

regions of Latvia; however the mean participation rate was low. The results (C and BIRADS categories) are shown in the table. BIRADS 3 as a final result was assigned in 9850 (17.18%) cases, it varied among the radiology units (6–62%).

Conclusions: It is necessary to improve participation rate by public awareness on the screening benefits. Quality control of Cytological analysis and mammography system should be established, the second reading of the mammograms must be done by radiologists in a central breast unit to reduce the rate of BIRADS 3 category as a final result. Lack of the quality assurance and monitoring system, no exchange of the data with the Cancer Registry are limitations for effective implementation of the screening programmes in Latvia.

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POSTER

Differential Factors Clinical and Genetic of Multiple Primary Cancers in Groups of Familial and Sporadic Breast Cancer

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Background: Multiple Primary Cancers (MPC) represents the interest for their prognosis and more effective treatment.

The objectives of our research was to investigate clinical and genetic characteristics of MPC among women with familial and sporadic Breast Cancer (BC).

Material and Methods: The research is based on data of 1407 Caucasian women with BC aged 20–79 years (555-familial BC and 852 – sporadic BC). Control group consisted of 1006 women without a history of cancer. In all groups were analyzed more than 200 phenomic and genotypic factors. BRCA and other mutations (PGR, FGFR2, CYP) were performed to all patients. Processing of the results was performed using modern methods of biomedical statistics; the definition of relative risk (RR). Statistically significant differences taken at $p < 0.05$. Genotyping was carried out by real-time PCR using competitive Taq-Man probes or with allele-specific PCR using SYBR Green intercalating dye.

Results: Specific weight of MPC in group of familial BC [18.0(14.74–21.26)] was higher than in group of sporadic BC [2.0(1.04–2.96)].

Among women with familial BC with MPC premenopause status met more rapidly [10.1(4.06–16.14)] than in the group of sporadic BC with MPC [5.0(1.26–8.74)].

Specific weight of BRCA-negative cases were higher in familial group with MPC than in the group of sporadic BC with MPC [68.7(59.38–78.02) against 40.0(18.10–61.90)]. Specific weight of cases with FGFR-mutations were higher too in familial group with MPC than in the group of sporadic BC [35.0(13.66–56.34) against 3.0(0.42–6.42)].

Patients with triple negative BC met more frequently in familial group with MPC than in the group of sporadic BC [10.0(8.9–11.0) against 4.0(2.9–5.1)].

Reproductive factors such as obesity, abortions and others also had significance.

Conclusions. Clinical and genetic characteristics of MPC in group of familial BC have different characters as against as group of sporadic BC.

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POSTER

Relatives of Oncological Patients and the Medical Act: Some Different Views

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Background: This investigation is the continuance of a previous work that showed the importance of assessing the relationship between the patients, their families and the medical team.

We no longer discuss the importance of family in patient's evolution. Working in multidisciplinary teams seems to be the best alternative in this scenario.

The objectives of this investigation is to evaluate the influence of the family in the medical act, particularly in:

- the communication with the patient,
- making therapeutic decisions,
- professional's emotions.

Material and Methods: Instruments: Specifically designed questionnaire. **Sample:** 50 physicians, 26 relatives.

Results: The 72% of professionals believe that they always have to give real information to the patient. On the other hand only the 41% consider that giving this information to the family is always important. 73% of the relatives think that they have to receive that information, and only 50% of them believe that they really have this information always.

It's highly frequent for physicians (95% of the cases) to be asked by relatives to hide information of an adverse diagnosis or prognosis to the patient; only 34% of the sample rejected this demand. The 39% of professionals with over 11 years of graduate refused to do so, while the less experienced declined by 22%.

Relatives admitted that they ask the physician to hide information only in a 31% of the cases. Of this percentage, 50% of them declare that the professional accepted to do this.

The 50% of the sample recognize at least one negative feeling toward the family; women emphasize anguish (47%) while men put stress on anger (38%).

Conclusions: The relationship between the professional and the family influences on the communication with the patient and on therapeutic decision making. A high percentage of negative emotions toward the family were found. These results are consistent with those found in previous researches.

It seems to be a difference between the perception of physicians and relatives regarding participation in the diagnosis and decision making.

The medical act may be interfered by the influence of the family. Also, relatives may feel that that they are not taken into account and this can adversely affect the patient.

The authors consider that these results must be considered in order to avoid possible conflicts in their medical practice, specifically in the relationship with their patients.

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POSTER

"More Health for You – Better Care for Your Family" Campaign for Cancer Awareness and Prevention Targeted at Immigrant Women in the Province of Alessandria, Northwest Italy

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Background: There is a general assumption that poor health care is provided to immigrants because of the absence of "cultural" understanding. On these grounds, the Italian League against Cancer section of Alessandria (LILT AI) and the Local Health Authority (ASL AI) of Piedmont Region planned to bridge the perception gap between native and immigrant women (the latter mostly from Eastern Europe, the Maghreb and West Africa, and China) concerning the value and benefits of breast and cervical cancer prevention, as a health advantage for themselves and for their households.

Methods: Firstly, interpreter/cultural mediators coordinated by the local Institute for Development Cooperation (ICS) and selected LILT-AI volunteers were specifically trained to provide preventive health education. Subsequently, a communication project on cancer prevention was developed based on informational and educational interventions on the part of trained cultural mediators and LILT-AI volunteers at the primary schools where immigrant women take their children, at the Permanent Territorial Centres where these women attend courses of adult literacy, and at sites of volunteer associations for migrants. The project applied Knowles's andragogical model of adult learning, Kolb's "Experiential Learning Model" and peer-to-peer communication strategy in regards to targeting at best immigrant women. Leaflets and posters were produced in six languages adequate to the task: Arabic, Albanian, Romanian, Chinese, Spanish and English.

Results: Reciprocal knowledge, objective sharing, common language and networking have been developed among associations, public institutions and territorial agencies engaged in the promotion of health education, and particularly for immigrant women. The prevention-oriented communication skills of cultural mediators and volunteers, even if not professional health operators, have been improved so that they now play an effective role of "multipliers of preventive effect". The level of attention and interest on the part of immigrant women in the local territory has been increased with respect to health prevention and protection. Immigrant women have been encouraged, to a greater or lesser extent, to adopt a lifestyle oriented to cancer risk prevention.

Conclusions: This campaign started in January 2010, and is now involving the whole province of Alessandria promoting the spread of awareness among immigrant women concerning the concept of equal access to prevention programme for early detection of breast and cervical cancer, with a view at eliminating immigrant status as a barrier to good health. The project was funded by the Volunteer Service Centre of Alessandria through the call "Ex Comunicazione Turco".