

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.

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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.

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The Patient Perspective – Influencing the Doctors of Tomorrow

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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.

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Poster

Patients' Perceptions On Breast Cancer Clinical Trials

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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.