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Prevention School for Patients – does it work as effective cancer awareness among population in West Kazakhstan?S. Nurtayeva¹, R.K. Aristan², A.K. Koishibayev¹, A. Amangosov³.¹West Kazakhstan Medical School, Department of Oncology & Radiology, Aktobe, Kazakhstan; ²Medical Center of the West Kazakhstan Medical School, Main Head of Medical Center, Aktobe, Kazakhstan; ³West Kazakhstan Medical School, 6 year course student, Aktobe, Kazakhstan

Background: Cancer incidence and mortality have become an epidemic and are increasing rapidly in West Kazakhstan during the last decade. Obviously for former soviet republics it is linked to socioeconomic status and to lack of health care awareness during the health reforms period. It is clear that it is necessary to study new forms of education programs. The aim of the present study was to assess new forms of cancer prevention education among local population and medical students (future nurses and physicians) to ultimately improve the health care system for cancer patients in West Kazakhstan.

Materials and methods: Since April 2004, Prevention School for Patients has been developed at the Medical Center of the West Kazakhstan Medical School. Under-graduated students conducted health screening and public education programs to 872 volunteers, including patients, their relatives and friends under supervision of specialized team from Medical Teaching staff. Also medical students conducted interactive presentations about the role of tobacco smoking, chronic diseases, nutrition, overweight and obesity in developing cancer diseases.

Results: During this project totally were examined 982 people, males – 655 (66.7%), females – 327 (33.3%). Every third person (40.5%) was found in a high risk group for different cancer diseases, 576 people (58.6%) smoke 15–20 cigarettes per day, among smokers 422 (64.4%) patients are males and 154 (26.7%) females. Only 36 (6, 3%) people took part in a cessation sessions, every third person (12 patients) quitted smoking. Totally 524 people had listened health prevention lectures, 499 had written feedbacks. Most of listeners (78, 6%) evaluated these lectures as a quite informative and useful. 14 people (2, 7%) considered them as a threatened and non-useful. Other people had troubles to answer to these questions.

Conclusion: Our data indicate that Prevention School for Patients designed by Medical School in West Kazakhstan is highly evaluated by local population and it is quite important to continue design new forms of health education for healthy people as well as for cancer patients.

Key words: Health prevention

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Aids associated neoplasms. Uruguayan experience with 55 patients followed during a 7 year periodG. Krygier¹, A. Sosa¹, K. Lombardo¹, A. Dutra², S. Cabrera², R. Ocampo¹, P. Suarez¹, E. Savio², I. Muse¹, G. Sabini¹. ¹Hospital De Clinicas, Montevideo Uruguay, Servicio De Oncologia Clinica, Montevideo, Uruguay; ²Instituto De Enfermedades Infectocontagiosas, Montevideo, Uruguay

Background: Uruguayan incidence of HIV related tumors is rapidly evolving. Until 12/04, 5541 HIV patients were notified and 2489 were confirmed as AIDS stage. The main objective of this abstract is to evaluate retrospectively the incidence and clinical presentation of HIV related malignancies in our country and the corresponding follow up during a 7 year period.

Methods: We looked over the whole medical reports of the HIV population treated by the same medical team at the Oncological Service in the University Hospital, Montevideo Uruguay, during a 7 year period (01/98–01/05). An electronic data base was then implemented including gender, sexual behavior, drug addiction, date at HIV diagnosis, prophylactic infection therapy, antiretroviral treatment, viral load, CD4 levels at diagnosis and during the evolution and the oncological treatment at diagnosis and at relapse.

Results: 55 patients were diagnosed with HIV related tumors. Neither cervical nor anal tumors were reported during this period. The data analysis showed a median age at diagnosis of 34 years (range 23–69), male/female ratio 49/6, homosexual 15/55, heterosexual 17/55 and bisexual 8/55, iv drug consumers 14/55 and CD4 range at diagnosis 20–4500. 31/55 patients were affected of Kaposi's sarcoma, 11/55 non Hodgkin lymphoma (2 central nervous system primary lymphoma), 3 Hodgkin disease, 2 breast, 2 larynx, 1 rectal, 1 tongue, 1 thyroid, 1 cutaneous melanoma, 1 lung and 1 parathyroid tumors. Most of Kaposi's sarcoma were treated with ABV (Adriamycin, Bleomycin, Vincristine) chemotherapy regimen (11/31 patients experienced a relapse 4–32 months thereafter). CHOP (Cyclophosphamide, Doxorubicin, Vincristine and prednisone) was the preferred regimen for Non Hodgkin lymphomas. 17/55 patients are still alive (12 Kaposi's sarcoma, 2 Non Hodgkin lymphoma, thyroid, parathyroid

and 1 larynx tumors). The main dead causes were opportunistic infections and disease progression.

Conclusions: This is the first large scale work in Uruguay dealing with HIV related malignancies, illustrating the vast difficulties in collecting data, the different type of neoplasms in this population, and the need of a more accessible and precise program for the follow up period.

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"Football... here's health." Promoting healthier lifestyles through youth football clubsP. Betta¹, G. Bottero¹, C. Gandini², R. Testa². ¹Italian League against Cancer – Alessandria branch, Alessandria, Italy; ²ST 60 Communication and Marketing Agency, Alessandria, Italy

The project was designed to increase visibility and awareness of the childhood-oriented campaign for promoting healthy lifestyles, which has been successfully pursued for a few years by the local branch of the Italian League against Cancer in the setting of elementary state schools of the province of Alessandria. "Football... here's health" was a new initiative aimed at seeding a new culture of cancer prevention also in the setting of youth sport, and football in particular. In autumn 2004 the project "Football... here's health" was started and it was made up of three informative-didactic minicampaigns dealing with 1. fruit- and vegetable-based diet ("EAT US AND BECOME A GREAT"), 2. smoking habit with particular emphasis laid on the threat to child health resulting from passive smoking ("SMOKING IS BAD FOR RELATIONS, SMOKING IS FOR THE WEAK") and 3. sunray exposure ("LET'S TAKE CARE OF OUR SKIN"). All these minicampaigns had in common in their design and realization a deliberate strategic choice of downplaying the theme of "cancer" through the style and the images of the messages. Therefore, the serious and alarming tones of the traditional health campaigns were eliminated in favour of a simple, easily understandable, immediate and attractive language with friendly, cheerful and amusing tones and brightly and highly coloured pictures close to the children world.

The project utilized a variety of intervention strategies including: 1) an information campaign which conveyed the messages by means of handouts, calendars, t-shirts and sweaters; 2) involvement of football team managers and trainers as on-the-spot project coordinators; 3) wide educational activities addressed to young football players during both physical training and leisure times, 4) changes in the team environment to increase access to fruits and vegetables and to ban smoking habits around football fields, and 4) peer education.

Preliminary results show that a partnership between a non-profit, volunteer organization involved in cancer education and local youth football clubs can enable the development of effective educational materials and resources and foster increased capacity in both settings.

In addition these results indicate a need to raise awareness of basic "Football... here's health" with new strategies for creating an environment that promotes healthy lifestyles among children, their families, football team staffs, and eventually making health promotion a community goal (not simply an organizational one).

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Pathologic and molecular characteristics of breast cancer in Iranian patientsE. Hashemi¹, M. Najafi², N. Mehrdad¹. ¹Iranian Center for Breast Cancer, Surgery, Tehran, Iran; ²Iranian Center for Breast Cancer, Breast Disease Research Group, Tehran, Iran

Background: Iranian patients with breast cancer appear to have a different natural history and tumor characteristics compared to patients in the western countries. The aim of this study was to evaluate these features and to determine correlation between them and patient's age.

Material and methods: A cross sectional study of patients who diagnosed with breast cancer was carried out. The demographic data and information of tumor characteristics including: age, tumor size, nodal involvement, type of surgery, stage of disease and status of ER, PR, P53, HER-2/neu, CA15-3, CEA were extracted from case records.

Results: In all, 324 breast cancer patients were studied. The mean age of the patients was 48.4 (SD=11.4) ranging from 23 to 90 years. In this study 24.4% of breast cancers were detected in women under the age of 40 years. Most of the patients were in stage II (56%). Sixty-nine percent of all patients underwent modified radical mastectomy and 31% had conservative surgery. In data analysis an association of young age with negative ER (OR=1.91, 95%CI: 1.12–3.27, P=0.01) and PR (OR=1.80, CI: 1.07–3.04, P=0.02) and positive P53 (OR=0.45, CI: 0.23–0.87, P=0.01) was noted.

Conclusion: These results show that one-fourth of the patients are young and probably in Iran breast cancer patients are at least one decade younger than their counterparts in other countries. In our study young patients have higher rate of positive P53 and negative estrogen and progesterone receptor in contrast to old patients. The study findings confirm the results of other studies on this topic.

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Pilot of a universal cancer family history questionnaire for all new medical oncology patients

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Background: At review in follow-up clinics a cohort of medical oncology patients, not previously identified for referral, were noted to be appropriate for referral to the Familial Cancer Service. An intervention was designed to increase the number of patients appropriately referred.

Materials and methods: A standard form was designed for new medical oncology patients to complete in order to document their personal and family history of cancer, noting any previous contact with a Familial Cancer Service, and any Jewish ancestry. The completed forms were reviewed by the Familial Cancer Service and patients appropriate for referral identified and contacted.

Results: The questionnaire was implemented on a trial basis in the medical oncology clinics of three hospitals, Westmead Hospital, Blacktown Hospital and Nepean Hospital, in New South Wales, Australia. The pilot scheme ran for four weeks between the 29.11.04 and 24.12.04. One hundred and ten questionnaires were distributed, and 67 were returned fully completed, a response rate of 61%. Of the 67 completed questionnaires, 40 (60%) were classified as requiring no further action and 27 (40%) were classified as requiring further action. Of the 27 family histories requiring confirmation, 17 (59%) were considered suggestive of a familial breast and/or ovarian cancer syndrome, 8 (30%) were considered suggestive of a hereditary bowel cancer syndrome, and three were suggestive of other familial cancer syndromes. Of the patients with a potentially significant breast and/or ovarian cancer family history, five patients eventually had blood taken for a germline DNA mutation screen, and seven others are potentially appropriate for this, pending verification of their family history. Of the patients with a potentially significant bowel cancer history, five patients had tumour testing arranged (immunohistochemical testing for mismatch repair gene proteins), and two have subsequently had blood taken for a mismatch repair gene germline screen. There are two patients whose histories are awaiting verification before further investigation is arranged. Extra screening advice for the patient's family members was also provided to five patients.

Conclusions: Over one third of the questionnaires returned by new patients seen by the medical oncology service in three Western Sydney hospitals had enough self-reported family history of cancer to suggest further assessment by the Familial Cancer Service was appropriate.

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Breast cancer in Serbia: how bad can it be without early detection?

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Background: Breast cancer presents a major health problem in Serbia. It is the leading malignancy in females with incidence and mortality rates constantly increasing in the last several decades.

Materials and methods: Data from population based registries, hospital registry and Ministry of Health were used to present the current situation regarding breast cancer.

Results: Breast cancer is a leading cancer in females with a 25% share in cancer incidence and the age adjusted rate of 60 per 100,000. Median age of breast cancer patients is 56 years i.e. lower than in many other European countries. In the last three decades, there was an almost 4-fold increase in the crude mortality rate and the 2-, 4-fold increase in the age adjusted rate. By the number of years of life lost, breast cancer is the leading one among all causes of death in females aged 25 to 44. According to the data of the Institute for Oncology and Radiology of Serbia, the biggest comprehensive cancer center in the country, only 38% of women are diagnosed with a localized disease, i.e. with a pathological TNM: T 0-3/N0/M0. In 23% of patients, there is locally advanced disease or regional lymph node involvement; 9% of patients already have distant metastases at diagnosis. If data is presented according to the UICC classification, there are only sporadic cases with stage 0, 19% of patients with stage I and more than half of patients with stage II. The situation is even worse in patients coming from rural areas. In Serbia, there are sufficient capacities and resources for breast cancer treatment. The guidelines for breast cancer

management exist since 1980 and are regularly updated in accordance with European recommendations. However, there is no policy or program regarding breast cancer early detection or screening. Until recently, breast cancer awareness among general population and health professionals was very low. The major obstacle for improvement was the insufficient number of mammographic facilities. However, in the last two years, the number of mammographic machines has been doubled. National guidelines would be available shortly and the national comprehensive program for early breast cancer detection is in preparation. The possibilities for the introduction of screening would be reviewed as well.

Conclusions: Program for early detection of breast cancer is a healthcare priority in Serbia. It is the only way to improve the current situation and stop the increase in breast cancer mortality.

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Pattern of radiotherapy for breast cancer in Italy

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Background: To describe frequency and modality of radiotherapy for breast cancer in Italy and to evaluate its long-term effects.

Material and methods: 859 malignant breast cancer cases treated with adjuvant radiotherapy in 1990 and in 1996-98 were included in the study. These cases, diagnosed in the areas covered by the registries of Varese (312), Modena (262), Firenze (228) and Ragusa (57), were already included in the EURO CARE High Resolution study which aimed to collect detailed clinical information about patients diagnosed during the periods 1990-92 and 1996-98 in the European cancer registries participating to the project.

For each patient, detailed information was collected on dose and radiation modality and about the presence of acute or late toxicity, reviewing the clinical reports of the radiotherapy centres. Each registry used its own internal criteria to update the follow-up for life-status and relapses.

Results: The proportion of T1-2 stage patients treated with breast conserving surgery plus radiotherapy (BCS+RT) ranged from 82% in Ragusa to 93% in Modena. For patients aged ≥ 70 the stage-adjusted odds of being treated with BCS+RT was 0.30 vs. younger patients. The most frequent treatment was whole breast irradiation followed by boost to reach 60 Gy. 71% out of the patients started radiotherapy within 90 days since surgery, according to therapeutic protocols. Longer intervals were due to administration of adjuvant chemotherapy.

Information on acute toxicity on skin, heart and lung was available for 98% of the cases. In 52% of the cases at least one effect was present, between which 67% was limited to skin. Information on late toxicity was available for 87% of the cases. In 24% of the patients at least one late toxic effect was present, between which 90% was limited to skin. The follow-up for life-status and relapses is ongoing.

Conclusions: controlling for stage at diagnosis, the proportion of BCS+RT varied between the Italian areas and with respect to age at diagnosis. In most cases the modality of radiotherapy (total dose, irradiated area, and type of energy) was in agreement with the recommendations of the therapeutic protocols. The most frequent toxic effects, both early and late, were at the expense of the skin. Important effects on other organs were sporadic.

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Risk factors associated with lung cancer – a case-control study in Tianjin, China

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Purpose: To investigate the risk factors for lung cancer in Tianjin, and to provide evidence for further monitoring its risk factors

Methods: A case-control study of 193 new cases and 259 controls aged 30-76 years was carried out. A structured questionnaire was used to collect information on sociodemographic information, living condition, life style, and family history. Univariate as well as logistic regression models were used to examine risk factors associated with lung cancer.

Results: Factors such as occupation, family income, living condition, life style as well as body mass index (BMI) were found to be significantly associated with lung cancer through univariate analysis. Multivariate logistic