practitioner (GP) is a recognised member of the team involved in follow-up care and women receive care from their GP following a breast cancer diagnosis.

Conclusion: The project provided insight into the potential role of primary care in delivering follow-up care to women with early breast cancer and found support for shared care outside the specialist setting.

To inform future models of follow-up care in Australia, NBOCC aims to trial and evaluate approaches to the delivery of shared care, according to the ‘Principles of shared care’, between primary and specialist clinicians for the follow-up of women after the completion of hospital based therapy for breast cancer.

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Greek women attitude towards breast cancer risk factors and breast self-examination − Agaliazo-Society of Volunteers Against Cancer

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Scarce data exist regarding the relation between knowledge of breast cancer risk factors and early detection, as a result of self-awareness. It is well known that women with certain risk factors are more likely to develop the disease than others and it is also a fact that the information that women receive concerning early prevention and detection of this disease, is constantly growing, during the last years. But is there any relation between the information that a woman receives and her personal attitude towards self-examination and limitation of the risk factors in her life?

The study aimed to evaluate the impact of the knowledge of breast cancer risk factors on personal attitude towards prevention and the chances this attitude to be affected by other factors, such as age, education or personal experiences.

1.100 Greek women (60.3% being between 18 to 45 years old and 40.3% postgraduates) answered a standardized questionnaire that assessed attitude towards breast cancer prevention, self-examination and risk factors, based on self-reported data. The questionnaires were distributed to women with different access in knowledge, from urban and rural areas, prisons, private companies and colleges.

Results indicate that there is a poor knowledge of risk factors. In particular, the 44.7% of the women ignores the fact that age is a very important risk factor, since half of all women diagnosed are over age 65. The 58% ignores the impact of early menstruation or late menopause on the breast cancer development and the 70% disregards the impact of having your first child at an older age or not having given birth. The 51.3% of the women ignores also the higher risk for breast cancer development when you are taking birth control pills for more than ten years when you are under 35.

The 46.9% of the women answered that they don’t do breast self-examination, although 94.6% believe that breast cancer is curable when it is early detected. Those percentages are even higher when regard more isolated populations, such as immigrants and prisoners.

All the results indicate a significant ignorance of breast cancer risk factors and at the same time a high percentage of women that don’t follow an accurate early detection plan. Since nearly 70% of all breast cancers are found through self-exams and taking into account that when detected at an early stage, the 5-year survival rate reaches 98%, we should reschedule our nation action plans in order to make sure that all women have the same access in such an important information.

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Previous oral contraceptive use and breast cancer risk among pre- and postmenopausal women − retrospective study in a cohort of 979 patients

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Background: Several randomized trials and observational studies show that the use of oral contraceptives is a weak risk factor (RF) for breast cancer (BC). The aim of this study was to assess the effects on BC risk of use of oral contraceptives (OC) in pre- and postmenopausal women, all residing in the same metropolitan area.

Patients and Methods: Data regarding a series of 471 patients with BC, and 508 age-matched healthy controls were reviewed and analyzed. There were 238 premenopausal and 233 postmenopausal women, with a median age of 56 years (range 27−81 years). Odds ratios (OR) estimates was calculated, and the chi-squared test was used to compare categorical variables.

Results: The results are reported in the Table. Age at menarche (12.3±1.6 vs. 12.1±2.2 years, p = 0.43), age at first pregnancy (25.3±4.4 vs. 26.03±4.6 years, p = 0.12), parity (1.4±1.1 vs. 1.45±1.15, p = 0.63), months of breastfeeding (10.2±8.6 vs. 9.35±7.23, p = 0.25), and months of OC use (28.4±21.2 vs. 34.4±24.2, p = 0.20) did not differ significantly between groups.

Conclusions: In this cohort patients the weight of RFs, enclosed the use and duration of OC therapy, did not differ significantly (p=NS) between pre- and postmenopausal women.

Characteristics	Premenopausal cases/controls	OR	Menopausal cases/controls	OR	p-value
History of BC in relatives	13/7	2.08	23/9	2.92	0.60
Menarche <12 years	56/45	1.46	47/43	1.21	0.65
No pregnancies	54/47	1.32	56/49	1.29	0.98
First pregnancy >30 year	21/9	2.91	27/17	1.94	0.44
No breastfeeding	71/84	0.95	79/61	1.82	0.07
No bilateral ooforectomy	230/249	1.23	218/240	0.68	0.80
BMI > 24	53/46	1.32	69/61	1.30	0.94
Alcohol abuse	22/25	0.95	25/24	1.13	0.68
Smoking past	15/22	0.72	15/20	0.79	0.84
Smoking present	44/48	0.99	28/26	1.17	0.63
Oral contraceptives use	91/80	1.39	34/19	2.07	0.16

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The clinical features and prognosis of triple negative breast cancer

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Background: Compare the clinical features and prognosis of Triple Negative breast cancer with the rest of breast cancers.

Material and Methods: Analyze all breast cancers studied in Breast Diseases Committee during the period 2000–2005, comparing the clinical features and prognosis of Triple Negative with the rest of breast cancers, the overall survival, local recurrence and contralateral breast cancer were analyze with Kaplan Meier curves.

Results: Studied 345 breast cancers, 22 (6.4%) Triple Negative and 323 (93.6%) non Triple Negative.

In non Triple Negative breast cancers, the tumor size was pT0 1 (0.3%), pT1a 19 (6.9%), pT1b 39 (14.2%), pT1c 137 (49.8%), pT2 68 (24.7%), pT3 4 (1.5%), pT4a 2 (0.7%), pT4b 5 (1.8%).

In Triple Negative, the tumor size was pT0 0 (0%), pT1a 1 (7.1%), pT1b 1 (7.1%), pT1c 8 (57.1%), pT2 3 (21.4%), pT4b 1 (7.1%); and axillary lymph node was pN0 9 (64.3%), pN1 5 (35.7%), no statistically significant differences with non Triple Negative. The histological grade was in a Grade III 52.9% and 13.8% in non Triple Negative, the differences were statistically significant.

The overall survival was statistically worse, the local recurrences and contralateral breast cancer were higher in Triple Negative breast cancer.

Conclusions: Triple Negative breast cancer has a high histological grade, metastases develops futher, more local recurrences and contralateral breast cancer and has a worse overall survival.

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Clinical characteristics and risk profile of individuals referred to Iranian familial breast cancer clinic: the necessity of genetic counseling

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Background: Genetic counseling is one of key elements of breast cancer prevention. Routine screening programs for breast cancer have little impact on prediction of this disease, while preventive procedures like hereditary and sporadic risk assessment, prophylactic mastectomy, oophorectomy and chemoprevention reduces the risk of developing breast cancer substantially. During genetic consultation in Iranian Center for Breast cancer (ICBC), comprehensive breast cancer risk factor information was obtained and the risk for developing breast cancer was estimated.

Materials and Methods: During genetic consultation at familial breast cancer clinic of ICBC, the family history of breast, ovarian and other cancers was evaluated and the pedigree was drawn at least in three generations. For cancer affected individuals; histological subtypes, location of tumor and age at diagnosis, comprehensive breast cancer risk factors information were recorded.

The 5 years and life time risk of developing breast cancer was estimated using Claus and Gail models for cancer unaffected individuals. The patients were classified in three categories of estimated life time risk: low, moderate and high. Also, prior probability of carrying germ line mutation in BRCA1 or BRCA2 genes was estimated for each individual using the BRCAPRO model.

Results: During the study period, 220 patients from 45 families were included. Regarding breast cancer history at the time of genetic counseling, 84 patients were affected by breast cancer. In each family an average of 1.15 patients with breast cancer was recorded in the first degree relatives of consultants. The risk of developing breast cancer was calculated Using Claus model for 128 breast cancer unaffected individuals. Using this model, the average life time risk of developing breast cancer was estimated about 18%. Twenty five percent of individuals were categorized as low risk and 15% as high risk. The average probability of germ line mutation was 3 times higher in bilateral breast cancer patients than patients with unilateral breast cancer.

Conclusion: This study detected a significant number of individuals who had a great risk for developing breast cancer, so in genetic counseling setting, clinical characteristics obtaining and risk profile estimation are very necessary elements in preventive programs for breast cancer.

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Triple negative breast cancer. Retrospective analysis of clinico-pathological features from a single institution (2005–2008)

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Background: Triple negative breast cancer (TNBC) is defined by the lack of expression of estrogen, progesterone receptors and HER2/neu. It is also characterized by high relapse rate and carries a relatively poor prognosis, because of its aggressive biological behavior and lack of targeted therapies. The aim of this study was to describe the clinico-pathological trends in breast cancer patients, who expressed triple-negative phenotype on immunohistochemistry.

Materials and Methods: During 2005–2008, 346 invasive breast cancer patients were referred to our department. 35 of them (10.1%) had triple negative pattern. The medical records and final pathological reports were reviewed retrospectively.

Results: The mean age at presentation was 50.03±14.8 (range 20−75). 7 patients were <35 years of age, with the youngest patient aged 20 years old. The prevailing clinical symptom was a mass in 27 of cases, while there were palpable axillary lymph nodes in 12 patients. 17 patients (48.6%) had a left-sided breast cancer and 20 were premenopausal (57.1%). There was a family history of breast cancer in 15 cases (42.9%). 22 patients underwent breast-conserving surgery and axillary node dissection, 13 had modified radical mastectomy, while 2 patients followed neoadjuvant chemotherapy. The tumor size was <2 cm in 14 patients, >2 cm and <5 cm in 19 patients, >5 cm in 2 patients. 33 of these cancers (94.3%) were reported as invasive ductal carcinoma. 29 patients were node negative. All patients received adjuvant chemotherapy and radiotherapy. The mean observation time was 18.4 months at the follow-up cut-off date. 5 patients experienced early distant metastasis, whereas no patient died because of cancer-related reasons in this period.

Conclusions: TNBC mostly constitutes a subcategory of the basal-like molecular subtype. Our data clearly suggests that it mainly affects young-aged premenopausal population and gives earlier distant metastases, than the more common luminal subtype. Current research is focused on improving our understanding of the risk factors and on developing improved therapeutic strategies for TNBC.

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Shared hospital and community follow up of breast cancer survivors (BCS) by a breast cancer network Saint Louis Réseau Sein improves quality: a patient satisfaction survey

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In order to improve and externalise BCS follow up (FU) we initiated a breast cancer network, Saint Louis Réseau Sein (SLRS) whose aims are, through the mobilisation of all health care forces, public and private medical and non-medical professionals (n = 387) and associations, to share multidisciplinary FU between Saint Louis Hospital Breast Unit and community practitioners. Medical professionals are oncologists, gynecologists, general practioners, radiologists, radiotherapists, non-medical are psychologists, physiotherapists, dieticians, social workers. FU guidelines were elaborated for medical activity and prescription of free supportive care (psychological support, dietetic counselling, physiotherapy). SLRS organises and validates multidisciplinary professional training.

Patient's education and information is provided through meetings, booklets and an interactive website. SLRS gets subsidies mainly from Social security but also from hospital and private funds.

From January 2006 to October 2009, 582 consenting patients accepted FU through SLRS. A satisfaction survey was performed by means of a questionnaire addressed to 383 BCS included for at least 1 year in SLRS. Mean age was 59 years (range 33−90). Patients' prior treatments were: surgery 79.34%, radiotherapy 64.4%, chemotherapy 43%, hormonotherapy 80%.

70% of patients asserted to have a good socioeconomical level, 22.8% to experience socioeconomical difficulties.

214 patients anwered (56%). 88% were satisfied. Among those who attended information meetings or visited the website respectively 90.5% and 74% were satisfied. Patients asked for more paper information.

Observance of clinical, radiological FU, and treatments (hormonotherapy) was 84.6%.

Patient's free comments were: less stress, more confidence and more proximity, reinsurance, incitement to regular FU.

Shared hospital/community FU of BCS is a safe, ethical alternative, which satisfies patients. Coordination through a cancer network seems mandatory for security and quality of care. Economical efficiency needs further evaluation.

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Do young patients have poorer survival? − a survival study from Iran

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Introduction: Although breast cancer rarely occurs among young women, there is growing evidence that breast cancer incidence among this population may be increasing. The effects of young age on breast cancer outcomes are currently unclear, and this is likely due to a low young age breast cancer incidence rate in Western countries and non-consensus for what uniquely defines young age breast cancer. In this study, we evaluate the effect of age on breast cancer survival using data from Iran where breast cancer comprises 25% of all cancers and the majority of patients are at premenopausal age.

Materials and Methods: Data from 1500 patients with breast cancer diagnoses from 20 March 2000 to 20 March 2003 were reviewed. We divided patients into two groups: ⩽40, and >40 years. Data were analysed using Chi-square, Kaplan Meier and Cox regression methods.

Results: The median age at presentation was 45 years, with a range from 16 to 83 years. In a median follow-up time of 55 months, there were 445 (29.7%) deaths and 545 (34%) censored individuals. Overall survival in 1500 patients was 47%. Cumulative survivals of all patients were 89%, 75% and 58% after 3, 5, and 7 years, respectively. The 5-year overall survival rate for the young and old age groups were 83% and 71%. Overall survival among older patients was worse than younger patients and the difference was statistically significant (Log-rank test, p-value = 0.001). Multivariate analyses showed that age and tumour stage were predictive of overall survival.

Conclusion: These results indicate that breast cancer patients in Iran present with a more advanced stage of the disease at an older age. Our findings demonstrate substantial differences in breast cancer outcomes among young and older age groups but, not in the same line as most previous studies have presented with an adverse effect of young age on breast cancer outcome.

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Validity of follow-up bone scan in symptom-free patients with breast cancer

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Background: Follow-up examinations are commonly regarded as having less significance in breast cancer patients. However, there are insufficient