

Cross Tables of 2 × 2 clin/bio responses

	CA15.3			TPA		
	Cbio	Pbio	Total	Cbio	Pbio	Total
Cclin	63	1	64	61	1	62
Pclin	1	14	15		13	13
Total	64	15	79	61	14	75

Mucin (CA 15.3):  $\chi^2$  Pearson = 66.53,  $P = 0.000$  Concordance+ = 77/79 matches (97.5%) CK 18–19 (TPA):  $\chi^2$  Pearson = 68.52,  $P = 0.000$  Concordance+ = 74/75 matches (98.7%)

**Conclusions:** In CTM expressing tumours and taking into account simple application kinetics criteria, the analysis of CTM before CT infusion and its concentration / time curves, behaves as an excellent and dynamic surrogate to anatomical criteria in the evaluation of the disease control during CT in MBC.

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POSTER

#### Do very young breast cancer patients have worse outcomes in Korea?

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**Background:** The Korean women with breast cancer is younger than white women. This study was designed to compare the clinicopathologic differences and prognosis in very young patients and less young patients among premenopausal Korean women with breast cancer.

**Methods:** Of breast cancer patients treated at the Asan Medical Center in Seoul, Korea, from 1989 to 2002, 381 patients (9.6% of all breast cancer patients) were younger than 35 years (the "very young" group) and 2320 ranged in age from 35 to 50 years (the "less young" group). In this study, the clinicopathologic factors and survival rates of these 2 groups were compared retrospectively.

**Results:** The 5-year survival rate was 81.0% in the very young group and 89.1% in the less young group ( $p < 0.001$ ). However, on a stage-by-stage basis, No significant difference in survival was seen between the groups. The very young group with lymph node metastasis demonstrated a poorer 5-year survival rate (69.9% vs. 82.7%,  $p = 0.0063$ ) and disease-free survival rate (58.1% vs. 74.1%,  $p < 0.0001$ ) than did their older counterparts. The very young group had more advanced-stage disease ( $p < 0.001$ ), higher T-stage disease ( $p = 0.001$ ) and more positive lymph node ( $p = 0.024$ ) than did their older counterparts and higher percentages of estrogen-receptor negative tumors (48.2% vs. 42.1%,  $p = 0.047$ ), progesterone-receptor negative tumors (53.5% vs. 44.1%,  $p = 0.002$ ) and grade-3 histology (52.1% vs. 43.5%,  $p = 0.011$ ). In patients with an endocrine-responsive tumor, those in the very young experienced a significantly worse outcome than did those in the less young group (86.3% vs. 93.9%,  $p = 0.0108$  in ER(+); 85.9% vs. 94.9%,  $p = 0.0094$  in PgR(+)).

**Conclusions:** The Korean women younger than 35 years with breast cancer have a worse prognosis, a higher rate of recurrence, a later stage at diagnosis, and more aggressive biologic factors than older premenopausal patients. An age of younger than 35 years was an independent predictor for recurrence. Our results show that physicians must be aware of the consequences of breast cancer in younger patients and must recognize that (especially in node-positive patients) a therapeutic strategy more aggressive than that used in older patients may be required to optimize outcome.

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POSTER

#### Maintenance hormone therapy with letrozole after first-line chemotherapy in postmenopausal patients with hormone receptor-positive metastatic breast cancer

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**Background:** Metastatic breast cancer treatment aims to obtain a good control of the disease by optimizing the available therapeutic approaches. Maintenance chemotherapy beyond a response is often associated with

toxic side effects and many patients prefer to discontinue such treatment. In this study we assessed the efficacy for letrozole (Femara®) as a maintenance hormonal therapy after chemotherapy in post-menopausal metastatic breast cancer hormone receptor-positive patients.

**Material and methods:** Multicentre prospective trial. Women who received standard first-line chemotherapy for at least 3 months and had a complete response (CR), partial response (PR) or stable disease (SD), were then treated with letrozole p.o. 2.5 mg/day until progression disease or unacceptable toxicity. The main endpoint of the study was time to progression (TTP). Secondary endpoints were safety and response rate conversion. The data are presented with a median range of follow-up of 17 months.

**Results:** From June 2001 to August 2003 142 patients were included in the study. Median age: 60 years (36–81). Prior treatments: neo/adjuvant chemotherapy: 100%, neo/adjuvant hormone therapy: 46%, surgery: 80% and radiotherapy: 41%. 103 patients were assessed for efficacy and 124 for toxicity. Response obtained after chemotherapy: 27% CR, 28% PR and 45% presented SD. The median TTP was 19 months from starting with letrozole. A trend to a longer TTP in patients with CR and better performance status (ECOG) has been observed. A conversion response rate from SD to PR of 4.3% and from PR to CR of 12.5% was obtained from switching from chemotherapy to letrozole. The median overall survival (OS) was 37 months. Letrozole was well tolerated. The most frequent side effects associated with letrozole were: arthralgia, bone pain and headache.

**Conclusions:** Maintenance therapy with letrozole after chemotherapy was associated to a prolonged TTP and overall survival and improved the overall response. These results support the feasibility of switching patients to letrozole after achieving disease control with chemotherapy in postmenopausal women with hormone receptor positive advanced breast cancer.

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POSTER

#### Cost-effectiveness of zoledronic acid vs. other bisphosphonate agents for the prevention of bone complications in breast cancer: an application to Canada

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**Background:** Bisphosphonate therapies have been approved and recommended for the prevention of bone complications in patients with breast cancer. However, these agents differ in terms of efficacy, administration time, and costs. An economic analysis was conducted to assess the relative cost effectiveness of various bisphosphonates for the prevention of bone complications in Canadian breast cancer patients with metastatic bone.

**Methods:** A Markov model was developed to estimate and compare the costs and quality adjusted life year (QALY) of no therapy (PL), IV pamidronate (PA), IV ibandronate (IIBN), oral ibandronate (OIBN), oral clodronate (CLO) or IV zoledronic acid (ZA). The model adopts a third-party payer perspective and estimates the direct medical costs and QALY over the remaining lifetime of hypothetical cohorts of patients with breast cancer and bone metastases. In this analysis skeletal morbidity rates (SMR) was considered as drivers of cost effectiveness. The model included assumptions about costs of drug, cost of SRE, utility values for time with and without SREs and relief from bone pain, mortality, and compliance with therapy. Canadian costs and treatment patterns were used to populate the model.

**Results:** Over a patient lifetime, the discounted cumulative number of SRE was lower for ZA (3.44 per patient) compared to all other options; PA (4.06), CLO (4.56), IIBN (4.59), OIBN (4.72), and PL (5.62). Treatment with ZA resulted in a cost saving of \$7,518 per patient vs. IIBN, \$5,134 vs. OIBN, \$2,589 vs. PL, \$680 vs. PA, and \$79 vs. CLO. Discounted QALY per patient was higher with ZA (0.817), followed by PA (0.810), IIBN (0.802), CLO (0.790), OIBN (0.788), and PL (0.765). Therefore, ZA is the dominant option being less expensive and more effective than all other agents.

**Conclusion:** Zoledronic acid appears to be the most cost-effective bisphosphonate and should be considered as the standard of care in Canadian breast cancer patients with bone metastases.

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POSTER

#### The place of PET-18FDG in the diagnosis of breast cancer (BC) recurrence in the patients with isolated elevation of CA15–3 – single center experience

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**Introduction:** It is proved the performance of FDG-PET over conventional imaging in the diagnosis of the BC recurrence. There is no standard attitude