This study suggests that the requirements and needs of women living with ovarian cancer are poorly communicated to healthcare workers. A better understanding of their existential suffering may refine care and support to these women throughout their illness and disease trajectory.

216 | Cost-effectiveness analysis of endocrine therapy combined with ovarian function suppression for premenopausal hormone receptor-positive early breast cancer Evidence from China

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Background/rationale or Objectives/purpose: In hormone receptor-positive (HR +) premenopausal early breast cancer, it is unclear whether endocrine therapy combined with ovarian function suppression (OFS) is more cost-effective than endocrine therapy in China. The purpose of this study is to To assess the long-term cost-effectiveness of tamoxifen plus ovarian suppression (TAM + OFS) or exemestane plus ovarian suppression (EXE + OFS) versus tamoxifen (TAM).

Methodology or Methods: Based on the prognostic data of TAM + OFS, EXE + OFS and TAM treatment in the SOFT trial, cost data from West China Hospital, Sichuan University, health utility values in the published literature, Markov models were established, and strategies were compared using incremental cost-utility ratio (ICER).

Impact on practice or Results: After 25 years of simulation of TAM + OFS, EXE + OFS and TAM for adjuvant therapy of early breast cancer, the total costs of TAM + OFS, EXE + OFS and TAM were $9,318, $9,445, $7,821, respectively. The quality-adjusted life years (QALYs) were 11.89 and 11.73 and 11.61, respectively. Compared with TAM, the ICERs of TAM + OFS and EXE + OFS were $5,327/QALY and $13,647/QALY, respectively. The ICERs of endocrine therapy combined with OFS were all below the threshold of $32,517/QALY. The reliability and stability of the results were verified by Monte Carlo simulation and sensitivity analysis.

Discussion or Conclusions: In the case of limited resources in China, Compared with TAM, the selection of TAM + OFS or EXE + OFS schemes has cost utility.

234 | Cost and correlates of productivity loss due to insomnia comorbid with perceived cognitive impairment in cancer survivors

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Background/rationale or Objectives/purpose: Twenty percent of cancer survivors experience comorbid insomnia and perceived cognitive impairments, which may affect the ability to work. The current study sought to measure the cost of work productivity lost due to insomnia with comorbid PCI and identify psychosocial variables associated with high overall costs.

Methodology or Methods: A sample of 40 Atlantic Canadian survivors with diagnosed insomnia disorder and self-reported cognitive complaints currently employed full-time completed the Work Productivity and Activity Impairment Scale (WPAI), Hospital Anxiety and Depression Scale (HADS), Multidimensional Fatigue Symptom Inventory – Short Form (MFSI-SF), and 7-day Consensus Sleep Diary. Absenteeism was defined as the percentage of time absent from work, while presenteeism was defined as the extent to which health problems affected productivity at work in the past 7 days. Costs were calculated by the human capital method. Correlations were used to identify factors associated with productivity costs.

Impact on practice or Results: The average rate of absenteeism was 11.45% (range: 0 – 100%) and 38.46% (range: 0 – 90%) for presenteeism. Mean costs per person per week due to absenteeism and presenteeism were $320.61 (95% CI: 147.15, 525.63) and $359.51 (278.24, 445.55) CAD, respectively. Greater absenteeism was associated with higher fatigue (r = .365), more time spent awake at night (r = .384), and lower sleep efficiency (r = -.327). Increased presenteeism was related to higher emotional (r = .365), general (r = .365), and mental fatigue (r = .365).

Discussion or Conclusions: Insomnia and comorbid PCI are associated with high lost productivity costs among cancer survivors. This impact is associated with poor sleep and fatigue.

237 | Psychological empowerment and emotional well-being in patients before and after hematopoietic stem cells transplantation

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Background/rationale or Objectives/purpose: There is little research on PE in the field of hematopoietic stem cells transplantation (HSCT). Nevertheless, PE is considered to be one of the most important mechanisms in helping cancer patients to maintain a certain amount of control over their experience of the disease. The aim of this study was to evaluate association between patients' PE and emotional well-being, as well as quality of life (QoL) before and after the HSCT.

Methodology or Methods: The initial data of this study included 111 adult patients, 57% were women, sample average age was 55.72 years (SD = 11.74), treated at Vilnius University hospital Santaros Clinics between September 2020 and December 2021. The longitudinal study consisted of two phases. Patients' emotional well-being was measured with BDI, BAI, BHS; PE was measured using HES; QoL with FACT-BMT scale. The relation between PE, patients' emotional well-being, and the QoL was analyzed while controlling for medical disease- and treatment-related variables.

Impact on practice or Results: PE was associated with patients' anxiety (r = -0.368, p<.05) before the HSCT. PE was also positively related to patients' QoL (r = 0.399, p<.05) and negatively with their hopelessness (r = -0.368, p<.05) and depression (r = -0.433, p<.05) both before and after HSCT. The model suggested that PE (β=0.319, p=0.010) and emotional well-being (anxiety, β=-0.368, p=0.005) both predict patients' QoL in the early stages after the HSCT.

Discussion or Conclusions: Focus on patients' PE helps to improve their emotional well-being and quality of life. Further research will allow a better understanding of PE in the field of HSCT.

296 | Meaning In Life, Meaning-Making and Posttraumatic Growth In Cancer Patients: A Systematic Review

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