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POSTER SESSION

Nursing

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Improving the quality and efficiency of breast cancer follow-up: a randomised controlled trial investigating nurse-led follow-up

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Aim: To start a multicenter trial in order to investigate the cost-effectiveness of different, reduced follow-up (f-up) strategies in curatively treated breast cancer patients (BCPs).

Methods: In literature, randomised trials studying nurse-led (telephone) f-up in patients with other malignancies, had higher satisfactory ratings and lower costs compared to usual f-up, with similar survival rates. In addition, literature showed that group interventions, when mainly focussed on educational and informative aspects, can improve quality of life. Based on these data, we proposed to set-up a randomised multicenter trial with a 2×2 factorial design, investigating 4 different f-up strategies in the first 18 months after treatment: 1) standard f-up: 6 times in the first 18 months; 2) an outpatient f-up visit at 1 year, with 5 times nurse-led telephone f-up; 3) arm 1 combined with an educational group programme (EGP); 4) arm 2 combined with an EGP. The primary endpoint of this trial is cancer-specific QoL (CS QoL). Additionally, QoL, anxiety, feelings of control, patients' satisfaction and costs will be measured at randomisation, 3, 6, 12, and 18 months after inclusion. Based on the hypothesis that telephone f-up will not decrease CS QoL compared to usual f-up and that an EGP will show a clinically relevant increase in CS QoL, the sample size for the study was determined at 320 BCPs. Prior to start of the trial we developed the EGP and a training programme for nurses to perform telephone f-up.

Results: Fifteen nurses from 5 participating centers were successfully trained to perform telephone f-up by open discussion and a semi-structured questionnaire. An EGP was developed consisting of 2 group meetings for BCPs and their partners, given within 3 months after treatment. At this EGP, a nurse practitioner and health care psychologist discuss possible sequelae of the diagnosis and its treatment, using a standardized presentation, and information is given on where the patient can present problems if occurring. The EGP was tested in a group of 11 BCPs and partners, who were between 3 months and 5 years after treatment. Questionnaires filled out by the participants showed a 90% satisfactory rate.

In June 2005 the trial officially started; accrual is expected to be completed in 2 years. After 4 months, 32 out of approximately 100 eligible patients have signed informed consent of whom 4 have received their first telephone follow-up and 7 (with partners) joined the EGP. Reasons for refusal were 'wanting to see a doctor' (57%), 'no interest in the EGP' (22%) and 'too scared' or 'no interest' (21%). There have been no drop-outs.

Conclusion: We have successfully started a multicenter trial to study the cost-effectiveness of 4 different follow-up strategies. Apart from information on cost-effectiveness, this trial will also yield information on several psychosocial aspects.

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An investigation of women's needs in and experiences of the provision, fitting and supply of external breast prostheses in Ireland

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A good-quality prosthesis and prosthesis-fitting service is an essential part of the recovery process post-mastectomy. However, this is an area of care that has minimal information or research available to women. In Ireland, there has been no research in this area at all. In 2003, Healey argued that a rigorous, evidence based approach to the evaluation of external breast prostheses would enhance both the development of this service, as well as the adjustment, wellbeing and quality of life of breast cancer survivors. The overall aim of this research was to gain an insight into women's experiences of the provision, fitting, supply and use of breast prostheses in Ireland. The research had two stages, which involved women requiring breast prostheses and the people who provide the service in order to affect the development of policy guidelines. The first stage used focus group methodology to investigate women's own personal and subjective experiences of the provision, fitting and supply of breast prostheses, and to gain a more complete understanding of the topic. Five focus groups were conducted with 47 women recruited through three national voluntary organisations and four Follow-up Breast Clinics throughout Ireland. The main findings emerging from the thematic analysis revealed the importance of the physical characteristics of the prosthesis; cost, affordability and entitlements; a lack of and perceived difficulty in getting information; the impact of the fitting experience, fitting environment and the qualities of the prosthesis fitter on a woman's experience in obtaining a first or replacement breast prosthesis; and the myriad of personal and social impacts of a breast prosthesis for the woman. Focus group data facilitated the development of a comprehensive questionnaire that was sent to 1240 women with a breast prosthesis. A questionnaire was also developed and sent to all breast care nurses (n = 58), prosthesis fitters (n = 20) and retail mastectomy bra fitting services (n = 17) in Ireland. The findings from the surveys and the focus groups are facilitating the identification of factors that promote quality in the supply, fitting and aftercare of all breast prostheses and that impact on a woman's physical and psychosocial experience in obtaining and using a breast prosthesis. Overall, the paper will make recommendations for policy and practice in the fitting of breast prostheses, which, in turn, will ultimately benefit the women availing of these services.

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Detecting risk factors by home-public health nurse in women with family history of breast cancer

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Women with family history of breast cancer require constant monitoring of an interdisciplinary team of therapists which also includes a home-public health nurse.

It is a home health nurse who detects factors increasing the risk of breast cancer in such women in 1st stage of nursing care. These factors can be divided as follows: factors which cannot be modified by a nurse's activities (these include facts which occurred earlier in a person's life: past diseases, education), factors which can be partially modified (e.g. family living conditions), factors that belong to the area of health behaviour which can undergo considerable direct modification (e.g. having prophylactic tests and examinations, breast-feeding, using hormonal contraception). Through prophylactic activities a nurse may eliminate or reduce such factors which are associated with health behaviour.

Material and Method: The aim of the study was to identify risk factors associated with hormonal activity and prophylaxis among women with family history of breast cancer. The study was performed by means of survey by questionnaire in the group of 70 women who had undergone tests for BRCA 1 gene mutations. Before genetic material collection each of the women gave her consent to the contact and co-operation with the authors of the study with the aim of receiving both medical and nursing care. In accordance with the aim of the study, the following factors were examined: age of menarche, pregnancy, miscarriage, birth of 1st child, breast-feeding period. In the area of prophylaxis the following factors were considered: the knowledge of the principles of breast self-examination (BSE) and BSE frequency, and the performance of such tests as: mammography, ultrasonography of the breast, ultrasonography of the ovaries, biopsy of the breast. The age of the women taken into the study varied from 23 to 84 years. University education was declared by 39% of the women, secondary education by 40%, and primary education by 21%. 45% of the women evaluated their financial and living conditions as good, 34% as average, and the remaining 21% as bad. The majority of the surveyed women lived in a town or city-76%.

Results: In order to examine risk factors associated with hormonal activity the surveyed women were divided into two groups: into women that had never been pregnant – 13 (19%), and who had been pregnant – 57 (81%). In the group of women who had been pregnant 65% were the women who had never had miscarriage, and out of the other 35%, 28% of the women had miscarried once and 7% – twice. Early age of menarche (before 12 years) was found in 21% of the women, however, the majority had their menarche after 12 years of age. Late primaparity after 35 years of age considerably increases breast cancer risk, but there were only 11% of such women in the studied group. Breast cancer risk reducing factor is the longest possible breast-feeding period whose total length after all births should exceed 18 months. Among the women who had been pregnant – 50 (88%) breast fed their babies. Among them, however, the majority were the women who performed breast-feeding for less than 18 months (62%). Prophylactic behaviour depends, among others, on women's knowledge. Most of the surveyed women 61(87%) declare the knowledge of BSE principles, regardless of age (87% of women aged below 40 and 87% above 40). BSE frequency was analyzed in women below and above 40 years of age. Regularly, every month 22% of the women aged below 40 perform BSE, and so do 19% of the women aged above 40. As many as 45% of the women above the age of 40 perform BSE sometimes, only a few times a year. On average, during the last year, about a half of the women have had such tests performed as mammography 50%, ultrasonography of the breast 56%, ultrasonography of the ovaries 46%.

Conclusions: Among the women who have been pregnant over a half, 65%, are the women that have never miscarried, and most of them have breast fed for less than 18 months after all births altogether. Such factors as early age of menarche and late primaparity do not constitute majority of the cases in the surveyed population (21% and 11% respectively). Approximately a half of the women have had such tests as mammography, ultrasonography of the breast and ovaries preformed during the last year. Substantial majority of the women know the principles of breast self-examination, but the older the women the less regularly and frequently they conduct BSE.

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Information needs and experiences of receiving information at cancer recurrence: perspectives of patients and partners/carers

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Background: Current oncology policy and literature promotes the importance of providing information that meets the needs of patients and their partners/carers. However, there is little evidence to guide health care professionals on the type of information required, and how best to deliver it, when cancer comes back. The aim of this study was to describe the information needs and experiences of receiving information from the perspectives of patients and their partners/carers at cancer recurrence.

Method: This was an exploratory study that used a qualitative design informed by principles of symbolic interactionism and grounded theory. Interviews were chosen as the method of data collection. Eighteen patients diagnosed with a first metastatic recurrence of breast or colo-rectal cancers were recruited from out-patient clinics at a cancer centre in England. Permission was sought to interview separately each patients' partner or person most significant to them (carer), of which sixteen partners/carers consented (total 34 interviews). Participants were asked to describe their experience of the recent metastatic diagnosis and the information they had required and actually received was explored. All interviews were tape-recorded, fully transcribed, and analyzed drawing on techniques of grounded theory.

Results: Cancer recurrence was a devastating experience for the majority of patients and their partners/carers. A number of patients presenting with cancer recurrence perceived delays in terms of gaining access to specialist opinion, information and support. Patients and their partners/carers had individual concerns, and sometimes different information needs in relation to the recurrence diagnosis, treatment and care. Partners/carers appeared to be at greater risk than patients of not having their information needs addressed.

Conclusion: Optimum information provision at cancer recurrence is a complex and ongoing process of balancing recipients' individual hopes and expectations with honest and accurate information. Health care professionals require communication skills that enable them to individualize their approach in giving information and support to patients and to negotiate appropriate partner/carer involvement.

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Side effects of treatment

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Comparison of adverse effects on lipid metabolism of Anastrozole with Tamoxifen in adjuvant setting for postmenopausal women with early breast cancer

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Introduction: Recently, aromatase inhibitor (AI) has ranked as a standard adjuvant endocrine therapy for postmenopausal women with early breast cancer. It is necessary to take the agent for periods as long as tamoxifen (TAM). While TAM has been shown to improve lipid profiles, AI have a very different mode of action and do not possess the estrogen-agonistic effects of TAM. At present, there are few data on the effects of these agents on lipid profiles. And TAM often induces latent non-alcoholic steatohepatitis. We investigated the adverse events particularly in lipid metabolism while using anastrozol (ANA) compared with TAM as adjuvant treatment, retrospectively.

Methods: Patients consisted of 112 Japanese postmenopausal women who diagnosed primary operable breast cancer from April 2002 to June 2005. 39 women received ANA 1 mg once daily, and 72 women received TAM 20 mg once daily as postoperative adjuvant endocrine therapy either alone or after adjuvant radiation. Women with adjuvant and/or neo-adjuvant chemotherapy were excluded. We used the Fisher's exact test to assess statistical differences in the frequency of the adverse events including fatty liver, weight gain, muscloskeletal disorders, climacteric symptom, and ovarian cyst in the different groups. We analyzed the transition of serum total cholesterol (T-CHO) in both groups by Wilcoxon's rank test (nonparametric).

Result: In background factors of patients enrolled in this study, there was no significant difference of weight, body mass index, or T-CHO value between ANA and TAM groups, but a significant difference was seen in median age (62.8 years in ANA and 66.5 years in TAM, $P = 0.049$). During follow up, more women described their weight gain in ANA group (35.8% v 12.5% $P \leqslant 0.0036$), but development of fatty liver disease detected by ultrasonography was frequently seen in TAM group (6.25% v 30.4% $P = 0.039$). The average of T-CHO value in TAM group was significantly lower than that in ANA group; 214 v 179: $P = 0.0005$ at 3 months after the administration, 214 v 186: $P = 0.0032$ at 6 months, 222 v 185: $P = 0.0009$ at 1 year. There was no significant difference of other events.

Conclusion: Differences were noted in lipid metabolism such as fatty liver, weight gain or T-CHO values between ANA and TAM, although the duration of follow-up was short. It may be important to take supportive care for patients who receive ANA about weight maintenance and lipid control.

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The acute effects of adjuvant chemotherapy for breast cancer on cognitive function

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Prospective data on changes in cognitive function during chemotherapy are extremely limited. This study assessed objective cognitive function, using the CogState battery before each cycle of chemotherapy and again 28 days after the final cycle in 30 women undergoing adjuvant chemotherapy for early-stage breast cancer. Subjective cognitive function, depression and anxiety were also assessed. Patients with any history of neurological or psychological disorder including depression were not eligible. Pre-chemotherapy baseline data was compared to controls using t-tests. Post chemotherapy group data was compared to baseline using ANOVA. Standardised change scores were computed for individuals. Cognitive decline was defined as >1.65 SD from baseline on two or more successive assessments. The mean age of participants was 49.6 years and 15 received 4 cycles of doxorubicin and cyclophosphamide (AC), 14 received 6 cycles of cyclophosphamide, epirubicin and 5-fluorouracil (CEF) and 1 received 6 cycles of cyclophosphamide, methotrexate and 5-fluorouracil (CMF). At baseline, prior to chemotherapy, the performance of women with breast cancer was significantly impaired on the monitoring ($p < 0.001$, effect size −0.80) and learning ($p = 0.02$, effect size −0.57) tasks compared to normative data. Group analyses indicated that cognitive performance at the completion of chemotherapy significantly declined on only the speed of detection ($p = 0.008$, effect size = −0.35). Individual analyses identified two women (6.67% of the sample, 1 each receiving AC and CEF) who became cognitively impaired during chemotherapy. Depression and anxiety levels and subjective cognitive impairment were not related to objective performance. Women with early-stage breast cancer show subtle but reliable impairment in memory and attention prior to adjuvant chemotherapy, but chemotherapy related cognitive decline is infrequent.

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Palonosetron (PALO) is effective in preventing chemotherapy-induced nausea and vomiting (CINV) in patients with breast cancer

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The prevention of CINV in patients with breast cancer (BC) is challenging due to the high risk factors of female gender, young age, and the