

of the time paid to different methods, questions regarding different ways of presentation and effective feedback after the different presentations and discussions positively correlates with the individual effectiveness of each method. 80% of the patients with the hysteric type of the character prefer the visual presentation, asthenic type of character prefer verbal logic with a lot of details (cognitive level of the inner representation of the illness) in 100% of the cases, hyperthymic type prefer active discussion (60%) and use a lot the motivational level of the inner representation of the illness.

**Conclusions:** The psychological diagnostics and suitable for each psychological type source for the representation and discussion of the medical information make the decision making process more effective in breast cancer patients.

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Poster

**Improving QOL in breast cancer patients in resource poor developing nations: supportive care efforts by an Non-Governmental Organisation [NGO]**

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**Issues:** Social stigma, fatigue, sexual dysfunction, sleeplessness, depression, pain commonly seen in Breast-cancer-sufferers. Palliative inaccessible in rural/tribal areas. Hence our NGO nurses took initiatives to help alleviate suffering of women with Breast cancer since October 2005.

**Objective:** Around 53 women die each year from breast cancer. Of these statistically over 90% express sexual-dysfunction, 68% experience unbearable-pain; 70% suffer social neglect/humiliation; 54% sleeplessness, nausea/vomiting; 37% complain fatigue and 64% had depression. Importance of spirituality/religion in coping with terminal-illness is increasingly recognized Hence Our NGO-nurses followed-up poor rural women unable to afford Rx Or who are in need of palliative care. we involved community-leaders to make more women involved in our spiritual healing sessions.

**Methods:** We surveyed 55 women suffering from breast-cancer through QOL-questionnaires. After 14 weeks with psychosocial support. Counseling & palliative support with anti-depressants/pain-killers/nutrition QOL improved to statistically significant level. Need in cancer palliative care has been evaluated using the methodology suggested by Oncologists. Besides symptom assessment was performed on weekly basis. Traditional faith-healers involved for more psychological impact on patients community.

**Results:** opioids administered in 35%. Diazepam as adjuvant-drugs in 23% patients. Pethidine common analgesic in 56% women, tramadol in 22%. >30% of cases in advanced-stage. Our NGO assessed that 20 specialist palliative care beds required for our Rural/tribal population of 6,00,000. 53% women expressed that religious/community support/fair was most important factor that helped them to cope with breast-cancer. We observed significant correlations between higher scores of spirituality with absence of depression. Likewise higher scores of QOL correlated with lack of sexual dysfunction/pain. Our NGO-initiative suggests that over 70% patients will need well trained specialist for home-based-care unit.

**Conclusions:** Life-span/QOL of breast cancer-sufferers depends on social acceptance & appropriate-palliative/psychosocial care. NGO-personals should be trained in Palliative-care-services. These data is being used for palliative care advocacy. Spiritual well-being increases end-of-life despair in terminally-ill. Field of Spiritual/psycho-social/community support is fertile ground for further investigations.

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Poster

**Improving quality of sexual life in breast cancer patients in developing countries: beyond positions and techniques!**

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Sex and cancer are two words that do not seem to belong in the same sentence. Female sexual function, identity and relationship may be dramatically wounded, physically and emotionally, by changes and challenges woman has to face when breast cancer disrupts her life, maternity may become the core of a major identity crisis for the 25% who are diagnosed during the fertile age. Chemo and hormonal therapies induce premature menopause causing vaginal dryness. Breast surgery may affect physical attractiveness and reduce easiness with breast foreplay, although this is difficult to be openly admitted. In our sexually silent society, a sex talk is culturally labeled as shameful, the myth that older women with breast cancer are no longer interested in intimacy, and the presumption that issues of survival overshadow sexuality, provide barriers to open communications. Dispelling the myth that all older people should have a declining interest in sex may help patients feel less reticent about discussing sexual matters. The very privileged relationship that oncologist have with their patients should permit them to assist the patient with this aspect of health and

recovery. Sexuality is, by dogma, satisfaction par excellence which certainly does not mean lying in the arms of scantily-clad women, mouths reddened by desire, and terminating in one prodigious orgasm it is largely a function of the breadth of activities in ones repertoire and the degree to which one is open to learn and explore. Methods include educating patients about the phases of sexual functioning and the impact of treatment, allowing explore their ability to respond to sexual stimulation by self-pleasuring exercises, teaching sensate focus exercises that structure noncoital foreplay, changes in coital positions suggestions on resuming sex comfortably and self-help strategies to overcome specific sexual problems like painful intercourse, loss of sexual desire may help alleviating suffering.

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Poster

**Patient's satisfaction and adequacy of information after breast oncological surgery – results of three different procedures**

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**Background:** Psychological trauma after breast oncological surgery is a major issue. Our goal was to evaluate overall patient's satisfaction and adequacy of information comparing three procedures: 1) classical conservative treatment (*cons group*); 2) mastectomy and immediate reconstruction with latissimus dorsi flap (*LD group*); 3) conservative treatment and reconstruction with mammaplasty techniques (*mammaplasty group*).

**Material and Methods:** Fifty-four questionnaires were answered and patients were distributed as follows: 26 – cons; 19 – LD; 9 – mammaplasty. Procedures were undertaken by the same surgical team (Level II Oncoplastic Training Unit – EJSO 33 (2007) S1-S23). Parameters studied included: self evaluation of final aesthetic result; recommendation of procedure to others; search for additional information and adequacy of preoperative education; choice of other options; postoperative pain; time to recover daily activities. Statistic analysis was performed using Qui-Square test (statistical significance –  $p < 0.05$ ).

**Results:** Regarding all groups, 62.7% of patients found overall aesthetic result excellent (score 6 on a visual scale of 1 to 6) but there was a significant difference between the three (cons – 80.8%; LD – 41.2%, mammaplasty – 50.0%). Only one patient wouldn't repeat or recommend his procedure (LD group). Although not significant, more women in LD group sought for additional information (cons – 34.6%; LD – 50.0%; mammaplasty – 37.5%). Despite the fact that only 48% of all women agreed that they were given more than one surgical option (cons – 36.0%; LD – 61.1%; mammaplasty – 57.1%;  $p = ns$ ), an adequate preoperative education was achieved since 88.9% of all women felt themselves useful in final decision. Pain in the first postoperative day was higher in LD group, although not significant ( $>5$ , on a scale of 1 to 10: cons – 12.5%; LD – 31.3%; mammaplasty – 14.3%); in the seventh day there were no differences. There was a trend to recover later normal activities in LD group ( $>15$  days: cons – 44.0%, LD – 76.5%; mammaplasty – 37.5%;  $p = ns$ ).

**Conclusions:** Overall patient's satisfaction was good, although the aesthetic result in the LD group was considered inferior. As expected, the postoperative period in the LD group was more painful. Adequate preoperative information, with the pros and cons of the described procedures, can lead to a more enlightened choice.

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Poster

**Ensure communication between ill mothers of breast cancer and their children**

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**Introduction:** During last years, because of the important advance of medical technology in western countries, early diagnostic of breast cancer has increased in young women, many of them mothers of school age children that, at the moment of the diagnostic, use the most part of their daily activity breeding and raising their children.

After perceiving the great concern and difficulty that is for these young mothers to communicate their illness to their children, we thought about creating a help instrument which makes easier the communication process between them and their children.

**Objective:** To create a helping instrument (tale) which makes easier communication between mothers with breast cancer diagnostic and their children.

Free distribution of this instrument in public hospitals of our country, in order to be delivered to the patients in a quick and easy way.

**Methods:** For building the tale, we pay special attention to drawings, which specifically explain the meaning of the text. These drawings show the experience of the illness process (hospital admission, mastectomy,

scar, breast prosthesis, chemotherapy, alopecia, etc. . . ). The faces of the characters show the different emotions that people feel in this situation. It also shows the experiences of daily life and how to facing them up better. All this to encourage the expression of emotions and help to demythologize the illness.

**Results:** The result is the therapeutical tale "What happens to you, ... mummy?", which is given for free to the woman with cancer diagnostic in the hospitals of our country.

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Poster

### Breast cancer and fertility

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Fertility is an issue with most young cancer patients, but in some ways it's more complicated in breast cancer patients. Pregnancy and fertility issues are substantial concerns for the young breast cancer survivor, yet the available literature is hampered by a lack of prospective clinical studies and meaningful long-term outcome data. A lack of reliable information often leads to physician discomfort and patients may be left to navigate the world of fertility preservation and reproductive technology on their own. For many, the goal of balancing optimal treatment and long-term survival with restoration of a complete quality of life, including childbearing, may be attainable. This research highlights the importance of offering young breast cancer patients an opportunity to discuss these issues with their health care providers prior to initiating therapy.

Electronic database searching was done to find out fertility status in women with breast cancer, or who have been treated for breast cancer.

Available information on pregnancy safety comes from studies that are retrospective. In these studies, researchers looked at the medical records of pre-menopausal women with a personal history of breast cancer. They then compared the outcomes of women who were pregnant at diagnosis, or who became pregnant after being diagnosed, to those of women who did not become pregnant. Also that the number of women included in these studies is very small – only a few hundred in all of them put together. For women with a personal history of breast cancer, there was no apparent long-term increased risk of cancer recurrence or death in women who became pregnant after a breast cancer diagnosis. Also pregnancy did not appear to cause new cancers to develop. Women who were diagnosed with breast cancer during pregnancy did as well in the long term as women with the same type and stage of cancer who were not pregnant when they were diagnosed.

Still, it's important to remember that the safety of pregnancy for women, is not easy to study. It's nearly impossible to find women with the same cancer status and fertility outcomes, who can be compared in randomized clinical trials. New research on these issues could change what we currently know.

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Poster

### Venous access devices significantly improve the quality of life

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**Introduction:** Implantable venous access systems with a long-term usage called port catheters are widely used in patients with cancer. They facilitate work on chemotherapy departments, but first off all they significantly improve the quality of life patients with cancer who receive chemotherapy drugs administered intravenously.

**Methods:** We decided to make a questionnaire among the breast cancer patients with implantable venous access systems with a long-term usage to determine that the patients find the benefit from implanted port catheters and also to determine that the implantation of the port catheter is a significant agent influencing the quality of life. The questionnaire filled in 68 breast cancer patients with implanted port catheters. The range of age was 26–76 years, the median age was 54.5 years.

**Results:** We determined, based on received answers that the 14% of patients who filled in the questionnaire had implanted port catheter on 2005, 45% on 2006 and 41% on 2007. 10% of respondents have never chemotherapy before the implantation venous access system. The rest of the patients who filled in the questionnaire (90%) estimated that the chemotherapy delivered to the port catheter is easier to accept than previously used method of chemotherapy delivery by peripheral veins. Subsequently the patients estimated in 10 degree linear scale the level of their satisfaction depending to port catheter implantation. 77% who filled in the questionnaire defined their level of satisfaction for 10, the lowest result was 5, and the median result was 8.42. Only 7% of respondents published that the complications or problems occurred due to implanted port catheter. 5% of cases the complications regarded to the procedure

of port catheter implantation (haematoma, pain after implantation). The other cases regarded late complications related with usage of devices (thrombosis).

**Conclusion:** The conducted questionnaire estimating the degree of satisfaction the breast cancer patients receiving chemotherapy to implantable venous access systems with a long-term usage proved that the patients remarkably nicely accept implanted port catheters and level of their satisfaction is surprising high. The results of questionnaire proved that the most of the patients who have planned long-term chemotherapy should have implanted port catheters. Foregoing conclusions are most adequate for palliative care where the maintenance of good quality of life is specially significant.

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Poster

### Standardized psychophysiological PTSD assessment in a female breast cancer patient – Listening to what the patient says

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**Background:** Scientific assessment of PTSD frequently employs script-driven imagery. Using a standardized semi-structured interview, these scripts are externally prepared from individual accounts of traumatic event recollections (Pitman et al., 2001). During one of these interviews, a female breast cancer patient reported severe distress triggered by exposition to her own voice when reporting her traumatic episode. In light of the theory of self-organisation, we considered this a highly relevant cue and decided to modify the conventional script-driven imagery exposing the patient to her tape recorded account of own traumatic memories.

**Materials and Methods:** The SKID diagnostic interview of a female breast cancer patient for PTSD was recorded while the patient reported traumatic memories. As controls, transcribed traumatic contents were recorded by a sex-matched person as well as a neutral scene which was also read by the patient. Both were presented to the patient while recording skin blood flow oscillations, unipolar ECG, and thoracic respiratory movements. Time series of these recordings were analyzed using time sensitive nonlinear frequency and synchronisation analysis. In addition, the IES, SUD, HADS were rated by the patient.

**Results:** Frequency and synchronisation analysis of these data supplied visual evidence of cardio-respiratory coherence and dissociation during reduced sensory load, while acoustic exposition to traumatic memory elicited acute autonomic nervous system responses (ANSR) suggesting severe distress. These responses were best exhibited using novel data analysis techniques, namely time-frequency distributions and image extraction-overlay algorithms which visually displayed the emergence and submergence of cardio-respiratory coherence.

**Conclusions:** We demonstrate a new approach which appears to be useful to assess ANSR in female breast cancer patients. Recording cardio-respiratory time series, we are now able to detect coherence and its dissociation due to traumatic memories. We consider this a basis to expand our diagnosis of traumatic stress.

Wednesday, 16 April 2008

12:30–14:30

## POSTER SESSION

### Screening

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Poster

### Costs of breast cancer surveillance in BRCA mutation carriers

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**Background:** BRCA1 and BRCA2 mutation carriers are at high risk of breast cancer. Therefore, they are offered intensive surveillance to detect breast cancer at an early stage. This consists of biannual clinical breast