Goals: Offering various products and services that suit the needs of the members of the association: the cancer nurses/nurse working in oncology. Maintain expertise of the members.

Contributing to the development of the profession themselves by stimulating scientific research and the use of scientific results and insights.

The optimization of the oncological nursing care by developing a quality system.

The strengthening of the collective within the entire force of healthcare in general and in oncologic care in particular.

The forming of a transparent internal association to support aforementioned goals.

Strategy: For the purpose and goals, the SIG breast care deals with the following topics:

- Professional continuing education.
- Commitment to the national guideline.
- Information.
- Prevention: education, breast self-examination, Screening programme breast cancer heredity
- Offer overview around nursing and medical scientific research within sub specialisation breast care
- Consultancy

Structure: The SIG breast care consists of a core group with members who work on a project. The core group meets three times a year and is for a period of three years in function.

140 Poster

A breast cancer education programme

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Background: Patients need for information and self-care education have been identified in several studies. There is little evidence that routine follow-up visits after breast cancer surgery influence patient satisfaction or have psychological benefits.

Aim: To develop an education programme for women who have undergone surgery for primary breast cancer

Method: All patients treated for primary operable breast cancer at our hospital were invited to the education programme 3−6 months after the end of primary therapy, e g surgery, chemo- and/or radiotherapy.

Four sessions of 2 hours each were held. The maximum number of participants in each group was 25. The counsellor and breast nurse chaired the meetings. Each session included lectures, group discussion and coffee break.

In the end of courses categorized evaluations were performed.

The counsellor addressed crisis, coping and psychological adjustment mechanisms.

The breast nurses informed of their professional skills, accessibility and taught self-care and self-palpation.

The breast surgeon gave a lecture on breast cancer including topics the participants have raised in written beforehand.

The physiotherapist informed about the benefits of physical activity and of exercising the thoracic and axillary region on the operated side.

The lymph therapist described the lymphatic system and potential post-treatment insufficiency.

The patient organisation, BRO, informed of their aims and activities.

Results: Approximately half, 165/318, of invited patients attended the course.. The age span of participants, 34−78 years of age, reflected that of all invited.

All patients were satisfied, also those that hesitated to take part in the beginning.

All patients increased their trust score and reduced the score of fear and anxiety. The increased understanding of physical and psychological reactions due to being diagnosed and treated for breast cancer was particularly appreciated, as was the possibility to discuss with others sharing similar experiences.

Conclusion: The education programme improved the psycho-social quality of breast cancer care.

141 Poster

Selected aspects of the quality of life of women after mastectomy and breast reconstruction

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Introduction: Only in 20% of women cancer is diagnosed early enough to perform breast conservation surgery. Unfortunately as many as 8.500 women undergo mastectomy, and only in 10? of that group breast reconstruction is performed.

Aim: The study was an attempt to determine the differences in the quality of life of women after mastectomy and breast reconstruction.

Material and Method: The presented results come from the studies of the group of 82 women which included 41 women after mastectomy and 41 women after performing of breast reconstruction (the target group size is 200 women). Social and demographic characteristics of both of the groups were comparable. The evaluation method using numerical scale technique with the three questionnaires ERTOC QLQ – C30 (version 3.0), ERTOC QLQ – BR 23 was applied.

Results: It was found that the quality of life in the aspect of physical functioning was significantly higher in the group of women after breast reconstruction. Highly significant statistical differences exist between the quality of life of women after mastectomy and breast reconstruction in the aspect of their functioning in basic social roles (family member, employee). The women after breast reconstruction were significantly more satisfied with their physical appearance in comparison to the women after mastectomy; the difference was 17.28 points in favour of the women with reconstructed breasts and was highly statistically significant. Also in the aspect of emotional functioning the women after breast reconstruction showed better quality of life. The women after breast reconstruction functioned better in social sphere (e.g. social life) compared to the women after mastectomy. No statistically significant differences were found in the aspect of cognitive functioning, however it was slightly higher among the women after breast reconstruction.Also outlook for the future – despite generally low values obtained in the evaluation of the quality of life in his area in both groups – was significantly higher in the group of women after breast reconstruction.

Conclusions: Preliminary results confirm the main thesis of the study that breast reconstruction has a positive effect on the quality of life of women after mastectomy.

142 Poster

Transmural project breast care

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Introduction: One of the highlights of the Jeroen Bosch Hospital (*JBH*) in 's-Hertogenbosch is to reproduce an admit time as short as possible and transparent care. Part of the continuity of care for the patient is a good cooperation with all the caretakers. One of these caretakers is the homecare association *Vivent*.

Subject: In January 2003 the surgical department of the *JBH* started, together with *Vivent*, a project with the aim to send operated breast cancer patients with wound drain home within 3 days after the operation with the guarantee of professional care in the home situation.

This *transmural project breast care* (replacement hospital care for patients undergoing breast surgery (breast amputation or axillary lymfenodedissection) go home with wound drain), started in 2003 with the development of creating a protocol, checklist, flow chart, instruction and training for nurses of *Vivent*.

Results: Between December 2003 and December 2004, 48 patients used the hospital replacement home care after breast surgery and were dismissed with a drain. Patient were satisfied with the information about going home with a drain (given by the hospital nurse). Second they were satisfied with the care they got at home (given by the homecare nurse). These patients had no more complications than the patients who stayed in the hospital for the time they had a drain. A new analysis in 2006 revealed an increased patient satisfaction.

Conclusion and Assessment: The *transmural project breast care* leads to positive experiences in patients and healtcaretakers. Based on the results, transmural breast care is now regular care. Some adaptations were done in the protocol. Now it is important to continue paying attention to the quality and continuity of such care.

143 Poster

A study on quality of life in breast cancer patients who underwent breast reconstruction

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This is a descriptive research study which measured the quality of life in breast cancer patients who have undergone breast reconstruction. A total of 114 breast cancer patients who previously underwent breast reconstruction between September and November, 2007 at Asan Medical Center located in Seoul were included in this study. Korean version of EORTC QLQ-BR23 developed by Yoon, Y.H. (2004) was used to measure quality of life in terms of general and treatment-related characteristics.

All data were analyzed by t-test and ANOVA using SPSS WIN 12.0 version program.

The results are as follows:

1. Subjects gave the highest score to 'breast symptoms' (8.94) among all other items on the questionnaire, including 'arm symptoms' (8.46), 'side effects of systemic therapy' (8.38), 'body image' (6.99), 'upset by hair loss' (6.61), 'sexual enjoyment' (5.20), 'sexual functioning' (4.91), and 'future perspective' (2.07). Overall quality of life was 6.34 out of 10.
2. In terms of general characteristics, patients with religion gave the highest ($p = 0.005$) score on 'upset by hair loss' whereasthose who are married ($p = 0.001$) and living in small- and medium-sized cities ($p = 0.030$) rated considerably higher scores on 'sexual functioning'. High scores were also shown in patients with more than 3 million won monthly income on their 'future perspective', 'breast symptoms', and 'arm symptoms'.
3. Regarding the treatment-related characteristics, treatment satisfaction scores was the highest on 'body image' ($p = 0.011$). On 'sexual functioning', there was a statistically significant difference among patients who had given birth ($p = 0.005$) and those who reported to have an intention to take the same operation again ($p = 0.029$). On 'breast symptoms', qualify of life in patients who had not gone through chemotherapy after the operation showed relatively higher score ($p = 0.022$). On 'sexual enjoyment', it appeared to be statistically significant because the score of patients who took anti-hormone treatment was high ($p = 0.022$).

It was somehow difficult to analyze and understand the results since there was no previous research on the same topic to refer to. Still, we believe this study is worthwhile as it was conducted only in patients who had undergone breast reconstruction. Appropriate and practical nursing mediation as well as education program specifically designed for breast reconstruction patients will be required to improve the overall quality of their lives.

Wednesday, 16 April 2008 12:30–14:30

POSTER SESSION

Prevention/Psychosocial/Nursing

144 Poster Discussion

Measuring quality of life following breast reconstruction – A comparison of four instruments

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Background: Breast reconstruction is performed to improve quality of life. As no validated questionnaires exist, a combination of generic and breast-cancer specific instruments have been used in this group. There is no evidence, however, to support the use of these tools in the breast reconstruction population thus here we compare four of the most commonly used instruments.

Materials and Methods: Women undergoing latissimus dorsi breast reconstruction were asked to complete the EORTC C30+BR23, FACT B+4, Body Image Scale (BIS) and Hospital Anxiety and Depression Scale (HADS) at the same session at 3 and 6 months post-operatively. Participants were asked to indicate any questionnaire preference and to highlight issues not adequately covered. Item completion rates were assessed and corresponding instrument subscales compared.

3 month scores for women experiencing early post-operative complications were compared with those for whom recovery was uneventful to evaluate whether the instruments could detect hypothesised differences.

Results: 67 women completed all 4 instruments at either 3 or 6 months post-operatively. The response rate for all items was high >90% with the exception of EORTC sexual enjoyment (52%) and FACT sexual satisfaction (82%) items. 57% (38) women reported a questionnaire preference: 42% EORTC vs. 58% FACT. Patients highlighted that donor site morbidity, cosmetic and clothing-related issues were not adequately addressed.

The correlation between corresponding subscales of EORTC and FACT ranged from very good agreement for fatigue ($r > 0.8$) to only fair correlation ($r < 0.4$) for body image. BIS scores correlated very well to body image as assessed by EORTC ($r = 0.9$) but less well with FACT ($r = 0.4$). There was a good correlation between both FACT and EORTC emotional subscales and HADS scores ($r = -0.6$ to -0.8).

30 (45%) women experienced an early complication, but statistically significant differences in hypothetically relevant domains such as pain and breast symptoms were not detected by any instrument.

Conclusions: FACT B+4 and EORTC C30+BR23 measure different but overlapping aspects of quality of life in the breast reconstruction population. They do not, however, offer sufficient coverage of relevant reconstruction-related issues to facilitate the detection of complication-related quality of life changes that should exist. A breast reconstruction-specific tool is therefore required to adequately evaluate quality of life in this group.

145 Poster Discussion

"Hope & Hurdles" – Empowering women with secondary breast cancer

J. Hassard[1], L. Swinburne[1]. [1] *Breast Cancer Network Australia, Camberwell, Australia*

Much has been done for women with early breast cancer to encourage them to be active participants and decision-makers throughout their breast cancer treatments. As a general rule, far less information and encouragement is given to women with metastatic disease even though these women are likely to face more frequent and complex issues in a wide range of areas affecting their lives and their families.

In response to calls from its 25,000 membership, Breast Cancer Network Australia, the peak national breast cancer consumer organisation in Australia, has developed an information and advocacy resource for women diagnosed with secondary breast cancer. The *Hope & Hurdles* Pack is the result of intense collaboration with women already living with advanced disease and those treating and caring for them.

The Pack includes:

- A Personal Record for women to track test results, side effects, medical reports and expenses
- An Information Guide which includes support and service options, recommends websites and helpful resources and contacts
- She Has Secondary Breast Cancer – How Can I Help Her? – a brochure to assist partners, relatives or friends to understand metastatic disease and to inform them of services and strategies available for them
- Messages of Hope & Inspiration from other women living with the disease
- CD for partners and a guided meditation CD

Importantly *Hope & Hurdles* has been endorsed by all the relevant medical colleges in Australia.

Hope & Hurdles is available free of charge to Australian women with secondary breast cancer via telephone or an on-line ordering system. Launched in July 2007, 1,600 copies have been distributed in the first 6 months. The initial feedback from both women and oncologists has been overwhelmingly favourable.

"A diagnosis of secondary breast cancer in not the end of the road, it is the start of a new journey. Some days you will be filled with fear and uncertainty, this is to be expected. Honour your feelings, they are valid; and always remember tomorrow is another day. Do not let anyone take away your hope. Remember, you are not a statistic or a number, but a woman, alive and kicking."

"Life is a series of hurdles from now on: you get over one, you might go on for a little while, and then you will need to get over another one – the more hurdles you jump, the better you get at doing it."

[Quotes from women with metastatic disease.]

146 Poster Discussion

"Cancer" is described as the diagnosis by three times as many patients scheduled for mastectomy compared with breast conserving surgery

L. Jones[1], P. Law[1], J.S. Vaidya[1]. [1] *University of Dundee, Surgery and Molecular Oncology, Dundee, United Kingdom*

Background: Psychological distress in breast cancer patients who undergo a mastectomy or breast conserving surgery has hitherto been studied after they had their operation. However, the distress probably commences even before the operation and may differ according to the type of the scheduled operation.

Method: Student doctors asked 52 breast cancer patients admitted in a specialist breast unit for surgery, why they were having their operation, as part of the routine history-taking. These patients had at least two prior consultations with surgeon/breast care nurse/oncologist, in which the diagnosis and treatment of their cancer was explicitly discussed in detail. They had ample opportunity to ask questions.

Results: In answer to the question: "why are you having the operation?", the patients who were scheduled for a mastectomy used the term cancer (19/26) three times more than those scheduled for breast conserving surgery (6/26, RR = 3.17, 95% CI 1.51−6.63, $p = 0.0003524$). These responses did not correlate with either their age or their final Nottingham prognostic index.