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### Breast cancer in elderly patients: Psychosocial aspects of rehabilitation

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Almost 50% of breast cancer pts are over 60 years. Rehabilitative interventions should therefore consider the characteristics of these pts, who are more vulnerable both physically (limited independence) and psychologically (co-existence of other problems secondary to the experience of loss, the change in temporal and spatial references, and social and affective role) aspects. If not due support and attention are not given to these problems, they can to somatization, changes in the affective-cognitive balance, and even frank psychopathologies. The purpose of this study is to present an integrated rehabilitation programme aimed at assisting breast cancer pts in making both a functional and a psychological recovery. The programme consisted of at least 10 group sessions after surgery, during adjuvant therapy. The approach has been used to treat 45 (age range: 60–75 years) of 118 pts admitted for rehabilitation during the last 36 months.

**Results:** 1. the concomitance of aging and cancer was found to intensify the experience of loss; 2. group therapy was found to provide the patients with the support needed to cope with the "before" to "after"; 3. most important goals proved to be restoring independence, interest in self-care, returning patients to their own homes, promoting social interaction, and encouraging patients to pursue their own interests. The effectiveness of rehabilitation programme was assessed on completion of the 10 sessions and after 12 months by means of a semi-structured interview covering 5 main topics: occupational activity, feeling and emotions, life style, perception of disease, experience of the group.

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### Presymptomatic testing for hereditary breast/ovarian cancer (HBOC): Is there psychological distress in the pre-test period?

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**Purpose:** Since 1994 presymptomatic testing (PST) for BRCA1/2 is performed in individuals from HBOC families in Rotterdam. Offspring of mutation carriers have 50% chance to inherit the gene mutation. Healthy female mutation-carriers have a high risk of developing breast- and/or ovarian cancer, healthy male carriers have hardly an increased cancer risk. One of the first European studies assessing the psychological adjustment to PST for HBOC was started. Insight into factors associated with distress before and after the predictive test might identify unaffected individuals at risk for psychological maladjustment.

**Methods:** Healthy individuals with 50% or 25% risk of being a gene mutation carrier (80 females, 20 males) were thoroughly interviewed by a psychologist and filled out psychological questionnaires.

**Results:** Mean levels of self reported distress were below the average norms in the weeks preceding the disclosure of the testresult. Especially those who did not anticipate the emotional impact of any testresult and those with an optimistic personality, reported low levels of global and cancer specific distress. Moreover, 1/3 did not expect adverse consequences of an unfavourable test result.

**Conclusion:** Not anticipating the impact of the test result on posttest life led to lower pre-test distress, which may indicate denial. The association with post-test adjustment should be further elaborated, specifically to identify those who are at risk for psychological maladjustment.

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### Quality of life of breast cancer patients in different clinical phases

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**Purpose:** The specific aim of this study is to assess quality of life of breast cancer patients of different clinical phases.

**Methods:** Self-administered questionnaire composed of the Short Form-36 Health Surveys (SF-36), the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Cancer 30 (EORTC QLQ-C30), and questions measuring utility from visual analog scale (VAS), standard gamble (SG), and time trade-off (TTO) methods were distributed to 116 breast cancer patients of different clinical phases to assess their quality of life.

**Results:** The Cronbach's alpha coefficient of internal consistency of the SF-36 was 0.60, of the EORTC QLQ-C30 was 0.86. The Spearman's correlation coefficients of were high between question groups in the two questionnaires examining similar dimensions. Significant differences were found in most dimensions of quality of life across different clinical phases by Kruskal-Wallis non-parametric analysis of variance test. In the three utility scores, only the visual analog (VAS) showed significant differences. The chemotherapy and recurrence phase usually had the lowest scores of quality of life, while the phases of follow-up had the highest.

**Conclusion:** The results of this study confirmed the applicability of the quality of life measurements and can help health professionals identify patients' physical, mental and social problems in different phases of the clinical process, and assess the quality adjusted life years for breast cancer.

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### A comparison of body image in post-mastectomy and breast reconstruction patients

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Although body image disturbance following mastectomy for breast cancer is well recognised, little is known as to why some women seek reconstruction whilst others adjust well without. We explored attitudes to breast reconstruction, body image (BI) and psychological distress in three groups of 10 women who had a) elected not to have reconstruction, b) were awaiting reconstruction and c) had completed reconstructive surgery. Groups were comparable in age, marital status and time since mastectomy.

Results showed that groups a) and c) were indistinguishable on measures of body image (mean score 4.4) and psychological distress (HADS "cases": 20% anxiety, 0% depression). Group b) reported significantly greater distress on these measures: HADS: 60% anxiety, 40% depression and mean BI score 17.2 BI scores were highly correlated with HADS scores ( $p = .019$ ) but not with age. Reasons given for the need for/value of reconstruction reflected the benefit for coping with cancer and feeling whole, as well as concern for appearance.

Future research in this area should include illness perceptions and coping as factors determining body image outcomes.

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### Psychological impact of genetic counselling and testing on women at high risk of developing breast cancer: Preliminary findings

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**Purpose:** This ongoing Australia-wide multi-centre study aims to determine the impact of breast cancer genetic counselling and testing on psychological variables and risk perceptions as well as breast cancer-related early detection and preventative behaviours.

**Methods:** Only women unaffected by breast cancer who approach one of the thirteen participating genetic clinics for counselling and testing about their breast cancer risk are followed up prospectively over a period of one year. High-risk women who are not eligible for genetic testing are included in the sample as a matched comparison group.

**Results:** As of February 1998, 250 women have completed the baseline questionnaire, with twenty-eight women having received a testing result up to this point. Eighty-two percent of the sample are at either 50% or 25% risk of being carriers of high-risk mutations.

**Conclusion:** Ninety percent of women report being either 'definitely' or 'probably' interested in genetic testing, with the most important reasons for wanting a genetic test being 'to help research' and 'to take steps to reduce one's breast cancer risk'. Data suggest that the majority of women who present to familial cancer clinics accurately perceive their risk and are functioning well psychologically.