S124 Friday, 2 October 1998 Parallel session

577 POSTER

## 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.

579 POSTER

## 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-topatient 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.

- [1] Calman-Hine (1995) A policy framework for commissioning cancer services. DOH
- [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

G.M. Baratelli. Delegazione Alto Lario della Lega Italiana per la Lotta contro i T, Italy

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,

reduces patient anxiety, increases their comfort and improves compliance in a screening program. Psychological studies suggest that both abstract and realistic paintings may be effective in achieving these goals..

The author finds that abstract paintings, which requires the observer to interpret forms or to follow lines, are most effective.

In order to maintain a high level of patient interest in the ceiling painting, it should be replaced periodically (every one to two years).

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# Psychological and clinical quality of life determinants among women with breath cancer in different stages

M. Zwaliqski<sup>1</sup>, M. Majkowicz<sup>2</sup>, I.A. Trzebiatowska<sup>2</sup>, K. de Walden-Ga3uszko<sup>3</sup>, H. Makarewicz<sup>4</sup>. <sup>1</sup>Department of Obstetrics and Gynaecology; <sup>2</sup>Department of Psychiatry; <sup>3</sup>Department of Palliative Medicine; Medical University Gdaqsk, Poland

**Purpose:** Determine psychological and clinical factors which are the most important for QL of breast cancer women in different stages of disease.

**Material:** 88 women with the diagnosis of breast cancer: 29 in diagnostic stage, 37 - first treatment, 13 - recurrence, 9 - terminal.

Methods: 1. Self-Anchoring Ladder, 2. EORTC QLQ-30, 3. Hospital and Anxiety Scale, 4. Purpose of Life Test by J.G. Croumbaugh and L.T. Maholick

Results: Statistical analysis was performed with SPSS for Windows by multiple regression. Global Quality of Life was established as a Variable Dependent. Variables Independing was following: anger, depression, anxiety, purpose of life, age, level of functioning (physical, cognitive, emotional, social) and symptoms (fatigue, nausea, vorniting, pain, dyspnea, sleep disturbances, appetite loss, constipation) as well as financial conditions. For the variability of QL the following factors were important: purpose of life, fatigue, depression, emotional functioning. This variables explained 63.2% of QL variance. In diagnostic stage the important role played purpose of life, pain and fatigue – 60.3% variance. During first treatment – purpose of life, pain and psychical functioning explained 59.1% of variance. In terminal stage the important Variable Dependent was purpose of life. It explained 82.9% of variance on QL scale.

583 POSTER

# The influence of the early childhood family climate on later breast cancer morbidity

M. Vegelj-Pirc, Z. Snoj. Institute of Oncology, Zaloška 2, 1000 Ljubljana, Slovenia

**Purpose:** Numerous psychosornatic survey results show that the cancer morbidity, between other ethiological factors, is influenced by the family climate in early childhood. In our study we tried to help in early detection of breast cancer or to find the risk group, by using FAQ (Family Attitude Questionnaire)

Methods: Three hundred-and-sixty-three patients with breast cancer and the same number of patients in a control group, in the complete area of Slovenia, were included in study. The control group was matched to the breast cancer group by age, sex, education and area. The interview method was used and all data were put in FAQ questionnaire. The answers were pondered and collected by groups to evaluate the following parameters: CTP (Closeness to Parents), D (Emotional demonstrativity) and MD (Matriarchal Dominance). AVG (average) and STD (Standard deviation) was calculated for every group.

#### Results:

Pts.	СТР	D	ME)	Contr.	СТР	D	MD
AVG	4.931	2.033	-1.455	AVG	4.756	1.900	-1.232
STD	4.341	1.388	2.351	STD	4.585	1.410	2.475

There are no significant differences between groups.

Conclusion: Our study has not confirm the other studies' result. This could be caused by a different role of family and different relations in it in our country. Our data does not confirm FAQ as method for early detection of breast cancer or detection of risk groups. We believe that psychical factors are important in breast cancer initiation, promotion and treatment, given that the whole human personality in interaction with surroundings is taken into account. For such an evaluation FAQ is insufficient.

584 POSTER

### The meaning of life with women after breast cancer treatment

M. Vegelj-Pirc, Z. Zalokar-Divjak, J. Musek, F. Puric. *Institute of Oncology, Zaloska 2, 1105 Ljubljana, Slovenia* 

**Purpose:** The purpose of this research was to find out to what degree the life of women after breast cancer treatment had been fulfilled with the meaning of life and represented good basis for mental health.

**Method:** the research encompasses 129 women who are included in the support groups in Slovenia. The meaning of life was measured by means of psychological test for measuring of the life meaning – Logo-test (E. Lukas) enabling reliable statements on fulfilment of inner meaning.

**Results:** At the logo-test the women achieved  $x_{sr}$  = 11.89 and  $\sigma$  = 3.65 which ranked them in good life meaning.

In the second part of empirical research was determined the structure of variables which measure the feelings of the life meaning. Factor analysis excluded 5 factors that explain fundamental structure of logo-test. Correlations between individual sub-tests of the logo-test and the age indicated to older patients are more aware that they should never give up hope. They are also aware of great effect that good experiences have on one's life.

Conclusion: The women after breast cancer treatment experience their life as meaningful, which confirms the basic thesis of logotherapy that even in fatal conditions such as breast cancer despair does not take over, but they choose life with great "defiance and strength of spirit".

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### Stages of breast cancer: An Israeli psychosocial medical of intervention

D. Sadeh-Tassa, M. Drory, K. Ginzburg, Y. Stadler. Social Work Department and Breast Health Center, Tel Aviv Medical Center and Tel Aviv University, Israel

The Breast Health Center, in the Tel Aviv Sourasky Medical Center is the first center in Israel, that provides medical and psychosocial services under the same roof. Psychosocial intervention by a social worker specialist in health and breast-care is given as part of the holistic treatment to women who are diagnosed with breast cancer. This presentation describes a model of psychosocial intervention which follows step by step the three phases of medical intervention: diagnosis, surgical intervention, and recovery. The model is based on the assumption that each phase involves specific stressors that require distinctive adjustment and coping mechanisms. This approach is, therefore, proposing a focused intervention according to differing psychosocial needs of women in each phase of the medical treatment.

Friday, 2 October 1998

16:00-18:00

POSTERS ONLY

#### Symptom control

589 POSTER

# Proteolytic enzymes in prevention an treatment of lymphatic oedema of arm after axillary dissection or radiotherapy

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**Purpose:** Lymphoedema of the arm in breast cancer pts as a side effect of curative treatment appears acc. to various authors in 7–30%. Proteases show pharmacological effects on almost all pathophysiological mechanisms causing lymphoedema.

**Method:** Combination of plant and animal proteases were used: papain, bromelain, trypsin, chymotrypsin, together with pancreatin, lipase and rutosid. Drugs are administered orally but they act systematically. The indication was either prophylactic after breast surgery with axillary dissection or therapeutic immediately after occurrence of first signs of oedema. Combination with physical procedures was used in some cases.