Conclusion: There is considerable variability of opinion, not only between specialties, but also within specialties. As survival figures continue to improve, the number of patients requesting reconstruction is likely to increase. This will have an impact on healthcare allocation and further debate will be necessary in anticipation of future service development.

doi:10.1016/j.ejcsup.2010.06.087

O-87 RESEARCH OUTPUT OF CONSULTANT BREAST SURGEONS IN THE UK AND IRELAND – A BIBLIOGRAPHIC ANALYSIS

R.W. Glynn, N.A. Healy, K.J. Sweeney, M.J. Kerin. *Dept. of Surgery, National University of Ireland, Galway, Ireland*

The Research Assessment Exercise means that increasing emphasis is placed on the evaluation of research output for funding and resource allocation. While the impact factor is widely recognised as the key measure of journal quality, the h-index has gained recognition as the most appropriate measure of an individual's productivity. The aim of this work is to describe the bibliographic characteristics of consultant breast surgeons.

Breast-related output for 122 members of ABS at BASO was identified using the Web of Science. A citation report for each surgeon was then created, providing the h-index, mean citations per publication, and years of publication. A researcher has a h-index of h if h of his/her publications have at least h citations each, and the other publications (Np-h) have, at most, h citations each.

Articles (1176) were returned. The median articles published per surgeon was 3 (IQR1-8); 26 returned 0 breast-related publications. Seventeen (14%) surgeons were responsible for 70% ($n = 825$) of the output; 37 (30%) surgeons had published nothing in the past decade. The range of h-index values for the cohort was 0–50 with a median of 3 (IQR1–6). There was a positive correlation between time since first publication and h-index ($r = 0.599$, $p = 0.000$). The median number of citations per article, per surgeon, was 12 (IQR5–26).

A small minority are responsible for the majority of output, with a large proportion contributing nothing, raising significant questions for the future of scientific research.

doi:10.1016/j.ejcsup.2010.06.088

O-88 BREAST CANCER AMONG NIGERIAN WOMEN: CLINICAL AND BIOLOGICAL DIFFERENCES COMPARED WITH AGE-MATCHED UK WOMEN

J. Agboola[a,b], A.A. Banjo[b], N. Wanangwa[a], S. El-Sheikh[a], E.A. Rakha[a], E.C. Paish[a], S. Watts[a], D.G. Powe[a], I.O. Ellis[a], A.R. Green[a]. [a]*Division of Pathology, Nottingham University Hospitals and University of Nottingham, UK.* [b]*Department of Morbid Anatomy and Histopathology, Olabisi Onabanjo University and Olabisi Onabanjo University Teaching Hospital, Sagamu, Nigeria*

Background: Although, breast cancer incidence is lower in African and African-American compared with Caucasian women including White-Americans. However, Black women have a high mortality rate compared with their Caucasian counterparts. Nigerian women have a higher risk for early-onset, high-grade, node-positive disease with a high mortality rate from breast cancer. Similar features have characterized hereditary and basal-like breast cancer, prompting speculation that risk factors could be genetically transmitted and the molecular portrait of these tumours are different to those of Western women.

Methods: In this study, we assessed the clinico-pathological and immunoprofile of breast cancer from Nigerian women compared with age-matched UK control group using 9 biomarkers of known relevance in breast cancer by immunohistochemistry.

Results: We confirm that Nigerian women presenting with breast cancer are more frequently premenopausal and their tumours are more of invasive ductal histological type and usually larger size, higher grade, lymph node and vascular invasion positive compared with a UK age-match cohort. Nigerian breast cancer showed association with triple-negative and basal-like breast cancer and are less frequently of luminal-like classes of tumours. Univariate analysis showed association between breast cancer in Nigerian women and ER, PgR, CK7/8 and E-cadherin negativity, while having positive association with p53 and CK5/6 and 14, but no association was found with HER2 expression. Nigerian women showed poorer outcome after development of breast cancer compared with UK women.

Conclusion: This study demonstrates that there are genetic and molecular differences between African and western women with breast cancer which cannot be explained only by age. Breast cancer in Nigerian patients tends to be aggressive with a dismal outcome. This might have implication for development of a screening program and management of African breast cancer patients.

doi:10.1016/j.ejcsup.2010.06.089

O-89 THE INFLUENCE OF CHILDHOOD ABUSE ON CLINICAL RELATIONSHIPS IN BREAST CANCER: PERCEIVED PROFESSIONAL SUPPORT, CLINICIAN-RATED 'DIFFICULTY' AND INSECURE ATTACHMENT

Louise Clark[a], Chris Holcombe[b], Helen Beesley[b], Peter Salmon[a]. [a]*Division of Clinical Psychology, University of Liverpool, UK.* [b]*Royal Liverpool University Hospital, UK*

Background: Childhood abuse is a marker for insecure attachment style which in turn is associated with an impaired ability to seek and accept support. In healthcare, a history of childhood abuse impaired breast cancer patients' ability to obtain support from clinical staff. The general aim of the current study was to extend these findings and test whether breast cancer patients recalling childhood abuse were experienced by consultant surgeons as more 'difficult' to help. The preliminary aim was to confirm that childhood abuse was associated with less perceived professional support. The main study hypotheses were then (1) childhood abuse would be associated with higher clinician-rated 'difficulty', and (2) insecure attachment would account for this relationship.

Methods: Women with primary breast cancer ($N = 100$) completed self-report questionnaires either at the pre-operation clinic or one-two days post-operatively. Questionnaires assessed current emotional distress, adult attachment dimensions, childhood sexual, physical and emotional abuse and parental care. Following the histology consultation patients completed a measure of professional support and clinicians completed a measure of patient 'difficulty'.

Results: Patients recalling abuse were 6.5 times less likely to feel fully supported by the clinician than those not recalling abuse, even when parental care, emotional distress, age and prognosis were controlled for. Abuse and low parental care were associated with higher clinician-rated 'difficulty'. The relationship was not accounted for by insecure attachment.

Conclusions: A history of childhood abuse has a detrimental influence on clinical relationships in breast cancer. Patients with a history of childhood abuse not only reported less support but also are experienced as more 'difficult' by clinicians. The relationship was not accounted for by insecure attachment. Future research should seek to establish a pathway between childhood abuse and 'difficulty', specifically testing whether low support ratings by *patients* are associated with a 'difficult' experience by *clinicians*.

doi:10.1016/j.ejcsup.2010.06.090

O-90 THE NHS BREAST SCREENING PROGRAMME – ARE WE COMMUNICATING WELL WITH SOUTH ASIAN ORIGIN WOMEN?

A.K. Jain[a], N. Acik-Toprak[b], J. Serevitch[a], J. Nazroo[b]. [a] *The Nightingale Centre, University Hospital of South Manchester, UK.* [b] *Department of Sociology, University of Manchester, UK*

Introduction: Breast screening uptake rates remain low in South Asian Origin Women (SAOW). The main reasons are consistently reported as being lack of knowledge and poor communication. Our aim has been to study how various Breast Screening Units (BSU) actually communicate with these women and to identify local initiatives.

Methods: A.J. sent structured questionnaires along with a letter setting the study objectives to all the 95 UK BSUs last year, followed by reminders via the Royal College of Radiologists Breast Group.

Results: Sixty-nine responses have been received with 66 completed questionnaires. BSU size varies from under 10,000 to over 50,000 invited women. SAOW % varies from less than 5% to 25–30%. Only one BSU sends the first invitation/reminder in South Asian languages though 42 units state that a translated version can be requested.

Eighteen units record patient's language and 25 offer them translated leaflets. Only 4 units send them normal recall, 3 send them their assessment recall letter, 9 provide them biopsy leaflets and 3 send them their normal assessment letter in their languages.

Around 75% units have easy access to interpreters and arrange them in advance of the assessment. Only 30% of the BSU have Link/Promotion Officers, while only one unit has received separate funding to target South Asian women. Only half the BSUs feel they communicate well with SAOW.

Conclusions: Our results clearly indicate that we need to improve communication with SAOW, which in turn would help improve their overall experience as well as screening uptake rates.

doi:10.1016/j.ejcsup.2010.06.091

O-91 CHARACTERISING POST-MASTECTOMY PAIN SYNDROME IN 111 SCOTTISH WOMEN

David Sheridan[a], Irwin Foo[b], Halia O'Shea[b], Marie Fallon[c], Lesley Colvin[b]. [a] *School of Biomedical Sciences, University of Edinburgh, Edinburgh, UK.* [b] *Dept. of Anaesthesia Critical Care and Pain Medicine, Western General Hospital, Edinburgh, UK.* [c] *Edinburgh Cancer Centre, University of Edinburgh, Edinburgh, UK*

Introduction: Post-mastectomy pain syndrome (PMPS) is a common but underreported side effect of breast cancer treatment. It has been shown to have prevalence as high as ~50%. PMPS is a neuropathic condition and the NMDA receptor is implicated in its development. The objective of this prospective cross-sectional, questionnaire-based study is to examine risk the factors and severity of PMPS in patients from south-east Scotland attending the Edinburgh Cancer Centre.

Methods: Patients were asked to complete a questionnaire that assessed their surgical and demographic data and ascertained whether they still had pain from their treatment. If the patient had pain they were asked to fill out a range of validated questionnaires as well as questions about the nature and location of their pain and whether they would like to consult a clinician.

Results: The total sample was 111 patients. 29.7% (33) of patients reported chronic pain at a mean time of 64 months post-op. Of these patients 43.5% scored 12 or more on the LANSS, indicating neuropathic pain. The average VAS was 3.23 but with a variance of 6.825. Pre-operative pain was associated with a five-fold increased risk of chronic pain (OR 5.169 95% CI 1.785, 14.965), chemotherapy was associated with a threefold increased risk (OR = 3.004 95% CI 1.219, 7.403, $p = 0.017$).

Conclusion: This questionnaire has shown significant numbers of patients suffer PMPS after breast cancer treatment and has highlighted post-operative pain and chemotherapy as important risk factors.

doi:10.1016/j.ejcsup.2010.06.092

O-92 A MULTI CENTRE PROSPECTIVE LONGITUDINAL STUDY EVALUATING HEALTH RELATED QUALITY OF LIFE AFTER IMMEDIATE LATISSIMUS DORSI (LD) BREAST RECONSTRUCTION

Z.E. Winters[a], J. Mills[b], J. Haviland[b], A. Reece-Smith[a], M. Greenslade[a], J. Benson[c], M. Galea[d], P. McManus[e], S. Nicholson[f], E. Weiler-Mithoff[g], Z. Rayter[a], V. Balta[a], H.J. Thomson[a]. [a] *University Hospitals, Bristol, UK.* [b] *Clinical Trials and Statistics Unit, The Institute of*