

A significant relationship was found to be between the educational level of women and the breast self-examination statistically. The more educational level the women had, the more positive health activities they had ( $x^2 = 21.72$ , SD: 1,  $p < 0.01$ ).

In view of these findings, it has been concluded that primary Health Care Staff would extend educational activities towards early detection and prevention of breast cancer.

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# **RELATIONSHIP BETWEEN AGE AND KNOWLEDGE AND ACCOMPLISHMENT OF CANCER PREVENTION MODALITIES: A SERIES OF 2481 QUESTIONNAIRES**

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**Aim:** To assess the knowledge and beliefs about cancer prevention in an unselected population.

**Methods:** We distributed an autocompilative questionnaire to people coming in several health units in Trento district (Italy).

**Results:** We evaluated 2481 questionnaires exploring the cancer prevention-related knowledge of 1803 females and 678 males. The age distribution was: 35.5% less than 40 years, 41.5% from 40 to 59 years, 23% up 60 years. In this analysis we pointed out that the information about prevention is better in the middle age than among younger or older people ( $P < 0.0001$ ). A similar aspect is showed by the effective agreement to clinical examinations able to detect an asymptomatic neoplasia. A highly significant value was obtained by chi-square in all differences.

**Conclusions:** These data seem move in direction as of more clear information in the school to increase the knowledge and adhesion of younger people to secondary cancer prevention modalities as of more widespread health policy in older people support.

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# **PROGRAMME OF EARLY DETECTION OF BREAST CANCER**

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Success of treatment of breast cancer depends on early detection of the disease. Scanning programme was carried out in several phases:

- (A) Case control study of 29 risk factors
- (B) Forming of risk factors tables according to age
- (C) Making of questionnaire on the basis of former research
- (D) Asking for an opinion
- (E) Forming of groups
  - 1. Group with clinical symptoms
  - 2. High risk groups
  - 3. Groups without symptoms and risk
- (F) Following during 5 years

Phases A, B, C are completed. 10,000 women were polled until now. Questionnaire is still in progress. Following up of the groups with clinical symptoms is carried out immediately, high risk groups twice a year, and the rest once in two years.

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# **GENETICS AND CANCER: A MULTIDISCIPLINARY APPROACH**

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Recent developments in molecular genetics offer the perspective to screen asymptomatic individuals for alterations in cancer-predisposing genes. A consultation accessible to individuals with a suggestive familial cancer history has been recently developed in our hospital.

We propose to those individuals a genetic counseling which is performed by a pluridisciplinary team including medical oncologists, geneticists, psychologists, research nurse and an ethicist.

The probability of a cancer-predisposing syndrome, the individual risk, the disponibility of genetical testing and recommendations for screening and preventive strategies are determined and delivered to the probands. A health psychology assessment is also proposed.