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

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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 $\geqslant$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

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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

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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, $\geqslant$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.