

The aim of this research is to show frequency of medical interventions side effects: limited shoulder movement and arm lymphoedema on the operated breast side, along with early education on medical treatment side effects prevention among treated patients.

Material and Methods: 100 members of "Renesansa", association of patients treated from breast cancer in Canton Sarajevo, who underwent breast cancer treatment within the period span of 1 to 10 years, but experienced neither any metastatic illness nor infection, were examined on side effects mentioned above. Subjects of this research answered surveys, questions asked were regarding education provided by health professionals about medical intervention side effects prevention; were they given early rehabilitation treatment about basic illness and were they given instructions about necessary lifestyle alterations (diet, physical activity, smoking, and alcohol consumption).

Results: Among examined 100 patients, 49% manifested lymphoedema of varying stage, 39% experienced limited shoulder movement on the operated breast side, 27% experienced both side effects. Early rehabilitation treatment related to the base illness was provided to 5% of research subjects, 8% were educated about medical intervention side effects prevention measures and treatment options, 3% were educated on life style alterations after breast cancer due treatment.

Conclusion: Inexistence of systematic medical intervention side effects prevention approach for patients treated from breast cancer, along with inadequate and insufficient therapeutic treatment by health professionals, in addition to ignorance shown towards occurring problems among treated patients due to lack of education about treatment possibilities and side effects control, resulted in large number of medical intervention cases (arm lymphoedema 49%, limited shoulder movement 39%, both side effects 27%).

Early education about medical intervention side effects prevention should be made a mandatory part of breast cancer treatment protocol.

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Poster

NACLT (Non-ablative CO₂ laser 10600 nm therapy): a new approach to relieve pain in mild to moderate oral mucositis following breast cancer chemotherapy (a pilot study)

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Background: Oral mucositis after breast cancer chemotherapy is a disabling side effect which is sometimes potentially life-threatening. The pain may be so severe that interfere with eating, drinking and even speaking.

Materials and Methods: Six patients with painful oral mucositis following Docetaxole chemotherapy were included. Before laser irradiation, a layer of transparent, non-anesthetic gel with high water content was placed on the lesions. The lesions were irradiated with CO₂ laser 10600 nm through the gel layer. The patients reported their pain on VAS (visual analogue scale) before and immediately after laser and up to 7 days post operatively.

Results: Immediately after CO₂ laser irradiation of the lesions through the gel (NACLT), the severity of pain declined immediately and it was sustained during follow-up periods ($P < 0.001$). The procedure itself was painless and anesthesia was not required. There was no visible side effect such as ulceration, erosion and even erythema following NACLT.

Conclusion: Our results suggest that single session of low power, non-ablative CO₂ laser therapy (NACLT) reduces pain in oral lesions of mild/moderate post chemotherapy mucositis immediately and dramatically without visible side effects.

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Poster

Docetaxel related neutropenic sepsis rate in breast cancer patients during adjuvant and neoadjuvant chemotherapy; a retrospective study

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Background: Docetaxel has been identified as an important chemotherapeutic agent in the treatment of breast cancer (Miguel et al, 2005 & Henri Roché et al, 2006). In published clinical trials grade 3 and 4 neutropenic sepsis rate (NSR) has varied widely from 10 to 40% (Etienne et al, 2005). The aim of this study was to identify the grade 3 and 4 NSR during routine clinical practice and the associated effect of granulocyte colony stimulating factor (G-CSF) use.

Material and Methods: A retrospective data was collected from electronic patients' records in the twelve months period from June 2008

until June 2009. A total of 97 patients received either adjuvant 3 weekly 5 fluorouracil, epirubicin 100 mg/m² & cyclophosphamide (FEC100) 3 cycles followed by 3weekly docetaxel 100 mg/m² 3 cycles or neoadjuvant 3 weekly epirubicin 90 mg/m² & cyclophosphamide (EC90) 4 cycles followed by 3 weekly docetaxel 100 mg/m² 4 cycles. All patients were chemonaive with no significant co-morbidities. The rate of Grade 3 and 4 neutropenia has been identified and sepsis was defined as a record of temperature of 38° during neutropenia.

Result: Of the 97 patients identified 58% (56/97) received neoadjuvant and 42% (41/97) received adjuvant chemotherapy. Approximately 68% (66/97) of patients had the full intended course of docetaxel 100 mg/m², the remaining patients had either dose reduction or early termination because of other toxicities. Grade 3 and 4 neutropenia was identified in 55% (53/97) of patients, of which 58% (31/53) during the FEC or EC and 42% (22/53) during docetaxel. Secondary G-CSF prophylaxis was used in 31% (30/97), 17 patients received it prior starting docetaxel. Total NSR was found to be 30% (29/97), almost 9% (9/97) during FEC or EC and 21% (20/97) during docetaxel. No patient developed neutropenic sepsis while on G-CSF. **Conclusion:** In this study NSR during standard clinical practice of neoadjuvant/adjuvant docetaxel was 21% and 30% overall when using a sequential anthracycline-taxane regimen. Therefore the use of primary G-CSF prophylaxis is advisable.

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Poster

Patient-reported outcomes in breast cancer patients undergoing endocrine therapy (PRO-BETH): impact of CYP2D6 genotype and side-effects on adherence rates

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Background: Only few studies have investigated the issue of breast cancer patients' adherence to tamoxifen therapy and factors influencing adherence behavior. Especially in the context of different CYP2D6 genotypes adherence to tamoxifen has not been extensively studied yet. Variations in the CYP2D6 genotype, as well as patients taking inhibitors of CYP2D6 (e.g. antidepressants) contribute to different side effects and adherence rates to adjuvant tamoxifen.

Materials and Methods: 106 breast cancer patients who met inclusion criteria were consecutively included in the study at the outpatient unit of the Department of Gynecology, Innsbruck Medical University. Within their routine after care appointment patients completed a comprehensive PRO assessment including the FACT-B/ES, the HADS and a self-report questionnaire on adherence behavior (SMAQ). The multi-method approach comprised the Simplified Medication Adherence Questionnaire, a semi-structured interview, physicians' ratings and blood levels for tamoxifen metabolites. Additionally, the CYP2D6 genotype was determined in all patients participating in this part of the study.

Results: Consistent with from earlier studies we could confirm that patients with CYP2D6*4 genotype (extensive metabolizers) suffered more extensive side effects from tamoxifen therapy than patients with genotypes leading to less extensive metabolism of the pro-drug tamoxifen. The adherence rates of extensive metabolizers were lower than in the poor metabolizer group. In addition anti-depressants were more frequently prescribed in the extensive metabolizer group leading to lower levels of the active metabolite endoxifen.

Conclusion: Adherence rates to adjuvant therapy depend on various factors including the CYP2D6 genotype. Determination of the CYP2D6 status may become a very important tool in the future to improve adherence to endocrine therapy with tamoxifen.

Important to note: final results of analysis are pending and therefore this abstract is preliminary.

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Poster

Taxane based regimen as a risk factor for chemotherapy induced amenorrhea (CIA)

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Background: Study design was so to show the impact of chemotherapy on induction of amenorrhea (CIA) in premenopausal women with breast cancer in all ages.

Material and Methods: This is a follow-up study in 226 premenopausal women with breast cancer, median age of 40 yrs (26–56 yrs) who received one of the three groups of chemotherapy regimens: Conventional (CMF), anthracycline based, and anthracycline-taxane based. They were evaluated for CIA in the follow-up clinic of ICBC. Statistically analysis using SPSS