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Although higher expression of bcl-2 is associated with better outcome, bcl-2 is not an independent prognosticator of distant disease free survival (DDFS) or overall survival (OS) in breast cancer

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Objectives: It is reported that higher expression of bcl-2 (an antiapoptotic factor) correlates with longer survival. Indeed some studies indicate that bcl-2 is an independent prognostic factor in breast cancer.

The aim of our study was to determine predictive value of bcl-2, hormonal receptor status [estrogen receptors (ER), progesterone receptors (PR)] and histopathological factors [tumor type, grade, mitotic proliferative index (MPI), tumor size, lymphocyte infiltration, lymph node status].

Materials and Methods: A sample of 52 Bosnian women with invasive breast cancer was studied. The mean follow-up was 52 months (range: 4–70 months).

Histopathological evaluation was performed for their formalin fixed and paraffin embedded tumor tissues. For immunohistochemistry bcl-2, ER and PR DAKO monoclonal antibodies were used.

Statistics: Kaplan-Meier and Cox Regression tests.

Results: Higher expression of Bcl-2 was associated with longer DDFS but not OS ($p=0.0016$, $p=0.77$, respectively).

According to Cox multivariate analysis tumor size, number of positive lymph nodes, MPI and H-score of progesterone are independent prognosticators of DDFS ($p=0.001$, $p=0.039$, $p=0.049$, $p=0.089$, respectively). Tumor size and Progesterone and Estrogen H-Score are independent prognosticators of OS ($p=0.019$, $p=0.030$, $p=0.035$, respectively).

Conclusion: Although higher expression of Bcl-2 correlates with longer DDFS, bcl-2 is not independent prognostic factor in breast cancer. Among investigated factors only tumor size and progesterone H-score are proven to be independent prognosticators of both DDFS and OS.

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Prevalence of breast cancer in a symptomatic breast clinic: A simple tool for rapid access

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Background: Within the United Kingdom the introduction of a two-week referral rule (from primary to secondary care) has led to an unprecedented increase in the number of patients with benign disease occupying clinic appointments. This situation could compromise those patients who do have cancer but are not referred within a two-week window. Reasons to account for such referral patterns relate to existing guidelines that fail to benefit those patients with lower risk symptoms. We reviewed prospective audit collated from patients referred to a symptomatic breast unit with the aim of introducing a referral schema based upon symptoms, age and relative risk of cancer.

Method: Demographic details, mode of referral, history and presenting symptoms were collected prospectively from each of the 2064 patients referred to the James Cook University Hospital (JCUH) breast unit from April 2001 to March 2002.

Results: Calculating Odds Ratios from eight dependent variables revealed a 30% improvement in prediction accuracy of breast cancer. From these findings a breast referral schema is presented that is designed to facilitate more expeditious referral from primary care of those patients most at risk.

Conclusions: Utilisation of the schema within primary care could lead to an increase in the number of patients with breast cancer being referred within a two-week window. Evidence as to the efficacy of the schema needs to be determined.

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The prognoses of tumours detected in the UK breast screening programme (NHS BSP) analysed by the Nottingham Prognostic Index (NPI)

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The overall prognosis of the tumours detected at screening is better than for those with symptomatic disease. It has been suggested that all small tumours screen detected do well, regardless of grade. The tumours detected at screening in the NHS BSP in 1992–3, are compared with all cases (symptomatically presenting and screen detected) aged 50 – 64 diagnosed in the Nottingham screening area in 1993 – 1996 inclusive.

Comparison has been made using the Nottingham Prognostic Index (NPI), which combines the time dependent factors of size and LN stage with the biological factor of grade.

NPI Group	NHS BSP (n=10390)		NCH (n=772)	
	% in group	9 year survival	% in group	9 year survival
Excellent	25	94.7	19	96.9
Good	33	93.2	23	94.7
Moderate I	24	84.7	29	80.6
Moderate II	13	66.6	26	63.7
Poor	6	40.1	12	39.9
Overall		88.0		77.6

As expected there are more cases in the best two NPI groups (58 v 42%) in the NHS BSP and more in the worst two in the NCH set (39 v 19%) set, which explains the better overall survival of the screen detected tumours. However once stratified by NPI screen detected tumours have survival rates as expected by NPI in all NPI groups. In particular screen detected tumours of <15 mm, LN negative, grade III (NPI 4.3) have the same survival as MPG I (3.41–4.3) and the same survival as comparable tumours presenting symptomatically.

Conclusion: Both screen detected and small tumours behave according to their combined prognostic factors as predicted by the NPI.

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Complementary medicine use among Iranian breast cancer patients

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A cross-sectional study was conducted to evaluate the use of complementary medicine by cancer patients in two comprehensive clinics, in Tehran, Iran. This paper reports the results for breast cancer patients. A specially designed questionnaire was completed for 177 breast cancer patients after informed consent was obtained. The Mean age of the participants was 47.1 years (SD=10.9) ranging from 25 to 80 years. Most were married (78%) and housewife (91%). In all 57 patients (32%) had used complementary medicines. Users and non-users did not differ significantly in educational level. Among users 50 patients (88%) indicated the use of complementary medicine after cancer diagnosis. The most commonly used complementary medicines were spiritual healing ($n=45$, 79%), bio-energy (12%) and homeopathy and herbal medicine (9%). The main sources of information on complementary medicines were personal beliefs (77%), previous information (9%), and information obtained from relatives or friends (19%). Only 7% of the users received information from their physicians. The majority of the users were satisfied with alternative therapies (37% fully satisfied and 60% relatively satisfied). Two-Thirds of the users indicated that they would like to receive complementary medicine prescriptions by medical doctors. The study findings suggest that the breast cancer patients frequently use complementary medicine after diagnosis. It seems that medical doctors should ask patients about their use of complementary medicine when they obtain medical history and they need to know more about complementary medicine to offer a better consultation to breast cancer patients.

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Prognostic significance of urokinase plasminogen activator (uPA) and its inhibitor (PAI-1) in breast cancer

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Urokinase plasminogen activator (uPA) and its inhibitor (PAI-1) have an important role in tumor growth and metastasing. It seems that determining of uPA and PAI-1 could be of significant value in evaluation of disease prognosis.

The aim of our research was to determine whether increased values of uPA and PAI-1 in our group of patients imposed worse prognosis.

Values of uPA and PAI-1 were determined using ELISA method in breast cancer citosol of 150 patients. Data on axillar lymph nodes, tumor size, histologic grade and tumor type were collected. Data on disease exitus of 113 patients were obtained from Cancer Register of Republic of Croatia. Median of disease surveillance was 44 months. There were 31 deaths and 82 patients survived.

Diagnostic accuracy of laboratory tests was assessed by ROC analysis (Receiver Operating Characteristic Analysis). Surface under ROC curve