

Wednesday, 17 March 2004

17:15–17:45

POSTER HIGHLIGHT

Advocacy and education

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POSTER HIGHLIGHT

The Field of Women: a powerful advocacy tool highlighting the impact of breast cancer within the communityL. Swinburne. Breast Cancer Network Australia, Auburn South, Australia

The *Field of Women* was first displayed in Canberra in 1998 to officially launch Breast Cancer Network Australia, now the peak national "consumer" breast cancer organisation in Australia.

The *Field of Women* is a traveling display, exhibited annually within a capital city and comprising silhouettes planted into the ground (figure 1).

- 11,000 bright pink silhouettes represent the number of Australian women diagnosed with breast cancer annually
 - 100 blue silhouettes represent the annual incidence for men, and
 - 2700 white silhouettes represent the annual mortality statistics.
- A Silent Walk also accompanies the annual event, with a major street closed off, allowing the public to participate and show support for the cause. The annual event achieves a multitude of objectives:
- It is a powerful advocacy tool, as breast cancer issues are publicly raised
 - The strong visual impact ensures media coverage
 - It is an effective tool to promote important public health messages
 - Politicians are keen to speak at the launch ceremony and pledge support
 - Messages attached to the silhouettes highlight the impact of the disease on individuals and families
 - Sponsorship of the messages raises funds for the organisation
 - It provides an opportunity for organisations to work together

There is now substantial interest from international advocacy groups to conduct *Fields of Women* events within their respective countries; in fact this is fast becoming a global project. The presentation will further explore and describe the project, outlining key strategies for success and including a 4 minute video of a past *Field of Women* event held in Australia.



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Improving the organisation of breast cancer care increases quality of care while reducing costs

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Background: In the last decade new education and counselling programmes, diagnostic procedures and new surgical treatment options were introduced in breast cancer treatment. Between 1998 and October 2001 a breast care nurse, the core needle biopsies and the sentinel node procedure were introduced in our hospital. These changes facilitated a shorter hospital stay. In October 2001 both a patient centred breast cancer care programme and ambulatory surgery were introduced. In a prospective cohort study (Oct 2001–Sept 2002) the effect on hospital costs of the introduction of these changes was investigated. The results were compared to the standard of care provided in 1998.

Material and methods: For both the prospective cohort study and the retrospective study data were retrieved by the hospital registration system. This system registers every activity was registered from the first hospital visit for breast pathology until 6 weeks after the last operation for breast cancer. These files were connected to the hospital cost files of 2001.

Results: In 1998 137 patients had 168 operations, while in 2001/2 234 operations were performed in 164 patients. The mean age of the population was 59.3 (sd 13.8) vs. 58.6 (sd 13.1) years. The mean duration of hospital stay for breast cancer was 6.9 days vs. 2.1 days. There was no difference in reported activities related to complications between the periods. The extra diagnostic procedures, e.g. ultrasonography, more core needle biopsies and the histopathological examinations, visit to the preassessment clinic anaesthesiology and more visits to the outpatient clinic for education and counselling caused an significant ($p<0.001$) increase in preoperative costs: €541.5 vs. €887.2. The large decrease of peroperative costs related to the reduction of hospitalisation largely overcompensated the costs related to the introduction of the sentinel node: €4347.7 vs. €3779.3 ($p<0.001$). Postoperative costs increased significantly ($p<0.001$), €265.4 vs. €487.5 because of a significant ($p<0.001$) increase in outpatient clinic visits. Total hospital costs were not significantly different between 1998 and 2001/2002 (€5146.6 vs. €5154.0).

Conclusions: The introduction of a patient centred breast cancer care program and ambulatory surgery did not lead to an increase of hospital costs while introducing new diagnostic and treatment procedures, extensive education and counselling. Thus, improved quality of care was established without increase of costs.

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POSTER HIGHLIGHT

Helping a friend or colleague with breast cancer: a resource developed by Australian womenL. Swinburne. Breast Cancer Network Australia, Auburn South, Australia

There have been many resources developed for women diagnosed with breast cancer and for members of their families. There is less support available for the close friends of these women and for the people with whom they share their workplace.

Many women from Breast Cancer Network Australia (BCNA) have noticed that the diagnosis of breast cancer has meant that some close friends have withdrawn from them. This can be hurtful at the time, but it is suspected that this has to do with feelings of powerlessness by the friend and of not knowing what to say or how to help.

Another group who has sought direction in dealing with this sensitive issue are work colleagues and managers. For this reason, BCNA has developed a printed resource entitled "Helping a Friend or Colleague with Breast Cancer". This has become our most sought after resource by far, with multiple copies being requested by Human Resources Managers, who have adopted the content as part of their HR Policies.

The resource is the result of national surveys and input from Australian women who have themselves experienced breast cancer. In the surveys, these women have listed strategies, both emotional and practical, which were most helpful to them, and importantly those which were not. As a result of the publication, BCNA spokeswomen are increasingly invited to make presentations to people in their workplaces to encourage the adoption of the strategies, which whilst compiled by women with breast cancer, are easily translatable to a range of life-threatening illnesses.

In this presentation, the development of the resource will be outlined and the resulting strategies listed. Copies of the resource will be available for participants.

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EUSOMA requirements about breast cancer units: results of a national survey in Spain

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Introduction: The First European Breast Cancer Conference statement demanded that "those responsible for organizing and funding breast cancer care ensure that all women have access to fully equipped multidisciplinary and multiprofessional breast clinics". After EUSOMA requirements were published, most European countries established a discussion through their scientific societies about a new model for breast cancer care. Due to