Conclusions: Women recalling a conversation regarding fertility issues are more satisfied with discussions than those who do not. Participants felt there were a number of barriers to fertility discussions. The majority of participants felt ovarian stimulation and pregnancy post breast cancer increased risk of recurrence. Despite these concerns, a proportion of women would consider trying for a baby in the future. Some women, both with and without children, were prepared to delay chemotherapy in order to undergo fertility preservation treatment, suggesting the importance of fertility issues to them.

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The Support and Information Needs of Women with Advanced Breast Cancer

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Introduction: Improved treatments mean that women with advanced breast cancer (ABC) are living longer, sometimes for many years. As a result, these women often experience chronic needs that are different to those of women with early breast cancer. We aimed to assess the support and information needs of women living with ABC.

Methods: A national postal survey was sent to 2345 women with ABC registered as members of BCNA and/or BreaCan (a support and information service for Victorians with breast and gynaecological cancers). Women were asked questions about their disease and treatment, their experiences of care, and to complete the Supportive Care Needs Survey.

Results: The response rate was 34% (792 valid responses). The average age of respondents is 57 (range 25−99) with 21% of women living alone, 27% working and 58% treated as private patients. 18% reported living with ABC for >7 years. 656 (85%) were having current treatment: chemotherapy (43%), hormonal therapy (46%), bisphosphonates (49%), and/or Herceptin (19%) respectively. 49% of women reported having access to a Breast Care Nurse (BCN) since their diagnosis of ABC but only 3% cite a BCN or cancer nurse as their main point of contact. The majority (76%) cite their medical oncologist as their main contact, with 8% citing their GP. Important issues that women want information about include current treatments and options (84.2%), new treatments and latest research (79.2%), symptoms and side effects (78.9%), clinical trials (60.8%), and pain management (57.2%).

The top 10 unmet support needs reported by women are listed in the table below.

Rank	Item	Domain	% with some-high need
1	Concerns about the worries of those close to you	Psychological	77%
2	Uncertainty about the future	Psychological	74%
3	Fears about the cancer spreading	Psychological	74%
4	Lack of energy/tiredness	Physical	73%
5	Not being able to do the things you used to	Physical	71%
6	Work around the home	Physical	62%
7	Being informed about the things you can do to help yourself get well	Information	61%
8	Being informed about test results as soon as feasible	Information	60%
9	Learning to feel in control of your situation	Psychological	60%
10	Worry that the results of treatment are beyond your control	Psychological	60%

Conclusions: Women with ABC have multiple unmet support needs across psychological, physical and information domains. They are heavily reliant on their medical oncologist as their main point of contact, with limited regular contact with BCNs. Models of care need to be developed to address the unmet supportive care needs of women with ABC living in Australia.

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Metachronous Contralateral Breast Cancers − Characteristics and Risk Factors

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Background: Bilateral breast cancer can occur either at the time of initial diagnosis or occur later as contralateral breast cancer. The development of metachronous contralateral breast cancer (MCBC) can be devastating for breast cancer survivors. Our study set out to find the characteristics of and risk factors for developing MCBC.

Methods and Materials: The records of 2621 female patients who were initially treated in our institution between 2002 and 2009 for breast cancer were obtained. We excluded patients who had metastatic disease, defaulted treatment after diagnosis or had since died from the study.

Synchronous cancers are bilateral breast cancer found at initial or within six months of diagnosis while metachronous cancer are contralateral cancers diagnosed at least six months after the initial breast cancer diagnosis.

Results: From our records, there were 101 patients with bilateral breast cancer. There were 60 synchronous breast cancers (2.9%). Of the remainder 1385 patients with follow-up records, there were 41 MCBC (2.96%) in the follow-up group with mean follow-up of 55.7 months (5−182 months). The proportion of MCBC that were detected within the first 2 years, 5 years and 8 years were 29%, 65% and 93% respectively. Comparing the stages of the initial and contralateral cancer revealed that in 78% of patients, the stage of the MCBC was similiar to or lower than that of the initial cancer. 4 patients (10%) were found to have metastatic disease at the diagnosis of their MCBC. Although analysis of the whole group did not reveal any significant risk factors for contralateral breast cancers, sub-analysis of the group with invasive cancers (n = 35) revealed that the factors that increase the risk of contralateral breast cancer include younger age (P = 0.02), Her2Neu over-expression (P = 0.04), the ratio of positive nodes to the total number of nodes examined (P = 0.03) and tumour size (p = 0.04). Multivariate analysis showed that only young age and a high nodal ratio (P = 0.02 and P < 0.01 respectively) were independent risk factors for MCBC development.

Conclusions: Our study found that the rate of MCBC is to be 3%. Majority of these cancers appear to arise within 8 years of initial diagnosis. As 3 in 4 of the contralateral cancers are found at a lower or similiar stage as the initial breast cancer, the prognosis of these patients did not significantly changed as a result of the metachronous cancer. Our study found that a younger age at diagnosis and high nodal ratio predicted for the risk of MCBC. It is therefore important to have close monitoring of the contralateral breast in the initial 8 years after diagnosis more so for patients who are in this high risk group.

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Quality of Life in Women with Breast Cancer, Benign Breast Disease and Gallstone Disease: What is the Influence of Personality?

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Background: High trait anxiety causes diminished Quality of Life (QoL) in women with breast cancer (BC). We examined whether the lowered QoL was caused by the combination of personality and diagnosis (i.e. malignant or benign disease) or solely by the personality characteristic high trait anxiety. Trait anxiety is defined as a relatively stable individual difference in anxiety proneness.

Methods: In a prospective longitudinal study, women with BC (N = 152), benign breast disease (BBD, N = 205), and gallstone disease (GD, N = 128) were included. Before diagnosis was known (BC and BBD) or before the laparoscopic cholecystectomy (GD) and six months later, questionnaires concerning trait anxiety, fatigue, and QoL were completed. Multivariate linear regression analysis was performed to analyse the predictors for QoL at six months.

Results: At baseline and at six months women with high trait anxiety scored unfavorable on fatigue and QoL compared with women with not-high trait anxiety. During follow-up the changes in QoL were significantly different for each diagnosis. In BC, physical and social QoL diminished whereas in BBD physical and general QoL increased, and in GD all scores on QoL increased. Fatigue at baseline was the most important predictor for QoL at six months in all three groups, irrespective of the score on trait anxiety. Only in women with BC the score on fatigue was significantly increased at six months compared with baseline. In all three groups the majority of women scoring high on fatigue at baseline remained tired at six months up to 73% in women with BC. Women with BC and a low score on fatigue at baseline became tired at six months in 29%, resp. 13% in BBD and 20% in GD.

Conclusion: This present study shows that the severity of diagnosis, i.e. benign or malignant breast disease versus gallstone disease, in combination with fatigue and / or the personality characteristic trait anxiety determines the impact on QoL. Therefore, we recommend to identify those women with a high score on fatigue and / or trait anxiety and to offer them a tailormade follow-up protocol to prevent impaired QoL.