

the absence of data in our country, the Spanish Association of Surgeons (Breast Diseases Group) promoted a survey about breast cancer units in Spain.

**Methods:** The survey was sent to 241 general surgery departments of all kind of hospitals in Spain. The questionnaire included 56 questions about EUSOMA standards, clinical activity, acceptance of new techniques (especially sentinel node biopsy and oncoplastic procedures) and quality assurance measures.

**Results:** We received 164 (68%) answers. In most (131) of these hospitals breast cancer care was conducted by general surgeons, associated in 51 cases with gynecologists. Eighty hospitals had some basic structure of breast clinic. About 20 surgery departments treated 150 or more newly diagnosed breast cancer cases per year and another 20 about 100 cases yearly. Written protocols about diagnose and treatment were present in 119 hospitals. Referral criteria from the general practitioner were established in half of the cases and urgent referral was available.

When analyzing EUSOMA requirements there were dedicated breast surgeons in 80 hospitals, in 54 with postgraduate studies in breast diseases; 82 hospitals were provided with specialized radiologist and a specialized pathologist was present in 82, not always concordant; in 102 there was a medical oncology department in the same hospital or next to it. Radiotherapy was available in one third of the hospitals. A regular multidisciplinary session was held in 98 hospitals.

In regard to breast cancer surgical treatment, 50% of the patients underwent conservative procedures, and selective sentinel node biopsy was available in 47 hospitals. Breast surgical reconstruction was provided in 58% of cases by plastic surgeons and forty-one surgery departments undertook the reconstruction procedure by themselves.

When applying EUSOMA standards to breast clinics in Spanish hospitals, only 20 fulfill all requirements, considering the number of 150 newly diagnosed cases per year, the special training in breast cancer under supervision of a certified breast unit and the quality assurance measures.

**Discussion:** Nowadays there are only some breast units in Spain following all the EUSOMA requirements. Reducing the number of newly diagnosed breast cancer cases to a hundred per year would be probably more adjusted to the Spanish National Health System. Although Spanish Universities are teaching postgraduate programs in Mastology, breast cancer training should be adjusted to a common European standard.

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## POSTER

### Counseling of breast cancer patients at primary therapy by breast cancer survivors: Experiences with a pilot project

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**Aim:** At primary therapy, patients are severely burdened by the recent diagnosis of breast cancer and their fears concerning this disease. Thus, they are hardly able to work together with the treating physicians as informed patients in order to develop an individualized treatment plan. In July 2002, we therefore started the pilot project "patients counsel patients" in collaboration with the patient support organization 'Brustkrebs-muenchen e.V.'. The aim of the project was to enable prompt contact with a breast cancer survivor right at the time of primary therapy and continuously thereafter.

**Method:** We started a regular counseling session twice a week giving our breast cancer patients the opportunity to talk to a breast cancer survivor on the ward. In order to evaluate the acceptance of this project, patients received an anonymous questionnaire comprising 18 questions. During the first year, we had a return rate of 75% (n=79).

**Results:** The key issues for our patients regarded individual therapy components such as surgery, chemotherapy, radiation therapy, together with follow-up care and potential alternative therapies. Most patients thought that gaining additional information was the most important advantage in being counseled by a survivor. In addition, the exchange of personal experiences and the opportunity to talk about personal fears were highly valued. All patients saw being counseled by a survivor as an asset in addition to the conversations with their doctors and would thus recommend this project to other breast cancer patients.

**In conclusion:** Our pilot project "patients counsel patients" was very positively received by our patients. During the initial stay in the clinic, breast cancer patients need to decide many different things almost immediately after hearing about their diagnosis. Thus, patients have a great need for information at this particular point in time. Counseling by the treating physicians and by psycho-oncologists can therefore be optimally enhanced by the opportunity to speak to a breast cancer survivor. We will therefore continue this project as part of our routine care and would be happy to share our experiences with other breast centers which are interested in initiating such a project.

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## POSTER

### Survey of patient opinion on the retrospective use of their tissues for research

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Translational research in breast cancer and many diseases is threatened by impending European and national legislation which will forbid the retrospective use of tissues and data without obtaining permission from the patients or relatives. Whilst in future prospective permission may be obtained, it will require years of follow up before any clinical correlations are available.

This survey sought opinion on this issue from the people most involved (ie) the patients.

The survey was carried out in our Primary Breast Cancer Follow up Clinic over a three month period; patients were diagnosed in the 1970s to 2002.

Questionnaires were handed out and returned to the clinic nurses. They were accompanied by a short explanatory letter stating that they were under no obligation to return the questionnaire.

#### Results:

- 1) a) 'The use of my tissues and data for research without my permission'  
I approve 468, I disapprove 15
- b) Do you feel strongly enough to wish your reply to be sent to the UK Secretary of State for Health:  
(236 of the 468 did).
- 2) 'If I was the closest living relative of a patient who had died of breast cancer'  
I would approve 394, disapprove 44, of the use of their tissues and data for research.

**Conclusion:** It is clear that the overwhelming proportion (97%) of patients treated with breast cancer support the retrospective use of their tissues and data for research and do not believe that their permission is required; many expressed strong views on this.

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## POSTER

### Innovating means to advocate and promote the fight against breast cancer

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**Introductory sentence:** Innovating approaches are needed to further advocate and promote the fight against breast cancer.

**Brief description:** An overview will be given of the innovating means and approaches employed by the ICA to advance the fight against breast cancer on all possible fronts – promoting research, initiating and financing quality assurance of the National Mammography Project, enhancing treatment modalities and rehabilitation methods, promoting the rights of breast cancer patients and increasing awareness of the magnitude of supporting the fight, through enlistment of the media and by initiating creative projects to help break the code of silence and dispel myths surrounding the disease, in addition to underscoring the need to make concerted efforts to eradicate it.

**Summary & conclusion:** Using innovative approaches, the Israel Cancer Association successfully advances and achieves operative goals, which promote the fight against breast cancer and make it a top priority on the national agenda.