Conclusion: These results show that one –forth 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.

571   POSTER
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.

572   POSTER
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.

573   POSTER
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 EUROCARE 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 $\geqslant$ 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.

574   POSTER
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. Univraite 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

analysis was performed on the basis of the results from the univariate analysis. The results suggest that smoking, passive smoking, low monthly income per person 10 years ago and smaller living space per person 10 years ago increased the risk of lung cancer with corresponding OR values of of 3.303, 1.193, 1.003 and 1.067, respectively. However, higher body mass seemed to be associated a lower risk with an OR of 0.913.

Conclusion: Both smoking and passive smoking were independent risk factors for lung cancer; family income and living space were also associated with elevated risk of lung cancer. The findings are consistent with previous research.

575 POSTER

Counselling families with breast and colon cancer predisposition: the Southern Switzerland experience

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Background: Genetic predisposition is thought to be responsible of about 5–10% of all cancers. Genetic counselling services have been only recently set up both in Europe and in the USA. Several models have been developed according to different social, economical and cultural attitudes, within different health systems.

Material and methods: We report the first clinical and scientific activity of the Genetic Counselling Service of Southern Switzerland (300,000 inhabitants), set up in July 2002 within the regional Institute of Oncology and linked to the Swiss Network for cancer predisposition testing and counselling. An exploratory questionnaire was distributed 2 months before opening to general practitioners (GP), gynaecologists (GY), gastroenterologists (GI) and surgeons to assess needs and expectations of the local medical community (502 contacts). The unit is composed by 2 medical oncologists, 2 psychologists, 2 geneticists and 1 data manager, supervised by a multidisciplinary advisory board.

Results: Seventy eight subjects with either a personal and/or family history of colon (37), breast/ovarian (35) or other cancers (6) have been counselled and 17 genetic tests (7 BRCA1/2, 10 MSI/MMR), fully reimbursed by the public health care system, have been performed. Apart from patients followed within the institution (54%), consultants have been addressed mainly by GY and GI (26%), GP (6%) or were self referred (14%).

Since June 2004 20 subjects have been enrolled in a feasibility, prospective and disease-related survey assessing both general satisfaction and distress associated with the counselling process. Overall the preliminary results show a high degree of appreciation in terms of well being during the consultation, clarity and understanding of the information given either by the medical oncologist together with the geneticist in colon cancer families (6 cases) or together with the psychologist in breast/ovarian cancer families (11 cases) and by the geneticist together with the psychologist in other syndromes (3 cases). Nine individuals (45%) showed moderate anxiety and distress at the baseline assessment with the STAI questionnaire, to be partly attributed to personal traits, with a trend towards immediate post-counselling improvement in the emotional status.

Conclusions: Genetic counselling seems to be feasible and well accepted by families with a positive cancer history. Future plans include activation of prevention trials (IBIS II), development of national guidelines and database, establishment of a regional familial cancer registry.

576 POSTER

Audit of management of patients with metastatic colorectal cancer (MCRC): a single centre 6-year experience

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Background: From its establishment in 1998, the BOCOC has provided site-specialist cancer management for up to 80% of the island's population. Here we present an audit of our multi-disciplinary practice for patients with MCRC at a time when all three drugs 5-FU, irinotecan (Ir) and oxaliplatin (Ox) were available, prior to the use of biological therapies.

Methods: A retrospective review of patients with MCRC referred from September 1998 to December 2004 was performed.

Results: 221 consecutive patients (141 M & 80 F) were included, of which 37 (16.7%) were treated in the context of Phase III clinical trials. Median age was 64 (26–86). Distribution of primary site was: 30% rectum, 70% colon. 167 patients (75%) presented with metastatic disease, whilst 54 patients (25%) had developed metastases during follow-up for early stage disease. Metastatic disease was confirmed at 1 (63%), 2 (25%) and 3 or more sites (8%). For 9 patients (4%) the exact number of sites was unknown.

90% of patients (199) had surgery for the primary tumour, whereas for the remaining 10% the primary was left in situ.

194 patients (88%) received chemotherapy, commonly single agent infusional 5-FU (n = 120), or in combination with Ox (n = 49), or Ir (n = 9). Responses (CR+PR) were seen in 40% receiving 5FU, 51% with Ox/5FU and 48% with Ir/5FU. Median progression free survival (PFS) after first line chemotherapy was 8.6, 10.6 and 7.3 months respectively.

112 patients received second-line chemotherapy, most receiving combinations of 5-FU with Ox or Ir, or single agent 5-FU, depending on first-line therapy. Analysis of pooled data showed 1% of patients achieved CR, 28% had PR, & 14% SD with PFS of 6.5 months. 61 patients received 3 or more lines of chemotherapy. 50 patients (22.6%) received palliative radiotherapy at some point.

Median overall survival was 19 months (n = 221) with subgroups shown below

Patient group	n =	%	Median survival (months)
Metastatectomy (± chemotherapy)	43	19.4	40
Chemotherapy alone	155	70.2	15.7
No chemotherapy	23	10.4	7.1

Conclusions: These results compare favourably with recently reported outcomes for patients exposed to 5-FU, Ir and Ox combined and/or in sequence. They confirm the importance of metastatectomy in selected patients and the overall management of MCRC in a multidisciplinary setting.

577 POSTER

Medical oncology in France: a large survey of daily practice

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Background: The level of compliance of chemotherapy (CT) practice with CT clinical guidelines is poorly known in France. The aim of this study, initiated by the French National Health Insurance, was to describe CT practice and dissemination of CT clinical guidelines for 4 tumour locations: breast, colorectal, lung and oropharyngeal cancer. The end point was to make proposals to enable CT practice improvements, contributing to the cancer plan initiated by the government.

Material and methods: In April-may 2003, we performed a cross-sectional descriptive study involving all public and private facilities performing CT in France. A weighted sample size of 113,263 patients was obtained from a stratified sampling of 22,435 patients treated with CT in 2002 (6,157 breast, 7,260 colorectal, 6,557 lung, and 2,461 oropharyngeal cancers). Information collected from patients records concerned demographic (age, sex) and clinical data (clinical or post operative staging, general condition before treatment, side effects) and data concerning the overall treatment plan (therapeutic decision taken by a multidisciplinary committee (MC) with written report (WR), enrolment in clinical trials, associated treatments, clinician's qualification, hospital CT volume). In addition, specific criteria for each location were examined to assess CT prescription compliance with guidelines.

Results: For 84.5% of the patients, general condition evaluation before CT was present, varying from 87.2% for breast to 74.2% for oropharyngeal cancer. Staging was more often mentioned for colorectal (97.0%), breast (91.0%) and oropharyngeal cancer (87.5%) than for lung (75.0%) cancer. On the contrary, the percentage of patients with WR of MC, varying from 50.0% (colorectal) to 58.5% (oropharyngeal), was quite low as the percentage of patients enrolled in clinical trials (1.7% for colorectal to 3.4% for breast cancer). Severe CT side effects responsible of CT arrest were more frequent for lung and oropharyngeal (respectively 24.5% and 23.8%) than for breast and colorectal cancer (respectively 8.6% and 12.6%).

Conclusion: This study constitutes the first national inventory of CT practices. Several results should lead to a better definition and application of therapeutic standards. Improvement of multidisciplinary approach and access of patients to clinical trials constitute a major challenge.

578 POSTER

Oncologists' perceptions on measures needed to improve cancer care. A survey among participants of the Vienna ESMO Congress

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Introduction: Quality of cancer care and survival rates vary significantly within Europe and even more so in various regions of the globe. This