49 | Using the NCCN distress thermometer to acknowledge Sexual problems

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Background/rationale or Objectives/purpose: This study was designed to evaluate the prevalence of sexual problems using the Distress Thermometer (DT) within different cancer diagnoses. Often oncology practitioners have difficulty addressing sexual issues which leaves patients feeling frustrated and too embarrassed to bring those issues up. This study will show the extent of sexual problems in people with various cancer diagnoses.

Methodology or Methods: Adult patients seen for initial consult between July 2014 and January 17 in the MDACC outpatient psychiatry oncology clinic who provided informed consent were included (n=1221). Primary assessment tool was the yes/no "sexual problems" item on the NCCN DT. Demographic and clinical variables were abstracted from electronic medical records. Data for the initial consult and up to 3 follow-up visits were analyzed.

Impact on practice or Results: Most common cancer diagnoses (n, %) were breast (355, 30), Hematological (230, 19), head and neck (152, 12), gastrointestinal (138, 11), genitourinary (86, 7), and GYN (74, 6). Sexual problems were endorsed by 344 (28%) of patients at consult. Prevalence at follow-up visits one through three was 27% (206 out of 770 patients, 27% (149/550), and 23% (59/381). Prevalence of sexual problems at consult within the largest cancer diagnosis groups ranged between 23% (hematological) and 35% (genitourinary), with no significant difference in prevalence between groups (p=.11).

Discussion or Conclusions: Sexual problems are prevalent in patients presenting at the psychiatric oncology clinic which persist throughout psychiatric treatment. The cancer diagnosis had no effect on prevalence. .Addressing the problem lets the patient know that you paid attention to how they marked the DT which validates their concerns..

89 | Prevalence of depression in Breast Cancer Women in Georgia

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Background/rationale or Objectives/purpose: The Republic of Georgia recorded 1,629 new cases of female Breast cancer (BC) in 2019, 28,3% of all newly diagnosed cancers. Depression commonly occurs in BC patients, significantly affecting quality of life (QOL). We screened Georgian women diagnosed with BC for depressive symptoms to determine prevalence and examine associations of depressive symptoms with different events.

Methodology or Methods: In a multicenter observational study we examined 177 women receiving BC treatment at three tertiary oncology hospitals in Georgia, recruited by consecutive identification from medical records. Patient Health questionnaire-9 (PHQ-9) was used for identification of depressive symptoms. Patient were stratified using basic information on age, marital status, social support, stage and pane.

Impact on practice or Results: The sample average age was 52,9 years (34 to 77). Of 177 patients, 63% had some level of depressive symptoms, fewer (23%) had scores indicating probable depressive disorder (moderate to moderately severe depression). Patients reporting pain reported significantly more depression symptoms compared to patients without pain (76,9% vs 54,5%, respectively (p= 0.002)). Depressive symptoms were associated with disease stage (metastatic stage IV 70,5% vs non-metastatic stage I-III, 60%, respectively (p= 0.22)); marital status, (married 58, 9% vs single /divorced 76,6%. (p= 0.074)). Age (<45 years, 72,9% vs =>46 years, 58,9% (p= 0.086)) did not statistically differentiate depressive symptoms.

Discussion or Conclusions: This is an interim report of the first study in Georgia focusing on mental well-being in cancer patient's part of an ongoing study targeting a final sample size of 312 patients.

129 | Impact of Rural or Urban Status on Sociodemographic Characteristics and Cancer Treatments

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Background/rationale or Objectives/purpose: Rural cancer patients have poorer access to healthcare services, which can impact health outcomes. This study compared sociodemographic and clinical characteristics of rural and urban women with breast cancer.

Methodology or Methods: This prospective observational cohort study examined 100 women with newly diagnosed breast cancer. Chi-squared analyses and t-tests examined whether there are significant differences in sociodemographic and clinical characteristics between rural and urban women.

Impact on practice or Results: Rural women (n = 45) had a higher BMI (M = 31.59 kg/m2; t(97) = 2.41, p = .018, d = 7.02) and lower education (M = 12.66 years; t(98) = 2.61, p = .011, d = 3.56) than urban women (M = 28.16 kg/m2 and 14.46 years, respectively). Additionally, rural women received more invasive and aggressive treatments than urban women, such as a mastectomy (60% vs 38%), X^2 = 4.72, p = .03, Cramer's V = .217. In contrast, more urban women opted for a lumpectomy than rural women (55% vs 27%), X^2 = 7.90, p = .005, Cramer's V= .281. Urban women received more adjuvant therapies that rural women, such as chemotherapy (33% vs 13%). X^2 = 5.10, p = .024, Cramer's V = .226, and radiation (67% vs 38%), X^2 = 8.67, p = .003, Cramer's V = .294.

Discussion or Conclusions: Compared to urban women, rural women with breast cancer opt for more invasive and aggressive treatments, which are less likely to require follow-up treatment. Efforts are needed to address health and treatment disparity.

204 | Interconnectedness of Supportive Care Domains in Men's Experience of Cancer: The Importance of the Social Domain

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Background/rationale or Objectives/purpose: Fitch's (2008) supportive care framework outlines the impacts of cancer across the physical, psychological, social, practical, informational, and spiritual domains. We provide an in-depth representation of men's lived experience of cancer across these domains, highlighting the social domain and its