

examination by the investigator. The rate of symptom-free pts was calculated following a conservative approach for missing values: all pts with no symptoms were compared with all treated pts. Randomization groups were compared by Fisher's exact test.

Results: Ascites signs and symptoms at screening and puncture visit were comparable in both treatment groups. Eight days after treatment, significantly more pts treated with catumaxomab were symptom-free in 13 out of 14 sign/symptom categories compared with controls. Four weeks after treatment the rate of symptom-free pts was still higher in the catumaxomab group for all signs and symptoms. Ninety days after treatment 6–10% of catumaxomab-treated pts were free of symptoms compared with none of those in the control group.

Conclusions: The results above show a prolonged time free of ascites symptoms after catumaxomab treatment compared with control, which is a precondition for an adequate quality of life in this pt population.

3081

POSTER

Psychosocial Distress of Cancer Patients With Underage Children

J. Ernst¹, H. Goetze¹, R. Schmidt¹, J. Dorst², E. Braehler¹. ¹University of Leipzig, Department of Medical Psychology and Medical Sociology, Leipzig, Germany; ²University of Leipzig, Division of Hematology and Oncology, Leipzig, Germany

Background: The effect of parenthood (children until 18 years) with a cancer disease on the psychosocial situation and the mental distress of cancer patients was examined only few, so far. Systematic studies to epidemiological connections and to the specific need of support and supply are missing. The few results to this topics show a lot of problems straight in these families due to coincidence of illness-specific and family challenges.

Material and Methods: In the present study 152 cancer patients (different diagnoses; middle age 40.3 years; 81% female) with children under age were recruited and asked in writing during their ambulatory or stationary treatment (no palliative situation). The psychological distress was collected with the Hospital Anxiety and Depression Scale (HADS), further social demographic and medical information were recorded. The data are evaluated descriptively and variance-analytically and confronted to a comparison group from the general population (matching after age, n = 1075).

Results: Regarding the comparison group from the general population (HADS mean: 4.5) there is a significantly higher score of anxiety in the study group (HADS mean: 6.8, p < 0.00). In comparison with the control group the depression values of the study group is increased a little but not significantly. Risk factors for high psychological distress of the cancer patients are: not employed, children > 6 years and time of diagnosis > 6 months.

Conclusions: The results show higher distress with cancer patients with underage children depending on the social, family and illness-specific context.

Further studies should analyse the process of psychological distress in the long-term with consideration of family-dynamic aspects. On the basis of these study results it is important to derive possibilities of intervention and supply for the patient and the family, in order to recognize psychological distress at an early stage and to work against them.

3082

POSTER

Appropriateness of Febrile Neutropenia Admissions in a Community Hospital in Portugal – a Retrospective Review

M. Carneiro¹, I. Miguel¹, S. Bento¹. ¹Hospital Santarem, Medical Oncology, Santarem, Portugal

Background: Febrile neutropenia is a life-threatening complication of cytotoxic chemotherapy (CT), necessitating prompt patient evaluation and initiation of empirical broad-spectrum antibiotic treatment. The choice of treatment should be based on predominant pathogens and epidemiological characteristics of the treated community. The purpose of our study was to review the inpatient cases of febrile neutropenia in a community hospital in order to assess the appropriateness of the admissions and evaluate the empirical antibiotic therapy prescribed.

Methods: Retrospective review of the admissions because of febrile neutropenia secondary to chemotherapy occurring in an Internal Medicine Ward in the Hospital Distrital de Santarém (HDS), over one year period (2009). We analyze the patient population demography, cancer primary localization and treatment, day of admission, neutrophil count, antibiotic treatment prescribed, duration of the admission, number of positive microbial cultures, in order to evaluate their appropriateness.

Results: The HDS serves a population of 250.000 inhabitants in a suburban area of Lisbon, and during 2009 about 5.000 CT sessions were done. 20 pts matched our search (17 women and 3 men). The admissions occurred in day (mean) 8.71 (2–17) after CT. The mean age was 58.15

years old (34–78). Breast cancer accounted for the majority of cases (13), followed by haematological (4), colo-rectal (2) and head/neck (1). In 12 pts CT was performed in the adjuvant setting, occurring most frequently after the 2nd and 3rd cycles, in 6 pts neoadjuvant (all with breast cancer diagnosis) and in 2 as metastatic treatment. The most used treatment was FEC accounting (6 pts). The mean neutrophil count at admission was 110 (0–800). Respiratory infection tract was the main localization (6), followed by urinary tract infection (3) and in 3 pts no infection location was found. In 12 pts microbial cultures were negative, *E. coli* was found in 2 pts, *M. morgani* and *C. difficile* in 1 each. GCSF was administered to 12 pts. Tazobactam plus Amikacin the most used treatment (16pts). In 8 pts Fluconazole was added to antibiotic regimen. Pts were discharged after a mean of 8.71 days (1–32). There was 1 dead in a breast cancer pt treated with docetaxel.

Conclusions: Most of the febrile neutropenia admissions were appropriate, with pts fulfilling high risk criteria. Microbial cultures were negative in the majority of cases. Gram-negative organisms were the predominant pathogens. Empirical antibiotic therapy with extended-spectrum penicillin and an aminoglycoside were routinely and adequately used as the standard treatment.

Poster Presentations (Sat, 24 Sep, 09:30–12:00) Epidemiology and Prevention

3500

POSTER

Chronological Data of Cholangiocarcinoma in Srinagarind, the University Hospital of Northeast Thailand, During 2008

J. Prasongwatana¹, N. Kuntekaew². ¹Faculty of Medicine Khon Kaen University, Parasitology, Khonkaen, Thailand; ²Faculty of Medicine Khon Kaen University, Surgery, Khonkaen, Thailand

Background: Cholangiocarcinoma (CC) in Thailand is epidemiologically caused by chronic liver fluke *Opisthorchis viverrini* infection (IARC, 1994). Getting an infection is by consuming habit of improper-cooked of fresh water cyprinidae fish among the northeastern residences. Therefore infection and CC in Thailand is restricted in northeastern part composed of 18 provinces. Incidence of CC in Thailand is average about 83/100,000 in male and 75/100,000 in female. We here demonstrated the intense of CC in northeast part of Thailand via chronological data, at least CC who visited the university hospital of northeastern part during 2008.

Material and Methods: CC patients who came to Srinagarind hospital during January–December 2008 were analyzed by age, sex, occupation, address and department of admission.

Results: It was found that a total of 892 CC patients came to Srinagarind hospital, 70% were male. Of 892 CC, there were 0–93 years old and 92% age were 40–79 years old. According to occupation, 40% of CC are farmer. Among 892 only 3 of CC patients were from outside northeast region. Of 892 CC patients, 671 were admitted in Surgery department while 183 were admitted in Medicine. Eight of CC patients with age less than 14 years old were admitted in Pediatric department. Beside liver fluke associated CC in adult, CC in northeastern part of Thailand is including the children with bile abnormality, Calori's cyst and sclerosing cholangitis for example.

Conclusions: This chronological data has reminded us about the intense health problem of northeastern residence of Thailand caused by CC. Control strategies for liver fluke infection and CC in Thailand has to be prioritize.

3501

POSTER

Survival of Female Breast Cancer, Clinical Practice Variability and Associated Factors: Results of the Portuguese South Regional Cancer Registries

M. Andre¹, A. Mayer², A. Miranda². ¹Portuguese Institute of Cancer, Department of Medical Oncology, Lisbon, Portugal; ²Portuguese Institute of Cancer, The South Regional Cancer Registries, Lisbon, Portugal

Background: Breast cancer is the most common cancer among women in developed countries, representing one third of all cancer cases. The incidence is lower in Portugal than the European average, but it is still the most frequent cancer of women. The prognosis for breast cancer is generally good, with a mortality:incidence ratio of 61%. Several factors have been implicated in the survival of these patients, including tumour biological factors, patient characteristics and therapeutic options.

This study aims to detect survival differences in female breast cancer and identify the main associated factors.

Materials and Methods: We conducted a retrospective cohort study, multicentric, population based with follow-up. All incident breast cancer

cases diagnosed in 2005, residents in Lisboa e Vale do Tejo, Alentejo, Algarve and Região Autónoma da Madeira were included. Data from clinical charts and from The South Regional Cancer Registries database was collected regarding epidemiological factors (e.g. ethnicity, number of gestations), socio-demographic factors (e.g. age at diagnosis, residence), tumour's topographic characteristics, histologic diagnosis, tests for diagnosis and staging, stage, time elapsed between diagnosis and treatment, characteristics of treatment (surgical treatment, cytostatic treatment, radiotherapy, hormonal treatment, molecular therapy) and vital status.

Results: A total of 1021 patients have been included in this study so far from 13 Portuguese centers. 56% of our patients were between the ages of 50 and 75 years. 52% of the patients had left breast cancer, with only a minority (1.2%) presenting with bilateral breast cancer. The most frequent morphology was Invasive Ductal Carcinoma accounting for 74.4% of all cases, and 42% of the cases were moderately differentiated. 38.3% of the patients presented with stage I disease, 36.2% with stage II, 17.3% with stage III and 8.0% with stage IV. When analyzing survival, we observed a correlation between survival and stage at diagnosis, and between survival and geographical region.

Discussion: Our preliminary data indicates that there are differences in survival of female breast cancer, with an association between survival and geographical region. Ongoing studies are clarifying the factors responsible for these variations, namely differences in clinical practice. These results will help defining new strategies to improve survival in Portuguese breast cancer patients.

3502

POSTER

Triple Negative Breast Cancer – Does Age or Stage Impact on Survival? This Abstract Reflects a Subset Analysis of Taxpas – a South African Resource Utilization Survey of Cancer Patients Treated With Taxotere® (Docetaxel) in the Private Health Sector

S.D. Moodley¹, F.M. Pienaar². ¹Wits Donald Gordon Medical Centre, Medical Oncology, Johannesburg, South Africa; ²GVI Oncology, Clinical Oncology, Cape Town, South Africa

Background: Triple-negative breast cancer is a subtype of breast cancer that is clinically negative for expression of estrogen and progesterone receptors (ER/PR) and HER2. It is characterized by aggressive behavior, distinct patterns of metastases, and lack of targeted therapies. Although sensitive to chemotherapy, early relapse is common. In 2009, according to the Cancer Research UK, TNBC accounts for approximately 15% of all breast cancer cases. Population-based studies have shown lower breast cancer-specific survival rates among those with triple-negative compared to non-triple-negative disease.

Methods: Sanofi-aventis South Africa conducted Taxpas; an open label multicentre survey done in a local community based setting in the private health sector. The primary objective of the survey was to assess the total cost of a patient treated with Taxotere® with a secondary objective of survival. Nationally 125 oncologists from 46 centres enrolled 2147 patients over a 6 year period. There are 1632 breast cancer and 507 other cancer patients. Interim data of the first 789 validated breast cancer patients is available. The following is an analysis of this population.

Results: The average age was 51.2 years. At first diagnosis 419 (57.2%) patients presented with early breast cancer and 313 (42.8%) patients presented with metastatic breast cancer with a 1 year survival of 381 (97.4%) and of 195 (65%) patients respectively. For survival we report it as per receptor status; ER, PR and HER-2. The most interesting find was when all three receptors were negative, which fits the definition of the triple negative breast cancers. The total number of patients in this group was 118 (15%) of the total breast cancer patients. 80% of this population received Taxotere® as a single agent with a survival 82% at 1 year.

		Survival (%)	
		TNBC, 118 (110)	Non TNBC, 660 (621)
		≤50: 60 (56)	>50: 58 (54)
		≤50: 311 (294)	>50: 349 (327)
EBC	98	96	99
MBC	38	63	80

This triple negative receptor population fits into the incidence of triple negative breast cancers globally i.e. of 15–20% of breast cancer patients. **Conclusion:** We were able to delineate the incidence of triple negative breast cancer incidence in this South African cohort and demonstrate their survival.

3503

POSTER

Retrospective Analysis of Epidemiological and Treatment Outcome in Patients With Metastatic Lung Cancer at an Oncologic Institution in Southern Brazil

T. Almeida¹, A.L.M. Wiermann¹, N.G. Skare¹, J.F.C. Camargo¹, R.R. Johnsson¹, F.A.O. Martinelli¹, L.S. Biela¹, D.D. Gavarrete¹, R.A. Shiomi¹, R.Y. Nishimoto¹. ¹Erasto Gaertner Hospital, Oncology, Curitiba, Brazil

Background: In Brazil lung cancer is the third most common malignancy with 27,630 new cases estimated for the year 2010, divided in 17,800 men and 9,830 women. There is an increasing incidence in Brazil, especially in females, which is attributed to increased smoking habit in this gender. The aim of this study was to identify in our population the epidemiological profile of patients with non-small cell lung cancer (NSCLC) in advanced stage and confront the results of treatment with the data in the literature.

Methods: This retrospective study included 125 patients referred to the Clinical Oncology Service of our hospital, with NSCLC in stage IIIB with pleural effusion and IV and tried to identify the epidemiological characteristics, risk and prognostic factors and the results obtained with treatment through survival analysis using the Kaplan–Meier method.

Results: Of 125 patients enrolled, 52.8% were male, median age 58 years, performance status (PS) less than 1 in 61.3%, weight loss greater than 10% in 83.3% and subtype adenocarcinoma in 59.2% of cases. Most of the patients (83.2%) were smokers or former smokers at diagnosis and the most common initial symptoms were chest pain (76.5%) and cough (69.9%). Bone and brain metastases were detected in 29.6% and 21.4% at diagnosis, respectively, similar to that found in the literature. Among the 104 patients assessable for response, the partial remission rate was 31.7% and the stable disease rate was 16.3%. Patients were treated with carboplatin-paclitaxel in first line in 88.6% and docetaxel in second line in 47.1%. The median survival was 8.3 months (95% CI 6.5 to 10.1 months) and there was a significant statistical difference in median survival between patients with performance status less than 1 versus those equal or greater than 2 (p = 0.014).

Conclusion: An equal incidence between sexes reflects the increasing number of cases in females following the statistics worldwide. Smoking is still the most prevalent risk factor and is more associated with the epidermoid histological subtype. In our population, the number of cigarettes smoked per day was high although the most common subtype was adenocarcinoma, in accordance with the statistics of growing incidence of this subtype. Overall survival was similar to that found in the world literature. This study shows the epidemiological profile of patients with lung cancer in a Southern Brazilian population and the impact of prognostic factors in treatment outcome.

3504

POSTER

Understanding the Variation in the Treatment Patterns for Newly Diagnosed Metastatic NSCLC Patient Among EU-5 Countries

A. Ganguli¹, M. DeKoeven², W.C. Lee², S. Ray¹. ¹Abbott Laboratories, Health Economics and Outcomes Research, Abbott Park IL, USA; ²IMS Health Inc., Health Economics, Fairfax VA, USA

Background: The differences in country-specific treatment patterns across Europe in non-small cell lung cancer (NSCLC) patients have not been extensively studied. This study examined treatment choices between various lines of therapy (LOT) in clinical practice in the EU-5 countries among newly diagnosed stage IV NSCLC patients.

Methods: The IMS LifeLink™ Oncology Analyzer (OA) database, based on surveys of practicing oncologists, was used to identify all NSCLC patients aged ≥18 years diagnosed at stage IV. The study compared the proportion of stage IV patients among the countries at various lines of therapy (LOT). Treatment options categorized as drug only, radiotherapy, surgery, or any combination of these, were compared. In addition, drug only treatment was stratified to include chemotherapy-only, biologics-only or chemo+biologics. Finally, we investigated whether the chemotherapy was used as monotherapy or as doublet/triplet for the various LOT.

Results: Between Jan-2009 to Jun-2010, 249,387 NSCLC patients were newly diagnosed at stage IV in the EU-5 countries. Of these, Germany had the most (71,758) followed by Italy (54,882), UK (53,453), France (39,765) and Spain (29,530). Compared to 73% of patients in UK, 94% (France), 89% (Germany), 86% (Italy) and 89% (Spain) of the newly diagnosed stage IV patients had ≥1 LOT. In UK, <1% of the patients had ≥3 LOT compared to 5% in France and Germany, while 2% each in Spain and Italy. In 48% of the EU patients, the first LOT included a combination (48%), followed by chemo-only in 45% of patients. In all EU-5 countries, chemotherapy was the first choice in first line (75%) while targeted/biologics-only was mostly preferred in second and third lines (64% & 59%, respectively). UK showed higher use of chemotherapy in first