**ASSESSING PSYCHO-EMOTIONAL STATE IN TERMINAL PHASE OF FEMALE REPRODUCTIVE SYSTEM ORGANS CANCER IN GEORGIA**

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10.1136/ijgc-2022-ijgs.411

**OBJECTIVES** Background: Efforts to improve the quality of life of cancer patients can be as possible in the last days of life, advocacy, research, requires further study of thanatogenesis.

**METHODS** In order to assess thanatogenesis in last days of life of patients in the terminal phase of cancer medical histories of 150 cancer (study group) and 150 neurological (control) patients hospitalized in Tbilisi Palliative Care Clinic were retrospectively studied. Specially designed questionnaire was also applied for prospective study to monitor 50 cancer and 44 neurological patients in the last days of life. In both studies, out of 26 cases of breast and 24 cases of gynecological cancer were diagnosed.

**RESULTS** In terminal phase of breast and gynecological cancer, 66.7% and 68.4% of cases, respectively, experience anxiety, restlessness, In 88.9% and 66.4% confusion, uncertainty in time, place and personalities; 66.7% and 84.2% delirium; 61.1% and 73.7% depression, drowsiness, lethargy; 72.2% and 73.7% have a tendency to lose and regain consciousness. Two-thirds of patients with terminal breast (66.7%) and 63.2% of gynecological cancer patients experienced the highest intensity pain (10.0 points) at the end of life.

**CONCLUSIONS** Permanent pain syndrome in the terminal phase is a complex of cancer-specific symptoms in 2/3 of cases, which, along with unbearable physical suffering of pain, involves psycho-emotional and spiritual feelings of patients. It is recommended that the issue of pain syndrome management be included in the annual cancer control report (NCDC). Goal of annual monitoring: achieve 100% management of permanent pain syndrome.

**INFORMATION NEEDS OF LYNCH SYNDROME AND BRCA 1/2 MUTATION CARRIERS CONSIDERING RISK-REDUCING SURGERY: A QUALITATIVE STUDY OF THE DECISION MAKING PROCESS**

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10.1136/ijgc-2022-igcs.412

**OBJECTIVES** Risk-reducing surgery (RRS) may be offered to BRCA and Lynch syndrome mutation carriers to reduce risk of gynecological cancer. This study was conducted to better understand patients’ information needs when navigating the decision-making process surrounding RRS and how patients weigh different sources of information in their decision-making process.

**METHODS** This study used a qualitative approach to understand patients’ perspectives towards RRS. Semi-structured interviews were conducted virtually. Inclusion criteria included women offered RRS between 35 and 70 years of age with an identifiable BRCA or LS mutation. Data from interviews was coded with constant comparative analysis to develop themes.

**RESULTS** Of eight participants, six made decisions regarding RRS; five decided yes to RRS; one decided no. Two were undecided. Thematic analysis found that the key factors affecting patient’s decisions around prophylactic surgery were cancer risk, surgical menopause, and psychological readiness. To make an informed decision, patients relied most heavily on information provided by healthcare professionals and family members with prior cancer experience. Information from friends and the Internet also contributed to decision-making. However, some participants reported feeling inadequately informed and identified COVID-19 as a significant barrier affecting access to information.

**CONCLUSIONS** This qualitative study revealed the key sources of information influencing attitudes regarding risk-reducing surgery. Results underscore the need for greater attention to patients’ information needs in the context of psychological readiness, particularly amidst the pandemic. Research involving a larger sample size may help to better support the information needs of individuals with BRCA and LS mutations considering risk-reducing surgery.