Objectives: To explore symbolic representations of oncologists such as referred to the possible elaboration of their own Living Will.
Methods: Qualitative design. Eight participants, clinicians, sample closed by theoretical saturation of information. Semidirected interviews in-depth were conducted online during the pandemic, fully transcribed. Technique of Clinical-Qualitative Content Analysis used for data treatment to generate categories of discussion. The authors search for core meanings in the corpus of interviews, after free-floating readings.
Results: Three categories emerged from the material: Living Will: postponing the decision in order to not anticipate death; From Rationalization Mechanism to Intellectualization: a more sophisticated defensive strategy; Loss of Autonomy: the doctor's belief while to feel him/herself patient.
Conclusions: (1) Even with all scientific knowledge, respondents have archaic thoughts on defining advance directives as healthy individuals would mean rushing time of their death. (2) Resistance of these professionals to an imagined scenario of end reveals underlying anguish in writing of living will. (3) There is fear of losing autonomy when they do not know how their Living Will can be seen.

Disclosure: No significant relationships.
Keywords: Qualitative research; Living Will; defense mechanisms; Oncologists

EPV0967

Exploratory study on the effectiveness of integrative neurocognitive remediation therapy (iNCRT) for cancer survivors.

A. Rogiers[1,2*], D. Kyndt[1], S. Van Eycken[1], J.-C. Le Febvre[1], M. Brohee[1], C. Degols[1], C. Fontaine[2], B. Neyns[2] and C. Kornreich[1]
[1]CHU Brugmann, Psychiatry, Brussels, Belgium and [2]UZ Brussels, Oncology, Brussels, Belgium
*Corresponding author.
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Introduction: Cancer survivors frequently report suffering from neurocognitive impairment, that persists after physical recovery from their disease. Cognitive impairment is associated with important emotional disturbances, socio-professional consequences and diminished quality of life.
Objectives: This observational study aims to assess the effectives of an integrative neurocognitive remediation therapy (iNRCT), offered as a 12-week program (1day/week), organized within our Cognitive Remediation Clinic. The iNCRT combines personalized computerized cognitive training and neurocognitive strategy training, with group sessions of physical exercise, mindfulness, and cognitive behavior therapy (CBT).
Methods: The assessment before and after NCRT includes neuropsychological testing (10 subtests), assessment of daily functioning and subjective neurocognitive function (NCF).
Results: Out of 16 eligible cancer survivors, 12 patients were recruited and 11 completed the iNCRT; median age 53 years [range, 41-71]; 3 patients had a prior history of a central nervous system tumor, 5 patients of breast cancer, 2 patients of stage-IV melanoma, and 1 patient of gastric cancer. After iNCRT subjective NCF did not improve significantly ($p=0.13$) according to the Cognitive Failure Questionnaire. However neuropsychological assessment revealed an improvement on ≥ 1 impaired subtest in all patients; 6 patients improved on ≥ 4 impaired subtests. Improvement was most prominent in long-term verbal and visual memory, working memory and executive function. All patients reported a clinical benefit in their daily function after completion of iNCRT.
Conclusions: Our iNRCT, which combines personalized neurocognitive training with physical exercise, mindfulness and CBT can be an effective therapeutic model for treating neurocognitive impairment in cancer survivors, with a clinically relevant impact on their daily function.

Disclosure: No significant relationships.
Keywords: cancersurvivor; cognitive remediation therapy; cognitive impairment; Neurocognitive function

EPV0968

BREAST CANCER: the educational level of patients correlated with the level of procrastination

C.D. Tabugan[1*], A.-C. Bredicean[2], C. Giurgi-Oncu[3], O. Cristina[4], P. Zsolt[5] and L. Hogea[6]
[1]" Victor Babes" University of Medicine and Pharmacy, Neurosciences, TIMISOARA, Romania; [2]University of Medicine and Pharmacy "Victor Babes" Timisoara, 5. neuroscience Department, Timisoara, Romania; [3]Victor Babes University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania; [4]ONCOHELP, Oncologie, Dumbravita, Romania; [5]ARAD COUNTY EMERGENCY CLINICAL HOSPITAL, Neurosciences, Arad, Romania and [6]"Victor Babes" University of Medicine and Pharmacy, Department Of Neurosciences, Timisoara, Romania
*Corresponding author.
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Introduction: Even if breast cancer is a severe pathology that can cause the death of a person, nowadays there are effective screening methods that could help us to discover in due time the tumor formation and thus be able to benefit from conservative breast surgery.
Objectives: Evaluating the feasible relationship between the noted levels of procrastination and the educational level of subjects
Methods: The analyzed group comprises a number of 152 female subjects (n=152). They were divided in three subgroups: subgroup I(26) composed of women with lower education, subgroup II(66), women with medium education level and subgroup III(60), women with higher education. A socio-demographic questionnaire and the Tuckman Procrastination Scale have been applied.
Results: Comparing the three subgroups, the levels of procrastination were similar. Low levels of procrastination were most common in all three subgroups: in the subgroup I 57,69%, in the subgroup II 56,06% and in the subgroup III 53,33%. Average procrastination levels were observed in 34,61% of women in subgroup I, 42,42% of women in subgroup II and 45% of women in subgroup III. Concerning high levels of procrastination we can affirm that they involve a small number of subjects. Measuring the degree of connection between the two variables, we obtained as a result $r=0.13$, which means a very weak, non-existent correlation.
Conclusions: The study revealed that there is no relationship between the level of education and the levels of procrastination that include postponing the presentation to the doctor.

Disclosure: No significant relationships.
Keywords: PROCRASTINATION EDUCATION BREAST CANCER

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