Cancer Research, Sutton, UK. [c] *Addenbrooke's Hospital, Cambridge, UK.* [d] *Great Western Hospital, Swindon, UK.* [e] *Hull and East Yorkshire Hospitals, UK.* [f] *York Hospitals, UK.* [g] *Greater Glasgow and Clyde, Canniesburn, UK*

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 (±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

Z.E. Winters [a], J. Mills [b], Y. Brandberg [c], F. Didier [d], A. Oberguggenberger [e], H.J. Thomson [a], On behalf of the EORTC Quality of Life group. [a] *University of Bristol, UK.* [b] *Clinical Trials and Statistic Unit, Institute of Cancer Research, Sutton, UK.* [c] *Karolinska Institute, Stockholm, Sweden.* [d] *European Institute of Oncology, Milan, Italy.* [e] *Department of Psychiatry and Psychotherapy, Innsbruck Medical University, Austria*

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

E. Massey, R. Price, N. Betambeau, C. Tydeman, M. Galea. *The Great Western Hospital, Swindon, UK*

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.

Functionality of breast reconstruction; Less good

- Reduced mobility – 50%
- Firmer consistency – 59.3%

Effects of radiotherapy

- Overall rating with R/T (7/10 and above) 80%; without R/T 81%

Conclusions: Patient reported outcomes after post mastectomy Lat Dorsi breast reconstruction are acceptable; aesthetics have not been objectively assessed but subjectively are reasonable. Highlighted is that this type of reconstruction results in a functionally inferior breast compared to the contra-lateral normal side.

Unexpectedly, patient reported outcomes after radiotherapy were no worse; this may reflect an increased 'preparedness' for a worse outcome from adequate pre-operative information.

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O-95 RCT EVALUATING THE EFFECT OF MINDFULNESS-BASED STRESS REDUCTION (MBSR) ON MOOD, QUALITY OF LIFE AND WELLBEING IN WOMEN WITH STAGES 0–III BREAST CANCER

Caroline Jane Hoffman. *Breast Cancer Haven & University of Southampton, UK*

The aim of the study was to determine whether and to what extent mindfulness-based stress reduction (MBSR) has any effect on mood, disease related quality of life, wellbeing and endocrine symptoms in women with stages 0–III breast cancer.

The study chiefly used a randomised controlled trial design. Eligible participants had previously attended a day centre, Breast Cancer Haven in London, which offers support, information and complementary therapies for women. Eligibility was based on ending hospital treatment for breast cancer no less than 2 months and no more than 2 years previously ($N = 229$). Consenting participants were randomly assigned to either an immediate intervention or wait-list control group. Participants completed the Profile of Mood States (POMS) (primary outcome measure), Functional Assessment of Cancer Therapy-Breast (FACT-B) and -Endocrine (FACT-ES), including their trial outcome indices (TOI) and World Health Organisation Five-Item Wellbeing Questionnaire (WHO-5) as well as a short proforma to obtain qualitative data.

Two hundred and fourteen women (mean age 49 years) completed the study, (a 93% response rate). Intention-to-treat between-group analysis showed that after the intervention, participants in the MBSR group, compared to controls, had statistically significantly improved scores on POMS Total Mood Disturbance at both eight weeks with MBSR group mean (SD) of 30.02 (31.60) compared to controls 47.81(39.81) (95% CI for difference -27.44 to -18.14, $p < 0.001$) and 12 weeks mean (SD) of 29.83 (34.19) compared to controls 45.43 (35.51) (95% CI -25.01 to -6.20, $p < 0.001$). Significant improvements were also found on all POMS subscales – anxiety, depression, anger, vigour, fatigue and confusion. Significant improvements were also found on a range of FACT dimensions: FACT-B, -ES, -B TOI, -ES TOI, and physical, emotional and functional wellbeing subscales, as well as on the WHO-5 Wellbeing Questionnaire. Qualitative findings revealed that participants found themselves to be more mindful and key themes included being calmer, centred, at peace, connected and more confident; being more aware; coping with stress, anxiety and panic; and accepting things as they are, being less judgemental of myself and others.

MBSR was effective in improving mood state, quality of life including endocrine symptom and wellbeing in female breast cancer survivors (diagnosed with stages 0–III breast cancer).

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O-96 USING A NEEDS ASSESSMENT TOOL IN BREAST CANCER FOLLOW-UP

Susanne Cruickshank, D.M. Barber, C. Kennedy, A. Rowat, R. Small. *Edinburgh Napier University, UK*

Introduction: Needs which arise for women with breast cancer are complex and are directly influenced by their individual experience from diagnosis, through treatment and beyond. The aim of this study is to assess the effectiveness of using a needs assessment tool during a clinical consultation.

Research questions:

1. To identify the perceived needs of breast cancer patients attending follow-up clinics.
2. To examine the relationship between the measures of perceived need, quality of life and satisfaction with care.
3. To investigate the differences between those receiving the standard follow-up care and those receiving care by SBCN using the needs assessment tool on measures of patients satisfaction with care, perceived needs and quality of life.

Method: A prospective randomised controlled trial. Women are randomised into two groups: group 1 receives the usual follow-up care by the clinician and group 2 receives follow-up care by the Specialist Breast Care Nurse (SBCN), who uses the needs identified by the woman in the tool, to guide the consultation and subsequent interventions.

Summary of results: Ninety-two women have been recruited who are up to five years since diagnosis. A wide range of needs were reported including pain/discomfort in affected breast, fears of cancer returning and changes in sexuality/relationships. This presentation will report the descriptive demographic and clinical characteristics of participants along with comparative data between the groups.

Conclusion: The findings indicate that new methods of eliciting the needs of women during the follow-up consultation are necessary to offer women appropriate and timely interventions.

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