

Patients reported an increased perception of 'team' care. Sustainability was attributed to adequate resourcing, local 'champions', strategies becoming habitual, and ongoing demonstration of benefits.

Project outcomes led to the development of a set of policy recommendations promoting the importance of multidisciplinary cancer care. Lessons learned have been incorporated into a practical guide and a national series of forums to assist in planning and running MDC meetings for cancer care.

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Poster

#### Breast screening histories: variation with time and impact on 10 year survival

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**Introduction:** To determine the true impact of screening, information on the screening history of all women with breast cancer is required. This study aimed to allocate a screening status, based on a woman's screening history, to all cases of primary breast cancer diagnosed in the West Midlands from the introduction of the NHS Breast Screening Programme (NHSBSP) in 1988 until 31 March 2001.

**Description:** A data extract of all cases of primary breast cancer diagnosed in the West Midlands between 1 March 1988 and 31 March 2001 was obtained from the West Midlands Cancer Intelligence Unit's cancer registration database. Screen-detected cancers were identified via regional breast screening units and the remaining cancers were assigned to one of eight mutually exclusive screening status categories.

**Summary of results:** A screening status was assigned to 14,625 breast cancers. 43% were screen-detected, 27% interval cancers, 13% diagnosed before invitation, 10% non-attenders and 3% lapsed attenders. 2% of eligible women were not known to the NHSBSP and 2% of the cohort could not be classified. From 1988 to 2001 there was an increase in screen-detected cancers, interval cancers and cancers in lapsed attenders; with the most marked increase amongst interval cancers. There was a decrease in the number of women diagnosed before invitation over time as would be expected following the start of the second round of screening. Non attendance also decreased slowly after reaching a peak between 1992 and 1995. There was a significant difference in the 10 year relative survival rates for women who did and did not attend for screening: 85.2% and 53.9% respectively (RR 1.58;  $p < 0.00001$ ). Attenders consisted of women with screen-detected cancers, interval cancers, lapsed attenders and assessment defaulters in whom the 10 year relative survival rates were 92.0%, 75.7%, 72.6% and 90.8% respectively. Women with interval cancers had survival rates above those of non-attenders, highlighting the benefits of screening.

**Conclusion:** The West Midlands breast screening histories classification is a valuable resource for evaluating the NHSBSP. The 10 year survival data obtained for the cohorts of women with different screening histories mimic those found by the Swedish Two Counties trial.

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#### No stage migration due to the introduction of the sentinel node procedure: a population-based study

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Theoretically, the introduction of sentinel node procedure as an axillary staging procedure, could have both an upstaging as a downstaging effect. The intensified and more effective pathological processing with a sequential increase of micrometastases could lead to an upstaging and the described false negative rate of 5% in single centre studies could potentially lead to a downstaging. The purpose of our study was to investigate whether or not the gradual introduction of the sentinel node procedure in the South-East Region of the Netherlands has changed the incidence of axillary nodal micrometastases and induced a stage migration on a population based level.

We used data from the population based Eindhoven Cancer Registry that covers the region of the Comprehensive Cancer Centre South with 2.4 million inhabitants. Information of women diagnosed with breast cancer in the period 1997–2003 (follow-up until January 1, 2005), was analysed. In our region, the introduction of the sentinel node procedure started in 1997 and was gradually introduced in all affiliated hospitals. Between 1997 and 2003 11,207 patients were treated for breast cancer in the South-East Region of the Netherlands. The percentage of patients staged with a sentinel procedure gradual increased from 0% in 1996 till 58% in 2003. On the other hand, the use of the axillary node dissection as an axillary staging procedure decreased from 90% in 1996 till 32% in 2003. The percentage of patients that received no axillary staging did not change significantly with a mean of 10.6%. The incidence of T stage nor the N stage did not change significantly in this period. The N0 stage varied between 50 and 57%. Notably, the pN1a stage (micrometastases) gradually increased from 1% in 1996 to 5% in 2003.

In conclusion, on a population based level, the introduction of the sentinel node procedure as the standard axillary staging procedure in our region induced an increase in the incidence of micrometastases but did not lead to a significant stage migration.

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#### Sharp increase in incidence of ductolobular breast cancer in the Netherlands

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**Background:** Increasing incidence trends of invasive lobular breast cancer are often subscribed to the increasing use of hormone replacement therapy (HRT) during the eighties and nineties. In this study, we evaluate trends in invasive lobular breast cancer incidence in the Netherlands, where HRT use has always been particularly low.

**Methods:** With information of the population-based Cancer Registry Middle Netherlands, we identified all 9299 women diagnosed with invasive breast cancer between 1989 and 1999 in the central part of the Netherlands. We categorised histological subtypes as ductal, lobular (including pure lobular and mixed or ductolobular), and other. We calculated breast cancer incidence trends according to histological subtype, using generalised linear regression analysis.

**Results:** Between 1989 and 1999, 6162 (67%) patients were diagnosed with ductal cancer, 1447 (16%) with lobular cancer and 1690 (17%) with other histological subtypes. The incidence of lobular breast cancer increased significantly from 15/100,000 to 28/100,000 (mean annual increase 5%,  $p < 0.05$ ), while the incidence of ductal cancer and other histological subtypes remained stable. The increase in lobular breast cancer did not involve pure lobular breast cancer (mean annual increase 0.8%,  $p = \text{NS}$ ) but ductolobular cancer only (mean annual increase 12%,  $p < 0.001$ ).

**Conclusions:** The incidence of invasive lobular breast cancer has increased in the Netherlands, but not as strongly as in some other regions. In contrast to previous studies, the increase was completely caused by an augmentation of ductolobular breast cancer.

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#### Differences between synchronous and metachronous bilateral breast cancer

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**Purpose:** The aim of the study was to compare clinical features and overall survival of patients with bilateral synchronous (SBC) and metachronous breast cancer (MBC).

**Material and Methods:** Five hundred and nineteen case histories of bilateral breast cancer patients (pts) treated at the Cancer Center, Warsaw, Poland were analyzed. There were 192 (37%) of synchronous (SBC) and 327 (63%) of metachronous (MBC) breast cancer pts. Median time of observation of SBC was 13 years (range 1–19) and MBC – 25 years (range 1–56). Kaplan-Meier survival analysis was performed.