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

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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.