

four months [ $p > 0.20$ ]; the corresponding mean periods of survival were  $56 \pm 14$  months and  $42 \pm 6$  months [ $p = 0.046$ ].

**Conclusion:** Although BI was effective in promoting local disease control, our data suggested that the timing of BI may not have a significant impact in reducing local recurrence despite the improved survival seen with the early application of BI.

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POSTER

### Cosmetic evaluation of breast conserving treatment for mammary cancer

Anna Niwińska, Monika Nagadowska, Hanna Tchórzewska. *Breast Unit, Maria Skłodowska-Curie Cancer Center and Institute of Oncology, Warsaw, Poland*

**Purpose:** To assess the relationship between cosmesis and factors related to early breast cancer and its management.

**Methods:** From January 1994 to January 1996 at the Cancer Center and Institute of Oncology in Warsaw fifty-eight patients with early breast cancer were treated using a breast conserving surgery and radiotherapy. Every six month cosmesis was assessed quantitatively and qualitatively by a team of physicians and patients themselves according to precisely defined criteria.

**Results:** At the median follow up of 19 months in physicians opinion, there was 53% excellent, 37% good, 7% fair and 3% bad cosmetic results. Adjuvant chemotherapy was the main factor adversely influencing cosmesis ( $p = 0.001$ ). Moreover, cosmesis tended to be worse in patients with: palpable tumors, large breast, cancer treated by quadrantectomy, radiotherapy to the axillary lymph nodes fields. There was a significant correlation between patients and doctors opinion regarding cosmetic results (Cohen's Kappa test = 0.4115).

**Conclusions:** Our results confirmed that breast conserving treatment produces very good cosmetic results in over 90% of patients. There was very good correlation between patients and doctors assessment of cosmetic results.

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POSTER

### Radiation therapy without boost for breast conserving surgery patients with positive surgical margin or extensive intraductal component

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**Purpose:** Boost radiation is usually required when surgical margin is positive on breast conserving surgery followed by whole breast radiation. As the volume of Japanese women's mammary gland is small, 50 Gy whole breast radiation may be sufficient to prevent breast recurrence even in time of positive surgical margin.

**Method:** 124 patients were enrolled in prospective randomized trial for adjuvant therapy of breast conserving surgery. Criteria for this trial was T < 3 cm and N0. Breast recurrence and distant metastasis was observed.

**Results:** Surgical margin was positive in 15 cases (12.1%). Extensive intraductal component was seen in 41 cases (33.1%). Breast recurrence was none at 3.1 years (median follow-up period) after surgery, whereas distant metastasis was seen in 7 cases (5.6%).

**Conclusion:** To prevent breast recurrence after breast conserving surgery, 50 Gy standard whole breast radiation may be sufficient even in case of positive surgical margin.

Thursday, 1 October 1998

16:00-18:00

## PARALLEL SESSION

### Information – communication – education

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INVITED

#### Communication skills of oncologists

Lesley J. Fallowfield. *CRC Psychosocial Oncology Group, Dept of Oncology University College London, UK*

Many women with breast cancer are manifestly unhappy with much of the communication that takes place between them and their doctors. The lack of information about the diagnosis, prognosis and potential therapeutic options can cause anxiety, uncertainty, distress and dissatisfaction. Furthermore, poor communication can lead to misunderstandings about the importance of different diagnostic tests, under-reporting of key symptoms and side-effects and poor adherence to treatment regimens or willingness to accept advice. This situation is distressing for patients and their families and is professionally and personally unrewarding for the doctor. Reasons for poor communication are complex and may include such things as characteristics of the patient, the doctor and the system of cancer care delivery. However, one of the primary reasons for the difficulties is the inadequate training given to most oncologists in effective communication skills. This talk will discuss some of the problems and consider training initiatives aimed at correcting the communication deficiencies.

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ORAL

#### Parcours de femmes: A survey of opinions of French women with cancer; the first step of a pan-European survey in 16 countries

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**Objective:** "Parcours de Femmes" was a nation-wide survey conducted in France to assess the status of care of women with gynaecologic or breast cancer to identify methods by which their treatment path could be improved.

**Method of Survey:** The survey was conducted among cancer patients and healthcare professionals between 1993 and 1996. Two waves of research were undertaken. The first (1993–1994) involved the completion of questionnaires by 2874 women from 96 cancer treatment centres. The second (1995) comprised face-to-face interview with public authorities, health care professionals, financial institutions and employers.

**Results:** Information was obtained regarding the way in which patients receive their diagnosis; treatments including surgery, radiotherapy and chemotherapy, and the effects of the disease and treatments on women's daily lives both during and after treatment.

**Conclusions:** Cancer diagnosis is still associated with death; the psychological support at the point of diagnosis until recovery is vital. More information and better explanations regarding the disease, treatments and side effects are also needed. 30% of patients expressed a desire to be involved in the choice of treatment and many women wished that there had been an opportunity to talk with someone outside the medical team.

As a result of "Parcours de Femmes", Bristol-Myers Squibb Oncology Division Europe initiated the Caring about Women and Cancer program (CAWAC) – a unique pan-European effort dedicated to supporting female cancer patients and their carers throughout 16 countries. Patients' survey fieldwork for CAWAC commence in May 1997.

<sup>1</sup>Bristol-Myers Squibb Oncology Division and the French League against Cancer.

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ORAL

#### UK National Trial assessing the impact of testing for BRCA1/2 breast/ovarian cancer predisposition genes

M. Watson<sup>1</sup>, R. Eeles<sup>1</sup>, G. Evans<sup>2</sup>. *And the UK Working Party; <sup>1</sup>Royal Marsden Hospital and Institute of Cancer Research, Surrey; <sup>2</sup>St. Mary's Hospital, Manchester, UK*

**Purpose:** The UK Trial has been set up to determine (i) what patients