CN53 Ageing with cancer: Exploring the nature, influences, and experiences of unmet needs among older adult cancer survivors

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Background: Older adults (≥65 years) represent the largest demographic diagnosed with cancer, yet they remain underrepresented in research. Older adults experience unique challenges in cancer care due to multi-morbidity, social support, and fragmented healthcare services. There is limited evidence regarding the unmet needs of older adults with cancer, particularly those with haematological malignancies.

Methods: A concomitant mixed methods study was undertaken, involving a cross-sectional questionnaire (n=84) and semi-structured interviews (n=8). Participants were older adult survivors of cancer or haematological malignancies recruited from five hospitals and advocacy organisations across Ireland. Quantitative data were analysed using descriptive and inferential statistics; qualitative data were analysed thematically using Braun and Clarke's approach.

Results: Participants ranged in age from 65 to 89 years old; 53% were living with a haematological malignancy. The most common unmet needs included fatigue (47%), feeling normal (40%), memory or focus difficulties (39%), stress (36%), and anxiety about treatment outcomes (37%). Qualitative findings highlighted challenges in access to care, including travel difficulties, high costs, and limited public transport. While continuity of care was mostly described as positive post-diagnosis, delays in diagnosis were common. Emotional needs centred on a desire for independence, fear of recurrence, and reliance on family or healthcare professionals. Most participants were retired, and many described financial concerns related to welfare entitlements. Information needs varied; while treatment side effects were well explained, guidance on lifestyle and wellbeing was inconsistent.

Conclusions: Older adults living with and after cancer experience a range of unmet needs, particularly around fatigue, emotional wellbeing, continuity of care, and accessible information. While participants valued relationships with healthcare professionals and support services, gaps in pre-diagnosis care, support for travel to care, and information needs persist. Findings highlight the need for age-sensitive interventions and support tools tailored to this population.

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CN54 Validity of the Utrecht symptom diary late effects for AYA's treated for testicular germ cell tumors

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Background: Testicular germ cell tumours (TGCTs) are the most common solid tumours in adolescents and young adults (AYAs) aged 18–39, accounting for 14% of malignancies in this group. Despite a cure rate exceeding 95% in most cases, AYAs treated for TGCTs face unique survivorship challenges, such as re-establishing their identity, delays in education and sexual health/ fertility issues. These challenges are often compounded by late-onset effects, symptoms or conditions that arise six months or longer post-treatment, which are frequently under-recognized. The Utrecht Symptom Diary Late Effects (USD-LE) is a patient-reported outcome measurement (PROM) developed to support personalized follow-up care in this group. The aim of this study was to evaluate the criterion and construct validity, as well as the initial acceptability, of the USD-LE among AYAs with TGCT during follow-up.

Methods: A cross-sectional validity study was performed, in AYAs receiving TGCT follow-up care at a Dutch academic hospital, a center of expertise in TGCTs. Criterion and construct validity were assessed. The Distress Thermometer and Problem checklist was used as a reference PROM. Preliminary acceptability was evaluated using items adapted from European Organization for Research and Treatment of Cancer guidelines in the development of measurement tools.

Results: In total, 63 AYAs were included. All items indicated sufficient to good criterion validity (AUC >0.70). Most items performed well at the cutoff of 3, though sensitivity was lower for pain (40%) and specificity for memory/concentration problems (66.7%). Preliminary findings of the construct were confirmed for most items, except palpitations, disconnection from peers, and work/school problems. Preliminary acceptability was favourable, indicating low respondent burden, minimal reports of ambiguity or discomfort with items, and no need for further assistance.

Conclusions: The USD-LE shows sufficient validity and preliminary acceptability for AYAs with TGCT in follow-up, although some items may benefit from further refinement. AYAs in follow-up could benefit from the USD-LE, as it helps identify late effects that require appropriate follow-up care and may enhance the delivery of patient-centred survivorship care.

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CN55 Factors associated with increased distress and survivorship concerns in Australian cancer survivors

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Background: Cancer survivors have diverse concerns that require multidisciplinary support. A Cancer Survivorship Service (CSS) was established at Prince of Wales Hospital to provide multidisciplinary care to survivors with solid and haematological malignancies treated with curative intent. A needs assessment tool was implemented to screen for patient distress, identify patient concerns and inform service development.

Methods: A Distress Thermometer (DT) and customised National Comprehensive Cancer Network Problem List (PL) with physical, emotional, social and practical concerns was administered to all patients. We described patient, cancer and treatment characteristics and analysed factors associated with higher DT scores and PL concerns.

Results: The study included 290 consenting patients attending the CSS between June 2022 - March 2025. Patients were mainly female (90%), Australian-born (52%), had median age 56 years (range 18-84 years) and were median 17 months post-cancer diagnosis (range 3-502 months) at time of CSS attendance. The most common cancer diagnoses were breast (77%), colorectal (5%) and lymphoma (4%). Most patients had received chemotherapy (57%) and/or radiotherapy (65%). Survivors had a median DT score of 5 (IQR 2-6) and a median of 7 PL concerns (IQR 4-13). The most common PL concerns were fatigue (56%), worry/anxiety (56%), sleep (57%), fear of cancer recurrence (49%), exercise and/or physical fitness (46%), pain (43%), memory or concentration (36%), menopausal symptoms (34%) and chemotherapy-induced peripheral neuropathy (32%). Patients were more likely to have higher DT scores if they were born overseas (mean 4.7 vs 3.9, p=0.03). Number of PL concerns differed with age, with patients aged 31-40 having the most and patients aged >70 years the least concerns (mean 10 vs 6, p=0.004). Prior chemotherapy was associated with higher DT scores (mean 4.5 vs 3.7, p=0.02) and more PL concerns (mean 9.6 vs 7.6, p=0.006).

Conclusions: Physical and emotional concerns were more common among Australian cancer survivors than social or practical concerns. Survivorship needs appear to be associated with country of birth, age and chemotherapy use, indicating that survivorship services should focus more on these cohorts of cancer survivors.

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CN56 The effects of mindfulness-based interventions on self-perception after cancer surgery: A systematic review on body image, self-esteem, and self-compassion

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Background: Cancer surgery may cause not only physical changes but also significant psychosocial challenges impacting self-perception, which includes body image, self-esteem, self-compassion, and self-efficacy. Post-surgical changes can disrupt how