Poster Abstracts

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POSTER SESSION
Advocacy

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How women cope with HER-2 ABC

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Breast cancer is the most common cancer among European women and has the highest mortality of any cancer in women worldwide. That is why breast cancer patients and all women are the one who we advocating for. Among breast cancer patients one of the diagnoses is also BC with HER + advanced breast cancer.

From the patient's perspective coping with the disease is very difficult, regardless of the type of disease. In recent years patients are getting more involved in education, information and also clinical trials and decision making policy, because patients are getting more self-awareness and self-regulation with having more and more knowledge about the disease. The same is with the breast cancer patients with HER 2+ advanced breast cancer.

For better understanding of HER2+ BC patients we did a short questionnaire research among HER 2+ BC patients in Slovenia, where we asked them if they think that they were sufficiently informed about treatment, which treatment they received and how they felt during treatment, were they aware about consequences or side effects and what are their personal proposals for maintaining their health.

From patient's perspective, no matter the type of disease, the rules and standards about treatment must be very clear and understandable for anyone. But from patients' perspective coping with the disease is something very personal, feelings and consequences are personal and need to be taken into account and all medical staff need not only listen, but also hear the patient's voice, which is powerful and important and must be heard.

All of the above shows that personalized treatment, what we are advocating for, is very important and informing the patient too. As recent guidelines shows personalized medicine is a future in BC as well.

No conflicts of interest

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Understanding and eliminating the stigmatism and myths associated with male breast cancer

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As an eleven year male breast cancer (MBC) survivor, founder and CEO of A Man's Pink, a MBC advocacy organization that supports our website www.malebreastcancer.ca, our mission is to promote MBC awareness, increase early detection, optimize and bring the survival rates for men diagnosed with breast cancer into the 21st century. In the 1980's extensive promotional campaigns to increase female breast cancer awareness significantly increased early detection with a corresponding dramatic enhancement in the survival rates for women diagnosed with this disease. Up until the early 1980's, many MBC patients diagnosed with estrogen receptor-positive tumors (80−90% of MBC patients) with metastatic or inoperable cancer underwent removal of their testicles in order to prevent further growth of the tumor (20% of male body estrogen is produced in the testicles). One definite reason why men did not want to talk about MBC. Identification of the "estrogen receptor" eliminated this treatment option. Today's talk will also include MBC occurrence data, prognosis and treatment options, myths about MBC, difficulties encountered by patients and survivors during their treatment and recovery, as well as suggesting, from a survivors point of view, how to best promote and increase MBC awareness. Input will also be solicited, in a survey form from the medical professional audience, as to their thoughts and suggestions on how to best increase MBC awareness, early detection, survival rates and to improve the journey for men, in Europe and globally, with their battle with breast cancer.

No conflicts of interest

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Patient participation for better shared decision-making

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In the Netherlands patients' experiences are implemented to improve shared decision-making (SDM) in the doctor-patient relationship. This is done by preparing the patient for consultations with the clinician, by providing extra time to reflect at the beginning of the process and by assisting clinicians with the implementation of SDM. On the basis of patient experiences the Dutch breast cancer patient organization (BVN) has made an extensive question prompt, B-bewust (Be aware), enabling patients to reflect on what is important for them, as a first step to taking control when discussing the treatment plan with the physician. Voluntary BVN patient advocates (PAs) stimulate doctors and nurses to introduce B-bewust during consultations with patients. This fosters SDM, which makes the care more personal, more informative and causes less regret for decisions taken.

B-bewust (www.b-bewust.nl) offers checklists and medical information for patients to prepare for consultations with clinicians. B-bewust has been set up with patients and clinicians. First experiences show that right after the diagnosis, patients deal with information in a limited way. Creating time to reflect may help, as may the degree in which clinicians involve patients in SDM. A 'time-out consultation', combined with SDM stimulates patients to take an active role when making preferential decisions. The point is that there is not one best option for diagnosis and treatment, but that patients can make their own fitting choices from equal options.

In 2015 and 2016 B-bewust will be implemented and evaluated in 20 hospitals with the help of PAs. PAs are experience experts with a knowledge of breast cancer care, trained to deploy the patient perspective for improved quality of care. They keep in touch with the care teams of breast cancer uinits which want to consciously embed B-bewust in their procedures and to motivate patients to take control and SDM. Additonally, in 2016 a group of hospitals are starting a 'time-out consultation' combined with SDM. There will be an evaluation whether this leads to more patient participation in decision making, different choices, adapted guidelines and/or cooperation between hospitals in 1 region and costs.

At the end of 2015 and in the course of 2016 B-bewust results will be available regarding the timing of introducing B-bewust to the patient, how to motivate clinicians and what works with implementation by PAs. The implementation of a 'time-out consultation' will start in 2016 with a zero measurement and an investigation into how 'time-out consultation' combined with SDM can be introduced.

No conflicts of interest

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Optimizing breast cancer care in developing countries: Current problems with and way forward for research on epidemiology and delivering screening, treatment, supportive and survivor care services

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Background: With more than half of global burden of breast cancer, it is the commonest cancer among women in developing countries. Lack of infrastructure, knowledge along with sub-standard and sub-optimal technology, technique and infrastructure to assess the epidemiology, to screen, diagnose, work-up and stage, for treating and following-up, to provide supportive care and to address survivorship issues of the breast cancer patients may contribute to delay in diagnosis, increasing burden of advanced stage disease, poorer outcome and quality of life (QoL).

Methods and Materials: Discrete hospital-based data of breast cancer patients treated during specific time period at two regional cancer centres of India, i.e., All India Institute of Medical Sciences, New Delhi and Kidwai Memorial Institute of Oncology, Bangalore were analyzed. Analysis of published literature of epidemiology and screening of breast cancer patients was carried-out.

Results: Epidemiology of breast cancer is quite different from that of those of affluent industrialized nation. Breast self-examination may still have relevance in early detection of breast cancer in contrary to evidence from developed countries. Newer modalities of screening and initial work-up may not be feasible and accessible in developing world. Need to select patients for breast conservation therapy, optimizing chemotherapy regime (CMF/CAF regime over epirubicin-/docetaxel-based chemotherapy) and radiotherapy techniques (conventional body-contouring directed cobalt-60 radiotherapy technique over intensity-modulated radiotherapy) after considering the cost-benefit and cost-effectiveness of these modalities. Follow-up interval and investigations should be prescribed to patients with Common Terminology Criteria for Adverse Events Reporting (CTCAE v4.0) grade 2 or higher symptoms. Distress screening and tool to measure distress has to be optimized based on the resources available in developing countries. Everyday travel to radiotherapy centre may push patients into poverty and advocacy for free travel pass may be essential in these under-developed regions of the world. Personalization of investigations and therapy and quality of life issue should consider not only tumor-related factors, but also the patients- and health-care-related factors.