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1019 – Psychosocial and behavioral map of patients for decision-making and quality of life in breast cancer treatment

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Introduction: In breast cancer, incorporating patient-centered care is associated with improved quality of life and psychosocial outcomes. Structured psychosocial assessment tools allow the characterization of individual preferences, enhancing shared decision-making and therapeutic alignment with patient priorities.

Objective: To evaluate the impact of psychosocial assessments on understanding the behavioral profile and expectations of breast cancer patients, aiming to optimize clinical management and treatment engagement.

Methods: This quasi-experimental study included 91 women aged 22–75 years undergoing treatment between 2021 and 2025, all of whom provided informed consent. The DISC assessment was applied, a structured behavioral profile instrument derived from William Marston's theory (1928), measuring four factors: Dominance (D) – assertive, decisive traits oriented to results and challenges; Influence (I) – sociable, persuasive, relational, and optimistic; Steadiness (S) – patient, loyal, collaborative, preferring predictability and routines; Conformity (C) – analytical, precise, systematic, and adherent to rules and quality. The DISC assessment was administered together with a structured psychosocial questionnaire (Likert scale) for evaluating values, expectations, distress, and therapeutic understanding. Descriptive analyses were performed.

Results: The Steadiness (S) profile was predominant (45%), exceeding the population average of 35–36% and demanding predictable communication, stable routines, and continuous emotional support. Influence (I) (27%) responded to relational bonds and recognition; Conformity (C) (18%), to analytical data, evidence, and clear processes; and Dominance (D) (10%), to direct, objective approaches and focus on quick resolutions. Expectations prioritized cure (76%) and disease control (20%), with 59% desiring the best treatment with low toxicity (40.7% accepting higher risk for benefit). Active participation in decisions was reported by 79.1% of patients. The main negative factors were hair loss (58.7%) and financial impact (70%). The positives were support groups (100%), partner support (72%), spirituality (51%), scientific trust (34%)—reinforcing personalized approaches for adherence.

Conclusion: Systematic integration of psychosocial assessments captures subjective dimensions often underreported, enhancing physician-patient communication and favoring shared decisions. This approach broadens therapeutic alignment, optimizes toxicity management, and contributes to social reintegration by integrating biomedical and psychosocial variables into oncology practice.

Ethics: Research Ethics Committee Approval (CAAE 82383624.4.0000.5432).

Keywords: breast cancer; shared decision-making; quality of life; social reintegration; overcoming.