

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.

158

Breast cancer and fertility

Poster

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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.

159

Venous access devices significantly improve the quality of life

Poster

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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.

160

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

Poster

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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

161

Costs of breast cancer surveillance in BRCA mutation carriers

Poster

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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