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Poster

Not threatening, though aggravating

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Background: About 80 women with pain in their breast participated in a test at the Jeroen Bosch Hospital at Den Bosch with GLA as medical treatment. The analysts are careful with the test results, but they assume that two out of three of the women who choose to co-operate on this test experienced good results. A more elaborated analysis is expected.

Not threatening, though aggravating: Pain in one or both breasts is a very important symptom at the patients who visit our breastclinic. The fear for breast cancer plays a part in it, however the chance on breast cancer at these patients is only about 0, 5%. Yet, a part of the women is interfered in such a way by this pain during practicing daily activities, they therefore visit a doctor.

Mastopathie is a repeatedly occurred complaint which can spontaneously appear and disappear and about 70% of the women once in their live trouble with. The complaint can early in the puberty appear and stays till an high age. Mastopathie can vary from a stressed feeling in the breast till an heavy pain which can affect the quality of live. The pain occurs both lateral as bilateral.

Recommendations: The diagnostic and treatment of mastopathie belong to the first line. But if there is uncertainty about the character of the pain or if the pain reacts inadequate on tranquilizing, conservative measures or painkilling, referring to the second line is an option. A solid anamnesis and physical examination, and if necessary an x-ray can tranquilize 85% of the patients in such a way that further treatment is not necessary. The other 15% of the patients are as such interfered by the pain that eventual medical treatment is useful.

At the Jeroen Bosch Hospital at 's-Hertogenbosch is now a test running with the use of GLA as treatment of a category mastopathic patients. Halfway 2008, a mastopathie-polliclinic started at location Groot Zieken Gastenhuis. First the patients get a solid anamnesis (by the nurse practitioner and a surgeon) and an x-ray examination; the last one is necessary to exclude pathology and to diagnose and treat an eventual cyst, which can also cause pain complaints. After the diagnostic the women who would like a further treatment, start with omega 6 fatty acids in the shape of a GLA-preparations; 1x daily 90 mg GLA.

The past 6 months, 82 patients were treated in this way. At 70% of the patients were de pain complaints were certainly still present, but the VisualAnalogueScale-score decreased from 8 to 6. After 3 months, these women gave a Visual-Analogue-Scale score of 0-4. Two patients stopped taking the fatty acids because they experienced an increase of the complaints. As a result, this treatment appears to be a good adequate treatment for 2 out of 3 women who would like a further treatment.

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Poster

Five golden tips improve to anticipate on the breast cancer patient

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Background: Women with breast cancer go sometimes already 48 hours after the operation home. The women are satisfied about this short-stay. It is the expectation that in the close future this short-stay at many places will be introduced and further shortening to day treatment will find place. For this reason a workshop with as input golden tips (still) improve to anticipate on the breast cancer patient. An instrument for nurses to make well informed choices for the nursing during the admission on the patient care unit.

Method: On account of a workshop for nurses working with breast cancer patients and listening to the story of two patients from one's own experience, nurses become itself more aware what happened with themselves and the patients during admission in the hospital.

Results: Nurses of the departments 7 North, A0, A2 and A3 become conscious of what happens by themselves and the patient around breast cancer.

Discussion/Conclusion: The points of interest are:

1. conscious professional attitude
2. knowledge around breast cancer/procedure/treatment
3. individual assignment
4. multidisciplinary co-operation
5. uniformity

Recommendation: In the autumn of 2009 there will be draw up a plan to give credit for the points of interest given up by the nurses themselves.

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Poster

Survivor's point of view after breast cancer

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Background: Cancer diagnosis creates stressful situations for women. Successful coping alleviates stresses, improves patients' quality of life and improves acceptance of treatment outcomes.

Material and Methods: We designed a qualitative study to investigate the survivor's point of views about living after breast cancer treatments and also the main coping styles they used against cancer. Participants were 51 women who had breast cancer treatments and attended to breast cancer follow-up clinic in ICBC (Iranian Center for Breast Cancer), Tehran, Iran. Informed consents were obtained. All of the attendees had face to face in-depth guided interviews, with one open-ended questionnaire. The interviews were audiotape recorded, and then translated verbatim and major themes extracted. The interviews intended to motivate the participants to describe their life experiences.

Results: All of the attendees had completed surgery, chemotherapy and radiation treatments. Their age were 42-60 years, all of them were married. The time period between the diagnosis and their interviews was 4-7 years.

Major themes emerged were: Trust in God and spiritual beliefs as an essential and extra resource for all patients to help them to overcome their cancer problems. Family and specially husbands' supports were as highly potent factors for patients' coping with the cancer.

Conclusion: Patients had heavily relied on their prayers. This relation with God offered intercession for their healing and made them powerful to response to the cancer. It seems better that, Clinicians and healers encourage patients to use their mental powers to overcome (positive mental powers to win against) their cancer. Also, they may be promoting "trust in God and spirituality" and "positive attitude" in all processes of the patients' life.

Nurses may be in a unique position to promote between patients and their family (especially husbands) from initial diagnosis to the survivorship.

Wednesday, 24 March 2010

18:15-19:15

POSTER SESSION

Targeted treatment

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Poster

A multicentre audit of HER2 positive Early Breast Cancers and the reasons why patients do not receive trastuzumab therapy

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Background: Various trials have shown substantial benefits from adjuvant Trastuzumab (Herceptin®) therapy in HER2+ early breast cancer (EBC). Trastuzumab was licensed for adjuvant therapy in EBC in the United Kingdom in 2006. The objectives of this multicentre audit were to determine the incidence of HER2 + breast cancers, the number of HER2+ EBC women who received Trastuzumab and to ascertain the reasons why some HER 2+ patients did not receive Trastuzumab.

Methods: Data was collected for all invasive breast cancers diagnosed at six UK centres over an 18 month period from 2007 onwards. All HER2+ invasive breast cancers diagnosed by a combination of IHC and FISH were identified using each centre's breast cancer database. Case-notes and online records were checked for the HER2+ EBCs and reasons noted if they had not received Trastuzumab.

Results: Over the 18 month period, 3424 patients were diagnosed with invasive breast cancer at the 6 centres. There were 478 (14.0%) HER2+ cancers (range 10.3 to 18.5% across the 6 centres). 386 of these were EBCs.

238 (61.7%) HER2+ EBC patients received Trastuzumab therapy (range 56.7 to 63.9%).

Conclusions: The incidence of HER2+ breast cancers is 14% with majority of these (80%) being EBCs. Only 60% of the HER2+ EBC patients received Trastuzumab.