392 Poster

Can the Day 8 Blood Test Be Omitted for Patients Receiving Oral Vinorelbine for Metastatic Breast Cancer?

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Introduction: Oral vinorelbine allows home administration, which is convenient and potentially eases chemotherapy workload. The manufacturer recommends a blood and review before the second administration at day (d) 8 which is time consuming, has transport costs for patients, puts pressure on peripheral veins and service cost to commissioners. We perceived a low incidence of dose delays and haematological toxicity due to myelotoxicity with oral vinorelbine and instigated a local policy of omitting the day 8 blood test in selected patients. This review aimed to find out whether a d8 blood test prior to the second oral dose added safety and was cost effective.

Method: We retrospectively audited the chemotherapy charts of the first two cycles of chemotherapy of 54 consecutive patients (Age: 26−91 years) at our institution that received oral vinorelbine either as a single agent (22), or in combination with other agents (32) between 2005 and 2011 for metastatic breast cancer. All had received previous combination chemotherapy.

Results: All patients had a blood test on d1 and 21 and additional blood tests before the d8 dose of vinorelbine. One patient, who had a blood test at d8, had neutrophil count below 1.5×10^9/l (1.4×10^9/l) and this did not change the dose prescription. The vinorelbine dose determined by the oncologist at d1 (for day 1 and 8) did not change in any patient whether they had a blood test at d8 or not. One patient, who was selected not to have a blood test on d8, had neutropenic sepsis at d10. The performance status (PS) of this patient, who had brain and bone metastasis, had dropped below WHO 3 and the patient died of progressive disease after recovery from the neutropenic episode.

Conclusions and Cost analysis: Accepting the limitations of a retrospective review, these data suggest that bloods before the d8 oral vinorelbine had a very low probability of altering the d8 oral prescription unless a significant drop in PS had occurred, which could be determined via a telephone assessment. We agree with the conclusions of 3 previous lung cancer audits [1,2,3] that, provided patients are reviewed by an oncologist before d1 and a telephone assessment is conducted before d8, no additional review or blood test is required. The 2010 DoH reference tariff for a chemotherapy review is £212 and £43 for a telephone consultation: a saving for purchasers of £169/cycle, notwithstanding the transport cost savings and greater convenience for patients.

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393 Poster

Evaluative Study of Quality of Life in Pre-menopausal Women with Low-risk Early Breast Cancer

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Background: While treatment advances mean many breast cancer patients can expect to be long term survivors, many premenopausal patients find their quality of life disrupted. [1] Premenopausal women need to weigh up potential survival benefits against unpleasant side effects and altered plans for child bearing [2].

To date no studies have evaluated a comprehensive set of factors around the treatment of young women with low risk early breast cancer which includes decision making, decision regret, patient preferences, side effects and disease outcomes.

Materials and Methods: This is a prospective study looking at treatment preferences, decision making, decision regret, patient preferences, side effects and disease outcome in pre-menopausal women under 47 years with low-risk early breast cancer.

Recruitment is over 24-months at multiple sites in Australia and eligible patients are invited to participate after they have chosen their treatment (either Goserelin with or without endocrine therapy or chemotherapy with or without endocrine therapy). Participation involves completing:

- Demographic information (study entry)
- Face to face or telephone interview at study entry to identify patient preferences
- Questionnaires [FACT-B and FACT-ES [3], sexual activity questionnaire (SAQ) [4] and Greene Menopause scale (GMS)[5]] to measure quality of life (study entry, 6, 12 and 24 months):
- Questionnaire to identify decisional conflict (study entry)
- Questionnaire to identify decision regret (24 months)

Additional information including tumour data, treatment information and pathology results will also be collected from patient notes.

Results: With 25 participants recruited to date, a project summary and preliminary findings around decision making, decision regret and patient preferences will be presented.

Conclusions: This research will provide relevant data to assist younger women to make informed evidence based decisions regarding treatments taking into consideration quality of life, side effects, survival and the impact of treatments on subsequent fertility.

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394 Poster

Incidence and Risk Factors for Shoulder Impingement Syndrome After Breast Cancer Surgery

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Background: The breast cancer is the most frequent type of cancer and the leading cause of cancer death among females. In Brazil, were estimate for 2011, approximately 489,000 new cases of cancer and among these, 49,000 are breast cancer. Surgery has been the treatment of choice and often is followed by sentinel lymph node biopsy or by axillary lymphadenectomy. These procedures are important for the prognosis and definition of the best adjuvant therapy, but have adverse effects that meaningfully change the quality of life of these patients.

Objectives: To evaluate the incidence and risk factors associated with shoulder impingement syndrome after breast cancer surgery.

Materials and Methods: A prospective cohort of patient undergoing breast cancer surgery between October 2008 and January, 2009. The eligibly patients were evaluated before the surgery and at the follow-up after 45 days and 6 months after the surgery. The shoulder impingement syndrome was evaluated by physical examination and was diagnosed by the presence of the following positive tests: Hawkins-Kennedy, Jobe, Gerber, Speed. For the risk factors analysis was collected demographic, clinical and surgical complications variables. Was performed a descriptive analysis with the central tendency measures for the continuous variables and absolute and relative values for categorical variables. To evaluate the relative risk between the outcome and the independent variables, bivariate analysis was performed, considering the interval of confidence of 95%. This study was approved by the Ethics Committee of The National Cancer Institute.

Results: The final population consisted of 169 women with mean age of 58 years (sd 12.98), 72% was overweight or obese, with pathological stage at II A in 57%. A mastectomy was performed in 72% and axillary lymphadenectomy in 67%. The incidence of shoulder impingement syndrome in the ipsilateral breast cancer after 6 months of surgery was 24%. Women who had joint restriction after 45 days of surgery had a 1.83 times greater risk of progression to shoulder impingement syndrome after 6 months of surgery ($p = 0.029$).

Conclusion: After 6 months of surgical treatment of breast cancer, the incidence of shoulder impingement syndrome was 24% and was associated with joint restriction in the evatuation of 45 days after surgery (RR = 1.83 CI 95% 1.08–3.10).