

reaction was not significant between two groups. No other previously unknown problem was occurred.

Conclusions: Short-course but dose-dense steroid premedication for TAC chemotherapy may be adopted for the patients without giving more harms or additional hazard. Patients – especially Asians like ours – tend to think that they are really in the middle of chemotherapy, while they are taking any kind of medications even after the chemotherapeutic injection. Therefore, they are very nervous and anxious by the time all medications are stopped. We think that this premedication regimen may give more emotional comfort to the patients having TAC chemotherapy.

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Poster

Early breast cancer in France and Italy – different treatments for the same biological reality

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Background: Adjuvant medical treatment is defined by several guidelines, but various other factors may influence the treatment choice.

Patients and Methods: Two national surveys conducted in France and in Italy included 1159 and 3515 BC patients (pts) to collect clinical and pathological data as well as locoregional and systemic treatment. We present main data of the two surveys to analyse differences between the two Countries.

Results: Median age was similar (57 vs 58 ys). Pts over 70 years were 20.4% in France and 18.5% in Italy. Histology was similar for the main type: ductal 82.4% and 78%, lobular 11.8% in both Countries, other 5.8% and 10.2%, in France and in Italy. Undifferentiated tumours (G3) accounted for 27.5% and 34.4%, respectively. T0-T1 tumours were 58% in France and 59.7% in Italy. pN+ rate was identical (44.5%) for the whole population and similar for pN1-3 pts: 29.5% and 26.4%. HR+ rates were similar (83.9% vs 82.5%). Conservative surgery was performed in 77.5% and 63.7% of the cases in France and in Italy. Axillary dissection was performed in 94.9% and 89.9% of the cases in the two countries. 58.7% and 66.8% of the pts received chemotherapy (CHT) alone or followed by endocrine therapy (HT) (71.5% and 49.5%) in France and in Italy, respectively. Delivery of CHT in pN0 pts was 39% in France and 51.4% in Italy. 54% of the French HR+ pts received CHT vs 62.6% of the Italian ones. An anthracycline-based protocol was used in 522/605 (86.3%) French pts and only 52.2% in Italy, where pts were largely treated with CMF (27.3%). In both Countries, 3-drugs regimens were mostly used. Hormonal treatment was performed in 77.7% of the pts in both Countries, but aromatase inhibitors (AIs) ± LHRH analogs were used in 8% in France and 13.1% in Italy.

Conclusion: The main differences between the two Countries, despite an almost identical pN+ and HR+ rates, concern the choice of CHT followed by HT, the use of anthracycline-based CHT and the specific AIs choice. The French scientific background in the use of epirubicin and some educational campaigns for the use of AIs in Italy could be the reasons for these results. A detailed comparison in terms of radiotherapy use is under evaluation.

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Poster

Neoadjuvant docetaxel plus adriamycin combination chemotherapy in patients with inflammatory breast cancer – a single institution experience

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Background: Inflammatory breast cancer (IBC) is a rare, but highly aggressive form of breast cancer. The objective of this study was to evaluate clinical outcome of patients with IBC treated with neoadjuvant docetaxel plus adriamycin (DA) regimen.

Materials and Methods: From May 2002 through July 2007, we treated 63 patients (median age, 46 years) with non-metastatic IBC with docetaxel 75 mg/m² plus adriamycin 50 mg/m² administered every 3 weeks before surgery. The pathologic and clinical records were reviewed retrospectively.

Results: All 63 patients presented with typical skin change including peau d'orange or breast erythema. Median number of the neoadjuvant

chemotherapy was 4 cycles (range, 2–6). After neoadjuvant chemotherapy, responses by clinical examination were seen in 95% of patients (60/63), with 13% experiencing a clinical complete response (CR), whereas the other 3 had stable disease (2) or locally progressive disease (1). After the completion of neoadjuvant chemotherapy, 61 patients underwent modified radical mastectomy and breast conserving surgery was performed in two patients. A pathologic CR (eradication of invasive carcinoma in tumor and axillary LN) was found in 4 (6.3%) patients, and axillary lymph node was not involved in 18 (29%) patients. Thirty-two (51%) of all patients showed negative for hormone receptor, and 24 (38%) showed c-erb-B2 overexpression. Pathologic CR was common in triple-negative breast cancer (18%). With a median follow-up period of 23 months, tumor recurrence was observed in 25 of 63 (40%) patients. Two of 4 patients achieving pathologic CR showed distant metastasis within 1 year of surgery. Median progression-free survival time was 29 months (range, 4–88+ month), and 3-year overall survival rate was 68%. There was no treatment-related death during neoadjuvant chemotherapy.

Conclusions: Neoadjuvant DA chemotherapy produced very high clinical response rate in unfavorable series of IBC and enabled these patients to receive curative surgery. However, pathologic CR to this regimen was rarely achieved, and it was not connected with long-term survival in IBC patients. Therefore, additional investigation is needed to develop more effective and safe chemotherapeutic regimens for IBC patients.

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Poster

Quality of life in Thai women with early stage breast cancer during adjuvant therapy

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Background: The level of breast cancer incidence among Thai women which has been increasing in the current decade. The purpose of this study was to describe the quality of life in Thai women who coping with breast cancer during adjuvant therapy.

Material and Methods: Following ethical approvals, data collecting was carried out in three hospitals. One is the National cancer institute of Thailand, and two are the university hospitals. A longitudinal study was performed on data collected from women who were newly diagnosed with early breast cancer during the period from November 2006 to October 2007. The EORTC QLQ-C30/BR23 and the FACT-B questionnaires were administered to a consecutive sample 3 phases; phase 1 was immediately after surgery, but before commencing adjuvant treatment. Phase 2 was during adjuvant therapies at 6–8 weeks intra treatment. Phase 3 was a week to a month after treatments were finished.

Results: Total sample at 3 phases consisted of 112, 110 and 95 subjects respectively. The participants varied in age between 29 and 79 years, with the mean age was 49.1. Most participants underwent mastectomy (81.3%) and had adjuvant chemotherapy (92.0%). For EORTC, global health status mean scores at 3 phases were 66.7, 56.4 and 77.9 respectively. For FACT, the total mean scores of FACT-B at 3 phases were 104.3, 98.4 and 117.3 respectively. The results from repeated measures show that quality of life was significant changes over time. The mean scores indicated that during adjuvant therapy those women had decreased levels of functioning and increased level of symptoms. Conversely, after adjuvant therapy those women had increased levels of functioning and decreased level of symptoms. There were demographic factors influenced the quality of life of these women; such as, age, marital status, and caregiver. The differences between chemotherapy and non-chemotherapy groups during adjuvant therapy were statistically significant on nausea and vomiting, financial difficulties, upset by hair loss, and breast subscales. Chemotherapy group had the lower quality of life than non-chemotherapy.

Conclusion: For the times studied, adjuvant therapy had the effects on quality of life during treatment. After chemotherapy and radiotherapy, breast cancer women reported the highest quality of life compared with before and during adjuvant therapies. It can be suggested that nurses should sort the problems relating to the vulnerable factors to improve their quality of life.

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Poster

Non-endocrine responsive breast cancer in post-menopausal patients – a different approach dependent on age

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Background: Breast cancer (BC) is common in the elderly. Selecting therapy in elderly patients (pts) with BC remains difficult. In patients with negative hormone-receptors (NHR) the only systemic treatment available is chemotherapy. Our goal was to access therapeutic options in elderly pts