



Abstract

Abstracts of the 14th National Congress of Psycho-Oncology and the 3rd Luso-Brazilian Congress of Psycho-Oncology

CITATION

Abstracts of the 14th National Congress of Psycho-Oncology and the 3rd Luso-Brazilian Congress of Psycho-Oncology. *Psycho-Oncologie*. 2026; 20(9): 6671.
https://doi.org/10.18282/po6671

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1. Oral presentations

1.1 New approaches to intervention in psycho-oncology: from theory to practice

O1-Supporting parenting in mothers with cancer through SIGMA program: experiences in online and face-to-face modalities

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Background: A diagnosis of breast cancer (BC) requires mothers to balance multiple social roles. Despite recognition of the challenges that cancer poses to parenting, few validated interventions support families affected by parental cancer. This study examined the benefits of two modalities of a psychological intervention program for mothers with cancer: SIGMA-informs, an online intervention providing psychoeducational materials, and SIGMA-group, an eight-session face-to-face group intervention. It also explored patients' experiences with both approaches.

Methods: The sample included 32 mothers with BC, 23 of whom participated in SIGMA-informs. Participants were aged 37-51 years and had at least one minor child. Qualitative methods were used to assess and compare the benefits of the interventions. Participants described their perceptions and experiences of SIGMA, and the data were analyzed thematically.

Results: Participants in both modalities reported common benefits, including better management of their children's reactions and more open communication. All participants believed that SIGMA-informs and SIGMA-group should be made available immediately after diagnosis. Participants in SIGMA-group also emphasized the relief gained through emotional expression and the value of sharing experiences.

Conclusions: Both SIGMA modalities were perceived as useful tools for supporting parenting in families affected by maternal cancer. Providing this psychological support soon after diagnosis may maximize its benefits. The group format may offer additional benefits by creating opportunities for emotional expression and shared experience.

O2-Effects of meaning of life therapy on dignity in patients with cancer at the end of life: a randomized controlled study

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Background: Meaning of Life Therapy (MLT) is a brief psycho-existential intervention designed to facilitate adaptation to the end of life, preserve identity and dignity, and help patients find meaning in life and suffering. This study evaluated the effects of MLT on dignity among patients with cancer at the end of life.

Methods: This randomized controlled study was conducted at a hospital in northern Portugal. Eighteen participants were randomly assigned in equal numbers to one of three groups: an experimental group receiving MLT and standard palliative care (SPC), an active control group receiving psychological counseling and SPC, or a passive control group receiving SPC alone. Dignity Scale scores were collected before the intervention, after the intervention, and at one-month follow-up.

Results: After the intervention, total Dignity Scale scores differed significantly among the groups, $H(2) = 7.26, p = .026$. The experimental group differed significantly from the passive control group ($p = .026, g = -2.03$), favoring the experimental group. The groups also differed in Presence of Symptoms ($p = .040, g = -1.74$) and Existential Suffering ($p = .021, g = -1.58$), again favoring the experimental group. These effects were maintained at follow-up.

Conclusions: MLT may reduce dignity-related suffering among patients with cancer at the end of life, and the observed benefits were maintained one month after the intervention.

O3-Indirect impact of Meaning of Life Therapy and reception of the Life Letter: qualitative analysis on the perception of family caregivers

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Background: Meaning of Life Therapy (MLT) is a psycho-existential intervention designed to facilitate acceptance at the end of life through a review of significant themes and events and the creation of a Life Letter. The letter is intended to support communication between patients and caregivers about difficult end-of-life issues. This study explored family caregivers' perceptions of the effects of MLT on patients and on the caregivers themselves.

Methods: Manifest content analysis was conducted on 14 semi-structured interviews with family caregivers of patients who had received MLT. NVivo version 10 supported the analysis.

Results: Three themes emerged: Perceived Impact of MLT, Impact of Receiving the

Life Letter, and Changes in the Experience of Illness after Receiving the Life Letter. These themes comprised eight categories and 22 subcategories. Most caregivers reported psychological, emotional, and physical improvements in patients during MLT and described a stronger patient-caregiver relationship. Caregivers expressed satisfaction with the Life Letter, viewed it as a lasting legacy or testimony, and believed that it supported adaptation to the illness.

Conclusions: Family caregivers perceived MLT positively, citing benefits for patients from sharing and expressing feelings with the therapist and caregiver through the Life Letter.

O4-The Impact of Mindfulness on Depressive and Anxiety Symptomatology, Quality of Life, Emotional Regulation and Self-compassion in Cancer Patients

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Background: Cancer is an unexpected and potentially traumatic event that can trigger negative emotional reactions, psychopathological symptoms, and reduced quality of life. Mindfulness-based interventions have shown benefits for well-being and psychopathological symptoms in patients with cancer. This study evaluated the effects of an eight-week mindfulness intervention on mindfulness, depression, anxiety, quality of life, emotional regulation, and self-compassion.

Methods: This quasi-experimental study used nonrandom convenience sampling. Participants were 11 patients with cancer aged 39-74 years ($M = 63.00$, $SD = 9.42$). Outcomes were assessed before the intervention, after the intervention, and at one-month follow-up. Measures included a sociodemographic questionnaire, the Mindful Attention Awareness Scale, the Depression Anxiety Stress Scale, a cancer-specific quality-of-life questionnaire, the Emotion Regulation Questionnaire, and the Self-Compassion Scale.

Results: Mindfulness and the self-judgment dimension of self-compassion improved significantly from pre- to post-intervention ($p < .05$), and anxiety showed a marginally significant improvement. Depressive symptoms tended to decrease, while emotional regulation and quality of life tended to improve.

Conclusions: The program was associated with improvements in mindfulness, anxiety symptoms, and self-compassion. These findings support further evaluation of mindfulness-based programs as part of psychosocial care for patients with cancer.

O5-Update on the approach and management of cancer-related fatigue in Consultation-Liaison Psychiatry

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Background: Among the functions of liaison psychiatry is the treatment of symptoms associated with cancer and its treatment. Cancer related fatigue (CRF) is one of the most prevalent symptoms in cancer patients and is considered one of the most distressing and disruptive as it prevents patients from engaging in roles and activities that make life meaningful. However, it is under-reported, under-diagnosed and under-treated.

Methods: A nonsystematic literature review was conducted through an electronic search of MEDLINE/PubMed.

Results: In patients with absent or mild fatigue, it's important to provide education about CRF, encourage regular self-monitoring, discuss general strategies and ensure that fatigue is regularly assessed. Patients with moderate to severe fatigue should undertake additional diagnostic investigation to address underlying symptoms or contributing factors and targeted treatment options should be offered. Additional pharmacological and non-pharmacological interventions should be recommended. Among non-pharmacological interventions, physical activity has the best evidence to prevent and reduce CRF. Cognitive Behavioral Therapy for Insomnia (CBT-I), yoga, massage therapy, acupuncture, nutrition consultation and psychosocial interventions are also recommended during and after treatment. Bright white light therapy is only recommended during active treatment. As for pharmacological interventions, methylphenidate can be used in selected patients. Corticosteroids are restricted to short term use in terminally ill patients with concomitant anorexia or pain related to brain or bone metastases.

Conclusions: Patients and caregivers should be aware that reducing fatigue is a crucial and significant aspect of cancer care. Healthcare providers should frequently emphasize the importance of preventing and monitoring fatigue and offer specific treatment options.

O6-Challenges in treating mood disorders in women with breast cancer receiving tamoxifen: two clinical cases

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Background: Major depression (MjD) is common in women with breast cancer (BCa). When this is associated with positive estrogen receptors, adjuvant hormone therapy with tamoxifen (Tmf) is common. The metabolism of Tmf involves cytochrome CYP2D6, which is inhibited by many antidepressants (AD). Approximately 7% of women have non-functional CYP2D6 alleles, compounding this problem.

Case Presentation: Two women aged 54 and 53 years with breast cancer and an indication for tamoxifen were referred for psycho-oncology consultation because of major depression. Both required several medication adjustments because their symptoms did not improve. They subsequently developed hypomania after their venlafaxine doses were increased to 150 mg and 225 mg, respectively. The initiation of tamoxifen did not coincide with the onset of affective symptoms.

Conclusions: Antidepressants with minimal CYP2D6 inhibition are preferred for patients receiving tamoxifen. Antipsychotics and mood stabilizers may also cause adverse effects relevant to cancer prognosis, including hyperprolactinemia and hepatotoxicity. Conversely, valproate has reported antineoplastic effects, and some antidepressants may mitigate adverse

effects of cancer treatment. Associations have also been reported between bipolar disorder and breast cancer-related genes such as BRCA2 and PALB2. Few cases of tamoxifen-induced mania have been described, and its potential antimanic effects and association with depression remain debated. These cases illustrate the challenges of treating mood disorders during tamoxifen therapy, particularly when potential interactions restrict the choice of psychotropic medication.

1.2. Advancing assessment in psycho-oncology: emerging challenges and insights

O7-The assimilation of breast cancer experience: a longitudinal case study

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Background: Breast cancer (BC) is the most common cancer among women. Difficulty accepting and adapting to its biopsychosocial effects can reduce quality of life, whereas successful adaptation has been associated with better quality of life. Most research on this process is cross-sectional and quantitative, limiting understanding of how patients make sense of their experience over time. The Assimilation Model provides a framework for examining these processes longitudinally and qualitatively.

Case Presentation: This longitudinal case study examined assimilation of the BC experience and its relationship with quality of life. Over two years, interviews were conducted and the participant's assimilation of her BC experience was assessed using the Assimilation of Problematic Experiences Scale. Quality of life was measured using the FACT-G. The participant, Laura, was aged 45 years and had been diagnosed with BC one year before enrollment. Her assimilation scores increased from baseline to the one- and two-year follow-ups. Initially, she struggled to understand how BC affected her functioning; over time, she developed more adaptive ways to cope with the resulting life changes. Her quality of life also improved over the two-year period.

Conclusions: This exploratory case study suggests that gradual assimilation of the BC experience may be associated with improved quality of life.

O8-The impact of prostate cancer and its treatments on mental health: diagnosis, communication, and psychosocial consequences for patients and their partners

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Background: The diagnosis and treatment of Prostate Cancer are associated with the development of psychiatric illness.

Methods: This case series included men with prostate cancer who underwent radical prostatectomy and radiotherapy. The psychiatric consequences were examined alongside literature on communication about possible treatment sequelae, prevention of psychiatric illness, effects on couple relationships, and partners' mental health.

Results: Three men developed sexual dysfunction and urinary incontinence after treatment and were referred to the psycho-oncology clinic. Depressive symptoms predominated in the first two cases, while anxiety and jealous ideation predominated in the third. One patient reported that not being informed about possible treatment consequences contributed to his symptoms. In one case, the couple's relationship deteriorated and the patient's wife developed depressive symptoms.

Conclusions: Depression and anxiety are common psychiatric consequences of prostate cancer and its treatment, although other symptoms may occur. Clear communication during informed consent may help prevent psychiatric morbidity, and further research should examine its influence on treatment decisions. The psychological effects may extend to patients' partners.

O9-Breast cancer survivors' acceptability of passive data collection, use, access, and sharing: a qualitative study

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Background: Anxiety and depression are prevalent among breast cancer survivors (BCS). Digital phenotyping based on passive data from smartphones and wearable devices may support early detection and monitoring. This study explored BCS acceptability of passive data collection, use, access, and sharing.

Methods: Eight BCS participated in semi-structured interviews after providing informed consent. Interviews were audio-recorded and transcribed verbatim, and the transcripts were analyzed thematically.

Results: Most participants accepted passive data collection using personal devices (e.g., smartphones and Fitbits). Despite data privacy and security concerns, all participants agreed to grant their data for health and research purposes at the individual (e.g., to raise self-awareness of one's health status) and group levels (e.g., to develop mathematical models for predicting anxiety/depression among BCS). Data access acceptability was not consensual. They were unsure about the frequency (daily, weekly or never) and data types (e.g., geolocation, number of steps, etc.) to be accessed. Some participants emphasised the need for personalised access and values' interpretation. All participants agreed to share their data with healthcare professionals for health monitoring, counselling and referral. Additionally, two participants said they would like to share it with loved ones to increase awareness of their mental health status. Participants considered consent essential to data collection, usage, access, and sharing with others.

Conclusions: Participants generally accepted passive data collection and sharing. Future

studies should examine reasons for ambivalence about data access, with particular attention to effective data visualization and comprehensive feedback. The effect of these solutions on self-care should also be evaluated.

O10-New studies on the internal structure of the “Escala de Estratégias de Enfrentamento para Pacientes Oncológicos”: preliminary data

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Background: Stress is a recurring experience in cancer. Understanding the psychosocial resources individuals possess to cope with stressors is essential for promoting quality of life during treatment. This study aimed to add validity evidence to the Escala de Estratégias de Enfrentamento para Pacientes Oncológicos (E3PO).

Methods: The sample comprised 801 cancer survivors living in Brazil. Exploratory structural equation modeling (ESEM) with control for acquiescence was performed.

Results: The items formed a new two-factor structure. Eight items with factor loadings below .30 were excluded, resulting in a revised 12-item version. Factor 1 was labeled Emotional Modulation (nine items), and Factor 2 was labeled Social Support (three items). Composite reliability was .67 and .53, respectively, and the interfactor correlation was .19. Model fit was satisfactory: $\chi^2(42) = 111.47$, $p < .001$; CFI = .962; TLI = .940; RMSEA = .045, 90% CI [.035, .056]; SRMR = .036.

Conclusions: ESEM is a broader technique than exploratory factor analysis and combines parameters from structural equation modeling, allowing not only exploration but also refinement of theoretical models. Adding a factor to control for acquiescence also helped reduce the effect of response biases on the factor structure, even though the E3PO is an unbalanced scale. However, these are preliminary data from an ongoing scientific investigation. New studies are being conducted to understand how the scale functions in different contexts regarding its internal structure and its relationship with external variables.

2. Poster Presentations

2.1. New approaches to intervention in psycho-oncology: from theory to practice

P1-CanCOG - cognitive rehabilitation in cancer: a pilot study with cancer survivors

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Background: About 75% of cancer survivors report cancer-related cognitive impairment (CRCI). There is a consensus in the literature that non-pharmacological interventions, namely cognitive rehabilitation, are beneficial in mitigating these difficulties. This pilot study aimed to assess the feasibility and preliminary efficacy of the “CanCOG - Cognitive Rehabilitation in Cancer” program for Portuguese breast cancer survivors (BCS).

Methods: This single-group pre-post pilot study was conducted in the Beira Interior region. The six-week intervention comprised 1.5-hour sessions. Feasibility was assessed using retention, completion, and adherence rates. Cognitive complaints (FACT-Cog-v3), cognitive function (MoCA, AVLT, and Trail Making Test), anxiety and depression (HADS), and quality of life (EORTC QLQ-C30) were also assessed.

Results: Five BCS participated in CanCOG (mean age = 58.00 years, SD = 5.13). Retention and completion rates were 100%. Regarding adherence, 40% of participants completed all six sessions, 40% completed five sessions, and 20% completed four sessions. Paired-samples t tests indicated significant pre-post improvements in immediate recall ($p = .030$), delayed recall ($p = .009$), delayed recognition ($p = .034$), and emotional functioning on the EORTC QLQ-C30 ($p = .021$). Wilcoxon signed-rank tests also indicated a significant reduction in anxiety scores ($p = .034$).

Conclusions: This pilot study showed significant improvements in emotional functioning, memory, and anxiety reduction, suggesting that CanCOG may be an effective and feasible intervention for addressing CRCI. Further studies with larger samples are warranted to confirm these findings.

P2-Reasons for study enrollment, refusal, and withdrawal in the mind project: a randomized controlled trial of two psychological interventions for women with breast cancer

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Background: A randomized controlled trial (NCT05642897) is comparing the Mind program, an integrative Acceptance and Commitment Therapy and compassion-based intervention tailored for women with breast cancer (BC), with a support-group intervention. This study explored reasons for enrollment, refusal, and withdrawal from the interventions.

Methods: A total of 281 women with BC (stages I-III) receiving treatment at the Radio-Oncology Division of the Coimbra Local Health Unit in Portugal were invited to participate (mean age = 55.68 years, SD = 9.41). Reasons for acceptance, refusal, and withdrawal were assessed using open-ended questions and content analysis.

Results: Of the 281 women invited, 131 (47%) declined and 106 (38%) accepted. The main reasons for refusal were lack of interest or perceived irrelevance (n = 47), good adjustment to the disease (n = 37), limited digital proficiency (n = 31), internet-related difficulties (n = 14), and scheduling constraints (n = 13). Reasons for enrollment included a need for psychological support (n = 19), perceived benefits (n = 16), opportunities to share experiences (n = 15), altruism (n = 14), contribution to science (n = 12), and curiosity (n = 12). Despite initial interest, 35 participants (33%) withdrew, mainly because of work-related (n = 8) or personal (n = 8) commitments.

Conclusions: These findings may inform recruitment strategies and intervention design in BC trials by clarifying patients' perceived needs, challenges, and motivations.

P3-Effectiveness of digital interventions on the psychosocial adjustment of family caregivers in pediatric oncology: a systematic review

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Background: Cancer is a leading cause of child mortality and profoundly affects the psychosocial well-being of both children and their families. There is growing interest in developing cost-effective interventions to support informal caregivers, overcoming geographical and logistical barriers. This study aimed to systematically review evidence on the effectiveness of digital interventions for family caregivers of children and adolescents with cancer, focusing on psychological distress and protective factors such as resilience and coping strategies.

Methods: Following PRISMA guidelines, a systematic review was conducted across five electronic databases (PubMed, Scopus, ProQuest, Web of Science, and CENTRAL). Studies were independently reviewed by a team of three reviewers, and a critical appraisal was performed using Joanna Briggs Institute (JBI) assessment checklists.

Results: Nine articles involving 1,086 caregivers were included. All studies involved parents as primary caregivers. Digital interventions, including online platforms and applications, were associated with reductions in symptoms of depression and anxiety, with moderate to large effect sizes. Interventions combining psychoeducation, problem-solving, and resilience training showed more promising effects on caregiver adjustment. Future interventions should incorporate interactive resources and multidisciplinary input.

Conclusions: The review identifies digital approaches that may support family caregivers in pediatric oncology.

P4-Effectiveness of non-invasive techniques [TMS and tDCS] in pain management for cancer patients: a systematic review

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Background: Pain is one of the most common and debilitating symptoms among cancer patients, significantly impacting their quality of life. Effective management of cancer pain is challenging due to its varying intensity and characteristics, making it a public health priority. Recently, neuromodulation techniques, such as Transcranial Magnetic Stimulation (TMS) and Transcranial Direct Current Stimulation (tDCS), have been increasingly studied as innovative approaches for chronic pain treatment, including in cancer contexts. This study aimed to systematically review the evidence on the effectiveness of these techniques in managing cancer-related pain.

Methods: The review was conducted using the databases PubMed, Web of Science, Scopus, ProQuest, and CENTRAL, including eight randomized controlled trials. The PRISMA guidelines were followed, and quality assessment was carried out using the Joanna Briggs Institute (JBI) assessment checklist.

Results: Eight articles involving 349 patients were included. Three studies evaluated transcranial magnetic stimulation and five evaluated transcranial direct current stimulation. All targeted the primary motor cortex, and most focused on patients with breast or lung cancer. Both techniques showed promising short-term effects on pain, although multiple sessions were required to achieve significant improvement.

Conclusions: Multicenter studies with longer follow-up are needed to determine the long-term efficacy and safety of these techniques for cancer-related pain.

P5-“Beyond borders”: reflections on a personal development program for digestive cancer patients and survivors

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Background: “Para Além Fronteiras” is an online personal development group program aimed at patients and survivors of cancer of the digestive system, with the goal of improving their emotional, social, and psychological well-being. The program addressed essential topics for the emotional and psychological management of the disease, focusing on creating a safe space for expressing and sharing feelings, developing coping strategies to combat stress, and building support networks.

Methods: Participants took part in thematic sessions. The semi-open format of “Para Além Fronteiras” allowed flexibility and accessibility while maintaining a secure and trustworthy environment where participants could share experiences and emotions.

Results: The observations showed that participation in the sessions led to better quality of life and more effective strategies for coping with the disease. Participants experienced a reduction in anxiety and depression, improved emotional resilience, and the development of meaningful interpersonal support networks. The program successfully addressed the participants' emotional and psychological challenges, creating a strong sense of community and support.

Conclusions: Participants viewed the Para Além Fronteiras program as a useful psychosocial intervention for patients with cancer. The program may be suitable for adaptation to other settings because participants reported benefits for quality of life, emotional expression, and social support.

P6-Non-pharmacological interventions in oncology patients: therapeutic impact of prescribing a dog – A Case Report

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Background: Cancer patients often face significant psychological challenges, particularly when combined with personal losses and family responsibilities. This case report presents a non-pharmacological intervention that had a positive impact on a patient with breast cancer.

Case Presentation: A 45-year-old woman with breast cancer underwent lumpectomy, chemotherapy, radiotherapy, and hormone therapy. She was referred to psychiatry by the oncology department because of depressed mood and suicidal ideation. Recent stressors included her mother's death from recurrent breast cancer, the death of her dog, and her father's progressive dementia. Her antidepressant treatment was changed, and adoption of a new dog was recommended. She adopted a dog soon afterward and reported improved emotional balance and a renewed sense of purpose. Her father also found comfort and responsibility in caring for the dog during her subsequent hospitalization. The patient and her family attributed her recovery and improved quality of life partly to the dog's presence.

Conclusions: This case suggests that animal-assisted interventions may complement mental health care. The companion animal appeared to support the patient and her family, illustrating the potential value of individualized nonpharmacological approaches in the psychiatric care of patients with cancer.

P7-Complementary therapies and integrative oncology - the psychological benefits of the use of integrative oncology techniques in terminal cancer patients

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Background: Evidence-based integrative medicine uses all the treatment resources to support cancer patients, their families, and the health team in seeking well-being and a global care perspective. It addresses treatment's psychological, mental and social aspects and a broadened sense of cure. Through this perspective, cancer patients must have their well-being and autonomy as priorities, even when terminally ill. This case reports a terminal patient diagnosed with Ependymoma from the age of one year and five months until ten years old when he passed away.

Case Presentation: During the final three months of life, the patient received integrative oncology interventions, including music therapy and meditation, to support his well-being and that of his family. Although his speech, mobility, breathing, and feeding were impaired, he remained conscious. The family associated these practices with less agitation, fewer clinical

changes, reduced medication use, lower anxiety, and peaceful recollection of the past. They also reported that the interventions supported parental acceptance of the child's death and eased the grieving process.

Conclusions: This case illustrates the possible role of integrative oncology in supporting terminally ill patients and their families. The reported benefits included reduced distress and greater acceptance during end-of-life care. Further evidence is needed before broader clinical recommendations can be made.

P8-The tools of psycho-oncology in the grieving process

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Background: Widow mourning the death of a lifelong partner, who died of pancreatic cancer, for four years. G.L. faces chronic depression without improvement, even after using antidepressants. Reports of wanting to die were frequent due to lacking meaning for life. A year and a half ago, she was diagnosed with lymphoma. After a 6-month chemotherapy treatment, the disease went into remission, but G. presented symptoms of anxiety, such as insomnia and tachycardia. Her anxiety occurred mainly due to two factors: uncertainty of the future regarding a possible recurrence, not because of fear of death, but of fear of loss of autonomy and possible care needed.

Case Presentation: Building an Advance Will Directive allowed her to write down her intentions regarding her care, values, and wishes, as well as establish her caregivers and proxies for end-of-life practical decisions. Journaling was also helpful as she could write about her life stories, reliving her memorable moments through her notes and photos, assuring her that her existence would not be forgotten. Anxiety decreased and, consequently, physical symptoms of insomnia and tachycardia. Acceptance of the immunological treatment proposed after the feared recurrence, understanding that it contemplated quality of life and improvement of the depressive condition, brought her to a return to physical activities and interactions with small social groups.

Conclusions: The psychologist's role is paramount for the disease coping process, given that the quality of the process, along with treatment, is closely and noticeably related to patients' psychological conditions.

P9-Integrative strategies: tackling substance use disorders and cancer treatment challenges

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Background: Pain management is a common occurrence in cancer patients and often involves prescribing opioid medication. However, cancer patients with comorbid substance use disorders (SUD) face complex issues due to the presence of physical and psychological pain, framed not only in the context of the cancer diagnosis itself, but also in that of their addiction. In that sense, pain management may be made difficult due to opioid tolerance and dependence,

for example. Therefore, these difficulties need to be taken into account when treating these patients.

Methods: The authors carried out a non-systematic review, using the PubMed database, using the combination of the terms “cancer”, “substance use disorders” and “management”.

Results: Substance use disorders (SUD) are underrecognized among patients with cancer and are more prevalent among those with pre-existing psychiatric conditions. Stigma may hinder screening and management. Some studies associate SUD with poorer adherence to cancer treatment, worse outcomes, greater use of health services, more hospitalizations and outpatient visits, and higher healthcare costs.

Conclusions: Patients with cancer should be screened for SUD because these disorders may affect care and outcomes. A multidisciplinary approach may improve adherence and reduce complications.

2.2. Advancing assessment in psycho-oncology: emerging challenges and insights

P10-Health literacy needs of metastatic breast cancer patient: preliminary qualitative findings of VOICE- BREAST project

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Background: Patients with breast cancer (BC) may have specific informational needs related to the disease, familial risk, and treatment. Advances in multimodal therapy and the introduction of new drugs for metastatic breast cancer (mBC) are changing treatment and the needs of patients and caregivers. This first phase of the VOICE-BREAST project aimed to characterize the health-literacy needs of patients with mBC throughout the care pathway.

Methods: The sample included 10 patients with mBC (mean age = 54.00 years, SD = 12.50; range, 38-77 years). Participants were identified by the steering committee and oncologists from different care settings. Two focus groups explored participants' informational needs and experiences during their cancer journeys. The data were analyzed using content analysis.

Results: Participants mentioned the need for information regarding the diagnosis, the impact of the illness, and the treatments, as well as how they would like to receive this information (e.g., via email, independent research, printed information, sharing of reliable websites). Although some participants were properly informed about the possible treatments, they would have liked the communication to have been more empathetic. Several participants indicated that they would have liked to have had psychological support to help them manage the changes imposed on their daily lives.

Conclusions: The findings describe patients' information and communication needs across the

metastatic breast cancer care pathway. They may inform the development of health-literacy resources, more empathetic communication, psychological support, shared decision-making, and treatment adherence.

P11-Cancer literacy among college students

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Background: It is crucial to enhance cancer literacy to facilitate the adoption of preventive behaviours and to enable individuals to make well-informed decisions that will contribute to a healthier lifestyle. There are notable deficiencies in the understanding of both modifiable and non-modifiable cancer risk factors among college students. The objective of this study is to evaluate the level of cancer literacy among university students, considering their perceptions and knowledge, and to investigate the relationship between these factors and sociodemographic variables.

Methods: The sample comprised 308 college students aged 18 or above. A sociodemographic questionnaire and the Students Knowledge and Perceptions about Cancer (SKPaC) test were administered.

Results: The findings indicated that the students' general perceptions of cancer were predominantly neutral or negative. When gender was considered, a significantly more positive perception was observed in women compared to men. The variables of previous contact with a cancer patient, studying in the natural sciences, engineering and medical and health sciences, and volunteering were found to be associated with a slightly higher perception.

Conclusions: The findings of this study are particularly pertinent to the field of education, underscoring the necessity for the development of strategies aimed at the prevention of the disease and the training of young adults in cancer literacy.

P12-Post-traumatic growth and resilience in family members of cancer patients: feeling and dealing with pain

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Background: Cancer is associated with a traumatic experience that has significant consequences for the health and well-being of patients and their families. The objective of this descriptive, correlational and cross-sectional study was to ascertain the perspectives of family members of young adults confronted with a cancer diagnosis within their family, with

a particular focus on emotional responses (psychological distress and levels of mental health), coping strategies, the development of resilience and post-traumatic growth.

Methods: A total of 417 young adults aged 18-25 years completed the Post-Traumatic Growth Inventory, Brief Resilient Coping Scale, Patient Health Questionnaire (PHQ-9), and Kessler Psychological Distress Scale (K-10).

Results: Participants with a family history of cancer reported resilience and post-traumatic growth, but these outcomes did not differ significantly from those of participants without a family history of cancer. Psychological distress differed between the two groups.

Conclusions: The potential benefits of resilience-building and post-traumatic growth strategies for young adults with a family history of cancer are discussed.

P13-Validation of the short version of the metacognitive prospective memory inventory (MPMI-S) for Portuguese cancer survivors

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Background: The impact of cancer and its treatments on cognitive function has been increasingly studied. While inconsistencies exist depending on assessment measures (neuropsychological tests vs. self-reports), subjective memory complaints are well established. However, there is a lack of specific tools to assess the perceived impact on different types of memory. This study aimed to translate, culturally adapt, and validate the Short Version of the Metacognitive Prospective Memory Inventory (MPMI-S) for Portuguese cancer patients. Impairments in this cognitive function—the ability to recall intended actions at a future moment—can affect treatment adherence and prognosis.

Methods: The sample included 111 participants aged 18-65 years ($M = 49.30$, $SD = 9.40$). Breast cancer was the most common diagnosis (71.2%, $n = 79$), and 73.9% ($n = 82$) had received chemotherapy. The instrument underwent translation and back-translation, expert-panel review, and discussion with members of the target population. Reliability and factor structure were assessed using internal-consistency analysis and principal component analysis with oblimin rotation. Associations with personality, distress, and quality of life were also examined.

Results: The measure revealed a distinct factor structure from the original German version, comprising four factors that explained 61.52% of the variance: (i) verification and planning strategies, (ii) imagery and mental visualization strategies, (iii) prospective forgetting, and (iv) recording/note-taking strategies. All factors showed adequate internal consistency, with significant positive intercorrelations and associations with conscientiousness, agreeableness, distress, and quality of life.

Conclusions: The Portuguese MPMI-S appears to be a reliable instrument for assessing self-reported prospective memory and compensatory strategies among patients with cancer.

P14-Informational needs of young female cancer survivors: psychometric properties of a multidimensional scale

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Background: Addressing informational needs in cancer care is crucial for patient adaptation. Research indicates that psychological needs are linked to health information systems, daily physical activity, sexual functioning, and support services. However, these needs vary by life stage. Young female cancer survivors face unique challenges, particularly regarding the side effects of diagnosis and treatment, such as reproductive health and family-building plans. Therefore, it is essential to validate measures that enable a more accurate and comprehensive assessment of their needs.

Methods: This study evaluated the psychometric properties of the Scale of Satisfaction with Information Provided to Young Cancer Patients (ESIDOJ), a multidimensional measure designed to identify unmet needs. The sample comprised 124 women (mean age = 38.18 years, SD = 5.49; range, 21-45 years), of whom 76.6% had breast cancer. Principal component analysis with varimax rotation was used to examine the factor structure. Anxiety, quality of life, and reproductive concerns were assessed to evaluate convergent validity.

Results: The ESIDOJ showed satisfactory reliability and validity for assessing the informational needs of young women. A four-factor, 20-item structure explained 67.66% of the variance: (i) Symptoms and Functional Limitations, (ii) Disease Information, (iii) Implications for Fertility and Parenthood, and (iv) Support Services. Satisfaction with the information provided was moderately and negatively associated with anxiety and depression and positively associated with quality of life.

Conclusions: The ESIDOJ may help identify the informational needs of young female cancer survivors and guide targeted support.

P15-Fear of disease progression in cancer survivors in the Beira Interior Region

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Background: Cancer survivors may experience depression, anxiety, and fear of disease progression, all of which can affect quality of life. This study evaluated fear of disease progression and psychopathological symptoms and examined their associations with quality of life among cancer survivors in the Beira Interior region.

Methods: The assessment protocol comprised a sociodemographic, clinical, and physical-activity questionnaire; the Patient Health Questionnaire-9 (PHQ-9); the Generalized Anxiety Disorder-7 (GAD-7); the Fear of Progression Questionnaire-Short Form (FoP-Q-SF); and the EORTC Quality of Life Questionnaire Core 30 (QLQ-C30).

Results: Fear of disease progression was within normative ranges in the study sample. Levels differed by sex and were associated with symptoms of depression and anxiety. Quality of life was negatively associated with depression, anxiety, and fear of disease progression.

Conclusions: Fear of disease progression was within normative ranges among cancer survivors in the Beira Interior region. Anxiety and depressive symptoms were associated with greater fear of progression and poorer quality of life.

P16-The impact of physical activity on perceived quality of life and psychopathological symptoms in adult cancer survivors

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Background: Physical activity is considered safe and beneficial for most cancer survivors before, during, and after treatment and may support mental health and quality of life. This study assessed depression and anxiety among cancer survivors and examined relationships among psychopathological symptoms, physical activity, and perceived quality of life.

Methods: The sample comprised 55 cancer survivors aged 40-84 years ($M = 62.27$, $SD = 11.91$). Data were collected using a sociodemographic and clinical questionnaire, the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), EORTC Quality of Life Questionnaire Core 30 (EORTC QLQ-C30, version 3), and Godin Leisure-Time Exercise Questionnaire (GLTEQ).

Results: The results showed that the interaction between depression and physical activity had a negative effect on quality of life, while the interaction between anxiety and physical activity had a positive effect on quality of life.

Conclusions: Physical activity predicted the relationship between psychopathological symptoms and quality of life. Future studies should examine whether physical activity similarly influences associations between other symptoms, such as somatization, and quality of life.

P17-The role of spirituality and emotional regulation in therapeutic decisions in breast cancer survivors

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Background: In hormone receptor-positive breast cancer, adjuvant endocrine therapy is recommended for at least five years, reducing mortality and recurrence risks. However, side effects like menopausal symptoms, teratogenic effects, and mood changes often lead to non-adherence. This study, therefore, explored the relationship between spirituality, emotional regulation strategies, decision satisfaction, and decisional conflict regarding adherence to hormone therapy in these women.

Methods: A nonrandom convenience sample of 51 women completed an online questionnaire (mean age = 49.14 years, SD = 6.87; range, 32-63 years). Measures included a sociodemographic questionnaire, the Health Decision Satisfaction Scale, the Health Decision Conflict Scale, the Spiritual Well-Being Questionnaire, and the Emotion Regulation Questionnaire.

Results: Decision satisfaction was positively associated with the Environmental ($r = .406$), Personal ($r = .290$), Community ($r = .410$), and Transcendental ($r = .286$) dimensions of spirituality. Higher spirituality scores were therefore associated with greater satisfaction with treatment decisions. Decisional conflict was negatively associated with the Environmental dimension ($r = -.284$), suggesting that stronger environmental spirituality may be associated with less decisional conflict. Emotional regulation was not significantly associated with decision satisfaction or decisional conflict.

Conclusions: Spiritual well-being was associated with decision satisfaction and, for the Environmental dimension, lower decisional conflict. These findings support further investigation of emotional and spiritual needs in psychosocial interventions for breast cancer survivors.

P18-Understanding how caregivers' mental health relates to adolescents and young adults' cancer survivors' QoL: A dyadic study protocol

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Background: Cancer diagnosis and treatment can adversely affect adolescent and young adult cancer survivors (AYACS) and their caregivers, who are often their primary source of support. The relationship between caregivers' mental health and AYACS outcomes remains unclear. This study will examine associations between caregivers' mental health and AYACS quality of life (QoL).

Methods: Data collection is ongoing for a quantitative dyadic cross-sectional study in Portugal involving four hospitals and one AYACS association. The sample will comprise survivor-caregiver dyads in which survivors were diagnosed between ages 15 and 25 years. AYACS QoL will be assessed using the EORTC Quality of Life Questionnaire Core 30. Caregiver anxiety and depression will be measured using the Hospital Anxiety and Depression Scale, and fear of cancer recurrence (FCR) will be measured using the FCR7. Multiple linear regression will examine associations between caregiver anxiety, depression, and FCR and AYACS QoL. The hypothesis is that higher caregiver anxiety, depression, or FCR will be associated with lower AYACS QoL.

Conclusions: This study may clarify the value of family-centered care. If the hypothesis is supported, extending psychological support to caregivers may indirectly improve AYACS QoL and inform the development of psychosocial interventions for both groups.

P19-(Neuro) psychologists' perspectives on cancer-related cognitive impairment and web-based cognitive rehabilitation for cancer survivors: insights from Portuguese qualitative data

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Background: Cancer-related cognitive impairment (CRCI) is a challenge for cancer survivors. It refers to difficulties in cognitive functions (e.g., memory, attention, executive functions) that affect between 12% and 75% of cancer survivors. However, there is limited research

on how health professionals perceive these difficulties, help manage them and implement rehabilitation strategies.

Methods: This qualitative study explores Portuguese (neuro)psychologists' perspectives on cancer-related cognitive impairment (CRCI) and web-based cognitive rehabilitation (CR) for cancer survivors. Semi-structured interviews with 13 (neuro)psychologists examined their knowledge, expectations, and practices concerning CRCI and web-based CR. The data were analyzed thematically.

Results: The analysis examines participants' awareness of CRCI, current rehabilitation practices, and attitudes toward digital approaches. Topics include prior knowledge of CRCI, training and experience in CRCI management, the acceptability of web-based CR, and motivations for and barriers to using web-based rehabilitation resources.

Conclusions: The findings may inform the development of patient-centered interventions for CRCI and the integration of web-based cognitive rehabilitation into clinical practice.

Ethical statement

During the conference abstract submission process, authors declared that their work complied with the Declaration of Helsinki, where applicable, and other relevant ethical guidelines. For empirical studies involving human participants, authors confirmed that participation was voluntary, appropriate informed consent was obtained, and participants' privacy and data confidentiality were protected in accordance with applicable data protection legislation. Responsibility for compliance with the ethical requirements relevant to each study rests with the respective authors.