with other hospitals were the most important Gram negative is E. coli. We also find differences on the antibiotic treatment. No differences on the degree of neutropenia or chemotherapy schedules were detected.

3512 POSTER

Survival From Childhood and Young Adult Cancer in Northern England, 1968–2005

N.O. Basta[1], P.W. James[1], B. Gomez-Pozo[1], A.W. Craft[2], R.J.Q. McNally[1]. [1]*Newcastle University, Institute of Health and Society, Newcastle upon Tyne, United Kingdom;* [2]*Newcastle University, Northern Institute of Cancer Research, Newcastle upon Tyne, United Kingdom*

Background: The study aimed to investigate trends in survival from cancer in children and young adults resident in northern England.
Methods: All cases aged 0−24 years, diagnosed with a primary malignancy during the period 1968–2005, were obtained from a specialist registry. Five year survival rates were calculated using Kaplan- Meier estimation for four successive time periods. Cox regression analysis was used to investigate factors that may influence survival. Analyses were carried out separately by gender and age group (0−14, 15−24 years).
Results: The study included 2958 cancer cases aged 0−14, the five year survival rates for all cancers improved from 39% in 1968–1977 to 79% in 1998–2005 ($P < 0.0001$). From the earliest to the latest time period, the five year survival rate for leukaemia increased from 24% to 81% ($P < 0.0001$), for lymphoma increased from 46% to 87% ($P < 0.0001$), for central nervous system (CNS) tumours increased from 43% to 73% ($P < 0.0001$), for sympathetic nervous system tumours increased from 17% to 66% ($P < 0.0001$), for bone tumours increased from 21% to 75% ($P < 0.0001$), for soft tissue sarcoma increased from 30% to 58% ($P = 0.0001$) and for germ cell tumours increased from 59% to 97% ($P = 0.0002$). The survival was worse for cases of acute lymphoblastic leukaemia ($P < 0.001$) and astrocytoma ($P < 0.001$) aged 10−14 years compared with 0−4 year olds. For 2958 cases aged 15−24, the five year survival rates for all cancers improved from 47% in 1968–1977 to 83% in 1998–2005. From earliest to the latest time period, survival rate for leukaemia increased from 2% to 57% ($P < 0.0001$), for lymphoma increased from 66% to 87% ($P < 0.0001$), for CNS tumours increased from 52% to 81% ($P = 0.002$), for bone tumours increased from 35% to 55% ($P = 0.02$), for germ cell tumours increased from 41% to 95% ($P < 0.0001$) and for carcinomas increased from 56% to 93% ($P < 0.0001$). The survival was worse for cases of acute lymphoblastic leukaemia ($P = 0.006$) aged 20−24 years compared with 15−19 year olds but better for non-Hodgkin lymphoma cases ($P = 0.01$).
Conclusions: There were marked improvements in survival from childhood and adolescent cancer in northern England over the last four decades. Future work should examine factors that could lead to further improvement in survival such as delays in diagnosis.

3513 POSTER

Alcohol Intake in Norwegian Women and Mammographic Density

S.A. Qureshi[1], A. Wu[2], S. Hofvind[3], G. Ursin[4]. [1]*University of Oslo, Department of Nutrition, Oslo, Norway;* [2]*University of Southern California, Preventive Medicine, Los Angeles California, USA;* [3]*The Cancer Registry of Norway, Department of Screening Based Research, Oslo, Norway;* [4]*The Cancer Registry of Norway/Institute of Population-based Cancer Research, University of Oslo/Department of Nutrition, Oslo, Norway*

Background: Alcohol intake has previously been associated with increased breast cancer risk. Mammographic density is a strong risk factor for breast cancer, but the association between alcohol consumption and mammographic density is not clear. We assessed this association among women who participated in the Norwegian Breast Cancer Screening Program (NBCSP) in 2004.
Material and Methods: We analyzed mammograms from 2251 postmenopausal women aged 50−69 years. Mammographic density was assessed on digitized mammograms using a computer assisted method. Frequency and amount of current beer, red wine, white wine and liquor consumption was assessed using a validated food frequency questionnaire. Non-drinkers were defined as complete abstainers. We used multivariate linear regression models to estimate least square means of percent mammographic density by categories of alcohol intake with adjustment for potential confounders. We also checked for effect modification by stratifying the analysis by age, body mass index and hormone therapy.
Results: The mean percent mammographic density was higher among drinkers as compared to non-drinkers in the unadjusted analysis, 18.7% (95% CI: 18.0–19.4%) and 14.9% (95% CI: 13.0–16.7%) respectively ($p = 0.001$). However, after adjustment for confounders there was no difference in percent mammographic density between drinkers (mean 18.3%, 95% CI: 17.6–18.9%) and non-drinkers (mean 17.8%, 95% CI: 16.1–19.4%) ($p = 0.59$). There was no indication that amount of alcohol consumed was associated with mammographic density, with the mean density among women with highest intake (>12 gm of alcohol per day) of 18.0% (95% CI: 16.9–19.0%), only marginally higher than that of non-drinkers (p for trend across six categories of intake = 0.62). Similarly there was no association between type of beverage and mammographic density. There was no effect modification by age, body mass index or hormone therapy.
Conclusions: We found no evidence of an association between alcohol intake and mammographic density.

3514 POSTER

Screening for Hepatitis B Virus in a Department of Clinical Oncology in Spain

J. Cano[1], R. Cervera[1], M. Berciano[1], J. Villa[1], P. Garcia[2], J. Espinosa[1]. [1]*Hospital General Ciudad Real, Clinical Oncology, Ciudad Real, Spain;* [2]*Hospital General Ciudad Real, Clinical Analyses, Ciudad Real, Spain*

Background: Hepatitis B virus (HBV) is a major global health problem. Two-thirds of patients with acute infection have subclinical disease and the majority of patients with chronic HB infection are asymptomatic. Spain is considered an intermediate endemic area (HBsAg prevalence between 2% and 8%). The American Association for the Study of Liver Diseases (AASLD) recommends screening for HBV in individuals born in high and intermediate endemic areas, and in patients to receive immunosuppressive therapy, since reactivation of HBV replication occurs in 20% to 50% of HB carriers undergoing immunosuppressive or chemotherapy, during or after completion of chemotherapy. Reactivation is mostly asymptomatic, but symptomatic flares and liver decompensation can develop and can be prevented with antiviral prophylaxis. By the moment screening for HBV is not current practice in Oncology Consultancy because the risk population is not yet completely defined and other Associations like ASCO don't recommend screening in all the patients.
Material and Methods: We analyzed prospectively serum HBsAg, anti-HBc and anti-HBs in all the patients with solid tumours coming to first visit in our Department between February, 4 and July, 31, 2011. We recognized treatment plan and risk factors associated: history of o current intravenous drug use, men who have sex with men, history of multiple sexual partners or sexually transmitted diseases, chronically elevated transaminases, Hepatitis C virus or VIH infection, blood donors, renal dialysis, pregnant women, previous immunosuppressive therapy. If HBsAg and/or anti-HBc were positive and anti-HBs (−) we measured viral DNA with PCR. Lamivudine is the agent used por prophylaxis.
Results: We present results until 5th of April-2011, the final results will be presented at the meeting. We have analyzed 128 patients, all of them born in Spain.

Serum results	No. (%)	Risk factors associated, No. (%)	Tumour location: No.	Treatment plan: No.
No infection: HBsAg(−), anti-HBc(−), anti-HBs(−)	101 (78.9%)	Yes: 10 (9.9%, 6 chronically elevated transaminases, 4 others). No: 91 (90%)	Colorectal: 22 Breast: 31 Lung: 16 Others: 32	Follow-up: 15 Chemotherapy: 73 Hormone: 7 Biological: 2 Others: 4
Chronic infection: HBsAg(+),anti-HBc(+), anti-HBs(−)	0 (0%)	–	–	–
Previous infection, now immune: HBsAg(−), anti-HBc(+), anti-HBs(+)	22 (17.1%)	Yes: 3 (13.6%, chronically elevated transaminases) No: 19 (86.3%)	Colorectal: 5 Lung: 3 Breast:5 Others: 9	Follow-up: 5 Chemotherapy:12 Hormone:3 Biological:2
Occult infection or other possibility: HBsAg(−), anti-HBc(+), anti-HBs(−)	5 (3.9%)	Yes: 0 No: 5 (100%)	Colorectal: 3 Lung:2	Follow-up: 2 Chemotherapy: 2 Biological: 1

Conclusions: 3.9% of patients, by the moment, had occult infection or other possibility; all of them had anti-HBc IgM (−), pending of viral DNA, none of them had risk factors associated and only 2 were receiving chemotherapy. We expect that by end of July-2011 with more patients analyzed we are able to decide if routine screening for HBV in patients to receive immunosuppressive therapy is really cost effective.

3515 POSTER

Clinical Characteristics and Prognostics Factor in Ecuadorian Patients Adults With Non-Hodgkin Lymphoma

K. Garcia[1], G. Paulson[1], K. Posligua[2]. [1]*Solca Hospital, Oncologist, Guayaquil, Ecuador;* [2]*Solca Hospital, Hematologist, Guayaquil, Ecuador*

Background: The clinical characteristics and epidemiology of Non Hodgkin Lymphoma are different in diverse geographical regions and racial populations. Follicular lymphoma is more common in the United State and