mass index, excised volume, tumor location, operation procedure, diabetes adjuvant therapy etc.

Results: The overall incidence of fat necrosis in this study was 23.9 percent (47 of 197). 14 of 197 patients developed palpable mass on physical examination. Ultrasonography and mammography revealed fat necrosis 45 and 9 cases of 197 patients, respectively. 5 cases of 47 patients with fat necrosis were performed MRI and showed compatible result for fat necrosis. In 16 patients with fat necrosis, histologic confirmation is performed in order to exclude recurrent malignancy. FNA was used in 12 cases, core biopsy in 3 cases and excisional biopsy in 1cases. Tumor location or operation procedure and fat necrosis have no significant association. The incidence of fat necrosis was significantly associated with age and BMI.

Conclusions: The incidence of fat necrosis after oncoplastic BCS is similar to BCS only. Some risk factors (age, BMI) related with the incidence of fat necrosis. In absence of surgical excision, cosmesis rarely affected. Most of patients diagnosed fat necrosis based on the breast imaging, without the need for histologic confirmation. In uncertain cases MRI seems to be helpful but if the clarifying is not completely possible, FNA or biopsy is mandatory. Management is generally expectant observation and rarely requires invasive intervention as most patients are asymptomatic.

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Trend in a Satisfaction Test in Chemotherapy Day Clinic Patients

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Introduction and Objectives: In clinical practice, in a Clinical Oncology Service, the Chemotherapy Day Clinic (CDC) is a growing modality. In our hospital, an annual test by individual telephone interview has been performed to collect information about the level of patients' (pt) satisfaction and areas for improvement. Here we explain the evolution of the data obtained.

Patients and Methods: During the months of May 2007, 2009 and 2011; 201, 318 and 228 pt were studied respectively in the form of CDC. Sample under study were considered valid 100, 120 and 100 tests in each year, being the main cause of non interviewing those pt who did not answer after 10 phone attempts. Results are expressed as a percentage of response to the response categories for each question, and the results were grouped as a sum of percentage of different categories in order to clarify the areas of improvement. An evolutionary comparison of the various categories of data relating to Clinical Oncology Service has been carried out in order to obtain the trend and the achievement of the goals outlined in the Strategic Plan 2008–2011.

Results: See the table.

		2007	2009	2011	Goal	Trend
Dimension	To increase satisfaction with the treatment provided by medical staff	MS: 97% NS: 100%	MS: 98% NS: 95%	MS: 98% NS: 100%	>95%	=
Information	To increase satisfaction with information provided by sanitary staff	MS: 94% NS: 100%	MS: 88% NS: 96%	MS: 98% NS: 100%	>95%	?
Technical quality	To increase positive valuation and technical means of sanitary profesionals	MS: 100% NS: 95%	MS: 100% NS: 98%	MS: 100% NS: 99%	>95%	=
Privacy	To increase positive valuation of respect of privacy of pt	100%	95%	98%	>95%	=
Clinical effectiveness	To increase positive valuation of improvement of health status	67%	72%	87%	>65%	?
Loyalty	To increase loyalty of patient with the hospital	100%	100%	100%	>95%	=
Global valoration	To increase positive valoration with hospital	97%	100%	100%	>95%	=

MS, Medical staff; NS, Nurse staff.

Conclusion: The satisfaction of pt of Clinical Oncology Service treated in CDC is excellent and stable between 2007 and 2011. Objectives and areas of improvement found in the interview have provided an upward trend in satisfaction of respondents, which demonstrate that it is an effective tool for the detection of requirements and the monitoring of the compliance of objectives in the Hospital Strategic Plan.

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Anthracyclin is Associated with Higher Rates of Grad 3/4 Neutropenia Than Docetaxel When Administered in a Sequential Adjuvant Regimen

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Background: The addition of taxanes to anthracyclin containing adjuvant chemotherapy regimen results in improved outcome, but it is also associated with a substantial increase in neutropenia. Due to inter-individual differences in febrile neutropenia (FN) risks and because most modern adjuvant protocols contain anthracyclines, the attributable FN risk to either one of the two drugs is difficult to assess. Therefore we have compared neutropenia rates in 86 patients who received sequential anthracyclines and taxanes.

Material and Methods: A retrospective chart review was performed of 86 patients who had received 4 cycles Epirubicin 90 mg/m^2 / Cyclophosphamid 600 mg/m^2 (EC) followed by 4 cycles Docetaxel 100 mg/m^2 (Doc) given at 21 d cycles, for early-stage breast cancer at our institution between 2009–2011.

Results: 86 patients (median age 54 yrs, range 25−75 yrs) received a total of 660 cycles − 344 cycles EC and 316 Doc. During 366 (55%) cycles the patients received G-CSF prophylaxis with pegfilgrastim, during 166 (27%) cycles the patients received filgrastim for secondary prophylaxis or treatment and during 113 (17%) cycles there was no G-CSF used. Altogether Grade 3/4 neutropenia developed significantly more common in 111 of 344 (32%) EC cycles, than in 68 of 316 (22%) Doc cycles ($p = 0.0021$, Fisher's exact test). The group of patients which received pegfilgrastim prophylaxis developed significantly more grad 3/4 neutropenia: in EC 32 of 169 (19%) cycles, in Doc 19 of 198 (10%) cycles ($p = 0.0105$, Fisher's exact test). The overall incidence of FN was 0.6%, with 2 cases observed during EC (1%) and 2 cases during Doc (1%) treatment. One FN occured in those given no G-CSF prophylaxis and 3 occured in those given pegfilgrastim prophylaxis. Dose reduction as a consequence of neutropenia was necessary in 4 cycles during EC and 10 cycles during Doc. Altogether 11 patients weren't able to complete their planned chemotherapy. No EC cycle and 26 Doc cycles were deleted.

Conclusions: The use of G-CSF is associated with a low rate of grade 3/4 neutropenias and FN. Contrary to common perception, in a direct sequential comparison, in patients who have received both EC and Doc in a sequential fashion, EC leads to significantly more grade 3/4 neutropenia than Doc.

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Prospective Assessment of Loss of Grip Strength by Baseline BMI in Breast Cancer Patients Receiving Adjuvant Aromatase Inhibitors or Tamoxifen

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Background: The 3rd generation aromatase inhibitors (AIs) induce or enhance musculoskeletal problems. Underlying mechanisms are probably multiple, but remain unknown. We have previously reported that loss of grip strength together with tenosynovial abnormalities are more important in AI- than in tamoxifen-users *(Morales et al., JCO 2008)* and that musculoskeletal changes in AI-users are more pronounced in women with extremes in baseline BMI *(Lintermans et al, Ann Oncol 2011)*. We here report preliminary results from a larger population and plan to validate findings in patients from Michigan University.

Patients and Methods: In this prospective observational study, postmenopausal early breast cancer patients scheduled to start adjuvant hormonal therapy with any of the third generation AIs or tamoxifen were recruited. After providing informed consent, a functional assessment test of grip strength was performed with a modified sphygmomanometer. Re-evaluation was done after 3, 6 and 12 months of therapy. BMI and waist to hip ratio were assessed and a rheumatological questionnaire was completed at each visit. Power calculation indicated a sample size of 100 patients in each of the arms (AI and tamoxifen).

Results: Hundred twenty-nine patients on an AI and 34 patients on tamoxifen were included in this on-going study. Twenty-one patients (17%)