

to the breast and the axillary, supraclavicular and internal mammary fields. Ipsilateral access was established ten years later. The other patient had a mastectomy and axillary dissection with no involved nodes of 23 resected, and no adjuvant chemotherapy or radiotherapy. An autogenous access was constructed in the ipsilateral arm after eleven years. Both patients had exhausted the veins available for access construction in the contralateral arm. Pre-operative examination showed patent veins appropriate for autogenous access construction in the ipsilateral arms. Neither patient developed significant lymphedema at one and five years respectively after access construction with cannulation for dialysis three times a week.

Conclusions: The accepted recommendations for lymphedema prevention may exaggerate the extent of risk attributable to interventions in the ipsilateral arm. A salutary benefit of the recommendations in these patients may have been the preservation of venous vasculature due to the avoidance of ipsilateral venipuncture. As a result of our experience a third patient has been scheduled for ipsilateral autogenous access construction, in order to avoid construction of a synthetic graft access in the contralateral arm.

385

Poster

Antibiotic Prophylaxis as a Preventative Wound Infection After Breast Surgery

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Background: There is currently no consensus regarding the use of antibiotic prophylaxis in breast surgery. In this study we tried to propose type of used prophylactic antibiotic.

Material and Methods: For 600 female patients in period of two years who underwent breast cancer surgery we used three types of antibiotics: cephalosporin, erythromycin, amoxiclav (200 patients per group). For every group we used different type of antibiotics.

Results: In total we had 32 wound infections (5.3%). It was found that the breast cancer surgery wound infection rate varied with the type of antibiotic. The lowest rate was for cephalosporin 5 (15.6%), for erythromycin 11 (34.4%) and for amoxiclav 13 (41%) of wound infections.

Conclusions: In conclusion, preoperative prophylactic antibiotics reduce postoperative wound infections in breast operations. Antibiotic prophylaxis is a simple and safe way to decrease postoperative breast wound infections. We recommend routine use of antibiotic prophylaxis for breast operations as a single dose of intravenous cephalosporin antibiotic given within 1 to 2 hours before skin incision.

386

Poster

The Role of Cardiovascular Risk Factors and the SCORE Risk as Predictive Factors of Trastuzumab-mediated Cardiotoxicity

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Background: Trastuzumab is a monoclonal antibody against the human epidermal growth factor receptor 2 that is found to be overexpressed in 25% to 30% of breast cancer patients. In spite of the therapeutic benefits of Trastuzumab, cardiotoxic side effects are still an issue. The aim of this study is to evaluate the role of various cardiovascular risk factors as predictive factors of trastuzumab-mediated cardiotoxicity.

Material and Methods: Clinical records of 116 female patients with early and advanced breast cancer treated with trastuzumab were reviewed. Age, total cholesterol, smoking status and systolic blood pressure were used to calculate the SCORE (The Systematic Coronary Risk Evaluation) risk for each patient. Other cardiovascular risk factors like body mass index, diabetes and personal history of cardiovascular disease were also assessed. New York Heart Association classification was used to document symptomatic cardiotoxicity. Asymptomatic cardiotoxicity was defined as an absolute drop $\geq 10\%$ with a final left ventricular ejection fraction $< 50\%$ or an absolute drop $> 20\%$, as determined by radionuclide angiography or transthoracic echocardiogram.

Results: The median age of the patients was 50 years (range 32–76). Nineteen of 91 (20.9%) early breast cancer patients and 6 of 25 (24%) with advanced disease experienced asymptomatic cardiotoxicity. One patient with advanced breast cancer developed symptomatic congestive heart failure. Patients with trastuzumab-related cardiotoxicity presented more often with some cardiovascular risk factors, such as history of cardiovascular disease (23.1% versus 15.6%) and body mass index ≥ 30 Kg/m² (46% versus 33.3%), but statistical significance was not observed. Age, diabetes and the SCORE risk didn't have a statistical significant impact in the development of trastuzumab-mediated cardiotoxicity.

Conclusions: Breast cancer patients with obesity and/or history of cardiovascular disease treated with trastuzumab have an increased incidence of cardiotoxicity.

387

Poster

Use of Complementary Naturopathic Therapies in Breast Cancer Patient Care – Single-center Experiences From the Interdisciplinary Breast Center of the Technical University Munich, Germany

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Introduction: 60–80% of breast cancer patients use naturopathic therapies in addition to regular therapies. Major criticism concerns the wide range of different such treatments as well as the lack of prospective, randomized trials. Unquestioned, however, is their benefit as additional treatment options to minimize adverse effects of surgical, local, or systemic therapies, such as wound healing disorders, fatigue, or emesis etc.

Based on a broad prior clinical experience phytotherapeutic and naturopathic therapies were integrated into clinical routine treatments of breast and ovarian cancer patients.

Materials and Methods: In 2009 a consultation for complementary and naturopathic medicine was integrated into the outpatients' clinic of the Interdisciplinary Breast Center of the TU Munich. Until now, 1308 patients have been treated ambulant and additional ones as inpatients. We report on selenium supplementation and mistletoe therapy accompanying oncologic therapy, on taraxacum as a modulator of neoadjuvant therapy, arnica, calendula, anthyllis, and iris germanica as wound healing and tissue regenerating medications in the postoperative setting of plastic-reconstructive breast surgeries. Hempseed oil is tested in clinical trials as a preventive for hand-foot syndrome seen with caelyx or capecitabine therapies.

Results: The integrated overall concept of naturopathic treatments is presented and discussed in case reports.

Discussion: Noticeable is the high patients' acceptance and compliance of naturopathic complementary medicine when embedded in the overall concept of personalised cancer medicine. Integration in postoperative wound healing processes leads to a significant reduction and to an increased well-being of the patients.

388

Poster

The Value of Patient-reported Outcomes in the Management of Women with Breast Cancer

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Background: Efficacy of breast cancer treatment is traditionally based on objective clinical data. At present patient-reported outcomes (PRO), in particular, quality of life (QoL) and symptoms are of increasing importance in evaluation of treatment outcomes in cancer patients. We aimed to study usefulness of assessing QoL and symptoms in breast cancer patients receiving antitumor treatment.

Materials and Methods: One hundred and seven breast cancer patients (Stages I-IV) were included in the study. Mean age/SD – 53/10 y.o. All the patients underwent a taxane containing chemotherapy (CT) with the previous treatment consisting of chemotherapy (89%), surgery (69%), radiotherapy (39%), hormone therapy (24%) or biotherapy (9%). QoL was assessed using generic QoL questionnaire SF-36; symptom profile and severity – using Comprehensive Symptom Profile in Patients with Breast Cancer (CSP-Br). The CSP-Br is a self-reported tool which allows the assessment of the severity of 57 symptoms specific for breast cancer patients.

Results: Feasibility of PRO tools was good: 95% of patients completed all the items; the percentage of missing items was low – 2.4%. The vast majority of patients mentioned the importance and usefulness of PROs tools to facilitate communication with physicians. The data produced by PROs were clear for interpretation by oncologists and were used by them in day-to-day decision making. It was shown that during a taxane containing CT 23% of patients had no QoL impairment; 15% patients – mild QoL impairment, 33% – moderate or severe QoL impairment, and 19% – critical QoL impairment. The most prevalent and disturbing symptoms were the following: hair loss ($> 90\%$), fatigue, felling of constant tiredness ($> 80\%$) and psychological symptoms ($> 70\%$). Symptom profile and severity varied depending on the assessment time-point.

Conclusions. PROs is a valuable outcome of breast cancer treatment along with clinical outcomes. The SF-36 and CSP-Br are robust and informative tools to measure patient perspective on the efficacy of breast