Conclusion: Smoking related lung cancer is very high in this part of the country. Health education for antismoking and awareness generation towards tobacco hazards should be strongly recommended.

582 POSTER
Survival analysis of Cancer patients in North coastal Andhra Pradesh, India

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Back Ground: Retrospective analysis of results of treatment given to cancer patients hailing from north coastal Andhra Pradesh, India, to find out their survival.

Material and methods: Extraction of the data from 1476 case sheets of cancer patients treated at Lions Cancer Hospital, Visakhapatnam, India, during two calendar years of 1998 and 1999.

Results: 1476 patients were treated during two years, 1998 and 1999. Female patients constituted 58.40% (n = 862) and males 41.59% (n = 614). Cervix, Breast cancer, Oral cancers and Cancers of Gut accounted for 61.38%(n = 906) of all the cancers in North coastal Andhra pradesh. Cervical cancer is the most common cancer occurring in north coastal Andhra pradesh (27.71%, n = 409). Oral cancers (18.89%, n = 116) are the most common cancer among men. Cancer occurs predominantly in older people with 66.69% of all cancers occurs in people aged 45yrs and above and only 2.43% of all cancers occur in Children less than 14 years.

Table: Survival analysis of Top 10 Cancers in North coastal Andhra Pradesh, India

Rank	Cancer	No. of patients surviving for					No. of patients lost to follow up	Total	%
		1 yr	2 yrs	3 yrs	4 yrs	5 yrs			
1	Cervix	293	174	120	82	52	116	409	27.71%
2	Oral	62	32	21	14	8	142	204	13.82%
3	GIT	70	24	11	7	4	83	153	10.36%
4	Breast	84	60	47	36	25	56	140	9.48%
5	Larynx	46	18	13	6	4	57	103	6.97%
6	Blood	33	26	20	15	13	46	79	5.35%
7	CNS	23	14	8	5	2	48	71	4.81%
8	Lung	34	4	2	1	1	32	66	4.47%
9	Malr Uro Genital	19	10	5	5	3	31	50	3.38%
10	Secondaries with unknown primary	7	3	1	1	1	30	37	2.50%
11	Others	58	30	18	12	6	106	164	11.11%
	Total	729	395	266	184	119	747	1476	
	%	49.39%	26.76%	18.02%	12.46%	8.06%	50.6%		

Five-year survival of all patients treated is 8.06% (n = 119). Five-year survival for women is 10.55% (n = 91) and 4.23% (n = 26). Five-year survival rate of Cancer Cervix and Breast is 12.71% and 17.85% respectively. Five-year survival is better for Patients who diagnosed below 45 years than after 45 years (P = 0.0405 and 0.0342 for men and women respectively).

Conclusion: Five-year survival rate of Cancer Cervix and Breast is 12.71% and 17.85% respectively. Five-year survival for men treated for cancer is 4.23%. Five Year survival is better in women than men. Half of the patients are lost to follow up. Low survival rates require further study to pin point the causes for low survival and to institute new treatment protocols to improve survival statistics.

583 POSTER
Incidence of childhood leukemia Tianjin, China from 1981 to 2000

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Purpose: Data of the Tianjin Cancer Register was analyzed for incidence of leukemia in children under 20 years of age from 1981 to 2000 in Tianjin, China.

Methods: All cancer cases with insufficient information were traced to his/her family, clinic and employer. Tianjin Cancer Registry Center periodically conducts an active re-checking program to review all patient records on cancers that were not registered in this period. Tumor diagnosed in the study was coded according to the ICD-10. Incidence rates were calculated by age, sex and time of incidence of cases.

Results: In this study, 473 leukemia cases diagnosed between 1981 and 2000, (269 boys and 204 girls), were included in this study. The average incidence rate of childhood leukemia was 3.90/100,000 (4.32/100,000 for boys and 3.45/100,000 for girls) during the twenty years, incidence rates of childhood leukemia had not changed significantly since 1981. Moreover, the average age of leukemia in children under 15 years old were 6.59 years (6.22 years for male and 7.06 years for female). Childhood leukemia

forms one of the two peaks in leukemia incidence in the whole population, whereas the other acme is formed by the age group 65–80. Acute lymphoid leukemia, acute myeloid leukemia and chronic myeloid leukemia were the most common childhood leukemia in Tianjin, comprising 69.3%, 20.9% and 8.0%, respectively. Sine study data did not allow us to conduct a survival analysis, mortality and morbidity ratio was then calculated. The ratio was around 0.51 among during the twenty years, without any clear trend of changes.

Conclusion: Combined with characteristics of individual forms of childhood cancer, further epidemic research is needed to identify the risk factors associated childhood cancers.

584 POSTER
Epidemiology of childhood cancer in Bihor County during the years 1995–2004

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Objective: the objective of this study was to compare the incidence rates and survival estimates of childhood cancer during the years 1995–1999 and 2000–2004 in order to asses the affectiveness of cancer control activities in this part of the country.

Materials and methods: incidence and survival analysis of children diagnosed with cancer were determinated using routine data from hospital-based cancer and population-based cancer registries. Children aged 0–14 years old from Bihor county diagnosed from beginning of January 1995 to the end of December 2004 were included in the study. The basic statistic included: the absolute number of cases, the relative or percentual incidence, the age specific rates, cumulative and age-standardized rates. The direct method of standardization and the standard European population were used. Five years interval data from 1995 to 2004 were analyzed and displayed. Estimation of survival by two-years and five-years interval were presented then.

Results: 150 children with cancer were diagnosed, the over all age standardized rate of cancer in children diagnosed between 1995–1999 and 2000–2004 being 10/100,000 and 14/100,000 respectively. The annual age standardized rates recorded in the second period of time considered were higher for almost all registered cancers: acute lymphoblastic leukemia (3.9/100,000 versus 3.5/100,000), acute non-lymphoblastic leukemia (0.7/100,000 versus 0.5/100,000), brain tumors (2.6/100,000 versus 1.1/100,000), neuroblastoma (1.2/100,000 versus 0.9/100,000), bone tumors (0.6/100,000 versus 0.3/100,000), soft tissue tumors (0.9/100,000 versus 0.3/100,000), germ cell tumors (0.4/100,000 versus 0), but not for non-Hodgkin lymphoma (0.8/100,000 versus 1.3/100,000) and Hodgkin lymphoma (0.6/100,000 versus 0.6/100,000). During the years 1995–1999 the survival analysis showed that the cumulative survival of two years follow-up was 0.55 and the cumulative survival of five year follow-up was 0.51. Patients diagnosed in 2000, 2001 and 2002 had a cumulative survival of 0.65 at the end of the two-year follow up period.

Conclusions: improvement of epidemiologic research data quantification along with the availability of better health services for diagnosis and treatment may be reflected even on small number of patients registered.

585 POSTER
In vitro activity and antimicrobial resistance patterns of bacterial pathogens from hospitalized cancer patients in a single cancer institution

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Objective: The widespread emergence of resistance to antimicrobial agents among bacterial pathogens is well known and has an impact on our ability to treat patients effectively. Despite the availability of newer antibiotics, emerging antimicrobial resistance. has become an increasing problem. Blood stream infections (bacteremia) among cancer patients that develop during the course of disease are potentially life threatening because of suppression in their immune systems. The changing spectrum in the incidence and epidemiology of microbial pathogens has resulted in an increase in resistance to many antibiotic compounds emphasizing the need to monitor the prevalence of resistance in these strains.

Methods: Susceptibility and resistance pattern of 180 clinically significant bacterial isolates from positive blood cultures collected during 2002–2004 was studied. The isolated strains were tested against a wide range of antibiotics belonging to cephalosporins, aminoglycosides, fluoroquinolones derivative groups. The antibacterial susceptibility was determined by the