ASR was among women aged 50–59, followed by women 40–49 then 60–69, with age specific incidence rates at 96.3, 79.9 and 77.4 per 100,000, respectively. Our correlates as follows with neighboring and other countries (ASR Lebanon: 30, Jordan: 22, Saudi Arabia: 14, Kuwait: 32, UK: 68, France: 78, US SEER Black: 90, USA SSER White: 79).

Conclusions: Lebanon has an ASR for breast cancer that is intermediate between ASR of developed countries and that of developing countries. We emphasize need for study of etiologic contributing factors and stress the importance of implementing screening guidelines. While American and European Cancer Societies recommend Clinical Breast Exam (CBE) every three years from age 20 to 39 then yearly after 40, we recommend that CBE should be done yearly starting from the age of 30. Training of medical students, housestaff, practicing physicians and obstetricians and gynecologists, and nurses to perform proper breast examinations is essential. Physicians should become more acquainted with the discovery and finding of benign lumps and fibrocystic diseases. Advanced and metastatic breast can be devastating not only to the woman, but also to her children and her husband, particularly in the cases of younger-aged patients. Therefore we suggest that more emphasis should be placed on asking husbands to encourage their wives to enroll in screening campaigns, or even have a more active role in examination when women consent. Mammography screening should start at the age of 40. Outside the United States and the Western Hemisphere, very few countries have regulations, periodic inspections and licensing procedures of mammography centers. We stress this aspect of quality control. Europe, USA, and Australia have large numbers of immigrants and descendants of Lebanese and Arabic origins, and these data may relate to them as well. Breast cancer study and screening in Europeans, American and Australians of Arabic descent and immigrants is necessary to detect similarities, changes and may prove to be important for their management.

457 POSTER

Breast cancer epidemiology in Iranian women

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Breast cancer is the third most prevalent cancer in Iranian women, hence one of the leading causes of death. What makes it different in Iran from Europe is the early onset of the disease. Therefore, we conducted this descriptive study to figure out the pattern of the disease. In a matter of a year, we studied the hospital files of 2886 patients, who were admitted to governmental hospitals in Tehran, and referral hospitals of selected provinces in Iran from 1986–1996.

From age point of view, we categorized patients in 6 age groups starting from 20 years old on. Although the trend is nearly the same as what we see in Europe, the peak age is about ten years earlier, in women aged 40–49.

Unfortunately, it takes a long time before women seek medical help when they first find a symptom. Only 4% of patients went to the hospital in less than a month after the first symptom appeared. For most of them (32%) it took 1–3 months.

The chief complaint was finding a lump in breast (76%). Some patients had two chief complaints, tumor and another one (12%). Axillary adenopathy was another common finding in these patients (53%).

Despite the changes in breast cancer surgery, Modified Radical Mastectomy was still the most common form of surgery in these patients. Conservative surgery accounts for 13% of all surgeries.

The last item which we studied was the pathologic report where the invasive ductal cell carcinoma accounts for 84% of all tumors.

All in all breast cancer starts earlier in Iranian women, and it takes longer for them to seek medical treatment. Early onset of the disease, higher stage, and late medical treatment are the supposed reasons for the radical surgery. We recommend that a national project start to screen young women, who are likely to get the disease at a younger age.

458 POSTER

Hereditary ovarian cancer in Poland

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There is increasing evidence that hereditary factors play a greater role in ovarian cancer than in any of the other common cancers of adulthood. This is attributable, to a large extent, to a high frequency of mutations in the BRCA1 or BRCA2 genes. In Poland, 3 common founder mutations in BRCA1 account for the majority of families with identified BRCA mutations. Our study was conducted in order to estimate the prevalence of any of 3 founder BRCA1 mutations (5382insC, C61G and 4153delA) in 364 unselected women with ovarian cancer, and among 177 women with ovarian cancer and a family history of breast or ovarian cancer. A mutation was identified in 49 out of 364 unselected women with ovarian cancer (13.5%) and in 58 of 177 women with familial ovarian cancer (32.8%). The majority of women with ovarian cancer and a BRCA1 mutation have no family history of breast or ovarian cancer. The high frequency of BRCA1 mutations in Polish women with ovarian cancer supports the recommendation that all Polish women with ovarian cancer should be offered testing for genetic susceptibility, and that counseling services be made available to them and to their relatives. It is important that mutation surveys be conducted in other countries prior to the introduction of national genetic screening programs.

459 POSTER

Laparoscopic oophorectomy combined with breast surgery for breast cancer patients

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Background: Prophylactic oophorectomy has been shown to be effective in reducing both breast and ovarian cancer incidence for patients with hereditary breast/ovarian cancer syndromes due to BRCA1 and BRCA2 mutations. Oophorectomy in a woman with breast cancer might also be done as a diagnostic or therapeutic procedure for ovarian pathology discovered during pre-operative work-up. We carried out a study of breast cancer patients who underwent the combined procedure of bilateral laparoscopic oophorectomy and breast surgery to determine the short-term outcome.

Methods: From November 2000 until June 2003, 14 breast cancer patients had breast surgery combined with bilateral oophorectomy in our institution. One of these women had a total abdominal hysterectomy as well, leaving 13 with breast surgery and bilateral laparoscopic oophorectomy in the same operating room session. The files of these women were analyzed retrospectively.

Results: The mean age of the 13 women was 50.6 years (range 39–61). Six women had known BRCA1 or BRCA2 mutations, 3 women had suspected ovarian pathology, 1 had a family history of ovarian cancer and 3 others had a family history suggestive of hereditary breast cancer but no known mutation. There were no ovarian malignancies on histological examination of the resected ovaries. The mean operating time was 163 minutes (SD±62, range 40–240), and the mean hospital stay was 2.8 days (SD±1.9, range 1–7). No complications were noted for any of the patients and discharge dates were determined by rate of recovery from the breast surgery only. Time from date of surgery to date of 1st chemotherapy was 26.1 days (SD±5.8, range 22–37), or 3.7 weeks (SD±0.8).

Conclusions: It is obvious that laparoscopic oophorectomy done at the time of breast surgery will avoid the need for a second hospital admission, operating room session and anesthetic at the cost of slightly extended operating time. Combining laparoscopic oophorectomy with oncologic breast surgery is a reasonable treatment option that does not cause an increase in the complication rate. The time to start of chemotherapy did not extend beyond 6 weeks in our series. Time to discharge seems to be determined only by the breast component of the surgery. This approach should be considered for any breast cancer patient undergoing breast surgery who might require oophorectomy as well.

Friday, 19 March 2004 16:00–17:15

PROFFERED PAPERS

Ductal and lobular carcinoma in situ

460 ORAL

Ductal carcinoma *in situ* of the breast in the Netherlands Cancer Institute. Outcome of 403 cases over the period 1986–2002

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Background: The aim of this study is to analyze the outcome of 403 cases of ductal carcinoma *in situ* (DCIS) treated with excision alone, excision plus radiotherapy, or mastectomy over the period 1986–2002. The impact