

Multidisciplinary Clinic (OMC). Most pts. were treated in our BCU, while a proportion of cases were referred after treatment in General Surgery Units (GSU) operating in the same area. The purpose of the present study is to compare these two groups of women in terms of optimal diagnostic and surgical treatment.

From Jan 2000 through May 2003, from the Bergamo area a total of 755 cases of EIBC were referred to our OMC. Of these, 542 (72%) were BCU pts., while 213 were GSU pts. Median age was 60 yr, 60% of the women reported self-detection of a suspicious breast lump, 16% presented non-palpable lesions and 6% were both not-palpable nor ultrasound detectable, 51% were cT1 and 22% cT2, and in 16% palpable axillary nodes were present. Age, clinical tumour size, clinical nodal status and symptomatic vs. asymptomatic pts. were not statistically different in the two groups. Of pts. with detectable lesions, 96% of BCU pts. had a pre-operative FNA or core-biopsy diagnosis, while 48% of GSU pts. underwent either surgical biopsy or frozen section analysis at the time of surgery. Overall, BCS was performed in 72% vs. 62% ($p < 0.01$) of BCU and GSU pts., respectively. Effective SLNB was performed in 68% of BCU pts. vs. in only 14% of outside pts. ($p < 0.0001$), and AD was avoided in 47% vs. 13% of BCU and outside pts., respectively.

In conclusion, pts. treated at a specialised BCU receive better standard of care, with better pre-operative diagnostic workup and less aggressive surgical treatment. We believe that our study strongly supports recent recommendations that dedicated and highly specialised BCU become state-of-the-art settings for management of EIBC outside research institutions.

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POSTER HIGHLIGHT

Long-term prognosis of patients with local recurrence after breast conservation therapy for early breast cancer. A report of the Dutch Study Group on Local Recurrence after Breast Conservation (BORST)

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Background: Controversies exist concerning the long-term prognosis of patients with local recurrence (LR) after breast-conserving treatment (BCT) of invasive breast cancer and prognostic factors are uncertain.

Material and Methods: Regular follow-up of the patients of eight institutes for radiation oncology, two cancer institutes and one surgical clinic in the Netherlands who underwent breast conservation therapy between 1980 and 1992 yielded 266 patients with an isolated LR in the breast. The interval between BCT and diagnosis of LR was more than 5 years for 61 patients (23%). Of the 266 recurrences, 164 (62%) were localized at or near the site of the original tumour, 37 (14%) were in a quadrant distinct from the primary tumour, 35 (13%) were diffuse or had multiple localizations and 19 (7%) were recurrences with skin involvement. Of all patients 85% underwent salvage mastectomy, 8% local excision, 4% only received systemic treatment and 3% remained untreated. The median follow-up of the patients still alive was 11.2 years.

Results: Of the 266 patients with LR 166 (62%) had died. Distant metastases were observed in 159 patients (60%) and subsequent LR or local progression in 70 (26%). Of the 159 distant metastases, 98 (62%) were detected within 2.5 years of diagnosis of LR, 137 (86%) occurred within 5 years and 153 (96%) within 10 years. At 10 years from the date of salvage treatment, the actuarial overall survival rate for all 266 patients was 42% (95% CI, 36–48), the distant recurrence-free survival rate was 40% (95% CI, 34–46), and the local control rate (i.e. survival without subsequent LR or local progression) was 71% (95% CI, 65–77). Size and growth pattern of LR were significant prognostic factors for the development of distant metastases; compared to those with a recurrences ≤ 1 cm the relative risk was 1.8 for tumours between 1.1 and 3 cm, 2.4 (95% CI, 1.5–3.9) for tumours > 3 cm or multicentric or diffuse and 4.1 (95% CI, 2.2–7.6) for recurrences with skin involvement.

Conclusions: Of the patients with invasive LR after BCT more than 60% ultimately develops distant metastases. The better distant disease-free survival for patients with LR measuring 1 cm or less might indicate that early detection of LR can improve the treatment outcome but might as well point towards a different biologic behaviour, facilitating early detection.

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POSTER HIGHLIGHT

Invasive breast cancer in women aged 35 and under: surgical treatment

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Background: It has been reported that the prognosis of young women (≤ 35 years) with invasive breast cancer is unfavourable when compared

with older women, even if the reason for this finding remains unclear. The adequacy of breast conservation therapy (BCT) in young patients is still a matter of debate. The aim of this study was to analyze the prognostic factors in such women and to assess BCT and mastectomy outcomes.

Material and Methods: The records of 37 young women with invasive breast cancer treated at our institution between 1992 and 2002 have been reviewed. All patients had lymph node status assessed by either axillary dissection or sentinel node biopsy. The details of histological type, tumour grade (according to the Elton classification) and size, estrogen receptor status (ER), lymph node involvement, type of surgery performed, overall and disease-free survival rates were obtained for all patients.

Results: The mean age of patients was 31 years (range 26–35). Twenty-six (70.3%) were diagnosed as having infiltrating ductal carcinoma (IDC) and 11 (29.7%) infiltrating lobular carcinoma. Tumour grade evaluated in the IDC was G3 in 9 patients (34.6%) and G2 in 17 (65.4%). No G1-tumours were found. RE were positive in 17 cases (45.9%) and negative in 20 (54.1%). Mean tumour size was 2.1 cm (range 0.5–3.5). All patients were submitted to adjuvant chemotherapy, and in 6 neoadjuvant chemotherapy was also undertaken. Fifteen patients (40.5%) had lymph node involvement. Eighteen patients with tumour size ≤ 2 cm were submitted to BCT and subsequent radiotherapy, 19 with tumour size ≥ 2.1 cm to Madden radical mastectomy. Median follow-up duration was 47.8 months (range 3–114). Median overall survival was 41 months. In the group of 18 patients (48.6%) operated on before 1998, the 5-years survival rate was 68.8% and the disease-free survival was 62.4 months. Mean overall survival was similar in patients submitted to mastectomy or BCT (44.7 months vs 46.9 months); interestingly, patients treated with BCT were found to have a higher disease-free survival (40.3 months vs 28.6 months).

Conclusions: According to the findings of the literature, our data confirm that breast cancer occurring in young women compared to older women is associated to a higher probability of G2–G3 tumour grade, absence of ER, lymph node involvement, and thus they have a worse prognosis. As regards type of surgery performed, in our series there was no difference in terms of overall survival in patients submitted to BCT compared to those undergoing mastectomy, however we observed a longer disease-free survival in the BCT group. These data suggest that BCT may be considered an effective and safe surgical option also in young patients with invasive breast cancer up to 2 cm.

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POSTER

Breast conservation surgery – the surgeon's factor

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Aim: This study attempts to look at factors that may influence the rate of breast conserving surgery in patients with early breast cancer.

Material and Method: It is a retrospective study that includes patients with T1 or T2 breast cancers operated from year 2000 to 2002. Besides looking at patient's and tumor factors, the year of operation as well as the subspecialty of the surgeon is also analyzed. There were additional 2 breast subspecialty surgeons who joined the department at the end of 2001.

Results: The study population consists of 389 patients. Mean age of the patient is 53.9 years (24 to 90 years). There was no difference in the patient demographics seeing breast and non-breast sub-specialists. The rate of BCS is 21%, 25% and 56% from 2000 to 2002 respectively. 26% of patients who underwent mastectomy had no documentation of reasons for not offering BCS. There was no significant difference in the BCS rate with respect to patient's age, menopausal status, ethnic group or histology of tumor. Univariate analysis showed size of tumor ($p = 0.005$), surgeon's subspecialty ($p = 0.02$) and year of operation ($p < 0.001$) as factors affecting BCS. To avoid possible bias, patients with absolute contraindications to BCS are excluded from the analysis and the result shows surgeon's subspecialty and year of operation remaining as independent factors ($p = 0.003$ and $p < 0.001$) affecting BCS rates.

Conclusion: Our study found that surgeon's subspecialty training plays an important role in increasing the rate of BCS in eligible patients with early breast cancer.