

Results: Of the 50 bilateral patients, 17 (34%) were synchronous bilateral breast cancer patients and 33 (66%) were metachronous breast cancer patients. The median follow-up time was 45 months (range, 14–113 months) for patients with synchronous cancer and 112 months (range, 33–270 months) for those with metachronous cancer. For patients with metachronous breast cancer, the median interval between the first and second diagnosis was 58 months (range, 7–201 months). The mean age of the patient with synchronous and metachronous cancer was 49.8 and 43 years. Patients in the metachronous group were younger than synchronous group when their first cancer was diagnosed ($p=0.02$). There was no significant differences in clinical stage, histology, hormonal receptor status, recurrence between metachronous and synchronous breast cancer. For the metachronous breast cancer, 41.2% of the cases were down-staged, and 25% of the cases were up-staged compared to the first primary breast cancer. The overall survival at 5 years for breast cancer patients with synchronous disease was 70.5% compared with 96.5% for patients with metachronous disease ($p=0.006$).

Conclusions: Patients with synchronous bilateral breast cancer had a significantly worse overall survival when compared with those with metachronous bilateral breast cancer. Therefore, we should a careful check-up for the opposite breast at the time of primary cancer treatment and consider the aggressive adjuvant treatment for synchronous bilateral breast cancer.

87

Poster

Estimating the risks and benefits of tamoxifen for breast cancer chemoprevention in Korea

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Background: From the Breast Cancer Prevention Trial, tamoxifen produced a 49% reduction in the risk of breast cancer in women who had 5-year risk of 1.67%. Because tamoxifen has the adverse events of endometrial cancer, stroke, pulmonary embolism and the protective effect of fracture, it is necessary to weigh the risks and benefits of tamoxifen.

Materials and Methods: Data were reviewed on the incidence of breast cancer, hip fracture, endometrial cancer and stroke for Korean women in the absence and presence of tamoxifen treatment. A benefit/risk index was calculated according to the age, the specific risk of breast cancer and hysterectomy.

Results: Compared with U.S. population, the risk of endometrial cancer was lower and the risk of stroke was higher. For women of 60 years or under, the benefit of tamoxifen was higher than the risk (positive benefit/risk index) in more than 0.5% of 5-year risk group. But women older than 60 who had 5-year risk less than 3% had a negative benefit/risk index.

Conclusions: Tamoxifen is more beneficial for younger women with an elevated risk of breast cancer. Women older than 60 and less than 3% of 5-year risk have high risk of tamoxifen, especially due to the stroke. These data can help Korean women in weighing the risks and benefits of tamoxifen for breast cancer chemoprevention.

88

Poster

“Enforced Manageability” – the strategy of breast cancer patients caused by limited access to oncology care

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Background: The Insufficient financial resources provided by the National Health Fund (NFZ) for financing modern therapy, inadequately qualified doctors and inappropriate organizational solutions results in Poland having the worst oncology care in the EU. The purpose of the research was to show how women treated for breast cancer cope with the lack of access to the oncology care in such critical conditions.

Material and Methods: The research was conducted by means of a dialogue method (cognitive review) among 30 women who were treated in Regional Cancer Center (the central Poland) and are the members of patients association “Łódzki Klub Amazonka”.

Results: The research indicates formation of the informal processes, named “compensation processes”. Their purpose is to compensate for the ineffective processes of medical care, mainly the limited access to the attending physician or oncology specialist. Patients’ behavior was termed “enforced manageability”, per analogiam to the theoretical construct introduced by A. Antonovsky – the sense of coherence, the crucial element of which is the sense of manageability. Among the informal processes are: patients searching for unofficial contacts links which would provide additional opportunities for specialist’s consultations; informal communication with the doctor (private phone numbers made available); the medical officers taking on the managerial role instead dedicating their time for direct clinical care; selective approach to the management of

waiting lists for selected patients; suggestions of better availability of the private care to the patients.

Conclusions: In the activity of “enforced manageability”: active, resourceful patients with strong psyche, considerable knowledge and communication skills are preferred. This, which is a violation of the rule of equality and social justice of the Health Care System. The informal processes may largely affect the effectiveness of the oncology care in following ways: (1) advantageous (for a selected group of patients without any negative consequences for the rest of patients), (2) disadvantageous – reinforcing the low effectiveness of treatment process or (3) disadvantageous – generating non-effective or pathological results. Further reform of the Health Care System in Poland (changes in organization, legal and financing aspects) is the only way of altering this unfavorable situation.

89

Poster

Impact of obesity on breast cancer treatment

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Background: In coming years, the number of breast cancer patients suffering from obesity will rise. In this study we evaluated the impact of obesity on locoregional and systemic treatments of breast cancer patients.

Material and Methods: At the Geneva Cancer Registry, we identified all 1,110 women diagnosed with invasive breast cancer in the canton of Geneva between 2003–2005. From medical files, we could retrieve information on weight and length for 460 women (41%). We calculated Body Mass Index (BMI) as weight/length². We compared treatment characteristics (locoregional treatment, surgical delay, systemic treatment, length of hospital stay) between obese women (BMI ≥ 30 , $n=86$) and women with normal or low weight (BMI ≤ 25 , $n=252$) using multivariate logistic regression analysis adjusting for all other variables univariately associated with obesity.

Results: Obese breast cancer patients were significantly more often postmenopausal, of lower socio-economic class and presented more often with advanced stage disease as compared to normal weight patients. Obese breast cancer patients were less likely to undergo mastectomy (adjusted Odds Ratio [OR_{adj}] 0.3, 95% CI: 0.2–0.7) and their tumor margins were less often involved (i.e. <10 mm) (OR_{adj} 0.3, 95% CI: 0.1–0.5). We observed no significant differences in use of radiotherapy and systemic therapy. Obese patients were at increased risk of long delay (>4 weeks) between diagnosis and surgical treatment (OR_{adj} 2.2, 95% CI: 0.9–5.8). In addition, obese patients had a highly increased risk of prolonged hospital stay (>5 days) as compared to leaner women (OR_{adj} 4.7, 95% CI 2.0–11.0).

Conclusion: Obesity seems to have a dual impact on breast cancer treatment. On one hand, it facilitates breast conserving surgery and clear margins are more easily obtained. On the other hand, the prolonged surgical delay and hospital stay suggest that obesity has an unfavorable impact on planning of, and recovery after breast cancer surgery.

90

Poster

Impact of obesity on diagnosis of breast cancer

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Background: With obesity reaching endemic levels, the number of breast cancer patients suffering from obesity will rise. In this population-based study, we evaluated how obesity impacts presentation and diagnosis of breast cancer.

Material and Methods: At the Geneva Cancer Registry, we identified all 1,110 women diagnosed with invasive breast cancer in the canton of