

**Results:** Fourteen patients received abiraterone or enzalutamide prior to docetaxel and sixteen patients received placebo followed by docetaxel (control group). We are currently undertaking analysis of response rates, progression free survival and overall survival following docetaxel and statistical comparisons between the groups. This analysis will be available for a poster presentation. Comparison will also be made with historical data of docetaxel activity in CRPC.

**Conclusions:** Our analysis is the first to investigate the efficacy of docetaxel chemotherapy in men with CRPC who have previously received treatment with enzalutamide or abiraterone. The possibility of cross resistance between these agents requires careful investigation to determine optimal sequencing and potential combinations.

#### Reference

1. van Soest R.J., van Royen M.E., de Morree E.S. et al. Cross-Resistance Between Taxanes and New Hormonal Agents Abiraterone and Enzalutamide May Affect Drug Sequence Choices in Metastatic Castration-Resistant Prostate Cancer. *European Journal of Cancer* 2013; 49:3821–3830.

#### REMOTE SUPERVISION OF CHEMOTHERAPY UNDER THE TOWNSVILLE TELEONCOLOGY MODEL: WHAT ARE THE PERSPECTIVES OF ITS USERS?

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**Background:** The Townsville Teleoncology model provides videoconferencing (VC) services to patients in rural and remote areas of North Queensland to improve access to specialist cancer care. As part of this model, we are now delivering low risk chemotherapy at three rural sites using VC supervised by chemotherapy competent nurses in Townsville. The objective is to create a safe and sustainable model for the provision of chemotherapy to rural patients. The aim of this study was to explore the experiences of the service providers to identify the strengths and limitations of this model.

**Methods:** A cross-sectional descriptive study, using semi-structured interviews. Interviews were conducted with twenty participants, including eight nurses, nine doctors (4 medical oncologists, 4 senior medical officers and one intern), two rural pharmacists and one administrative officer across all 4 sites. Data was analysed adopting a phenomenological approach.

**Results:** All participants reported high levels of patient satisfaction due to cost and travel time savings by providing chemotherapy at their local hospitals. Education was provided to nurses at rural sites to become chemotherapy aware. Safe practice was maintained with delivery and handling of chemotherapy and no adverse events were reported.

Limitations identified were the absence of practical training for rural nurses, administrative issues with bookings of consultations and lack of a clear process for the identification and recruitment of suitable patients.

**Conclusions:** The model has been successful in the safe provision of low risk chemotherapy to rural cancer patients via VC. Some minor changes are required to improve and expand the model.

#### BENEFIT OF ADJUVANT TRASTUZUMAB WITH CHEMOTHERAPY (ATWC) IN T1N0 HER2 POSITIVE BREAST CANCER- INTERIM RESULTS

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**Background:** Human epidermal growth factor receptor 2 over-expression (HER2+) occurs in 10–15% of breast cancers. Adjuvant trastuzumab with

chemotherapy (ATWC) reduces risk of recurrence and death by 40% and 34% respectively<sup>1</sup>. T1N0 (≤2cm node-negative) patients were mostly excluded; hence a lack of information on whether trastuzumab is warranted in this population.

This study quantifies the real-world ATWC-use in T1N0 HER2+ breast cancer; and examines if this provides a clinically meaningful benefit, defined as a 3% improvement in 5-year disease free survival (DFS) and overall survival (OS). Clinicopathological factors [age; tumour size, oestrogen receptor (ER) staining, grade, lymphovascular invasion (LVI) and anthracycline treatment] were examined for predictability of benefit.

**Methods:** All subjects provided written consent for enrolment in a prospective database of the Australian Capital Territory and South-East New South Wales Breast Cancer Treatment Group. Planned analysis includes 5-year DFS and OS estimated by the Kaplan-Meier method. Absolute survival benefits will be derived by applying the effect of ATWC on DFS and OS in meta-analysis<sup>1</sup> (HR 0.60 and HR 0.66 respectively). A stepwise Cox regression analysis will examine the effect clinicopathological factors on survival.

**Results:** One hundred women with T1N0 HER2+ breast cancer diagnosed between July 2005 – June 2013, mean age 58yo (range 32–84yo), were identified. They comprised 59% ER+, predominantly higher grade (95% grade 2–3) and 10% LVI+ cases. All ER+ patients received endocrine therapy. ATWC was given in 52%. The ATWC-treated compared with ATWC-untreated patients had similar mean age (56yo versus 60yo) and ER+ rate (54% versus 65%, p = 0.28) as untreated patients. One patient had disease recurrence (ATWC-treated) and six died (5 ATWC-untreated).

**Conclusions:** We identified a cohort of T1N0 HER2+ breast cancer who received ATWC in a real-world modern chemotherapy era. Interim results suggest a good outcome in these patients. The final survival analysis is planned with additional data from interstate collaborators.

#### Reference

1. Moja L., Tagliabue L., Balduzzia S. et al. Trastuzumab Containing Regimens for Early Breast Cancer. *Cochrane Database Systematic Review* 2012.

#### SUNITINIB THERAPY FOR METASTATIC RENAL CELL CARCINOMA (mRCC) IN ELDERLY PATIENTS (AGE 70 AND OLDER): A MULTI-INSTITUTIONAL AUSTRALIAN EXPERIENCE

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**Background:** Elderly patients with mRCC treated with sunitinib in prospective trials derived survival benefits comparable to younger patients with acceptable tolerability<sup>1</sup>. We compared the usage and outcome of sunitinib between mRCC patients aged <70 years old and ≥70 years old treated in five Australian centres.

**Methods:** mRCC patients from hospitals across Victoria and the Australian Capital Territory diagnosed between 2006–2012 were studied retrospectively. Patients <70yo and ≥70yo were compared with regards to demographics, clinicopathologic features, treatment and survival, as estimated by the Kaplan-Meier method. Median time on first line sunitinib was used as a surrogate for progression free survival (PFS). Survival differences between groups were compared using the log-rank test.

**Results:** The cohort of 212 patients included 50 (24%) ≥70yo there were no significant differences in baseline characteristics including predominance of clear cell histology (60%), ECOG <2 (52%) and favourable/intermediate MSKCC risk (66%), compared with <70yo patients. Elderly patients were more likely to receive best supportive care only compared with younger patients (46% versus 16%, p < 0.0001). Of those who received systemic therapy most received sunitinib (n = 20, 74%). More elderly patients com-