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 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.

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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 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 fivefold 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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