

and this strategy was repeated for other patients. Samples with standard deviation greater than 0.5 from the mean threshold cycle of the triplicates were excluded from analysis. Copy number calculation was done using applied biosystems SDS software ver2.0.

Result: Primer efficiency for CYP2D6 and Albumin was 104% and 97% respectively. The copy number range was 0.4 to 3 and no significant difference was seen between resistance and nonresistance group. One CYP2D6 copy number and also more than two was detected in both groups. **Conclusions:** Although no significant difference was between two groups, it does not mean that copy number variation play no role in resistant group in the samples. Further analysis including genotyping and multivariate analysis considering other factors for tamoxifen resistance and also increasing sample size must be done in order to decide about CYP2D6 status in tamoxifen response in Iranian samples.

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POSTER

Moving Forward – Developing an Information Resource for Women at the End of Hospital Based Treatment

D. Fenlon¹, E. Reed², K. Scanlon², J. Wray³. ¹University of Southampton, School of Health Sciences Highfield Campus, Southampton, United Kingdom; ²Breast Cancer Care, Research and Development, London, United Kingdom; ³Breast Cancer Care, Service User, London, United Kingdom

Background: Following completion of hospital based treatment breast cancer patients often feel isolated and abandoned and report a lack of information and support to address their recovery needs. Feedback from service users at Breast Cancer Care identified a need for a resource at the end of breast cancer treatment. In collaboration with our Service User Research Partnership (SURP) group we set about designing and delivering this study.

Materials and Methods: The aim of this study was to develop a resource for breast cancer survivors based on their identified unmet information and support needs and user feedback. A qualitative mixed method approach was used in two phases:

Phase1: Two focus groups with 12 women at the end of hospital based treatment Telephone interviews of 12 healthcare professionals

Phase 2: Reconvened focus groups and email review of healthcare professionals to critique a prototype resource.

Results: Resource content was informed by the conceptual framework developed from interview analysis which identified a process of reconciliation – 'reflection', 'isolation', 'loss of self' and 'moving forward in life'. Participants wanted a comprehensive resource that could be individually tailored and includes self-management strategies. Real life experiences of patients, signposting to other resources and usefulness over time were also considered important.

Conclusions: This is the first information resource to be developed specifically with and for breast cancer survivors in the UK. It has considerable potential to improve the experiences of many living with breast cancer. Further, it will assist healthcare professionals in the care of their patients at the transition from active treatment to survivorship.

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POSTER

Unfavourable Prognosis in PT1b HER2 Positive and Triple Negative Breast Cancer Patients

A. Vaccaro¹, F. Ciancola², P. Vici³, I. Sperduti⁴, L. Moschetti⁵, L. Pizzuti³, M. Di Seri², E.M. Ruggeri⁵, M.A. Giampaolo¹, T. Gamucci¹. ¹ASL Frosinone, Medical Oncology Unit, Frosinone, Italy; ²University La Sapienza, Medical Oncology Unit, Rome, Italy; ³Regina Elena National Cancer Institute, Medical Oncology Unit, Rome, Italy; ⁴Regina Elena National Cancer Institute, Bio-Statistics Unit, Rome, Italy; ⁵Belcolle Hospital, Medical Oncology Unit, Viterbo, Italy

Background: Controversy still exists about adjuvant treatment decision for small node negative (N0) early breast cancer (BC). Retrospective evaluations of clinical and pathological data show different outcomes. The objective of our analysis is to evaluate recurrence risk in patients (pts) with pT1abc, N0 BC accordingly with some prognostic biological factors.

Methods: We retrospectively evaluated 900 pts who underwent surgery between 2000 and 2010 in 4 Italian oncologic centers. Survival analysis was performed only for pts enrolled until December 2008 (773 pts) in order to obtain a minimum follow up (FU) of 3 years (yr).

Results: Median age at diagnosis 58 (range 21–86); premenopausal 28%; invasive ductal carcinoma 87%; Ki 67 >15% 28%; histologic grade G1 20%, G2 50%, G3 19%, no data in 11% of pts; pT1a 8%; pT1b 38%; pT1c 54%. We defined 3 cohorts: ER positive (ER+) 75%; HER2 overexpressed or amplified (HER2+) 14%; triple negative (TN) 11%. All ER+ pts received adjuvant hormonal treatment. Chemotherapy (CT) was administered in

33% of pts (pT1c 70%, pT1b 27%, pT1a 3%). In HER2+ cohort CT (plus trastuzumab in 54% of pts) was administered in 57/97 pts (59%) and in TN pts 51/74 (69%). Median FU was 67 months. To date 14% of pts recurred. The 5-yr disease free survival (DFS) and overall survival (OS) were 89.8% and 98.0%. DFS according to different cohorts is shown in the table.

			5-yr DFS (%)	P
All	pT1	a	96.3	0.35
		b	89.2	
		c	89.4	
ER+	pT1	a	100	0.12
		b	93.6	
		c	89.8	
TN	pT1	a	100	0.65
		b	76.8	
		c	85.2	
HER2+	pT1	a	100	0.40
		b	78.7	
		c	85.0	

In pT1bc pts there is a higher rate of recurrence (HR 1.73, 95% CI 1.06–2.83; p 0.03) in HER2+ and TN cohorts and DFS according to tumour size is b+c vs a with HR 2.20 (95% CI 0.70–6.93; p 0.18). At the Cox univariate analysis Ki67 (HR 1.57, 95% CI 1.0–2.48, p=0.05) and histologic grade (G3 vs G1 and 2, HR 2.01, 95% CI 1.32–3.07, p=0.001) are significant factors while at the multivariate analysis histological grade is confirmed as independent factor (HR 2.10, 95% CI 1.28–3.45, p=0.003).

Conclusions: pT1b or c, N0, HER2+ and TN BC have a significant high risk of recurrence. The better prognosis of pT1c HER2+ and TN pts is presumably related to the high percentage of pts treated with adjuvant therapy. Effective therapy should be considered for all these unfavourable prognostic subgroups. Data collection is ongoing and update results will be presented.

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POSTER

Population Survey on Swedish Women's Attitudes Towards Tailored Mammography Screening Based on Individual Risk for Breast Cancer

M. Koitsalu¹, K. Czene¹, M. Sprangers², Y. Brandberg³. ¹Karolinska Institutet, Medical Epidemiology and Biostatistics, Stockholm, Sweden; ²Academic Medical Center/University of Amsterdam, Medical Psychology, Amsterdam, The Netherlands; ³Karolinska University Hospital, Oncology-Pathology, Stockholm, Sweden

Background: The ongoing Karma study aims to identify risk factors for breast cancer, including genetic factors, to tailor prevention programs (www.karmastudien.se). However, little is known about the attitudes of women towards this approach. Thus, a web-based questionnaire was developed and pilot tested.

Material and Methods: 200 randomly selected women in Sweden between 20 and 70 years of age were sent a letter including information about the study and a log in to the web-based questionnaire. The questionnaire assessed women's interest in getting information about personal risk for breast cancer, reasons for wanting or not wanting to know, willingness to convey personal information including blood for genetic analysis to the health care system, preferred ways to get the information about individual risk, and willingness to participate in screening programs based on individual breast cancer risk.

Results: A total of 61 women responded. Most women (84%) reported that they were interested in getting knowledge about their breast cancer risk and listed 'Avoid worrying' as their major reason for wanting to know. A majority of them responded that they trust the healthcare system and feel comfortable in giving personal information, including blood for genetic testing (61% resp. 70%). Most women were not opposed to the idea of receiving their cancer risk information by a phone call or a letter, even though they preferred receiving the information during a consultation. 98% of the women could see themselves having mammograms no matter how often, whereas 84% could also see themselves having mammograms less than every two years.

Conclusions: Women who consented to participate in this attitude study report a positive attitude towards breast cancer risk knowledge and are not opposed to the idea of personalized screening programs based on their individual risk profile. Since selection bias may have influenced our results, a larger population-based study has been launched, which takes every effort to increase the response rate.