

Newsletter

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Chairperson's Letter

Dear Colleagues,

Welcome to our newsletter for Spring 2009. Firstly, I would like to thank the Marie Keating Foundation who have kindly, as in previous years supported the publication of this newsletter. The committee and the association very much appreciate their generosity. I would like to thank the committee members of the IBCNA for their work over the last year.

This year we have some interesting articles on gynaecomastia, breast care experience-a patients perspective, women's response to self discovered breast lumps-report of a recent study as well as updates from the Marie Keating Foundation and Action Breast Cancer

We are clearly facing challenging times as breast care nurses. As an association it is imperative that we continue to promote the aims of the Irish Breast Care Nurses Association in our endeavours to provide best nursing standards of care for all our breast patients. At our recent workshop which included discussions and presentations on the National Cancer Control Programme, it is evident that the importance of providing a forum for the exchange of information for our members is essential. It is important that we continue to act as a united voice to nurses working in breast care and act as a pressure group in ensuring that breast care nursing will continue to be recognized as an essential healthcare area. We must also continue to involve ourselves in ongoing education and audit, adding to literature thus promoting our work as a specialty.

Our annual conference this year takes place on 1st April this year in Croke Park. Again we have chosen our speakers based on the evaluation forms from 2008's conference. We look forward to meeting with you all on this significant date.

With best wishes,

Marina Nolan
Chairperson
Irish Breast Care Nurses Association



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News from the Marie Keating Foundation

The Foundation continued its core work of raising awareness of breast and other cancers throughout 2008. With newly commissioned mobile information units, the Foundation met with 12,459 men and women throughout the year. This work carried out by our trained nurses in each of the regions, visited 287 community locations and 107 workplaces during the year. Focusing on each of the key cancers and specifically those that are affected by lifestyle changes, our nurses educated and informed men and women on the importance of a healthy lifestyle as well as early detection in the fight against cancer.

"The nurse created a very relaxed environment where people were comfortable asking questions, it is an absolutely fantastic service to offer to organisations and the public at large"
 Mary, Dungarven



Completion of new fleet with new mobile unit for the Eastern region and kindly supported by RE/MAX.

Sadly, Marina Nolan left the Foundation as our senior nurse specialist. She was responsible for the on-going professional development of the Foundation's nurses. In addition, she established an education programme with the staff of AMNCH in Tallaght targeting women in that catchment area, encouraging them to be more breast aware. Geraldine Gleeson took up this role in September 2008 and has made great inroads with this programme, by linking in with women through the myriad of groups in existence in the Tallaght/West Dublin/Kildare/Wicklow catchment area. We are hoping that the outcome of this project will form the basis for further educational programmes across the country over the coming years.

2008 saw the appointment of the Foundation's first Development Officer. Working in the Western region, Pauline O'Connor whose background is in nursing health promotion, is developing the work of the Foundation at grass root level. Pauline introduces the service and "puts a face" to the Foundation. She visits companies, factories, shopping centres, voluntary groups etc to increase awareness of issues surrounding cancer in line with our message of early detection. The value of having a locally based Development Officer ensures that

a more direct link is created within communities, which in turn promotes the work and mission of the Foundation.

Work continued on our commitment to the education of young people through our CAP (Cancer Awareness Programme). Having been reviewed and updated, this programme has now been handed to the SPHE (Social, Personal, Health Education) Curriculum Development Unit of the Department of Education. Aimed at boys and girls of sixteen to eighteen years, the programme aims to promote awareness about the various forms of cancer and to help them understand the importance of detection at an early stage. Informing while not increasing anxieties associated with cancer is central to the aims of the programme and for this reason the programme engages with students through age appropriate material. The Foundation is delighted with the association with the staff of the SPHE Curriculum Development Unit on this project and we look forward to seeing how meaningful and useful it is to both teachers and students alike. Over seven hundred and fifty schools nationally will benefit from this programme over the coming year.



Our public awareness campaigns were very successful during 2008. We focussed on cervical cancer as part of European Cancer Awareness Week in January and distributed the newly established emblem for cervical cancer, "Pearl of Wisdom" by way of raising awareness to the general public. March is now the Foundation's men's month and we rolled out our campaign "Men Giving Cancer the Boot" with specific focus on prostate and testicular cancer. We initiated a new campaign in July last, which aimed to raise awareness of the risks associated with skin cancer and with the help of partners, the Irish Travel Agents Association, we provided parents with the necessary information and advice on keeping children safe from the dangers of the sun while on holiday.

As in previous years, October was the busiest month for the Foundation, being breast cancer awareness month. Our campaign, which was so kindly shared with us by the Australian organisation, National Breast and Ovarian Cancer Centre, was themed "Breast Cancer won't wait...everything else can" Over twelve major events were held during the month, all aimed at educating women on the



importance of early detection as well as raising necessary funds for the Foundation. From an inaugural "Ladies Lunch in Lucan" to our annual Gala Pink Ribbon Ball in the Shelbourne the month focussed on relaying the message to women of the importance of prioritising their own health, no matter how busy life is.

The highlight of the month for everyone in the Foundation has to be our "Survive and Thrive" Fashion Show. In its fourth year and held in the Conrad hotel the evening saw sixteen breast cancer survivors take to the catwalk and celebrate their own personal celebration of life. An altogether "wow" factor surrounded this event which seated an audience of over three hundred guests. The success of this event is as a direct result of the wonderful working relationship between the Irish Breast Care Nurses Association and the Foundation. The partnership between both organisations allows our wonderful models take on a very personal challenge at a difficult time in their lives, safe in the knowledge that they are well supported and cared for.



"Breast Cancer Won't wait....."

On behalf of the Board and staff of the Foundation, I would like to thank all our very dedicated breast care nurses and the committee for their generosity of time and support of our work.

Hopefully, 2009 will be a good year for all of your members and their patients.

Lillian McGovern
 Chief Executive Officer

Gynecomastia

Gynecomastia refers to the benign enlargement of glandular tissue of the male breast; it can be unilateral or bilateral and consists of a palpable mass of tissue of at least 0.5cm.in diameter.

Gynecomastia is a frequent clinical problem Breast tissue is palpable in a third or more of the adult male population and in a half to two thirds of pubertal boys. It can be a source of physical discomfort, psychological distress and can also raise fears of breast cancer.

Causes

Gynecomastia can be physiologic or pathologic. About 50% of cases of gynecomastia are physiological, connected with the neonatal period, puberty or aging.

Oestrogen stimulates breast tissue and androgens antagonise these effects, therefore gynecomastia has been considered as a result of a hormonal imbalance.⁽¹⁾

Pathological reasons include:

- Neoplasm.
- Hyperthyroidism.
- Liver disease.
- Drugs.
- Malnutrition.
- Testicular trauma.
- Testicular torsion.
- Renal disease.
- Primary gonadal failure.
- Secondary hypogonadism.

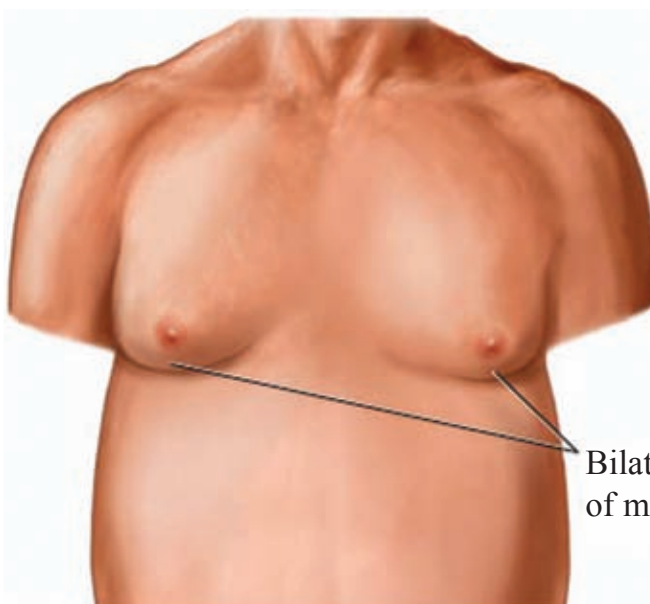
Drugs are a very common cause of gynecomastia and should always be entertained as the possible causal agent of such a condition. This drug side effect is due to an impaired balance in the serum oestrogen/ serum androgen ratio, whatever the mechanism, or a rise in prolactin level.⁽²⁾

Some of the drugs implicated in gynecomastia, include cimetidine, verapamil, digitalis glycosides, cytotoxic agents, central nervous system agents, calcium channel blockers, some antibiotics and growth hormones

Evaluation

A thorough history is essential to evaluate the causes of gynecomastia.

- Note the age of onset and duration.
- If breast pain or discharge present.
- Ask if any recent change to a nipple.
- Systemic disease e.g. liver or, kidney disease, hyperthyroidism, hypogonadism
- If any history of trauma to the testicles, mumps, use of alcohol.⁽⁴⁾
- Any family history of gynecomastia.
- Evaluate the patient's history for sexual dysfunction.
- Use of drugs.



Bilateral enlargement of male breast tissue

Physical

The first step in clinical evaluation is focused on differentiating true gynecomastia from fatty breast and excluding any malignancy. The tissue in gynecomastia is soft, elastic or firm but generally not hard. To examine, the patient lies flat on his back, with hands beneath his head. The thumb and forefinger are brought together from either side of the breast. A rubbery or firm mound of tissue that is concentric with the nipple is found in true gynecomastia. . Breast carcinoma is usually hard or firm, is most often unilateral and located outside the nipple areola complex. Skin dimpling, nipple retraction and lymphadenopathy may also be found.⁽⁵⁾

To search for the underlying problem routine biochemical testing includes evaluation of kidney, liver and thyroid function. Measurement of serum testosterone, L.H, F.S.H and prolactin level.

Imaging necessary in some cases involves testicular ultrasound, abdominal CT, brain MRI.

Where there is a suspicion of malignancy, a biopsy should be performed.⁽⁶⁾

Management

Treatment depends on the cause and may include observation, withdrawal of an offending drug, therapy of an underlying disease, giving androgen or antioestrogen drugs.

Pubertal gynecomastia has a high rate of spontaneous regression.⁽²⁾

For men with long-standing stable gynecomastia, no specific treatment is necessary.

Medical therapy of gynecomastia aims to block oestrogen effect in the breast with antioestrogens. Decrease oestrogen production using aromatase inhibitors or give androgens to counteract the effects o oestrogen.

Surgical treatment is considered when the diagnosis remains uncertain or gynecomastia is painful or embarrassing.

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The Irish Cancer Society and Breast Cancer in 2009

Dear Colleagues

With the implementation of the National Cancer Control Plan (NCCP) and the start of the re-organisation of breast cancer services in Ireland, 2008 was certainly a year of change.

In tandem, in mid 2008, after a two year strategic review process, the Irish Cancer Society launched a new mission statement.

Our new mission is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals for the next five years are focused around prevention, early detection and fighting cancer with three programme areas to achieve them: advocacy, cancer services and research.

In the fighting cancer arena, our main objective will be to ensure that every member of the Irish public, regardless of age, sex, social and ethnic background has access to the information and support they need to order to enhance their physical, emotional and spiritual well-being as they travel the cancer journey.

2008 was an intensely challenging year for both healthcare professionals and patients in the breast care arena as a result of the reporting of a number of cases of misdiagnoses. Subsequently callers to our Breast Cancer Information Service raised concerns regarding the standards of breast cancer care in hospitals across the country. In response, the Irish Cancer Society liaised closely with the HSE to

ensure that these concerns were addressed adequately and through our ongoing support of the IBCNA, we supported our colleagues working in breast care during this time of change.

In the meantime, we would like to tell you a little more about some of the breast cancer related projects and campaigns that we will be working on during 2009. Some of these commenced in 2008 so please consider this an update:

1. 'Barriers to screening' research in conjunction with Athlone Institute

This study which began in mid 2008, aims to investigate why women with symptoms approach the medical services late. Evidence shows that the reasons are multifaceted, while fear, and acquiescence of the power of cancer are reasons for late presentation, it is likely that there are others. The evidence however so far is anecdotal. The information arising from this study, which will use qualitative and quantitative methods, will be disseminated to all collaborators and published in peer review journals. It is also envisaged that the recommendations from this study will enhance national health promotion campaigns and influence public health policy.

For further information, please contact Naomi Fitzgibbon, Cancer Information Services Manager, Irish Cancer Society, Tel.: 01 2310 581

2. Hereditary and secondary breast cancer research

During 2009, we will be conducting focus groups which will look at the services provided in relation to women with hereditary and secondary breast cancer and what the needs of these women are. This will allow us to develop a specific programme to address these needs.

We will also review the aims and objectives of the younger women's group which were set approximately five years ago and funded by the Fashion Targets Breast Cancer Campaign (FTBC).

For further information, please contact Naomi Fitzgibbon, Cancer Information Services Manager, Irish Cancer Society, Tel.: 01 2310 581.

3. Lymphoedema research

The Irish Cancer Society embarked upon a piece of research to examine services for patients with lymphoedema in May 2008. The research is being conducted in two phases. Phase I comprised focus group research amongst service users and the results of that research is being analysed at present. Phase II is focusing on the completion of a questionnaire by service providers and service users. The plan is that all research will be analysed and a report will be compiled with recommendations on how we can improve on service for patients with lymphoedema in July 2009.

For further information, please contact Susan O'Carroll, Irish Cancer Society Patient Support Services, Tel.: 01 2310 606.

4. Lymphoedema workshops (Thursday 21st May and Tuesday 29th September)

The Irish Cancer Society will be hosting lymphoedema workshops in Cork on 21st May 2009 and in Dublin on 29th September 2009. These one-day workshops aim to promote the early recognition, effective treatment and long term management of breast cancer related lymphoedema amongst healthcare professionals.

Physiotherapist, Lynne Whiteside (who has trained with the Macmillan Lymphoedema Education Project) will be facilitating this course again for us.

For further information, please contact Susan O'Carroll, Irish Cancer Society Patient Support Services, Tel.: 01 2310 606.

5. National Breast Cancer Conference – Croke Park (Saturday 25th April 2009)

The Irish Cancer Society is delighted to announce that it will be hosting a second free day long national breast cancer conference for women at all stages of their cancer journey.





The conference will explore the many and complex issues that affect these women such as the psychological effects of a breast cancer diagnosis, sexuality, menopause, lymphoedema, fertility, issues relating to younger women, treatment for secondary breast cancer and reconstructive surgery.

The key speaker is Professor Alessandra Graziottin, Director, Centre for Gynaecological and Medical Sexuality, Milan, Italy who will present on Breast Cancer and Sexuality.

Posters advertising this conference will be issued in February 2009 to all hospitals providing breast cancer services and cancer support centres.

For further information call the Breast Cancer Information Service on Freefone 1800 30 90 40.

6. Prosthesis Fitting Open Days (Wednesday 25th & Thursday 26th March)

We continue to run Lingerie and Prosthesis Fitting Open Days to meet the needs of women who have undergone breast cancer surgery.

These free Open Days have been hugely popular with women and we have two planned for 2009 - Wednesday 25th March 2009 in Fels Point Hotel, Tralee, Co. Kerry and on Thursday 26th March in the Clarion Hotel, Cork City.

For further information please contact Eleanor Hughes, Irish Cancer Society Tel.: 01 2310 518

7. Fashion Targets Breast Cancer 2009

The Irish Cancer Society will be teaming up again with retail partner Brown Thomas and internationally renowned fashion designer Paul Smith to create a global exclusive for the 2009 Fashion Targets Breast Cancer (FTBC) Ireland campaign.

Ireland's fifth FTBC campaign will be launched on Wednesday, 29th April 2009.

Check out our website www.cancer.ie for further details over the coming weeks.

8. Unravelling the Ribbon

In early 2007, two play writers Maureen White (a breast cancer survivor) and Mary Kelly from Plan

B Productions travelled the country to meet with groups of women affected by breast cancer to hear their stories.

Following on from their travels, they wrote a play called Unravelling the Ribbon based on the 'theatre in education' model to generate awareness and stimulate discussion about breast health and breast cancer through the medium of theatre at all levels of society.

In 2008, the play toured 14 locations across Ireland from September 16th to October 11th, again to coincide with BCAM. Locations included both traditional and non-traditional settings such as community centres to assure that Unravelling the Ribbon and its message of breast health reached the widest possible audience.

The Irish Cancer Society (in association with Roche Ireland) has now produced a DVD of the Unravelling the Ribbon play to get the breast awareness message across to an even wider audience. This DVD comprises highlights of the play; thoughts and experiences of two women who have had breast cancer and information from a breast care nurse.

Essentially the DVD and associated booklet have been produced as a tool to help start a facilitated discussion around breast health and breast cancer within community groups.

If you would like to order a copy of the DVD, please contact Donna Parsons, Irish Cancer Society Tel.: 01 2310 573

The Irish Cancer Society is currently endeavouring to negotiate a sponsorship deal so that Unravelling the Ribbon can tour the country again during Breast Cancer Awareness Month (BCAM) 2009.



10. Reach to Recovery

Reach to Recovery is a peer support group affiliated to the Irish Cancer Society and we are delighted to announce that we have just completed training twelve new volunteers to undertake this vital work.

As breast cancer survivors themselves, these extraordinary women have been specially trained to provide practical and emotional support to women who have been diagnosed with breast cancer.

For more information on Reach to Recovery, please call the Breast Cancer Information Service on Freefone 1800 30 90 40.

We would like to take this opportunity to thank all our very many partners, breast care nurses, Reach to Recovery supporters, personalities, volunteers and the general public who continue to work so hard on behalf of our many breast cancer services and campaigns. We were very sorry to see Sandra Kelly leave us to start a new position in the Beacon Clinic last year, but were delighted to welcome Pauline Forrester to the team

The Breast Cancer Information Services team strives to provide the highest quality service to the many people we reach. As always, if there is ever any information you need please feel free to contact us at any time.

With warm regards & best wishes for 2009.

Naomi, Jenny and Pauline
Breast Cancer Information Service
Irish Cancer Society
Freefone 1800 30 90 40
Email: abc@irishcancer.ie
or visit www.cancer.ie/action

My Breast Care Experience

by Susan Connell-Ford



In May 2007, at the age of 55, I attended hospital for a mammogram. My GP had arranged this nine months earlier along with other tests, as I was experiencing extreme tiredness. I had no lumps or bumps (well, not on my breasts anyway!), so was surprised to learn I needed to return for further investigations. I had experienced benign breast disease in the past so thought maybe this had returned. I was unaware that my past breast disease actually increased my risk of breast cancer.

Early in June, the Breast Consultant, Mr Castineira, kindly but directly told me I had invasive lobular carcinoma and needed a mastectomy. I was really shocked – I was not expecting this at all. When asked about my prognosis, he remarked that to some extent, the more positive my attitude, the better the prognosis.

He then asked if I wanted to talk about reconstruction (the thought hadn't entered my head). I was hesitant because of stories I had heard.

That afternoon, my daughters and I just sat down and cried. Then I rang my sisters and close friends to say I had breast cancer. I was able to say I needed surgery but couldn't bring myself to use the word "mastectomy". Then my daughters and I searched the internet. We learnt that invasive lobular carcinoma frequently affects both breasts, either simultaneously or later in life. I told them about the 'positive attitude' comment – we decided that's how we would be from then on.

"Come on, Mum, go for the silicon" urged my daughters, "you'll be perkier than us".

Mr Castineira gave me three surgical options: We decided to remove and reconstruct both breasts. I wasn't scared – probably because he explained the procedure in detail and I had absolute confidence in him. Mary, the Breast Care Nurse, showed me some photographs of reconstructed breasts. That really helped.

My five months of chemotherapy began in September. This was by far the worst part for me. I felt very fatigued most of the time and sometimes depressed. I hated the side effects. Although I knew my hair would fall out, I cried extensively when it did. However, four weeks after my final chemotherapy session, my hair started to grow back. I was so pleased, I couldn't stop feeling it!

My final radiotherapy session was late March 2008, eleven months after my original mammogram. For the next

five years I will be attending hospital consultations every two months, and taking hormone therapy.

Of course there were down days and tearful days throughout those eleven months, but I tried to be positive as much as possible. Several things helped me do this. One was writing everything down. As the day's events were put in writing, the matter felt 'shared', 'dealt with', helping me move on to the next step. I also kept myself informed. I questioned health care staff, read booklets produced by the Irish Cancer Society and anything else I could get hold of.

I found the breast care team at my local hospital to be kind and caring, they made me feel safe. From our very first meeting, Mary the Breast Care Nurse assured me I could contact her at any time. The oncology nurses were so dedicated. They patiently explained their procedures and made me feel reassured. They gave me lots of advice but more importantly, they listened to me. One day, a nurse said "we just want you to get better". And she really meant it.

I sought out other breast cancer patients who wanted to discuss experiences. We swapped phone numbers and helped each other along. Our local cancer support centre has sessions just for breast care patients and survivors. I have also shown my reconstructed breasts to other ladies who are faced with decisions to make.

I try to live as healthy a life as possible. I am an example of the importance of early diagnosis and I promote breast awareness at every opportunity. And that life is good.

Breast Cancer Research Study

Fears and Anxieties Women Experience Prior to Accessing Breast Services In Ireland

Introduction

The Department of Nursing and Health Sciences in Athlone Institute of Technology in collaboration with Action Breast Cancer a programme of the Irish Cancer Society and Trinity College Dublin are conducting a research study to explore the fears and anxieties women have prior to their approach to the health services.

This study involves two phases. Phase one involved the completion of a pilot study which commenced in June 2008 and was completed in September 2008 at Beaumont Hospital. Phase two involves the roll out of the main study to other specialist breast centers in Ireland following ethical approval and collaboration with the breast care team in each centre.

Background of the study

Approximately 650 women die of breast cancer in Ireland each year (National Cancer Registry, 2006). About 2,300 more women and 16 men are diagnosed each year with the disease. These figures are forecast to rise to 4,700 by 2020 (National Cancer Registry, 2006). The outcome of breast cancer is measured in terms of survival (Keane, 2007). The two main predictors in terms of survival are tumour size and axillary node status. An early diagnosis of breast cancer increases the probability of non nodal involvement, a smaller tumour size and accordingly a healthier prognosis for the patient (Richards, 1999, Rosenberg et al., 2006). A significant proportion of patients with breast cancer present late for treatment to the health care service and the reasons for this delaying behaviour is not always understood or addressed in public health care campaigns or policy.

Aim and objectives

The aim of this study is to explore the reasons why women although experiencing breast cancer symptoms or concerns do not seek immediate help from the health care service.

The proposed objectives are:

- To identify the factors that inhibit women from accessing breast cancer services

- To gain an insight into the epidemiological profile of women who access health care services late in relation to breast care
- To establish if inequalities exist for women assessing health services for breast care
- To make recommendations from this study that will inform national health promotion campaigns and influence public health policy

Methodology

Phase one involved a pilot study which was conducted in Beaumont Hospital to identify factors associated with delay in presentation of women with breast symptoms who attended a Dublin breast clinic for the years 2004, 2005 and 2006 following ethical approval.

A semi-structured interview using a questionnaire was used to explore in detail the reasons why women with breast cancer symptoms did not present earlier for treatment. The questionnaire was designed from evidence from the literature on studies conducted in other countries relating to late presentation of women with breast cancer symptoms. It included both quantitative and qualitative questions along with demographic details.

Participation was voluntary and involved the breast care team identifying the patients from their medical records. The researcher contacted all the potential participants GP's to ensure that they were alive and well prior to sending them letters of invitation to participate in the study. The patient information leaflet which explains the rationale of the study was also sent to them.

The patients contacted the researcher directly and once they had agreed to participate an appointment was made for them to be seen by the research nurse in the breast clinic. The pilot study was very useful in helping to objectively look at the process of recruitment of participants and the tools used to collect the data.

Changes that were recommended for the roll out of the main study include:

- Amendments to the questionnaire
- Including patients that presented from 2004 to current date
- Increased input from the local team in the recruitment process which would hopefully increase the participant numbers.
- Improved utilization of the researcher's time and the clinic facilities for example seeing as many patients as possible in each centre on one day.

Progress to date with the roll out of the main study:

- The study is currently been conducted at Galway University Hospital and Letterkenny General Hospital. Ethical approval has been given from St Vincents University Hospital and discussions are currently in progress re the data collection with the local breast CNS and research nurse.
- Ethical approval is currently been sought in Tallaght Hospital Dublin and the Mater Hospital
- Discussions are also in progress with Limerick Regional Hospital

The research team include:

Principal Investigators:

Dr. S. Faherty / Dr. M. McDonnell-Naughton / Ms N Fitzgibbon

Researcher:

Dr. Noreen Cushen RN, BSc (Hons), H Dip Onc, H Dip Research, Doc Nursing

Statistician:

Dr. M. O' Regan, Trinity College, Dublin

The research team would like to take this opportunity to thank all the breast care teams that have collaborated with them to date and they are looking forward to working with other breast care teams in the future.

Women's Response to Self Discovered Breast Symptoms

Background

The most common malignancy among women in the western world is breast cancer.^{1,2} In Ireland, 2352 women were diagnosed with breast cancer in 2005³ with 678 deaths recorded for that year.⁴ Longer delay in presenting with breast symptoms is linked to a lower rate of survival from breast cancer.⁵ However, a considerable number of women wait for longer than three months before presenting to a health care professional (HCP) on finding a breast symptom.⁶⁻¹¹ Breast cancer treatment has advanced considerably over the past decade however, these treatments can be less effective when a diagnosis of late stage disease is made.¹² The aim of this study was to identify the extent of delay and the factors influencing women living in the Republic of Ireland, in seeking help from a HCP on finding a breast symptom.

Methods

A quantitative survey design was used and data were collected using the questionnaire titled "Women's help seeking for breast symptoms" adapted from Meechan et al.^{10,11}. The questionnaire sought to identify whether or not delay in help seeking occurs amongst women and to ascertain the relationship between help seeking and socio-demographic factors, women's knowledge and beliefs, social and psychological factors, health service issues, health seeking habits and symptom discovery matters. Participants were recruited from a breast care clinic within the Health Service Executive, South, prior to their visit with their consultant.

Results & Implications for Practice

The majority of women (n=99) taking part in the study were Irish ranging in age from 18 to 75 years. The time span from symptom discovery to women visiting their GP was calculated in periods of less than or equal to one month, one to three months and more than three months. It was found that 72.3% (n=73) of women reported to their GP within one month. Overall, over one quarter of women (ie 26%, n=26) delayed seeking help for more than one month, of these 14.1% (n=14) delayed from one to three months and 10% (n=12) delayed for more than three months. Remarkably, one participant delayed for two years. This is a worrying situation given

the continuous media campaigns emphasising prompt presentation of breast symptoms to a HCP.

Delay was related to women's knowledge and beliefs surrounding breast symptoms and social issues thus highlighting the need for continuing education concerning breast symptoms. The complex nature of women's lifestyles and multi faceted roles need to be considered so that women can be supported in fulfilling these roles without ignoring their own health care needs. The study highlights the need for HCPs to continue concentrated efforts in encouraging women to seek help promptly for self discovered breast symptoms. In addition, further study on issues surrounding women's delay is necessary to enable HCPs be more cognisant of and responsive to the needs of women who discover a breast symptom. Hence, further research is currently being carried out by the author.

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