economic status (66.5%). Regarding the reasons for undergoing mammography, 62% did so for preventive purposes, whereas 38% cited anxiety or symptomatic concerns Preventively motivated women showed higher Conscientiousness scores (mean 3.9 vs 3.4, p = 0.04), while non-preventive women scored higher in Neuroticism (3.7 vs 3.1, p = 0.03). Logistic regression confirmed Conscientiousness as an independent predictor of preventive motivation (OR = 1.35, 95% CI 1.05–1.78, p = 0.02).
Conclusions: In Tunisian women, conscientiousness supports preventive motivations, while Neuroticism drives anxiety-based motivations. Tailoring communication to personality traits may enhance participation in screening.

Disclosure of Interest: None Declared

EPV1012

Family support and satisfaction with mammography results communication

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Introduction: The quality of mammography results communication is critical for patient-centered care. Family support may influence satisfaction with this process.
Objectives: To explore whether family support predicts satisfaction with the communication of mammography results.
Methods: We conducted an online survey of the general female population in Tunisia via a sponsored Facebook campaign (December 2023–February 2024). Participants rated family support (satisfactory vs unsatisfactory) and satisfaction with results communication. Logistic regression was applied.
Results: A total of 278 women participated. The mean age was 46 years (SD 8.9, range 20–84). Most respondents were married (84.9%) and university educated (78.4%). Regarding socio-economic status, 66.5% reported middle income. Concerning communication, the majority received their mammography results face-to-face with a physician (81.3%), while smaller proportions were informed by non-physician healthcare staff (6.3%), by phone/email from a physician (3.0%) or by mail without interaction (0.4%). Other respondents didn't specify the method. Satisfaction with communication was reported by 74% of women with satisfactory family support, compared to 42% with unsatisfactory support.
Women with satisfactory family support were significantly more likely to report satisfaction with results communication (74% vs 42%, $\chi^2 = 6.8$, p = 0.009). Family support independently predicted satisfaction (OR = 2.20, 95% CI 1.25–3.86, p = 0.01).
Conclusions: Among Tunisian women, family support is a strong determinant of satisfaction with results communication. Involving relatives in the process could enhance patient experience.

Disclosure of Interest: None Declared

EPV1013

Psychosocial predictors of delay in receiving mammography results

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Introduction: Delays in communicating mammography results may generate anxiety. Psychosocial characteristics may influence how these delays are experienced.
Objectives: To investigate associations between socio-demographics, personality traits, and perceived delay in receiving mammography results.
Methods: We conducted an online survey of the general female population in Tunisia via a sponsored Facebook campaign (December 2023–February 2024). Participants provided the dates of their mammogram and results notification, and the delay in days was subsequently computed. Associations between delay, educational level, socio-economic status, and personality traits (using the Big Five Inventory (BFI-44)), were examined using regression analyses.
Results: A total of 278 women participated. The mean age was 46 years (SD 8.9). Most were married (84.9%) and university educated (78.4%), with two-thirds reporting middle socio-economic status (66.5%). Regarding communication, the median delay was 0 days, with 56% receiving results the same day, 84% within one week, and only 5% after more than one month. The mean delay was 4.8 days (SD 12.3). Lower education was associated with longer perceived delays (β = +2.4 days, p = 0.04). Higher Neuroticism also predicted longer delays (β = +1.8 days, p = 0.03).
Conclusions: In Tunisian women, educational level and neuroticism significantly influenced perceived waiting times. Implementing rapid communication strategies and targeted reassurance may improve the screening experience in vulnerable subgroups.

Disclosure of Interest: None Declared

EPV1014

Psychiatric history and breast mammography experience

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Introduction: Psychiatric history may influence tolerance of medical procedures such as mammography.
Objectives: To evaluate differences in mammography experience, specifically pain intensity and satisfaction with results communication, between women with and without a psychiatric history.

Methods: We conducted an online survey of the general female population in Tunisia via a sponsored Facebook campaign (December 2023–February 2024). Psychiatric history was defined as prior psychiatric consultation. Pain (1–10) and satisfaction with results communication were assessed.
Results: A total of 278 women participated. Participants had a mean age of 46 years (SD 8.9, range 20–84). Most were married (84.9%), university educated (78.4%), and of middle socio-economic status (66.5%). A total of 22.7% reported having consulted a psychiatrist at least once, most frequently for depression, anxiety, or stress-related problems. 4.3% were under current psychotropic medication. The mean pain score during mammography was 5/10 (SD 2.8), with 34% reporting severe pain (≥7/10). Women with psychiatric history reported higher pain (6.3 vs 4.8, p = 0.02) and were less likely to be satisfied with communication (48% vs 71%, p = 0.02). Regression confirmed psychiatric history as an independent predictor of higher pain (β = +1.1, p = 0.03).
Conclusions: Among Tunisian women, a history of psychiatric disorders was associated with a less favorable mammography experience, with higher pain perception and lower satisfaction with results communication. Incorporating mental health support into screening programs may improve comfort and adherence.

Disclosure of Interest: None Declared

EPV1015

Cognitive impairment associated with MAPK inhibition in colorectal cancer

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Introduction: Targeted therapy significantly improves survival in metastatic colorectal cancer (mCRC). However, its neuropsychiatric side effects remain poorly understood. The mitogen-activated protein kinase (MAPK) cascade plays a crucial role in synaptic plasticity and memory formation; therefore, its inhibition through targeted therapy, including EGFR blockade, is a matter of interest for studying patients with mCRC.
Objectives: This study aimed to evaluate the impact of anti-EGFR-targeted therapy, compared with anti-VEGF-targeted therapy, on cognitive performance in patients with stage IV colorectal cancer.
Methods: Eighty patients with mCRC were enrolled. The main group (n = 55) received FOLFOX6 combined with an anti-EGFR monoclonal antibody (cetuximab or panitumumab), which inhibits the MAPK cascade. The control group (n = 25) received FOLFOX6 plus bevacizumab, which does not affect the MAPK cascade. Cognitive status was assessed at baseline and after 3–4 months using the Addenbrooke's Cognitive Examination-Revised (ACE-R) and the Frontal Assessment Battery (FAB).
Results: At baseline, cognitive scores were comparable between groups. After 3–4 months, the anti-EGFR targeted group showed a marked decline in ACE-R total scores from 94[90; 95] to 86[85; 90] (p = 0.001), whereas the control group remained stable (94[91; 97] to 94[90; 96]; p> 0.05). Memory scores declined in the anti-EGFR group from 22[22; 24] to 19[19; 20] (p= 0.001), while the control group showed only a mild reduction (23[21; 26] to 22[21; 25]; p= 0.034). Attention/orientation also decreased in the anti-EGFR group (18[16; 18] to 17[15; 18]; p= 0.024), but remained unchanged in controls (18[18; 18] throughout). Other ACE-R domains and FAB subscores demonstrated no significant changes.
Conclusions: Anti-EGFR-targeted therapy, which involves inhibiting the MAPK cascade, is found to be associated with selective cognitive impairment, predominantly affecting memory and attention. Regular cognitive monitoring may support timely psychiatric referral, optimize management strategies, and ultimately improve patients' quality of life.

Disclosure of Interest: None Declared

EPV1016

Fear of mammography and correlated psychosocial factors

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Introduction: Psychosocial factors influence women's fear and attitudes toward mammography. Understanding these factors is crucial for increasing participation in early detection and reducing breast cancer mortality. The research focuses on psychological mechanisms, such as fear of a cancer diagnosis, perceived personal risk, and self-efficacy, as well as social influences like support networks and cultural beliefs. Practical barriers, including pain during the procedure and limited access to screening facilities, are also examined.
Objectives: This study investigates the psychosocial factors influencing women's fear and attitudes toward mammography, aiming to understand why many women hesitate or avoid preventive screening.
Methods: Data were collected from 274 women using three questionnaires: a socio-demographic survey; the Champion Health Belief Model Scale (CHBMS, 1984/1999), assessing perceived susceptibility, severity, benefits, barriers, self-efficacy, health motivation, and cues to action regarding mammography; and the Mammography Questionnaire (MGQ), evaluating user satisfaction with the screening process.
Results: The sample consisted mainly of married, middle-aged women (35–54 years) with relatively high education, many employed in the public sector, living in urban areas, and generally positive about health and psychological well-being. Overall, 73.7% reported few or no difficulties in accessing screening. Women demonstrated high awareness of early detection, strong motivation to protect their health, and confidence in mammography's effectiveness. Notably, older women exhibited pronounced fear of the procedure. Physician recommendation emerged as the most influential factor prompting women to undergo mammography.
Conclusions: Women are highly aware of the importance of early breast cancer detection and motivated to participate in preventive