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### Psychosocial impact of endocrine therapy for breast cancer on women's quality of life

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**Purpose:** Women with breast cancer are being offered many new endocrine treatments as preventative agents, adjuvant therapy and for advanced disease. To assess and compare different treatment side-effects psychometrically robust measures must be used. In this paper we report data from a project in which a brief, valid endocrine subscale to accompany the validated FACT-B questionnaire was developed.

**Method:** The 18 item scale was derived from several sources: existing databases of side-effects experienced by women in chemoprevention trials, focus groups of women on endocrine therapy and the opinions of oncologists, nurses and psychologists familiar with the area. The scale was given together with the FACT-B to 233 women with breast cancer – 98 women had advanced disease and were being treated with tamoxifen, anastrozole or megestrol acetate. 94 women with early stage disease were either receiving adjuvant tamoxifen or had chemo-induced ovarian ablation, and a control group of 41 patients were receiving no hormonal treatment for early disease.

**Results:** Women who were disease free reported better physical, social and functional well-being than those with advanced breast cancer. The most commonly reported side-effects for all the endocrine treatments included hot flushes, weight gain and a loss of interest in sexual intercourse.

**Conclusion:** The endocrine subscale provided a valid means of measuring endocrine symptoms in women with breast cancer. Further results on differences between the endocrine therapies will be discussed

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### Psychosocial compliance and response rates in a chemoprevention randomised control trial of women at high risk to breast cancer

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**Purpose:** In randomised control trials, the role of quality of life research is seen as increasingly vital. For asymptomatic women, in chemoprevention trials, the psychological costs and benefits of participating in a longitudinal trial need to be determined to promote accrual and compliance. With this rise in interest there are attendant questions concerning the efficacy and practicality of combining psychosocial research with clinical trials, particularly as large amounts of missing data can create problems for analysis and ultimately undermine the validity and reliability of results.

**Aims:** To investigate the demographic and personality factors that may affect quality of life compliance and quality of response data in an RCT and to present a model of good practice to promote compliance and reduce missing data.

**Method:** 489 women participating in the RCT Tamoxifen Chemoprevention Trial were recruited to a psychosocial study arm. The women completed four self report questionnaires pre-treatment, The Spielberger Stait-Trait Anxiety Inventory Questionnaire, The Multidimenional Health Locus of Control, The General Health Questionnaire and the Sexual Activity Questionnaire. Thereafter, at six monthly intervals for a period of five years, the women complete three of the questionnaires and data about their psychosocial and clinical compliance is collected. The project structure and role of data monitor in promoting compliance and accrual will be discussed.

**Results:** Complete data sets are available for women up to the 42 month point. Psychosocial compliance at this point is 80% and of the remaining sample 8.1% have withdrawn completely from both arms of the trial. In addition, 20% of women have stopped taking the medication but continue to attend follow-up screening and complete the psychosocial assessments.

**Conclusion:** It is suggested that the high rates of compliance in this trial are as a consequence of the project structure and staff roles. Pragmatic suggestions for promoting high psychosocial compliance and response rates in clincial trials will be suggested. Further results on other factors which impact on compliance will be discussed.

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### Attitudes of medical students towards a woman with metastatic breast cancer

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**Purpose:** To evaluate the attitudes of undergraduate medical students towards a woman with metastatic breast cancer.

**Methods:** Fourth/Final year medical students in The University of Hong Kong are required to sit for an Objective Structured Clinical Examination (OSCE) after completing a 10-week period of surgical specialty attachment. A question on counselling is included in the OSCE. In a recent OSCE, the response of students in a scenario where a woman with newly diagnosed metastatic breast cancer to the femur was evaluated.

**Results:** The students (N = 30) were tested in many areas related to metastatic breast cancer. Some interesting results are mentioned. Only 17% honestly admitted the fact that almost all patients with metastatic breast cancer would eventually die and 43% encouraged the woman that her actual life expectancy could vary. Less than half (40%) emphasised that the major objectives of treatment were palliation and maximising the quality of life. Although not amounting to a large number, 20% of students recommended radical surgery as treatment for solitary metastasis to the femur. Only 7% would seek orthopaedic opinion on prophylactic fixation for osteolytic metastasis. About half of the students had encouraged the woman to share her feelings and thoughts with the family (47%) and had given her access to discuss with the breast care nurse or with the clinician again if necessary (50%).

**Conclusion:** Undergraduate medical students will one day become clinicians who often need to face women with metastatic breast cancer at different stages. It seems that they are deficient in areas involving the breaking of bad news, the treatment goals, and the importance of multidisciplinary approach for the management of metastatic breast cancer. The teaching of these areas should therefore be emphasised in the curriculum.

**566** POSTER

### Stress of daily activities and risk of breast cancer: A prospective cohort study in female twins in Finland

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**Purpose:** The relationship between psychosocial stress and breast cancer risk has remained controversial partly due to the possibility of recall bias in a number of case-control studies. We investigated breast cancer risk in a prospective cohort study in adult female twins in Finland in 1976–96.

**Methods:** The adult Finnish Twin Cohort was compiled from the Finnish Central Population Register in 1974 and comprises all like-sexed twin pairs born before 1958 with both cotwins alive and living in Finland on January 1, 1976. In 1975, the subjects were sent an extensive health questionnaire including questions on lifestyle, life events, psychosocial traits and stress of daily activities (SDA). Altogether 10,519 female twins who answered the questions on SDA constitute the study cohort. Data on breast cancer were obtained by record linkage with the Finnish Cancer Registry for years 1976–96. Calculation of person-years at risk began on January 1, 1976, and ended at diagnosis of breast cancer, emigration, death or December 31, 1996, whichever came first. Age-adjusted hazard ratios were obtained from proportional hazard models.

**Results:** In all, 23% of the women had experienced no appreciable stressfulness, 68% had experienced some, and 9% severe stress. A total of 205 primary breast cancers were identified among them. The age-adjusted hazard ratios for breast cancer risk among these groups were 1.0, 1.1 and 0.84 by increasing level of stress (non-significant). Adjusting for smoking or body mass index did not materially change the results.

**Conclusions:** Based on these preliminary results, we do not find evidence for an association between this indicator of psychosocial stress and breast cancer risk.