381 Poster

Living with Lymphoedema: a Qualitative Exploration of Prospective Non-compliance with Conservative Treatment in Women Survivors of Breast Cancer

T. McGrath[1], G. Chard[2], K. Glavanis-Grantham[3]. [1]*Trinity College Dublin, Occupational Therapy, Dublin, Ireland;* [2]*University College Cork, Occupational Science and Occupational Therapy, Cork, Ireland;* [3]*University College Cork, Sociology, Cork, Ireland*

Background: This occupational therapy doctoral research presentation reports on life with lymphoedema post-breast cancer treatment, particularly in relation to women's self-perceived imposition of restrictions associated with conservative treatment protocols and the implications of this for compliance with treatment regimens.

Material and Methods: A longitudinal narrative approach was used to examine the lived experience of breast cancer from the perspectives of seven Irish women over a three year period. In-depth semi-structured interviews were recorded and transcribed verbatim and then analysed using Interpretative Phenomenological Analysis (IPA) in order to explore the participants' own sense-making of their experiences.

Results: These indicate that compliance with conservative treatments prescribed for lymphoedema of the upper arm associated with breast cancer treatment is partial, because of perceived conflict with the performance of valued roles and activities (occupations) that have subjective preferential status and a higher priority for participants. Results are supported with and illustrated by the use of verbatim quotes from participants.

Conclusion: Rehabilitation professionals need to seek out the likely factors that will influence risky choice-making behaviours in relation to lymphoedema self-management and to further include targeted prospective advice on predictable and anticipated factors such as performance of valued roles and important activities, in order to assist breast cancer survivors affected by lymphoedema to more fully comply with conservative treatment regimens. Such an anticipatory approach can prevent exacerbation of lymphoedema of the affected upper limb by promoting prospective problem-solving by women prior to engagement in their meaningful activities of daily living.

382 Poster

Efficacy, Safety Profiles and Cost-effectiveness Analysis of Pegfilgrastim and Lenograstim in Patients with Non Metastatic Breast Cancer Receiving Adjuvant Myelosuppressive Chemotherapy

L. Rossi[1], G. Lo Russo[2], A. Papa[2], F. Zoratto[2], R. Marzano[3], E. Basso[2], E. Giordani[2], M. Verrico[2], G. Pasciuti[2], S. Tomao[2]. [1]*Sapienza, 1. Department of Medico-Surgical Sciences and Biothecnologies, Latina, Italy;* [2]*Sapienza, 1.Department of Medico-Surgical Sciences and Biothecnologies, Latina, Italy;* [3]*Sapienza, 2.Immunohematology and Transfusion Medicine Unit, Latina, Italy*

Background: Neutropenia is common in patients receiving myelotoxic chemotherapy (CT). We evaluated the efficacy, cost and safety (incidence of bone pain) of a single subcutaneous injection of pegfilgrastim (6 mg) after the first cycle of CT, compared with 6 administration of daily subcutaneous injections of lenograstim (263 μg), in the primary prophylaxis of neutropenia, in women with non metastatic breast cancer receiving adjuvant CT with FEC100 (epirubicin 100 mg/m^2 with 5-fluorouracil 500 mg/m^2 and cyclophosphamide 500 mg/m^2 every 21 days).

Material and Methods: To date, in this prospective pilot study, 20 patients have been enrolled. Eligible patients (pts) were women (>18 years old) diagnosed with high-risk non metastatic breast cancer. Other eligibility requirements were PS = 0; absolute neutrophil count $\geqslant 1.5\times10^9$/L, platelet count $\geqslant 100\times10^9$/L and adequate hepatic, renal and cardiac function. All women received one course of CT according to the scheme FEC 100. Eigth pts received on day 2 a single dose of pegfilgrastim and 12 pts were treated with daily administration of lenograstim from day 5 to day 10. Absolute neutrophil count and duration of grade 3/4 neutropenia were monitored with seriated bood samples in all pts. The incidence of bone pain was evaluated with Visual Analogue Scale (VAS) system. A cost-effectiveness analysis was performed.

Results: The incidence of grade 3−4 neutropenia in cycle 1 was 75% in pts who received pegfilgrastim, and 25% in pts who received lenograstim. One case of febrile neutropenia was shown in the group of pts treated with pegfilgrastim. Mean duration of grade 3−4 neutropenia in cycle 1 was 2 days for pegfilgrastim and 1.4 days for lenograstim. 37.5% of pts, who received pegfilgrastim, had pain (VAS 1−3: 0%; VAS 4−6: 25%; VAS 7−10: 12.5%) vs 58.3% in lenograstim group (VAS 1−3: 0%; VAS 4−6: 16.7%; VAS 7−10: 41.7%). The median duration of bone pain in pegfilgrastim group was 4 days vs 6 days in lenograstim group. In Italy the cost of a single injection of pegfilgrastim was about 1489.00 euro compared with about 786.00 euro for six subcutaneous injections of lenograstim.

Conclusion: In our experience, a single injection of pegfilgrastim was less effective and more expensive than 6 daily administration of lenograstim to control neutropenia. The safety profiles of pegfilgrastim and lenograstim were similar with lower incidence of bone pain in pts treated with pegfilgrastim.

383 Poster

State Anxiety and Depressive Symptoms in Women with Breast Cancer, Benign Breast Disease and Gallstone Disease: is Personality a Factor of Influence?

J.A. Roukema[1], C.M.G. Keyzer-Dekker[2], J. de Vries[3], M.C. Mertens[4], A.F.W. van der Steeg[2]. [1]*St Elisabeth Hospital, Surgery, Tilburg, The Netherlands;* [2]*Paediatric Surgical Center of Amsterdam Emma Children's Hospital AMC and VU University Medical Center, Paediatric Surgery, Amsterdam, The Netherlands;* [3]*Tilburg University, Center of Research on Psychology in Somatic Disease (CoRPS), Tilburg, The Netherlands;* [4]*Academic Hospital Maastricht, Medical Psychology, Maastricht, The Netherlands*

Background: High trait anxiety determines high state anxiety and depressive symptoms in women with breast cancer (BC). We examined whether this is caused by the combination of personality and diagnosis or solely by the personality characteristic high trait anxiety. Trait anxiety is defined as a 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. Questionnaires concerning trait anxiety, state anxiety and depressive symptoms were completed before diagnosis was known (BC and BBD) or before the laparoscopic cholecystectomy (GD) and six months later. Multivariate linear regression analysis was performed to analyse the predictors for state anxiety and depressive symptoms at six months.

Results: Women with BC were more anxious at baseline than women with BBD or GD. Scores on depressive symptoms at baseline were higher in women with BC or BBD compared with GD. At six months scores on depressive symptoms in BC remained higher compared with GD.

Per diagnosis women with high trait anxiety scored significantly higher on state anxiety and depressive symptoms at all time points compared with women not prone to anxiety.

Regression analysis revealed that state anxiety at six months was predicted by depressive symptoms at baseline in women with BC. Depressive symptoms at six months were predicted by depressive symptoms at baseline in all three groups. A high score on depressive symptoms at baseline *and* at six months was found in women with high trait anxiety in resp. 61% (BC), 63% (BBD) and 29% (GD) and in the not-high trait anxiety group in resp. 37% (BC), 16% (BBD) and 18% (GD).

Conclusion: The combination of an anxious personality and the diagnosis BC results in higher momentary anxiety at baseline and ongoing depressive symptoms until six months. Therefore, we recommend to identify those women with a high score on trait anxiety and to offer them a tailormade follow-up protocol.

384 Poster

Ipsilateral Hemodialysis Access After Axillary Dissection for Breast Cancer

O. Olsha[1], V. Man[1], M. Carmon[1], D. Shemesh[2]. [1]*Shaare Zedek Medical Center, Surgery, Jerusalem, Israel;* [2]*Shaare Zedek Medical Center, Vascular Access Center, Jerusalem, Israel*

Background: There are no evidence based guidelines for lymphedema prevention but there are sweeping recommendations to avoid physical injury to the ipsilateral limb, including needle puncture, after formal axillary lymph node dissection (ALND) with or without radiotherapy. Two studies have shown little or no effect of hand surgery in producing or exacerbating lymphedema after ALND with or without radiotherapy. Dialysis access guidelines recommend the use of autogenous accesses over synthetic grafts whenever possible. Autogenous arteriovenous fistulas were constructed in two patients with end stage renal failure in the ipsilateral arm after ALND.

Materials and Methods: Two patients who had exhausted the available veins for access construction in the contralateral arm were referred for hemodialysis access construction in our center. Pre-operative duplex ultrasound was performed to plan the best access. This is routine for all patients in our access center. Both patients were examined for signs of lymphedema after access construction.

Results: One patient had a lumpectomy and ALND with 23 axillary lymph nodes resected, 2 of which were metastatic. She received standard post-operative anthracycline based chemotherapy followed by radiotherapy