

Étude ELIPPSE 65-80

► Cette étude longitudinale, mise en œuvre par l'Inserm et l'ORS PACA, dans le cadre du Cancéropôle PACA, et financée sur appel d'offres par l'Institut National du Cancer, est la première étude en France portant sur l'impact psychosocial du cancer du sein chez des femmes de plus de 65 ans. ◀



Objectifs

Ce projet a pour objectif principal de décrire les conséquences d'un cancer du sein sur le devenir à long terme de femmes de 65 à 80 ans : conséquences sur leur vie sociale, leur vie quotidienne, leur qualité de vie et leur survie (voir p. 53 et 54 la liste de références bibliographiques [1-107] pour l'Étude Ellipse Femmes 65-80 ans). Plusieurs thèmes sont particulièrement étudiés : la place des co-morbidités par rapport à la maladie du sein, l'importance de l'image du corps chez la femme âgée, l'observance aux traitements adjuvants et aux chimiothérapies orales, l'adéquation entre les besoins perçus et les aides existantes.

Les données sur les circonstances du diagnostic, les caractéristiques de la tumeur et les traitements, qui sont collectées de façon rétrospective au moment de l'initiation de l'enquête, permettront, en comparant des groupes de femmes d'âge différent, de répondre aux deux objectifs secondaires de l'enquête : préciser l'effet de l'âge d'une part sur la prise en charge médicale du cancer du sein, et d'autre part sur l'information délivrée et la participation aux choix thérapeutiques.

Problématique

Le devenir des survivants et les conséquences à long terme de la maladie cancéreuse sont encore très mal connus, en particulier chez les personnes âgées, population très hétérogène, pour laquelle il n'existe pas de recommandations standardisées concernant la prise en charge du cancer et qui n'a pas fait l'objet d'études longitudinales sur le long terme. Parce que le cancer du sein est une maladie fréquente dont l'incidence atteint son maximum vers 70 ans, il est généralement considéré comme un excellent modèle pour étudier les enjeux spécifiques de la prise en charge carcinologique à un âge

élevé. Par ailleurs, la région PACA est l'une des régions françaises où l'index de vieillissement est le plus élevé, ce qui permet d'y envisager la mise en place d'une cohorte de femmes âgées représentative d'un problème de santé national comme le cancer du sein.

Méthodes

Une enquête longitudinale avec un recueil prospectif de l'information, répété dans le temps, est réalisée dans trois départements de la région PACA (Alpes-Maritimes, Bouches-du-Rhône, Var) auprès de l'ensemble des femmes de 65 à 80 ans ayant fait l'objet d'une déclaration d'affection de longue durée (ALD) pour cancer du sein à partir de novembre 2006. Les femmes qui acceptent d'être incluses dans la cohorte auront un suivi comprenant la visite d'un enquêteur à leur domicile à 10 mois du diagnostic, puis un entretien téléphonique à 2 et 5 ans. En parallèle, une fiche médicale annuelle est collectée auprès des médecins traitants désignés par les patientes.

Échéancier

Début de l'enquête novembre 2006. Premiers face à face août 2007. Inclusion pendant 18 mois (800 femmes à inclure). Durée de l'enquête : 5 ans. ◊

SUMMARY ELIPPSE 65-80 study

This longitudinal study implemented within the framework of Cancéropôle PACA and financed on call for tender by the National Institute of the Cancer is the first study in France concerning the psychosocial impact of the breast cancer at women of more than 65 years. ◊

RÉFÉRENCES BIBLIOGRAPHIQUES (Étude Ellipse Femmes 65-80 ans)

1. Allen SM, Mor V. The prevalence and consequences of unmet need. Contrasts between older and younger adults with disability. *Med Care* 1997 ; 35 : 1132-48.
2. Andrykowski MA, Curran SL, Studts JL, et al. Psychosocial adjustment and quality of life in women with breast cancer and begin breast problems: a controlled comparison. *J Clin Epidemiol* 1996 ; 49 : 827-34.
3. Audisio RA, Osman N, Audisio MM, Montaldo F. How do we manage breast cancer in the elderly patients? A survey among members of the British Association of Surgical Oncologists (BASO). *Crit Rev Oncol/Hematol* 2004 ; 52 : 135-41.
4. Balducci L, Extermann M, Carrea I. Management of breast cancer in the older woman. *Cancer Control* 2001 ; 8 : 431-41.
5. Balducci L, Extermann M, Fentiman I, et al. Should adjuvant chemotherapy be used to treat breast cancer in elderly patients (> or = 70 years of age)? *Eur J Cancer* 1997 ; 33 : 1720-4.
6. Ballard-Barbash R, Potosky AL, Harlan LC, et al. Factors associated with surgical and radiation therapy for early stage breast cancer in older women. *J Natl Cancer Inst* 1996 ; 88 : 716-26.
7. Berrino F, Sant M, Verdecchia A, et al. *Survival of cancer patients in Europe*. The EURO-CARE study. IARC Scientific Publication n° 132. Lyon : International Agency for Research on Cancer, 1995.
8. Blackman SB, Lash TL, Fink AK, et al. Advanced age and adjuvant tamoxifen prescription in early-stage breast carcinoma patients. *Cancer* 2002 ; 95 : 2465-72.
9. Bouchardy C, Rapiti E, Blagojevic S, et al. Older female cancer patients: importance, causes, and consequences of undertreatment. *J Clin Oncol* 2007 ; 25 : 1959-69.
10. Brockmann H. Why is less money spent on health care for the elderly than for the rest of the population? *Soc Sci Med* 2002 ; 55 : 593-608.
11. Busch E, Kemeny M, Fremgen A, et al. Patterns of breast cancer care in the elderly. *Cancer* 1996 ; 78 : 101-11.
12. Castiglione M, Gelber RD, Goldhirsch A. Adjuvant systemic therapy for breast cancer in the elderly: competing causes of mortality. International Breast Cancer Study Group. *J Clin Oncol* 1990 ; 8 : 519-26.
13. Chenier MC. Review and analysis of caregiver burden and nursing home placement. *Geriatr Nurs* 1997 ; 18 : 121-6.
14. Cheung YB. Marital status and mortality in British women: a longitudinal study. *J Epidemiol* 2000 ; 29 : 93-9.
15. Clavel-Chapelon F, E3N Group. Cumulative number of menstrual cycles and breast cancer risk: results from the E3N cohort study of french women. *Cancer Causes Control* 2002 ; 13 : 831-8.
16. Clough-Gorr KM, Ganz PA, Silliman RA. Older breast cancer survivors: factors associated with change in emotional well-being. *J Clin Oncol* 2007 ; 11 : 1334-40.
17. Col N, Fanale JE, Kronholm P. The role of medication noncompliance and adverse drug reactions in hospitalizations of the elderly. *Arch Intern Med* 1990 ; 150 : 841-5.
18. Costanza ME. The extent of breast cancer screening in older women. *Cancer* 1994 ; 74 (suppl 7) : 2046-50.
19. Crivellari D, Bonetti M, Castiglione-Gertsch M, et al. Burdens and benefits of adjuvant cyclophosphamide, methotrexate and fluorouracil and tamoxifen for elderly patients with breast cancer : The International Breast Cancer Study Group Trial VII. *J Clin Oncol* 2000 ; 18 : 1412-22.
20. Crivellari D, Price K, Gelber RD, et al. Adjuvant endocrine therapy compared with no systemic therapy for elderly women with early breast cancer : 21-year results of international Breast Cancer Study Group Trial IV. *J Clin Oncol* 2003 ; 24 : 4517-23.
21. Crivellari D, Aapro M, Leonard R, et al. Breast cancer in the elderly. *J Clin Oncol* 2007 ; 25 : 1882-90.
22. Desch CE, Hillner BE, Smith TJ, Retchin SM. Should the elderly receive chemotherapy for node-negative breast cancer? A cost effectiveness analysis examining total and active life-expectancy outcomes. *J Clin Oncol* 1993 ; 11 : 777-82.
23. Di Maio M, Perrone F. Quality of life in elderly patients with cancer. *Health Qual Life Outcomes* 2003 ; 1 : 44.
24. Erickson VS, Pearson ML, Ganz PA, et al. Arm oedema in breast cancer patients. *J Natl Cancer Inst* 2001 ; 93 : 96-111.
25. Extermann M, Hurria A. Comprehensive geriatric assessment for older patients with cancer. *J Clin Oncol* 2007 ; 25 : 1824-31.
26. Extermann M, Albrand G, Chen H, et al. Are older French patients as willing as older American patients to undertake chemotherapy? *J Clin Oncol* 2003 ; 21 : 3214-9.
27. Figueiredo MI, Cullen J, Hwang YT, et al. Breast cancer treatment in older women: does getting what you want improve your long-term body image and mental health? *J Clin Oncol* 2004 ; 22 : 4002-9.
28. Fleming ST, Rastogi A, Dmitrienko A, Johnson KD. A comprehensive prognostic index to predict survival based on multiple comorbidities : a focus on breast cancer. *Med Care* 1999 ; 37 : 601-14.
29. Fountzilas G, Stathopoulos G, Kouvatseas G, et al. Adjuvant cytotoxic and endocrine therapy in pre- and postmenopausal patients with breast cancer and one to nine infiltrated nodes: five-year results of the Hellenic Cooperative Oncology Group randomized HE 10/92 study. *Am J Clin Oncol* 2004 ; 27 : 57-67.
30. Fredriksson I, Liljegren G, Arnesson LG, et al. Time trends in the results of breast conservation in 4694 women. *Eur J Cancer* 2001 ; 37 : 1537-44.
31. Freyer G, Braud AC, Chaibi P, et al. Dealing with metastatic breast cancer in elderly women: results from a French study on a large cohort carried out by the Observatory on Elderly Patients. *Ann Oncol* 2006 ; 17 : 211-6.
32. Gajdos C, Tartter PI, Bleiweiss IJ, et al. The consequence of undertreating breast cancer in the elderly. *J Am Coll Surg* 2001 ; 192 : 698-707.
33. Ganz P, Guadagnoli E, Landrum MB, et al. Breast cancer in older women: quality of life and psychosocial adjustment in the 15 months after diagnosis. *J Clin Oncol* 2003 ; 21 : 4027-33.
34. Ganz PA, Desmond KA, Leedham B, et al. Quality of life in long-term, disease-free survivors of breast cancer: a follow-up study. *J Natl Cancer Inst* 2002 ; 94 : 39-49.
35. Giordano SH, Hortobagyi GN, Kau SW, et al. Breast cancer treatment guidelines in older women. *J Clin Oncol* 2005 ; 23 : 783-91.
36. Given B, Given C, Azzouz F, Stommel M. Physical functioning of elderly cancer patients prior to diagnosis and following initial treatment. *Nurs Res* 2001 ; 50 : 222-32.
37. Gray RE, Fitch M, Greenberg M, et al. The information needs of well long term survivors of breast cancer. *Patient Educ Couns* 1998 ; 33 : 245-55.
38. Grosclaude P, Colonna M, Hedelin G, et al. Survival of women with breast cancer in France: variation with age, stage and treatment. *Breast Cancer Res Treat* 2001 ; 70 : 137-43.
39. Guadagnoli E, Shapiro C, Gurwitz JH, et al. Age-related patterns of care: evidence against ageism in the treatment of early-stage breast cancer. *J Clin Oncol* 1997 ; 15 : 2338-44.
40. Haley WE. The cost of family caregiving: implications for geriatric oncology. *Crit Rev Oncol/Hematol* 2003 ; 48 : 151-8.
41. Hartl K, Janni W, Kastner H, et al. Impact of medical and demographic factors on long-term quality of life and body image on breast cancer patients. *Ann Oncol* 2003 ; 14 : 1064-71.
42. Hayman JA, Langa KM, Kabeto MU, et al. Estimating the cost of informal caregiving for elderly patients with cancer. *J Clin Oncol* 2001 ; 19 : 3219-25.
43. Herbert-Croteau N, Brisson J, Latreille J, et al. Compliance with consensus recommendations for the treatment of early stage breast carcinoma in elderly women. *Cancer* 1999 ; 85 : 1104-13.
44. Hillner BE, Penberthy L, Desch CE, et al. Variation in staging and treatment of local and regional breast cancer in the elderly. *Breast Cancer Res Treat* 1996 ; 40 : 75-86.
45. Hind D, Wyld L, Beverley CB, Reed MW. Surgery versus primary endocrine therapy for operable primary breast cancer in elderly women (70 years plus). *Cochrane Database Syst Rev* 2006 ; 25 (1) : CD004272.
46. Holmes CE, Muss HB. Diagnosis and treatment of breast cancer in the elderly. *CA Cancer J Clin* 2003 ; 53 : 227-44.
47. Horton Taylor D, Mc Pherson K, Parbhoo S, Perry N. Response of women aged 65-74 to invitation for screening for breast cancer by mammography: a pilot study in London, UK. *J Epidemiol Community Health* 1996 ; 50 : 77-80.
48. Hurria A, Zuckerman E, Panageas KS, et al. A prospective, longitudinal study of the functional status and quality of life of older patients with breast cancer receiving adjuvant chemotherapy. *J Am Geriatr Soc* 2006 ; 54 : 1119-24.
49. Huisman M, Kunst AE, Mackenbach JP. Socioeconomic inequalities in morbidity among the elderly ; a European overview. *Soc Sci Med* 2003 ; 57 : 861-73.
50. Ingram S, Seo PH, Martell RE, et al. Comprehensive assessment of the elderly cancer patient: the feasibility of self-report methodology. *J Clin Oncol* 2002 ; 20 : 770-5.
51. Inoue S, Saeki T, Mantani T, et al. Factors relates to patient's mental adjustment to breast cancer: patient characteristics and family functioning. *Support Care Cancer* 2003 ; 11 : 178-84.
52. Jones AR, Thomson CJ, Oster RA, et al. Breast cancer knowledge, beliefs, and screening behaviors among low-income, elderly black women. *J Natl Med Assoc* 2003 ; 95 : 791-7/802-5.
53. Kantor DE, Houldin A. Breast cancer in older women: treatment, psychological effects, interventions and outcomes. *J Gerontol Nurs* 1999 ; 25 : 19-25/54-5.
54. Keating NL, Landrum MB, Ayanian JZ, et al. Consultation with a medical oncologist before surgery and type of surgery among elderly women with early stage breast cancer. *J Clin Oncol* 2003 ; 21 : 4532-39.
55. Kemeny MM, Peterson BL, Kornblith AB, et al. Barriers to clinical trial participation by older women with breast cancer. *J Clin Oncol* 2003 ; 12 : 2268-75.
56. Kroenke CH, Rosner B, Chen WY, et al. Functional impact of breast cancer by age at diagnosis. *J Clin Oncol* 2004 ; 22 : 1849-56.



57. Liang W, Burnett CB, Rowland JH, et al. Communication between physicians and older women with localized breast cancer: implications for treatment and patient satisfaction. *J Clin Oncol* 2002; 20 : 1008-16.
58. Louwman WJ, Janssen-Heijnen ML, Houterman S, et al. Less extensive treatment and inferior prognosis for breast cancer patient with comorbidity: a population-based study. *Eur J Cancer* 2005; 41 : 779-85.
59. Maly RC, Umezawa Y, Leake B, Silliman RA. Mental health outcomes in older women with breast cancer: impact of perceived family support and adjustment. *PsychoOncology* 2005; 14 : 535-45.
60. Mandelblatt JS, Edge SB, Meropol NJ, et al. Predictors of long-term outcomes in older breast cancer survivors : perceptions versus patterns of care. *J Clin Oncol* 2003; 21 : 855-63.
61. Mandelblatt JS, Hadley J, Kerner JF, et al. Patterns of breast carcinoma treatment in older women: patient preference and clinical and physical influences. *Cancer* 2000; 89 : 561-73.
62. Monfardini S, Balducci L. A comprehensive geriatric assessment (CGA) is necessary for the study and the management of cancer in the elderly. *Eur J Cancer* 1999; 35 : 1771-2.
63. Mor V, Laliberte LL, Petrisek AC, et al. Impact of breast cancer treatment guidelines on surgeon practice patterns: results of a hospital-based intervention. *Surgery* 2000; 128 : 847-61.
64. Mueller TI, Kohn R, Leventhal N, et al. The course of depression in elderly patients. *Am J Geriatr Psychiatry* 2004; 12 : 22-9.
65. Nesbitt B, Heidrich S. Sense of coherence and illness appraisal in older women's quality of life. *Res Nursing Health* 2000; 23 : 25-34.
66. Newschaffer CJ, Bush TL, Penberthy LE, et al. Does co-morbid disease interact with cancer? An epidemiologic analysis of mortality in a cohort of elderly breast cancer patients. *J Gerontol A Biol Sci Med Sci* 1998; 53 : M372-8.
67. Newschaffer CJ, Penberthy L, Desch CE, et al. The effect of age and co morbidity in the treatment of elderly women with non metastatic breast cancer. *Arch Intern Med* 1996; 156 : 85-90.
68. Neyt M, Albrecht CJ. The long-term evolution of quality of life for disease-free breast cancer survivors: a comparative study in Belgium. *J Psychosoc Oncol* 2006; 24 : 89-123.
69. Noone I, Crowe M, Pillay I, O'Keeffe ST. Telling the truth about cancer: views of elderly patients and their relatives. *Ir Med J* 2000; 93 : 104-5.
70. Perkins P, Cooksley CD, Singletary SE, Cox JD. Differences in breast cancer treatment and survival between older and younger women. *Breast J* 1999; 5 : 156-61.
71. Perkins EA, Small BJ, Balducci L, et al. Individual differences in well-being in older breast cancer survivors. *Crit Rev Oncol/Hematol* 2007; 62 : 74-83.
72. Petrisek AC, Laliberte LL, Allen SM, Mor V. The treatment decision-making process: age differences in a sample of women recently diagnosed with no recurrent, early-stage breast cancer. *Gerontologist* 1997; 37 : 598-608.
73. Polsky D, Keating NL, Weeks JC, Schulman KA. Patient choice of breast cancer treatment: impact on health state preferences. *Med Care* 2002; 40 : 1068-79.
74. Quinn MJ, Martinez-Garcia C, Berrino F and the EURO-CARE Working Group. Variations in survival from breast cancer in Europe by age and country, 1978-1989. *Eur J Cancer* 1998; 34 : 2204-11.
75. Raik BL, Miller FG, Fins JJ. Screening and cognitive impairment, ethics of forgoing mammography in older women. *J Am Geriatr Soc* 2004; 52 : 440-4.
76. Reindl Benjamins M, Brown C. Religion and preventative health care utilization among the elderly. *Soc Sci Med* 2004; 58 : 109-18.
77. Repetto L, Ausili-Cefaro G, Gallo C, et al. Quality of life in elderly cancer patients. *Ann Oncol* 2001; 12 : S49-52.
78. Robb C, Haley WE, Balducci L, et al. Impact of breast cancer survivorship on quality of life in older women. *Crit Rev Oncol/Hematol* 2007; 62 : 84-91.
79. Sammarco A. Quality of life among older survivors of breast cancer. *Cancer Nursing* 2003; 26 : 431-8.
80. Satariano WA, Silliman RA. Comorbidity: implications for research and practice in geriatric oncology. *Clin Rev Oncol/Hematol* 2003; 48 : 239-48.
81. Schroevers M, Ranchor AV, Sanderman R. Adjustment to cancer in the 8 years following diagnosis: a longitudinal study comparing cancer survivors with healthy individuals. *Soc Sci Med* 2006; 63 : 598-610.
82. Silliman RA, Troyan SL, Guadagnoli E, et al. The impact of age, marital status, and physician-patient interactions on the care of older women with breast carcinoma. *Cancer* 1997; 80 : 1326-34.
83. Silliman RA, Dukes KA, Sullivan LM, et al. Breast cancer care in older women: sources of information, social support and emotional health outcomes. *Cancer* 1998; 83 : 706-11.
84. Silliman RA, Guadagnoli E, Rakowski W, et al. Adjuvant tamoxifen prescription in women 65 years and older with primary breast cancer. *J Clin Oncol* 2002; 20 : 2680-8.
85. Siminoff A, Fetting JH. Factors affecting treatment decisions for a life-threatening illness: the case of medical treatment of breast cancer. *Soc Sci Med* 1991; 32 : 813-8.
86. Sweeney C, Schmitz KH, Lazovich D, et al. Functional limitations in elderly female cancer survivors. *J Natl Cancer Inst* 2006; 98 : 521-9.
87. Thewes B, Butow P, Giris A, Pendlebury S. The psychological needs of breast cancer survivors: a qualitative study of the shared and unique needs of younger versus older survivors. *PsychoOncology* 2004; 13 : 177-89.
88. Thomson CS, Hole DJ, Twelves CJ, et al. Prognostic factors in women with breast cancer: distribution by socioeconomic status and effect on differences in survival. *J Epidemiol Community Health* 2001; 55 : 308-15.
89. Townsley CA, Naidoo K, Pond GR, et al. Are older cancer patients being referred to oncologists? A mail questionnaire of Ontario primary care practitioners to evaluate their referral patterns. *J Clin Oncol* 2003; 21 : 4627-35.
90. Truong PT, Berstein V, Wai E, et al. Age-related variations in the use of axillary dissection: a survival analysis of 8038 women with T1-ST2 breast cancer. *Int J Radiat Oncol Biol Phys* 2002; 54 : 794-803.
91. Vacek PM, Winstead-Fry P, Secker-Walker RH, et al. Factors influencing quality of life in breast cancer survivors. *Qual Life Res* 2003; 12 : 527-37.
92. Van der Klift M, de Laet C, Coebergh JW, et al. Bone mineral density and the risk of breast cancer: the Rotterdam Study. *Bone* 2003; 32 : 211-6.
93. Velanovich V, Gabel M, Walker EM, et al. Causes for the undertreatment of elderly breast cancer patients: tailoring treatments to individual patients. *J Am Coll Surg* 2002; 194 : 8-13.
94. Venugopalan M, Schmidt EW. Breast cancer screening in a rural Wisconsin community. *WMJ* 2001; 100 : 32-4.
95. Vercelli M, Capocaccia R, Quaglia A, et al. Relative survival in elderly European cancer patients: evidence for health care inequalities. *Crit Rev Oncol/Hematol* 2000; 35 : 161-79.
96. Wang C, Douglas J, Anderson S. Item response models for joint analysis of quality of life and survival. *Stat Med* 2002; 21 : 129-42.
97. Wanebo HJ, Cole B, Chung M, et al. Is surgical management compromised in elderly patients with breast cancer? *Ann Surg* 1997; 225 : 579-89.
98. Warren JL, Brown ML, Fay MP, et al. Costs of treatment for elderly women with early-stage breast cancer in fee-for-service settings. *J Clin Oncol* 2002; 20 : 307-16.
99. Watson M, Haviland JS, Greer S, et al. Influence of psychological response on survival in breast cancer: a population-based cohort study. *Lancet* 1999; 354 : 1331-6.
100. Weller D. Behavioural and social science research in cancer. *Eur J Cancer* 2004; 40 : 314-5.
101. Wieland D, Hirth V. Comprehensive geriatric assessment. *Cancer Control* 2003; 10 : 454-62.
102. Wyatt G, Kurtz ME, Liken M. Breast cancer survivors: an exploration of quality of life issues. *Cancer Nursing* 1993; 16 : 440-8.
103. Wyld L, Reed MWR. The need for targeted research into breast cancer in the elderly. *Br J Surg* 2003; 90 : 388-99.
104. Yancik R. Cancer burden in the aged: an epidemiologic and demographic overview. *Cancer* 1997; 80 : 1273-83.
105. Yancik R, Wesley M, Ries L, et al. Effect of age and comorbidity in postmenopausal breast cancer patients aged 55 years and older. *JAMA* 2001; 28 : 885-92.
106. Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. *J Psy Res* 1983; 17 : 37-49.
107. Zhang S, Folsom AR, Sellers TA, et al. Better breast cancer survival for postmenopausal women who are less over-weight and eat less fat. *Cancer* 1995; 76 : 275-83.



Notes





> Depuis 20 ans, grâce à m/s, vous vivez en direct les progrès des sciences biologiques et médicales



Chaque mois, avec les articles de référence de M/S

Chaque jour, sur www.medecinesciences.org



Médecine/Sciences

est indexé dans PubMed/Medline

Current Contents, série Life Sciences
EMBASE/Excerpta Medica
PASCAL
CABS
BIOSIS

- > Des articles rédigés par des médecins et des chercheurs reconnus sur la scène internationale qui posent avec rigueur les bases des débats scientifiques.
- > Des synthèses, éditoriaux, dossiers techniques et analyses toujours replacés dans leur contexte pour que l'information soit la plus exacte, intelligible et objective.
- > La dimension humaine privilégiée, avec l'analyse des retombées diagnostiques, thérapeutiques, la prévention et l'éthique liées aux nouvelles avancées.

- > Un panorama clair et concis de l'actualité scientifique : des nouvelles, des brèves, des données chiffrées, des repères et perspectives pour qu'aucun fait significatif ne vous échappe.



Tarifs d'abonnement pour M/S - 2007

Abonnez-vous à Médecine/Sciences

Mon règlement :

Par mail edk@edk.fr

Uniquement pour les paiements par carte bancaire

Par fax en envoyant ce bulletin au 01 55 64 13 94

Uniquement pour les paiements par carte bancaire

N°

Date d'expiration Signature :

Par chèque à l'ordre de Médecine/Sciences, en envoyant ce bulletin à :

Éditions EDK

2, rue Troyon

92316 Sèvres Cedex, France

Pour recevoir une facture, cochez cette case

Tarifs Canada-USA-Mexique :

Contactez

Médecine/Sciences

500, rue Sherbrooke Ouest,

bureau 800, Montréal, Québec H3A 3C6, Canada

medecine.sciences@bellnet.ca

Je souhaite m'abonner à M/S :

Nom : Prénom :

Adresse :

Code postal Ville :

Pays :

E-mail-obligatoire :

Je choisis l'abonnement :

	Particuliers		Institutions			Étudiants*		Enseignants*	
	Papier + Électronique	Électronique seul	Papier + Électronique	Électronique seul	Papier	Papier + Électronique	Électronique seul	Papier + Électronique	Électronique seul
France	<input type="checkbox"/> 168 €	<input type="checkbox"/> 118 €	<input type="checkbox"/> 375 €	<input type="checkbox"/> 235 €	<input type="checkbox"/> 365 €	<input type="checkbox"/> 78 €	<input type="checkbox"/> 62 €	<input type="checkbox"/> 112 €	<input type="checkbox"/> 86 €
UE + autres	<input type="checkbox"/> 220 €	<input type="checkbox"/> 118 €	<input type="checkbox"/> 455 €	<input type="checkbox"/> 235 €	<input type="checkbox"/> 433 €	<input type="checkbox"/> 112 €	<input type="checkbox"/> 62 €	<input type="checkbox"/> 168 €	<input type="checkbox"/> 86 €

* Joindre un justificatif