Conclusions: General practitioners are currently appropriately referring to urgent and non-urgent clinic slots. The new target will offer no advantage to cancer patients but will increase pressure on existing services. It can potentially compromise diagnostic accuracy unless the service is fully and appropriately resourced.

	Fast-track	Non-urgent	Tertiary
Total number	774	977	41
Age range (median)	14–95 (45)	13–86 (39)	18–90 (54)
Cancer (percent of group total)	99 (12.8%)	10 (1%)	8 (19.5%)
Benign pathologies			
Total	264	264	17
Fibroadenoma	47	51	1
Cysts	107	87	1
Others	110	126	15
Mastalgia only	377	647	15
Gynecomastia	34	56	1

539 Poster

The early integration of palliative care for breast cancer patients in the SOP breast cancer at the Cologne Bonn CIO (Center of interdisciplinary oncology)

R. Wuerstlein[1], J. Gaertner[2], M. Warm[1], R. Voltz[2], P. Mallmann[3], N. Harbeck[1]. [1]*University of Cologne, Breast Center, Cologne, Germany;* [2]*University of Cologne, Palliative Care, Cologne, Germany;* [3]*University of Cologne, Gynecology and Obstetrics, Cologne, Germany*

Background: Overall survival can be very long in metastatic breast cancer. This makes a difference to other metastatic diseases. Nevertheless, at the end a large number of patients needs palliative care for various reasons such as control of symptoms, homecare, psychosocial interactions and continuous contact persons. Therefor, we decided to change the moment of implementation of palliative care for our metastatic breast cancer patients to improve interdisciplinary treatment, life quality and integration of patient and family in the following therapeutic decisions.

Materials and Methods: By re-writing the SOP breast cancer in the interdisciplinary CCC of the university hospitals Bonn and Cologne (CIO Köln-Bonn) we could integrate the early implementation of palliative care by our specialised outpatient-care team correspondiong to WHO criteria. We describe the process of developping the SOP focusing on palliative care and detecting the right timing of palliative care support. At the same time, we present the interdisciplinary concepts available at the CIO.The new strategy was developped in cooperation of the breast cancer as well as the palliative care givers in interdisciplinary interaction.

Results: First indication of chemotherapeutic approach in the metastatic setting was defined as the best moment of integration of the palliative care team: not too ealy for the patient at a moment of good life quality as long, as she does not need palliative chemotherapy, but early enough to link breast cancer team, palliative care team and the patient with her familiy and surrounding under good conditions.

Conclusions: In further studies, we will now focus on the process itfself of early implementation as well at its meaning for the participating care givers and patients satisfaction with the model.

540 Poster

Uptake of trastuzumab (T) in selected European countries during the first 9 years after market introduction

U. Wilking[1], J. Bergh[1], B. Jonsson[2], F. Kasteng[3], N. Wilking[1]. [1]*Karolinska Institutet, Oncology–Pathology, Stockholm, Sweden;* [2]*Stockholm School of Economics, Center for Health Economics, Stockholm, Sweden;* [3]*I3 Innovus, Stockholm, Sweden*

Background: T was approved for use in metastatic breast cancer (MBC) in Q3, year 2000 and was approved for treatment in early breast cancer (EBC) in 2006. The use of T is of interest to study, as the drug have a defined patient population (HER2 positive) and was the first available specific treatment option for this patient group. The pivotal and randomized studies demonstrated survival improvements, first in MBC and later in EBC, while cost-effectiveness differ between indications and countries. This report focus on similarities and differences in the utilization during the first 9 years of use of T in 10 European countries, representing countries in Northern, Western and Central/Eastern Europe.

Methods: Based on data from IMS Health, uptake and use of T was studied in Denmark, Finland, Hungary, Italy, Norway, Poland, Spain, Sweden and the United Kingdom. The calculations are based on the assumption that 25% of MBC patients are HER2 positive. (The rate of positivity in EBC has been reported to be 15–20%). We calculate use in mg/case, assuming that the number of cases is equal to 25% of mortality rates in year 2002 (mortality has been relatively stable during the 10 years of this study, Globocan data). As patients with MBC have an estimated survival of >2 years, the calculations include also year 1999. We calculated the use in a 0–5 year cohort (MBC pts 1999–2004) and a 5–10 year cohort (MBC and EBC pts 2004–2009).

Results: See the table.

Country	Use/case, 2000–2009	% use related to Spain	1999–2004 related to 2005–2009
Denmark	5947	69%	8.4%
Finland	5861	68%	14.7%
France	8226	95%	9.7%
Hungary	2058	24%	1.4%
Italy	6439	74%	11.5%
Norway	5554	69%	6.1%
Poland	1630	19%	12.2%
Spain	8672	100%	15.7%
Sweden	6763	78%	11.5%
UK	4930	57%	8.0%

Discussion and Conclusions: There are considerable variations in the use of trastuzumab in the 10 European countries of this study. The utilization in France and Spain is 4–5 times that of the use in Hungary and Poland for the whole period, and there are also major differences in the early use (2000–2004).

The differences reflect different affordability, different assessments of value and cost-effectiveness (Norway; MBC) and differences in treatment schedules (Finland; EBC). Most of the differences are unexplained and reflect different interpretations of data and priorities made in clinical practice and resource allocation in health care systems.

541 Poster

Estrogens exposure as risk factor of breast cancer in premenopausal women all residing in the same metropolitan area. A case–control study in a cohort of 486 women

F. Lumachi[1], S.M.M. Basso[2], B. Marzano[2], M. Bonamini[2], B.U. Waclaw[2], G.B. Chiara[2]. [1]*University of Padova, Surg & Gastroenterol Sciences, 35128 Padova, Italy;* [2]*S. Maria degli Angeli Hospital, U.O. Chirurgia 1, 33170 Pordenone, Italy*

Background: The aim of this study was to evaluate the weight of different risk factors (RF) in a cohort of premenopausal patients withbreast cancer (BC), all residing in the same metropolitan area.

Patients and Methods: Data regarding a series of 233 patients (cases), and 253 randomly age-matched healthy women (controls) were reviewed. Odds ratios (OR) estimated and the associated 95% confidence (CI) intervals were calculated. The chi-squared test and Student's t-test were used to compare categorical variables and means of grouped data, respectively.

Results: The results are reported in the Table. Age at menarche (12.1 ± 2.3 vs. 12.8 ± 1.8 years), age at first pregnancy (26.0 ± 4.6 vs. 23.6 ± 3.8 years), and months of breast feeding (9.3 ± 7.2 vs. 12.1 ± 7.1) significantly ($p < 0.001$) differ between cases and controls, while parity (1.4 ± 1.5 vs. 1.4 ± 0.9, $p = 0.94$), and months of oral contraceptives use (34.4 ± 24.2 vs. 30.8 ± 27.2, $p = 0.21$) did not.

Conclusions: In this cohort of premenopausal patients, factors related to estrogens exposure (early age of menarche, late first pregnancy, and duration of oral contraceptive use) did not represent strong RF related to BC.

Characteristics	Cases (%)	Controls (%)	OR	95% CI	P-value
History of BC in relatives	5.6	2.8	2.08	0.81–5.3	0.12
Menarche <12 years	24.0	17.9	1.46	0.94–2.27	0.09
No pregnancies	23.2	18.6	1.32	0.85–2.05	0.21
First pregnancy >30 year	11.7	4.4	2.91	1.30–6.53	<0.01
No breastfeeding	39.7	40.8	0.95	0.63–1.44	0.82
No bilateral ooforectomy	98.7	98.4	1.23	0.27–5.56	0.79
BMI > 24 kg/m^2	22.7	18.2	1.32	0.85–2.07	0.21
Alcohol abuse	9.4	9.9	0.95	0.52–1.74	0.87
Smoking past	6.4	8.7	0.72	0.37–1.43	0.35
Smoking present	18.9	19.0	0.99	0.63–1.57	0.98
Oral contraceptives use	39.0	31.6	1.39	0.95–2.01	0.08