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congestive heart failure (CHF), myocardial infarction (MI)) often suffer from depression. Further, more women report depression and had higher scores of HD-related depression, compared to their male counterparts. No research has targeted sex differences in post-OHS depression in conjuncture with pre-OHS character strengths with adequate control for HD-specific and surgical confounders. Using cross-disciplinary data collected from patients undergoing OHS, this prospective study explored the prediction of sex, event-based HD-specific indices, and character strengths for post-OHS depression.

Methods: The three-wave interview data of 481 patients (age +62+, female 42%) and their key medical record in the Society of Thoracic Surgeon (STS) national database were used to test our hypotheses. Hierarchical multiple linear regression analyses were performed to identify predictors for post-OHS depression.

Results: Female gender, older age, living alone, pre-OHS depression, greater number of diseased arteries, and operation time indicating surgical complexity predicted higher levels of post-OHS depression. Patients who scored higher on dispositional optimism or had a diagnosis of left main disease were less likely to have post-OHs depression. Although pre-OHS sense of secular reverence was related to more depression, women who experienced greater pre-OHS secular reverence, compared with women who did not, were less likely to report post-OHS depression.

Conclusions: Women in the cohort had higher levels of depressive symptoms even after controlling for pre-OHS symptoms and multiple medical, cardiac, and surgical indices. Both subgroup could be more vulnerable due to disadvantages in HD conditions. This study provides more reliable information on protection of sex, CSs, and HD-specific confounders on depression in the critical recovery month following OHS, which could have important clinical implications for patient-centered, pre-OHS care of women with advanced HD.

61. Sex Differences, Event Impacts, and Character Strengths in Depression Following Open-Heart Surgery

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Background: Open-heart surgery (OHS) is a life-saving/expanding, yet stressful, intervention in late life for patients with advanced heart disease (HD). Patients with advanced HD (e.g., congestive heart failure (CHF), myocardial infarction (MI) often suffer from depression. Further, more women report depression and had higher scores of HD-related depression, compared to their male counterparts. No research has targeted sex differences in post-OHS depression in conjuncture with pre-OHS character strengths with adequate control for HD-specific and surgical confounders. Using cross-disciplinary data collected from patients undergoing OHS, this prospective study explored the prediction of sex, event-based HD-specific indices, and character strengths for post-OHS depression.

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62. Effectiveness of the Brazilian Public Health Policy for Mammographic Screening After the Age of 50 Years

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Background: In Brazil, mammography breast cancer screening is performed in women between 50 and 69 years of age, with a biannual interval. Currently, there is no consensus on the performance of mammographic screening for women aged 40 to 49 years. Discrepancies in benefits and harms of screening have generated differences between the main guidelines on which age to start, at what age to discontinue and how often to recommend screening mammograms in women at low or medium risk. This study aimed to determine the age of patients to the diagnosis of breast cancer in the Mastology outpatient unities of an university hospital and to correlate with the size of the tumor, to verify if the mammographic screening before 50 years of age is benefitial.

Methods: This is a cross-sectional study, with convenience sampling. All patients diagnosed with breast cancer attended from March 2016 to March 2018 were enrolled. Data on age at diagnosis of cancer, mammographic screening, family history and on the disease and its treatment were recorded.

Results: A total of 3,264 patients were attended and 220 met the eligibility criteria. Patients' age ranged from 27 to 89 years (median: 54,5 years-old). From these, 79 (36%) were up to 49 years-old, and 141 (64%) were 50 years or older. There was no statistical difference between groups regarding tumor size ($p = 0.3320$), type of surgery, whether radical or conservative ($p = 0.41236$), or staging ($p = 0.08018$).

Conclusions: The data obtained corroborate the effectiveness of the public health policy for mammographic screening practiced in Brazil.