

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.

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

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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.

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

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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.

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

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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.