

**Conclusions:** As ductal lavage offers a bigger amount of cells from the final duct-lobe unit, it can be very useful in high risk women. The technique can help in the early diagnosis of breast cancer and to the management of them with tamoxifen. Our study will be continued with new patients and observation of these 85.

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#### Breast cancer in women over 80's: a case report of 14 patients

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**Background:** Breast cancer is a common cancer in women. The 10-year survival rate for stage II is 66% in the general population. The management of early disease in women over 80 year-old is a major challenge for oncologists and gynecologists. The important role of comorbidities and their effect on life expectancy also need to be taken into account when making treatment decisions. The knowledge about possible differences in the biology and clinical outcomes of breast cancer in women over 80 year-old is limited in Brazil. In this study, we have explored the clinical and biologic characteristics of elderly women with breast cancer in two private clinics in the south of Brazil, where the prevalence of breast cancer is 127/100.000. **Material and Methods:** The medical records of fourteen patients with >80 year-old, from 2 private clinics, with confirmed breast cancer, were reviewed. The method of diagnosis, the initial stage of disease at the time of diagnosis, hormone receptor status, type of treatment and survival rate after treatments were evaluated. Statistical description and Fisher's exact test were performed for statistical analysis. **Results:** The average age at the diagnosis was 82 year-old. Ductal carcinoma was the most prevalent histological type (85.7%). The average size of tumor at diagnosis was 2.8 cm, and the stage II was the average clinical stage at diagnosis. The survival rate was 64.3% in 29 months. Eleven patients (78.6%) were submitted to surgery. None of them died within the first 12 months. Tumor size at diagnosis (cut-off 1.9 cm), status of estrogen and progesterone receptors, the use of a diagnostic image (mammography/ultrasound), presence of comorbidity (cut-off ≤1), stage of disease (cut-off ≤ stage I), and surgery were not correlated with a better outcome (all  $p > 0.05$ ). **Conclusion:** In our sample of women over 80 year-old, the survival rate is similar to the general population irrespectively of disease status. Despite of the presence of comorbidities, none of the patients died within 1 year after surgery.

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#### Enhancing access to care and treatment by engaging and strengthening health systems in low-resource settings: a public-private partnership to improve breast cancer care in Ethiopia

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**Background:** The Ethiopia Breast Cancer Pilot Project (BCPP) was established to create and demonstrate a model for strengthening health care systems to treat breast cancer in developing countries. It was funded by AstraZeneca through a grant to Axios Foundation.

**Methods:** BCPP developed a model to strengthen health systems by empowering local leaders and providing direct support to enhance major components of breast cancer care (e.g., radiotherapy, pathology, pharmacy, community outreach) in Addis Ababa's largest teaching hospital (Tikur Anbessa Hospital). Where appropriate, international standards of practice were used to develop locally relevant guidelines and processes designed to enhance access to care and treatment for breast cancer patients.

**Results:** BCPP began in 2005 with an initial focus on expanding health systems that support breast cancer diagnosis and treatment. Achievements to date include creation of clinical guidelines, obtaining radiology (mammography & ultrasound) equipment, building laboratory capacity for ER/PR testing, training clinicians and support staff, establishing access to tamoxifen and anastrozole and implementing monitoring and evaluation systems. In addition, a cancer patient advocacy and outreach affiliate was established by the set up of the Ethiopian Cancer Association (ECA), and by creating links with related referral institutions and government agencies. As anticipated for a low-resource country with poor health infrastructure, the program has faced challenges around training, introduction of new concepts and technologies, establishing and

maintaining effective supply chain, and notably drawing patients into care at an earlier stage of cancer when treatment may be most beneficial. Engaging stakeholders and key opinion leaders in solving and managing these challenges has increased sustainability and investment in the project. Over 500 patients have benefited directly from BCPP services to date and patient navigation through complex clinical and technological systems in a culture that often stigmatizes cancer has dramatically improved.

**Conclusions:** BCPP has successfully demonstrated that health systems supporting cancer treatment and care in a very low-resource environment can be significantly and rapidly strengthened through effective stakeholder engagement, leveraging public and private political will and resources, and collaborative technical assistance that prioritizes local decision-making and management.

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#### Guidelines for bone health in postmenopausal women (PMW) with hormone-sensitive breast cancer (HSBC) receiving adjuvant aromatase inhibitor (AI) therapy

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**Background:** AIs are approved for PMW with HSBC. Studies have shown that all AIs (anastrozole, exemestane, or letrozole) decrease bone mineral density (BMD) and increase bone turnover markers, increasing risk for osteoporosis and fractures compared with placebo or tamoxifen, regardless of treatment setting.

**Methods:** A systematic literature review was performed to identify factors that contribute to the increased fracture risk observed in HSBC patients as well as recommendations for treatment of AI-associated bone loss (AIBL).

**Results:** As BMD testing is not readily available to all patients, additional evidence-based guidance to assess fracture risk and direct treatment is important. Risk factors in patients with breast cancer are AI therapy, T-score < -1.5, age >65, family history of hip fracture, history of personal fracture after age 50, oral corticosteroid use >6 months, low body mass index (<20 kg/m<sup>2</sup>), and smoking. HSBC patients at risk of developing AIBL should be considered for preventative bisphosphonates (BP) treatment. AIBL stabilizes with completion of therapy and is attenuated when zoledronic acid (ZOL) is added to the treatment regimen. Randomized clinical trials support ZOL 4 mg every 6 months for prevention of AIBL when a patient is identified to be at risk, and data with other bisphosphonates are emerging.

**Conclusions:** All PMW initiating AI therapy should receive calcium (1200 mg/d) and vitamin D (400–600 mg/d) supplements. Concomitant ZOL can attenuate AI-associated bone health risks. Current guidelines rely solely on the presence of osteoporosis (BMD < -2.5) to guide bisphosphonate intervention. Yet, as 80% of fractures occur in osteopenic women, this threshold appears inadequate for averting fractures in PMW with HSBC. Patients receiving ZOL should have BMD monitored yearly. BP should be used for at least 2 years and possibly for as long as AI therapy is continued. It would be prudent to give ZOL 4 mg twice yearly to PMW who are taking AIs and have a T-score < -2.0 or have any 2 of the following risk factors: T-score < -1.5, age >65 years, family history of hip fracture, personal history of fracture after age 50, smoking, or oral corticosteroid use >6 months.

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#### Male breast cancer in Chinese population – a 10 year review

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**Background:** Breast cancer is uncommon in men, occurring in 1% of the male population based on Western data. There is limited knowledge about the natural history and prognosis of male breast cancer in Chinese population. This study aims to perform a 10 year review of the clinical presentation and outcome of male breast patients in Hong Kong.

**Materials:** A retrospective study of patients with male breast cancer treated in Hong Kong from January 1995 to December 2005 was performed.

**Results:** A total of 77 male breast cancers were treated in eight hospitals during this 10 year study period. The mean age at diagnosis was 65 years old. Majority (92.6%) presented with a palpable breast lump. Only 3 men had gynecomastia. Only 3.3% had a family history of breast cancer. All patients (7 unknown) underwent mastectomy except for 1 who has wide local excision (sarcoma). 51.4% of these patients also had axillary dissection performed. 85.7% of these were invasive carcinoma of which 1 was invasive lobular carcinoma, 2 were mucinous carcinoma, 5 were invasive papillary carcinoma and the rest were invasive ductal carcinoma. 12.9% were in-situ carcinomas, where 7 were intraductal papillary carcinoma and the rest were ductal carcinoma in-situ. Of the