

*Functionality of breast reconstruction; Less good*

- Reduced mobility – 50%
- Firmer consistency – 59.3%

*Effects of radiotherapy*

- Overall rating with R/T (7/10 and above) 80%; without R/T 81%

*Conclusions:* Patient reported outcomes after post mastectomy Lat Dorsi breast reconstruction are acceptable; aesthetics have not been objectively assessed but subjectively are reasonable. Highlighted is that this type of reconstruction results in a functionally inferior breast compared to the contra-lateral normal side.

Unexpectedly, patient reported outcomes after radiotherapy were no worse; this may reflect an increased ‘preparedness’ for a worse outcome from adequate pre-operative information.

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#### O-95 RCT EVALUATING THE EFFECT OF MINDFULNESS-BASED STRESS REDUCTION (MBSR) ON MOOD, QUALITY OF LIFE AND WELLBEING IN WOMEN WITH STAGES 0–III BREAST CANCER

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The aim of the study was to determine whether and to what extent mindfulness-based stress reduction (MBSR) has any effect on mood, disease related quality of life, wellbeing and endocrine symptoms in women with stages 0–III breast cancer.

The study chiefly used a randomised controlled trial design. Eligible participants had previously attended a day centre, Breast Cancer Haven in London, which offers support, information and complementary therapies for women. Eligibility was based on ending hospital treatment for breast cancer no less than 2 months and no more than 2 years previously ( $N = 229$ ). Consenting participants were randomly assigned to either an immediate intervention or wait-list control group. Participants completed the Profile of Mood States (POMS) (primary outcome measure), Functional Assessment of Cancer Therapy-Breast (FACT-B) and -Endocrine (FACT-ES), including their trial outcome indices (TOI) and World Health Organisation Five-Item Wellbeing Questionnaire (WHO-5) as well as a short proforma to obtain qualitative data.

Two hundred and fourteen women (mean age 49 years) completed the study, (a 93% response rate). Intention-to-treat between-group analysis showed that after the intervention, participants in the MBSR group, compared to controls, had statistically significantly improved scores on POMS Total Mood Disturbance at both eight weeks with MBSR group mean (SD) of 30.02 (31.60) compared to controls 47.81(39.81) (95% CI for difference  $-27.44$  to  $-18.14$ ,  $p < 0.001$ ) and 12 weeks mean (SD) of 29.83 (34.19) compared to controls 45.43 (35.51) (95% CI  $-25.01$  to  $-6.20$ ,  $p < 0.001$ ). Significant improvements were also found on

all POMS subscales – anxiety, depression, anger, vigour, fatigue and confusion. Significant improvements were also found on a range of FACT dimensions: FACT-B, -ES, -B TOI, -ES TOI, and physical, emotional and functional wellbeing subscales, as well as on the WHO-5 Wellbeing Questionnaire. Qualitative findings revealed that participants found themselves to be more mindful and key themes included being calmer, centred, at peace, connected and more confident; being more aware; coping with stress, anxiety and panic; and accepting things as they are, being less judgemental of myself and others.

MBSR was effective in improving mood state, quality of life including endocrine symptom and wellbeing in female breast cancer survivors (diagnosed with stages 0–III breast cancer).

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#### O-96 USING A NEEDS ASSESSMENT TOOL IN BREAST CANCER FOLLOW-UP

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*Introduction:* Needs which arise for women with breast cancer are complex and are directly influenced by their individual experience from diagnosis, through treatment and beyond. The aim of this study is to assess the effectiveness of using a needs assessment tool during a clinical consultation.

*Research questions:*

1. To identify the perceived needs of breast cancer patients attending follow-up clinics.
2. To examine the relationship between the measures of perceived need, quality of life and satisfaction with care.
3. To investigate the differences between those receiving the standard follow-up care and those receiving care by SBCN using the needs assessment tool on measures of patients satisfaction with care, perceived needs and quality of life.

*Method:* A prospective randomised controlled trial. Women are randomised into two groups: group 1 receives the usual follow-up care by the clinician and group 2 receives follow-up care by the Specialist Breast Care Nurse (SBCN), who uses the needs identified by the woman in the tool, to guide the consultation and subsequent interventions.

*Summary of results:* Ninety-two women have been recruited who are up to five years since diagnosis. A wide range of needs were reported including pain/discomfort in affected breast, fears of cancer returning and changes in sexuality/relationships. This presentation will report the descriptive demographic and clinical characteristics of participants along with comparative data between the groups.

*Conclusion:* The findings indicate that new methods of eliciting the needs of women during the follow-up consultation are necessary to offer women appropriate and timely interventions.

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