Wednesday, 24 March 2010 15:00–17:00

KEYNOTE SYMPOSIUM

Partnership for the fight against breast cancer

1 Invited

Specialist Breast Units − The patient advocate perspective

E. Verschuur[1], C. Murphy-Whyte[2]. [1]*Europa Donna, President;* [2]*Europa Donna, Vice-President*

The quality of breast cancer care that European women receive today differs from country to country and from region to region. This is despite the evidence that the most effective means of reducing disparities in care and mortality are through population based mammography screening programmes and the setting up of specialist breast units combining audit with good practice standards.

Women, advocates, politicians and policy makers need to know what high quality breast care services to expect, demand and implement.

The keynote address will trace the role of EUROPA DONNA in the development and promotion of the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis which were created with input from top European Cancer Organisation's and are EUROPA DONNA's reference document for benchmarking and best practice.

The experience of the patient advocate in helping women, advocates and politicians work together to ensure that the best breast cancer services are available to women wherever they live will be explored.

By looking at the patient care pathway from referral to diagnosis and treatment, the key features of specialist breast units from the patient perspective will be considered as well as the quality of the patient experience. Particular attention will be given to the importance of good communication throughout the patient's pathway of care and on ways to improve communication and collaboration with multi-disciplinary team members at each stage of diagnosis, treatment and aftercare to accomplish the best outcome.

2 Invited

EUSOMA − Achieving the critical practice

L. Cataliotti[1], L. Marotti[2]. [1]*University of Florence, Surgery Department, Firenze, Italy;* [2]*EUSOMA, Italy*

Following the EBCC-Florence, -Brussels and -Barcelona Statements, Eusoma has been committed in making available for women in Europe a high quality specialist Breast Service.

To achieve this aim Eusoma has defined the requirements of a specialist breast unit, the standards for the training of specialized health professionals dealing with breast cancer and a set of recommendation for breast cancer diagnosis and care. Moreover Eusoma has developed a certification process and an audit system to evaluate if units comply with what defined by Eusoma, to make recognizable to patients, practitioners and health authorities Units providing such a service of being of high quality.

The seven basic criteria for a breast unit are:

- A single integrated Unit
- Sufficient cases to allow effective working and continuing expertise
- Care by breast specialists in all the required disciplines
- Working in multidisciplinary fashion in all areas
- Providing all the services necessary − from genetics and prevention, through the treatment of the primary tumour, to care of advanced disease and palliation
- Patient support
- Data collection

Breast Units are mostly established in medium size hospitals, working in a functional way. These Units are encouraged to provide research opportunities. However, with regard to health professionals, some critical points have to be taken into account:

– Burn out in terms of emotional exhaustion, depersonalization, career satisfaction
– Lack of homogeneity in the training of specialized health professionals
– Lack of recognized specialization in the different disciplines at national level
– The need to set up training program for highly specialized health professionals within the University at national level

5 Invited

Partnership approach to clinical research in the UK

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The opportunity to participate in a clinical trial should be an option for all women with breast cancer. This has been shown to lead to an improved level of personalised care, enable access to potentially useful new treatments and provide the opportunity to help the patients of the future. However, this requires both a comprehensive national research infrastructure as well as a broad portfolio of trials to cover the many clinical and biological settings encountered in breast cancer care.

In the UK, a partnership known as the National Cancer Research Network (NCRN) was established between the National Health Service, the major cancer charities and research funders in 2001. The NCRN has provided funding on a population basis to all cancer networks across the UK to establish a dedicated research workforce to support cancer clinicians and patients. In addition, the National Cancer Research Initiative (NCRI) oversees research activity and has established site-specific groups to develop the trial portfolio including the Breast Cancer Study Group (BCSG).

Since 2001 more than 36,000 breast cancer patients have been included in nationally approved randomised clinical trials (RCTs), many of them practice changing. In addition, over 65,000 patients have participated in other non-randomised studies including biomarker discovery, genetic epidemiology, supportive care and lifestyle issues. There are currently 52 academic NIHR breast cancer trials open to accrual across the entire spectrum of the disease. 9.1% of incident cases were recruited to a RCT in 08/09, an absolute increase of 0.6% over the previous year. 11,540 patients were included in non-randomised studies. In total, research activity approximates to one third of all incident cases. The vast majority of trials also incorporate a translational component. This has resulted in an extensive tumour and biomarker sample bank to help our understanding of the complex interactions between treatments and tumour biology. Additionally the research infrastructure of the NCRN has enabled successful partnership with more than 30 pharmaceutical companies and delivery on a broad range of industry sponsored studies.

Wednesday, 24 March 2010 18:15–19:15

POSTER SESSION

Adjuvant treatment of breast cancer

7 Poster discussion

Outcomes of women with early stage HER-2 over-expressing breast cancer receiving adjuvant trastuzumab: a population based analysis

S. Chia[1], C. Speers[2], K. Gelmon[1], S. Ellard[3], R. Pickering[4], S. O'Reilly[1], M. Seal[1]. [1]*BC Cancer Agency, Medical Oncology, Vancouver BC, Canada;* [2]*BC Cancer Agency, Breast Cancer Outcomes Unit, Vancouver BC, Canada;* [3]*BC Cancer Agency, Medical Oncology, Kelowna BC, Canada;* [4]*BC Cancer Agency, Pharmacy, Vancouver BC, Canada*

Background: Large randomized trials assessing the benefit of adjuvant trastuzumab in early stage HER2+ breast cancer have demonstrated a 50% reduction in disease recurrence and a 30% improvement in survival. The objective of this study was to describe the utilization and outcomes of women who received adjuvant trastuzumab (T) for HER-2 positive breast cancer in British Columbia since publicly funded population based use was initiated in July 2005.

Methods: Women with stage I-III breast cancer positive for HER-2 over-expression by immunohistochemistry (3+) or by fluorescence-in-situ hybridization (ratio $\geqslant$2.0) diagnosed from July 2004 to December 2006 were included in this study. A search of the BCCA Breast Cancer Outcomes Unit database revealed demographic information, tumour characteristics and outcomes on all identified patients. Cases were matched with the provincial BCCA pharmacy data repository to determine the proportion of women who received adjuvant T and to differentiate groups according to type of systemic treatment.

Results: 704 HER-2 positive patients were identified in this study. 68% (n = 480) received T. Nearly 100% of patients receiving adjuvant T underwent chemotherapy versus 27% of patients who did not receive T (n = 224). The majority of patients received T in a concurrent manner (71%) versus sequential therapy (29%). Median follow-up was 2.1 years.

Two-year RFS in patients receiving trastuzumab was 95.9% (95% CI, 93.4–97.5) and OS was 99.3% (95% CI, 97.9–99.8). First site of distant