Fifty patients ages 40−64 years with the same disease stage and treatment modality had previously completed the QL questionnaires.

Results: 167, 154 and 143 patients had completed the 3 first questionnaires, respectively, and 58 the fourth. Median age was 72.9. 70.5% had limiting comorbidity. Karnofsky and IDDD means in the four measurements ranged between 90–92.7 and 33.8–34.2 respectively No rest between the RT sessions or a dosage reduction was needed. All patients received the whole programmed sessions. 83.2% had hormotherapy.

QL scores were high and stable (>75/100 points) in most areas. There were moderate limitations (>30/100) in Global QL and sexual areas in the four measurements, and future worries in the 2nd, 3rd and 4th. Light limitations (20−30/100) appeared in pain, fatigue and breast symptoms in the 2nd measurement, future worries in the 1st, and in insomnia in the 4 assessments.

The areas of physical functioning, role, pain, fatigue, breast symptoms, and global QL offered moderate decreases (10−20) in the 2nd assessment in relation to 1st and 3rd; systemic therapy side effects were worse in the 2nd and 3rd compared to the 1st assessment.

When comparing the four assessments results showed a similar pattern, and there were almost no differences among the assessment 4th with the 1st and 3rd. systemic therapy side effects were worse in the 4th assessment compared to the three first measurements, and future worries better.

Breast-conservation and sentinel-node patients presented higher scores in body image, compared to patients with mastectomy and lymphadenectomy.

Patients with local RT (without regional irradiation) have better physical functioning and less fatigue. Those with no limiting comorbidity had better QL scores in several functional and symptomasareas.

QL differences among age based samples appeared in few areas, were small (<15 points), and favoured younger patients.

Conclusions: QL and clinical data indicate Radiotherapy is well tolerated in this group of patients and its impact on QL is small. Age should not be the main factor when deciding on the treatment to administer.

42 Poster

The Risk of Breast Cancer Among Women Who Start Smoking as Teenagers

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Background: There are several causes of breast cancer in the world today. Recent research has proven that tobacco use also causes breast cancer.

Goals: To examine the effect of smoking on breast cancer risk in a large population-based cohort of women, many of whom started smoking as teenagers.

Methods: We followed 102,098 women, ages 30 to 50 years, completing a mailed questionnaire at recruitment to the Nigerian-Kenyan Cohort Study in 1995/1996, through December 2004. We used Cox proportional hazard regression models to estimate relative risk (RR) of breast cancer associated with different measures of smoking initiation, duration, and intensity adjusting for confounding variables. We conducted analyses on the entire study population, among women who had smoked for at least 20 years, among non drinkers, and separately for each country.

Results: Altogether, 1,240 women were diagnosed with incident, invasive breast cancer. Compared with never smokers, women who smoked for at least 20 years and who smoked 10 cigarettes or more daily had a RR of 1.34 (95% CI, 1.06–1.70). Likewise, those who initiated smoking prior to their first birth (1.27, 1.00–1.62), before menarche (1.39, 1.03–1.87), or before age 15 (1.48, 1.03–2.13) had an increased risk. In contrast, women who had smoked for at least 20 years, but started after their first birth, did not experience an increased breast cancer risk. The increased RR associated with smoking was observed among nondrinkers of alcohol, women with and without a family history of breast cancer, pre-menopausal and post-menopausal women, and in both countries.

Conclusion: Our results support the notion that women who start smoking as teenagers and continue to smoke for at least 20 years may increase their breast cancer risk.

43 Poster

Effect of Nodal Status in Triple Negative Breast Cancer − Survival Outcomes From a Tertiary Center

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Background: To evaluate the impact of nodal status and other prognostic factors on the survival of patients with Triple Negative Breast Cancer (TNBC).

Materials and Methods: Clinicopathological data were retrieved from 1990 until 2001, by retrospective chart review, for patients presenting with breast to the American University of Beirut Medical Cancer center. Out of 1455 patients, 524 had complete histological data, of which 138 (26.3%) were diagnosed with TNBC. Median follow up time was 3.34 years (Range 0.55−10 years). In order to evaluate the prognostic effect and estimate the hazard ratio (HR) and 95% confidence interval (CI) of different prognostic factors, we used the Kaplan–Meier and cox proportional hazard models.

Results: Median age of presentation was 50.91 (range 26-81). Among patients with TNBC; 1, 5 and 10 year survival for patients with negative lymph node status (N0) was 98.3%, 91.1% and 74.5% respectively, compared to 98.5%, 70.3 % and 42.2% for patients who had a positive nodal status (N1-N3) ($p = 0.044$). The presence of an increasing number of positive lymph nodes, from N1 to N3, did not have a prognostic effect on overall survival ($p = 0.773$). On multivariate analysis, higher Stage (H.R 3.01, 95% C.I (1.13−8.4), $P = 0.027$) and Conservative type of surgery (HR 0.195, 95% C.I (0.04–0.85), $p = 0.03$) had a significant effect on the survival of TNBC patients.

Conclusion: Lymph node positive disease predicts poorer survival in TNBC but the number of positive lymph nodes did not. Tumor stage did affect outcome. Conservative surgery did have a positive effect on survival when compared to mastectomy.

44 Poster

Older Patients' Preferences for Surgical Treatment in Early Breast Cancer: a Systematic Review

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Background: In surgical treatment decision-making, women's preferences are highly relevant. Little is known about older breast cancer patients' preferences for type of surgery and the factors they consider important in their treatment choice. A systematic review was performed to describe these preferences for surgical treatment options.

Material and Methods: PubMed and EMBASE searches were conducted to identify articles published between January 1990 and June 2011. Articles were included if (1) preferences were elicited for type of surgery (breast conserving surgery versus mastectomy for early stage breast cancer) (2) all ages were included (3) preferences were elicited within two years following diagnosis or surgery, and (4) articles were published in English.

Results: Out of 2793 articles, 240 abstracts were screened and 40 full text studies were selected. Thirteen studies met the inclusion criteria. These studies identified a variety of factors that might affect women's choice for either breast conserving surgery or mastectomy. Most of these studies focused on patients younger than 65 years of age and none assessed the influence of age in the choice of surgical treatment options. Two studies that did not formally meet the inclusion criteria noted that older women have distinct concerns as compared with younger women, including concerns about recurrence, body image, role maintenance and transportation difficulties.

Conclusions: Our results show that knowledge about surgical treatment preferences of older patients with early stage breast cancer is limited. None of the retrieved studies focused on older women, thereby leaving a large and growing segment of breast cancer patients understudied with respect to treatment preferences. More research is needed to determine whether and how preferences of older patients differ from preferences of younger patients. The FOCUS on Choice study, initiated at the Leiden University Medical Center, will hopefully provide answers within three years.