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Depression and anxiety in testicular cancer survivors in India

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Background: The prevalence of anxiety disorders and depression in testicular cancer survivors (TCSs) reported in literature ranges from 8-19.2% and 9-11% respectively. There is no data on the prevalence of anxiety and depression in TCSs in India hence we conducted this study.

Methods: This observational study was conducted at a tertiary cancer centre in India.TCSs who completed therapy ≥ one year ago were included in this study. TCSs were evaluated for depression and anxiety using the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7) questionnaire. Patients with a score of ≥ 10 (for both PHQ-9 & GAD-7) were referred to a mental health professional. Descriptive statistics and Chi Square test was used for analysis.

Results: Sixty nine TCSs with a median age (at diagnosis) of 30 years (IQR 25.5-37) were included in this study. All patients underwent orchiectomy and received chemotherapy, in addition 14 underwent retroperitoneal lymph node dissection (RPLND) and 4 received radiation. The PHQ-9 scores for depression were minimal (0-4), mild (5-9) and moderate (10-14) in 60.9%, 34.8% and 4.3% patients respectively. Using the GAD-7 we found that 78.3%, 18.8% and 2.9% had minimal, mild and moderate anxiety respectively. Demographic (age, marital status, education, income, employment status, rural or urban dweller) and clinical variables (histology, risk category, type of treatment received, disease recurrence, time since treatment completion, history of psychiatric illness) were analysed to look for an association with the PHQ-9 and GAD-7 scores. The PHQ-9 scores had a significant association with the type of treatment received by the patient. Higher number of patients who received chemotherapy alone had mild and moderate PHQ-9 scores (p<0.009) as compared to those who also underwent RPLND or received radiation. There was no significant association of PHQ-9 scores with any of the other demographic or clinical variables analysed. There was no association of GAD-7 scores with any of the clinical or demographic variables analysed.

Conclusions: A small number of TCSs in this study had clinically significant depression and anxiety scores that needed intervention. Type of treatment was the only factor that correlated with the depression scores.

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COVID-19 and hospitalised cancer patients: Now it’s time for patients to talk

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Background: On March 11th 2020, COVID-19 was categorized as a pandemic. Risk factors for poor outcomes in COVID-19 disease include a personal history of cancer. The purpose of this research is to explore what cancer patients (pts) know about COVID-19 and their perception of the risk of infection. The PHQ-9 scores for depression were minimal (0-4), mild (5-9) and moderate (10-14) in 60.9%, 34.8% and 4.3% patients respectively. Using the GAD-7 we found that 78.3%, 18.8% and 2.9% had minimal, mild and moderate anxiety respectively. Demographic (age, marital status, education, income, employment status, rural or urban dweller) and clinical variables (histology, risk category, type of treatment received, disease recurrence, time since treatment completion, history of psychiatric illness) were analysed to look for an association with the PHQ-9 and GAD-7 scores. The PHQ-9 scores had a significant association with the type of treatment received by the patient. Higher number of patients who received chemotherapy alone had mild and moderate PHQ-9 scores (p<0.009) as compared to those who also underwent RPLND or received radiation. There was no significant association of PHQ-9 scores with any of the other demographic or clinical variables analysed. There was no association of GAD-7 scores with any of the clinical or demographic variables analysed.

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Burnout among oncology professionals in the Middle East and North Africa (MENA)

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Background: Burnout (BT) is a major challenge affecting healthcare professionals with negative impact on personal and organizational levels. Our study aimed to assess the prevalence of BT among oncology physicians (OP) in the MENA region and its predictors.

Methods: A cross-sectional study utilizing an online questionnaire of the validated Maslach Burnout Inventory (MBI) of emotional exhaustion (EE), Depersonalization (DE), and Personal Achievement (PA) plus questions regarding demography/work-related factors and attitudes toward oncology was distributed to (OP) across the Arab region. Data were analyzed to measure BT prevalence, severity and associated factors.

Results: Between February 10 and March 15, 2020, 1054 participants responded. Of the 1017 eligible participants, 64% were medical oncologists, 80% were ≤40 years, 54% females, 74% married, 67% with children, and 40% practiced hobby. BT prevalence is 68%. High EE and DE reported in 35%, and 57%, respectively, while 49% scored low PA. High BT is associated with younger age (P<0.001), administrative work ≥25% (P<0.001), and quitting oncology thought (P<0.001) (Table). Whereas practicing hobby (P=0.02), enjoying oncology communications (P<0.001), and appreciating oncology life-work balance (P<0.021) are associated with reduced BT score and prevalence. NA countries reported the highest BT prevalence (P<0.001).

Gender, marital status, children, subspecialty, years in practice, and practicing setting/ number impacted neither BT prevalence nor its severity. Seventy-two percent lacked BT education/support.

Conclusions: BT among OP in the MENA region is alarmingly prevalent. The thought of quitting oncology is a consistent predictor for high BT and sub-domains, which makes it a potential screening tool to detect BT. Proactive interventions to mitigate and manage burnout are urgently needed which, in turn, should reflect positively on patients' care.

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Table: 1579P The thought of quitting oncology is consistently predictive of high EE, DE and Low PA

| Thought of quitting oncology | High EE OR (95%CI) | Low EE | High DE OR (95%CI) | Low DE | High PA OR (95%CI) | Low PA |
|-----------------------------|-------------------|--------|-------------------|--------|-------------------|--------|
| Always                      | 6.9 (4.00-12.22)  | <0.001 | 7.58 (4.05-15.24) | <0.001 | 3.14 (1.81-5.48) | <0.001 |
| Sometimes                   | 4.47 (3.07-6.50)  | <0.001 | 3.67 (2.61-5.16)  | <0.001 | 2.14 (1.45-3.15) | <0.001 |
| Rarely                      | 1.58 (1.02-2.44)  | 0.038  | 1.68 (1.14-2.38)  | 0.007  | 1.93 (1.25-2.98)  | 0.003  |
| Never (ref)                 | 1                  | 1      | 1                 | 1      | 1                 | 1      |

Conclusions: BT among OP in the MENA region is alarmingly prevalent. The thought of quitting oncology is a consistent predictor for high BT and sub-domains, which makes it a potential screening tool to detect BT. Proactive interventions to mitigate and manage burnout are urgently needed which, in turn, should reflect positively on patients' care.