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.