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# Advancing Psychosomatic Medicine in a Challenging World

27th World Congress of the International College  
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## Abstracts

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We therefore set out to record the current care situation of EOCRC patients. Using egocentric social network analyses, we will explore how patients navigate through care structures and options, i.e., which services and resources are used, to what extent, for what purpose, and via which access routes. **Methods:** Multi-professional care networks, incl. psychosocial and non-professional social support, of  $n = 15$  EOCRC patients ( $\leq 50$  years; vs.  $n = 15 > 50$  years) are recorded. Patients (egos) are interviewed on the phone regarding their care networks using semi-structured, guideline-based network analysis-typical interviews at 3 measurement points (T0 after presentation in the colorectal cancer consultation at the NCT Heidelberg, T1 = T0 + 2 months, T2 = T0 + 6 months). Through so-called actor generator questions, the aim is to fully capture the actors (alters) of the networks. In addition to open-ended questions, to assist memory, a comprehensive list of actors is proposed to the patients (e.g., physicians in private practice, psychosocial counsellors). With the aid of so-called actor interpreters, the relationship between egos and alters (e.g. access, occasion, contact frequency) and potential contact between actors is specified. A mixed methods analysis will be carried out, including network visualization, determination of network metrics, and comparison to patients  $> 50$  years. **Results:** Preliminary analyses show a high complexity of care networks among EOCRC patients. On average, 21.4 alters are named, mostly medical and non-professional social support. General practitioners always play a role. Most patients report contact with health insurance companies beyond the usual extent. In addition to the comprehensive results, the application of the method will be presented at the congress. **Conclusion:** In addition to practical implications, such as identifying gatekeepers, e.g., for psycho-oncological services, or impulses for optimized psychosocial care programmes, the pioneering application of the method in this area allows a unique insight but also requires time-consuming interviews.

### ST07-03

#### Trajectory and predictors of post-traumatic growth amongst rectal cancer patients: an exploratory longitudinal study

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**Background:** Post-traumatic Growth (PTG) is a positive psychological growth resulting from struggling with traumatic life circumstances that challenge personal beliefs. Few studies have examined changes in PTG in rectal cancer (RC) since the early stages of cancer treatment. The aim of this exploratory prospective observational cohort study was to investigate the trajectory of PTG in RC patients undergoing combined modality therapy from diagnosis to follow-up and to identify the factors that might predict PTG at follow-up. **Methods:** Forty-three RC patients were recruited and assessed at four time points after the following treatment phases: after diagnosis (T0 - diagnosis), at least one month after

completion of preoperative treatment (T1, on average 3 months after diagnosis), at least one month after surgical resection (T2, on average 6 months after diagnosis), and at follow-up at least one year after surgical resection (T3, on average 18 months after diagnosis). Measurements included: Post-traumatic Growth Inventory, European Organization for Research and Treatment of Cancer Quality of Life Questionnaire C30 and CR-29 version, Mini-Mental Adjustment to Cancer Scale, Positive and Negative Affect Scale, Resilience Scale and Toronto Alexithymia Scale - 20. **Results:** PTG showed a progressive increase in total score together with all subscales, with a significant increase between T2 and T3 ( $p < .001$ ). Higher PTG scores at T1 ( $p < .001$ ) and greater use of the coping style "Fighting Spirit" at T0 ( $p = .009$ ) and "Fatalism" at T1 ( $p = .031$ ) were significant predictors of higher PTG at follow-up. The final model explained a significant proportion (59%) of the variance ( $p < .001$ ). **Conclusion:** The trajectory of PTG appears to be closely related to RC patients' responses to the different phases of treatment, particularly diagnosis and preoperative treatment. Overall, our data suggest that there is a need to implement psychological screening and tailored support programs aimed at promoting PTG from the earliest phases of RC treatment.

### ST07-04

#### A pilot study for a compassion-based intervention (COMWithU) for patients with advanced cancer: Preliminary analysis in South Korea

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**Background:** Patients with advanced cancer experience a multitude of psychological and existential challenges, encompassing uncertainty about the future, grief from multiple loss, and the need to adapt to altered social relationships. Recognizing the necessity for culturally tailored interventions to address these issues, this study aimed to develop and assess the feasibility of a compassion-based intervention for Korean patients with advanced cancer. **Methods:** The COMWithU is a psychological intervention, designed for adult patients with advanced cancer, consisted of five individual sessions incorporating elements like accepting suffering, practicing compassion-focused meditations directed toward oneself and others, and constructing of illness narratives grounded in the concept of compassion provided by mental health professionals. Participants were recruited from a single university hospital in Seoul, South Korea between Apr 2023 and Nov 2023. Primary outcomes were depression, anxiety, and spiritual well-being, assessed using the Hospital Anxiety Depression Scale (HADS) and The Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp). Secondary outcomes were measured by