cost per QALY for LET is under the implicit threshold of $50,000 per QALY gained, and 96% and 81% chance of a similar result for ANA and EXE, respectively.
Conclusions: Treatment with aromatase inhibitors (LET, ANA and EXE) is cost-effective in postmenopausal women with early breast cancer compared to TAM. Despite the higher acquisition cost of LET, the mean cost-effectiveness of LET vs TAM is lower than the mean cost-effectiveness of ANA or EXE vs TAM.

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Detection of postoperative lymphoedema in patients with breast cancer

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Background: Lymphoedema is a severe postoperative complication after the treatment of many malignancies. It is represented by a pathological accumulation of extracellular water (ECW). Several diagnostic tools are available, but all of the currently used methods use a measurement of total limb volume to detect lymphoedema. Multifrequency bioimpedance analysis (MFBIA) is a promising method for early detection of changes in ECW.
Material and Methods: Between August 2004 and February 2007 a group of 74 patients undergoing breast cancer surgery was measured by MFBIA and circumference measurement one day before surgery and every 3 months for 18 months after the surgery. A control group of 72 healthy women was measured. MFBIA measurements in the control group were used to calculate standard deviation (S.D.). One-tailed interval confidence interval was used for the detection of lymphoedema. Characteristics of the patients and healthy women were recorded. The detection of lymphoedema was done using MFBIA, circumference measurement and upon the symptoms given by the patients.
Results: The average age in the control and tested group was 40.1 and 58.9 years. S.D. from the control group was 0.0827. The average size of the tumor, grade, and positivity of estrogen receptors was 15.1 mm, 2.04 and 43%. In 23 patients (21%) axillary lymph node dissection of level I and II was performed (ALND), in 51 patients (79%) a biopsy of sentinel lymph node (SLNB) without ALND was performed. Lymphoedema was detected in 8 women (11%). In these patients MFBIA detected lymphoedema 9 months earlier in total than other methods. Out of these 8 women 5 women (63%) underwent ALND, 3 women (37%) underwent SLNB only.
Conclusions: MFBIA is a low-cost and precise method for the detection of early stage postoperative lymphoedema. We recommend incorporating MFBIA into standard follow-up plan of every patient undergoing surgery of breast cancer combined with circumference measurement.
The work was supported by a Grant of Ministry of Health IGA MZ NR 9455−3.

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5.year follow up of nipple areolar sparing mastectomy with immediate breast reconstruction for breast cancer

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Backgrounds: Nipple-areolar preservation is a logical step in the ever more conservative management of breast cancer. Although there is substantial literature to support the oncologic safety of skin sparing mastectomy (SSM), few investigators have reported their long-term experience with procedures that spare the nipple areola complex (NAC). We report here the 5 year follow-up result of nipple-areola-skin sparing mastectomy (NASSM).
Materials and Methods: From 1990 to 2005, 176 patients underwent SSM (54 mastectomies) or NASSM (124 mastectomies), with 2 patients undergoing bilateral operation, yielding a total of 178 mastectomies. No patients received radiotherapy. During performing NASSM, frozen section analysis of the tissue beneath NAC was performed. After the procedure, all patients were followed-up for evidence of recurrence.
Results: The mean age of patients was 39.8 years (ranges, 20−59 years). NAC base was positive in 29.2% patients at definitive histology with false-negative results in 1.6% patients at intraoperative frozen section. Neoplastic NAC involvement was more common in tumor with invasive histology ($p = 0.024$) and with extensive intraductal component ($p = 0.025$). Other primary tumor characteristics, including multicentricity and location, were not predictive for neoplastic NAC invasion. During the mean follow-up of 61.2 months for NASSM patients and 43.6 months for SSM patients, 10 (8.1%) of 124 NASSM patients and 4 (7.4%) of 54 SSM patients developed local recurrences (LR) ($p > 0.5$). Local recurrence free interval was not different between the two groups (log rank test, $p > 0.5$). All LRs were detected easily, by patient or routine follow-up check of 6-month interval, and manageable surgically. One patient in SSM group developed distant metastasis at 24 months after the treatment of LR.
Conclusions: Our results suggest that, using the frozen-section analysis of NAC during operation, nipple areola preservation can be a reasonable option for selected patients who want immediate breast reconstruction.

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A randomized, open-label CECOG phase II study of dose-dense FEC 75 vs FEC 90 as adjuvant therapy in early breast cancer patients

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Purpose: Anthracyclines are regarded as the standard of care of adjuvant chemotherapy in patients (pts) with early breast cancer. Recently, dose-dense regimens have attracted much attention in this setting by improving outcomes vs. conventional schedule regimens. This trial assessed the feasibility of delivering two dose-dense fluoro-uracil/epirubicin/cyclophosphamide (FEC) regimens, as well as evaluating their relative efficacy and safety.

Characteristics

Strata		Arm A: FEC75 (n = 25)	Arm B: FEC90 (n = 26)
Mean age, yrs (±SD)		51(10)	51(9)
		N (%)	N (%)
Axillary lymph nodes	Negative	6 (24)	5 (19)
	Positive	19 (76)	21 (81)
ER status:	Negative	15 (60)	11 (42)
	Positive	10 (40)	15 (58)
PR status:	Negative	13 (52)	14 (54)
	Positive	12 (48)	12 (46)
Menopausal status:	Pre	11 (44)	10 (39)
	Post	14 (56)	16 (61)
Stage:	I	2 (8)	3 (12)
	II	19 (76)	19 (73)
	III	4 (16)	4 (15)

Results

	Arm A: FEC75 N (%)	Arm B: FEC90 N (%)
Pts ⩾85% RDI	24 (96)	23 (89)
Dose delays (out of 147/143 infusions in Arm A/B)	6 (4)	14 (10)
Dose reductions (out of 147/143 infusions in Arm A/B)	0	1 (1)
G3/4 Toxicities:		
Leukopenia	0	1 (4)
Neutropenia	0	1 (4)
Thrombocytopenia	0	0
Anemia	0	1 (4)
ANC $< 0.5 \times 10^9$/L for >5 days	0	0
ANC $< 0.1 \times 10^9$/L for >3 days	0	0
Febrile neutropenia	0	0

Patients and Methods: Patients with early breast cancer suitable for surgical resection at three centers in two countries were randomized, open-label to receive adjuvant FEC with epirubicin 75 mg/2 (FEC75; Arm A) or 90 mg/2 (FEC90; Arm B). Chemotherapy was given every 2 weeks for up to 6 cycles. Pegfilgrastim (6 mg sc) was administered in both arms on day 2 of each treatment cycle. The primary endpoint was the proportion of