stratified sample, and results were projected to reflect the total population in each country using known population incidences – US: gender, age, race/ethnicity, and educational distribution from 2003 Current Populations Survey Annual Demographic File; Europe: gender, age, and education distribution from the International Data Base of the US Census Bureau and Organization for Economic Cooperation and Development.
Results: 67,198 adults completed the National Health and Wellness Survey (Table). In the 6 months preceding the survey, in all countries, those with breast cancer more often than those without visited a general practitioner/family practitioner (GP/FP) and an oncologist; in the US, UK, and Germany, an internist; and in France and Germany, a gynecologist (women). In the UK, breast cancer respondents visited rheumatologists more often than oncologists. Visits to GP/FPs and oncologists (all countries) and internists (US, Germany) were variably higher for breast cancer respondents than for those without breast cancer. More respondents with breast cancer than without visited an emergency room or were hospitalized in the prior 6 months in the US, UK, and Germany. In the US, breast cancer respondents frequently used a doctor as a source of medical information, followed by the Internet, pharmacist, nurse/nurse practitioner, and family/friend (Table). Other countries also used these sources, but to differing degrees. Breast cancer respondents in all countries ranked medical professionals (doctors, pharmacists, nurse/nurse practitioners) as most trustworthy and media (newspaper/magazine, TV/radio) as least trustworthy sources of medical information.

Demographics and selected results of the National Health and Wellness Survey

Breast cancer status	US (n = 40,730)	UK (n = 8,393)	France (n = 9,011)	Germany (n = 9,064)
No, n	40,137	8,329	8,938	9,005
Mean age, y	44	47	47	47
Female, %	51.2	51.3	50.6	50.9
Yes, n (%)	593 (1.5)	64 (0.7)	73 (0.8)	59 (0.7)
Mean age, y	61	64	61	67
Female, %	99.7	96.2	99.2	95.5
Top 5 frequently used sources (%)	Doctors (48.4) Internet (26.3) Pharmacists (21.2) Nurse/NP (17.3) Family/friend (14.0)	Doctors (36.3) Nurse/NP (20.7) Family/friend (19.1) Pharmacists (16.7) Internet (10.0)	Doctors (50.6) Pharmacists (22.3) Nurse/NP (13.0) Family/friend (10.5) Internet (8.9)	Doctors (30.4) Internet (23.6) Pharmacist (21.9) Family/friend (19.0) Health insurance (23.6)

NP = nurse practitioner.

Conclusions: Overall, there were no substantial differences in consultation patterns between breast cancer and non-breast cancer respondents in the countries investigated; however, there were country-specific differences in how medical information was obtained by those with breast cancer.

373 POSTER

Locoregional recurrence after conservative treatment for invasive breast carcinoma: the effect on survival and distant metastasis

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Background: Patients with invasive breast cancer submitted to conservative treatment must be followed for a long period of time to ensure the efficacy of the procedure regarding locoregional control. This study was performed to analyze the outcome and the relationships between locoregional recurrence (LRR) and, distant metastasis (DM) and survival.
Material and methods: Fifteen-year prospective study including 470 patients with early breast cancer, stage I and II, who underwent breast conservative treatment. Tumor size, nodal status, age, menopausal status, histological grade and LRR were analyzed for their ability to predict overall survival, disease-specific survival and distant disease-free survival.
Results: With a median follow-up time of 6.6 years (3 months-19.1 years), there were 19 LRR at their first site of recurrence and 53 distant metastasis. On univariate analysis, patients with LRR had a lower 10-year overall survival and DM-free survival: 61±12% vs. 85±2% (log rank = 8.06, $p < 0.005$) and 62±11% vs. 87±2% (log rank = 10.94, $p < 0.001$), respectively. Tumor size > 2 cm, positive lymph nodes and histological grade III were also significantly related to lower overall survival and DM-free survival. On multivariate analysis, nodal status, histological grade III and LRR (either as a categorical or as a time-dependent variable) were significantly related to overall, specific and DM-free survival, whereas tumor size had only a borderline effect on specific and distant disease-free survival.
Conclusions: LRR appears to be a significant predictor of DM and survival and patients who sustain early LRR tend to display a more aggressive clinical course

Publication
Breast cancer – early disease

374 PUBLICATION

Biochemical markers of the risk for cardiovascular disease in women with early breast cancer treated with anastrozole

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Background: Endocrine therapy for breast cancer targets estrogen – one of the major regulators of lipid metabolism. Newer generation aromatase inhibitors, such as anastrozole, actively suppress synthesis of estrogens from androgenic substrates. In some previous studies the effect of anastrozole on lipid profile was analyzed in patients with advanced/metastatic disease and/or pretreated with tamoxifen, both of which may interfere with lipid metabolism. In this study we evaluate the effect of anastrozole on lipoprotein / lipid profiles of patients with early breast cancer when used in adjuvant setting.
Material and methods: Fasting blood samples were taken from 54 postmenopausal women (median age: 64, range: 41–83 years). Serum concentrations of apolipoprotein A-I (APO-A-I), apolipoprotein-B (APO-B), triglycerides, total cholesterol (T-CH), high density lipoprotein cholesterol (HDL-CH), low density lipoprotein cholesterol (LDL-CH) as well as body mass index (BMI) values were prospectively measured at baseline and 1, 3, 6, 12 months afterwards. All the patients completed 12 months anastrozole administration.
Results: We did not observe any statistically significant changes in apolipoproteins and lipid profiles as well as the BMI values during anastrozole therapy. Morever, the risk of cardiovascular diseases as measured by atherogenic ratios (TCH/HDL-CH, LDL-CH/HDL-CH and APO-A-I/APO-B) remained unchanged throughout anastrozole administration.
Conclusion: Anastrozole – when used in the adjuvant setting in women with early breast cancer – did not have any detrimental influence on biochemical markers of cardiovascular risk.

375 PUBLICATION

Neoadjuvant capecitabine (X) plus docetaxel (T) for patients (pts) with locally advanced breast cancer (LABC): preliminary safety and efficacy data

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Background: The 3-weekly XT combination has significant activity in metastatic breast cancer, resulting in significantly superior survival, time to progression and response rate compared with T alone. Both drugs are synergistic with trastuzumab in HER2-positive tumours. This single-centre phase II study evaluated the efficacy and safety of weekly XT as neoadjuvant therapy for LABC.
Materials and methods: Pts with newly diagnosed invasive stage III inoperable breast cancer (cT4 and/or cN2–3) received X (900 mg/m^2 orally bid d1–14) plus T (36 mg/m^2 i.v. d1&8) every 3 weeks for 6 cycles, followed by surgery and radiotherapy. Pts with HER2-positive tumours (IHC 3+ or FISH+) also received trastuzumab (8 mg/kg on d1 of the first 3-weekly cycle and 6 mg/kg on d1 of subsequent cycles). Safety was evaluated after each cycle, clinical response after 3 and 6 cycles, and pathological complete response (pCR) postoperatively. pCR was defined as no residual invasive tumour in breast and axilla.
Results: To date, 19/34 pts have completed neoadjuvant chemotherapy and surgery. Baseline characteristics are as follows: median age 50 years (range 25–74), median ECOG PS 0 (range 0–1), ER/PR/HER2+ status 68/58/21%. The most common treatment-related adverse events (all grades) were diarrhoea (63%), hand–foot syndrome (HFS, 63%), nail changes (63%), peripheral neuropathy (58%) and lacrimation (56%). The most frequent grade 3/4 treatment-related events were diarrhoea (21%), HFS (10%) and anorexia (10%). Dose reductions were applied because of grade 2/3 adverse events (mucositis, HFS, diarrhoea, peripheral neuropathy and skin rash) in 5 pts and because of neutropenic fever in 1 pt. Therapy was prematurely interrupted because of disease progression (1 pt), capillary leak syndrome (1 pt), psychological intolerance (1 pt) and infection (1 pt). Median and mean dose intensities were 100% and 97% for T and 100% and 93% for X. The overall response rate was 79%, including 2 CRs and 13 PRs. A further 2 pts had stable disease. pCR was achieved in 2 pts who completed 6 cycles of XT. Most pts (75%) received postoperative anthracycline-based chemotherapy (4–6 cycles of FEC100) without unexpected toxicity. All pts with hormone receptor-positive tumours received locoregional radiotherapy and adjuvant hormonal therapy.