ciently trained in communication and management skills increases the risk of burnout among consultants.

These problems need to be tackled in order to reduce the suffering of doctors and their families and minimise the associated risk of impairing the quality of patient care they deliver.

156 INVITED

The impact of quality of life (QL) scores on survival in patients with metastatic breast cancer (MBC)

Alan Coates. *Australian Cancer Society, Australian New Zealand Breast Cancer Trials Group, University of Sydney and the Internationale Gruppe Lebensqualität in der Onkologie, Australia*

Purpose: To investigate the relationship between QL scores and subsequent survival in patients with MBC.

Methods: Multivariate regression was performed on survival from the time of QL evaluation including QL scores and other prognostic variables in three separate groups of patients with MBC, from a prospective randomised clinical trial; a multinational cross sectional study; and a detailed single institution psychological assessment. QL scores included Spitzer's QLI, various linear analogue self assessment (LASA) scores and the EORTC QLQ-C30.

Results: In all three settings, QL scores were powerful independent predictors of subsequent survival duration.

Conclusion: QL captures prognostically useful information about patients with MBC. This may imply that interventions which improve QL would in turn prolong survival. Trials to test this hypothesis are in progress.

157 INVITED

Treatment decision making in breast cancer: The use of multimedia

S. Molenaar[1], M.A.G. Sprangers[1], E.J.T. Rutgers[2], F.C.E. Postma-Schuit[3], P. Oosterveld[1], J.C.J.M. de Haes[1]. [1]*Academic Medical Center, Amsterdam;* [2]*Dutch Cancer Institute, Amsterdam;* [3]*Comprehensive Cancer Center, Amsterdam, The Netherlands*

Purpose: A multimedia approach (CDROM) is applied in a decision aid on breast cancer. This program aims to facilitate shared decision making between patients and surgeons in the choice between breast conservation therapy (BC) or mastectomy (M). In an experimental study we are investigating the effectiveness of the CDROM compared to standard information. This abstract adresses preliminary results from patients allocated to the CDROM. We investigated feasibility, patients' ratings with regard to the information provided, influence on decision uncertainty, and on treatment preference.

Methods: Patients were assessed at baseline and after program viewing. Self-administered questionnaires were used to measure patients' ratings, decision uncertainty and treatment preference.

Results: Ninety-six experimental patients were included. The program was found to be feasible. Patients' ratings of the information provided were very positive. Decision uncertainty was significantly lower after using the CDROM compared to baseline ($p < .001$). Treatment preference at baseline (M 23%; BC 58%; unsure 19%) shifted towards BC after using the CDROM (M 18%; BC 73%; unsure 9%).

Conclusion: The CDROM is feasible. Patients reacted positively to the information provided. Within the experimental group decision uncertainty was reduced and treatment preferences shifted towards BC.

158 INVITED

Needs for care in breast cancer patients

J.C.J.M. de Haes, S. Molenaar. *Academic Medical Center, Amsterdam, The Netherlands*

In the Netherlands, the Government Advisory Body for Oncology devised a format 'Guideline for guidelines'. This format is meant to be used as a basis for national guidelines developed by the different tumour working groups active in the country.

For the first time, a systematic approach of psycho-social issues is being advocated in this guideline. The basic psychosocial requirements formulated are divided over four disease phases: 1) the diagnostic phase; 2) curative treatment; 3) follow up; 4) palliative treatment/terminal care. In these phases the following aspects are considered relevant: 1) information; 2) decision making; 3) emotional and social support; 4) supportive care; 5) continuity of care. These aspects have to be specified for every tumour type addressed in guidelines.

One of the first national guidelines to be developed is the one regarding treatment of breast cancer. A literature search was done to describe the specific psychosocial needs of breast cancer patients. Of the 64 references selected, 33 were related to early detection or epidemiology and therefore not useful. Eight were considered a misclassification. Seven were related to the diagnostic phase, 6 to curative treatment, 4 to follow up and 3 to palliative/terminal care.

The information gathered was far from sufficient to fill in the basic requirements for a psychosocial guideline for breast cancer care. Therefore, the specification of breast cancer patients' psychosocial needs can not solely be based on evidence from the literature. As a result, a process of reaching consensus based on the contribution of patients and professionals should be initiated to fill in the gaps found in the literature.

Thursday, 1 October 1998 11:45-12:30

PLENARY LECTURE

Expanding our knowledge of breast cancer biology: will it impact on patient management?

159 INVITED

Expanding our knowledge of breast cancer biology: Will it impact on patient management?

Martine J. Piccart. *Institut Jules Bordet, Unité de Chimiothérapie, Rue Héger-Bordet 1, 1000 Brussels, Belgium*

Many oncologists believe that our growing understanding of breast cancer biology is beginning to translate into

(1) improved treatment selection for the individual patient, based on determination of predictive molecular markers in the tumor.
(2) innovative therapies with specific molecular targets in the cancer cell or its environment.

Are these expectations "realistic"?

The purpose of this talk will be to review a number of molecular pathways relevant to breast cancer biology and to highlight, in each case, which components of these pathways are the targets of "predictive factors" studies and/or new therapies.

An attempt will be made 1) at summarizing the complex and rapidly expanding literature regarding the former and the present state of development of the latter, 2) at drawing some conclusions both for daily clinical practice and clinical research.

Anti-neu, anti-ras and anti-invasion therapies will be included in this overview.