35 Poster

Knowledge and Awareness of Female Staff of the Lagos University Teaching Hospital on Breast Cancer Screening and Treatment

A.O. Lawal[1], A.A.O. Adeyomoye[2], W. Ojewola[1], O. Olajide[1], A.A. Adesanya[1], O. Atoyebi[1]. *[1]University of Lagos Teaching Hospital, Surgery, Lagos, Nigeria; [2]University of Lagos Teaching Hospital, Radiodiagnosis, Lagos, Nigeria*

Background: Early presentation of patients with breast cancer is enhanced by the use of population based screening mammograms. In the absence of this, opportunistic screening may be employed. We hypothesized that female staff of the LUTH are likely to have a high use of mammograms in order to screen them for malignant breast disorders and will have a positive disposition to opportunistic screening.

Materials and Methods: Questionnaire based study. Hospital staff were randomly approached to give information about knowledge on breast cancer screening methods and use of opportunistic screening.

There were a total of 179 respondents. Sixty Nine (38.5%) were less than 40 years while 83 (46.4%) were more than 40 years, while 27 (15%) did not indicate their age. The ages ranged from 20 to 62 yrs with a mean of 39.36 and mode of 40. Eighty (44.7%) were nurses, 69 (38.5%) were medical doctors while administrative and supportive staff were 17 (9.5%), while 13 (7.3%) did not indicate their occupation.

All of the respondents have heard of breast cancer before but only 147 (82.1%) had been involved in the care of patients with breast cancer before. Only 50 (27.9%) knew that early breast cancer could be asymptomatic, whereas 141 (78.8%) knew that breast cancer could present with a lump 50 (27.9%) felt it could present as an ulcer, 93 (52%) nipple discharge, 76 (42.5%) breast pain and 52 armpit swelling.

139 (77.7%) felt that breast cancer was curable and 67 (37.4%) felt that prayers could cure breast cancer, 100 (55.9%) surgery, 92 (51.4%) chemotherapy and 134 (74.9%) early detection and 77 (43%) radiotherapy 21 (11.7%) did not know any treatment method for breast cancer.

On the frequency of Breast Self Examination, 114 (63.7%) chose monthly, 40 (22.3%) said weekly while 18 (10.1%) said annually. While 127 (70.9%) said that mammography could be used to diagnose breast cancer, only 98 (54.7%) said it could be used to screen for breast cancer. Eighty (44.7%) of respondents felt that mammography is indicated after 40 years while 61 (34.1%) said after 30 years and 11 (6.1%) felt it was only indicated after 50 years. Only 11(6.1% of total and 13.2% of >40yrs) of respondents have had a mammogram done before.

On their reaction if a male doctor requested to examine their breast when the primary complaint was not in the breast, 70 (39.1%) were indifferent, 49 (27.4%) were embarrassed, 9 (5%) were angry while 41 (22.9%) would refuse the request.

Conclusion: There is high level of awareness about breast cancer by staff of the hospital. There is still some deficiency of knowledge about screening methods. The use of mammography by women is still low and most of the women will not agree to opportunistic screening if the physician were male.

36 Poster

Breast Cancer Patients' Right: How It Can Be Respected in Iran?

A. Joulaee[1], S. Joolaee[2], N. Bahrani[3], M. Kadivar[4], M. Kalantari[5]. *[1]Shahid Behshti University Of Medical Science, Braest Unit, Tehran, Iran; [2]Tehran University Of Medical Science, Nursing And Midwifery Education Department, Tehran, Iran; [3]Artesh University, Statisctic Department, Tehran, Iran; [4]Tehran University Of Medical Science, Pathology, Tehran, Iran; [5]Shahid Beheshti University Of Medical Science, Radiology, Tehran, Iran*

Background: The revolutionary concept in breast cancer diagnosis and treatment has significantly changed many aspects of cancer treatment in favor of patients" right. The best useful targeted treatment is offered to the patients with the least possible harm and invasion.

As the most common cancer in Iranian women, breast cancer incidence is 24 per 100 000 women or one forth of all new cancers (98/100 000). About 59–66% of cases are young patients less than 50.

The aim of this study is to compare the international rights for breast cancer patient with actual situation in Iran.

Material and Method: All published data about breast cancer in Iran are reviewed since 2001 to 2011 to see what is the actual care that the patients receive. Codification of new radiology, surgical and pathologic procedure and insurance coverage for them are searched through available national references. Then these data are compared with international references.

Results: Diagnosis is done by either excisional/incisional biopsy or frozen section. Trucat biopsy for pre-operative confirmation of cancer is done in a low minority of cases. Insurance system does not cover vacuum assisted biopsy.

Only mastectomy and axillary dissection are accepted by insurance system. No codification exists for conservative surgery, oncoplastic surgery and sentinel node biopsy. Breast reconstruction, conservative surgery as bilateral mammoreduction, and symmetrization of controlateral breast are considered as cosmetic surgery and are not covered by any insurance system.

There are few centers for breast cancer treatment and the majority of cases are treated in general surgical wards.

The rate of conservative surgery, sentinel node biopsy and breast reconstruction is low.

There are very few breast nurses and few centers for rehabilitation, lymphedema treatment and psychological support of survivor.

Only few insurance systems cover Herceptin.

Conclusion: During recent decades there has been special attention in the ministry of health about full respection of the patient's rights in medical practice. The new rights of breast cancer patients based on new treatment strategy is not highlighted in Iran. So it seems that valid evidence must be provided for policy makers about the rights of these vulnerable patients to consider their rights in Iranian health care delivery system.

Construction of specialized breast unit in large university hospitals actually involved in breast cancer management can improve significantly the quality of breast cancer care toward the patients' right.

Pre-operative confirmation of cancer by trucut biopsy seems to be the key point in this regard. This gives the patient the opportunity to know more about the disease and to search for the best therapeutic plan according to international guideline.

37 Poster

Marital Status of Women Renders an Essential Influence On Occurrence of the Relapses of Disease and Life Expectancy of Women with Breast Cancer

G. Kuznecova[1], I. Kuznecovs[1], S. Kuznecovs[1]. *[1]Preventive Medicine Research Society, Cancer Research Laboratory, Riga, Latvia*

Background: The breast cancer (BC) is a chronic disease that may often have a relapse. Patients' survival rate depends on the frequency of relapses, which commonly is defined by the phase and the histology of tumor. Recent investigations show that psychosocial factors are also has a great influence on development of metastasis and the survival rate of the patient. In the focus of this investigation was marital status as a risk factor for survival rate of women with BC.

Materials and Methods: We analyzed data about 1612 women with BC diagnosed between 1997–2010 to look for trends in cancer survival among those who were married, never married, divorced, separated, widowed, member of unmarried couple. The Social Support Questionnaire was used to examine functional support in families.

Results: The findings show that overall 5-year cancer survival rates are the following: in married patients 50.5, separated patients: 54.2 widowed patients: 42.5%, divorced patients: 51.8%, never-married patients: 41.8%.The marital status of women renders an essential influence on occurrence of the relapses of disease and life expectancy of women with breast cancer. The most vulnerable group are never-married or widowed women in the age of 40−50 years. The maximal positive influence of family attitudes was established in the women who were married more than 20 years with one spouse, having adult children and steady communication between members of the family and generations. In 28% of cases the obvious and latent uncooperative altitudes in family caused development of relapses of disease and reduction of life expectancy.

Conclusions: Psychosocial supportive care in breast cancer should identify potential targets for intervention to reduce matrimonial risk factors. Spousal caregivers and family play the leading role in BC relapse prevention. If health care providers are going to meet all needs of BC patients, a more comprehensive assessment of family relationship related stress in needed. Careful counseling and good information on all aspects of the disease and psychosocial marital needs of could be an instrument for overall survival rates in women with breast cancer.

38 Poster

The Effects of Internet Based Patient Education in the Field of Breast Cancer − a Systematic Literature Review

A.M. Ryhänen[1], S. Rankinen[2], M. Siekkinen[2], H. Korvenranta[3], H. Leino-Kilpi[2]. *[1]Turku City Hospital, Administration, Turku, Finland; [2]University of Turku, Nursing Science, Turku, Finland; [3]Turku University Hospital, Administration, Turku, Finland*

Objective: The systematic review was carried out to describe Internet and interactive computer-based patient educational programs developed for the patient education of breast cancer patients and to analyze the effectiveness of those programs in the field of breast cancer patient education.

Methods: The review of the literature for this study covered the period 1950–2011. Studies were included if they concerned patient education for breast cancer patients with Internet or interactive computer programs. The database searches for the systematic review were based on the Cochrane Database, CINAHL, MEDLINE, PsycINFO, Eric, Science Direct, Social Science Citation Index and Educational Research Complete electronic databases for abstracts using the keywords 'breast neoplasm or cancer or tumour or carcinoma' and 'patient education or counselling or guidance or support or instruction or teaching'. For articles related to Internet we used the keywords 'web or internet or www or computer or world wide web'.

Results: We identified 16 articles involving 2,502 participants. The design was randomized controlled trial in ten papers, in two papers clinical trial and in four quasi-experimental. Eight of the studies were randomized to experimental and control groups. The interventions used were described as interactive computer or multimedia programs and use of the Internet. The methodological solutions of the studies varied. The effects of the studies were diverse except for knowledge related issues.

Conclusions: The results of those studies suggest a positive relationship between the Internet or computer-based patient education program use and the knowledge level of patients with breast cancer but a diverse relationship between patient's participation and other outcome measures.

39 Poster

Evaluation of the Program BRCAPRO in a Breast Cancer Centre

S. Costa[1], M. Sacchetti[1], R. Batista[1], L. Ferro[1], L. Garrido[1], R. Guimarães[1], A. Magalhães[1], F. Osório[1], S. Castedo[1,2], J. Fougo[1]. [1]*Breast Center, Centro Hospitalar S João, Epe, Portugal;* [2]*GDPN – Genética Médica e Diagnóstico Pré Natal, Serviço de Genética Centro Hospitalar S. João, Epe, Portugal*

Background: Genetic testing for the breast and ovarian cancer genes BRCA1 and BRCA2 is an important area of healthcare with significant implications for the clinical management of carriers. However, genetic testing is expensive and should be targeted at those individuals most likely to carry pathogenic mutations. Several algorithms that calculate the likelihood of carrying a BRCA1 or a BRCA2 mutation are currently used in clinical practice to identify such individuals. The aim of this study was to evaluate the performance of BRCAPRO (model) accordingly to NICE criteria, versus the common clinical criteria for selection of patients for genetic study, in a cohort of patients seen in a clinical genetics clinic. The model was evaluated for calibration, discrimination and accuracy of the predictions.

Methods: A retrospective search of family history records for the period September 2009–September 2011 was performed in order to identify individuals who had undergone genetic testing, obtaining two categories: BRCA patients carrying know pathogenic mutations and non-BRCA carriers. Risk calculations were performed on index cases by applying BRCAPRO model. Then, results were analyzed assuming that selection for genetic testing of BRCA1/BRCA2 was based on BRCAPRO. According to NICE (clinical guidelines 14 and 41) individuals belonging to families with a high risk of carrying genetic mutation ⩾20% should be tested.

Results: 124 tests were performed, 16 index cases and 21 carriers were identified for BRCA1/BRCA2 mutations. Using the BRCAPRO on the 16 index cases, 37,5% of cases presented a probability 20% of being a carrier of a pathogenic mutation.

Conclusions: In the studied population, according to NICE criteria, BRCAPRO did not have a good performance in the selection of patients to genetic test when used alone, although should be considered when used in conjunction with common clinical criteria.

Wednesday, 21 March 2012 12:00–13:15

POSTER SESSION

Breast Cancer in Young and Elderly

40 Poster discussion

Patient Self-reported Outcome for Long-term Follow up of Early Breast Cancer Trials

G. von Minckwitz[1], J. Steffen[2], W. Wiest[3], C. Thomssen[4], D. Augustin[5], B. Conrad[6], B. Wesenberg[7], M. Wittenberg[8], S. Loibl[1]. [1]*German Breast Group, Medicine and Research, Neu-Isenburg, Germany;* [2]*German Breast Group, Project Management, Neu-Isenburg, Germany;* [3]*St.Vincenz Krankenhaus, Frauenklinik, Mainz, Germany;* [4]*Universitätsklinikum Halle, Frauenklinik, Halle, Germany;* [5]*Klinikum Deggendorf, Frauenklinik, Deggendorf, Germany;* [6]*Elisabeth Krankenhaus, Frauenklinik, Kassel, Germany;* [7]*Klinikum Rheinfelden, Frauenklinik, Rheinfelden, Germany;* [8]*Koordinierungszentrum für Klinische Studien, Philipps-Universität Marburg, Marburg, Germany*

Background: Long term follow up (LTFU) of early breast cancer trials is considered highly important as treatment effects might increase, maintain or decrease by time and have to be put into relation with late or chronic toxicities. However, in countries without access to national cancer registries, collection of LTFU is very often an unaccomplishable task due to logistic and financial burden for the study sites and sponsors. Therefore, we developed a concept on patient self-reported outcome for long-term follow up of early breast cancer trials within GBG.

Methods: Study participants were invited by the site investigator to join a LTFU registry. They consent that name, address, and the unique study identifier are being collected by a trustee (based at KKS University of Marburg with a data-base being strictly not assessable by GBG) and to receive biannual health status questionnaires, allowed to be filled in by a third person in case of death. GBG is informed by the data trustee that the trial participant joins the registry. The registry has been approved by the ethics committee and competent authorities. Triggered by GBG, the trustee sends out to the participant a form asking for date & site of relapse, second malignancies, and date of death, to be sent to GBG using only the unique study identifier as pseudonym. For address changes or withdrawal of consent another form can be returned to the trustee. GBG links updated LTFU data with the original study data base and informs the site. During the current test phase, follow up is collected conventionally by the site in parallel.

Results: Since 06/2009, 803 study participants have consented for the LTFU registry. The first questionnaire was sent in 08/2010 to 410 participants. After 3 months 84%, and after a reminder letter, 97% replied, with only 12 participants not replying. 10 recurrences, 4 secondary malignancies, and 1 death were reported (including 2 events not being reported in parallel by the site). Currently the 2nd round (sent to 800 participants) is running with feed-back by over 80% after 2 months only.

Conclusions: This concept of patient self-reported LTFU is feasible resulting in a high completeness of follow up with a minimum logistic and financial burden for investigators and sponsors. The quality of the self-reported health status seems promising.

41 Poster discussion

Quality of Life Assessment Through the EORTC Questionnaires, in Elderly Women with Breast Cancer Treated with Radiotherapy − A Prospective Study

M.A. Dominguez[1], J.I. Arraras[1], A. Manterola[1], G. Asin[1], U. Zarandona[1], M. Rico[1], C. Eito[1], V. Chicata[1], E. Villafranca[1], F. Arias[1]. [1]*Hospital de Navarra, Radiotherapeutic Oncology, Pamplona, Spain*

Background: There is a need of studies on the effect on quality of life (QL) of the disease and treatment in breast cancer elderly patients. The aims of this work are (1) to evaluate prospectively QL in a sample of elderly patients with stages I–III breast cancer who started radiotherapy treatment and (2) to compare their QL with that of a sample of younger patients.

Materials and Methods: 167 patients, ⩾65 years of Age, treated with local/locorregional RT with/without hormonotherapy, were invited to participate in the study. They completed the EORTC QL questionnaires QLQ-C30 and QLQ-BR23, and the Interview for Deterioration in Daily Living Activities in Dementia (IDDD) daily activities scale 4 times: (1): before RT, (2): in the last week of treatment, (3): 6 weeks and (4): 2−3 years after finalizing treatment.