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.

171   Poster
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.

Wednesday, 22 March 2006   16:00–16:45

POSTER SESSION
Side effects of treatment

172   Poster
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 ⩽ 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.

173   Poster
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.

174   Poster
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