

**Sample:** According to eligibility requirement for the study, 360 people were enrolled by continuous sampling and classified into two groups (180 with mammography and 180 without mammography).

**Result:** Findings showed a significant difference between health beliefs (benefits and barrier, severity and susceptibility to breast cancer) of women who performed mammography.

**Conclusion:** Research findings indicated a relation between health beliefs and performance of mammography. Result also showed that occupation, level of education, and marital status had relation with susceptibility to breast cancer. As self-breast examination is one of the early diagnostic methods in detection of breast cancer therefore, it is recommended further research be done in relation to health beliefs and self breast examination.

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### Is the presence of residual disease after breast conserving treatment predictable?

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**Introduction:** Tumour positive resection margins are one of the frequently mentioned prognostic factors for local recurrence. In these cases, a re-excision or mastectomy is usually performed in order to improve local control, although the re-excisional specimen is often free of tumour. It was the aim of this study to evaluate tumour characteristics that might be predictive for the presence of residual disease after excisional surgery. The ultimate goal was to define groups in whom additional surgery could be restricted.

**Patients and methods:** Data of 295 patients, subjected to a wire-guided excisional breast biopsy were studied. Tumour-positive margins were found in 25% of the patients. Type and size of the primary tumour, the presence of DCIS and an extensive in situ component (EIC), multifocality of the tumour and nodal status were considered as possible indicators for residual disease.

Uni- and multivariate statistical evaluation were performed as well as a stepwise logistic regression analysis.

**Results:** Residual disease was found in 51% of the patients undergoing a re-operation. Altogether 80% of the patients with positive margins (i.e. 20% of all patients intentionally treated by breast conserving therapy) were treated by mastectomy.

Overall, nodal status and the presence of an extensive in situ component were the only two variables that were statistically significant, showing odds ratios of 11 and 4 respectively.

**Conclusion:** In case of tumour positive margins, axillary involvement and an extensive in situ component in the primary tumour were predictive for residual disease. Consequently, no subgroups could be defined in whom additional surgery could be omitted, but more 'aggressive' surgical therapy is justified in patients belonging to the risk groups.

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### Breast conserving surgery versus mastectomy: Iranian surgeons experience

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Low rates of breast conserving surgery (BCS) have been reported in Iran. This study was conducted to evaluate surgeons' preference for the type of breast cancer surgery (BCS vs. mastectomy) and predicting factors. The study population was extracted from the address list of general surgeons provided by Iranian Medical Council. Structured questionnaires were sent by mail to 300 surgeons. The questionnaire posed questions related to the surgeons including demographic data, work experience, practicing in a university hospital, number of breast cancer patients treated per year, preference of surgeon about performing mastectomy versus BCS and the reasons for avoiding BCS. In all, 83 surgeons returned back the completed questionnaire. The response rate was 27%. The results showed that only 19% of surgeons were performing BCS in their routine practice. The only predicting factor of performing BCS was the total number of breast cancer patients treated yearly by the surgeon (P=0.01). There was no association between above mentioned variables and the use of BCS. The most frequent reasons noted for avoiding BCS were uncertainty about conservative therapy results (46%), uncertainty about the quality of available radiotherapy services (32%) and the probability of patients' non-compliance for radiotherapy (32%).

In conclusion, BCS is not routinely selected by Iranian surgeons as the first and the best treatment modality. Further research for evaluating patients' outcome treated by BCS in Iran, with regard to available medical facilities and cultural factors (patients' compliance) is recommended.

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### Use of reduction mammoplasty techniques in breast cancer conservation therapy

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**Background:** The use of reduction mammoplasty techniques for tumor quadrantectomy in case of unfavourable tumor – breast size ratio or tumor location may increase breast conservation rate and improve the cosmetic outcome of breast cancer surgery.

**Patients:** From January 1997 to March 2003 55 women (mean age: 59 years, premenopausal: 15 patients) with 59 breast cancers (4 patients had bilateral cancers) underwent tumor quadrantectomy carried out as reduction mammoplasty (and Sentinel node biopsy/axillary dissection). 10 of 55 patients had preoperative hormone (n=2) or chemotherapy (n=8) to decrease tumor size.

**Results:** There were 11 intraductal carcinomas with a mean (range) size of 35.4 mm (11–60 mm) and 46 patients with invasive carcinoma with a mean (range) size of 21.2 mm (y0–140 mm), one patient each had microinvasive cancer with DCIS and Paget carcinoma.

Reduction mammoplasties were performed unilateral (n=8) or bilateral (n=41), 6 patients with unilateral surgery had reduction of the contralateral breast following a time interval of 6–15 months. In 55 patients 102 reduction mammoplasties were performed and were Lejour reduction (n=11), superior pedicle mammoplasty (n=21), superior pedicle mammoplasty with deepithelialized rotation flap (n=5), inferior pedicle mammoplasty (n=44), inferior pedicle mammoplasty with deepithelialized island flap (n=11), central reduction mammoplasty (n=2) and central reduction with deepithelialized rotation flap (n=8). Mean (range) specimen weight was 267 g (39–1090 g), mean duration of surgery was 178 minutes. None of the histologic specimen revealed positive margins. In 4 of 55 patients bilateral cancer was diagnosed prior to surgery. In 3 of 51 patients (5.8%) an occult cancer was found in the histologic specimen of the contralateral breast (intraductal carcinoma, microinvasive and papillary carcinoma).

There were 5 postoperative complications: fatty tissue necrosis in 2 patients and delayed wound healing in 3 patients. After a median follow-up of 28 months (range 6–72 months) there were no local recurrences in the breast or axilla, one patient developed bone metastases. The postoperative cosmetic result evaluated by the patients was rated as excellent in 44/55 (80%) and good in 11/55 (20%) with no poor result. Mean postoperative cosmetic result as evaluated by 4 independent investigators on a visual analogue scale on 1 (bad result) to 10 (excellent result) was 8.7 (range 5–10).

**Conclusion:** Tumor quadrantectomy combined with reduction mammoplasty was performed when tumor size in relation to breast volume or tumor location suggested a poor cosmetic outcome. Tumor quadrantectomy performed as part of reduction mammoplasty resulted in an oncologic result comparable to quadrantectomy alone but was associated with a superior aesthetic result.

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### Follow up result of BCT in advanced breast cancer – an Indian experience

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**Aim:** To see, short term and long term result in survival pattern of disease progression after breast conservative treatment in locally advanced breast cancer.

**Material and Methods:** Nine hundred and sixty five (965) women with locally advanced breast cancer were treated from 1989 to 1998 at Medical College Hospital, Kolkata, India. Seventy-two (72) women underwent quadrantectomy with axillary dissection and post-op radiotherapy (Study group). Eight hundred and ninety three (893) women underwent different variety of radical mastectomy (control group). Women of both the groups received neo-adjuvant and/or adjuvant therapy. The median follow up period was 48 months.

**Results:** In study group (BCT), local recurrence and distant metastasis were 9 (12.5%) and 15 (20.8%) respectively. Death within 5 year in this group were 11 (15.2%). In the second group, the corresponding figure were 116 (12.9%) and 168 (18.8%). Death within 5 years in this group 151 (16.9%). The five years survival and overall survival rate were comparable in both the groups.

**Conclusion:** Conservative treatment (Quadrantectomy + axillary dissection + radiotherapy) is an alternative method of treatment for patients of