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POSTER

Impact of the New Smoke-free Law in Serbia

A. Jovicevic¹, S. Krstev², N. Lazarevic³, A. Dzeletovic⁴, I. Pesic⁵, S. Ristic⁶. ¹Institute for Oncology and Radiology of Serbia, National Committee for Tobacco Prevention, Belgrade, Serbia; ²Institute for Occupational Health of Serbia, National Committee for Tobacco Prevention, Belgrade, Serbia; ³Ministry of Health of Serbia, National Committee for Tobacco Prevention, Belgrade, Serbia; ⁴Institute for Public Health of Serbia, National Committee for Tobacco Prevention, Belgrade, Serbia; ⁵Institute for Pulmonary Diseases, National Committee for Tobacco Prevention, Belgrade, Serbia; ⁶Institute for Oncology and Radiology of Serbia, Department of Epidemiology and Prevention, Belgrade, Serbia

Background: In Serbia, the new Law on Protection from Environmental Tobacco Smoke has entered into force in November 2010, banning smoking in indoor public places (health, education, child care, sports, culture, governmental institutions) and workplaces, and with moderate restrictions in pubs and restaurants.

Objectives: In order to monitor and evaluate implementation and effects of the new smoke-free law, the National Committee for Tobacco Prevention of the Ministry of Health has organized the follow-up of public support, compliance, smoking cessation services activities and health benefits related to the new legislation. Data will be obtained by public surveys, from smoking cessation services, inspections and hospitals (admissions due to acute myocardial infarction).

Materials and Methods: Survey of the representative sample of the Serbian population (over 1100 participants) has been carried out before the implementation and after 3 months of the implementation of the Law; it will be carried out after 6 and 12 months as well.

Both rounds of survey were carried out by using the same methodology, on representative random samples of Serbian adult population (over 1000 participants each).

Results: The survey revealed that the public support for the new smoke-free law has increased, from 77% in the baseline study to 80% after 3 months of implementation.

The majority of participants (around 90%) agreed that smoking was the significant cause of cancer, heart diseases and stroke, that ETS was harmful to nonsmokers and that smokers should take care not to expose others to tobacco smoke.

In comparison with the baseline survey, the percentage of population exposed to tobacco smoke in workplaces and at schools has decreased significantly (from 45 to 35% in workplaces and from 44 to 23% at schools). The exposure to tobacco smoke in bars and restaurants haven't changed – the Law provided only minor restrictions. More than 20% of the population thinks that smoking should be completely allowed in restaurants, pubs and night clubs.

The number of homes where smoking was allowed everywhere has decreased from 48% to 42%.

The new law had effects on smokers as well – one quarter of smokers reduced the number of daily cigarettes and one fifth begun considering quitting smoking because of it. Among those that quit smoking, 38% said that they were motivated by this Law.

More than half of the population (53%) thought that the Law was mostly or completely respected.

Conclusions: Evaluation results indicate that there is a strong support for the new smoke-free law in Serbia and that, after 3 months, it is already showing positive effects. Regular follow up will enable evaluation of the Law and its impact and enable plan measures for the improvement.

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POSTER

Primary Cancers Before and After Prostate Cancer Diagnosis

M. Van Hemelrijck¹, L. Drevin², L. Holmberg¹, H. Garmo¹, J. Adolfsson³, P. Stattin⁴. ¹King's College London, Cancer Epidemiology, London, United Kingdom; ²Regional Oncological Centre, Uppsala, Sweden; ³Karolinska Institute, Oncological Centre CLINTEC Department, Stockholm, Sweden; ⁴Umeå University, Department of Surgical and Perioperative Sciences Urology and Andrology, Umeå, Sweden

Background: Few studies have investigated the risk of second primary cancers after a diagnosis of prostate cancer (PCa) and none has focused on cancers diagnosed prior to PCa. To assess the risk of PCa in cancer survivors and of second primary cancers following PCa, we evaluated the prevalence of cancers before and after PCa diagnosis in a cohort of 72,613 PCa patients.

Material and Methods: PCBaSe Sweden is based on the National Prostate Cancer Register (NPCR) which covers >96% of PCa cases in Sweden. To compare other primary incident cancers between men with and without PCa, we created a comparison cohort with three men randomly

selected from the same county and of the same age that were free of PCa for each man with PCa.

Graphical representation of the prevalence of different groups of cancer sites before and after PCa diagnosis, for men in PCBaSe and in the comparison cohort, was used to assess the association between PCa and other cancers. We stratified the analyses by PCa treatment (surveillance, curative treatment, and endocrine treatment) and PCa stage (distant metastases, regionally metastatic or high risk, and intermediate or low risk).

Results: In the whole cohort, 6,967 were diagnosed with another primary cancer before PCa diagnosis and 5,230 after PCa diagnosis. Cancer of the bladder or colon and non-melanoma of the skin were the three most frequently observed cancers before and after PCa diagnosis (e.g. 20% (n=1407) of all neoplasms before and 12% (n=639) of all neoplasms after PCa diagnosis were bladder cancers). One year prior to PCa diagnosis, the estimated absolute difference in proportion of men with other primary cancer (PCa men versus their comparison cohort) was minor, but at time of PCa diagnosis the absolute difference was 1.0% (95% CI: 0.01%-2.3%) and one year after PCa diagnosis the absolute difference was 1.6% (1.3%-1.8%). When comparing prevalence patterns of other cancers before and after PCa diagnosis by treatment status, we observed that the prevalence for other cancers was highest among PCa patients on endocrine treatment or surveillance. Moreover, PCa patients on curative treatment had a lower prevalence of other cancers than the men in their comparison cohort.

Conclusion: About 17% of all PCa occurred in combination with another primary cancer (before or after PCa diagnosis). Detection bias is likely to explain part of this observation, but further investigations are required to assess possible underlying mechanisms.

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POSTER

Serum Levels of Vitamin D of Patients in First Visit in a Clinical Oncology Department

J. Cano¹, R. Cervera¹, M. Berciano¹, J. Villa¹, P. Garcia², J. Espinosa².

¹Hospital General Ciudad Real, Clinical Oncology, Ciudad Real, Spain;

²Hospital General Ciudad Real, Clinical Analyses, Ciudad Real, Spain

Background: Vitamin D is important in a number of physiologic processes, including calcium absorption, innate and adaptive immunity, and homeostasis of a number of organs. Vitamin D3 or cholecalciferol is not a real vitamin, since both the one synthesized in skin by the action of ultraviolet light exposure, 90% of present in our organism, and vitamin D from intake of food, are not biologically active, they must first be converted to the prohormone 25(OH)D in the liver and then to the active hormone 1,25(OH)2D by tissues containing the 1-hydroxylase enzyme. The active form acts like a pleiotropic hormone and previous studies have shown it can inhibit proliferation, promotes differentiation of tumour cells and can have anti-invasiveness and anti-angiogenic actions. Observational studies have shown that vitamin D deficiency may be related to high risk and recurrence of cancer, above all colon, breast and prostate cancer. Preclinical studies indicate a complex anti-tumour effect at different ways (Wnt/ β -catenin, E-Cadherin, snail, EMT).

Material and Methods: We analyzed serum levels of the prohormone 25-OH-Vitamin D in all the patients coming to first visit in our Clinical Oncology Department between 4th of February-2011 and 31st of July-2011. Vitamin D sufficiency is defined in terms of the serum level of the prohormone 25(OH)D required for bone health, which is 30–32 ng/ml. In our laboratory we have established the following ranges:

- severe vitamin D deficiency: <12 ng/ml,
- moderate deficiency: 12–29 ng/ml,
- recommended levels: 30–80 ng/ml,
- toxic level: >150 ng/ml.

Level of Vitamin D	No. of patients (%)	Sex: No (%)	Age: range (years): No (%)	Location of tumour: No. (%) (3 most frequent)
Severe deficiency (<12 ng/ml)	60 (47.6%)	M: 32 (53.3%) F: 28 (46.6%)	30–50: 11 (18.3%) 51–70: 22 (36.6%) >70: 27 (45%)	Lung: 8 (13.3%) Breast: 16 (26.6%) Colorectal: 16 (26.6%) Others: 20 (33.3%)
Moderate deficiency (12–29 ng/ml)	61 (48.4%)	M: 30 (49.1%) F: 31 (50.8%)	30–50: 13 (21.3%) 51–70: 33 (54%) >70: 15 (24.5%)	Lung: 10 (16.4%) Breast: 19 (31.1%) Colorectal: 13 (21.3%) Others: 19 (31.1%)
Recommended level (30–80 ng/ml)	5 (3.9%)	M: 1 (20%) F: 4 (80%)	30–50: 0 (0%) 51–70: 3 (60%) >70: 2 (40%)	Lung: 1 (20%) Breast: 2 (40%) Colorectal: 1 (20%) Others: 1 (20%)
Toxic level (>150 ng/ml)no	0 (0%)	–	–	–

Results: We present results until 5th of April-2011, the final results will be presented at the meeting. We have analyzed 126 patients: 47 in February, 70 in March and 10 in April. All the patients are from Ciudad Real, a

province in Spain with a continental climate and a lot of hours of sun in a day. There was severe deficiency in 60 patients (47.2%), moderate deficiency in 61 patients (48.8%), recommended level in only 5 patients (3.9%) and no-one had toxic level.

Conclusions: 96% of patients in first visit in our Clinical Oncology Department had severe or moderate deficiency of Vitamin D, in February and March. We don't know by the moment if that deficiency is important in the risk of cancer, recurrence or response to treatment, but we think that we should, as oncologists, be aware of that deficiency, that is usually not recognized in current practice, and prevent and treat it, with recommendations about sun exposure +/- supplements.

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POSTER

Personal and Economic Barriers to Breast Cancer Screening Among Egyptian Females

H. El Mansy¹, H. Ismail¹, I. Kharboush¹, M. Tawfik¹, O. El Sharkawy¹, H. Mamdouh¹, M. Abdel-Baqy¹, H. Sallam¹. ¹Alexandria Regional Centre for Women's Health and Development, Research Department, Alexandria, Egypt

Background: Egyptian women did not utilize breast cancer screening service. The potential causes for this problem include personal, economic and healthcare service barriers. No studies addressing barriers to breast cancer screening among Egyptian women could be traced.

Methods: To determine personal and economic barriers to breast cancer screening among Egyptian females and to detect the best media channel to increase awareness about breast cancer screening. Cross-sectional survey was conducted. A structured interview questionnaires was used, Six hundred females aged 40 years or above, who never sought breast cancer screening service before and never been diagnosed with breast cancer were interviewed in the Family Health Centres in Alexandria governorate, Egypt.

Results: Multiple personal and economical barriers were reported. The interviewed Women don't seek medical advice unless they are sick 81.8% and not to perform any investigation unless ordered by a physician 77% were the most reported barriers. Lack of information about screening mammography was seen as a barrier in 69.2%, fear to get diagnosed with cancer 49.3%, shyness to be exposed to strangers 39.2%, fear of mammography pain 25.7% or exposure to radiation 25.5%.

The most common encountered economic barriers was the expense of the medical service; mammography 64.6%, transportation expenses was seen as a barrier in 44.1%, also lack of time to perform mammography 26%. Women who have ever seen advertisement about breast cancer screening were only 38.4%, they prefer to receive information about breast cancer screening from television 41%, from doctors and nurses 39%.

Conclusion: Cultural concept of seeking medical advice only at sickness is a major barrier against breast cancer screening in Egypt, misconceived information about pain and radiation exposure from mammography and shyness from performing mammography are common barriers, mammography expenses and transportation expenses are the main economic barriers to breast cancer screening.

There is need for more public information about breast cancer screening awareness campaigns that recognize these barriers and addresses culturally specific issues preferably done through television and directly from health care professionals can have impact and may improve utilization of breast cancer screening among Egyptian women.

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POSTER

Cancer Waiting Times: Assessment of One Month Wait Target From Diagnosis to Treatment of All Cancers in England

A. Jamil¹, B. Prathibha¹. ¹East Kent Hospitals NHS Trust, Medicine, Canterbury, United Kingdom

Background: Over the last few years, National Health Service (NHS) in UK has focussed its attention on reducing waiting times of all the cancer patients. The NHS cancer plan 2000 lays out the ways of improvement. By 2008, the ultimate target was that no patient should wait longer than one month from an urgent referral by their GP for suspected cancer to the start of treatment.

Methods: Data regarding all cancer patients including breast, lung, upper and lower GI, skin, gynaecological, urological, head and neck, haematological malignancies, children's cancers, sarcomas and others in England were collected from the department of health records. All cancer patients treated during the period (Oct. 2007 to Oct. 2008) which fall under the category of one month wait target were counted.

This also included the total number of patients treated during the quarter by referral type i.e. urgent GP and other referrals in England. The data were analyzed using the excel spread sheets.

Results: Based on all the urgent GP referrals, 80% were received with in 24 hours. The highest number of referrals were received for breast cancer followed by lower GI, skin, lung and head and neck cancers. The percentage compliance of 31 day target in these cancers was 98-99%.

The rest of 19% urgent referrals which were received after 24 hours had percentage compliance of 90% in 2007 and early 2008 but was noted to be improved to 94% in the last quarter of 2008. The referrals which did not meet the target were mainly dermatological followed by breast, lower GI, urological, gynaecological and head and neck.

Conclusion: Around 220,000 people are diagnosed with cancer each year in England, and the disease causes more than 128,000 deaths. The total number of new cases of cancer is increasing by 1.4% per year, as the UK's ageing population grows. The NHS Cancer Plan (2000) proposed that targeting 'cancer waiting times' and providing referral guidelines would lead to an improvement in the outcome of patients with cancer. The 31 day target is indeed a challenging target and it has certainly highlighted and focused on those patients who have been given the diagnosis so that the treatment could be initiated as quickly as possible.

After taking into account of the statistics, Better Cancer Care – An Action Plan was launched in October 2008. Two key and complimentary strands of this work are assuring compliance with national clinical standards and guidelines through robust clinical governance and delivery of two new cancer targets, one of which is 31-day target from decision to treat to first treatment for all patients diagnosed with cancer irrespective of their route of referral. These new targets have to be achieved from October–December 2011. The recommendations made to achieve the target are development and implementation of effective clinical pathways across organisational boundaries and sustainable delivery by continuous development of data management system so that resources are not diverted and data capture is complete and as robust as possible.

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POSTER

Epidemiology of Primary Brain Tumours in Georgia – First-year Results of a Prospective Population-based Study

T. Giginishvili¹, N. Shengelia¹, S. Kartsvadze¹, G. Shalashvili¹, S. Tsiskaridze¹, D. Giginishvili¹, R. Shakarishvili¹. ¹TSU, Department of Neurology, Tbilisi, Georgia

The aim of this study was to determine the incidence patterns of primary brain tumours.

Materials and Methods: A population-based cohort study of all patients diagnosed with primary brain tumours was conducted in Georgia from April 2009. Data from all neurosurgery as well as imaging departments of three large cities, which represent nearly all medical activities for people with intracranial neoplasms in the country, were collected and reviewed. Follow-up scan reports and tumour recurrence cases were excluded.

Results: After 1 year, 433 new cases were detected, males accounted for 40% of the cases. 38 cases were less than 20 years of age at the time of diagnosis (8.8%). Annual incidence rate adjusted to WHO world standard population was 9.87 per 100,000 individuals. Sixty percent of all tumours were diagnosed neuroradiologically. Non-malignant tumours accounted for 71% of all tumours (3.37 per 100,000). The most frequently reported histologies were predominately non-malignant: meningioma (46.2%, n = 108), followed by pituitary tumours (19.2%, n = 45). Among major histology groups, crude incidence rates were highest for tumours of the meninges (2.71 per 100,000), followed by tumours of the sellar region (1.21 per 100,000) and neuroepithelial tumours (1 per 100,000). Incidence rates by specific histology were highest for meningioma (2.46 per 100,000), pituitary adenomas (1.03 per 100,000), glioblastomas (0.34 per 100,000) and neurinomas (0.32 per 100,000). Glioblastoma accounts for the majority of glioma (51%). Crude rates of all major histology groups are higher among females than males.

Conclusions: This is the first study in the Caucasus region to define the incidence and the clinical and pathologic features of primary brain tumours based on current 2007 WHO classification. The observed low incidence rates compared with international published data may be explained by high percentage of unclassified tumours (46%), but might also be revised after more years of data become available.

Supported by the Shota Rustaveli National Science Foundation (grant #08_207_6_329).