

ment, 2) transcultural nursing education program for Italian and U.S. health care institutions, 3) multicultural/multilingual breast cancer education and support group, 4) culturally, sensitive public education program, 5) partnership among breast cancer advocacy groups. The process of needs assessment, program development, implementation and evaluation are discussed. Several areas for research are identified including patient satisfaction and quality of care, perception of adequacy of care, outcomes of treatment, and nurse satisfaction. The role of the oncology nurse specialist as program coordinator is reviewed.

295

POSTER

The Canadian Breast Cancer Initiative

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In December 1992, the Canadian federal government launched the Canadian Breast Cancer Initiative (CBCI) with funding of \$25 million over five years, to build partnerships and networks to enhance research, prevention, care and treatment, professional education and information exchange on breast cancer. The CBCI was based on the strengthening of existing partnerships, the development of new alliances and the involvement of consumers (breast cancer survivors) throughout the process. A second phase of the CBCI was announced by the Canadian federal government in April 1998, with funding totalling \$35 million over the next 5 years. The CBCI Phase II represents a balanced expansion of research and programs, building on the products, services and outcomes of CBCI Phase I, while incorporating the capacity to address new knowledge gaps and emerging issues related to breast cancer. It places emphasis on: increasing knowledge; dissemination and/or implementation of the lessons learned and products developed under the CBCI Phase I; strategies to increase the percentage and range of women participating in organized screening; dissemination of information to increase professional and public awareness; developing linkages across all activities of the CBCI Phase II; and, strengthened, independent evaluation of key products, services and activities to provide evidence of the most viable and effective strategies to address breast cancer issues. This presentation will discuss who is involved in the partnership, the major accomplishments to date, the activities underway and the policy implications for Canada.

296

POSTER

Breast cancer: The nurse's role in genetic counselling

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Although most people working in the field of medicine are familiar with the term genetic counselling, it is extremely rare to read a proper definition. The authors support the following definition: *genetic counselling is the process by which patients or relatives at risk of a disorder that may be hereditary, are advised of consequences of the disorder, the probability of developing and transmitting it and the ways in which this may be prevented or ameliorated*: (P:S: Harper, "Practical Genetic Counselling"). At least three major aspects are essential in genetic counselling: 1. The diagnostic aspect; 2. The actual estimation of the risk; 3. The supportive role of the nurse, in order to ensure that patients and their relatives will actually benefit from advice and preventive measures available. The National Cancer Institute of Milan promoted a survey to evaluate the chances of developing an hereditary cancer. 486 questionnaire were handed to women admitted for breast cancer. 456 (93.8%) were considered valid (no tumor or benign tumor were found in 80 Patients). Of the remaining 376 cases of malignant epithelial tumors 20.4% had a family risk. Sattin (1985) showed that at all ages first degree relatives of women with breast cancer had a 50% higher risk of developing the disease than other groups. When a family with an hereditary predisposition to breast cancer is identified, it is important to draw an accurate pedigree and inform women of the risks and the available choices. McGuire (1979) Albano and Lynch (1981) suggested that when specialized nurses are involved in the collection of family history, women appear to be more at ease and less defensive. The role of specialized nurses includes facilitating women to make informed decisions regarding treatment and helping them to cope with the uncertainty of the situation.

297

POSTER

Knowledge and beliefs about breast cancer prevention in an unselected female Italian population

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Purpose: We conducted a self administered questionnaire to explore women's knowledge and beliefs about breast cancer prevention modalities.

Methods: We distributed this questionnaire to women entering several hospital units in Italy.

Results: Up to now we have collected 3715 questionnaires. In the sample 79.6% of women aged from 20 to 59 years, 78% had a medium-high educational level, 35.4% were housewives, 26.3% were smokers, 44.3% drank wine and 46.5% had almost one relative affected by a neoplastic disease. The information about prevention modalities was assessed as good in 36.7% questionnaires but the prevention was really prevention was really performed in a low percentage: 67.3% of the women knew about breast self-examination, 47.3% performed it but only 22.8% did it monthly; 49% of the women underwent a specialist visit once a year. In the last five years 31.9% of the women never underwent mammography. The main obstacle in performing breast cancer prevention examinations was shows out of indolence by 34.4%, out of fear by 24.5%, for economic motives by 14.5% and for lack of quick benefit by 3.8%. About 59% of the women thinks that the health authorities advertises the prevention too little and 81.5% that the main part of cancer prevention education should be carried out by health authorities (27.4% by school).

Conclusions: More enterprise is needed on the part of health authorities to improve cancer prevention.

298

POSTER

Patients' perceptions of routine follow-up after treatment for breast cancer and nurse-led clinics

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Purpose: To ascertain patients' perceptions of medical routine follow-up after completion of treatment for breast cancer with a view to designing an alternative model for follow-up care.

Methods: Data of patients' views were collected using semi-structured taped interviews from a systematic stratified sample of patients attending medical follow-up clinics. These perceptions were inductively analysed and coded to ascertain predominant themes.

Results: A large proportion of the patients felt that the examinations were hurried and poor continuity was deemed unacceptable by 92% of the participants. The majority of patients felt uncomfortable expressing emotional concerns or asking questions. Three quarters of the sample stated that they would prefer to receive all or part of their follow-up from a breast care nurse.

Conclusion: Existing practice should be modified in light of resource implications and cost efficiency. On the basis of these results a prospective randomised trial has commenced to compare a nurse-led intervention with conventional medical follow-up for patients with breast cancer.

299

POSTER

Promoting healthy women

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The Women's Health Centre at the Royal Adelaide Hospital was opened in 1994 in recognition of the benefits of bringing together, under one roof, medical specialists and health care workers who deal with aspects of health care which are specific to women. The personal nature of many conditions experienced by women often means that the busy outpatient clinic in a large public teaching hospital is not an appropriate place in which to address these problems. In addition, the women's health services were fragmented within the hospital often requiring more than one visit for tests to be performed.

Housed in a refurbished heritage building, providing direct access onto a main thoroughfare, close to the city, the Women's Health Centre is on the periphery of the hospital campus without having to enter the main hospital building. This allows women access to advice, discussion, medical consultation, investigations and treatment, in one visit. Services include assessment of breast disorders, breast and gynaecological oncology, breast cancer

counselling and support group, colposcopy, menopause and osteoporosis screening and management, urcdynamics, general gynaecology, sexual dysfunction, pregnancy and STD counselling and contraceptive advice.

This poster depicts the Women's Health Centre as a warm and friendly environment, devoid as far as possible of the clinical setting which characterises many hospital outpatient services, whilst providing a "one stop shop" of services relating to women's health issues.

300

POSTER

The structuring of a course of breast self-examination considering oncological, psychological and sociocultural aspects

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Purpose: Breast self-examination is perhaps today the most controversial exam among those recommended for the screening of breast cancer. To improve the efficacy and the compliance of the method and to eliminate the negative psychological implications, we have worked out a multidisciplinary course which includes group and individual approaches.

Methods: We have analysed the scientific literature on the topic, and the experiences of several voluntary Italian and foreign organizations and territorial structures; and we have re-analysed our previous experiences about breast self-examination courses.

Results: We have worked out a breast self-examination course for women aged ≥ 20 structured over three days, to discuss the problems of the anatomy and pathology of the breast, the screening of breast cancer, to teach the technique of breast self-examination and to evaluate the grade of learning. The aims proposed are: a) to favour an early diagnosis, above all regarding the ages not included in the breast screening and cancers appearing between mammographies; b) to favour the compliance in correlation with screening programs; c) to favour a better knowledge and a better relationship with one's own body; d) to favour a positive psychological attitude towards breast tumors and worries for one's own health.

Conclusion: The first results are being processed and are showing a high acceptability of the method and a good level of learning.

301

POSTER

A pathway of care to clinical effectiveness and service efficiency

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Purpose: To develop breast care services for women in the South Tees area incorporating current research findings and government Calman Hine (1) recommendations to achieve clinical effectiveness and service efficiency.

Method:

- Process mapping of the care for women requiring breast treatment from G.P. referral to hospital admission, discharge and after care.
- Negotiating a process of care which focuses on the patient and ensures a smooth, efficient journey through the health care system.
- Devising a multidisciplinary protocol which is incorporated in a pathway giving the care required for a patient admitted for breast care surgery. The pathway acts as the patient record and is a multidisciplinary document of the care given and omitted.
- Using the pathway to record any variations from the planned care as a means of auditing health care delivery.
- Development of timely accurate patient information leaflets and cooperation card which acts as a patient record of diagnosis, treatments, and appointments.

Results:

- Multidisciplinary teamwork
- Local guidelines, protocols and patient outcomes
- Pathology-specimen collection and waiting time for results
- Theatre pathway including venous cannulation
- Pharmacy individual medications
- Audit data (2).
- Information pack for patients.

Conclusion: The care pathway provides a framework for multidisciplinary cooperation to maximise patient care.

[1] Calman Hine. 1995 *A Policy Framework for Commissioning Cancer Services*. D.O.H.
[2] British Association of Surgical Oncologists. 1995. Guidelines for Surgeons in the Management of Symptomatic Breast Disease in the United Kingdom. *European Journal of Surgical Oncology*. Vol. 21.

302

POSTER

Europa Donna Italian Forum: Results of a survey among the breast cancer associations

Paola Mosconi. *On behalf of Europa Donna National Committee, Italy*

Europa Donna is an European movement against breast cancer. In Italy, the Italian Forum has been founded in 1996 and is composed by 90 different and independent associations. The first collaborative research promoted by ED in our country has been a survey on the Italian associations involved in breast cancer. In a postal questionnaire the following areas were examined, structure and organization (14 questions), activities promoted (3), organizational problems in the local National Health Survey (8), and a judge on ten objectives of ED, has been sent to 213 associations. 95 associations sent back the questionnaire completed. The results show that 73% had an independent centre, 59% are open all the days a week, about 20 volunteers work in each association, on average each association have worked since 15 years. Among the daily activities, 81% organize psychological support, 80% organize conference and distribute dépliants to promote early diagnosis, most of them organize rehabilitation support. Results of this survey will be presented in detail and discussed in comparison to the other European Forum of ED.

303

POSTER

Use of prevention modalities for breast cancer: A survey on 3620 self-administered questionnaires

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Purpose: To assess the knowledge and real use of prevention modalities for breast cancer, such as mammography and self breast examination in an unselected population.

Patients and Method: We distributed a self-compliative questionnaire to people coming in several health units of different Italian regions.

3620 questionnaires were collected. Of the women filling the questionnaire, 42% had less than 40 years, 41% were housework and 24% had a low educational degree.

Results: Ninety-one percent and 92% of the sample knew the aims of self-breast examination and mammography respectively. However only 82% was able to perform self-breast examination and only 47% performed it regularly. Of the women performing self-breast examination, only 23% performed it monthly while 54% did occasionally. Thirty-two percent of the sample did not undergo mammography in the last 5 years, 38% perform 1-2 mammographies and 27% more than 3 examinations.

Conclusion: The knowledge of prevention modalities for breast cancer in this population was high, but few women really carried out these techniques.

304

POSTER

Care across the continuum - The Breast Care Nurse in Australia

M. Lewis. *Breast and Endocrine, Surgical Oncology Unit, Royal Adelaide Hospital Cancer Centre, Adelaide, Australia*

It has been well documented that women diagnosed with breast cancer require information and supportive care. By providing more information about treatment options, women are able to participate in treatment decisions and consequently are better able to adjust to the breast cancer diagnosis and may display less psychosocial morbidity.

Recognising that a Breast Care Nurse would be a useful addition to the multidisciplinary treatment team within the Breast Unit, this role of the Breast Care Nurse was developed in 1994. The Breast Care Nurse provides information, coordinates supportive care and case manages women undergoing treatment for breast cancer. The Breast Care Nurse makes a valuable contribution in improving care by:

- Providing continuity of care to women and their families from diagnosis to follow up.
- Providing information in relation to psychosocial, physical, treatment, practical, cultural and communication issues.
- Provide clinical support and education within the hospital and community.
- Provide counselling on family, sexuality and grief issues.