tion reflected the treatment policy previously discussed at the multi-disciplinary team meeting. Patients completed a standard questionnaire to assess their level of satisfaction with the way that their information had been presented and discussed.

32 (82%) patients returned a completed questionnaire. Of these 30 (94%) indicated that they had understood the results given to them. 28 (88%) recognized that further treatments had been discussed and that they had understood the discussion. All 32 (100%) patients felt they had been given an opportunity to ask questions of their BCN specialist and 97% felt that their questions had been adequately addressed. 30 (94%) patients felt that there had been sufficient time to cover the issues raised during the consultation. 72% of patients felt that they had been given a reasonable initial choice as to whether the BCN specialist or clinician were to give the results to them. In retrospect, only 4 (13%) patients felt they would have preferred to have their clinician inform them of their results.

This initial study has indicated that patients find receiving their results from their BCN specialist to be acceptable in the majority of cases and that such communication appears effective. Widespread adoption of this practice would release a significant amount of valuable clinical time.

O-21. A prospective investigation into venous changes and lymphoedema in breast cancer

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Introduction: This study aims to investigate the contribution of the axillary venous system to the development of breast cancer-related lymphoedema (BCRL) following axillary lymph node clearance for invasive breast cancer.

Methods: Patients with a new diagnosis of invasive breast cancer were invited to undergo arm volume measurement and Doppler ultrasound assessment of the axillary vein (measuring venous pulsatility index (VPI) and wall movement ratio (WMR)) on 4 separate occasions: before surgery, 3, 12, and 39–48 months post-operatively.

Results: A total of 50 patients were assessed both pre-operatively and at 39–48 months post-operatively, with a complete data set available for all 4 occasions in 42 patients. BCRL was observed in 28% of patients at 39–48 months follow up. In the BCRL group, VPI as assessed by Doppler ultrasound was significantly reduced at 39–48 months at the level IIII junction in the axilla compared with the non-BCRL group ($p = 0.04$). VPI had also been reduced in the BCRL group at 3 months ($p = 0.05$). The difference between the operated and contralateral arm for WMR at level I/II at 39–48 months did not reach significance ($p = 0.06$), and there was no difference in WMR on the operated side between the BCRL and non-BCRL groups.

Conclusion: Axillary clearance results in alterations of flow in the axillary vein. Alterations in flow occur early and are sustained, and are associated with the development of BCRL.

O-22. A randomised controlled trial: comparing the psychological effects of routine follow up versus point of need access only at 2 years post diagnosis of breast cancer

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There is little evidence for routine follow up in relation to overall improved survival however there remains a dearth of evidence in relation to the value of review in terms of wider patient implications.

Methods: 240 patient were randomised to either point of need access or routine 6 monthly review 2 years post diagnosis. Longitudinal measurements of quality of life, psychological morbidity, fear, shifts in health care, patient preference and recurrence rates are recorded at base line, 9 and 18 months.

Analysis: Interim data on 191 patients demonstrates no differences between groups. Investigation of psychological morbidity using GHQ scale show no significant differences with adjusted mean scores of 0.4 (CI=-1.1 to 1.3, $p = 0.944$). Scores for FACT-B plus endocrine subscale demonstrate equivalence between groups (FACT G, $p = 0.939$). Measurements examining fear and isolation suggest no detrimental effect to patients in the point of need access group. Patients utilise point of need access effectively with no excessive use of access via the specialist nurse. 3 recurrences in each group are observed to date with no evidence of patient compromise through lack of routine review.

18 month Adjusted mean scores ($n = 191$)	Point of need	Control – 6 monthly review	Adjusted Mean difference PON – Control (CI 95%)	P value
GHQ12	1.7	1.6	0.4 (−1.1 to 1.3)	0.944
QofL	86.1	85.0	0.2 (−4.1 to 4.4)	0.939
PWB	24.1	24.2		
SWB	20.8	20.2	0.5 (−1.2 to 2.3)	0.541
EWB	19.1	20.3	−1.1 (−2.6 to 0.3)	0.127
FWB	21.3	20.6	0.7 (−1.2 to 2.6)	0.449
ES	54.0	56.1	-2.5 (−5.9 to 0.8)	0.141
BS	24.0	25.0	-0.9 (−3.0 to 1.1)	0.376
Fear	5.6	5.1	0.5 (−0.5 to 1.4)	0.322

Analysis of covariance (adjusted for baseline score)

Summary: Interim results suggest that point of need access has no disadvantages. Rather than providing traditional routine care these findings advocate a more responsive flexible service determined by patient initiative. Health care resources may therefore be more appropriately targeted to the point of patient need.

O-23. Neoadjuvant letrozole is equally effective in Her 2 positive and negative breast cancers

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Background: The 024 studies showed that response rate to letrozole was significantly higher in Her 2 positive breast can-