model of empowerment by Leino-Kilpi *et al.* [1] the knowledge is the basic element to empower, knowledge is the key to gain control over one's situation. There is developed a theoretical approach to empowerment which includes bio-physiological, functional, experiential, ethical, social and financial dimensions of empowerment. The purpose of this study is to report the results of descriptive study that evaluated the breast cancer patients' treatment related knowledge about breast cancer after treatment process.

Material and Methods: In spring 2009 30 breast cancer patients in South-Western health District of Finland were surveyed with 'Knowledge test for breast cancer patient', which is a twelve item 'yes/no/don't know' questionnaire. The main research variables were the 6 subscales of empowerment dimensions. The data was collected a year after breast cancer diagnosis. It was possible to have 2 points from each subscale.

Results: Patients received test average 8.87 point knowledge of the twelve possible points. The range of the right answers was from 4 to 11. The mean from all subscale was 1.48. Patients knew best bio-physiological (1.77), ethical (1.67), and experiential (1.50) dimensions of empowerment related knowledge. Patients had less knowledge related to functional (1.47), financial (1.37) and social (1.10) dimensions of empowerment.

Conclusions: Patients knew best facts related to medical care but they didn't know what kind of help they could have from healthcare professionals or how to act to maintain their health. The results shows that patients need more education in all dimensions of empowerment.

References

[1] Leino-Kilpi, H., Johansson, K., Heikkinen, K., Kaljonen, A., Virtanen, H., Salanterä, S. 2005. Patient education and health related quality of life − surgical hospital patients as a case in point. Journal of Nursing Care Quality 20, 307–316.

63 Poster discussion

A comparison of physician and patient perceptions of clinically important endpoints in the treatment of Metastatic Breast Cancer (MBC)

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Background: To examine and compare the clinical trial endpoints physicians and patients consider to be important in MBC treatment decision making, amongst a cohort of Canadian oncologists and patients.

Methods: 28 breast oncologists responded to a secure, anonymous, and self-administered online survey. 52 Patients with MBC were also surveyed through a self-administered paper survey. Results were assessed using descriptive statistics.

Physician results: In the first line MBC setting, 52% believed overall survival (OS) was **the most** important endpoint considered in choosing a specific therapy, and 48% believed progression-free survival (PFS) was **the most** important. 48% thought that a minimum meaningful incremental improvement in OS from a first line MBC therapy was 4−6 months, and 44% believed 2−4 months was meaningful. 60% of oncologists believed that their patients also consider improvement in OS to be the most important endpoint, and 36% believed that overall QOL is the second most important factor to patients with MBC.

Patient results: The vast majority of patients believed **the primary** goal of their treatment(s) was to prolong life (88%). 63% also believed slowing tumour growth was a goal of treatment; shrinking tumour burden, and improving quality of life were also considered goals of treatment according to 62% of patients. 50% felt improving symptoms and pain were important therapeutic goals. 54% of patients believed prolonging survival was **the most** important endpoint in accepting MBC therapy, and 17% thought shrinking tumour size was the most important. In considering a new treatment for MBC compared to standard options, 46% of patients thought **more than 12 months** was the minimum improvement in overall survival (OS) they would consider as making the treatment worthwhile, 17% thought 10−12 months was acceptable, and another 10% thought only 1−2 months would be a minimal acceptable improvement in OS.

Conclusions and Discussion: Over half of patients and physicians surveyed consider OS as **the most** important endpoint in accepting therapy for MBC. However, physicians appear to consider much smaller absolute improvements in OS and PFS (2−6 months) as significant enough to adopt therapies, while almost half of patients required **a greater than 12 month** improvement in OS to consider a treatment worthwhile. This study is limited by small response numbers. Nonetheless, the data highlights disparities between oncologists and patients in the relative ranking of defined therapeutic endpoints, and in MBC treatment expectations. It thus emphasizes the ongoing need for thorough discussion of treatment goals with patients and for clinical trials to bring about meaningful results to both patients and physicians alike.

64 Poster discussion

The conflict between survival and fertility post breast cancer treatment − attitudes and beliefs of young women with breast cancer

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Background: The use of chemotherapy and hormone treatments in young women with breast cancer carries significant implications for their fertility. Increasingly, nulliparous women experience fertility dilemmas due to rising survival rates and the trend for pregnancy delay. This qualitative study investigated women's responses to being told that treatments affected their fertility and their attitudes towards fertility options. In addition, it examined how health services impacted on their experiences.

Methods: Twenty-four women with early stage breast cancer, who were under 40 at diagnosis and who were fluent in English participated in 3 focus groups. Seven participants had attended specialist fertility services as part of their management. A semi-structured interview was also conducted with one participant. Focus groups lasted 1.5 hours, with a question schedule loosely based around themes generated by literature review. Discussions were transcribed verbatim and data analysed using content analysis. Participants were subsequently asked to member check the themes generated.

Results: The priority for most participants was survival, although women without children were more willing to take risks. The women felt that the cancer and its treatment had robbed them of their choice regarding fertility decisions. They worried that changes to treatment in order to reduce its impact on fertility, pregnancy post breast cancer and methods of egg harvesting carried a significant risk to survival. Anxiety appeared to be increased by inconsistent and contradictory advice from health professionals. Those who had attended specialist fertility services were more likely to have had objective advice and had greater confidence that they were making informed decisions.

Conclusions: Young women with breast cancer face complex decisions regarding their fertility and treatment options. Survival remains the most important priority for the majority of women. Although there is a paucity of evidence concerning many fertility issues, it is essential that women are fully informed of options available to them and any potential risks involved in a coherent, objective fashion. Specialist fertility services are an important means of maximising fertility choices for these young women.

65 Poster discussion

Patients prefer meeting other patients to clinical photographs when discussing reconstructive surgery

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Background: Breast reconstruction after mastectomy is an emotive issue for most patients with breast cancer. Understanding the pros and cons of various techniques, deciding what they want for themselves and assessing their own surgeon's outcome at a difficult time can be very distressing to patients. Information overload from the internet often adds to their anguish. Clinical photographs are the preferred methods of showing outcomes of various types of breast reconstruction to pre-operative patients who are awaiting breast reconstruction. Most surgeons keep an album of their surgical outcome to facilitate the decision-making process for their patients and patients often ask their surgeons to show their results in the form of clinical photographs. However photographs do not convey the actual experience felt of undergoing these procedures − right from the preoperative anxiety through to post operative experience and outcomes. Patient of the Surgeon (AS) have formed a support group and have been willing to share their experience with new patients. We investigated whether meeting such patients was better than seeing clinical photographs for assessing surgeon's outcome in patients awaiting breast reconstruction.

Methods: All patients awaiting breast reconstruction were seen in a dedicated breast reconstruction clinic and offered two visits. The first is for information and the second for planning their proposed operation. The pros and cons of various techniques were discussed and patients were shown clinical photographs of the surgeon's (AS) outcome. All patients were offered the opportunity to meet with or speak to other patients who have undergone similar procedures. This was facilitated by the breast care nurse who provided the telephone contacts for the two parties. All patients were asked to state their preferred method and give their reasons for it.

Results: 45 reconstructive and symmetrising procedures were carried out in 30 patients between September 2008 and September 2009. Nipple reconstruction was done in 2 patients, LD reconstruction in 14, and Tissue expander and Implant reconstruction in 16. Contralateral mastopexy in 8 patients and augmentation in 5.

All patients had seen clinical photographs and contacted other patients. 25 chose to meet patients and had seen and felt the reconstruction. All preferred meeting (25) or talking (5) to patients to simply seeing clinical photographs. Some of the comments made were − "could not imagine how it would actually look on a real person", "have better understanding of the difficult decision making process", "the buddy system was better than looking at photographs" and "positive feedback about the surgeon".

Conclusion: A key part of the decision making process is support. Patients are often the best advocates for others at a time of great personal anguish. From this study we can conclude that women prefer support groups to looking at photographs in order to facilitate their decision for reconstruction.

Wednesday, 24 March 2010 18:15–19:15

POSTER SESSION

Advocacy and education

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66 Poster

The cariatide study: evaluation of the impact of educational material on the compliance and persistence rates to adjuvant aromatase inhibitor medication in postmenopausal breast cancer patients: baseline data

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Rationale: Patient adherence to long-term medication is a multidimensional problem despite the demonstrated efficacy of adjuvant Aromatase Inhibitor (AI) treatment of early breast cancer. Providing educational material may help patients to be more compliant to treatment; subsequently, understanding the reasons of non-adherence may lead to the design of more adequate interventions aimed at improving patient's compliance to long term hormonal therapy.

Methods: This global observational study (NCT00681122) is conducted on 2,758 patients in 18 countries for a period of 2 years and investigates whether educational material (EM) could influence patient's motivation and behaviour, resulting in improved treatment adherence. Patients were randomised to GroupA: Standard Therapy and GroupB: Standard Therapy+EM. Patients in GroupB receive different packages of EM with information on characteristics of early breast cancer, risk of recurrence, benefits and risks of adjuvant AI treatment, coping with and adherence to long-term hormonal medication and supporting of active and healthy lifestyle.

Outcome variables: (1) *Compliance rate* for the adjuvant AI medication will be analysed at one year based on the subject's assessment. (2) *Persistence rate* will be evaluated for the first time after one year and a second time after two years. (3) *Reasons for* and *time to treatment discontinuation* of AI will be analysed. Specialized questionnaires are used to evaluate medication adherence and the patient's feelings and beliefs on the disease and therapy (EORTC-INPATSAT-32, OPTIMA-X, GHQ-12, FACT-ES, compliance questionnaire, and EM feedback questionnaire in Group B patients).

Questionnaire	Mean (SD) Score	
	Group A	Group B
EORTC-INPATSAT-32		
Investigator	76.8 (17.0)	76.6 (17.2)
Patient	77.2 (20.0)	77.8 (20.1)
GHQ-12	3.3 (3.4)	3.1 (3.2)

Results: Both groups were well-balanced for all baseline characteristics (mean age 63 yrs; mean age at menopause 49 yrs;15% of groupA patients and 14% of groupB had a history of hormone replacement therapy. Mean scores for specialized questionnaires used at baseline show a relatively good well-being (GHQ-12) and a high level of care perceived by both patient and investigator in both groups (table 1). Study accrual was completed in March 2009; preliminary results after one-year follow-up are expected mid-2010 and the study is expected to be completed by mid-2011.

67 Poster

Creativity and assertiveness in advancing the fight against breast cancer on the national level

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Background: Breast cancer is the most prevalent cancer disease in Israel. This is why ICA is placing an emphasis on leading a struggle against Breast cancer on all fronts − by promoting research, prevention, and early detection, by improving treatment modalities and rehabilitation, as well as by promoting patient rights.

Results: We will describe the ways in which we, as a voluntary organization, have succeeded in initiating and implementing a National Mammography Screening program, as well as in promoting the construction of comprehensive Breast Care centers, and creating a support network of breast care nurses and social workers accompanied by "Reach to Recovery" volunteers, who all operate nationwide.

We will present the measures we took to break the "conspiracy of silence" on this issue, while creatively recruiting and mobilizing the various media channels.

Conclusions: By setting goals and priorities, a voluntary organization is able to initiate and implement projects at the national level. Assertiveness and perseverance are qualities required for lobbying and advocacy efforts, in addition to creativeness in recruiting the media to set the right atmosphere crucial to meeting specific goals.

68 Poster

Training of (breast) radiographers in Flanders: education at Hogeschool-Universiteit Brussel (Belgium)

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Background: Correct positioning of the breast is one of the major points in guaranteeing a mammogram of high diagnostic accuracy not only in mammography diagnostics but also during a breast screening programme. Herein, the high level of skills, the ability of reassuring and informing the woman involved in the screening program by the radiographer is of great importance. This study gives an overview of the training of radiographers in Flanders (Belgium), and especially focuses on their future role in breast imaging.

Material and Methods: The current situation concerning training of breast radiographers in Flanders is compared with European Guidelines and implementation in neighbouring countries. Bachelors graduated at Hogeschool-Universiteit Brussel (HUB), currently working in breast care were questioned about the value of the training they received and the needs as emerging in daily clinical practice, regarding practical, social and theoretical education.

Results: The lectures, offered by HUB, covers a respectable part of the standards for education required by the European Guidelines, both in number of documented training hours and content. Theoretical aspects are lectured by skilled professionals. Social aspects are made clear through patient testimonies and a breast-oncology-psychologist. However, it has appeared that offering internship in clinical environment, especially for male students is not easy. Within the current training program, positioning skills at standard (Cranio-Caudal or Medio-Lateral Oblique/Latero-Medial Oblique) views or more advanced projections should grow from an introductory demonstration-session to an intensive one to one student/trainer method.

Conclusions: An analysis of this questionnaire will contribute to the evolution of this three year bachelor program. The program will not only cover a general education as radiographer but will also answer to the demanding European Guidelines for breast radiographers.

69 Poster

Systematic education of adjuvant treated breast cancer patients and their relatives − does it make a difference?

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Background: Introduction of new modalities in the adjuvant treatment of primary breast cancer treatments, such as taxanes, aromataseinhibitors and targeted treatments has made a major improvement in recurrence-free and overall-survival. But, with the aggressive treatments, patients experience more acute and long term side effects such as fatigue, menopausal and sexual problems, depression, joint and muscle pain and neuropathy − on top of the physical alteration and anxiety of relapse.

Material and Methods: All breast cancer patients treated with adjuvant chemotherapy in a single University Department of Oncology was invited to participate in systematic education between April 2006 and September 2009, together with their relatives. The curriculum included topics regarding breast cancer knowledge, basic psychological reactions, diet, social and physical rehabilitation. A breast cancer specialist, a social worker, a