well as the uptake of mammography screening in the Netherlands was modelled using micro-simulation. With the model, the effects of 1) adjuvant therapy, 2) biennial screening between age 50 and 74 (current screening age) in the presence of adjuvant therapy, and 3) extending the current screening programme with 1−10 extra examinations between age 40 and 50 were assessed, by comparing breast cancer mortality in women aged 0–100 years in scenarios with and without these interventions.

Results: In 2008, adjuvant treatment was estimated to have reduced the breast cancer mortality rate in the simulated population from 67.4/ 100,000 woman-years to 57.9/ 100,000 woman-years: a decrease of 13.9% compared to a situation without treatment. Biennial screening between age 50 and 74 further reduced the mortality rate by 15.7%, to 48.8/ 100,000 woman-years. Extending screening to age 48 would lower the mortality rate by 1.0% compared to screening from age 50; 10 additional screening rounds between age 40 and 49 would reduce this rate by 5.1%.

Conclusions: Adjuvant systemic therapy reduced breast cancer mortality by 13.7%; mammography screening additionally decreased mortality by 15.7%. Expanding the lower age limit of screening would slightly further reduce breast cancer mortality.

29 Proffered paper oral

Digitization of the Dutch National Screening Programme Completed: Results of 1.3 Million Digital Mammographies

P.A. van Luijt[1], J. Fracheboud[1], R. de Gelder[1], G.J. den Heeten[2], H.J. de Koning[1]. [1]*Erasmus MC University Medical Center Rotterdam, Public Health, Rotterdam, The Netherlands;* [2]*National Expert and Training Centre for Breast cancer screening, Nijmegen, The Netherlands*

Background: The Dutch population-based breast cancer screening programme (BCSP) provides biennallya mammography screening examination to all women aged 50−75. The examination consists of a two-view mammography in initial screens, and usually one-view in subsequent screens, but in 30−50% also two-view mammography is performed according to a list of indications. From 2004 to 2010, all 65 film screen mammography (FSM) units within the BCSP have been replaced by digital full field mammography (DM) units. We assessed the screening performance of both, FSM and DM, during this period.

Material and Methods: From the annual monitoring of the BCSP in the period 2004–2010, we used regional aggregated data on invitations, screening examinations and follow-up of referred women. Analyses to compare referral and breast cancer detection rates were performed at the level of radiologists' groups (reading units, RU) for a) RU reading FSM only (FSM-only) and b) RU reading simultaneously FSM and DM (Mixed).

Results: In 2004–2010, 80% of the invited women attended the programme, resulting in 6.1 million screening examinations, of which 1.3 million DM (22.0%). Overall, 104,819 women (1.7%) got a referral recommendation for clinical assessment leading to a breast cancer diagnosis in 33,022 women (0.54%), of which 5,303 (16.1%) had a DCIS diagnosis. The referral recommendation rate was 16.9 (95% C.I. 16.7; 17.0) per 1000 women screened for FS-only, and 16.1 (95% C.I. 15.9; 16.3) for FS and 21.3 (95% C.I. 20.9; 21.7) per 1000 for DM in the mixed group. The total breast cancer detection rate was 4.8 (95% C.I. 4.7; 4.9) per 1000 women screened, 5.2 (95% C.I. 5.1; 5.3) and 5.8 (95% C.I. 5.7; 6.0) per 1000, respectively. In DM, we found a higher but non-significant invasive cancer detection (4.5 per 1000, 95% C.I. 4.3; 4.7) and a significantly higher DCIS detection (1.2 per 1000; 95% C.I. 1.1; 1.3). Overall referral and detection rates both increased during the study period, except for a decline of the initial referral peek in DM.

Conclusions: The increasing referral recommendation rate is not due to the introduction of and transition to DM, but the result of a general trend to more referrals. DM, however, led to a significantly higher cancer detection rate due to a significantly higher detecion of DCIS. We conclude that the transition to DM did not negatively affect the performance of the BCSP.

Wednesday, 21 March 2012 12:00–13:15

POSTER SESSION

Advocacy, Education and Nursing

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30 Poster

Breast Cancer Early Detection in Armenia

Z. Janibekyan[1]. [1]*Open Medical Club, Health, Yerevan, Armenia*

Background: The overall aims of the project is to improve women health and to contribute to save lives of the women; to aim target women to understand the importance of early diagnosis of Breast Cancer (BC) and in case of early diagnosis the life of woman will be saved; to increase awareness of women aged 30−55 on importance of regular medical checkups on BC prevention in 10 villages of Lori and 10 villages of Vayots Dzor rural regions in Armenia.

Materials and Methods: To achieve the objectives of the project the following methods were identified:

A. *Qualitative research tools such as Focus Group Discussions (FGD) and Key Informant interviews* were used to access the knowledge of community members. Thirty-nine key informants altogether were interviewed and 21 FGD were conducted in target regions.
B. *Training of women/peer to peer education at the target regions.* Totally 40 women have participated in the project as peer educators, 20 women from each region. The participants were presented the methods of peer to peer education, breast cancer risk factors, prevention and early detection information, etc. Also 5,000 copies of information and educational 'Breast Self Examination Manual for all Women' booklet were developed and distributed to the participants during the training sessions.

Results: A lack of appropriate services at the Primary Health Care (PHC) at villages and knowledge barriers were identified as the main barriers to early detection and preventions of BC. As a result of the training 40 peer educators have raised their knowledge on the issue of BC early detection and prevention methods by 68 %. Peer educators disseminated information on BC early detection methods totally in 8 educational and health institutions of target regions. The number of visits to the health ambulatories has been increased up to 23% as well as increased awareness of women population on BC early detection prevention ways/ methods in targeted regions of Armenia by 21%. 279 women from the targeted villages have undergone mammography in Yerevan clinics and 21 women have been diagnosed benign tumors.

Conclusions: Primary Health Care is a stated government priority and this has led to recent increases in the budget allocation for PHC. The following recommendations should be tailored to address deficits in government provision such as:

1. Increasing delivery of the PHC system in rural regions of Armenia.
2. Identifying the health information system requirements for scaling up PHC system as well as indicators that could be regularly monitored at community/village level.
3. A strategy for scaling up PHC system should be developed jointly with the different local organizations already active in this area, seeking to bring the government as well. It should include an advocacy strategy as well, provision of specific services that are currently lacking including chronic disease control and management, reproductive health, pre and antenatal care as well as screening and preventative services.

31 Poster

Strategies for Increasing Early Detection of Breast Cancer Through Community Outreach and Training

B. Wiafe Addai[1]. [1]*Breast Care International, President, Kumasi, Ghana*

Introduction: Worldwide Cancer incidence including Breast Cancer is on the rise. Late presentation of breast cancer has been our major problem in Ghana. Early Detection and prompt treatment has been our Focus at Breast Care International and the Peace and Love Hospitals, located in Kumasi and Accra − Ghana.

Lack of awareness on the disease, myths and misconceptions are among the key factors that account for the late presentation of Breast Cancer in Ghana. Breast Care International initiated various strategies to solve this problem in Ghana, since 2002.

Background − Breast Care International (BCI): Breast Care International (BCI) is a Non-Governmental Organization officially registered in Ghana in 2002 with the aim of establishing Breast Cancer Awareness Centers throughout the Country, to create Breast Cancer awareness among Ghanaian women, especially the rural women since they form the majority; Educate them on the existence of Breast Cancer, Undertake Clinical Screening Exercises, Diagnosis, Counseling, Treatment, Rehabilitation as well as Research into the various breast pathologies especially Breast Cancer.

Our outreach visits in 2010 alone covered fifty groups and communities. Mode of selection of visits to a group or community was either at the instance of the opinion leaders, leadership of organized institutions in the communities, prompting of patients from such communities who had visited our facility for breast examination and treatment and other interested individuals.

Objectives: To promote breast cancer awareness; to reduce the number of patients presenting late, to increase the number of breast cancer survivors, to improve the quality of life of women living with breast cancer through the provision of quality treatment, diagnosis, counseling; education, advocacy, advice and support.

Methods and Materials used:

1. Lectures on the causes and prevention of breast cancer
2. Talks aimed at demystifying Breast Cancer as an incurable disease
3. Teaching of Breast Self-Examination
4. Education on the superstition associated with breast cancer
5. Pictures and Flyers showing breast screening for the guidance or attendees
6. Testimonies by Survivors; Question and Answers section
7. Clinical Breast Examination of attendees

Results: Certainly, the number of patients presenting with late stage cancer is on the decline on account of education and the screening exercise mounted by Breast Care International (BCI).

Attitudes of patients who would not visit health facilities for medical examination and treatment have changed following adequate conscientisation in the mind and attitudes of patients.

Conclusion/implications: Women diagnosed with Breast Cancer are encouraged to visit hospitals for medical examination and treatment, since breast cancer is captured under the National Health Insurance Scheme. The myth and misconceptions surrounding Breast Cancer as an incurable disease are on the decline. More women voluntarily visit health facilities whenever they experience any disorder in their breasts. The need to train more nurses in Oncology is very demand driven.

32 Poster

Practice Trends in Management of Breast Cancer in Developing Country-India

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Background: Resources vary significantly amongst treating centers in developing country like India. Clinicians modify treatment protocols to suit resources. It is important to evaluate existing practice trends in country and formulate guidelines to have consistency in treatment delivery.

Materials and Methods: We evaluated treatment facility, patient profile, treatment cost and treatment approaches between two centers (rural & urban) treating breast cancer patients. All consecutive patients receiving treatment in Mazumdar Shaw cancer center situated in Bangalore (urban) and Trivedi polyclinic and cancer center in Mehsana (rural) from September 2009 to September 2011 were included in this study.

Results: Total 52 patients were treated in rural clinic and 130 were treated in urban center. 14 (27%) had early and 38 (73%) had advanced cancer in rural clinic while 40 (31%) had early and 90 (69%) had advanced cancer in urban center. Only sono-mammogram was used to evaluate local / contralateral disease in rural area in 33 cases (63%)). Computed tomography waminal sonography, X-ray chest and blood investigations in 45 cases (86%) in rural area while bone scan and PET scan was used in urban area in 96 (74%) and 32 (25%) cases respectively. 40 (77%) patients completed whole treatment in rural clinic while 113 (87%) in urban clinic. Breast conservation surgery was not practiced in rural while 55 (42%) patients underwent it in urban center. Anthracycline and taxane based chemotherapy was preferred in urban center in 102 cases (78%) while CMF (cyclophosphamide, Methotrexate, 5-fluorouracil) was given in rural clinic in 36 cases (69%). Hormonal treatment was equally delivered in both centers but use of targeted therapy (anti Her-2) was only in urban center in 12 cases (9%). Average cost of treatment was about 1500 USD less in rural area.

Conclusion: Breast cancer treatment approach varies between rural and urban areas in India and feasibility guidelines should be developed for treatment consistency across country.

33 Poster

The Patient Perspective – Influencing the Doctors of Tomorrow

M. Marven[1], A. Winiata[1], K. Allen[1]. [1]*Breast Cancer Network Australia, Melbourne, Australia*

Background: BCNA, in partnership with the University of Melbourne, have developed the Patient Perspective Program (PPP). The PPP allows groups of students to speak to women with breast cancer about their experiences, and its impact on their lives. The purpose is to influence the doctors of tomorrow to incorporate a patient centred approach to care.

Material and Methods: A diverse range of women with breast cancer are invited by BCNA to participate. Women are briefed prior to the sessions, and in their preparation are encouraged to consider including some of the following:

- background information about their personal life and events at the time of their diagnosis
- ideas about what makes a good doctor, supported by personal anecdotes
- comments on effective and less effective behaviours by their treating doctors, specifically communication behaviours
- the experiences of other women with breast cancer and their interactions with doctors

Women are also encouraged to incorporate personal photographs, and useful BCNA resources into their session. Students are actively encouraged to ask questions and interact with the women.

Following the completion of the session, the women and the students complete separate evaluation forms. Students are asked to consider how the session helped them to:

- understand a diagnosis of breast cancer from a patients perspective
- enhance their learning in specified subjects
- understand the importance of good communication with a patient

Students were also asked whether they would prefer to have their tutor present during the session.

Results: Key findings include that 99.7% of students ‘agreed’ or ‘strongly agreed’ that the session helped them to understand a diagnosis of cancer from the patient’s perspective. 98.9% of students ‘agreed’ or ‘strongly agreed’ that the woman emphasised the importance of good communication skills. 69.6% of students ‘disagreed’ or ‘strongly disagreed’ that a tutor should be present during the session, and 28.6% were neutral. Women reported strong satisfaction with the sessions, finding involvement in the program to be rewarding and enriching.

Conclusions: This program is an effective way to influence the doctors of tomorrow to improve their understanding of the patient experience and the importance of communication. This contributes to women feeling better informed and empowered in their own healthcare, and often helps to remind students of why they wanted to become a doctor.

34 Poster

Patients’ Perceptions On Breast Cancer Clinical Trials

C.A.C.M. Pittens[1], J.E. Elberse[1], S. Tax[2], A.E. van Leeuwen-Stok[3], M. Schrieks[4], M. Jonker[5], J.E.W. Broerse[6]. [1]*VU University Amsterdam, Athena Institute, Amsterdam, The Netherlands;* [2]*Dutch Cancer Society, Research, Amsterdam, The Netherlands;* [3]*Dutch Breast Cancer Trialists’ Group, Clinical Trial Coordination, Amsterdam, The Netherlands;* [4]*Dutch Breast Cancer Patient Organisation, Peer support, Utrecht, The Netherlands;* [5]*Dutch Breast Cancer Patient Organisation, Utrecht, The Netherlands;* [6]*VU University Amsterdam, Athena Institute, Utrecht, The Netherlands*

Breast cancer clinical trials are crucial for development and improvement of treatment and interventions. Despite the importance, little insight is available on how patients perceive participation. It is interesting to explore personal trial experiences of patients since this so-called acquired experiential knowledge can contribute to improvement of clinical trials. This could contribute to redressing the recent problem of reduced inclusion and accrual. The aim of the Dutch Cancer Society (KWF) and the Dutch Breast Cancer Trialists’ Group (BOOG) is to investigate these experiences and to make recommendations for improvement of breast cancer clinical trials.

The study consisted of 16 semi-structured exploratory interviews (14 female and 2 male) and a focus group (8 females) with breast cancer patients who participated in a clinical trial to gain insights in experiences with participation in clinical trials. Additional, 3 interviews with female breast cancer patients that choose not to participate in a clinical trial were held.

Experiences could be divided into four categories: (1) information and recruitment, (2) decision-making, (3) treatment, and (4) follow-up and feedback. Data revealed detailed insights in experiences. Overall patients were very positive about their participation. Breast cancer is potentially life-threatening and patients indicated they want to accept each possibility that could contribute to cure. Therefore inconveniences related to clinical trials were considered less relevant. Time, attention, and communication skills of clinicians were considered essential in how patients perceived information and recruitment. However, information material was considered too scientific and juridical. The decision to partake or not appeared to be rather an emotional than a rational decision. During treatment patients were hardly aware of their participation. They were not able to differentiate their participation in a clinical trial from the regular clinical treatment. As a consequence they had difficulties with articulating specific experiences for this category. Furthermore, no patient received feedback afterwards the clinical trial, and they indicated that some appreciation (e.g. in the form of a thank-you letter) is very desirable.

These insights provide guidance for how to improve clinical trials from a patient perspective. Although in general experiences were positive, there is room for improvement like a more personal approach.