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9-1-2022

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Legal entity responsible for the study: The authors.

Funding: Lions Cancerforskningsfond SciLifeLab COVID-19.

Disclosure: I. Glimelius: Financial Interests, Institutional, I participate as scientific board on an educational event: Janssen Cilag; Financial Interests, Personal, I participate in a real-world initiative to study register-based data supported by Takeda; Takeda; Financial Interests, Personal, Safety board for evaluation of side-effects from the viral vector developed within the company: Lokon Pharma. All other authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2022.07.1530>

1428P Suicidal outcomes among cancer survivors: Examining associations with depression and non-medical pain prescriptions

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Background: A cancer diagnosis results in significant distress and adverse psychosocial sequelae, including suicide, the 10th leading cause of death in the United States. Primary risks for death by suicide include depression, and opioid abuse, which are prevalent amongst cancer survivors. Yet, it remains unclear whether they are also associated with other suicidal outcomes, such as ideation, planning, and suicidal attempt. This study examined associations between suicide-related outcomes, depression and non-medical use of pain prescriptions among cancer survivors in the United States.

Methods: We used cross-sectional data from the National Survey on Drug Use and Health (NSDUH; 2015-2019), a nationwide study in the United States that provides data on mental health and other health concerns. Outcomes of interest were patient-reported suicidal ideation, suicidal planning, and suicidal attempt. Participants were grouped as: individuals with a history of cancer, individuals without a history of cancer, but with fair/poor health, and individuals without a history of cancer but with excellent/very good/good health.

Results: Weighted logistic regression analyses that adjusted for sociodemographics and substance use showed associations between a history of cancer and suicidal ideation (aOR = 1.32, 95% CI 1.10, 1.58). Among individuals with a history of cancer, depression and non-medical use of pain prescriptions were consistently associated with suicidal ideation (aOR_{depression} = 7.37, 95% CI 4.52, 12.03; aOR_{pain prescriptions} = 3.36, 95% CI 1.27, 8.91, planning (aOR_{depression} = 10.31, 95% CI 5.79, 18.34; and aOR_{pain prescriptions} = 3.77, 95% CI 1.20, 11.85), and attempt (aOR_{depression} = 4.29, 95% CI 1.41, 13.06).

Conclusions: Individuals with a history of cancer are at increased odds of adverse suicidal outcomes, driven by depression and non-medical pain prescription. Routinely assessing for depression and non-medical use of pain prescriptions may be a crucial suicide prevention strategy in oncology.

Legal entity responsible for the study: The authors.

Funding: National Institutes of Health (National Institute of Dental and Craniofacial Research).

Disclosure: N. Osazuwa-Peters: Financial Interests, Personal, Advisory Board: Navigating Cancer. All other authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2022.07.1531>

1429P Impact of previous health-related events on coping with cancer

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Background: This study examines the impact of past health events on coping with cancer. The structure of the study was based on the assumption that cancer is a source of stress resulting from the inevitable changes in previous functioning of people with cancer and while the coping strategies which they adopt may be explained in terms of the *transactional theory of stress and coping* (Lazarus, Folkman) and the *critical life events model* (Filipp). These two concepts provided the theoretical basis for the study, the focus of which was on defining the role played by antecedents (understood as an earlier experience of loss of health as a result of a serious illness) in

the course of the stress transaction in cancer patients. The role of antecedents in coping with stress has only been hinted at in the literature and this role is still unclear.

Methods: 121 participants were included in the study. The primary criteria for selection of participants were diagnosis of breast or colorectal cancer and treatment with chemotherapy. The participants were asked to complete a specially designed set of questionnaires which assessed their and their relatives' prior experience of loss of health due to serious illness. To interpret the answers various significant differences tests were used (Mann-Whitney, Kruskal-Wallis and Dunn's correction test) and the significance level $p=0.05$ was considered to be appropriate for the testing of all statistical hypotheses.

Results: Patients who have experienced a previous loss of health have more unfavourable views on cancer when faced with having to struggle with the disease. In consequence they adopt less effective coping strategies and experience stronger emotional reactions. Colorectal cancer patients are a particularly vulnerable group.

Conclusions: Among cancer patients, when planning psychological assistance, one should take into account earlier experience of loss of health, in order to introduce appropriately selected psychological interventions reducing the level of psychological stress to vulnerable groups.

Legal entity responsible for the study: The authors.

Funding: Greater Poland Cancer Centre.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2022.07.1532>

1430P Psychological status and patient perception during the SARS-CoV-2 vaccination campaign in active oncological patients (pts)

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Background: Protective measures adopted to contain COVID-19 should not impair cancer pts' psychological wellbeing and clinical status. We assessed anxiety/depression levels and perceptions/beliefs towards COVID-19 vaccination in adult cancer pts who accepted vaccination at the University and Hospital Trust of Verona and Camposampiero Hospital in the Veneto region.

Methods: A self-reported questionnaire was administered to pts undergoing COVID-19 vaccination. 27 items were investigated: *i*) demographics/clinical characteristics; *ii*) psychological status (Hospital Anxiety and Depression Scale - HADS - and Distress Thermometer - DT); *iii*) awareness about infection risks, interference with anticancer treatments, and vaccine side effects, using a 4-points Likert scale.

Results: Only 1.7% of invited pts refused COVID-19 vaccination. Breast (23%) and gastrointestinal (26%) were the most represented cancer sites. Data collected in Verona (1112 respondents) demonstrated mild levels of anxiety, depression, and distress in 75%, 78%, and 64% of pts, respectively. Seventy two percent of pts strongly believed that vaccine can reduce the risk of COVID-19 infection/complications, 62% reported feeling less worried about contracting COVID-19, 63% were not worried that vaccine side effects could interfere with anticancer treatments, and 56% believed that COVID-19 vaccine would not compromise their health. Data collected at the Camposampiero Hospital (286 respondents) confirmed the mild levels of anxiety (80%), depression (72%) and distress (69%) at both vaccine administrations and the increased confidence that vaccine side effects would not interfere with anticancer treatments (58% vs 40%) and that the COVID-19 vaccine would not compromise health (65% vs 42%).

Conclusions: During the COVID-19 vaccination campaign, adult cancer pts demonstrated a favorable psychological status and encouraging levels of vaccine confidence, supporting the role of physician-patient communication in driving the adoption of preventive measures and healthcare recommendations.

Legal entity responsible for the study: The authors.

Funding: The ORCHESTRA project has received funding from the European Union's Horizon 2020 research and innovation program (grant number 101016167).

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2022.07.1533>