Method: 345 women recalled to assessment were invited to participate in a Randomised Controlled Trial of two groups (control arm – Consultant Radiologists and Interventional arm – Advanced Radiographic Practitioner). Questionnaires collected data on demographics, ethnicity, health values, and current medical conditions. The Hospital Anxiety and Depression Scale was used as the main measurement tool. First questionnaire delivered with recall appointment, second by post with the normal results letter.

Results: 119 women completed both questionnaires (60 to Consultants, 59 to the Advanced Practitioner). Both groups were well matched for age, education and social status. The mean anxiety score for women seen by the Consultants changed from 7.86 to 6.30, a difference of −1.9, and those by the radiographer from 9.06 to 6.62 a difference of −2.34. The results demonstrating no statistical differences between the two groups with the p. values for change in anxiety as. 598, depression. 909, and health values. 627.

Conclusions: Anxiety levels pre and post clinic do not differ from other studies.

Effectiveness of reassurance at discharge does not depend on the designation of the service deliverer.

The diverse nature of our screening population makes it representative of the UK. So this change in service delivery could be equally effective in other units within the UK NHS Breast Screening Program.

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Patient reported outcome (PRO) questionnaires as a qualitative tool in breast reconstruction (BR)

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Introduction: Immediate breast reconstruction is practiced on the basis of its oncologic safety and psychosocial benefits, with lack of evidence for the best method and its assessment. With respect to PROs, the body image scale (BIS) is a key determinant of quality of life (QOL) and cosmetic outcome. This study assesses whether other validated questionnaires for breast cancer, including BIS can evaluate differences in PROs between types of IBR in the context of radiotherapy (RT).

Methods: General and breast cancer specific questionnaires (EORTC (C30 and BR23) and FACT (G and B+4)) will be used together with BIS and hospital anxiety and depression scale with patient self-reporting. None of these are specific for BR. Questionnaires will be evaluated retrospectively (n = 230) patients comprising implant (I)-based Latissimus dorsi (LDI n = 121), Extended LDI (n = 16), sub-pectoral I (n = 57), autogenous ELD (n = 34) and other (n = 2) procedures, to coincide with the anniversary of surgery [median follow-up (FU) of 4 years (range 3 months to 11 years)], with prospective evaluation (50/year) at 3, 6 months and 1 year post BR. Questionnaires will be scored using Likert scales with analysis of all demographic and clinical characteristics. Patient interviews will determine perceived relevance of either EORTC or FACT and identify further BR issues that may be included in a specific BR Quality of Life questionnaire (QLQ).

Results: Since beginning this study, 72 patients have been sent information, with >90% consenting to participate in the study. 53 questionnaires have been completed, with a preliminary analysis of 49 comparing results of LDI (n = 31) to extended procedures (ELDI and ELD, n = 18) and 52 comparing RT (14) or not (38) using SPSS. The mean post-operative FU for LDI was significantly longer (2.81 years) compared to extended procedures (1.24 years) ($P < 0.001$). At this early stage in the study, no statistically significant differences have been shown for any item, subscales or questionnaire relating to type of surgery or RT. Full analysis will be carried out at the end of the study.

Discussion: QOL may improve with time post-operatively and may also be influenced by the type and extent of surgery. It will be important to identify other relevant BR items that are currently not addressed by existing questionnaires. We feel that in order to fully evaluate the effect of BR on QOL, a specifically designed and validated QLQ is needed.

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Analysis of the information in the genetic counseling interviews and process

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Introduction: Previous studies have observed how the way the interviews are conducted in the Phase I studies are influencing both the comprehension of the risk and the fears and concerns related to it, together with the level of anxiety of the consultee. Moreover it has been proved that the physicians tends to overestimate the anxieties and the concerns of the consultee. Those aspects should be otherwise present in the area of genetic counseling.

The criticism and the complexity of this theme are pushing us to deep and better know the informative aspects together with the relational dimensions potentially influencing the quality of life of human beings involved in the genetic counseling process, whom positive outcome can contribute to importantly reduce the level of distress and psychic suffering.

Subjects and Methods: In the pilot phase of our study two different self-compilation instruments have been submitted to subjects included in the research group. This group was built up by 50 individuals made of both affected patients and non affected consultees. The two instruments were the STAI State-Trait Anxiety Inventory, in order to evaluate both kind of anxieties (state and trait anxieties) and the Questionnaire for the Evaluation of the Genetic Counseling Interviews, which has been prepared on the base of the theoretical model of Meerwein, which suggests to estimate the quality of the interview taking into account its informative dimension, its affective (emotional) dimension, its interactive dimension. This also wants to focus on some aspects specifically linked to the context (in this case, the identification of a tentative genetic risk.

Respondents were confronted with speeches and encounters developed by two different groups found in cancer genetics, made from different professionals, the oncologist together with the psychologist (for breast cancer) and the oncologist together with the genetist (for the colon cancer) respectively.

Results and Discussion: The preliminary results of those first 50 questionnaires will be presented. These outcomes seems not to reveal any significant differences between the two groups of professionals of the cancer genetics group. In both sub-groups the purpose to increase the consultee's level of information, comprehension and awareness without negatively affect their level of anxiety seems to be met.

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Trait anxiety predicts fatigue in women with early stage breast cancer

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Introduction: Fatigue is a common problem for cancer patients. Most patients undergoing chemotherapy and/or radiotherapy report fatigue. In a study among disease-free cancer patients, severely fatigued patients appeared to score higher on trait anxiety compared with patients who were not severely fatigued (Servaes *et al.*, 2001). We wanted to examine trait anxiety as a predictor of fatigue one, three, and six months after surgical treatment in a prospective longitudinal cohort study.

Method: Every woman who visited the hospital for the first time with a palpable lump in the breast or an abnormality on a mammography and was referred by a general practitioner, was asked to participate in a study on quality of life. Before diagnosis, they completed two personality questionnaires (NEO-FFI, STAI-trait anxiety scale) and at 1, 3, and 6 months after surgical treatment they completed a fatigue questionnaire (FAS) and a quality of life questionnaire (WHOQOL-100) of which only the social support facet was included in the present study. Regression analyses were performed with demographic information in block 1, medical parameters in block 2, social support in block 3, and personality characteristics in block 4.

Results: Between September 2002 and January 2005, 192 women were included in the study. Of them, 87 had breast cancer. Four patients were excluded from the study because they had a locally advanced carcinoma or proven systemic disease. In addition, a number of women did not fully or correctly complete the questionnaires. This resulted in the participation of 69 women with early stage breast cancer.

One month post-surgery 47.8% of the women were fatigued. This increased to 49.2% three months post-operation and than decreased