Material and Methods: We studied retrospectively 1500 tissue specimens from women with breast cancer, who where diagnosed, operated, histologically examined and treated in our hospital between 2003–2009 (7 years). Median follow up, disease free survival, overall survival, clinical and histological characteristics were recorded. Hormone receptors and Her2(n) gene expression were blindly checked twice by the same pathologist. Regression analysis and chi-square test were mainly used for statistical evaluation of the results.

Results: 133 cases were identified as triple negative breast cancers with "basal-like phenotype". These women were divided to two age groups, 52.4% <50 years old and 47.6% >50 years old, respectively. Tumor size was described >2 cm in 69.6%, <2 cm in 30.4%. Lymph nodes were positive in 52.4% and negative in 47.6%. Nuclear grade was 1 in 2.4%, 2 in 6.1% and 3 in 81.5%, respectively. Overall 7 year survival rate was 79.1%, 7 year disease free survival rate was 77.6%.

Conclusions: Triple negative breast cancers with "basal-like phenotype" are often presented as poorly differentiated tumors and are reported to appear in the younger population. Pathological identification of this specific histology needs training and diagnostic experience in order to minimize false further therapeutic interventions.

546   Poster
Age of breast cancer patients in Iran; a trend analysis

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Background: Breast cancer is the most common cancer among Iranian women (24 per 100000) and they are younger than their counterparts in developed countries. The present study was conducted to assess any change in patients' age at diagnosis of breast cancer during last 12 years.

Material and Methods: In all, 1266 patients with breast cancer who diagnosed and treated in Iranian Center for Breast Cancer during 1997–2008, enrolled in the study. We divided our patients into three groups based on year of diagnosis. The mean age of patients was compared between three groups using one way ANOVA.

Results: The mean age of patients during the period of 1997–2000, 2001–2004, 2005–2008 were 45.4, 46.9 and 47.9 respectively. Difference between three groups was statistically significant (p = 0.006).

Conclusions: Iranian patients with breast cancer are young; however the mean age of patients is increasing. It seems that the age trend of breast cancer in Iran is going to change.

547   Poster
Breast cancer in young women in the Algerian west: long term results and prognostic factors

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Background: The objective of this retrospective study was to discuss the clinical feature, the therapeutic results and the prognostic factors of breast cancer in younger women, in the Algerian west.

Patients and Methods: Data were collected from 41 patients ⩽35 years diagnosed with BC and received an adjuvant radiation therapy at the department of radiation oncology of CHU Oran from January to December 1998. Survival curves were estimated by Kaplan-Meier methods. Univariate and multivariate analyses were performed using respectively the log-rank test and the Cox proportional hazards regression models.

Results: The mean age was 31.5 ± 0.9 years (19−35). We have found: 7 T1 (17%), 14 T2 (34%), 6 T3 (15%), 9 T4 (22%), 4 Tx (10%) and 1 Tis (2%); 29 N0 (70%), 6 N1 (15%), 2 N2 (5%) and 4 Nx (10%). 7 cases were stage I (17%), 17 stage II (42%), 12 stage III (29%), 4 unspecified stage (10%) and only one stage 0 (2%). It was a CCI in 95% of the cases. 2 cases (5%) were SBR I grade, 20 (49%) GII and 16 (39%) GIII. 5 patients (12%) received a conservative surgery and 36 (88%) a radical surgery (Patey). The mean of histological tumoral size was 29.3 ± 5.2 mm (10−80). 14 patients (34%) were lymph node negative (pN0). 11 (27%) were classified pN1, 11 (27%) pN2, 4 (10%) pN3 and 1 (2%) pNx. 29% were presented with RH+. 39 patients (98%) received chemotherapy (neoadjuvant and/or adjuvant) and 15: endocrine therapy (Tamoxifen). With a median follow-up of 61 months (14 to 116), 26 patients (63%) developed recurrences (locoregional, distant and secondary breast cancer). 9-year locoregional relapse-free, disease-free (DFS) and overall survival (OS) were respectively: 88.2 ± 5.6%, 24.3 ± 11.2% and 62.7 ± 8.3%. In univariate analysis, T3−4 (p = 0.001), stage III (p = 0.0007), RH− (p = 0.009) were associated with shorter DFS; stage III (p = 0.05) and not taken Tamoxifen (p = 0.003) for OS. In multivariate analysis, the hormonoresistance of the tumor seems to have an influence of DFS (p = 0.13; HR = 2.854); and only

stage III had an influence within the limit of the significance (p = 0.06; HR = 3.446) and not taken Tamoxifen (p = 0.02; HR = 12.22) an influence for OS.

Conclusion: With a high rate of recurrences, the prognostic of breast cancer in young women is unfavourable specially in cases of advanced tumor disease (stage III), if we do not taken Tamoxifen and with a least degree of hormonoresistance of the tumor, where the necessity of an intensification therapeutic.

548   Poster
The incidence of skin infections in breast cancer related lymphedema

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Background: Breast cancer related lymphedema is infamous for its debilitating effects on the quality of life of breast cancer survivors. Not only affecting physical and emotional function, but also possibly making these patients more prone to skin infections of the affected breast or extremity. Limited literature is available on the elevated incidence of erysipelas, lymphangitis and cellulitis in patients with lymphatic dysfunction secondary to breast cancer treatment. The objective of this study was to evaluate the incidence of skin infections over a 5-year period in a group of women, selected as part of a previous study measuring the prevalence of lymphedema using four different techniques, after surgical and adjuvant treatment for unilateral breast cancer.

Material and Methods: A group of 145 patients were divided into two groups: Diagnosed lymphedema and no lymphedema. Self reported skin infection on the operated side in the upper extremity or breast was confirmed by searching for a documented occurrence of the infection in a patient's clinical chart. Association was tested using chi-square.

Results: Eleven patients presented over a 5-year period with erysipelas, lymphangitis or an erysipelas-like infection. An incidence of 15% was found in the breast cancer related lymphedema group for skin infections, with a borderline significant association; $\chi^2(1) = 4.63$, p = 0.069 (95% CI: 1.05–12.822).

Conclusion: This report confirms the low prevalence of skin infections on the operated side in the upper extremity or breast. Breast cancer related lymphedema increases the risk of bacterial skin infections. As the confidence interval is >1, significance of our observation is expected in a larger sample size. Furthermore, our findings suggest the possibility of a non-infective skin inflammation as an additional complication of breast cancer related lymphedema.

549   Poster
Exploring new approaches to follow-up care for early breast cancer in Australia

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Background: Best practice guidelines recommend follow-up after treatment for breast cancer. With increasing numbers of women diagnosed and increasing survival[1], more and more women require regular clinical and imaging review, as well as management of physical and psychological sequelae of diagnosis and treatment. In Australia, follow-up is mostly carried out in the tertiary setting. This places considerable strain on the system and clinician's workloads. Shared care between specialist and primary care settings provides a possible safe and effective solution to this issue.

Materials and Methods: To assess current practice and identify key elements for the provision of safe and effective shared care, a literature review, survey of breast surgeons and nurses, and descriptive study of follow-up practice in Australia were undertaken. A multidisciplinary panel with expertise in general practice, disciplines relevant to all aspects of cancer management and key stakeholder groups guided the project including the development of 'Principles for shared care'.

Results: Shared care is a model of care between specialist and primary care that has been successfully and safely implemented in a range of health settings. Common elements in models of shared care were identified from the literature. These elements inform the 'Principles of shared care' and provide a flexible definition of shared care to promote the provision of optimal care.

The survey found that, in Australia, follow-up after treatment for breast cancer is usually delivered in the specialist setting. The concept of shared care for follow-up was strongly supported by surgeons, particularly if there was a care plan in place. The descriptive study found that the general