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The patient's perception of her breast following irradiation (XRT) for early breast cancer (EBC)

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Purpose: To explore the patient's awareness of her treated breast compared with untreated one after irradiation for EBC.

Methods: We used a self-administered questionnaire, used in a previous experience in an interviewer-administered format (Tumori 1995, vol.81, n 4). The questionnaire listed 21 items (exploring the breast sensitivity regarded daily activities, showering and dressing, menstrual cycle variation and sexual activity) and was divided in four sections following the suggestions of McCormick et al (IJROBP 17: 1291, 1989). We mailed the questionnaire to the patients treated in our hospital in 1990 (77 patients) and in 1994 (148 patients).

Results: One hundred fifty-seven questionnaires were returned (response rate 69.7%) and 144 are evaluable. The responders had a median age of 56 years; 68 were sexually active. Half of the sexually active women experienced a decreased pleasure at treated breast and nipple and 41% felt an increased breast discomfort. Differences between the breast were mainly felt in dressing (46%) and the perception of the treated breast was due to discomfort (44%), pain in activity (46%) and intercostal pain (38%).

The low number of premenopausal patients do not allow to assess differences during the menstruation.

Conclusion: Patients treated with XRT and conservative surgery for EBC, often perceive some differences in sensitivity between treated and untreated breast.

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Predictors of emotional well-being and quality of life in women with primary breast cancer

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Purpose: Being diagnosed with breast cancer can have serious psychological impact. The aim of this study was to detect predictors of emotional well-being and quality of life (Qol). Possible predictors were coping, life-events and social support.

Method: All women with a primary diagnosis of breast cancer (n = 50) completed questionnaires within 16 weeks after operation. Medical data were obtained.

Results: Having positive lymphe-nodes appeared to be a predictor for well-being. Having positive lymphe-nodes was associated with less joy in life. The way women cope seems to be predictive of both well being and Qol. Having an optimistic way of coping was associated with more emotional well-being and better Qol. Using a non-expressive way of coping shows just the opposite relationship. A rather surprising finding was that an active way of coping shows a negative relationship with emotional well-being. Number of life events and how these were valued were only predictive distress. Social support appeared to have no predictive value at all.

Conclusion: Especially coping seems to be predictive of emotional well-being and Qol. When counseling women with a primary breast cancer diagnosis, one should take into account the used coping strategies.

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Establishing a comprehensive hospital-based breast cancer support organisation

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Introduction and Objectives: Physical and psychological consequences of breast cancer and its management can be severe and persistent. Cancerkin, as the only hospital based organisation of its kind in the UK, has since 1987 developed new treatment, care, education and research programmes, working beyond the scope of the National Health Service, with the following objectives:

(a) to address the physical and psychosocial needs of patients and their families
(b) to monitor close relatives who might be at high risk
(c) to develop training and education
(d) to undertake clinical research, with the help of lay volunteers and professional staff

Screening and family care for close relatives, provision of patient-to-patient support, stress management, relaxation and the establishment of a lymphoedema clinic formed the first stages of the programme. In addition a lymphoedema training course for physiotherapists and nurses with hands on experience was started. To meet demand, the dedicated Cancerkin Centre was opened in 1994.

Work Done: Clinical research continues into less invasive diagnostic and surgical procedures and new systemic treatments. The lymphoedema clinic has developed its professional training programmes to provide a thorough grounding in the theory and practice of combined decongestive therapy applied to breast cancer related lymphoedema. The importance of doctor/patient communication motivated courses for medical students to work with health professionals and trained volunteers. Patient group meetings encourage self-help through education, discussion and mutual support and include yoga and weight control classes. Cancerkin introduced the American 'Look Good... Feel Better' programme in the UK, now established in 20 British hospitals.

This work is funded entirely by charitable contributions and Cancerkin support and rehabilitation programmes are free to patients and relatives.

Comment: Cancerkin aims to improve breast services and facilitate better integration of specialist medical teams with other health professionals and trained volunteers.

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An assessment of anxiety levels of women attending for the first outpatient appointment for breast care

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Background: Britain has the highest mortality rate from breast cancer in the world with 32000 new cases diagnosed each year (i). Concerns about cancer care and its treatment prompted the Calman-Hine report in 1995 (i). In response, professionals working in South Tees Acute Hospitals Trust in partnership with GP's and community services developed an initiative to review patterns of referral for patients with symptomatic breast disease. Most women who present with breast lumps are emotionally distressed and remain distressed even though, for many, their lumps will prove to be benign (ii). A proportion of women will go on to become clinically anxious or depressed. It is important that professionals understand patient's anxieties and provide a service which recognises and caters for their psychological needs.

Aims of the Study: To quantify women's anxieties before their first outpatient appointment having presented symptomatically to their GP.

To investigate the effect of information giving on anxiety levels.

To investigate the effect of waiting times on anxiety levels.

Methodology: The General Health Questionnaire (12 item) is used to quantify anxiety levels. Additional questions are asked to identify sources of information (if any) already received by the patient. Time between GP referral and first outpatient appointment is recorded. 250 consecutive patients are invited to join the study by letter, sent with their first outpatient appointment. Patients willing to participate attend 10 minutes before their appointment to fill in the questionnaire. A research nurse is present at each clinic to administer the questionnaire, answer queries, and, if necessary, arrange follow on psychological care.

As part of the South Tees breast care initiative patients referred by a group of GPs from Langburgh are given an information leaflet and co-operation card. The effect of this information and the level of information independently gathered by the patient on anxiety levels is investigated.

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[2] Maguire, P. (1994) Psychological Aspects, in Dixon, J, & Mansel, R. (eds) in ABC of breast disease: assessment & guidelines for referral, NHS Breast Screening Program.

581 POSTER

Ceiling paintings above patients being examined reduce anxieties

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Clinical and sonographic examinations may induce significant distress in patients being evaluated in a breast cancer screening center.

In screening programs anxieties and fears increase the number of patient drop-outs. A painted ceiling may act as a distraction for supine patients during clinical and sonographic examinations of their breasts.

A visual diversion, along with soft music and a pleasant examination room,