

Objectives: To explore symbolic representations of oncologists such as referred to the possible elaboration of their own Living Will.

Methods: Qualitative design. Eight participants, clinicians, sample closed by theoretical saturation of information. Semidirected interviews in-depth were conducted online during the pandemic, fully transcribed. Technique of Clinical-Qualitative Content Analysis used for data treatment to generate categories of discussion. The authors search for core meanings in the corpus of interviews, after free-floating readings.

Results: Three categories emerged from the material: Living Will: postponing the decision in order to not anticipate death; From Rationalization Mechanism to Intellectualization: a more sophisticated defensive strategy; Loss of Autonomy: the doctor's belief while to feel him/herself patient.

Conclusions: (1) Even with all scientific knowledge, respondents have archaic thoughts on defining advance directives as healthy individuals would mean rushing time of their death. (2) Resistance of these professionals to an imagined scenario of end reveals underlying anguish in writing of living will. (3) There is fear of losing autonomy when they do not know how their Living Will can be seen.

Disclosure: No significant relationships.

Keywords: Qualitative research; Living Will; defense mechanisms; Oncologists

EPV0967

Exploratory study on the effectiveness of integrative neurocognitive remediation therapy (iNCRT) for cancer survivors.

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Introduction: Cancer survivors frequently report suffering from neurocognitive impairment, that persists after physical recovery from their disease. Cognitive impairment is associated with important emotional disturbances, socio-professional consequences and diminished quality of life.

Objectives: This observational study aims to assess the effectiveness of an integrative neurocognitive remediation therapy (iNCRT), offered as a 12-week program (1day/week), organized within our Cognitive Remediation Clinic. The iNCRT combines personalized computerized cognitive training and neurocognitive strategy training, with group sessions of physical exercise, mindfulness, and cognitive behavior therapy (CBT).

Methods: The assessment before and after NCRT includes neuropsychological testing (10 subtests), assessment of daily functioning and subjective neurocognitive function (NCF).

Results: Out of 16 eligible cancer survivors, 12 patients were recruited and 11 completed the iNCRT; median age 53 years [range, 41-71]; 3 patients had a prior history of a central nervous system tumor, 5 patients of breast cancer, 2 patients of stage-IV melanoma, and 1 patient of gastric cancer. After iNCRT subjective NCF did not improve significantly ($p=0.13$) according to the Cognitive Failure Questionnaire. However neuropsychological assessment revealed an improvement on ≥ 1 impaired subtest in all patients; 6 patients improved on ≥ 4 impaired subtests. Improvement was most

prominent in long-term verbal and visual memory, working memory and executive function. All patients reported a clinical benefit in their daily function after completion of iNCRT.

Conclusions: Our iNCRT, which combines personalized neurocognitive training with physical exercise, mindfulness and CBT can be an effective therapeutic model for treating neurocognitive impairment in cancer survivors, with a clinically relevant impact on their daily function.

Disclosure: No significant relationships.

Keywords: cancersurvivor; cognitive remediation therapy; cognitive impairment; Neurocognitive function

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BREAST CANCER: the educational level of patients correlated with the level of procrastination

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Introduction: Even if breast cancer is a severe pathology that can cause the death of a person, nowadays there are effective screening methods that could help us to discover in due time the tumor formation and thus be able to benefit from conservative breast surgery.

Objectives: Evaluating the feasible relationship between the noted levels of procrastination and the educational level of subjects

Methods: The analyzed group comprises a number of 152 female subjects ($n=152$). They were divided in three subgroups: subgroup I(26) composed of women with lower education, subgroup II(66), women with medium education level and subgroup III(60), women with higher education. A socio-demographic questionnaire and the Tuckman Procrastination Scale have been applied.

Results: Comparing the three subgroups, the levels of procrastination were similar. Low levels of procrastination were most common in all three subgroups: in the subgroup I 57,69%, in the subgroup II 56,06% and in the subgroup III 53,33%. Average procrastination levels were observed in 34,61% of women in subgroup I, 42,42% of women in subgroup II and 45% of women in subgroup III. Concerning high levels of procrastination we can affirm that they involve a small number of subjects. Measuring the degree of connection between the two variables, we obtained as a result $r=0.13$, which means a very weak, non-existent correlation.

Conclusions: The study revealed that there is no relationship between the level of education and the levels of procrastination that include postponing the presentation to the doctor.

Disclosure: No significant relationships.

Keywords: PROCRASTINATION EDUCATION BREAST CANCER

EPV0969

Oncologists' beliefs about people with psychotic disorders : a qualitative studyA. Le Glaz^{1*}, C. Lemey¹, M. Walter¹, C. Lemogne² and C. Flahault³¹Brest Medical University Hospital, Psychiatry, Bohars, France; ²AP-HP, Assistance Publique - Hôpitaux de Paris, Adult Psychiatry, Paris, France and ³Université de Paris – INSTITUT DE PSYCHOLOGIE, Laboratoire De Psychopathologie Et Processus De Santé (ur 4057), Boulogne Billancourt, France

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Introduction: Cancer is the second major cause of death among people with psychotic disorders. With the same incidence, mortality in these patients remains higher than in the general population. As stigma has been identified as a risk factor for excess mortality, we focused on oncologists' beliefs and attitudes towards people with psychotic disorders.

Objectives: The aim of this study was to uncover physicians' representations about the impact of psychosis on oncological care.

Methods: In this qualitative study, individual semi-structured interviews were conducted with 20 physicians working in oncology in the University Hospital of Brest (France). Transcribed interviews were thematically analyzed. This study meets the COREQ criteria.

Results: Psychosis is described as a broad-spectrum condition whose severity ranges from the "mild" patient with imperceptible abnormality to the "severe" patient with cognitive and affective deficits. Oncologists identified behavioral and emotional symptoms which may modify the patient-physician relationship with difficulties to interact. Some of them consider that these patients are not interested in their health and will not get involved in oncological care. While the psychotic disorder is not considered as a limiting factor per se, oncologists felt concerned about being stigmatizing. They mentioned different aspects (like anticipation of non-compliance or inability to get help) that lead to changes in conventional treatment regimens and may result in a loss of opportunity.

Conclusions: Oncologists' beliefs may lead to stigmatizing attitudes towards people with psychotic disorders who may not be given the best possible chances. Thus, these specific elements should be the basis for collaboration between psychiatrists and oncologists.

Disclosure: No significant relationships.

Keywords: Oncologists; beliefs and attitudes; PSYCHOTIC DISORDERS; stigma

EPV0970

Psychiatric manifestations of paraneoplastic syndromes

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Introduction: Paraneoplastic syndromes (PS) result from indirect effects of neoplasms. In 50% of the cases the symptoms precede the diagnosis and run independently. PS may involve the peripheral or central nervous system, resulting in symptoms from sensory neuropathies to several neuropsychiatric manifestations.

Objectives: To review the psychiatric manifestations of paraneoplastic syndromes affecting the nervous system.

Methods: Selective literature review via PubMed search, using the keywords "paraneoplastic syndromes", "endocrine paraneoplastic syndromes", "neuropsychiatric manifestations", "limbic encephalitis".

Results: The prevalence of PS varies with the type of cancer (<1% for breast and ovarian cancers; 3-5% for small cell lung cancer; 20% for thymomas). The general mechanisms behind PS are related to the production of substances by the tumor that directly or indirectly cause distant symptoms, the depletion of substances or the host response to the tumor. Frequently there are autoimmune phenomena involved, with the production of antineuronal antibodies that recognise various antigens at the nervous system. Paraneoplastic neurological disorders include limbic encephalitis that can present subacutely with symptoms of depression, irritability, hallucinations, cognitive impairment associated with sleep alterations, confusion and seizures. Others include psoclonus-myoclonus ataxia syndrome, neuromyotonia and cramp fasciculation syndrome. Metabolic and endocrine paraneoplastic syndromes (hypercortisolism, carcinoid tumors, pancreatic cancer) can result from the production of cytokines and hormones by the tumor and produce mood disorders, confusional states and psychosis.

Conclusions: PS can be related to various neuropsychiatric manifestations affecting consciousness, cognition, mood and perception. The recognition of this association can alert for the possibility of a cancer diagnosis specially when facing a patient with unusual clinical presentation.

Disclosure: No significant relationships.

Keywords: endocrine paraneoplastic syndromes; neuropsychiatric manifestations; limbic encephalitis; paraneoplastic syndromes

EPV0971

A Qualitative Research to Examine Experiences of Turkish Women with Breast CancerC. Yastibaş¹, G. Dirik¹ and İ.G. Yılmaz-Karaman^{2*}¹Dokuz Eylül University, Psychology Department, İzmir, Turkey and²Eskişehir Osmangazi University, Faculty of Medicine, Psychiatry Department, Eskişehir, Turkey

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Introduction: Breast cancer is a serious public health problem and one out of every 4 women diagnosed with cancer is breast cancer. Although the survival rate has increased due to advances in diagnosis and treatment, getting a cancer diagnosis is a highly stressful life event and seriously affects the lives of patients.

Objectives: Therefore, the aim of this qualitative study is to explore the experiences of women with breast cancer.

Methods: Data were gathered using semi-structured forms, in-depth interviews with 7 patients aged between 29 and 64 who had been diagnosed with breast cancer in 2017 and after. All interviews were tape-recorded and the themes have resulted in analyzing the content of the recorded data.

Results: It has been determined that women have difficulties in getting information from healthcare professionals, emotional supports from their partners and family members, dealing with losses in roles and femininity, and coping with intrusive thoughts. However, it has been highlighted that women have experienced some