(OS) and disease free survival (DFS). Cumulative OS and DFS rates were estimated using the Kaplan–Meier product-limit method; comparison of survival curves was performed using log rank test.

Results: 347 pts were eligible. Median age was 74.7 years (70−97); 59% underwent conservative surgery; 81.6% nodal dissection and 7.2% sentinel node biopsy. Tumor characteristics are listed in the table (data not available are not reported).

T	1	179	51.6
	2	134	38.6
	3−4	20	5.8
N	Positive	114	32.8
	Negative	233	67.2
ER	Positive	265	82.1
	Negative	62	17.8
c-erb-B2	+++	40	11.5
	++−, +−−, −−−	157	42.5
Grade	1	69	19.9
	2	150	43.2
	3	90	25.9
Risk	High	234	67.4
	Low	113	32.6
"Triple-negative"		21	6

ADJCT was administered to 100 pts, 96 of whom were high-risk, and 13 were "triple-negative". At a median follow-up of 64 months, high risk patients presented poorer OS compared to low-risk pts (73.6% vs 88.8%, p = 0.009). Chemotherapy in high risk pts, globally considered, did not seem to influence survival, whereas node positive pts who underwent ADJCT had a better survival (p = 0.01), though in both cases median has not been reached yet.

As for DFS, again high risk was associated with increate rate of relapse (p = 0.03).

ER-negative tumors and use of chemotherapy were not correlated with difference in survival, yet also in this case median has not been reached. For triple-negative pts (21 pts), too few events verified (2 deaths, 4 relapses) to perform survival analysis.

Conclusions: High risk tumours correlate with reduced survival in elderly pts as well as in younger pts. The benefits of adjuvant chemotherapy are not clear, yet the strongest factor suggesting a role for adjuvant chemotherapy is lymph node involvement. Longer follow-up and prospective studies are needed to define the role of endocrine receptors, given the low representation of ER-negative tumors in elderly pts.

4011   POSTER
Management of breast cancer in the elderly

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Background: Life expectancy is increasing. This is the reason many diseases arise more frequently in elder people. Breast cancer is the first cause of death cancer-related in female, with an incidence rising. The aim of this study was to analyze some features of breast cancer and compare them into two groups of age, in order to evaluate the disease behaviour in different life's states.

Material and Methods: 300 women underwent surgery between 1992 and 2006 after diagnosed of breast cancer in our Department. We collected some variables related with risk factors, tumour features, diagnosis methods and treatment. A descriptive study took place first, and afterwards we divided patients into two groups, according to the age: 70 years-old or younger and elder than 70. We carry out statistical analyze with SPSS 11.5 software.

Results: Breast cancer in young women was under the influence of risk factors related with hormonal action and familial cancer history. Ancient women showed more advanced tumours, except for the number of lymph nodes, which is major in younger women. They presented as well a larger rate of clinical diagnosis and they were less diagnosed via exclusively radiological methods (14.98% vs 5.95%). In surgical treatment, we observed that mastectomy was carried out in our institution more frequently in women elder than 70 years-old (79.76%), and on the other side conservative treatment was undertaken in younger women. Only statistically significant results are shown (p < 0.05).

Conclusions: Risk factors in breast cancer are kept through the life with a decrease of their impact in elder women. According to our results, ancient patients show advanced tumours. The delay of the diagnosis, associated with a worse fulfilment of the follow-up, as well as a less standardized practices of mamographic screening, can justify this fact. We have observed

that conservative surgery undergoes in a larger rate of young women, meanwhile radical surgery is more frequent in elder women.

4012   POSTER
Adjuvant docetaxel and cyclofosfamide in breast cancer patients over 65 years: compliance and toxicity

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Background: Adjuvant taxane-containing regimens have been proved to increase survival among breast cancer patients. However, elderly breast cancer patients are rarely offered adjuvant chemotherapy, because they have been under-represented in formal clinical trials and insufficient data on toxicity profile are available.

Materials and Methods: Records for patients ⩾65 years treated with docetaxel 75 mg/m^2 and cyclofosfamide 600 mg/m^2 intravenously every 3 weeks for 4 cycles since 2006 were reviewed. Patients with metastatic/recurrent disease or prior treatment were excluded. Adverse events were assessed at each visit and graded according to the NCI-CTC v 3.0.

Results: A total of 20 pts, median age 73 years (range 65−84), were identified. WHO performance status was 0/1 in 100% of cases. Patient characteristics, TNM and tumor imunohistochemical profile are reported in Table 1. Treatment was well tolerated with a total of 57 cycles administered. Among hematological toxicities, grade 3 and 4 neutropenia occurred in 2 of 20 pts; severe anemia and thrombopenia were not observed; 4 patients experienced grade 1 anemia. Main non-hematological toxicities included grade 1: conjunctivitis (1/20) and skin rash (1/20) and fluid retention (1/20); grade 2: astenia (6/20), nausea and vomiting (2/20); mucositis (4/20); sensory neuropathy (2/20); grade 3: astenia (1/20) and lung injury (1/20). Treatment was ongoing for 2 patients at the time of data collection of this analysis.

Conclusion: These preliminary data indicate that adjuvant docetaxel and cyclofosfamide is a feasible and well tolerated option for elderly breast cancer pts. Un update will be provided.

Table 1.

Age (Median)	73 (65−84)	
Stage at Diagnosis		
Stage I	6	30%
Stage IIA	10	50%
Stage IIB	1	5%
Stage IIIA	1	5%
Stage IIIB	1	5%
Stage IIIC	1	5%
Estrogen Receptor		
Positive	18	90%
Negative	2	10%
Progesterone Receptor		
Positive	14	70%
Negative	6	30%
HER2 status		
Positive	2	10%
Negative	18	90%

4013   POSTER
Knowledge of prescription medications among elderly cancer patients

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Studies have shown that the elderly do not possess essential knowledge about the medications they consume. This may lead to many problems such as increased medications errors, adverse effects, morbidity and mortality. This study aims to assess the knowledge of elderly (⩾65 years old) cancer patients on their home prescription medications and determine the extent of safe medication-use practices.

This is a cross-sectional study of elderly patients attending outpatient clinics at the National Cancer Centre Singapore (NCCS). Patients were interviewed on their prescription medications taken at home and safe medication-use practices. Informed consent was taken prior to initiation of survey and conducted in language understood by patients. Medications

and dosages were verified through the electronic records and patients' pharmacies.

A total of 143 elderly patients were included in the study. The mean age of the patients was 71 years old (range: 65−85). Patients took an average of 3.96 (min: 1, max: 14) prescription medications at home. Forty-five (31.5%) patients missed to mention at least one of their prescribed medications. Most patients correctly identified the prescribed indications for use (85.8%), prescribed doses (89.7%) and dosing frequencies (88.5%). However, few patients could name their medications (24.1%) and few were aware of precautionary instructions for use (11.8%). Survey on safe medication-use practices showed majority (70%) of patients could identify the medications they are allergic to. Almost half of patients would read drug labels (52.8%), discard medication when no longer needed (51.8%) and check expiry dates (43.3%). About a third would check with prescribers for changes in new prescription (30.5%). Only few patients would keep a medication list (16.9%).

A majority of our elderly cancer patients have good understanding of their prescribed medications. However, many of them do not keep a list of medications they are taking, and do not always read drug labels or check the expiry dates. Appropriate communication between healthcare providers and patients, patient education, use of aids such as medication diary and referral for medication review, could improve medication safety in this age group.

4014 POSTER

Safety and effectiveness of rehabilitation for elderly patients with hematological malignancies who received intensive chemotherapies

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Background: Physical function is frequently impaired in elderly patients with hematological malignancies who receive intensive chemotherapy. This increases a risk of treatment-related mortality. However, optimal management of this problem remains to be established, while rehabilitation seems to be promising. The purpose of this study is to investigate the feasibility and effectiveness of rehabilitation for these patients.

Materials and Methods: Between December 2006 and February 2009, 22 elderly patients with hematologic malignancy who received induction chemotherapy or high dose chemotherapy followed by autologous stem cell transplantation received rehabilitation program supervised by exercise specialists in our institution. Rehabilitation program included walking, aerobic exercise, resistant exercise, and stretching. We retrospectively investigated safety, and effectiveness of rehabilitation using their medical records.

Results: Median age of included patients was 67 years old (range 60−81). Underlying diseases included acute myeloid leukemia (n = 14), acute promyelocytic leukemia (n = 2), acute lymphoblastic leukemia (n = 2), multiple myeloma (n = 2), and lymphoma (n = 1). Performance statuses of all patients on admission were 0−1. All patients received rehabilitation without complications. Rehabilitation program were performed in median 59% (range 17−94%) of planned rehabilitation day. The primary causes of discontinuance of rehabilitation were febrile neutropenia (n = 6), hemorrhage (n = 2), fatigue (n = 1), hypoxemia (n = 1), compression fracture (n = 1), and loss of patients' motivation (n = 4). Four patients died of treatment-related complications or disease progressions. The remaining 18 patients discharged on foot. Barthel index on discharge were similar to those on admission in 13 of these 18 patients. The strength of quadriceps femoris muscle in the remaining five patients was impaired. Four of them had a fall during admission.

Conclusions: The present study demonstrated the feasibility of rehabilitation during intensive chemotherapy for the elderly patients with hematologic malignancies. It also showed that rehabilitation might have contribute to maintaining physical function in these patients.

4015 POSTER

Early breast cancer in elderly women undergoing multidimensional geriatric assessment (MGA): does the consultation with Adjuvant!online change the choice of postoperative therapy?

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Background: Elderly breast cancer pts should be evaluated with an MGA to estimate the tumour-independent life expectancy, the risk of adverse events of endocrine (ET)/chemotherapy (CT) and to minimize their impact on daily life. Adjuvant!online (ADJ) program was built in order to provide oncologists with estimations of risks of relapse and death from cancer compared to survival or cancer-independent death at 5 and 10 years.

Materials and Methods: Clinical and comorbidity data of women aged ⩾70 years were collected within a multicenter prospective observational study on adjuvant therapy for breast cancer. Estimations of potential benefits from adjuvant treatments and probability of non-cancer related death were calculated with the ADJ program and then presented to Monfardini, Crivellari and Molino to express an independent therapeutic choice blinded from full MGA data on which the actual choice of treating physicians (TRPH) had been expressed.

Results: 202 pts had undergone complete clinico-pathological assessment and full MGA to be considered eligible for this analysis. Median age was 77 years (range 70 to 92). Percentages of those left untreated were higher in the ADJB review (22%) compared to TRPH (9.5%, test K of Coen @0). Among 172 with estrogen-receptor positive disease, ADJB review and TPRH were not statistically different in prescription of adjuvant chemotherapy in adjunct to endocrine therapy (25% vs 13.7%) (K = 0.218 p = 0.000). In patients receiving chemotherapy, 2 ADJB reviewers tended to prescribe more frequently anthracyclines compared to TRPH (88% vs 50%, p = 0.539). Yet, prevalence of cardiac comorbidities among pts proposed for anthracyclines according to ADJB review was significantly high (75%).

Conclusions: Reviewing treatment choices by means of crude relapse estimations based on ADJB (tends to treat less the group at low risk and treat more aggressively the high risk group), probably because the perception of actual long term benefit of treatments is more objective. On the other hand, since ADJ considers the total comorbidity burden but not the system involved, decisions based on ADJ program without full MGA tend to neglect the high prevalence of cardiac contraindications to anthracyclines. ADJ should never substitute for full MGA in order to prevent specific organ-toxicities of CT.

4016 POSTER

Quality of life (QoL) in elderly patients (pts) with early-stage breast cancer treated with ibandronate (I) with or without capecitabine (X): results of the GBG 32 ICE trial

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Background: Although few studies are conducted in elderly breast cancer pts, they appear to benefit from polychemotherapy. However, in this population, the impact of treatment on QoL has not yet been reliably assessed. Therefore we included QoL assessment in the ICE study, which compared I alone versus I+X in elderly pts at increased risk of relapse.

Materials and Methods: Main inclusion criteria were: female ⩾65 years with histologically confirmed breast cancer that is either node-positive or high-risk node-negative (tumour size ⩾2 cm, grade > I, and/or ER- and PgR-negative); no prior chemotherapy; adequate organ function; and a Charlson score ⩽2. Pts received either I alone for 2 years (50 mg p.o. daily or 6 mg i.v. every 4 weeks according to pt preference) or the same dose of I for 2 years + X 1000 mg/m^2 bid on days 1−14 q21 days for 6 cycles. Pts with ER/PgR-positive disease received endocrine therapy according to local/institution guidelines. The primary objective is to compare disease-free survival (DFS) with either I alone or I+X. Secondary endpoints include