

data considering patients' quality of life. In Japan, to detect recurrent disease, some examinations are still performed after surgery in women with breast cancer. We retrospectively investigated bone scans performed as follow-up examination and particularly studied the occurrence of symptom-free bone metastasis.

Patients and Methods: We investigated 364 patients with early breast cancer who underwent surgery from January 2005 to October 2006 at our hospital. There were 286 cases in which we could check their outpatient clinic records. We examined the details of bone scans performed in these patients after surgery and events such as recurrence and death.

Results: Median observation period was three years and two months. There were 25 cases of recurrent disease during that period. Bone metastasis were detected in 15 of these 25 cases. Regarding the reason for bone scan, in 33 scans, patients had symptoms, and these included three with bone metastasis. In three scans in patients whom tumor markers increased, two cases of metastasis were detected. On the other hand, only four cases of metastasis were detected in 349 scans performed for routine search in patients without any symptoms (1.1% of 349). These patients comprised half of the eight cases in which bone metastases were detected as the first recurrent disease. Another five cases of metastasis were found after disease had recurred at other sites. Two were detected by positron emission tomography. Five cases without any symptoms in which bone metastases were detected by bone scan received treatment for recurrent disease. Three of five asymptomatic patients were given a bisphosphonate. At present, there have been no events related to bone metastasis in these cases.

Conclusions: In the present study, half of the patients in whom bone metastasis were detected by bone scan did not have any symptoms. Further studies are necessary to verify the significance of early detection and treatment of bone metastasis to maintain patients' quality of life.

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Poster

Underestimated value of cardiovascular risks in the routine follow-up of breast cancer survivors

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Background: Breast cancer patient require really long time treatment. Hence, anything that could affect outcome should be weighted properly. Due to high prevalence of cardiovascular disorders many breast cancer survivors have those disorders. Existence of cardiovascular disorders in hypothetical cohort of patients could affect overall survival, quality of life, pharmacokinetic properties of medications received. Comorbidity profile and polypharmacy profile of patients involved in clinical trials could differ significantly from those of real life patients due to narrow inclusion criteria into particular trial. Therefore, there is a doubt if findings of clinical trial could be extrapolated to the usual patients. The aims of this work were to study comorbidity profile, polypharmacy profile among outpatients with breast cancer in Grodno, Belarus.

Materials and Methods: Stories of breast cancer patients with from Grodno outpatient hospital #1 were manually reviewed. All breast cancer patients who had their disease diagnosed from 2000 till 2008 and were alive at the end of 2008 were included. 79 patients' stories were reviewed. Diagnosis and pharmacological treatment was recorded and analyzed.

Results: Median follow-up time was 2 years. 62 (78%) of patients had comorbidity. 45 (57% among all) had cardiovascular diseases. The most common prescribed drug was tamoxifen. The most common combination was tamoxifen plus enalapril. Tamoxifen was often prescribed with either metoprolol, or glibenclamide.

Conclusion: This study confirms the evidence that the most common comorbidities among breast cancer patients are cardiovascular diseases. Three steps should be done next. Big investigation with good quality design should be performed to confirm current findings of this little study (1). If so then careful assessment of comorbidity profile and inclusion criteria of breast cancer patients should be performed according to the data available from big clinical trials in order to make sure that results from these trials could be extrapolated to the patients from real life with real risks (2). Clinical trials should be performed to find out optimal combination therapy for breast cancer patients with cardiovascular disorders (3). We have to treat the persons not the diseases.

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Choice of management of Chinese women who carry the BRCA mutation

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Background: Mutations in the BRCA1 & BRCA2 genes confer greater risk of developing breast cancer. Families carrying the BRCA mutation are offered intensive surveillance and preventative measures. This study is the first to report the uptake of such measures in Chinese families carrying the BRCA mutation.

Material and Methods: Breast cancer (BC) patients and/or ovarian cancer (OC) patients were recruited for genetic counseling and testing in this multicenter study. Family members of positive probands were also tested.

Results: To date 28 index patients are found to carry the BRCA mutation. 25 females and 3 males. Of the female probands 24/25 (96%) had BC and 1 had OC and family history (FH) of BC. All 3 males had BC. In addition, 23 family members of 19 families were found to be BRCA mutation carriers. 9/23 (39.1%) of these were males with no cancer history. Of the females 8/14 (57.1%) had BC; 1/14 (7.1%) had OC and FH of BC; 2/14 (14.3%) had both BC and OC; 3/14 (21.4%) do not have history of cancer.

For the female index cases, excluding 7/25 (28%) who underwent bilateral mastectomy for bilateral BC, 4/18 (22.2%) of the remaining had prophylactic mastectomy. 14/18 (77.8%) women agreed for breast surveillance including MRI breast except for 1/18 (5.5%) who did not agree to having MRI scan. 5/25 (20%) female probands had OC or ovarian cysts with previous bilateral oophorectomy performed. Of the remaining, 3/20 (15%) agreed for prophylactic oophorectomy, 17/20 (85%) decided for ovarian screening of which all agreed for pelvic examination, ultrasound and CA125 except 2/17 (11.8%) who agreed for surveillance without CA125. All 3 male index cases agreed for prostate screening and breast clinical examination.

3/14 (21.4%) female family members had a history of bilateral BC with mastectomy already performed. 2/11 (13.6%) of the remaining had prophylactic mastectomy performed. 9/11 (81.8%) agreed for clinical, mammographic and ultrasound surveillance of which 6/9 (66.7%) of these included MRI screening. 2/14 (14.3%) family members already had oophorectomy performed for OC or cysts. 1/12 (8.3%) of the remaining had prophylactic oophorectomy and 9/12 (75%) agreed for ovarian surveillance including CA125 except 1 individual who did not have CA125. The 9 male family members all agreed for regular breast clinical examination and 5/9 (55.6%) agreed for prostate screening. No BRCA mutation carriers without history of breast cancer agreed for chemopreventive drugs.

Conclusion: Chinese BRCA mutation carriers have a higher uptake of intensive surveillance compared to prophylactic surgery for prevention. In addition there is a lack of interest of use of chemopreventive drugs for those who do not have a history of cancer.

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Poster

Characteristics of phyllodes tumors of the breast in National Institute of Oncology in Morocco: analysis of 53 patients between 1998 and 2006

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Purpose: Phyllode tumors of the breast are fibroepithelial tumors similar to fibroadenomas but with a predominant connective tissue component. These are composed of a connective tissue stroma and epithelial elements. They are rare with an incidence of 0.3–0.9% of all breast neoplasms. The present study demonstrates the recent experiences in diagnosis, therapeutic management and clinical follow-up of this disease.

Patients and Methods: This is a retrospective study of the experience of the National institute of Oncology from 1998 to 2006.

Results: We included 53 patients. Median age was 37.2 years (15–67), tumor size was 1–30 cm (median 10.25 cm). The histological diagnosis was based on the biopsy in (7.8%) cases and extemporany in 22% cases, distant metastasis occurred in two patients; the treatment consisted of a surgery. The median follow-up was three years. Local recurrence occurred in ten patients. Distant metastasis occurred in two patients and five patients have died.

Conclusion: The confrontation of our results to the data of the international literature shows that the diagnosis of the phyllodes tumours is histological. The basis of the treatment is surgery. The adjuvant radiotherapy is very important in patients at high risk for local recurrence; chemotherapy has a badly defined place. The prognostic is based on the histological characters of the tissue conjunctive component of these tumours.