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Abstract title: **The current management of vasomotor symptoms in breast cancer patients in the UK: Clinician versus patient perspective. NCRI Breast CSG Working Party on Symptom Management (Vasomotor)**

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Background: The vasomotor symptom of hot flushes (or flashes) is a well recognised, commonly reported side-effect in breast cancer (BC) patients treated with chemotherapy and endocrine therapy. It can significantly impact on quality of life and, for some patients, leads to the discontinuation of treatment resulting in worse BC outcomes. Managing this symptom is challenging and there is currently no consensus on best practice. In response to this challenge, and on the initiative of patient advocate members, the UK National Cancer Research Institute Breast Clinical Studies Group (NCRI Breast

CSG) has established a multi-disciplinary working party to evaluate and improve vasomotor symptom management. A starting point for the group was to establish the current opinions and practice of UK clinicians and their patients.

Materials and Methods: A short questionnaire was circulated to the members of the NCRI UK Breast Intergroup (BC healthcare professionals). A separate patient survey was opened on the BCC website and advertised via the BCC Facebook and Twitter Social media accounts.

Results: There were 185 respondents to the Healthcare Professional survey and as yet, 625 respondents to the patient survey (still 'live'). 95% of healthcare professional respondents 'agreed' or 'strongly agreed' that the treatment and management of hot flushes is currently an unmet need. Treatments vary across the UK and include pharmacological and non-pharmacological interventions. The most commonly prescribed drugs are the selective serotonin reuptake inhibitors (58%), such as venlafaxine, followed by clonidine (18%) and gabapentin (11%); Hormone Replacement Therapy and progesterone preparations are used by a small number (6.7% and 4.7% respectively). Complementary therapies are commonly recommended, in particular, evening primrose oil and acupuncture. Access to dedicated Cancer-related Menopause clinics is poor. The results of the patient survey will be presented at the meeting along with the final results from the Healthcare Professional survey.

Conclusion: There is currently no consensus regarding best practice for the management of hot flushes in BC patients within the UK. Led by patient advocates, the NCRI Breast CSG has established a multi-disciplinary working party with the aim of addressing this unmet need by increasing awareness, promoting clinical studies and contributing to the establishment of evidenced-based clinical guidelines for BC patients within the planned NICE guidance on diagnosis and management of menopause.

No conflict of interest.

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