breast cancer and treated with surgery, chemotherapy, and radiotherapy. She is currently on adjuvant treatment with Anastrozole. The oncologist referred her due to the presence of psychotic symptoms. The General Health Questionnaire (GHQ-28), Functional Assessment of Cancer Therapy—General (FACT-G), and Positive and Negative Syndrome Scale (PANSS) were applied.

Results: The patient presents with a psychotic disorder secondary to vascular pathology, manifested by delusions of infestation and sudden-onset hypodermic tactile hallucinations. Test results show a GHQ-28 score of 10/84, FACT score of 24/108, and PANSS score of 49 points. Although denying affective symptoms, anxiety, or cognitive impairment, neurological findings indicate decreased brain parenchyma, suggesting small vessel disease. Treatment includes Risperidone 1 mg once daily, along with therapeutic interventions such as psychoeducation and continued multidisciplinary monitoring by neurology for comprehensive disease management.

Conclusions: Evaluating psychotic symptoms requires assessing organic and non-organic factors. Neuroimaging aids diagnosing delusional parasitosis, improving treatment through interdisciplinary collaboration.

Disclosure of Interest: None Declared

EPV1187

Somatic Genetic Predictive Testing for Therapeutic Decision-making in Women at Early Stage of Breast Cancer: What is The Role of Geneticists in Psychological Support?

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Introduction: Somatic genomic variation testing has become an integral part of breast cancer management. Genetic tests based on gene expression profiles in cancer cells (biopsy or surgical specimen) are used for diagnostic, prognostic and theranostic purposes, helping to make therapeutic decisions: selection of adjuvant therapy, prediction of therapeutic responses and of breast cancer recurrence, in patients with early-stage breast cancer. The currently used gene expression assays including MammaPrint, Oncotype DX, Prosigna, etc..

Objectives: The aim of this study was to collect, through a recent review of the literature, the guidelines concerning psychological support before and after predictive genomic exploration in order to situate the role of the geneticist in this mental care.

Methods: We conducted a comprehensive review of the scientific literature with the following keywords: genomic predictive diagnosis, breast cancer and mental health. Through the papers emerging from this research, we assessed guidelines concerning mental health care and genetic counselling.

Results: There is not any guidelines or frameworks concerning the psycho-management of the new predictive genomic tests of breast cancer. Our review show that psychological support is systematically offered in oncology (psycho-oncology) and that the American Society of Clinical Oncology (ASCO) has established guidelines for the management of anxiety and depression in adult survivors of cancer. Moreover, the most recent ASCO guidelines recommend

the use of each genomic assay according to the level of evidence available for specific clinical conditions, in breast cancer. There are few papers dealing with genetic counselling and psychological support during the oncotype Dx and MammaPrint tests that are the incorporated into in everyday practice and recommended in clinical guidelines for women with node-negative, hormone-receptor-positive breast cancer. While, in pre-test genetic counselling is well established in breast cancer genetic predisposition, the frameworks in predictive tests and their emotional and psychological impact during prescription, testing and discussion of results as well as the therapeutic choices, are not clear until now.

Conclusions: Genetic counseling includes both informative and educational aspects, as well as advice on personal decisions that may affect the rest of the patient's life. During next-generation predictive testing, the objectives would also be to provide the patient with the ability to gain a sense of control by reducing uncertainty, to determine her own level of risk of recurrence and her therapeutic chances and to receive psychological support during the shared therapeutic decision. Thus, the role of the genetic counsellors must be an essential key in the recent era of mainstreaming of genomic sequencing.

Disclosure of Interest: None Declared

EPV1188

Resilience among male laryngeal cancer patients treated with total laryngectomy

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Introduction: Laryngeal cancer patients who undergo total laryngectomy (TL) face significant physical, emotional, and psychological challenges. This group of patients often struggle with feelings of social isolation, depression, and anxiety, as the surgery alters both their appearance and daily interactions. Despite these difficulties, patients can experience remarkable resilience in adapting to life post-surgery, with important individual differences though. Understanding factors associated with resilience among laryngeal cancer patients who had TL is crucial for improving mental health interventions and enhancing rehabilitation efforts.

Objectives: The objective of this study was to examine the resilience of patients who had TL for laryngeal cancer and identify the associated factors.

Methods: We carried-out a descriptive cross-sectional study including 30 patients treated for laryngeal cancer with TL in the Head and Neck Carcinologic Surgery Department at Salah Azaiez Institute.The operations took place during the period 2019-2022. All patients completed the Arabic versions of the Brief Resilience Scale (BRS) and the Arabic Multidimensional Scale of Perceived Social Support (MSPSS).

Results: The study involved 30 male participants with a mean age of 62 years (±10 years).The mean BRS score was 17.6 ± 3.6. Patients from urban areas had lower BRS scores (P=0.005). Additionally, a

higher level of education, particularly secondary or higher, was associated with lower BRS scores (P=0.001). Similarly, a higher socio-economic status correlated with lower BRS scores (P=0.02). Furthermore, greater resilience was significantly associated with higher perceived social support (P=0.001).

Conclusions: This study reveals that patients who have undergone total laryngectomy may experience varying levels of resilience based on socio-demographic factors and perceived social support. Higher social support is linked to greater resilience, emphasizing the need for robust support systems to aid in recovery. Further research is needed to refine support strategies for these patients.

Disclosure of Interest: None Declared

EPV1189

Exploring psychological distress in Tunisian patients with laryngeal cancer after total laryngectomy

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Introduction: Approximately 450,000 new cases of head and neck cancers are diagnosed annually worldwide, with laryngeal cancer representing a significant proportion. In Tunisia, these cancers account for approximately 7.3% of all cancers diagnosed. Among those receiving surgical treatment, total laryngectomy is performed in nearly 50% of cases. Total laryngectomy (TL) is regarded as one of the most emotionally challenging surgical procedures due to its profound psychological and functional impacts.

Objectives: This study aimed to investigate psychological distress (i.e. depression, anxiety, and stress) in Tunisian patients who had TL for laryngeal cancer.

Methods: A descriptive cross-sectional study was conducted among 30 patients treated with TL in the Head and Neck Carcinologic Surgery Department at Salah Azaiez Institute.The operations took place during the period 2019-2022.Socio-demographic and clinical data were gathered. All patients completed the Arabic version of Depression, Anxiety and Stress scale (DASS-21).

Results: The study involved 30 male participants with a mean age of 62 years (±10 years). All patients were married and tobacco users, and 53% lived in urban areas. Regarding the Tumor, Node and Metastasis (TNM) staging: 63% were classified as T3, 83% as N0, and 100% as M0. The therapeutic modalities include primary total laryngectomy (TL) followed by radiotherapy, an organ preservation protocol (OPP) followed by TL, partial laryngectomy (PL) followed by TL, and primary TL followed by both radiotherapy and chemotherapy.A total of 67%, 100% and 3% patients had moderate to severe levels of depression, anxiety, and stress respectively.In addition, our study found that a higher level of education was significantly associated with lower levels of depression and anxiety (P=0.001 and P= 0.012, respectively). Urban living was linked to reduced anxiety (P=0.05). Stage N1 was associated with higher depression levels (P=0.013). Finally, previous conservative treatments, such as partial laryngectomy or organ preservation protocol were associated with higher depression scores (P=0.001).

Conclusions: Our findings showed high levels of psychological distress in patients with laryngeal cancer after total laryngectomy. Some factors correlated to distress in this group have been identified, enabling the identification of at-risk groups and effective prevention approaches.

Disclosure of Interest: None Declared

EPV1190

How do patients with laryngeal cancer perceive their quality of life following total laryngectomy? Insights from a Tunisian cross-sectional study

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Introduction: Quality of life is a subjective evaluation that individuals make of the various aspects of their lives in relation to their health. Head and neck cancers and their surgical treatments, such as total laryngectomy (TL), change some of the most basic and important vital functions and can affect patients' lives in many ways. The patient's altered appearance, loss of their normally used voice, difficulty swallowing, and certain complications from this kind of surgery, all contribute to impaired quality of life by imposing daily limitations. Despite these considerable impacts, there is no or only very limited research addressing the quality of life of patients post- TL, highlighting the need for further exploration into this critical aspect of patient care.

Objectives: The purpose of this study was to assess self-perceived quality of life in Tunisian male patients who underwent TL for laryngeal cancer.

Methods: A descriptive cross-sectional study was conducted in the Head and Neck Carcinologic Surgery Department at Salah Azaiez Institute. Socio-demographic and clinical data were gathered. All patients completed the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Head and Neck Module (EORTC QLQ-H&N35), Depression, Anxiety and Stress scale, and Voice Handicap Index.

Results: The study involved 30 male participants with a mean age of 62 years (±10 years). The mean EORTC QLQ-H&N35 total score was 60 ± 9.8. The areas of EORTC QLQ- H&N35 score most affected are shown in Figure 1.

Our results indicated that younger patients (P=0.002) and those from rural areas (P=0.04) tended to report better quality of life scores. Additionally, higher socioeconomic status was linked to a reduced quality of life (P=0.006). Patients who were classified as (N+) according to the Tumor, node and metastasis (TNM) staging, showed significantly better quality of life (P=0.004).A higher quality of life was significantly correlated with primary TL (P=0.004), while a lower quality of life was significantly associated with TL