and year) general population. Relative Excess Risks of death were estimated using a multivariable generalised linear model with a Poisson distribution.

**Results** Overall, 10,782 patients were included; 50.4% was 65 years or older. Surgery was performed in 30% of the patients and decreased with increasing age (p<0.001). Over time, less patients received surgery (p<0.001). Relative survival was increasing in patients that received surgery, adjusted for potential confounders the Relative Excess Risks was 0.7 (95% CI 0.6 to 0.9; p<0.001) for 65–74 years old patients, 0.5 (95% CI 0.5 to 0.6); p<0.001 for patients aged 75–84 and 0.4 (95% CI 0.3 to 0.6; p<0.001) for the patients 85 and older. There were no differences in the independent prognostic factors associated with relative survival (age, grade, tumour size, lymph node involvement, type of metastases, additional treatment).

**Conclusion** This large retrospective study showed an improved relative survival for all elderly that received local surgery for metastatic breast cancer. However, large prospective randomised trials, including the elderly, are needed to confirm this association.

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**References**: A M Nybo Andersen,* L N Jespersen, M Nissen, L H Mortensen. University of Copenhagen, Copenhagen, Denmark

**Introduction** An association between paternal age and children’s health was suggested by Penrose as early as 1955. More recently, relationships have been suggested between paternal age and specific diseases and fetal death. The association is mainly put down to the point mutations in the fertilising sperm cells from men of advanced age.

**Methods** Based on data from Danish population-covering registers, we investigated the relationship between paternal age and under 5-year mortality.

**Results** Compared with children born to fathers aged 30–34 years, an excess risk was found for children born to fathers aged 45+ years (HR 1.22, 95% CI 1.05 to 1.42). When only 1–5 years old were included the RR rose to 1.70; 95% CI 1.23 to 2.34. The excess risk for children of fathers aged 45 years or more was primarily attributed to the increased mutation rate in male germ cells. The aim of this study was to investigate the relationship between paternal age and under 5-year mortality.

**Conclusion** The association between PA and BM should be considered bidirectional. Early life factors were negligible when contemporary factors were addressed with the exception of achieved education.

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**References**: J Savovic,* L Bain, R Harris, R Beynon, L Zuccolo, J Sterne, S Thomas. University of Bristol, Bristol, UK; University of Queensland, Brisbane, Australia; Health Protection Agency, Colindale, London, UK; University Hospitals Bristol, Bristol, UK

**Introduction** Increased body mass index (BMI) is a risk factor for kidney cancer. However, previous reviews on this topic included only studies that reported on mid-life BMI. We carried out an updated and more comprehensive review to describe the association between lifetime measures of body composition and kidney cancer risk.

**Methods** We searched MEDLINE, EMBASE, ISI and four other databases in July 2010. We assessed identified studies against pre-specified criteria, and extracted data using a standard form. We used fixed and random-effects meta-analyses to derive a pooled OR and CIs for the association between kidney cancer risk and measures of body composition.

**Results** We identified 17898 hits; 741 papers were retrieved and assessed. Seventy-three papers met inclusion criteria and will be included in updated meta-analyses. Based on results from our previous search (April 2007, 52 studies), higher BMI was associated with reduced kidney cancer. However, previous reviews on this topic included only studies that reported on mid-life BMI. We carried out an updated and more comprehensive review to describe the association between lifetime measures of body composition and kidney cancer risk.