

therapy although the development of tyrosine kinase growth factor inhibitors may lead to a requirement to measure EGFR or possibly vascular endothelial growth factor receptors (VEGFR).

Molecular signatures: The development of molecular techniques to classify breast tumours, may in the future become a necessary test as these become more advanced and further markers are discovered which may predict response of tumours to various agents.

Conclusion: Pathology reports should contain a number of mandatory facts about a tumour. These are tumour size, tumour type, tumour grade, axillary nodal status, lymphovascular invasion, presence or absence of an extensive in-situ component and the status of the resection margins. Other mandatory tests are oestrogen receptor status and HER-2 status. Many laboratories would also include progesterone receptor status in this list.

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Invited

The tumour board: how to prepare it properly

A. Awada¹, G. Tomasello¹. ¹Jules Bordet Institute, Medical Oncology Clinic, Brussels, Belgium

Tumor board is a treatment planning approach in which experts in different specialties (oncologists, radiologists, pathologists, surgeons, radiation oncologists, geneticists and psychologists) review and discuss the medical condition and treatment options of a breast cancer (BC) patient (pt).

A multidisciplinary (MD) approach tailored to the stage of disease, estimation of risk of recurrence and mortality and assessment of the benefits and toxicities of adjuvant therapies can deliver the best possible overall care to BC pts. There is evidence that MD care for BC pts has the potential to reduce mortality, improve quality of life and reduce health care costs. MD meetings have been widely recommended as the preferred approach to managing BC in the USA and Europe.

They must be held at least weekly and the following should be discussed:

- cases in which the diagnosis is as yet uncertain;
- cases in whom the diagnosis of cancer is confirmed and who may be considered for primary medical therapy;
- all cases following surgery on receipt of the histopathology for discussion of further care;
- cases in follow-up who recently have undergone diagnostic investigations for possible symptoms of recurrent or advanced disease

For this purpose, an appropriate report of a BC case should be presented collegially in electronic format and include: a complete medical history, a clear histological description including tumor's main characteristics as well as all pathological biomarkers and gene expression profile if available, estimation of recurrence risk according to online prediction models, such as the validated "Adjuvant! Online" tool, instrumental exams and a genetic counseling when requested.

This appointment represents a unique educational opportunity for all the attending physicians and a crucial moment of professional growth since it allows interflow of opinion, clarification of surgical and pathologic details and information from a collective expert opinion on individual case management.

The complexity of modern BC treatment and abundance of new clinical and basic research studies make it difficult for one specialty to stay abreast of the rapid evolving field of BC management.

Since BC management continues to evolve rapidly a MD approach is required to implement a comprehensive treatment plan for both the prevention and treatment of BC. It is in this setting that the ultimate goal of reducing the incidence, morbidity, and mortality of this disease is best achieved.

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Invited

The breast unit database: mission impossible?

A. Ponti¹, M. Tomatis¹. ¹CPO-Piemonte, Unit of Cancer Epidemiology, Torino, Italy

The final statement of the first Joint Breast Cancer Conference [1] states that quality assurance programmes should be mandatory for all clinical Units treating breast cancer. According to the final report of the European Society of Breast Cancer Specialists (EUSOMA) workshop in Leuven, Belgium, in May 1999 on "Breast Units: future standards and minimum requirements" [2], performance figures on precisely defined quality objectives and outcome measures must be produced by Breast Units yearly. Following these lines, EUSOMA is conducting a voluntary accreditation programme for breast units [3] in which audit is among the main criteria adopted for granting accreditation. Within this programme some 25 European breast units, using eight different databases, have been visited so far.

Audit requirements for breast units aiming at achieve EUSOMA Initial Accreditation include:

- perform audit regularly. Audit procedures, including audit meetings, must be described in detail and found satisfactory;

- employ a database which is rated as satisfactory by EUSOMA. To be considered satisfactory a database must be able to reliably transfer information on cancer detection, diagnosis, primary operative and adjuvant therapies, tumour pathology and biology, and follow up to the EUSOMA Network database.

In order to achieve and maintain Full Accreditation, breast units must transfer their data, including follow up, to the EUSOMA database for a minimum period of five years and the results of their quality objectives and outcome measures, calculated yearly, must be satisfactory.

References

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- [2] Blamey R, Blichert-Toft M, Cataliotti L, et al. The requirements of a specialist breast unit. *Eur J Cancer* 2000;36:2288–93.
- [3] Blamey R, Cataliotti L. EUSOMA Accreditation of Breast Units. *Eur J Cancer* 2006;42:1331–7.

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Proffered Paper Oral

Actions of the Polish Forum of the European Breast Cancer Coalition EUROPA DONNA for propagating in Poland the idea of breast units

D. Czudowska¹. ¹Osrodek Diagnostyki Onkologicznej, out-patient clinic, Legnica, Poland

Poland has participated in the actions of the European Breast Cancer Coalition EUROPA DONNA since the beginning of its operations, i.e. since 1993. Representatives of the Polish Forum of the European Breast Cancer Coalition EUROPA DONNA [EBCC ED] take part in all conferences concerning breast cancer organized or co-organized by EBCC ED. We keep trace of all information that may help to improve the fate of women at risk or suffering from breast cancer. What we value in particular is all the actions of the Management of EBCC ED in the European Parliament. We have great hopes for the creation of Breast Units in Poland. We have been propagating this idea in Poland since 2005. Government and self-government administration politicians participate in these conferences. We have also presented this topic at medical conferences.

The aim of this presentation is to show the calendar of our actions, suggestions for administrative solutions under Polish conditions and the role of the Polish Forum of EUROPA DONNA in propagating knowledge concerning the aim and organizational and financial principles of Breast Units. It should be stressed that it is a non-governmental organization – the Polish Forum EUROPA DONNA – to be the first in Poland to inform doctors, politicians and society about actions of an international research centre EUSOMA and European Parliament for breast cancer prevention and limiting mortality and disability rate due to breast cancer among women in the whole of Europe.

Friday, 18 April 2008

16:00–17:20

CLINICAL SCIENCE SYMPOSIUM

Triple negative breast cancer, one or several diseases?

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Invited

Designing clinical trials for triple negative breast cancer: evidence and issues

A. Di Leo¹, E. Zafarana¹, M. De Stefanis¹, L. Biganzoli¹. ¹Hospital of Prato, "Sandro Pitigliani" medical oncology unit Istituto Toscano Tumori, Prato, Italy

The basal-like breast cancer sub-type represents a new treatment challenge for clinicians. This presentation will focus on some issues that are of critical importance for designing basal-like breast cancer trials. The following controversial issues related to the design of trials for basal-like tumors will be reviewed and discussed: a) study population; b) treatment duration; c) treatment targets; d) tumor biology progression.

Key-messages: Basal-like tumors do not entirely overlap with the triple-negative (ER, PgR, and HER-2 negative) cohort of breast cancer. The selection of basal-like patients for a clinical trial seems to be feasible according to the expression of molecular markers correlated to the basal-like phenotype and evaluable by immunohistochemistry. It is still unclear what might be the most appropriate adjuvant treatment duration for basal-like tumors. An extended clinical follow-up of patients carrying a basal-like