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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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Background. Basal cell carcinoma(BCC) is one of the most common skin malignancies worldwide. In comparison to current management strategies for BCC, electrochemotherapy (ECT) proved to be a valid alternative in the management of primary and secondary lesions. ECT refers to intratumoural or intravenous injection of bleomycin followed by the delivery of electric pulses to the tumour area under local or general anaesthesia. The International Network for Sharing Practice on Electrochemotherapy(InspECT) database was analysed with the aim to understand if ECT is safe and effective in the treatment of BCC of the skin and mucous membranes.

Materials and Methods. We performed a multicentre retrospective analysis of prospectively collected data from the InspECT database of 277 patients from 14 European centres affected by basal cell carcinoma who underwent ECT. Of the total number of patients analysed, 246 patients with a follow-up period above 2 months were included in the study for a total of 466 nodules studied.

Results. Six patients were not evaluable due to lost follow-up, death (unrelated to treatment), other treatment, or unable/unwilling to continue control. 240 patients were evaluable for tumour response according to lesion presentation (primary vs secondary), size of the lesion, previous treatments, pain score and side-effects. We found an objective response (complete response plus partial response) of 93.8% per patient, and 95.2% per nodule, with a complete response of 79.2% and 81.5% respectively. Primary presentation ($p=0.0035$) and smaller nodules ≤ 3 cm ($p=0.0009$) which were not previously treated ($p=0.0003$) or preirradiated ($p<0.0001$) were associated with higher complete response rates. Multivariate analysis further confirmed these results. Ulceration and hyperpigmentation were found to be the most common side effects, whilst pain intensity after the ECT session ($p=0.036$) and during follow-up ($p=0.0015$) remained significantly low.The one-year local progression free survival was 94%; 21 patients (8.5%) had a recurrence or a post-treatment local progression within a median of 312 days.

Conclusions. Data extrapolated from the InspECT analysis suggest that ECT is a safe and effective treatment in patients with BCC; the evidence that tumour response is significantly higher in small, primary and not previously treated nodules could lead to ECT being considered as a first-line treatment option in selected cases, such as the elderly or other patients not suited to standard therapies.

Conflict of interest: No conflict of interest.

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SURGICAL QUALITY METRICS FOR LYMPH NODE STAGING OF INTERMEDIATE THICKNESS MELANOMA: A POPULATION BASED STUDY

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Background. Variability in compliance with guidelines for lymph node (LN) surgery for melanoma patients has been attributed to controversy about patient selection and quality metrics. Prior data indicate suboptimal practice of sentinel LN biopsy (SLNB) and a trend for omission of LN dissection (LND) for LN+ disease that began well before publication of the MSLT-II trial data. To minimize bias, we studied compliance with ASCO/SSO guidelines in patients for whom there is general agreement, namely T2-T3 (intermediate thickness) melanoma, and analyzed contributing factors and outcomes.

Methods. T2-T3, M0 melanoma cases were identified from 2004-2014 SEER data. Five-year cancer specific survival (CSS) was estimated using the Kaplan-Meier method, while the Cochran-Armitage test was used to assess trends over time and multivariable logistic regression to identify independent predictors of compliance.

Results. Overall, 72.9% (29867/40988) of T2-T3 melanoma patients underwent LN staging including SLNB in 26084 of 39792 (65.6%) clinically LN negative (cN0) patients. 2985/4206 cN0 pathology LN+ (pLN+) patients (71.0%) and 783/1196 cN+ patients (65.5%) had a LND. Over time, LND for pLN+ disease declined from 73.3% in 2004 to 68.3% in 2014, $p=0.0002$, including the subset with cN+ disease (69.1% to 66.4%, $p=0.05$). Multivariable analysis demonstrated that compliance with LN staging correlated with younger age, male sex, primary tumor anatomic site (extremity > trunk > head/neck) and mitotic rate ≥ 2, all $p<0.001$ (table). For cN0 patients, 5-year CSS was 83.2% for compliant vs 77.6% for non-compliant care, $p<0.0001$.

Conclusions. Despite a survival benefit, one third of recently diagnosed intermediate thickness cN0 melanoma patients did not have recommended LN staging. Further, these data confirm the trend over time for omission of LND for both SLN+ and cN+ pLN+ patients observed in earlier studies. Although the adjuvant Stage III melanoma trials evaluated only patients treated with LND, SLN status alone is now poised to determine eligibility for these new effective, but potentially quite toxic, adjuvant therapies. Therefore, improving compliance with SLN surgery for intermediate thickness melanoma patients is a logical strategy to improve melanoma-specific survival.

Variable	Level	P Value	Odds Ratio (95% CI)
Age Group	50-64 vs <50	<.001	0.891 (0.837-0.948)
	65-74 vs <50	<.001	0.701 (0.656-0.749)
	75+ vs <50	<.001	0.323 (0.304-0.344)
Sex	Female vs Male	<.001	0.893 (0.853-0.934)
Location	Head/Neck vs Trunk	<.001	0.663 (0.627-0.702)
	Lower Extremity vs Trunk	<.001	1.481 (1.389-1.580)
	Upper Extremity vs Trunk	<.001	1.302 (1.231-1.377)
Mitotic Rate	1 mit/mm^2 vs <1	0.014	1.145 (1.028-1.277)
	≥2 mit/mm^2 vs <1	<.001	1.222 (1.116-1.339)
	Unknown vs <1	0.045	0.917 (0.842-0.998)

Conflict of interest: No conflict of interest.

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ELECTROCHEMOTHERAPY AS AN ADJUNCT TO THE SURGICAL MANAGEMENT OF METASTATIC MELANOMA: EXPERIENCE OF THE INSPECT GROUP (2008 TO 2018)

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