

(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 increase 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.

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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.

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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/m² and cyclofosfamide 600 mg/m² 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 immunohistochemical 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), skin rash (1/20) and fluid retention (1/20); grade 2: asthenia (6/20), nausea and vomiting (2/20); mucositis (4/20); sensory neuropathy (2/20); grade 3: asthenia (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%

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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