

Materials and Methods: During genetic consultation at familial breast cancer clinic of ICBC, the family history of breast, ovarian and other cancers was evaluated and the pedigree was drawn at least in three generations. For cancer affected individuals; histological subtypes, location of tumor and age at diagnosis, comprehensive breast cancer risk factors information were recorded.

The 5 years and life time risk of developing breast cancer was estimated using Claus and Gail models for cancer unaffected individuals. The patients were classified in three categories of estimated life time risk: low, moderate and high. Also, prior probability of carrying germ line mutation in BRCA1 or BRCA2 genes was estimated for each individual using the BRCAPRO model.

Results: During the study period, 220 patients from 45 families were included. Regarding breast cancer history at the time of genetic counseling, 84 patients were affected by breast cancer. In each family an average of 1.15 patients with breast cancer was recorded in the first degree relatives of consultants. The risk of developing breast cancer was calculated Using Claus model for 128 breast cancer unaffected individuals. Using this model, the average life time risk of developing breast cancer was estimated about 18%. Twenty five percent of individuals were categorized as low risk and 15% as high risk. The average probability of germ line mutation was 3 times higher in bilateral breast cancer patients than patients with unilateral breast cancer.

Conclusion: This study detected a significant number of individuals who had a great risk for developing breast cancer, so in genetic counseling setting, clinical characteristics obtaining and risk profile estimation are very necessary elements in preventive programs for breast cancer.

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Poster

Triple negative breast cancer. Retrospective analysis of clinico-pathological features from a single institution (2005–2008)

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Background: Triple negative breast cancer (TNBC) is defined by the lack of expression of estrogen, progesterone receptors and HER2/neu. It is also characterized by high relapse rate and carries a relatively poor prognosis, because of its aggressive biological behavior and lack of targeted therapies. The aim of this study was to describe the clinico-pathological trends in breast cancer patients, who expressed triple-negative phenotype on immunohistochemistry.

Materials and Methods: During 2005–2008, 346 invasive breast cancer patients were referred to our department. 35 of them (10.1%) had triple negative pattern. The medical records and final pathological reports were reviewed retrospectively.

Results: The mean age at presentation was 50.03±14.8 (range 20–75). 7 patients were <35 years of age, with the youngest patient aged 20 years old. The prevailing clinical symptom was a mass in 27 of cases, while there were palpable axillary lymph nodes in 12 patients. 17 patients (48.6%) had a left-sided breast cancer and 20 were premenopausal (57.1%). There was a family history of breast cancer in 15 cases (42.9%). 22 patients underwent breast-conserving surgery and axillary node dissection, 13 had modified radical mastectomy, while 2 patients followed neoadjuvant chemotherapy. The tumor size was <2 cm in 14 patients, >2 cm and <5 cm in 19 patients, >5 cm in 2 patients. 33 of these cancers (94.3%) were reported as invasive ductal carcinoma. 29 patients were node negative. All patients received adjuvant chemotherapy and radiotherapy. The mean observation time was 18.4 months at the follow-up cut-off date. 5 patients experienced early distant metastasis, whereas no patient died because of cancer-related reasons in this period.

Conclusions: TNBC mostly constitutes a subcategory of the basal-like molecular subtype. Our data clearly suggests that it mainly affects young-aged premenopausal population and gives earlier distant metastases, than the more common luminal subtype. Current research is focused on improving our understanding of the risk factors and on developing improved therapeutic strategies for TNBC.

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Poster

Shared hospital and community follow up of breast cancer survivors (BCS) by a breast cancer network Saint Louis Réseau Sein improves quality: a patient satisfaction survey

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In order to improve and externalise BCS follow up (FU) we initiated a breast cancer network, Saint Louis Réseau Sein (SLRS) whose aims are,

through the mobilisation of all health care forces, public and private medical and non-medical professionals (n = 387) and associations, to share multi-disciplinary FU between Saint Louis Hospital Breast Unit and community practitioners. Medical professionals are oncologists, gynecologists, general practitioners, radiologists, radiotherapists, non-medical are psychologists, physiotherapists, dieticians, social workers. FU guidelines were elaborated for medical activity and prescription of free supportive care (psychological support, dietetic counselling, physiotherapy). SLRS organises and validates multidisciplinary professional training.

Patient's education and information is provided through meetings, booklets and an interactive website. SLRS gets subsidies mainly from Social security but also from hospital and private funds.

From January 2006 to October 2009, 582 consenting patients accepted FU through SLRS. A satisfaction survey was performed by means of a questionnaire addressed to 383 BCS included for at least 1 year in SLRS. Mean age was 59 years (range 33–90). Patients' prior treatments were: surgery 79.34%, radiotherapy 64.4%, chemotherapy 43%, hormonotherapy 80%.

70% of patients asserted to have a good socioeconomical level, 22.8% to experience socioeconomical difficulties.

214 patients answered (56%). 88% were satisfied. Among those who attended information meetings or visited the website respectively 90.5% and 74% were satisfied. Patients asked for more paper information.

Observance of clinical, radiological FU, and treatments (hormonotherapy) was 84.6%.

Patient's free comments were: less stress, more confidence and more proximity, reinsurance, incitement to regular FU.

Shared hospital/community FU of BCS is a safe, ethical alternative, which satisfies patients. Coordination through a cancer network seems mandatory for security and quality of care. Economical efficiency needs further evaluation.

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Poster

Do young patients have poorer survival? – a survival study from Iran

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Introduction: Although breast cancer rarely occurs among young women, there is growing evidence that breast cancer incidence among this population may be increasing. The effects of young age on breast cancer outcomes are currently unclear, and this is likely due to a low young age breast cancer incidence rate in Western countries and non-consensus for what uniquely defines young age breast cancer. In this study, we evaluate the effect of age on breast cancer survival using data from Iran where breast cancer comprises 25% of all cancers and the majority of patients are at premenopausal age.

Materials and Methods: Data from 1500 patients with breast cancer diagnoses from 20 March 2000 to 20 March 2003 were reviewed. We divided patients into two groups: ≤40, and >40 years. Data were analysed using Chi-square, Kaplan Meier and Cox regression methods.

Results: The median age at presentation was 45 years, with a range from 16 to 83 years. In a median follow-up time of 55 months, there were 445 (29.7%) deaths and 545 (34%) censored individuals. Overall survival in 1500 patients was 47%. Cumulative survivals of all patients were 89%, 75% and 58% after 3, 5, and 7 years, respectively. The 5-year overall survival rate for the young and old age groups were 83% and 71%. Overall survival among older patients was worse than younger patients and the difference was statistically significant (Log-rank test, p-value = 0.001). Multivariate analyses showed that age and tumour stage were predictive of overall survival.

Conclusion: These results indicate that breast cancer patients in Iran present with a more advanced stage of the disease at an older age. Our findings demonstrate substantial differences in breast cancer outcomes among young and older age groups but, not in the same line as most previous studies have presented with an adverse effect of young age on breast cancer outcome.

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Poster

Validity of follow-up bone scan in symptom-free patients with breast cancer

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Background: Follow-up examinations are commonly regarded as having less significance in breast cancer patients. However, there are insufficient