

absence in all groups (1 - 95%; 2 - 86% and 3 - 75%)  $p > 0.05$ . The assessment of quality of life: in gr 1 and 2, most of the patients noted that they experience some difficulties in the final indicator (55% and 61%), pronounced problems prevail in gr 3 (50%). The mobility of the majority in all groups does not suffer or suffers to a minor extent, 80% of all noted the absence of difficulties in self-care. "daily activity" were a statistically significant - 64% maintained it at a high level ( $p = 0.006$ ); Pain/discomfort is experienced by more than half of the respondents to a moderate degree 55% ( $p = 0.003$ ). In gr 1 and 3, the average of EQ-VAS determined at a level of more than 70 (the arithmetic mean 78 and 73), which indicates a more favorable sense of self. In gr 2 the average was determined at 68, also characterizes a high level of assessment of their general condition, in all patients with CLL, according to PSM 25, the stress level was determined to be low, indicates a state of psychological adaptation to workloads in 100%. In the gr 1, 12 people (17%) were identified with an average level of stress and reduced adaptation and need the rest for this contingent.

**Conclusions:** our pilot study showed that patients with lymphoproliferative diseases are characterized by a slight decrease in their quality of life, a high level of life satisfaction, good stress resistance to workloads. The main symptoms (reliably expressed in 55%), are moderate severity of pain and discomfort. The obtained data make it possible to emphasize the heterogeneity of the prevalence and severity of anxiety-affective symptoms in patients with various types of oncological diseases.

**Disclosure of Interest:** None Declared

## EPP488

### Psychological distress and unmet support needs among individuals at high hereditary cancer risk: Preliminary findings from a national needs assessment

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**Introduction:** Individuals at high familial or genetic risk of cancer face unique psychological challenges that can lead to significant distress, including worry, fear, and uncertainty about their future health and family members' risk. This study assessed mental health challenges, including anxiety and depression, in this population and explored their preferred forms of psychological support.

**Objectives:** To examine the prevalence of psychological distress in individuals at high hereditary cancer risk, the relationship between their current perceived support and distress, and preferred psychological support forms to inform the development of tailored mental health services.

**Methods:** Participants (N = 152; 95% female, 3% male, 2% non-binary; mean age =  $42.6 \pm 8.3$ ) were cancer-free residents of the Republic of Ireland identified as high-risk for hereditary cancer through high-risk clinic attendance or self-reported genetic screening or family history. They completed a cross-sectional survey using standardised mental health assessments, including Generalized Anxiety Disorder-7 (GAD-7) and Patient Health Questionnaire-9 (PHQ-9), and self-reported adequacy of psychological support and

preferences. Descriptive statistics and post-hoc tests were used to analyse psychological distress, support adequacy, and preferences.

**Results:** Moderate to severe anxiety (GAD-7  $\geq 10$ ) was reported by 23%, and moderate to severe depression (PHQ-9  $\geq 10$ ) by 18%. Participants reporting inadequate support had significantly higher anxiety ( $M = 8.1 \pm 6.2$ ) and depression ( $M = 6.4 \pm 5.7$ ) scores than those with adequate support (GAD-7:  $M = 4.2 \pm 3.9$ ; PHQ-9:  $M = 3.6 \pm 3.9$ ). ANOVA indicated significant differences in anxiety ( $F(2,132) = 7.04$ ,  $p = .001$ ) and depression ( $F(2,130) = 4.68$ ,  $p = .011$ ) scores across support levels. Post-hoc Tukey tests showed poorer mental health for those without support ( $p < .001$  for anxiety;  $p = .013$  for depression). Mental health professionals (psychologists and counsellors) were the top preferences for support, chosen by 74.8% of participants, with 47.5% selecting a psychologist and 27.3% a counsellor. An additional 12.2% preferred a healthcare professional (e.g., General Practitioner or nurse).

**Conclusions:** This study provides important insights into the mental health challenges faced by individuals at high hereditary cancer risk, particularly those lacking adequate psychological support. Participants reporting inadequate support experienced significantly higher levels of anxiety and depression. These findings highlight the importance of ensuring adequate psychological support services for this population and their strong preference for professional psychological care. Integrating this care into routine genetic counselling and oncology services could help to address the unmet mental health needs of this underserved population.

**Disclosure of Interest:** None Declared

## EPP489

### Does caregivers' mental health impact the quality of life of adolescent and young adult cancer survivors? Preliminary results of a dyadic study

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