the Western Europe and is uncommon in South America, in Guayaquil-Ecuador lymphomas is the fifth cause of malignancy in men and eighth in women and occur 5.5× in 100,000. The purpose of this study was to determine the clinical characteristics and prognostic factor in our population of patients.
Material and Methods: Cases with non-Hodgkin lymphoma were analyzed reviewing clinical record of preexisting databases.
Results: There were 404 cases from 2002 until 2006. The 60% was male, with a median age of 54 (range: 16−93) years, 8.2% of patients had history of herbicide exposure. The most frequent were B-cell lymphoma 85% (343), and T-cell Lymphoma 11% (45). Follicular Lymphoma represent 6.4% and DLBCL and diffuses not other specified (NOS) were 62%, nevertheless inside the group of DLBCL NOS are perhaps a large proportion of lymphomas transformed. Primary extranodal lymphoma were 39.6% with a higher proportion of diffuses, of cervicofacial localization: 38.8%, digestive tube: 23.8%, skin and soft tissue: 23.8%, genitourinary: 5.6%. 62.3% presented elevated level of LDH, 11.3% had affected bone marrow at diagnosis, 5.7% HIV infection. Ann Arbor stage I: 6%; stage II: 37.4% with bulky disease; stage III: 19.6% and IV: 32.9%. Patients with IPS 0/1: 28.8%; 2: 13.5%; 3: 38.2% and 4/5 19.4%. The overall 5-years survival according to IPS was 53.6%: low risk; 35.9%: low intermediate risk; 19.6%: high intermediate risk; and 15.5%: high risk. Relapses and refractory disease occurred in 31.3% of patients that not receiving chemotherapy at the prescribed time vs 16.4% when it was given at the right time. 5.9% of patients died before diagnosis.
Conclusions: Large proportion of patients come to diagnosis with aggressive lymphoma, advanced stage and IPS high, the very low compliance to therapy, all this due to cultural, economic and social factors, which explains the increased proportion of DLBCL NOS, and a low incidence of indolent lymphoma.

3516 POSTER

Risk Factors Incidence in Postmenopausal Women With Hormone Receptor Negative/HER2 Positive and Triple Negative Breast Cancer − Preliminary Results

F. Lumachi[1], S.M.M. Basso[2], F. Marino[3], R. Orlando[4], U. Basso[5], G.B. Chiara[2]. *[1]University of Padova School of Medicine, Department of Surgical & Gastroenterol Sciences, Padova, Italy; [2]S. Maria degli Angeli Hospital, Chirurgia 1, Pordenone, Italy; [3]University of Padua School of Medicine, Department of Pathology, Padova, Italy; [4]University of Padua School of Medicine, Department of Medical & Surgical Sciences, Padova, Italy; [5]Istituto Oncologico Veneto (IOV) IRCCS, Medical Oncology 1, Padova, Italy*

Background: Breast cancer (BC) comprises multifactorial diseases harboring different genetic alterations, that can be classified into distinct molecular subtypes based on DNA microarray expression profiling. Currently, according to the American Society of Clinical Oncology (ASCO), the initial subtypes identified are luminal A, luminal B, human epidermal growth factor receptor-2 (HER2)-overexpressing, normal breast tissue-like, and basal-like, which are associated with differing outcomes. The shortest survival is seen in patients who have the basal-like and HER2-overexpressing subtypes. The triple negative (TN) subtype is characterized by the absence of expression of estrogen receptor (ER), progesterone receptor (PR), and HER2, and accounts for 15−20% of all BCS subtypes. However, from the genomic point of view, the histopathological classification of a TN disease is not entirely synonymous with microarray-based gene expression profiling of basal-like tumours. ER/PR negativity by immunohistochemical (IHC) analysis is defined as ⩽10% of tumour cell nuclei immunoreactive for ER or PR, while non-overexpression of HER2 (HER2 negative) is defined in the ASCO guidelines as IHC ⩽3+ for HER2. The aim of this study was to evaluate whether the incidence of the classical risk factors (RF) for BC are differently represented among patients with HER2-positive and TN BCs.
Material and Methods: Data regarding a series of 64 postmenopausal women with ER-negative, PR-negative, and HER2-positive BC (Group 1), and 21 age-matched postmenopausal women with TN BC (Group 2) were retrospectively reviewed. The following risk factors (RF) have been considered: family history of BC, no pregnancy, first childbearing after 30 years, no breast-feeding, body mass index >24, alcohol abuse, history of benign breast diseases, smoking, oral contraceptive use, hormone replacement therapy use. Odds ratio (OR) estimates and associated 95% confidence interval (CI) were obtained for each RF.
Results: The risk of having TN BC was significantly increased only in patients with family history of BC (OR=4.68, 95% CI 1.12–19.5, $p = 0.037$), while the incidence of other risk factors was similar (p=NS) in both groups, and the ORs ranged from 0.45 to 2.27. The results are shown in the Table.
Conclusion: HER2-negative and HER2-positive patients, have similar incidence of RFs, but family history of BC could be considered a strong RF of having TN BC.

Risk factors	HR−/HER2+	HR−/PR−/HER2−	OR	95% CI	p
No. of women	64	21	–	–	–
Family history of BC	6.2%	23.8%	4.68	1.12–19.51	0.037
No pregnancies	18.7%	9.5%	0.45	0.09–2.22	0.26
First childbearing after 30 years	9.4%	9.5%	1.01	0.19–5.47	0.63
No breast-feeding	9.4%	19.0%	2.27	0.57–9.02	0.20
Body mass index >24 kg/m^2	20.3%	23.8%	1.22	0.37–3.96	0.47
Alcohol abuse	9.4%	9.5%	1.01	1.19–5.47	0.63
History of benign breast diseases	10.9%	23.8%	2.54	0.71–9.10	0.13
Smoking	14.1%	19.0%	1.43	0.39–5.26	0.40
Oral contraceptive use	20.3%	33.3%	1.96	0.65–5.85	0.17
Hormone replacement therapy use	29.7%	42.8%	1.77	0.64–4.91	0.19

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Smoking and Alcohol Consumption as Risk Factors for Oesophageal Cancer

B. Kraja[1], B. Kreka[2], F. Pupuleku[2], G. Burazeri[3], S. Prifti[1]. *[1]University Hospital Center Mother Theresa, University Clinic of Gastrohepatology, Tirana, Albania; [2]University Hospital Center Mother Theresa, University Clinic of Oncology, Tirana, Albania; [3]Faculty of Medicine, Departmet of Public Heath, Tirana, Albania*

Background: The rate of oesophageal cancer (EC) in Albanian population is relatively high and its incidence is growing during the last ten years. To investigate the rising incidence of oesophageal cancer in Albania, we analyzed the association of smoking and alcohol consumption as primary risk factors with EC and its major histological types: adenocarcinoma (ACE) and squamous cell carcinoma (SCC).
Method: A population-based case-control study conducted in Tirana 2006–2008. The study included 115 patients diagnosed with EC in the Endoscopy Unit of the University Hospital Center (90 men aged 56.95±14.58 years; 25 women aged 52.33±15.42 years). EC was defined according to endoscopic and histologic diagnostic criteria (63/115 ACE and 52/115 SCC). A control group of 252 persons was randomly selected from the Tirana population register (150 men aged 54.55±6.78 years; 102 women aged 50.30±11.00 years; 84% response). A structured questionnaire included information about socio-economic characteristics and behavioral factors. Multivariable-adjusted binary logistic regression was used to calculate the odds ratios (OR) and corresponding 95% confidence intervals (CI) for two types of EC. Statistical analyses were done with SPSS, version 15.0.
Results: After adjustment for age and socio-economic characteristics, current cigarette smoking appears a significant risk factor for EC; the association was stronger for SCC (OR = 3.90, 95% CI = 2.9−5.4) and weaker for ACE (OR = 2.60, 95% CI = 2.2−3.2). The alcohol consumption was associated with both histologic types, but the odds ratios were lower than those observed in several other investigations (OR = 0.8, 95% CI = 0.4−1.6 for SCC; OR = 0.7, 95% CI = 0.4−1.0 for ACE). It might be that ethanol intake by Albanian population (a Mediterranean country) during meals, reduce the impact of this substance on the oesophageal mucosa.
Conclusion: Tobacco smoking is a risk factor for oesophageal squamous-cell carcinoma and adenocarcinoma, while alcohol consumption doesn't seem to be such an important etiologic factor in the Albanian population.

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Cancer Incidence in Hadhramout Sector in Yemen

A. Badheeb[1]. *[1]Hadhramout University, Prince Sultan Cancer Unit, Mukalla, Yemen*

Hadhramout Sector in Yemen consists of three governorates (Hadhramout, Shabwa, & Almahra) with a population of 1,684,373. Cancer cases reported from the different health care facilities are registered in Hadhramout Cancer Registry (HCR), a population-based cancer registry. This paper describes the incidence of cancer in the 5-year period 2006–2010.
The data was analysed using the CanReg4 programme and the incidence rate was calculated based on mid-time total population in each period.
Results: Reported cancer cases were 725 males and 820 females.
The ten most common cancers in males were leukemias, lymphoma, lung, brain, bladder, liver, stomach, colon, nasopharynx and rectum.
The top ten cancers, incidence-wise, among females were breast, cervix, brain, leukemias, lymphoma, thyroid, ovary, stomach, nasopharynx and bone.
Our results generally indicate that the pattern of the most common registered cancer bears some similarities with the data from Aden and Gulf, with some differences that necessitate further evaluation.