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3511 POSTER Knowledge about breast feeding practices among breast cancer patients in India – A case-control study

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Background: Breast cancer is one of the common cancers of women in the world. The incidence of the disease is rising even in developing countries like India. Lack of knowledge about the risk factors for breast cancer has led to increase in the prevalance of the disease in the community. The objectives of the present study are to: Assess knowledge of women about breast cancer and the risk factors associated with it, assess knowledge about breast feeding practices in women both in cases and controls and to create awareness among women about the disease and its prevention. Materials and Methods: A total of 200 women were included in the study. 100 women had breast cancer which was proven histologically and 100 women were without the disease and served as controls. All the women were between 20-70 years of age and were divided into cases and controls after taking the inclusion and exclusion criteria into consideration. A questionnaire about the risk factors for breast cancer was given to all women. A careful history and a clinical examination of the breast was done in all the women. The study was undertaken at Osmania General Hospital, Hyderabad, India. An informed consent was taken from all study participants and Institues ethics committee approval was also taken.

Results: After analysing the questionnaire, it was found that 10% of women with breast cancer (cases) never breast fed their children and this was found to be statistically significant with p value = 0.037, odds ratio 5.44 (C.I. – 1.08–37.03) and chi square value of 4.34. It was also found that only 2% of the controls never breast fed their children. This shows that knowledge about breast feeding and its protectiveness against breast cancer was lacking more among cases than controls.

Conclusion: Awareness programs conducted periodically to educate about breast feeding practices and its advantages and also to impart knowledge about other risk factors associated with the disease both in urban and rural areas would reduce the incidence and prevalance of the disease in the community and would promote a better quality of living among women in India.

3512 POSTER

Prevalence of oncologic neuropathic pain evaluated on 8615 patients – in the study

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Introduction: This is the first study designed to evaluate the prevalence of oncologic neuropathic pain, and its management in oncology services. **Methods:** All out-patients visiting the oncology services in 50 Spanish centers for a period of time ≤10 weeks were interviewed about their pain. If the patients suffered pain, the investigators evaluated its cause. The first 10 patients suffering neuropathic pain were included in a one month prospective study, in order to evaluate pain management.

Results: 8615 patients were interview. 2567 of them (29.8% [95CI: 28.8–30.8] suffered pain. 856 (33.3% [95CI 31.5–35.2]) had neuropathic pain, following investigator criteria.

366 patients with neuropathic pain confirmed with the validated scale DN4 were included in a prospective study. 67% of the patients suffered neuropathic pain related to the tumor, 43% of them related to the antineoplasic treatment.

Neuropathic pain was treated with opioids in 88% of the patients. Opioids were more effective than non opioids drugs. The most effective opioid was oxycodone. Pain relief (visual scale measurement) were significantly higher comparing oxycodone with the other opioids and non opioids drugs.

Conclusions: Prevalence of neuropathic oncologic pain in Spanish cancer population is 33.3%. Opioids were effective to control this kind of pain, specially oxicodone.

3513 POSTER

Regional Italian multicenter observational study for investigate the incidence of pain in cancer center

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Background: This is an Italian study for investigating the incidence of cancer pain in oncology centres. The reason for this study is that the existing data is in the major part taken from palliative car structures. The purpose of this study was to evaluate the real incidence of pain in the oncology structures.

Materials and Methods: This is a prospective, multicenter, observational trial carried out at 9 locations accross tha Lazio region in Italy. The centres covered are: 7 day hospital (DH), 6 outpatients and 5 inpatients departments. For the same period of 4 consecutive weeks, in all centres any patients were registered. We recorded if the pain was controlled or not and with which drugs.

Results: We recorded more than 1400 patients: 38% in DH, 38% in outpatients, 14% inpatients. The patients have a median age of 68 years, meles were 37.5% and female 62.5%. Median PS was 90 (range 20–100). The affected by gastrointestinal cancer 34%, urogenital cancer 14%, chest cancer 15%, breast cancer 30% other 7%. Patients with a local disease were 10%, metastatic disease 46% and without current disease 44%. The incidence of pain was 25.2% and of this 72.5% of patients pain was under control and 27.5% of patients pain was out of control. In our centres of oncology, the total number of patients with pain out of control is 7%.

Conclusion: This survey shows the incidence of pain in oncology centres. The control of pain still remains a problem because there isn't a total control and the number in oncology centres are undoubtly less than the incidence in palliative care structures.

3514 POSTER

Smoking attributable cancer morbidity, mortality and years of potential life lost in Uzbekistan

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Background: According to studies, 87–90% of lung cancer deaths can be attributed to smoking, as can 21–45% of coronary deaths (acute myocardial infarction), 50–85% of deaths from chronic obstructive pulmonary disease (COPD), 18–25% of deaths from cerebrovascular disease (stroke), and 30% of cancer-related deaths.

Methodology: Primary and secondary data sources were used to estimate the possible effect of smoking on mortality, morbidity and years of potential life lost. Primary data source was the tobacco survey conducted in 2006 from where the prevalence figures were obtained. Secondary data sources were: national statistics on morbidity and mortality for 2004, relative risk estimates from American Cancer Society.

Results: It was revealed that 17,513 people aged 35 and over suffered from malignant neoplasms in 2004. In 2006 the prevalence of ever smoking among male aged 35 and over was 48%. And it was estimated that 8,129 male ever smokers suffered from malignant neoplasms. Among those we estimated that 3,679 cases or 45% were attributed to smoking. Smoking was responsible for 10,480 deaths in 2004. 1, 445 (14%) deaths were because of malignant diseases. It was estimated that smoking was responsible for 125,540 years of potential life lost in Uzbekistan in 2004. Among those 24,577 (19.6%) years were attributed to malignant neoplasms.

Conclusion: The damage caused by tobacco smoking in Uzbekistan, even taking into account its relatively low prevalence (10%), substantially exceeds the benefits to the government and society of growing and processing tobacco and selling cigarettes.

References

Oliveira AF, Valente JG, Leite IC. The disease burden attributable to smoking in the state of Rio De Janeiro, Brazil in 2000. Clinics. 2008;63:214–222.