

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.

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

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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 sepa-

rate 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.

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

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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 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.

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

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Introduction: NICE recommends that the majority of women should be offered immediate breast reconstruction with its potential to improve health related quality of life (HRQL). There is conflicting evidence with a lack of 'hard' data to best inform clinicians and their patients. Our aim was to evaluate the effects of implant-assisted LD (LDI) versus autologous LD (ALD) breast reconstruction on HRQL over 12 months.

Methods: A prospective longitudinal multicentre study commenced in early 2007. Patient reported outcome measures using the EORTC C30 (general HRQL), BR-23 (breast + arm symptoms), Body Image Scale (BIS) and HADS, were completed pre-operatively and at 3, and 12 months after surgery. Longitudinal analyses tested the effects of treatment variables, baseline HRQL, age and time on QL domains (3–12 months). Significance was set at $p = 0.01$.

Results: One hundred and seventy one patients (93 ALD, 78 LDI) were recruited. There were no significant differences in HRQL domains between LDI and ALD (\pm RT). Chemotherapy patients reported poorer overall HRQL ($p < 0.001$), poorer role ($p = 0.003$) and social ($p = 0.01$) functioning, and greater fatigue ($p = 0.002$) and depression ($p = 0.01$). Older patients had fewer HRQL issues ($p = 0.01$). Significant improvements over time were seen for overall HRQL and other domains ($p < 0.001$). There were no significant differences between LDI and ALD for patient satisfaction with surgical outcome. Good satisfaction with overall breast appearance and surgical outcome was significantly associated with fewer body image concerns.

Conclusion: There is an important need for cumulative clinical evidence in this field on which to base patient informed consent and clinical recommendations.

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O-93 THE DEVELOPMENT OF AN EORTC BREAST RECONSTRUCTION QUESTIONNAIRE TO ASSESS THE QUALITY OF LIFE OF PATIENTS UNDERGOING BREAST RECONSTRUCTION

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Introduction: Breast reconstruction (BR) aims to recreate the appearance of the missing breast as well as restoring body image. To date, studies have used a range of questionnaires relating to general health, breast cancer, body image or are study-specific. Currently there is no validated breast reconstruction-specific questionnaire that assesses the relative impact of the different reconstruction techniques on both cosmetic and related quality of life (QL) outcomes.

Methods: Phases I and II of the design of the questionnaire followed the EORTC guidelines which consisted of a systematic literature review to identify relevant 'issues'. Patients who had received breast reconstructions plus Healthcare professionals were interviewed and asked which 'issues' they also felt were important

Results: The literature search and interviews yielded 69 issues relating to BR and QL. Eighty-nine patients, and 9 Healthcare professionals, including breast surgeons, psycho-oncologists and breast care nurses were interviewed from Sweden, Italy and the UK. These issues were formed into potential questions for the module. The resulting module (EORTC QLQ- BrR31) consists of 31 questions ordered in appropriate scales of: body image, sexuality, and cosmetic outcome of the reconstruction, the donor site and the nipple including treatment or surgery related symptoms, e.g. pain.

Conclusions: A protocol based questionnaire development process has been used to provide a new measure of BR which can now proceed to phase III testing in over 200 women from 5 European countries and will also be used in the first UK multicentre randomised trial in BR (QUEST).

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O-94 PATIENT REPORTED OUTCOMES FOLLOWING POST MASTECTOMY BREAST RECONSTRUCTION

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Introduction: Outcome measures of breast reconstruction include oncological safety, aesthetics and function. Patient satisfaction with their breast reconstruction is a 'holistic' entity that must be distinguished from aesthetic, photographic and professional satisfaction; it is not easily quantifiable.

Patients and methods: 131 women with a latissimus dorsi (Lat Dorsi) pedicled reconstruction between 1996 and 2008 were sent a questionnaire.

- 70% had immediate reconstruction.
- 88% had an implant assisted procedure.
- 29% had bilateral surgery.
- 40% had post operative chest wall radiotherapy.

Results: 86 women returned a completed questionnaire: 66% response rate.

Aesthetics of breast reconstruction; Good

- 80% patients would rate their overall Breast Reconstruction 7/10 and above.
- Satisfaction of surgery with bra – 77.8% – Excellent/ good.
- Satisfaction of surgery without bra – 47.6% – Excellent/good.
- Symmetry of surgery with normal breast – 45.2% – Excellent/ good.
- 95.3% patients would recommend Breast Reconstruction surgery.