

Conclusion: The patient's perception of a "cancer diagnosis" was associated with the very prospect of a mastectomy – a more disruptive operation – rather than their actual prognosis, or their age. It is conceivable that similar perceptions exist in other cancer patients, and these findings could have wide implications for the management of their psychological well being.

The full manuscript has been submitted for publication.

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Poster Discussion

Prophylactic bilateral salpingo-oophorectomy (BSO) with or without prophylactic bilateral mastectomy (PBM) or no intervention in BRCA1 mutation carriers. A cost-effectiveness analysis

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Background: Women with germline BRCA1 mutation have a significant risk of breast and/or ovarian cancer. Prophylactic bilateral mastectomy (PBM) and prophylactic bilateral salpingo-oophorectomy (BSO) prevent cancer in mutation carriers.

Material and Methods: The cost-effectiveness of BSO (age of 35 years) with or without PBM five years earlier was compared to a no intervention setting employing a marginal cost analysis. Norwegian data on cancer incidence, mortality rates and costs were implemented in a Markov model and BSO was assumed to reduce the risk of ovarian cancer by 90%. A 3% discount rate was used.

Results: The additional health care cost per mutation carrier undergoing BSO and PBM was €15,784 and 6.4 discounted life years gained (LYG) was indicated (BSO alone with 100% acceptance 3.1 LYG). The additional cost per LYG was €1,973 (BSO alone €1,749/LYG). Including all resource use, the figure was a cost of €496 and €1,284 per LYG, respectively.

Conclusion: BSO with or without PBM in BRCA1 mutation carriers is cost-effective. A testing of all incident breast cancers to identify mutation carrying families should be explored on a health economic basis.

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Poster Discussion

Patient-physician interactions during early breast-cancer treatment: results from an international online survey

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Background: Patient care extends beyond clinical outcomes, covering side effects, patients' confidence in their physician, and 'negative' patient-physician interactions (eg telling a patient her cancer has recurred). This international survey examined the impact of positive and negative interactions on patients with early breast cancer (EBC) and breast-cancer physicians.

Material and Methods: The survey was conducted online in two parts: 1) postmenopausal women diagnosed with EBC in the past 5 years, who had undergone breast-cancer surgery; 2) breast-cancer physicians (oncologist/gynaecologist/surgeon), depending on the healthcare setting for each country (US, UK, Germany, Italy and France). The survey covered several issues: patient-physician interactions, sources of information and EBC treatment.

Results: In total, 462 physicians and 600 patients were surveyed. In terms of physician-patient dynamics, 86.6% of physicians considered the most rewarding part of their job to be having a good relationship with their patient. Although 61.2% were satisfied with the consultation time (13–22 min), 30.2% did not believe it was sufficient. Indeed, 53.8% of patients indicated that they would prefer more time to ask questions. Patients reported that their physician was a primary source of information, with 81.4% of patients trusting their physician to recommend the best treatment and 79.6% indicating trust in the physician was a vital part of their care. Most physicians (90.2%) indicated that patients trusted them to give the best treatment but only 40.0% involved patients in decision-making. Physicians (72.2%) felt that telling a patient she has EBC was easier than talking about recurrence; 37.2% reported telling a patient her cancer has recurred is the most stressful part of their job. Many physicians (92.4%) rated clinical data as crucial for building trust; 72.4% believed that treatments that minimise recurrence result in more positive conversations.

Of the physicians surveyed, 76.0% would recommend anastrozole as adjuvant therapy for themselves or their family.

Conclusions: This survey reveals some disparities in the views of physicians and patients; however, a strong patient-physician relationship is highly valued by both. Patients should have access to accurate information and sufficient time to discuss their concerns. Effective and well-tolerated treatments minimise breast-cancer recurrence and increase the number of positive physician-patient interactions.

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Poster Discussion

Very low risk for subsequent breast cancer in BRCA1/2 carriers after prophylactic mastectomy

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Background: BRCA1/2 gene mutation carriers are at high life time risk to develop a first and contralateral breast cancer. These carriers increasingly consider prophylactic mastectomy to reduce their high risk, in stead of choosing intensive surveillance.

Patients and methods: Starting in 1995 a consecutive series of carriers who had uni- or bilateral prophylactic mastectomy after one or more surveillance rounds were analyzed. Most recent imaging had to be within six months of the prophylactic operation. Standard procedure was skin sparing mastectomy with immediate reconstruction by means of an implant in the majority of the women. Random samples of all removed breasts were microscopically analyzed; only (pre-)malignant lesions were registered.

Results: Are described in the table. The single occult infiltrating breast cancer detected was in stage pT1aN0. The patient is well after two years of follow-up.

Characteristics at prophylactic mastectomy	BRCA1 carriers N = 179	BRCA2 carriers N = 72
Prior breast cancer, N (%)	83 (46)	28 (39)
Mean age ± SD		
Asymptomatic (bilat)	37.3±8.5 yrs	39.4±7.2 yrs
Symptomatic (unilat)	41.3±8.6 yrs	44.1±8.1 yrs
Pathology: DCIS, N (%)	7 (4)	5 (7)
IDC, N (%)	–	1 (1.4)
LCIS	1	1
Follow-up time	1027 women years	254 women years

In the follow-up only one of the 251 (0.4%) carriers was diagnosed with a pT1cN1 breast cancer in the incompletely removed axillary tail two years after prophylactic mastectomy. Six years after treatment she is free of disease.

Conclusions: Uni- or bilateral prophylactic mastectomy is highly effective in preventing breast cancer in BRCA1/2 carriers. Since the remaining risk is less than 1% continued surveillance is not warranted.

Wednesday, 16 April 2008

12:30–14:30

POSTER SESSION

Psychosocial aspects

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Poster

The Distress Thermometer assessed in women at risk of developing hereditary breast cancer (HBC)

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Background: The Distress Thermometer (DT; a National Comprehensive Cancer Network, USA), is a short and promising instrument to get insight into the distress experienced by cancer patients.