

- (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. Teh¹, 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