collection and analysis of registry data, primary and secondary prevention, promotion and implementation of optimal practice guidelines, improvement of treatment access as well as cancer research. These activities are covered by the National Anticancer Program established in 2005 in line with the World Health Organization recommendation. Investing in cancer screening programs will pay the highest dividends, since prevention is the most cost-effective way to minimize burden of cancer. Unfortunately, less than one-third of the recommended numbers of screenings (breast, cervical and colorectal cancer) take place in Poland each year. Inequalities in the access to treatment modalities (particularly, new anti-cancer drugs) are also of concern in Poland. Escalating costs of anti-cancer drugs makes allocation of limited resources particularly important. Actions to improve the drug access in Poland include the use of health technology assessments and separate funding of some most expensive drugs from a central reimbursement system. All innovative therapies are monitored with respect to appropriateness of indications and treatment conduct. Our aim is to follow the outcomes of new treatments more carefully and promote the most effective ones. Another area of interest is to employ more flexible pricing schemes in Poland – i.e, conditional reimbursement and cost sharing. Clinicians with specialist knowledge are motivated to have more substantial input into the process of new treatments assessment considering good-quality and evidence-based clinical guidelines with the aim to reimburse new agents in patients who are likely to benefit and in whom particular drugs are recommended. Coordination of regulatory institution and appraisal agency activities has to be improved in Poland – the former is concerned of safety and efficacy, whereas the latter pays attention mainly to "real-life" outcomes. The increasing complexity of cancer care will progressively strain the medical system. It is important to reduce inabilities and disparities with additional resources, but modification of structural conditions is essential.

31 INVITED

Management of breast cancer in limited-resource countries

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Background: Guidelines for breast health care (early detection, diagnosis and treatment) that were developed in high resource countries cannot be directly applied in limited resource countries (LMC), because these guidelines do not consider real world resource constraints, nor do they prioritize which resources are most critically needed in specific countries for care to be most effectively provided. A key determinant of breast cancer outcome in any population including those from low- and middle income countries (LMCs) is the degree to which newly diagnosed cancers can be correctly treated in a timely fashion using multimodality cancer therapy that is properly selected and delivered. Panels of breast cancer experts and patient advocates met within the Breast Health Global Initiative to specifically develop consensus recommendations on how breast cancer can best be managed under the constraints of significantly limited resources.
Methods: Through a series of three Global Summits, the BHGI multidisciplinary panels of experts addressed the implementation of breast health care guidelines for early detection, diagnosis and treatment in LMCs. The panels reviewed the previously devised stratification tables, discussed core implementation issues related to breast treatment, and made relevant changes based on consensus opinion. Resource requirements were summarized as process checklists for (1) breast surgery, (2) radiation treatment and (3) systemic therapy. The needed resources for stage I, stage II, locally advanced and metastatic breast cancer were outlined. Process metrics were developed, based upon the priorities established in the guideline stratification.
Results: The ability to perform modified radical mastectomy (MRM) is the mainstay of locoregional treatment at the basic level of breast health care. The availability of radiation therapy allows for consideration of breast conserving therapy, post-mastectomy chest wall radiation, and for the palliation of painful or symptomatic metastases. The use of systemic therapy cytotoxic chemotherapy is effective in the treatment of all biologic subtypes of breast cancer, but is more resource intensive to provide. The provision of endocrine therapy requires relatively few specialized resources, but optimally requires knowledge of hormone receptor status to assure treatment of patients most likely to benefit. HER2-targeted therapy is very effective in tumors that overexpress the HER2/neu oncogene, but cost largely prevents the use of this treatment in LMCs.
Conclusions: Thoughtfully applied resource allocation for breast cancer treatment can improve care delivery in LMCs. The incremental, step-by-step allocation of resources can help address economic disparities across populations and provides a means for better ensuring equity in access to care. The use of checklists and allocation tables is a pragmatic approach, which recognizes that the ultimate goal of every health care system is to offer optimal care to all patients. The use of process metrics can facilitating the development of multidisciplinary, integrated, fiscally responsible, continuously improving, and flexible approaches to the global enhancement of breast cancer treatment.

Special Session (Mon, 21 Sep, 14:00−15:00)
Assessment and measurement in cancer care

32 INVITED

Developing cancer rehabilitation using appropriate assessment of need

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Cancer rehabilitation aims to maximise a person's ability to function, to promote their independence and to help them adapt to their condition (National Institute for Clinical Excellence NICE 2004).
Dietz (1981) described how rehabilitation is appropriate to all stages of the cancer trajectory, in that it can be preventative, restorative, supportive or palliative.
This presentation will explore a selection of the tools available to assess, plan and evaluate the rehabilitation needs of people affected by cancer.
The tools presented will all be adaptable for multi-professional use.
Case studies from practice at the Royal Marsden NHS Foundation Trust will be used to demonstrate application in a variety of settings.
Canadian Occupational Performance Measure (COPM) is a client centred, individualised measure designed by occupational therapists. It aims to detect change in occupational performance as perceived by the client over time. It is based around a semi-structured interview and designed as an outcome measure as it has a structured scoring method (Baptiste et al 1993).
Functional Independence Measure (FIM) is an 18-item global measure of disability, scored on 7 ordinal levels from complete independence to total assistance. Function, based on observation, is assessed by clinicians before and after any rehabilitation intervention (UDSR 1997).
Distress Thermometer (DT) is a single item tool designed to measure psychologic distress that can be completed by individuals in any setting. It has a simple numerical scale and an accompanying problem list to assist people in identifying what has caused them distress in the last week. A scoring system facilitates the professional to suggest an appropriate action plan (American Cancer Society 2004, Jacobsen et al 2005).

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33 INVITED

Using evidence to measure complex symptoms

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The management of complex symptoms is reliant on an ability to sensitively measure patient-reported experiences of health-related problems. To date, measures available to inform the efficacy of nursing and supportive care (NSC) interventions targeting complex symptoms, lack sensitivity. As a result, studies often fail to demonstrate therapeutic benefit even when strong anecdotal evidence to the contrary is present. This paper reviews several key outcome measures used in NSC randomised controlled trails and highlights their limitations to inform developments in evidence-based management of complex symptoms. Evidence to inform essential components of NSC interventions are considered and questions raised about how this evidence can contribute to improved measurement of complex, cancer-related symptoms.