively impacting their quality of life and everyday functioning. Cognitive behavioral therapy (CBT) has been shown to be effective in targeting these symptoms, although effects are typically small to medium. Personalizing treatment may improve efficacy by tailoring therapy to individual symptoms and preferences.

Aims: Compare the efficacy of personalized CBT with standard non-personalized CBT in cancer survivors with moderate to severe fear of cancer recurrence, depressive symptoms, and/or cancer-related fatigue.

Methods

In this non-blinded, multicenter randomized controlled trial, cancer survivors ≥ 6 months post-curative treatment with severe fear of cancer recurrence, depressive symptoms and/or cancer-related fatigue were randomized 1:1 to: personalized CBT or standard CBT. In the personalized group, treatment was personalized on four components: (a) patients' preferred symptom to treat (b) preference regarding treatment format (in person, online, or blended), (c) allocation of treatment modules based on ecological momentary assessments and individual time series analyses; and (d) treatment duration based on symptom severity. Primary outcome was limitations in daily functioning (Sickness Impact Profile-8). Secondary outcomes were level of fear of cancer recurrence, depressive symptoms, fatigue severity, quality of life, therapist time, and drop-out rates. Linear mixed-models analyzed outcomes assessed at baseline (T0), and after 6 (T1) and 12 (T2) months.

Results

Both personalized (n = 78) and standard CBT (n = 76) led to significant improvements in daily functioning after treatment ($p < .001$). No significant differences were observed between the two groups. Similarly, for secondary outcomes, both groups showed significant post-treatment improvements across all measures, with no between-group differences detected. The personalized CBT group had significantly less contact moments, regardless of the focus of symptom, although the duration per contact was longer compared to standard CBT. Dropout rates were significantly higher in the standard CBT group (39.5%) compared to the personalized CBT group (24.4%).

Conclusion

Contrary to our hypothesis, personalized CBT did not lead to greater improvements in daily functioning and other outcomes than standard CBT. Personalized CBT required fewer but longer contact moments and was associated with lower dropout rates.

PP.05 Angst voor de dood in het laatste levensjaar van patiënten met gevorderde kanker: longitudinale resultaten uit de eQuiPe-studie.

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Introductie

Angst voor de dood bij patiënten met gevorderde kanker kan variëren gedurende het laatste levensjaar als gevolg van een toenemende symptoomlast en een groeiend besef van de prognose. Longitudinaal bewijs is beperkt, maar essentieel om het verloop ervan te begrijpen en passende interventies te identificeren. Daarom had deze studie als doel het verloop van angst voor de dood in het laatste levensjaar bij patiënten met gevorderde kanker te onderzoeken, evenals de bijbehorende factoren.

Methode

Longitudinale data uit de prospectieve, multicenter, observationele eQuiPe-studie zijn gebruikt. Patiënten met stadium IV solide tumoren werden geïncludeerd (2017–2020) en vulden driemaandelijke vragenlijsten in tot aan het overlijden. Angst voor de dood werd gemeten met één item uit de 'Problem and Needs in Palliative Care' vragenlijst. Een subsample (n=32) vulde daarnaast de 'Death and Dying Distress Scale' (DADDS) in. Longitudinale analyses werden uitgevoerd met behulp van mixed-effects regressiemodellen.

Resultaten

In totaal werden 629 patiënten geïncludeerd. De gemiddelde leeftijd was 66 jaar (SD 10) en de meest voorkomende primaire tumoren waren longkanker (29%), colorectale kanker (17%) en borstkanker (14%). Tijdens het laatste levensjaar ervoer 12–15% angst voor de dood, 30–34% een beetje, en 52–58% geen angst. Van degenen die angst voor de dood ervoeren, maakte 52–63% zich ook zorgen over de toekomst van hun naasten en 51–58% over de onvoorspelbaarheid van hun eigen toekomst. Angst voor de dood bleef stabiel gedurende het laatste levensjaar en was significant geassocieerd met het vrouwelijk geslacht (OR 3,41), leeftijd (OR 0,93), vermoeidheid (OR 1,02), coping door acceptatie (OR 0,21) en sociale steun (OR 1,39). Zorgen over de impact van hun overlijden op hun naasten was het meest gerapporteerde probleem (85%) onder patiënten die de DADDS-vragenlijst invulden.

Conclusie

Angst voor de dood blijft stabiel in het laatste levensjaar van patiënten met gevorderde kanker en hangt samen met factoren zoals geslacht, vermoeidheid, copingstijl en sociale steun. De onverwachte associatie tussen meer sociale steun en hogere angst benadrukt de emotionele complexiteit van hechte relaties aan het levenseinde. Toekomstig onderzoek zou zich moeten richten op het verkennen van causale verbanden en het evalueren van op maat gemaakte psychosociale interventies.