Interpretation. The prevalence of *KRAS* mutation in Thai patients with colorectal cancer was similar to that in other reports. Patients with mutant *KRAS* had more non-hepatic metastases than did those with WT-*KRAS*. Overall survival in patients with wild-type *KRAS* was not different from those with mutant *KRAS*. The mosaic pattern of tumour cells might account for the discordance in the *KRAS* status.

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AOS18 CALRETICULIN EXPRESSION IS REQUIRED FOR ORAL CANCER-CELL PROLIFERATION AND MIGRATION, AND IS CORRELATED WITH CLINICOPATHOLOGIC FEATURES IN ORAL SQUAMOUS-CELL CARCINOMA PATIENTS

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Withdrawn.

AOS19 OESTROGEN RECEPTOR-α GENE POLYMORPHISM (T392C) IN IRANIAN WOMEN WITH BREAST CANCER

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Background. Receptor-mediated oestrogen activation plays a part in the development and progression of breast cancer. Evidence suggests that alterations in oestrogen signalling pathways, including oestrogen receptor-α (ESR1-α) occur during breast cancer development. ESR1-α gene polymorphism is known to be associated with breast cancer and clinical features of the disease in Caucasians. Results of epidemiological studies have shown that age-incidence patterns of breast cancer in women from the Middle East differ from those in Caucasians. Genomic data for *ESR1-α* in either population are therefore important in the clinical setting for each ethnic group and we have investigated whether polymorphisms in the *ESR1-α* are associated with risk of breast cancer.

Methods. A case–control study was done to establish a database of *ESR1* polymorphisms in the Iranian population for comparison of western and Iranian (Middle East) distributions and to assess *ESR1* polymorphism as an indicator of clinical outcome. The *ESR1* gene was scanned in 150 Iranian patients who were newly diagnosed with invasive breast tumours and in 147 healthy individuals. Single-strand conformation polymorphism polymerase chain reaction (PCR) and direct sequencing were done.

Findings. Silent single nucleotide polymorphisms (SNPs), as reported in previous studies, were found but at significantly different frequencies. The frequency of allele 1 in codon 10 (TCT → TCC) (T/C, S392S) of exon 1 was significantly higher in patients with breast cancer (45.7%) than in the controls (39.8%; $p = 0.148$). We found that allele 1 (TCT → TCC) in codon 10 was significantly more common in patients with breast cancer who had a family history of breast cancer (78.9%) than in those without such a history (40.8%; $p = 0.001$). The allele 1 in codon 10 showed an association with the occurrence of lymph node metastasis (58.7% and 43.3% with and without lymph node metastases, respectively). Therefore, this SNP marker further increased predictive accuracy in the Iranian population.

Interpretation. Our data suggest that *ESR1* polymorphisms correlated with various aspects of breast cancer in Iranian women, as determined during pre-surgical assessment, might represent a surrogate marker for predicting breast cancer.

The authors declared no conflicts of interest.

AOS20 EFFECTIVENESS OF A SELF-REPORTING PAIN ASSESSMENT TOOL AT THE BEDSIDE OF INPATIENTS WITH CANCER

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Background. Pain is common in cancer and a patient's self-report of pain is an essential first step in the management of such pain. However, according to reports of many studies, cancer pain is often managed inadequately because we do not listen to patients' complaints of pain and tend to underestimate their cancer pain. The aim in this study was to assess the effectiveness of self-assessments of pain intensity at the bedside of inpatients, using a self-reporting pain board.

Methods. Pain assessments were done with patients' answers to questions asked by the medical staff that were recorded with a numerical rating scale (NRS) for 3 days and then for the next 3 days patients reported pain using a self-reporting pain board with moving indicators, representing 0–10 on the NRS, and they reported the frequency of their breakthrough pain.

Findings. Fifty consecutive inpatients admitted to the Oncology Department of Chungbuk National University Hospital were included in this observational prospective study from February 2011 to December 2011. Reliability in the patients' self-reported pain versus that recorded by the medical staff increased from 74% to 96% with use of the self-reporting pain board ($p = 0.004$). The difference (mean ± standard deviation [SD]) between the NRS reported by patients and that reported in medical records decreased from 3.16 ± 2.08 to 1.00 ± 1.02 ($p < 0.001$). Patients' satisfaction with pain management increased from 54% to 82% ($p = 0.002$). Moreover, the difference in the workload of medical staff in assessing patients' pain (mean ± SD) decreased from 46.9 ± 15.5 to 24.3 ± 11.2 ($p < 0.001$).

Interpretation. We suggest that this self-reporting bedside pain assessment tool provides a reliable and effective means for the assessment of cancer pain in inpatients.

The authors declared no conflicts of interest.

AOS21 ROLE OF PET/CT IN PATIENTS WITH OCCULT PRIMARY CANCER WITH NECK METASTASIS

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Background. The aim in this study was to assess whether positron emission tomography/computed tomography (PET/CT) could be useful for detection of the occult primary tumour site in patients with neck metastasis.

Methods. PET/CT was compared with detailed examination, imaging, and panendoscopy in a prospective study of 79 consecutive patients with occult primary tumours plus neck metastases in a tertiary care centre.