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