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.

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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 dietician, a psychologist, a physiotherapist and a sexologist conducted the educations. The group of breast cancer patients and their relatives had focused group discussions, supervised by two experienced nurses. A questionnaire survey was performed before and after each session.

Results: Until now, 161 Patients and 75 Relatives have joined the programme. Patients were before and after the education, asked about their knowledge on breast cancer. Before the education, 21% were "not" or "less satisfied" with their knowledge on breast cancer, which fell to 0.7%, after having accomplished the education. The score "satisfied" or very "satisfied" with their knowledge on breast cancer increased from 73% to 93%. Furthermore, patients were asked about their mood, drive and energi-level: Before education 36% were "not" or "less satisfied", which ultimately fell to 6% while the score "satisfied" or "very satisfied" increased from 59% to 87% after having accomplished the education.

Conclusion: Both the patients and their relatives obtained by a systematic education a significantly increased and much more useful knowledge on breast cancer pathology and also a better understanding on how the disease affected the individual patients and their surroundings. All topics were scored as important and the focused supervised group discussions were regarded as very helpful, supportive and useful in cooping and rehabilitation by both the patients and their relatives.

70 Poster

Multiple primary cancer in breast cancer in Korea

N.S. Paik[1], Y.B. Yoo[1], H.J. Kang[1], K.S. Park[1]. [1] *Konkook University Hospital, Surgery, Seoul, Korea*

Background: In Korea, the pattern of incidence in breast and thyroid cancer is similar according to age. The relationship between breast cancer (BC) and thyroid cancer is debated. To clarify this controversial issue, a retrospective study on the multiple primary cancer including thyroid cancer in breast cancer patients who have been following at Konkuk University Hospital was performed.

Materials and Methods: We analyzed the clinicopathologic data of 207 patients with breast cancer with or without other primary cancer.

Results: Of 207 patients, 34 (16.4%) had a second primary cancer. The most common cancer were papillary thyroid cancer [19 (9.2%)], followed by stomach [7 (3.4%)], colorectal [3 (1.5%)], renal[2 (1.0%)], liver, ovary and endometrial cancer [1 (0.5%)]. Regarding the time of detection for such second primary cancers, although 86% of stomach cancer were detected metachronously, but 26% of thyroid cancer were detected synchrolously.

Conclusions: Breast cancer patients may have second primary cancer in other organs, such as synchronous thyroid cancer. The present findings give rise to the usefulness of screening for thyroid cancer in the patient with breast cancer.

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POSTER SESSION

Psychosocial aspects

71 Poster

Psychometric properties of the WHOQOL-BREF quality of life assessment in women with malignant and benign breast problems

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Background: The aim of this study in women with breast problems was to compare the psychometric properties of the World Health Organization Quality of Life instrument, short form (WHOQOL-BREF) data derived from the World Health Organization Quality of Life instrument, 100 items (WHOQOL-100) with data obtained directly from the WHOQOL-BREF. Furthermore, additional psychometric properties of the WHOQOL-BREF were assessed.

Material and Methods: Study group 1 (SG1; $N = 607$) completed the WHOQOL-100 four times, Study group 2 (SG2; $N = 549$) completed the WHOQOL-BREF once. The groups consisted of women with a palpable lump in the breast or an abnormality on a screening mammography who received a diagnosis of their breast problem after the first measurement. All participants (women with breast cancer and women with benign breast problems) completed measures of anxiety (STAI), depressive symptoms (CES-D), and fatigue (FAS). Women with breast cancer also completed the EORTC QLQ-BR23.

Results: Confirmatory analyses of the WHOQOL-BREF-data of both groups (SG1 and SG2) showed a reasonably good fit (CFI = 0.88, RMSEA = 0.06 and CFI = 0.90; RMSEA = 0.06). Cronbach's alphas of the domains exceeded 0.70 in both groups, except for Social Relationships (α = 0.67/0.68) (Table 1). Correlations between domain scores of the WHOQOL-BREF and the WHOQOL-100 within SG1 were all significant at $p = 0.01$ level (Physical $r = 0.86$; Psychological $r = 0.91$; Social Relationships $r = 0.89$; Environmental $r = 0.14$). Construct validity was shown by the moderate ($r = 0.30$–0.49) to high ($r > 0.49$) correlations between scores on the FAS, STAI-State, EORTC QLQ-BR23 and the WHOQOL-BREF domains Physical and Psychological Health. Good test-retest reliability (r's >0.70) was found.

Conclusion: WHOQOL-BREF-data derived from the WHOQOL-100 or obtained from the WHOQOL-BREF directly are comparable, and the WHOQOL-BREF has good psychometric properties in women with breast problems.

Table 1. Internal consistency of the WHOQOL-BREF at baseline: Cronbach's alpha for the total groups SG1 and SG2, and for the breast cancer and benign breast problems groups separately

	Total group		BC group		BBP group	
	SG1	SG2	SG1	SG2	SG1	SG2
Overall Quality of Life and General Health	0.64	0.71	0.58	0.70	0.67	0.72
Physical Health	0.77	0.82	0.75	0.83	0.78	0.82
Psychological Health	0.72	0.78	0.71	0.78	0.72	0.79
Social Relationships	0.67	0.68	0.66	0.61	0.67	0.69
Environment	0.80	0.82	0.80	0.78	0.80	0.83

Abbreviations: SG1 = Study group 1; SG2 = Study group 2; BC = breast cancer; BBP = benign breast problem.

72 Poster

Psychological distress in breast cancer patients

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Background: A diagnosis of breast cancer is a potentially life-threatening disease and is often accompanied by major psychological distress. Anxiety and depression in cancer patients are well documented. The reported rate of depression in cancer patients has been quite variable, but a recent study finds the rate of depression with breast cancer patients to be 10−15%.

A Danish study found an elevated risk for hospitalisation with depression for up to ten years after a cancer diagnosis. An efficient screening tool for detecting psychological distress is needed for breast cancer patients.

Aim: Our overall objective was to validate an Danish version of the Distress Thermometer for its ability to detect psychological distress at time of diagnosis.

Our aims in this study were to describe

- The extent of distress among women with breast cancer at time of diagnosis.
- Characteristics of women with breast cancer suffering from severe distress.

Material and Methods: 363 patients out of 431 consecutive breast cancer patients filled in a baseline questionnaire at time of diagnosis. Inclusion of patients was completed ultimo October 2009.

The questionnaire consisted of the Distress Thermometer and a number of validated scales, The Hospital Anxiety and Depression Scale (HADS), Impact of Event Scale (IES-R) and EORTC QLQ-C30. Furthermore sociodemographic variables and questions related to life-style and available social support was included.

Data on treatment and information about tumor size, histopathology and staging will be collected through the Danish Breast Cancer Coorporative Group.

Analysis: The extent of distress is described in terms of the Distress Thermometer, HADS and IES-R. Characteristics of women experiencing a high level of distress will be analysed in relation to age and available social support and rehabilitation needs. The following covariates will be included in analyses: age, stage of disease, cancer treatment, socioeconomic class, marital status, and available social support in and outside the family.

Results: Preliminary results on the relationship between high level of distress, age and available social support in newly diagnosed women with breast cancer will be presented.

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Quality of life in younger versus older breast cancer survivors

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Background: Breast cancer is one of the most frequently occurring cancers in the developing world, but with earlier detection and better