

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.

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POSTER

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

Luigi Mario Chiechi, Silvana Epifani, Tiziana Lombardi¹. *Institute of Obstetrics and Gynaecology I. Bari; ¹Institute of Psychology "La Sapienza" - Rome, Italy*

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.

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POSTER

A pathway of care to clinical effectiveness and service efficiency

C. McIlvenny, J. Harrison, P. Durning, E. Morris. *Department of Surgery, South Cleveland Hospital, Middlesbrough, England*

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.

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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.

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POSTER

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

Q. Caffo¹, S.F. Robbiati², S. Brugnara¹, F. Tata³, I. Sequi⁴, P. Serrano⁵, R. Biamonte⁵. ¹Oncology Department Trento; ²Medicine Department Rovereto; ³Oncology Department, Sampierdarena Hospital Genova; ⁴Department of Anesthesiology, Nuoro Medical Department, Rovereto; ⁵Italian League against Cancers, Calabria; ⁶Oncology Department Cosenza, Italy

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.

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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.

- (e) Ensure early recognition and referral of women with serious or ongoing psychiatric problems to appropriate health care professionals.

This presentation discusses the emerging specialty of the Breast Care Nurse in the Australian context.

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POSTER

Genetic counseling: The reality of the Italian associations against breast cancer

Lalla Monesi. *National Committee of Europa Donna-Italian Forum, Italy*

Purpose: Starting from the proposition that involving patients active action is very important, especially in the choices that influence their health, and considering the importance of giving them correct information where a genetic enquiry is recommended, we thought it was advisable to begin a cognitive genetic counseling research in agreement with all Italian associations belonging to the Italian Forum.

Methods: A telephone survey has been conducted in november 1997 with the aim of obtain a map of centers where people can find a genetic research and we also tried to make out if these genetic tests are required or not.

Results: The results are remarkable and similar in north, central and south Italy. During the Congress the data will be presented in detail.

Final Conclusions: The genetic diagnosis and all problems connected are not still perfectly known by associations but 85% of them hope to have the possibility, in the near future, of using genetic advisory bureaux.

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POSTER

New perspectives on screening, quality assurance and prevention

G. Freilich, M. Buchanan, M. Cope-Thompson, P. Goldberg, B. Strang, H. de Wolff. *For Europa Donna UK Forum, UK*

Europa Donna works politically and through education, in the fight against breast cancer. The UK Forum presented a public symposium wherein controversial topics were examined by leading breast cancer specialists and informed lay persons.

Screening & Quality Assurance: The UK National Screening Programme has brought about changes in breast cancer services. Rigorous standards of quality assurance in screening have spilled over into other methods of diagnosis and treatment modalities. BSE vs 'Breast Awareness' as screening techniques were compared by two breast surgeons and a patient advocate. The role of Nuclear Medicine and SestaMIBI Scintiscanning was shown to have particular value where conventional mammography is inconclusive. The question of simultaneous or delayed breast reconstruction was discussed in terms of quality of life and quality of surgical provision.

Prevention: Dietary influences on breast cancer remain controversial. However, studies have shown that while increased intake of alcohol and meat seem to increase risk, certain vegetables, fruit and vitamins have a protective effect. The results of further research are awaited. Controversies were aired surrounding research into the use of Tamoxifen as a prophylactic in healthy women. It was concluded that its use may be justified in certain subgroups of women.

This symposium established an ongoing annual dialogue between medical professionals and the lay public on what women understand, need and went in relation to breast cancer.

of Breast Disease. New techniques and developments must be balanced with their practical applications and constant analysis of current practice should also be made

Effective performance in this field will be influenced in part by Radiological Training and individual skill, also the techniques used, equipment parameters and even different manufacturers of similar equipment. Data from the UK Programme (NHSBSP) is used to illustrate this with regard to manufacturers, optical density, pre-operative diagnosis and detection rates.

Phantom scores for Mammography units demonstrate a range difference of up to 25% between manufacturers. Raising Optical Density significantly increases both Cancer detection and small Cancer detection rates. Improvements across the UK Programme between 1991 and 1996 are shown and 85% of all units are now within the accepted range.

Accuracy of pre-operative diagnosis affects anxiety, management and costs, and partially reflects radiological and cytopathological skills. 62% of screen detected Cancers in the UK receive cytological or histological confirmation of malignancy prior to surgery (target 70%). The increased use of Core Biopsy may help to improve this. Provisional data shows 7/43 programmes in the UK using Core Biopsy obtain false negative rates over 20% and it must be realised that there is a significant learning curve for both operator skills and optimal choice of technique.

The Standardised Detection ratio (Blanks et al) gives an indication of performance in terms of Cancer detection against a set standard. UK figures for this have risen in the past three years by 20% for the prevalent round but only 8% for the incident round. Reasons for this are discussed.

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ORAL

'Blind' review of interval breast cancers

J.M. de Rijke¹, L.J. Schouten¹, J.L. Schreuterkamp², I. Jochem³, A.L.M. Verbeek⁴. ¹Department of Cancer Registration and Epidemiology, Comprehensive Cancer Centre Limburg (IKL), Maastricht; ²Department of Radiology, DeWever Hospital, Heerlen; ³Foundation for Cancer Prevention and Screening Limburg, Maastricht; ⁴Department of Epidemiology, University of Nijmegen, The Netherlands

Purpose: The number of interval cancers in a mammographic screening programme can be seen as a quality indicator of the screening programme. Some of the interval cancers might have been detected at the screening, while others might be too small or radiographically occult. To investigate the proportion of the interval cancers that might have been detected, previous mammograms of interval cancers were reviewed 'blindly' by the screening radiologists.

Methods: The previous screening mammograms were used of 133 women, living in the IKL region and diagnosed with interval breast cancer in the years 1994-1995. 41 mammograms were not eligible. The mammograms of the remaining 92 cases were sent to two screening units (not the original screening unit) and mixed through the daily workload to be read by the two radiologists of both units. 47 mammograms of women without any signs of breast cancer were reviewed similarly. The dates of all the mammograms which were circulating were covered with tape to prevent recognition.

Results: After 15 weeks, 87 cases had been reviewed twice. Of these 87 cases, 14 (16%) had been referred twice for further investigation, 16 (18%) had been referred once and the majority, 57 (66%) had not been referred at all. During the three months of investigation, the average recall rate was 1.33, while this was 0.63 in 1995 and 0.84 in 1996.

Conclusion: About one third of the interval cancers might have been detected in the previous screening round. However, to be able to decrease this already small proportion of interval cancers that might have been detected, a higher recall rate has to be accepted.

Thursday, 1 October 1998

16:00-18:00

PARALLEL SESSION

Detection and diagnosis

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INVITED

Performance issues in detection and diagnosis

Nick Perry. *North Thames Breast Programme Quality Assurance Reference Centre, St Bartholomew's Hospital, 90 Bartholomew Close, London, EC1A 7BE, UK*

Optimising standards of Detection and Diagnosis reduces mortality and morbidity as well as assisting accurate, timely and cost-effective management

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ORAL

Colour and power Doppler in the differential diagnosis of breast tumours: Correlation with microvessel density and blood vessel counts

W.L. Tehl¹, A.J. Evans, A.R.M. Wilson, H.E. Denley, S.E. Pinder, I.O. Ellis. ¹Department of Radiology, Northwick Park Hospital, London; ²Nottingham Breast Screening Centre, Nottingham, UK

Purpose: The purpose of the study is to evaluate if colour Doppler (CD) and power Doppler (PD) contributes to conventional ultrasound and to determine PD characteristics which may predict malignancy in breast masses. Correlation with histological vascularity was also assessed.

Methods: We prospectively examined 174 patients presenting with palpable or mammographic solid breast masses. The parameters documented