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Background. Despite a well-organized Hungarian national invitational breast screening that is free of charge, the participation rate has never reached 70%. This study assessed the socioeconomic factors and barriers associated with low adherence via questionnaire. This report could provide information on the appropriate level of intervention for increasing screening participation in Hungary and might be useful for countries in Central-Eastern Europe with similarly low screening coverage rates.
Material and Method. Women 45-65 years of age were interviewed anonymously between 2015 and 2016 using a web-based and printed questionnaire containing 15 structured questions. The questions focused on education level, marital status, residence, participation frequency in breast screening programs, and barriers to attending screening. All answers were statistically analysed.
Results. A total of 3,313 women completed the questionnaire. The main reasons for avoiding mammography screening were work absenteeism (18.9%), fear of painful examination (18.39%), and false beliefs regarding mammography screening (14.94%). Women from the capital and provincial towns more frequently underwent mammography examinations (P = 0.038, chi-square). Compared to residents of the capital, women in rural areas reported financial (P = 0.009, chi-square) and long-distance travel difficulties as reasons for not undergoing screening (P = 9.5*10-17, chi-square).
Conclusions. Information, education, and communication are required to increase awareness among women about the utility and availability of breast screening services. Offering a patient navigator system, providing information, ensuring a day off from work, and reachable screening units for rural residents with availability of free public transportation may encourage greater mammography screening uptake.
Conflict of interest: No conflict of interest.

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NOMOGRAM PREDICTING RECURRENCES IN PREGNANCY-ASSOCIATED BREAST CANCER: ANALYSIS FROM THE FRENCH CANCER NETWORK CANCER ASSOCIé à LA GROSSESSE (CALG)

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INTRODUCTION. Pregnancy associated breast cancer (PABC) are defined as breast cancer diagnosed during pregnancy or during the year following delivery. The prediction of poor prognosis events (PPE) such as recurrence in the 36 months is a major medical challenge of management for women with PABC. The aim of this study was to build a nomogram based on selected clinical and histological variables to predict 3 year recurrences.
MATERIAL AND METHODS. This retrospective unicenter study included 96 patients with PABC from January 2002 to January 2018. A multivariate Cox analysis was performed to define risk factors to PPE and a nomogram to predict 3 year recurrences was built. The nomogram was internally validated.
RESULTS. The overall recurrence rate was 22% (21/95) and the 36 months recurrence rate was 13% (12/95). Among the 95 women, 7.3% (7/95) died. Age at diagnosis, histological type, immuno-histological class, tumor stage (TNM), node stage (TNM) were associated with 3 year recurrences in univariate analysis, and were included in the final Cox model to develop the nomogram. The predictive model had a concordance index of 0.83 (95% Confidence Interval (CI), 0.81-0.85) and 0.78 (95% CI, 0.76-0.80) before and after the 200 repetitions of bootstrap sample corrections, respectively, and showed a good calibration.
CONCLUSION: Our results support the use of the present nomogram based on five clinical and pathological characteristics to predict three year recurrences in PABC with a high concordance. External validation is required to recommend this nomogram in routine practice.
Conflict of interest: No conflict of interest.

Poster in the Spotlight
Poster in the Spotlight II

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QUALITY OF LIFE AFTER CURATIVE RESECTION FOR RECTAL CANCER IN PATIENTS TREATED WITH ADJUVANT CHEMOTHERAPY COMPARED WITH OBSERVATION: RESULTS OF THE RANDOMIZED PHASE III SCRIPT TRIAL

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Background. Adjuvant chemotherapy after preoperative treatment and curative resection for rectal cancer is the standard of care in several and European and US guidelines. However, no clear survival benefit has been shown for stage II/III rectal cancer patients, and the influence of adjuvant chemotherapy on health-related quality of life (HR-QOL) is unknown. In this study we aimed to examine the differences in HR-QOL over time between patients with rectal cancer treated with adjuvant chemotherapy and observation.
Material and methods. In the randomized controlled phase III SCRIPT trial, stage II/III rectal cancer patients that underwent preoperative (chemo)radiotherapy and curative resection were randomized to receive adjuvant capecitabine monotherapy for 24 weeks or observation only. HR-QOL assessments including the EORTC-C30 and EORTC-CR38 questionnaire, were conducted in Dutch patients at 4 pre-specified time-points: 1 month after surgery (prior to the start of ACT), and subsequently 3, 6 and 12 months after surgery. Using linear mixed models, the primary outcome tested was the difference in HR-QOL at 6 months after surgery between the adjuvant chemotherapy and the observation group. As a secondary outcome, the difference in HR-QOL at 12 months after surgery was examined. A statistically significant difference of 5 points was considered clinically relevant.
Results. HR-QOL results of 226 out of 233 patients were available. Overall quality of life expressed as the C30 Summary scale was worse at 6 months after surgery for patients treated with adjuvant chemotherapy compared to observation (mean 82.3 versus 86.9, p=0.006) but this difference was not clinically relevant. Patients treated with adjuvant chemotherapy reported clinically relevant worse physical functioning (mean 78.3 versus 87.0, p<0.001) and more complaints of fatigue and dyspnoea (respectively 35.7 versus 21.0 and 17.1 versus 6.7, p<0.001). All differences in HR-QOL were resolved at 12 months post-surgery.
Conclusions. This study shows that HR-QOL is inferior in patients treated with capecitabine monotherapy compared to observation just after completion of adjuvant chemotherapy at 6 months after surgery. However, no persistent deterioration in HR-QOL was found at 1 year after surgery. In absence of a clear survival benefit for adjuvant chemotherapy in rectal cancer patients who underwent curative resection, patient-reported outcomes as shown in this study are essential for shared-decision making between patients and doctors.
Conflict of interest: No conflict of interest.

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BASAL CELL CARCINOMA AND ELECTROCHEMOTHERAPY: THE INSPECT EXPERIENCE

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