

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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Poster

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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Poster

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 multi-disciplinary FU between Saint Louis Hospital Breast Unit and community practitioners. Medical professionals are oncologists, gynecologists, general practitioners, 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 answered (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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Poster

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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Poster

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

data considering patients' quality of life. In Japan, to detect recurrent disease, some examinations are still performed after surgery in women with breast cancer. We retrospectively investigated bone scans performed as follow-up examination and particularly studied the occurrence of symptom-free bone metastasis.

Patients and Methods: We investigated 364 patients with early breast cancer who underwent surgery from January 2005 to October 2006 at our hospital. There were 286 cases in which we could check their outpatient clinic records. We examined the details of bone scans performed in these patients after surgery and events such as recurrence and death.

Results: Median observation period was three years and two months. There were 25 cases of recurrent disease during that period. Bone metastasis were detected in 15 of these 25 cases. Regarding the reason for bone scan, in 33 scans, patients had symptoms, and these included three with bone metastasis. In three scans in patients whom tumor markers increased, two cases of metastasis were detected. On the other hand, only four cases of metastasis were detected in 349 scans performed for routine search in patients without any symptoms (1.1% of 349). These patients comprised half of the eight cases in which bone metastases were detected as the first recurrent disease. Another five cases of metastasis were found after disease had recurred at other sites. Two were detected by positron emission tomography. Five cases without any symptoms in which bone metastases were detected by bone scan received treatment for recurrent disease. Three of five asymptomatic patients were given a bisphosphonate. At present, there have been no events related to bone metastasis in these cases.

Conclusions: In the present study, half of the patients in whom bone metastasis were detected by bone scan did not have any symptoms. Further studies are necessary to verify the significance of early detection and treatment of bone metastasis to maintain patients' quality of life.

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Poster

Underestimated value of cardiovascular risks in the routine follow-up of breast cancer survivors

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Background: Breast cancer patient require really long time treatment. Hence, anything that could affect outcome should be weighted properly. Due to high prevalence of cardiovascular disorders many breast cancer survivors have those disorders. Existence of cardiovascular disorders in hypothetical cohort of patients could affect overall survival, quality of life, pharmacokinetic properties of medications received. Comorbidity profile and polypharmacy profile of patients involved in clinical trials could differ significantly from those of real life patients due to narrow inclusion criteria into particular trial. Therefore, there is a doubt if findings of clinical trial could be extrapolated to the usual patients. The aims of this work were to study comorbidity profile, polypharmacy profile among outpatients with breast cancer in Grodno, Belarus.

Materials and Methods: Stories of breast cancer patients with from Grodno outpatient hospital #1 were manually reviewed. All breast cancer patients who had their disease diagnosed from 2000 till 2008 and were alive at the end of 2008 were included. 79 patients' stories were reviewed. Diagnosis and pharmacological treatment was recorded and analyzed.

Results: Median follow-up time was 2 years. 62 (78%) of patients had comorbidity. 45 (57% among all) had cardiovascular diseases. The most common prescribed drug was tamoxifen. The most common combination was tamoxifen plus enalapril. Tamoxifen was often prescribed with either metoprolol, or glibenclamide.

Conclusion: This study confirms the evidence that the most common comorbidities among breast cancer patients are cardiovascular diseases. Three steps should be done next. Big investigation with good quality design should be performed to confirm current findings of this little study (1). If so then careful assessment of comorbidity profile and inclusion criteria of breast cancer patients should be performed according to the data available from big clinical trials in order to make sure that results from these trials could be extrapolated to the patients from real life with real risks (2). Clinical trials should be performed to find out optimal combination therapy for breast cancer patients with cardiovascular disorders (3). We have to treat the persons not the diseases.

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Poster

Choice of management of Chinese women who carry the BRCA mutation

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Background: Mutations in the BRCA1 & BRCA2 genes confer greater risk of developing breast cancer. Families carrying the BRCA mutation are offered intensive surveillance and preventative measures. This study is the first to report the uptake of such measures in Chinese families carrying the BRCA mutation.

Material and Methods: Breast cancer (BC) patients and/or ovarian cancer (OC) patients were recruited for genetic counseling and testing in this multicenter study. Family members of positive probands were also tested.

Results: To date 28 index patients are found to carry the BRCA mutation. 25 females and 3 males. Of the female probands 24/25 (96%) had BC and 1 had OC and family history (FH) of BC. All 3 males had BC. In addition, 23 family members of 19 families were found to be BRCA mutation carriers. 9/23 (39.1%) of these were males with no cancer history. Of the females 8/14 (57.1%) had BC; 1/14 (7.1%) had OC and FH of BC; 2/14 (14.3%) had both BC and OC; 3/14 (21.4%) do not have history of cancer.

For the female index cases, excluding 7/25 (28%) who underwent bilateral mastectomy for bilateral BC, 4/18 (22.2%) of the remaining had prophylactic mastectomy. 14/18 (77.8%) women agreed for breast surveillance including MRI breast except for 1/18 (5.5%) who did not agree to having MRI scan. 5/25 (20%) female probands had OC or ovarian cysts with previous bilateral oophorectomy performed. Of the remaining, 3/20 (15%) agreed for prophylactic oophorectomy, 17/20 (85%) decided for ovarian screening of which all agreed for pelvic examination, ultrasound and CA125 except 2/17 (11.8%) who agreed for surveillance without CA125. All 3 male index cases agreed for prostate screening and breast clinical examination.

3/14 (21.4%) female family members had a history of bilateral BC with mastectomy already performed. 2/11 (13.6%) of the remaining had prophylactic mastectomy performed. 9/11 (81.8%) agreed for clinical, mammographic and ultrasound surveillance of which 6/9 (66.7%) of these included MRI screening. 2/14 (14.3%) family members already had oophorectomy performed for OC or cysts. 1/12 (8.3%) of the remaining had prophylactic oophorectomy and 9/12 (75%) agreed for ovarian surveillance including CA125 except 1 individual who did not have CA125. The 9 male family members all agreed for regular breast clinical examination and 5/9 (55.6%) agreed for prostate screening. No BRCA mutation carriers without history of breast cancer agreed for chemopreventive drugs.

Conclusion: Chinese BRCA mutation carriers have a higher uptake of intensive surveillance compared to prophylactic surgery for prevention. In addition there is a lack of interest of use of chemopreventive drugs for those who do not have a history of cancer.

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Poster

Characteristics of phyllodes tumors of the breast in National Institute of Oncology in Morocco: analysis of 53 patients between 1998 and 2006

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Purpose: Phyllode tumors of the breast are fibroepithelial tumors similar to fibroadenomas but with a predominant connective tissue component. These are composed of a connective tissue stroma and epithelial elements. They are rare with an incidence of 0.3–0.9% of all breast neoplasms. The present study demonstrates the recent experiences in diagnosis, therapeutic management and clinical follow-up of this disease.

Patients and Methods: This is a retrospective study of the experience of the National institute of Oncology from 1998 to 2006.

Results: We included 53 patients. Median age was 37.2 years (15–67), tumor size was 1–30 cm (median 10.25 cm). The histological diagnosis was based on the biopsy in (7.8%) cases and extemporany in 22% cases, distant metastasis occurred in two patients; the treatment consisted of a surgery. The median follow-up was three years. Local recurrence occurred in ten patients. Distant metastasis occurred in two patients and five patients have died.

Conclusion: The confrontation of our results to the data of the international literature shows that the diagnosis of the phyllodes tumours is histological. The basis of the treatment is surgery. The adjuvant radiotherapy is very important in patients at high risk for local recurrence; chemotherapy has a badly defined place. The prognostic is based on the histological characters of the tissue conjunctive component of these tumours.