3504 POSTER

General Practitioner's attitudes towards cancer screening – Does gender still matter?

F. Eisinger[1], X. Pivot[2], Y. Coscas[3], J. Viguier[4], A. Calazel-Benque[5], J.Y. Blay[6], C. Roussel[7], J.F. Morère[8]. *[1]Institut Paoli Calmette, INSERM UMR 599, Marseille, France; [2]CHU de Besançon, Oncology, Besançon, France; [3]Clinique de la Porte de Saint Cloud, Oncology, Boulogne Billancourt, France; [4]CHRU Trousseau, Gastro-enterology, Tours, France; [5]Capio Clinique du Parc, Gastro-enterology, Toulouse, France; [6]Hopital Edouard Herriot, Oncology, Lyon, France; [7]Institutional Oncology, Roche, Neuilly sur Seine, France; [8]Hopital Avicenne, Oncology, Bobigny, France*

Background: Cancer screening is expected to play a significant part in cancer control. However, individual's participation, in some instances, may become the weakest link. Many factors are at stake when looking at participation rates of which characteristics of primary care providers. Our survey aims at investigating characteristics of General Practitioner (GP) in relation to clients' cancer screening declared behaviours.
Materials and Methods: A nationwide observational survey (EDIFICE) was conducted, by telephone from December 2007 to January 2008, on a representative sample of 600 GPs practicing in France.
Multivariate logistic regression analyses were expressed in terms of the odd ratio (OR) and 95% CI and performed using the SAS® software, version 8.2 (proc FREQ and proc LOGISTIC procedures).
Results: For breast cancer screening, systematic recommendation is associated with the GP's gender (female OR = 1.9 (1.2−3.1), with systematic recommendation for colorectal cancer OR = 1.5 (1.0−2.5), and for prostate cancer OR 2.7 (1.8−4.1). In addition, GP's motivation increases systematic recommendation.
For colorectal cancer screening, the GP's gender has no significant impact, but systematic recommendation for both breast and prostate cancer screenings has a positive impact OR = 2.7 (1.6−4.7) and OR = 1.8 (1.1−3.0) respectively. Being well informed about screening and living in an area with a long-standing implemented program, also increases the rate of systematic recommendation; OR = 2.4 (1.4−4.0) and OR = 2.4 (1.3−4.3) respectively.
For prostate cancer screening, GP's gender also has no significant impact, while systematic recommendation for both breast and colorectal cancer screening has an impact; OR = 2.9 (2.0−4.4) and OR = 2.0 (1.3−3.2) respectively. Belief that prostate cancer screening decreases cancer specific mortality is, for prostate cancer, associated with a higher rate of systematic recommendation OR = 2.0 (1.3−2.9).
The age of the GP is not associated with a higher rate of systematic recommendation for screening any of the three types of cancer.
Conclusions: There is a global pattern of physicians being screening-prone (as suggested by the cross impact of a recommendation for one organ to another). There are also individual characteristics such as gender, since being a female GP increases systematic recommendation for breast cancer screening, whereas being a male GP does not increase systematic recommendation for prostate cancer.

3505 POSTER

HIV related malignancies: a single centre experience

S. Chiradoni[1], S. Tejinder[1], K.C. Lakshmaiah[1], J. Ankit[1], K.V. Sajeevan[1], D. Lokanatha[1], A. Linu[1], R.S. Jayashree[2]. *[1]Kidwai Memorial Insitute of Oncology, Medical Oncology, Bangalore, India; [2]Kidwai Memorial Insitute of Oncology, Microbiology, Bangalore, India*

Background: India has the second largest number of HIV patients in the world. The studies done in the area of HIV-related malignancies (HRM) are few. The purpose of this review is to analyze the cancer epidemiology in HIV infected individuals at our regional cancer centre.
Material and Methods: 337 patients of serologically confirmed HIV infection with malignancies, registered to our regional cancer centre from 2004 to 2008 were analyzed retrospectively. The profiles like patient age, sex, type of malignancy, treatment with HAART, malignancy management, follow up and recent changing trends in our regional cancer centre were analyzed.
Results: Male:Female ratio was 1:1.1. 52.8% of patients were above 40 years and 46.8% were between 15−40 yrs. 64.39% of patients were illiterate and 82.19% were of lower socio-economic class. The common HRM seen in young adults (15−40 years) were carcinoma of cervix (27.84%), and NHL (25.3%) whereas in patients above 40 years, head and neck cancers (21.83%), carcinoma of cervix (20.68%) and NHL (13.79%) were common. HRM seen in 5 patients of pediatric age group were Acute Lymphoblastic Leukemia (40%), NHL (40%) and Wilm's tumor (20%). AIDS defining malignancies (ADM) like carcinoma of cervix (23.73%), NHL (19.58%), primary CNS lymphoma (.006%) and KS (.003%), constitutes 43.62% of HRM. ADM are the most common malignancies in young adults (53.79%). Among the non-ADM, head and neck cancer (14.24%), gastrointestinal tract cancer (9.79%), carcinoma of breast (5.63%), leukemias (4.74%), etc were seen. HRM were managed by multimodality approach like surgery, radiotherapy and chemotherapy. Only 37.38% of patients received treatment. Radiotherapy is the commonest modality of treatment in 73%. After treatment, total 36.49% of patients were followed up varying from 3 months to 2.7 years. 61.78% of patients were followed up for a short period of less than 6 months, 31.14% (6 months to 2 years) and 4.06% (more than 2 years) respectively. The spectrum of HRM in our centre from 2004 to 2008 results are as follows.

Year	No. of cases	% of cases treated	% of cases on HAART	% of cases on follow up
2004	47	25.5	27.6	23.4
2005	46	21.7	30.4	21.73
2006	77	37.6	48	37.66
2007	72	37.5	56.9	38.88
2008	95	48.4	60	47.36

Conclusions: In our centre HRM have a different spectrum as compared with the western countries. The most common HRM seen are carcinoma of cervix, NHL and head and neck cancers. AIDS defining malignancies constitutes 43.62% of HRM and is most common in young adults. Over the last five years there has been an increase in diagnosis, acceptance of cancer treatment and regular follow up of HRM.

3506 POSTER

Absence of the PALB2 229delT and 1592delT mutation in Korean patients with BRCA1/2 mutation negative breast cancers

D.H. Choi[4], S. Ahn[1], B. Son[1], D. Cho[2], B. Haffty[3], J. Kim[4]. *[1]Asan Medical Center College of Medicine University of Ulsan, Department of Surgery, Seoul, South Korea; [2]LabGenomics Clinical Research Institute LabGenomics, Research Department, Seoul, South Korea; [3]Robert Wood Johnson Medical School Cancer Institute of New Jersey, Department of Radiation Oncology, New Brunswick NJ, USA; [4]Samsung Medical Center Sungkyunkwan University School of Medicine, Department of Radiation Oncology, Seoul, South Korea*

Background: PALB2 (partner and localizer of BRCA2) is a recently identified breast cancer susceptibility gene, frequently observed in patients with family history of breast cancer and/or young age and the frequency may be varied according to ethnicity. We have previously identified absense of CHEK2 1100delC mutation in Korea which is frequently observed in Caucasian patients with BRCA1/2 negative breast cancer. In this study, we evaluated the significance of PALB2 mutation in Korean women with breast cancer who had been screened for BRCA1 and BRCA2 mutations.
Materials and Methods: We selected 300 cases with high risk factors (250 cases with family history of breast cancer and/or ovarian cancer, 50 cases with early-onset breast cancer and/or bilateral disease) who were peviously proven BRCA1 and BRCA2 mutation non-carrier from the LabGenomics Laboratory in Korea. Mutation detection of the PALB2 c. 229delT and c.1592delT were based upon analysis of primary extension products generated from previously amplified genomic DNA using a chip-based MALDI-TOP mass spectrometry platform. The spectro-CHIPs were analyzed in the fully automated mode with the MALTI-TOF MassARRAY system. After overall measurement automatically, assay which had bad peaks were checked again manually.
Results: None of the 300 Korean women with breast cancer carried the PALB2 c.229delT and c.1592delT mutation which were frequently observed in Caucasian breast cancer patients with family history of breast cancer and/or early-onset breast cancer.
Conclusions: Our results suggest that specific mutation sites of PALB2 observed frequently in Caucasians with breast is absent or may be very infrequent in Korean patients with non-BRCA1/2 mutation carrier. Assay of the all coding exons and intron-axon boundaries of PALB2 is needed to find meanings and usefulness of the newly identified PALB2 gene mutation which has an essential role in BRCA2-mediated DNA double-strand break repair.