

of developing a primary BC after PM is low, also after longer follow-up. However, despite preoperative (imaging) examination, the presence of unexpected microscopic malignant findings in this group of high-risk women is real (3%).

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Poster

Epidemiological aspects of breast cancer in the Kyrgyz Republic

D. Abdylidaev, S. Bujukljanov, S. Ilijazova, C. Mustafin. *National Center of Oncology, Mammalogy, Bishkek, Kyrgyzstan*

Breast cancer takes first place in structure of oncological diseases of the female population of the Kyrgyz Republic and makes 9.0 cases on 100,000 population. The highest parameters of disease are marked in Bishkek city – 16.7 and in Chui oblast – 16.2 on 100 thousand populations. The tendency to getting younger breast cancer is traced. There is 11.2% of disease at persons younger than 40 years. The cancer of the first stage is revealed only at 2.9% of patients.

The peak of disease is on the most active in the social plan age groups of 40–49 years and 50–59 years. Despite of the certain successes in diagnostics and treatment of breast cancer the death rate continues to remain high.

Death rate is 4.4 cases on 100 thousand populations. The highest parameters of death rate 9.6 are in Bishkek city and 7.2 in Chui oblast on 100 thousand populations. Neglect stage of diseases is 47.6%.

Such situation is connected with poor awareness of the population, with the untimely reference, poor oncological vigilance of doctors on the places, insufficient financing and poor level of hardware and medicinal maintenance.

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Poster

Characteristics of bone mineral density in Korean postmenopausal breast cancer women

H.J. Kim, J.S. Lee, S.J. Hong, J.K. Kim, B.S. Kwak, B.H. Son, S.H. Ann. *Asan medical center, Breast surgery, Seoul, Korea*

Purpose: Bone mass has been proposed as a marker of cumulative exposure to estrogen in women. We have studied the association between bone mass and breast cancer in postmenopausal women.

Material and Methods: We investigated the association between bone mineral density (BMD), as measured at the lumbar spine and femoral neck, and the risk of breast cancer in women age 50 or older who had received an initial diagnosis of stage 0–III breast cancer confirmed by pathologic assessment of breast tissue. We recruited 218 women with newly diagnosed breast cancer at Asan Medical Center between January 1, 2003, and December 31, 2004, and 963 women whose BMD was measured at the Health Promotion Center of Asan Medical Center as controls. Groups were divided by age: 50–59 years old (Group A), 60–69 years old (Group B), and over 70 years old (Group C). We compared BMD and prevalence of osteoporosis between groups; BMD was measured by lunar EXPERT-XL for breast cancer patients and Hologic QDR 4500-A for control group. A cross-calibration equation was used to compare BMD by different dual X-ray absorptiometry systems.

Results: BMD was significantly higher among breast cancer patients than controls at lumbar spine ($p=0.03$); femur neck BMD was higher but not statistically significant ($p=0.72$). After adjustment for age, the estimated odds ratio was 3.5 ($p=0.03$). In Group A, BMD for spine and femur neck was significantly higher in breast cancer patients ($p<0.05$). In Group B, spine BMD spine was significantly higher in breast cancer patients ($p=0.01$); femur neck BMD was higher but not statistically significant ($p=0.24$). In Group C, BMD for spine and femur neck was higher in breast cancer patients but not statistically significant ($p=0.20$ vs. $p=0.16$). Prevalence of osteoporosis of the spine and femur neck was 12.9 and 4.6%, respectively, for breast cancer patients, and 19.3 and 8.1%, respectively, for controls.

Conclusion: These results show that high bone mineral density has a strong relationship among breast cancer patients in postmenopausal women. In patients 70 years old or over, the age effect for bone mineral density decreased the effect of estrogen on bone.

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Poster

Breast cancer in very old women: features of disease presentation

A. Balduzzi¹, F. Zannier², R. Maibach³, S. Dellapasqua⁴, P. Foa⁵, M. Colleoni⁶. ¹European Institute of Oncology, Research Unit of Medical Senology, Milan, Italy; ²San Paolo Hospital, Milan, Italy; ³International Breast Cancer Study Group, Bern, Switzerland; ⁴European Institute of Oncology, Research Unit of Medical Senology, Milan, Italy; ⁵San Paolo Hospital, Milan, Italy; ⁶European Institute of Oncology, Research Unit of Medical Senology, Milan, Italy

Background: Breast cancer is a frequent disease in elderly women, yet treatment recommendations for very elderly patients are inconsistent. Treatment for elderly women with breast carcinoma is largely extrapolated from data derived from trials comprising younger patients and physicians are often reluctant to prescribe systemic treatments due to comorbidities and complexity of evaluation for these patients. We therefore undertook a retrospective analysis to identify biological and clinical characteristics of early breast cancer in very elderly patients (age ≥ 80 years).

Patients: One hundred patients (range age 80–96 years, mean: 82 years) with pT1–4, pN0–2, pNx, and M0, who underwent surgery between July 1996 and August 2004 were evaluated.

Results: Eighty-three tumors were estrogen-receptor (ER) positive (83%). Ki-67 was $\leq 20\%$ in 62 patients (62%), and HER2/neu was not overexpressed in 48 (48%). After a median follow-up of 31 months (range 0.1 to 85 months) 12 patients had a breast recurrence event (4 local-regional and 8 distant relapse). The event free survival (EFS) was 72% (95% confidence interval 61–83%) and the overall survival (OS) at 3 years was 85% (95% confidence interval 76–94%). A statistically significant difference in OS and EFS was observed for patients with large tumor (pT3–4) versus (vs) smaller tumor (pT1) (hazard ratio [HR] = 4.61; $P=0.0046$ for event; $HR=7.25$; $P=0.0028$ for death). A borderline reduced risk of event and death was observed for node-negative vs node-positive disease ($HR=0.33$; $P=0.081$ for event; $HR=0.15$; $P=0.071$ for death), and for ER-positive vs ER-negative disease ($HR=0.38$; $P=0.043$ for event; $HR=0.32$; $P=0.062$ for death).

Conclusion: Breast cancer in the elderly has frequently favourable biologic characteristics (ER-expression, low proliferate rates, no over-expression of c-erbB2). The endocrine responsiveness observed in the majority of the cases supports the use of endocrine adjuvant therapy for these patients. Individualize care on the basis of biologic characteristics, comorbidity, social support, functional status, and patient preferences should be considered for very elderly patients.

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Poster

Comparison of naproxen with placebo for treatment of non cyclic mastalgia: a randomized triple-blind, controlled trial in Iran

N. Mehrdad¹, A. Kaviani², M. Yunesian³, E. Hashemi¹, M. Najafi¹, H. Houshmand¹, M. Ebrahimi¹, P. Baradar tam¹, K. Majidzadeh¹.

¹Iranian Academic center for Education, Culture and Research, Iranian Center for Breast Cancer, Tehran, Iran; ²Tehran University of Medical Science, Surgery, Tehran, Iran; ³Tehran University of Medical Science, Epidemiology, Tehran, Iran

Objective: In this study, we investigate the effect of naproxen on non-cyclic mastalgia versus placebo.

Introduction: Mastalgia is the most frequent breast complaint in general practice.

Non-cyclical mastalgia is described as a constant or intermittent breast pain with irregular exacerbations and no relationship to menstruation. It can be sufficiently severe to interfere with normal-life activities.

At present, there isn't any standard treatment for this complaint, although some of the drugs have been adequately tested in decrease of mastalgia.

Materials and Methods: This prospective placebo-controlled, randomized triple-blind clinical trial was conducted to evaluate the effect of a nonsteroidal anti-inflammatory drug (Naproxen) on non-cyclic breast pain.

Forty six women with non-cyclical mastalgia who had attended the mastalgia clinic at the Iranian Center for Breast Cancer (ICBC) in Jan 2005 were studied.

All of the patients who had been suffering from non-cyclic breast pain at least 3 months previously were visited by one surgeon then patients were assigned randomly into 2 groups: (1) Naproxen 250 mg and (2) placebo twice daily for one month.

The intensity of mastalgia was recorded three times during the course of the study (days 0, 15, 30) using a visual analogue scale (VAS).

Results: A total of 46 patients entered the trial; 24 and 22 patients were randomly assigned in naproxen and placebo groups respectively.

The mean age of patients was 35 years (SD = 7.5) ranging from 19 to 55 years. The naproxen and placebo groups were similar with respect to age.