

Results: Patients older than 70 year and patients with favourable tumour characteristics are served best with a minimal follow-up of one visit during one year. Patients younger than 40 years and patients with unfavourable tumour characteristics (>3 positive lymph nodes, tumour size >2.0 cm) can benefit from a more intensive follow-up of twice a year for five years.

Conclusions: There is uncertainty about how to organize cost-effective routine follow-up. This study underlines the possibility and potential for individualized follow-up in breast cancer patients. With these results we can provide schematic guidelines for specialists to select an appropriate follow-up scheme for various patient groups.

535

Poster

Malignant giant breast masses in adolescent females: spectrum in a specialist unit of a developing country university hospital

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Background: Outcome of management of giant breast masses in adolescent females.

Material and Method: We retrospectively reviewed the medical records of 49 patients with giant masses of 451 patients with breast symptoms less than 30 years who had undergone surgery seen during 2006 to 2008.

Results: The mean age was 19.5 years. The mean tumor size was 73 mm (45–250). A lump in the breast was the commonest presentation. Eight patients were referred with clinical diagnosis of cancer. Three had diffuse nodularity and multiple sinuses with concomitant axillary lymph nodes. 12 patients had recurrent cystosarcoma phylloides (CP). 45 had unilateral single breast mass while 4 had bilateral mass. After investigations there were giant fibroadenoma (9), b/l multiple fibroadenoma (2), tubercular mastitis (12) with 6 clinically mimicking cancer, CP (17), cancer (6), lipoma (1), hypertrophy (2). Diagnosis of tubercular mastitis was obtained via FNAC (8 cases), core biopsy (4 cases) and none required excision. All malignant CP received adjuvant radiation. During a mean follow up of 9 months no recurrence was noted. Breast Cancer were treated according to department protocol.

Conclusion: Majority of breast mass in adolescent females are benign. We recommend simple mastectomy for recurrent malignant CP and wide excision for benign CP. Breast tuberculosis is not uncommon often mistaken for carcinoma, especially if well-defined clinical features are absent. A high index of suspicion is required because the disease can usually be treated conservatively with current antituberculous modalities.

536

Poster

Patterns of care and safety profiles of adjuvant docetaxel-based chemotherapy regimens in a large breast cancer registry study in Asia Pacific

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Background: This observational, registry-based study is designed to assess patient profiles, patterns of care, and the tolerability of docetaxel-based adjuvant chemotherapy for early breast cancer patients in Asia Pacific.

Materials and Methods: Patients with newly diagnosed operable breast cancer were enrolled in Taiwan, Korea, China, Hong Kong, Vietnam, Philippines, Singapore, Pakistan, Bangladesh, and India. No experimental intervention was imposed except that patients had to have a high risk of recurrence and to receive docetaxel-based chemotherapy as adjuvant treatment. Assessments included demographics, disease stage and biologic characteristics, surgery and chemotherapy plans, and adverse events (AEs). Patients are being followed up to determine treatment efficacy. Data presented are from the second interim analysis performed 3 years after the start of the study.

Results: The median age of participants (N=1,537) was 47 years (range: 23–83); 57.8% had AJCC Stage I/IIA/IIIB disease. Immunohistochemistry showed 62.0% were ER positive and 43.1% were HER2 positive. Total mastectomy was the most common surgical intervention (72.6% of patients). Sequential docetaxel therapy (mean 7.4 cycles) was

used in 56.5% of patients, with AC → T and FEC → T being the most commonly used regimens (in 30.5% and 17.7% of patients, respectively) [docetaxel (T); doxorubicin (A); cyclophosphamide (C); 5-fluorouracil (F); epirubicin (E)]. Combination therapy was used in 38.9% of patients overall (mean 5.6 cycles), with TEC and TAC the most common regimens (12.2% and 10.2% of patients, respectively). Growth factor support was used in 5.1% of sequential therapy patients (mean 4.3 cycles) and 16.9% of combination therapy patients (mean 3.4 cycles). The most common haematological AEs were neutropenia and anaemia (in 55.7% and 48.8% of sequential therapy patients and 73.4% and 39.2% of combination therapy patients, respectively; 40.6% overall had Grade 3/4 neutropenia). Febrile neutropenia was reported by 11.8% on sequential therapy and 23.3% on combination therapy. The most common non-haematological AEs with sequential treatment were nausea (83.6%), alopecia (73.8%), myalgia (63.0%), stomatitis (60.5%) and vomiting (60.0%).

Conclusions: Sequential regimens are the most commonly used docetaxel-based adjuvant chemotherapy for Asian early breast cancer patients having a high risk of recurrence. Data from this study will enable comparisons of patient profiles, disease characteristics, and efficacy and tolerability of different docetaxel-containing regimens to be made between Asian and western women.

537

Poster

Changes of breast cancer incidence and trend among Japanese young women for the period 1972–2007

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Background: Many young breast cancer patients hope childbirth after treatments, however childbirth is harmfully influenced by chemo-endocrine therapies of breast cancer. The age of marriage and first childbirth has been older in Japan. The aim of this study was to investigate the changes of breast cancer incidence and trend among 35 and younger women in Japan and also investigate the rate of undelivered and unmarried women.

Materials and Methods: We analyzed trends in breast cancer incidence at Gunma University hospital, Gunma Prefecture, Japan, for the period 1973–2007. To distinguish the trends of breast cancer patients, we picked the central 5 years of the decades.

Results: Total number of breast cancer patients was 258 between 1973–77, 413 between 1983–87, 390 between 1993–97, and 621 between 2003–2007, respectively. The number and rate of age 35 years and under breast cancer patients was 25 (9.7%) between 1973–77, 33 (8.0%) between 1983–87, 30 (7.7%) 1993–97, and 36 (5.8%) 2003–2007, respectively. Among those young patients, the rate of unmarried women was 12%, 33%, 37% and 33%; the rate of undelivered women was 12%, 36%, 50% and 47%, respectively. The rate of patients who hope childbirth was 72% for the period 2003–2007. The rate of Tis or Stage? breast cancer patients was 16%, 30%, 50% and 44%. The rate of breast conserving therapy underwent patients was 43% for the period 1993–1997 and 66% for the period 2003–2007.

Conclusions: The incidence in age 35 years and under young breast cancer patients was decreased over the 40-year period. The rate of unmarried and undelivered patients was increased and most of them hope childbirth.

538

Poster

Is 'Two-week rule for all breast referrals' in UK justified?

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Background: In December 2009 a UK government target will demand all new breast referrals are seen within 2 weeks. Currently fast-track patients are seen within two weeks and non-urgent five weeks. We aimed to assess the breast clinic referral pattern according to pathology in fast-track, non-urgent and tertiary groups.

Materials and Methods: A prospective data collection of all patients referred to a one-stop breast clinic under a single consultant from 15th September 2008 to present.

Results: 1792 patients were seen, 117 (6.5%) breast cancers were diagnosed.

91.5% of all cancer diagnoses (107 out of 117) were seen within two weeks as fast-track or tertiary referrals. This was significantly more (p < 0.05) than the number of cancers diagnosed in non-urgent group (10 patients). Cancer ratio in fast-track & tertiary groups together was 1 in 7.6 whereas in non-urgent group it was 1 in 97.7.