Thursday, 25 March 2010 15:30–17:00

EUROPA DONNA SESSION

Life after breast cancer

227 Invited

Psychological needs after treatment

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The psychosocial needs of cancer patients during and after treatment have been the subject of study and this has led to the development of specific clinical practice guidelines that describe the needs and the way they should be met in a multidisciplinary setting. Psychosocial needs need to be addressed not as an optional extra but as part of the treatment process. This has been further reinforced by the studies that show that breast cancer patients often have higher levels of anxiety after they have completed their treatment. Following a diagnosis of breast cancer a woman finds herself in a new and unfamiliar landscape − in the middle of a storm that sweeps not only her away but also those around her. This creates different levels of stress that vary from patient to patient, and need to be addressed individualistically and tailored to every woman's needs. The Health care team is under pressure to recognize the different needs of every patient and her family-no two patients are the same. The life experience of the diagnosis of breast cancer is similar for women across boundaries, race and religion. The questions that go though one's mind, the confusion felt, the uncertainties and fears are common to most women. Needs are however individualistic and diverse. However as science has progressed, so have the issues faced by women, increasingly becoming more complicated − issues on different treatment options, on clinical trial participation, on pregnancy, on genetic testing have added to the overwhelming amount of information that women need to access and familiarize themselves with. Research into the way in which adjustment reactions differ indicate that previous life experience and the way these were coped with are an indication of how the patient will cope with her diagnosis, treatment and life following the end of treatment. The question that begs to be answered is when treatment actually ends and how is this reflected in the needs of patients.

228 Invited

The importance of rehabilitation

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The diagnosis and treatment for breast cancer can have a vast impact on women, both psychosocial as physical. Systematic reviews show that exercise for women with breast cancer can improve physical fitness. But for lasting effects, especially on fatigue, a behaviour change is needed. In the Netherlands a nation wide rehabilitation program is implemented since 1998: Recovery and Balance (Herstel en Balans). This 12-week program combines physical exercise with psycho-education. It is a group program, individually tailored. Weekly psycho-education sessions are led by psychosocial professionals. Twice a week patients train with a physical therapist. Results show that at baseline patients report low quality of life (measured by the EORTC). At the end of the rehabilitation program participants reached significant improvement on global quality of life, emotional functioning, cognitive functioning and fatigue. In this presentation the specific content of the program is revealed, as well as in- and exclusion criteria, training of the professionals, pitfalls on implementation and future challenges.

Thursday, 25 March 2010 18:15–19:15

POSTER SESSION

Local regional treatment

230 Poster discussion

Sentinel node (SN) based management caused less arm swelling and better quality of life than routine axillary clearance (AC): 3 year outcomes of the SNAC trial

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Background: We sought to determine (i) whether the early reduced morbidity of sentinel node based management (SNBM) compared with routine axillary clearance (RAC) was sustained after 3 years of follow up and (ii) the predictors of lymphoedema at 3 years.

Patients and Methods: 1088 women were recruited and randomly allocated to either SNBM (SN biopsy followed by AC only if the SN was positive, n = 544) or RAC (SN biopsy followed by AC for all women, n = 544). SN(s) were located using antimony-labelled sulphur colloid and/or patent blue. Assessments were done before surgery, and at 1, 6, 12 months and thereafter annually. Arm swelling was assessed objectively as changes in volume, and subjectively by patients using the SNAC Study Specific Scale (SSSS) which assess arm symptoms. The primary endpoint was the average percentage increase from baseline in arm volume. Other endpoints were the proportions of women with a 15% or greater increase in arm volume, and the average difference from baseline on the SSS Scale. All analyses are by intention to treat using 2-sided p-values.

Results: The randomised groups were well balanced. SN biopsy had a sensitivity of 92%, a false negative rate of 8.2% and a negative predictive value of 97%. SNBM significantly reduced the rate of arm swelling compared with RAC, and the benefits at 3 years exceeded those seen at 12 months. The incidence of lymphoedema increased after 12 months but plateaued after 2 years. Significant reduction in arm swelling was restricted to those women who were SN negative; women who were SN positive and required a second operation had identical lymphoedema outcomes to those in the control arm (RAC). Arm swelling occurred in both the operated and non operated arms and was associated with progressive weight gain over 3 years. Multivariate analyses revealed significant predictors of lymphoedema (objective measure) were type of surgery, age, presence of a palpable primary cancer and an extensive in situ component. Similar analysis showed that significant predictors of self rated swelling were type of surgery, BMI, side of tumour and lymphatic invasion.

Conclusion: SNBM causes less morbidity than RAC based on objective and subjective ratings assessed after 12 months and 3 years of follow up. These predictive data will allow early intervention for women demonstrated to be at risk.

231 Poster discussion

Mature results of a randomized trial of tamoxifen with or without breast radiation in women over 50 years of age with T1/2 N0 breast cancer

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Objective: To determine the long-term effect of breast irradiation and tamoxifen on ipsilateral breast relapse (IBR) in women over 50 with T1 and T2 node negative breast cancer.

Methods: Between December 1992 and June 2000, 769 women age 50 and older were randomized to breast radiation (RT) and Tamoxifen (Tam, n = 386) or Tam alone (n = 383). Six hundred and thirty-nine women (83%) had pT1 lesions, 723 (94%) were ER/PR positive and 636 (83%) had pathologically negative nodes (the remainder were clinically negative). Median follow-up was 10 years (range 0.1−16 yrs).

Results: Ipsilateral breast relapse (IBR) at 10 years was 5% in the Tam/RT arm compared to 13.8% in the Tam only arm ($p < 0.0001$). Tumour size (HR 1.54, $p = 0.001$), hormone-receptor status (HR 0.35, $p = 0.006$),