Abstracts

PCN1
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OBJECTIVES: The purpose of this study was to determine the frequency of occurrence of secondary tumors affecting other organs in case of patients suffering from tumor located in any fields of the breast. METHODS: Data were collected from the financing database of the National Health Insurance Fund Administration (OEIP). The subject of the observation aimed female patients treated in hospitals with primary breast tumor (BNO: C5000-C5090, D0570, D0590) between the period of January 1, 2002 and December 31, 2002. We examined the time delay between the diagnosis of primary breast cancer and its secondary malignancies in the following 5 years.
RESULTS: In 2002, a total of 7548 patients were treated in hospitals with malignant primary breast tumor. Between 2003 and 2007 2870 primary breast tumor patients attended in hospitals with tumor disorders affected any other organs. In the following five years after the occurrence of primary breast tumors, secondary malignant tumors affecting other organs were occurred in 21.32% of the patients. The five most often appeared malignant diseases in the examined period were: malignant tumors in the bones and bone marrow (29.0 months), malignant tumor in the lung (34.4 months), malignant tumors in the lymph gland (20.3 months), malignant tumor of the liver (29.7 months and malignant tumor in the brain and dural tumor 32.3 months after the occurrence of primary breast tumors.
CONCLUSIONS: In the following five years other malignant tumors were occurred in one fifth of the primary breast tumor patients. Cases of the five most often secondary tumors were 21.32 months, or 2.4 years were needed. In consideration to all occurred secondary tumors in case of the whole population this value is on the average 33.2 months or 2.9 years.

PCN2
REPORTING QUALITY OF DOUBLE-BLIND RANDOMIZED CONTROLLED TRIALS AND ITS ASSOCIATION WITH THE FUNDING AGENCY
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OBJECTIVE: To assess the reporting quality of double-blind randomized controlled trials (RCTs) published in the New England Journal of Medicine (NEJM) using Jadad scale and to examine the relationship between funding source and quality of reporting. METHODS: Medline database was searched for RCTs. Search was limited to RCTs published in the last five years in the NEJM and performed on humans. Quality of reporting was assessed using the Jadad scale (1 to 5). The analysis was limited only to the double-blind RCTs assessing drug or vaccine based intervention. RESULTS: A total of 207 double-blind trials out of 489 RCTs were assessed for reporting quality. Median (mean) Jadad score was 4.3 (3.8). The proportion of trials with Jadad score 5 was 20.8% whereas 5.8% trials received a Jadad score of 2. None of the trials received a Jadad score of 1. Method of randomization and concealment of allocation was adequate in 35.5% and 47.4% trials, respectively. Method of blinding was adequate in 51.2% of trials. A total of 89.4% trials reported details of follow-up and reasons for withdrawal. The quality of reporting was good (Jadad score = 3) in 94.2% studies. Year-wise analysis showed that 100%, 91%, 91%, 94% and 96% studies were of good reporting quality in the year 2004, 2005, 2006, 2007, and 2008, respectively. A Jadad score of 5 was received by 41% (9 out of 22) government sponsored trials as compared to only 14% (15 out of 107) trials sponsored by industry.
CONCLUSION: There is a scope for further improvement in reporting of method for randomization, concealment of allocation and method of blinding. Influence of funding agency on the quality of reporting could be analyzed further.

CANCER = Clinical Outcomes Studies

PCN3
THE FEASIBILITY AND COST OF EARLY DETECTION OF PROSTATE CANCER IN GASTROENTEROLOGY UNITS
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OBJECTIVES: The American Cancer Society suggests that men over the age of 50 should have their PSA level checked and undergo a rectal examination for early detection of prostate cancer. However, rectal examinations are infrequently performed by family physicians in Israel. Palpation of the prostate gland can be performed during routine rectal examination of patients arriving at gastroenterology units for lower digestive system examinations and serve as an additional tier in the early detection of prostate cancer. We evaluated the cost and feasibility of routine rectal examinations for early detection of prostate cancer in a gastroenterology unit, and follow by family physician. METHODS: Our study population included a convenience sample of 587 males (age 50–79) arriving at Hadassah Ein-Kerem Medical Center in Jerusalem. During the rectal examination, the gastroenterologist estimated the size, structure and texture of the prostate gland. Patients with suspected pathological results were referred to their family physician for further examinations. We assessed the costs of the screening and follow-up program using the Ministry of Health Price list.
RESULTS: In 145 of patients (26.1%), the gastroenterologist found a pathological mass in the prostate gland and they were referred to their family physician. Of the 134 patients who went to their family physician, 58 (43.3%) remained for observation and monitoring and 76 (56.7%) were referred to urologists for further examination. Three patients were diagnosed with prostate cancer. The total cost of the screening and follow-up was $25 per patient and the cost per a prostate cancer detected was approximately $5000. CONCLUSIONS: Our screening model is applicable, efficient, easy to implement and can be introduced with minimal investment of resources. Further studies are needed to examine the long-term cost-effectiveness of such a screening program.

PCN4
GAINS ASSOCIATED WITH CLINICAL EXAMS AND MAMMOGRAPHIC SCREENING FOR WOMEN ABOVE 40 YEARS OF AGE
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OBJECTIVES: In Brazil, according to the National Cancer Institute (INCA), 2005, approximately 50 of all breast cancer (BC) diagnosis point to advanced cases at the time of first presentation (stages III and IV), which results in a maximal 5 year survival rate of 36% for these women (The Susan G. Komen Breast Cancer Foundation). It is supposed that this mortality could be reduced through an improvement in public breast health care, to encourage early detection of breast cancer among the population. Hence, the Associação Hospitiliar Moinsos de Vento started a partnership with Health Secretary of Porto Alegre (capital of Rio Grande do Sul State) to perform a study to measure the impact of annual clinical examinations together with mammography for underserved women over 40 years old. METHODS: A total of 9,218 women aged between 40 and 69 year old, living in a delimited geographic area connected to 18 Health Care Units of Porto Alegre are being studied; BC risk factors are also being assessed. For these, yearly clinical examinations and screening mammograms are performed. The analysis is related to the first four years of the project. Its results are compared against INCA epidemiologic data.
RESULTS: Among the searched universe, 50 women have been diagnosed for BC. Comparing the cancer staging of these women at diagnosis with INCA data for the same region, we have: stage 0 (16% VS 6.7%), stage I (38% VS 20.6%), stage II (32% VS 45%), stage III (10% VS 20%) and stage IV (4% VS 7.7%), respectively.
CONCLUSIONS: The study showed that the annual screening associated with preventive mammography for women above 40 year old increased their likelihood of an early diagnosis of BC, thus yielding them a better survival and cure prognosis. Therefore, the national adoption of this protocol could reduce the high mortality associated with this neoplasia.

PCN5
USING PREDICTIVE MODELS TO ANALYZE LUNG CANCER DATA
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OBJECTIVES: The purpose of this study is to examine the relationship between patient outcomes and conditions of the patients undergoing different treatments for lung cancer and to estimate the population burden, the cost of cancer, and to examine treatment choice in clinical decision-making. METHODS: Lung Cancer data were extracted from the Medstat MarketScan Database based on ICD9 diagnosis codes.