

EPV0697

A cross-cultural analysis of the relationship between the level of depression and attitudes toward death in cancer patients

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Introduction: ♦Over the last 10 years, the number of cancer patients in the world has increased by almost 23%, and the number of cancer deaths has also increased by about 10%. Malignant neoplasms still remain as one of the main causes of mortality in the population. Patients with oncopathology are characterized by a high level of depression which leads to inadequate attitudes towards the disease and its treatment, and this may further act as a risk factor for disease susceptibility and aggravate its course (Schulz-Kindermann, 2021). It is relevant to search for variables that act as a personal resource in coping with cancer. It is hypothesized that one such personal resource is the specificity of attitudes towards death.

Objectives: To conduct a comparative analysis of the relationship between the level of depression and the peculiarities of the attitude to death in cancer patients in Russia and Germany.

Methods:

- Beck Depression Inventory to determine the level of depression severity.
- Death Attitude Profile-Revised to determine the type of attitude to death.

For statistical processing of data, the SPSS 23.0 statistical package was used with a preliminary check for normality of distribution using the Kolmogorov-Smirnov statistical criterion.

SELECTION: The sample consisted of a total number of 50 cancer patients with 25 each undergoing treatment in Russia (Moscow) and in Germany (Munich). The study was based on the sample obtained from the P. A. Herzen Moscow Research Oncological Institute and the Helios Munich-West Clinic. Overall, the sample was relatively gender-balanced.

Results: The following results were obtained from the study:

1. The mean value of depression level in cancer patients is higher in Russia than in Germany.
2. The level of depression in cancer patients in both the countries is correlated with:
 - marital status ($p=0.36$)
 - stage of disease ($p=0.001$)
 - type of treatment ($p=0.001$)
 - belief in God ($p=0.024$)
 - adherence to a particular religious denomination ($p=0.008$)
3. The level of depression was correlated with a certain type of attitude towards death: a higher level of depression was associated with scores on the "fear of death" scale ($p=0.000$), and a lower level (or lack of) with the "neutral acceptance of death" scale ($p=0.000$)
4. The fear of death is seen to be most common in the sample of patients from Russia, while the neutral acceptance of death is more prevalent in the sample from Germany.

Conclusions: The results suggest that a positive attitude to death (neutral as one of these types) is correlated, along with other factors,

with lower levels of depression, which may be a personal resource in coping with the disease.

This allows us to make the assumption that when providing psychological support to cancer patients, it is necessary to pay attention not only to the attitude to life and illness, but also to the attitude to death.

Disclosure of Interest: None Declared

EPV0698

The study protocol of the winners project: a randomized and controlled trial using a videogame-based training program in pediatric cancer survivors

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Introduction: Childhood cancer survivors have neurocognitive sequelae that in most survivor follow-up programs are underdiagnosed and for which there is usually no treatment plan.

Video games have demonstrated various psychological and neurocognitive benefits in different subpopulations, such as patients with organic neurological deficits or children with ADHD. However, few studies have been carried out using video games-based interventions in the paediatric oncology population.

Objectives: The aim of this work is to present the WINNERS study protocol, the objectives of which are to diagnose the neurological and cognitive sequelae in child cancer survivors, and to demonstrate the benefit in these areas of a training program based on video games.

Methods: A randomized controlled and unblinded trial is presented. Fifty-six patients aged 8 to 17 years stratified into two age groups (8-12 and 13-17) who had received any of the following treatments 1 to 6 years before the enrolment will be selected: high-dose chemotherapy with blood-brain barrier crossing, intrathecal or intraventricular chemotherapy, CNS radiotherapy or hematopoietic stem cell transplantation.

A neuropsychological evaluation will be performed consisting of a battery of neuropsychological tests to assess parameters such as attention, memory, visuospatial ability or speed of response, as well as a neuroimaging evaluation by structural and functional magnetic resonance imaging. The evaluation will be repeated 3 months and 6 months after the enrolment. Patients will be randomized to a treatment group or to a recycled waiting group. Intervention will consist on a 12-week training at home using 3 video games: a brain training game, an exergaming game and a skill training game.

Results: According to the hypotheses of this study, it is expected that the proposed program of videogame-based interventions will improve neurocognitive and other wellbeing parameters in the intervention group.

Conclusions: This study aims to improve the quality of care for patients who have survived a cancer disease by detecting sequelae that have so far been poorly attended, and by proposing a gamification-based intervention program that is effective and attractive for this population.

Disclosure of Interest: None Declared

EPV0699

The winners project: neuropsychological changes after a video game-based training program in pediatric cancer survivors. a case report

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Introduction: Children who have undergone an oncological process and have received treatment with chemotherapy or radiotherapy on the central nervous system may have significant neurocognitive sequelae. Some video games have shown neurocognitive benefits in people with impairments in different areas, such as attention or memory.

Objectives: This work aims to demonstrate the benefit of a video game-based training program to improve the neurocognitive profile in a child survivor of cancer.

Methods: The patient is a 9-year-old female who was diagnosed with acute lymphoblastic leukemia at the age of 4 years. She received routine treatment of this disease by chemotherapy, including high-dose chemotherapy (with blood-brain barrier crossing) and intrathecal chemotherapy. She is currently 3 years after the end of treatment.

The Continuous Performance Test 3 (CPT-3) (sustained attention/vigilance) was administered before and after a multifaceted training program consisting of playing 3 video games for 12 weeks, as follows: a brain-training game (4 days per week, 7-12 minutes per day), a skill-training game (2 days per week, 10 minutes per day) and an exergaming game (2 days per week, 10 minutes per day).

Results: Prior to intervention, the patient had 3 atypical z-scores on the CPT-3 (z scores: mean = 0, S.D. = 1), with a pattern compatible with ADHD (omissions z = 1.2; hit reaction time z = 3.4; hit reaction time block change z = 1.2). After intervention, she had only an atypical z-score (hit reaction time z = 3.6), with a pattern compatible with slowing, without ADHD.

Conclusions: The neuropsychological evaluation of this patient showed an improvement in his attentional pattern on the CPT-3 after the video game-based training.

Disclosure of Interest: None Declared

EPV0700

Discrepancy between subjective perception and objective cognitive performance in attention assessment within the winners project for cancer survivors. a case report

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Introduction: Paediatric cancer survivors have a risk for neuropsychological impairment due to the disease and the treatment received. These affections have been neglected in the follow-up of these patients. It is important to identify the most valid outcomes in the evaluation of neurocognitive sequelae in childhood cancer survivors.

Objectives: This work aims to compare the results obtained between subjective perception of caregivers and objective cognitive performance based on validated attention tests.

Methods: In a randomized controlled and unblinded trial to demonstrate the benefit of video games on different neurocognitive areas in cancer survivors, we studied attention functioning before and after the intervention program. The attention deficit subscale from the Behavior Assessment System for Children 3rd edition (BASC-3), self- and parent-reported versions, and the Continuous Performance Test, 3rd edition (CPT 3) will be used as outcomes (z scores: mean = 0, S.D. = 1).

Results: We observed an improvement in attention after intervention using the CPT-3 (omissions z = 1.2; hit reaction time z = 3.4; hit reaction time block change z = 1.2 versus hit reaction time z = 3.6 without other atypical z scores after intervention), changing the attentional pattern from "ADHD" to "slowed". However, in the parent-reported version of the BASC-3, a worsening in the attention subscale is observed (z = 0.3 pre-intervention vs z = 1.0 post-intervention) while the self-reported version of the patient didn't show any significant changes (z = 1.4 pre-intervention vs z = 1.1 post-intervention).

Conclusions: It is essential to use objective tests to measure neurocognitive sequelae in these patients. Subjective surveys can provide additional information, but not substitute the above.

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