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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.