

Women's day was celebrated and over 3000 pink ribbon "Awareness" pins were given to women employees.

Board members of Europa Donna Cyprus attended the 4th European Cancer Conference in Hamburg where we participated actively in the proceedings.

April included the General Assembly, a seminar by Willie Fourie to physiotherapists on "Late Complications after Mastectomy". At the same time a signature collection was being gathered for the necessity of assuring and ensuring trained nursing staff. Also another awareness talk was organized at Polis, a distant small town of the island.

In *May* we were invited to talk in Ayios Athanasios in Limassol.

In *June* a great event marked our advocacy work – the adoption of the pink silhouettes of Australian Breast Cancer Coalition with a guest speaker the President of the Australian Breast Cancer Network Mrs Lyn Swinburne. The site chosen was by the Presidential Palace.

July followed with the second part of the seminar "Late Complications after Mastectomy" for physiotherapists by Willie Fourie from South Africa.

In *October* awareness week saw our first leaflet on "How to deal with friends and colleagues with Breast Cancer", the illumination in pink of Nicosia Municipality, and the distribution of 200,000 leaflets on general advice on breast cancer through a chain of bakeries. The highlight of the week was the Europa Donna Cyprus first one-day Seminar on "Breast Cancer" by local experts which was attended by over 200 women.

Also in our effort to reach young people we distributed over 50,000 coasters to clubs and cafes.

In *November* a large delegation of the Cyprus Forum attended the Pan European Conference in Rome.

- We now have 1500 members.
- We are preparing 2 new leaflets:
 - 1st – on how to communicate with Children, the facts of breast cancer and
 - 2nd – on advice regarding insurance policies.
- We are organizing meetings with women with breast cancer experience from all over Cyprus.
- We are invited to attend and speak to women all over the island by all sorts of groups.
- We are partners with the Ministry of Health on the best implementation of the screening program.
- We are passionately involved to achieve and offer to women in Cyprus the "BEST POSSIBLE"

The above wording will illustrate along with photos and a map of Cyprus with demographic facts on the work of Europa Donna Cyprus.

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Poster

Providing information and support on all aspects of breast health and breast cancer in Ireland

N. Fitzgibbon, T. Droog, A. Langtry. *Irish Cancer Society, Action Breast Cancer, Dublin, Ireland*

In 2001 the Irish Cancer Society launched Action Breast Cancer (ABC) to provide breast cancer information and support. ABC's services are free and include a national helpline, patient education, one-to-one support, health promotion, research, advocacy, and professional support.

Over the last five years, we have been continually developing our services for the public, at the heart of which is the Freephone Helpline. The Helpline is staffed by specialist cancer nurses who offer information, support, and appropriate referral for women who are concerned about breast health, women who have been diagnosed with breast cancer, their families and carers, and healthcare professionals.

In order to meet the need for clear, concise information, we are continually producing and updating literature and supporting materials. This includes a series of factsheets on every aspect of a breast cancer diagnosis including the different aspects of living with the disease.

The Helpline also offers a support programme called Reach to Recovery, which works on the principle of personal contact between the patient and a specially trained volunteer who has had breast cancer.

In January 2005, we launched a programme to address the unique needs of younger women with breast cancer. Services include biannual conferences for younger women, a specialist nurse, and the selection and training of younger Reach to Recovery volunteers.

Professional support is also a key element of ABC's service. Most recently we have developed a workshop for nurses working in oncology to improve communication with breast cancer patients around sexuality.

ABC's annual Breast Cancer Awareness Month campaign takes place in October. A high profile advertising campaign and a nationwide roadshow are just two of the many mediums used to target Irish women in order to make them breast aware for life. Throughout the year, ABC is constantly seeking to raise awareness in communities and workplaces across the country by organising presentations about breast awareness, screening and early detection.

Now that we have firmly established ourselves as the leading provider of breast cancer information and support, we have started to significantly develop our advocacy programme, and we are currently working on ensuring that the national breast screening programme will be fully rolled out by the end of 2007. We are also undertaking major nationwide research into the provision, supply and fitting of breast prostheses.

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Poster

Need for development of guidelines and outcome measures for the management of learning disability patients with breast cancer

S. Govindarajulu, S. Narreddy, L. Willoughby, J. Barker, M. Shere, S. Cawthorn, A. Sahu. *Frenchay hospital, Breast care, Bristol, United Kingdom*

Aim: In England there are 1.2 million people with mild to moderate learning disability (LD) and 210,000 with severe LD (25,000 old people). Women with LD are living longer and are prone to age related diseases such as breast cancer. The likelihood of encountering the learning disabled (LD) with breast cancer is high. Guidelines exist for breast and cervical screening for the LD (1999). Specialized breast units have a need to develop guidelines to manage symptomatic breast cancer patients.

Method: We present our experience in the management of 5 patients with varying degrees of LD diagnosed in 2004–2005. 3 had mild to moderate LD and 2 had severe LD. LD patients were involved in the decision making process and allowed to express their needs and preferences. In the severe LD patient consent to diagnosis and treatment were in the best interests of the patient with consideration into the women's wishes, views from persons who know the patient well. The patient, carer, family, social worker and general practitioner were all involved. Patients were discussed in the multidisciplinary meetings. 2 had mastectomy with axillary clearance + adjuvant hormonal treatment. 1 had mastectomy + axillary clearance and contra lateral breast reduction + chemo and hormonal therapy. 1 had wide local excision + axillary sampling + radiotherapy and adjuvant hormonal therapy. 1 had inflammatory cancer, a course of chemotherapy and refused any further treatment. Patients had support from the breast care nurse in the hospital and at home as and when required. Complementary therapies were also offered to patients.

Discussion: LD patients should be encouraged to utilize the screening programme and seek help when they have a symptom. Health service should be easily accessible and extra support provided. They should be given adequate time. There should be information leaflets specifically designed for the LD for every stage of the management process. Family/carers of the LD should also have access to information and support. There should be required support when LD patients are admitted into hospitals for surgery. Patient centered care must be provided.

Conclusion: The health care needs of LD people must be met and be delivered to a high standard. Health professionals involved in the management of LD patients should have training in dealing with these patients. Outcome measure of the health status of the LD should be comparable to that of the general population. Hence guidelines and outcome measures for management of LD patients with breast cancer need to be developed.

Wednesday, 22 March 2006

16:00–16:45

POSTER SESSION

Psychosocial aspects

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Poster

5-year follow-up of sexual functioning and sexual enjoyment after radiotherapy for early stage breast cancer in the START trial

J. Mills¹, G. Sumo¹, J. Bliss¹, P. Hopwood². *On behalf of the START Trial Management Group. ¹The Institute of Cancer Research, Clinical Trials and Statistics Unit, Sutton, United Kingdom; ²Christie Hospital NHS Trust, Psycho-oncology Service, Manchester, United Kingdom*

Introduction: Long-term QL for women with early breast cancer is being systematically investigated in the START trial. This analysis examines self-reported sexual functioning (SEF) and sexual enjoyment (SEE) following surgery +/- chemotherapy, and after radiotherapy (RT), over 5 years follow-up, irrespective of the radiotherapy schedule received.

Methods: QL was evaluated in 2180 patients (mean age 56.5, range 26–86) using EORTC BR23, 10-item Body Image Scale (BIS) and 14-item HADS prior to and 6, 12, and 24 and 60 months after RT. Three BR23 items assessed SEF/SEE. Spearman correlation coefficients were evaluated