50, among 10 main sites of cancer death, endometrial cancer generally takes III-V rank places.
Conclusions: Mortality cause structure for 2002–2004 was determinted in Tbilisi for the first time; Breast cancer appears to be the primary cause of early female mortality.

3519 POSTER

Aggressiveness of breast cancer on radioactive contaminated territories of Grodno region (Belarus)

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Backgrounds: Some parts of Grodno region are contaminated with cesium-137. Level of contamination 1−5 CU/km^2. Treatment of breast cancer is strongly standardized in Grodno region. Thus differences in outcomes (if any) could be explained by underlying conditions. In this work we tried to compare outcomes of breast cancer on contaminated and noncontaminated territories. Such comparing could answer the question if breast cancer patients from contaminated territories require specific treatment which differs from standard protocols.
Methods: To define contaminated territory map of contamination of ground with cesium-137 was used. Data from national cancer-registry were analyzed using retrospective cohort study design. Group of interest was made of all breast cancer patients (diagnosis established from 1986 till March 2009) from contaminated territories of Grodno region – 86 patients. Comparison group was made from all breast cancer patients (diagnosis established from 1986 till March 2009) from randomly chosen noncontaminated district of Grodno region – 145 patients. Urban and rural populations were analyzed as subgroups. 5 years overall survival, relapses and metastases were compared as outcomes in these groups.
Results: Stage representation at the time of diagnosis was I 19%, II 52%, III 20%, IV 9% in comparison group and I 21%, II 50%, III 16%, IV 13% in investigation group. 5 years overall survival was higher in comparison group than in group from contaminated territories: 61% and 50% respectively, P = 0.09. Frequency of relapses/metastases was slightly higher in investigational group: 33% and 30%, P = 0.64. The situation in subgroups was the similar to those in main groups: patient from noncontaminated territories had nonsignificantly higher 5 years survival rates, and nonsignificantly smaller risk of relapses/metastases.
Conclusions: In this work we failed to obtain statistically significant results. This study was unable to answer the question if breast cancer patients from contaminated territories require specific treatment what differs from standard protocols or they do not. Situation requires further investigation.

3520 POSTER

Clinical characteristics of patients with lung cancer and metachronous or synchronous tumours with other localizations

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Background: Lung cancer is the most common form of death of cancer in the world. Cancer patients are at high risk of developing a second cancer. The present study attempts to determine the characteristics of a population with lung cancer with the diagnostic metachronous or synchronous of other cancer.
Material and Methods: Using clinical records from the Department of Lung Oncology of our Hospital from 2000 to 2007 we analysed the demographic characteristcs of patients identified to have multiple tumours.
Results: Out of registered cases (n = 1046), there were 4.2% (n = 44) multiple cancers (88.6% males, median age 70). About 86% (n = 38) of the patients were smokers or former smokers. From the patients with record of family history 65.4% (n = 17) had relevant family history of cancer. The majority of the first malignancy diagnosed was from prostate, colon, head and neck and bladder. The lung cancer was essentially the second malignancy. The mean time between the two diagnoses was 62.9±64.9 months (max: 240, min: 0), and usually the second cancer was detected in an advanced stage. The median survival of patients who had a second primary lung cancer was 8.6±8.24 months (max: 32 min: 1), and five patients are still alive.
Conclusions: Our results suggest that careful follow-up is needed for these patients; using screening strategies according to the international recommendations, and controling carcinogenic risk factors like tobacco smoke. We suggest a risk algorithm individualised and a further study to try to understand if there are particular genetic and molecular markers in these patients.

3521 POSTER

Assessment of the epidemiology of lung cancer and change in its spectrum over time at a tertiary care institute in North India

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Background: Smoking remains the most important risk factor for the development of lung cancer (LC). In the recent past, adenocarcinoma [AdC] has become the most common histological type of LC in the developed countries. There is paucity of data on the change in epidemiology of LC from India. The aim of the current study was to assess the smoking status and current distribution of various histological types [H-type] among newly diagnosed LC patients.
Materials and Methods: Prospectively collected data on 250 newly diagnosed LC patients initiated on chemotherapy after January 1, 2008 was analyzed. Demographic details, H-types and details of smoking status were noted. Descriptive data is presented as mean [standard deviation (SD)] and as percentages (%). Quantitative and qualitative data were compared between smokers (Sm) and non-smokers (N-Sm) using student t-test and chi-square test respectively. Results were compared with the previous study published by the authors in 1990 [1].
Results: Overall, 72.7% of the patients were Sm. Amongst males, 84.0% were Sm whereas 76.1% of females were N-Sm ($p < 0.0001$). Squamous cell [SqCC] (34.2%) and AdC (25.7%) were the most common H-type, over all. Among Sm, SqCC (38.8%) and small cell [SCLC] (21.9%) were the most common H-types and the distribution differed significantly from that seen in N-Sm where AdC (47.0%) was the commonest. The percentage of patients with non-small cell lung cancer (NSCLC) who presented with advanced disease (stages IIIB and IV) was higher among N-Sm (96.5% vs. 77.4%, p = 0.002). No differences were seen in relation to the percentage of SCLC patients who presented with advanced disease (59.0% in Sm vs. 66.7% in N-Sm, p = 0.72). A comparison of the demographic characteristics in the authors' current and previous study is given in the table below.
Conclusions: There has been no significant change in the epidemiology of LC in North India over the past three decades. SqCC remains the most common H-type overall as well as among Sm. N-Sm have AdC as the predominant H-type and present more commonly with advanced NSCLC.

	Current Study (n = 250; 2007−09)	Jindal et al, 1990 (n = 1009; 1977−86)
Mean Age (years)	57.9	54.3
Male:Female	4.34:1	4.48:1
Smoker:Non-smoker	2.67:1	2.68:1
Histology		
Squamous cell	35.1%	34.3%
Adenocarcinoma	26.2%	25.9%
Small cell	18.6%	20.3%

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3522 POSTER

Tendency of mortality of cervical cancer for the state of Minas Gerais (1980–2005)

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Background: Among Brazilian women cervical cancer is the fourth cause of known cancer death and the second cancer most incident. The late beginning of the national screening program, in relation to developed countries, and the difficulties found to guarantee the screening coverage to the target population has been contributed to maintain this disease as a relevant public health in Brazil. The aim of this study was to assess the trends of the mortality due to cervical cancer and uterus not otherwise specified (NOS) from 1980 to 2005 in the state of Minas Gerais, Southeast Brazil.
Material and Methods: Demographic and death data were collected from the national data bank (DATASUS). To assess the tendency of mortality by age and period the approach of linear regression was used. The taxes were also log transformed in order to obtain the percentage of change in the mortality by year. The period-cohort analysis was carried out using Tarone & Chu's non parametric method.