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

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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 507other 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	96
MBC	38	63	80	60

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

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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 cigarretes 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

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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