received prior to F was 1 (range 0−4) and 21/120 (17.5%) pts were CT naïve. The treatments before initiation of F were as follows: tamoxifen in 19 pts (group T → F), aromatase inhibitors in 65 pts (group AI → F), chemotherapy in 29 pts (group CT → F) and megestrol acetate in 7 pts. F was given until disease progression. Clinical benefit (CB) was defined as complete response (CR) + partial response (PR) + stable disease (SD) ⩾6 months (mo). Time to progression (TTP) and overall survival (OS) was measured from the date of first dose of F to the recorded date of progression disease for TTP and death for OS. Survival analyses were done according to the univariate Kaplan-Meier method.

Results: Median follow-up was 28.7 mo (range 2.4−50) and median duration of treatment with F was 4 mo (range 1−20). One patient (0.8%) had a CR, 10 (8.1%) a PR, 43 other (35.8%) experienced SD. The median time to progression (TTP) was 4.6 mo (range 1–34.4) and the median overall survival was 19.8 mo (range 2.4−50). In those 54 patients who experienced CB the median TTP was 9.9 mo (range 6–45.5) and median overall survival was 30.5 mo (range 6−45.5).

The median TTP regarding to previous treatments were 3.4 mo in T → F, 5 mo in AI → F and 3.7 mo in CT → F group. The differences were not statistically significant. Median OS were 12.9 mo in T → F, 24.3 mo in AI → F and 19.8 mo in CT → F group. The difference between T → F and AI → F was borderline statistically significant (p = 0.089).

Conclusion: ET with tamoxifen just prior to treatment with F seems to predict worse treatment outcome with F.

498 Poster

Clinical outcome of Turkish metastatic breast cancer patients with currently available treatment modalities. Single center experience

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Background: Breast cancer is the most common malignancy and the second leading cause of cancer-related death among women in the developed countries. Despite advances in screening, improved local therapies and adjuvant systemic treatments median survival of metastatic breast cancer (MBC) patients is in the range of 2−3 years at most.

Method: We rewieved the medical records of MBC patients who had been treated in our institution between 1999–2009 and analyzed their clinicopathological features and survival outcomes retrospectively.

Results: A hundred and sixty patients were included in this study. Median age was 47 (23−82), median follow up was 24 (2–186) months. At the time of diagnosis 59% of patients were under the age of 50 and 46% were postmenauposal. Majority of the patients (37%) had multiple sites of metastases, 28% had only bone metastasis, 25% had visceral metastasis. Among those patients with only visceral metastasis, majority had lung (37.5%) and liver (37.5%) metastasis. Forty percent of patients received endocrine therapy and 40% of patients received chemotherapy as first line metastatic treatment. Thirty (20%) patients have been treated with molecularly targeted therapies like trastuzumab, lapatinib and sunitinib, frequently combined with one of the chemotherapy agents. Five-year overall survival (OS) was 32% and median OS was 38 months for the whole group. Five year progression free survival (PFS) was 10% and median PFS was 10 months. Menauposal status, hormone receptors and disease free interval (⩽24 months or >24 months) had significant impact on overall survival in the multivariate analysis (p:0.018, p:0.018 and p:0.003 respectively).

Conclusion: All our patients have been treated with the modern oncologic systemic/local therapies recommended by the international guidelines in our center. Arrangements in recommended therapy based on patient characteristics have always been considered. Given our data MBC patients live up to 3−4 years, indicating that further improvement beyond that requires development of new treatment modalities. Given our data the survival of MBC patients has reached a plateau. Our data show the survival outcome of the whole group and the subgroups receiving only chemotherapy or endocrine therapy or targeted systemic therapies were consistent with the data reported in the literature.

Friday, 26 March 2010 18:15–19:15

POSTER SESSION

Epidemiology, management care and pregnancy

499 Poster discussion

Breast cancer during pregnancy − a prospective and retrospective European registry (GBG-20/BIG02-03)

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Background: In the treatment of the pregnant breast cancer patients, the evidence upon which we base our decisions has been largely limited to case reports, case–control studies and retrospective cohorts. Therefore, the German Breast Group has launched a registry (GBG-29/BIG 02−03) for patients with breast cancer that has been diagnosed during pregnancy.

Material: Every pregnant breast cancer patient is eligible. The primary endpoint is the fetal outcome 4 weeks after delivery. Secondary endpoints are maternal outcome of pregnancy, stage and biological characteristics of breast cancer, breast cancer therapy (treatment, response to chemotherapy, type of surgery), sensitivity and specificity of diagnostic procedures, outcome of the newborn after 5 years, outcome of breast cancer 5 years after diagnosis.

Results: From April 2003-October 2009, 235 patients have been prospectively (n = 119) and retrospectively (n = 116) registered. The median age is 33 years (range 23−46). T1−2: 76%; T3−4: 24%; N+ 58%; ductal invasive 84%, inflammatory 5.3%, grade 3: 71%, ER/PR neg 50%; Her-2 pos: 41.6%. At the time of diagnosis the median gestational age is 23 weeks; 23.8% of all patients have been diagnosed during the 1st, 39.5% during the 2nd and 36.8% during the 3rd trimester. Overall 30% received neoadjuvant chemotherapy (CHT). 91/151 patients received CHT during pregnancy with a median of 2 cycles. CHT regimen used during pregnancy are: EC/AC n = 52, A/E/C mono n = 11; CMF n = 11, FEC n = 15, taxane n = 1. The median gestational time of delivery was 36 weeks (range 28−42). Mean weight for those with intrauterine CHT was 2636 mg (1260–3885) compared to 2791 mg (1560–4259 mg) for those not exposed to CHT. The median length was 48 cm (39−55 cm). 31 babies were discharged from hospital later than the mother; of those 13 were born before 35th week of gestation. Of the 91 babies exposed to systemic therapy 3 had alopecia, 1 was small for gestational age, 1 had trisomia 18 and died one week after birth, 1 had necrotic enterocolitis and died 3 weeks after birth, 1 developed sepsis, 1 neutropenia, and 2 anaemia. The group without CHT during pregnancy reported 1 temporary apnoea; 1 increase of C reactive protein and 1 gastroenteritis.

Conclusion: Fetal outcome in babies, who received intrauterine chemotherapy was not significantly different from those who did not. Pregnant breast cancer patients can be treated as close as possible to standard recommendations in specialized multidisciplinary teams.