

nodal involvement were 72% and 38%, respectively. The same values for axillary US-guided FNAC were 61% and 89%, respectively, while the combination of the two methods was characterized by a sensitivity of 76% and a specificity of 38%.

We conclude that axillary US and US-guided FNAC are valuable methods for selecting patients who may not need SLN biopsy for staging, but should undergo axillary dissection immediately. It must be kept in mind that the axillary nodes might have pathologic findings even in the absence of nodal metastasis, as demonstrated by 3 lymphoma cases and a tuberculous infection in our series.

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POSTER

# **The effectiveness of routine follow-up to detect locoregional recurrences after treatment for early stage invasive breast cancer: a systematic review**

G.H. de Bock<sup>1</sup>, J. Bonnema<sup>2</sup>, J. van der Hage<sup>2</sup>, J. Kievit<sup>1,2</sup>, C.J.H. van de Velde<sup>2</sup>. <sup>1</sup>Leiden University Medical Center, Department of Medical Decision Making, Leiden, The Netherlands; <sup>2</sup>Leiden University Medical Center, Department of Surgery, Leiden, The Netherlands

**Background:** Whether routine follow-up after treatment for primary breast cancer has any prognostic benefit is a topic of ongoing debate. The aim of this paper is to review the effectiveness of routine follow-up to detect locoregional recurrences after treatment for early stage invasive breast cancer.

**Methods:** We performed a systematic review and meta-analysis of studies published in peer-reviewed journals on the effectiveness of routine follow-up to detect isolated locoregional recurrences in patients treated for primary operable breast cancer. As main outcome measure we considered: the proportion of asymptomatic locoregional recurrences diagnosed during routine visits compared to the proportion of symptomatic locoregional recurrences diagnosed during or outside routine visits. Twelve studies that involved a total of 5045 patients and 378 locoregional recurrences were identified.

**Results:** Pooling data showed an overall estimate of 40% of locoregional recurrences diagnosed during routine consultation before the patient had symptoms (95% C.I.: 35–45); of these 47% (95% C.I.: 39–54) were diagnosed after mastectomy and 36% (95% C.I.: 28–43) were diagnosed after breast conserving therapy. The studies about the follow-up of patients after mastectomy were all published before 1995, whereas all studies, with the exception of one, about breast conserving therapy were published after 1995. There was no information in the literature on treatment or survival benefit, nor on quality of life. Besides differences in therapy, we have not been able to discern subgroups of patients in whom results were different.

**Conclusion:** An important percentage of isolated locoregional recurrences is diagnosed during routine consultation prior to symptomatic presentation, in patients treated for early stage invasive breast cancer. This systematic review highlights the need for further development of a cost-effective routine for the follow-up of patients after a diagnosis of breast cancer.

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POSTER

# **Breast cancer staging and treatment planning according to internal mammary lymph node morphology**

A. Petrovsky<sup>1</sup>, A. Trigolov<sup>2</sup>, Y. Vishnevskaya<sup>3</sup>, B. Polyakov<sup>4</sup>, M. Nechushkin<sup>5</sup>. <sup>1</sup>Moscow Sechenov Medical Academy, Oncology, Moscow, Russian Federation; <sup>2</sup>Russian Cancer Research Center, Radiosurgery, Moscow, Russian Federation; <sup>3</sup>Russian Cancer Research Center, Pathology, Moscow, Russian Federation; <sup>4</sup>Moscow Sechenov Medical Academy, Oncology, Moscow, Russian Federation; <sup>5</sup>Russian Cancer Research Center, Radiosurgery, Moscow, Russian Federation

The rate of the internal mammary lymph nodes (IMN) metastasis in breast cancer patients is in the range between 12 and 55% according to different publications. Unfortunately nowadays there is the lack of the preoperative non-invasive routine methods for the definite detection of the IMN involvement.

During 1998–2003 1088 patients underwent either videothoroscopic IMN dissection (710 women) or open IMN biopsy (378 women). Very low rate of intra and post-surgical complications connected to videothoroscopic IMN dissection could be registered in all the patients. No specific complications were detected during or after open IMN biopsy. 210 of all the patients (19.3%) had morphologically verified metastasis in IMN. In 5.3% IMN involvement was detected without axillary lymph node metastasis. According to our results there is IMN metastasizing rate dependence on the additional involvement of the axillary lymph nodes, patients age, size and histological structure of primary breast tumor and no statistically significant connections could be found with location, estrogen receptor level and menstruation function of the patients. Only patients

with verified IMN metastasis underwent radiation therapy at this zone. No recidives in parasternal region was detected in non-irradiated women in 5-year monitoring period. It was shown that patients with IMN metastasis have significantly worth prognosis in comparison with IMN negative. Both techniques could be recommended to the breast cancer patients for correct staging and treatment planning.

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POSTER

# **The role of ultrasonography in addition to mammography in the detection of breast cancer**

A. Kowalczyk<sup>1</sup>, M. Nowaczyk<sup>2</sup>, M. Kanas<sup>2</sup>, A. Legowik-Chmielewska<sup>2</sup>, R. Dziadziuszko<sup>1</sup>, E. Solska<sup>2</sup>, J. Jassem<sup>1</sup>. <sup>1</sup>Medical University of Gdansk, Department of Oncology and Radiotherapy, Gdansk, Poland; <sup>2</sup>Regional Oncology Outpatient Unit, Gdansk, Poland

**Background:** Mammography is the only proved efficacious screening imaging modality for breast cancer. Additional breast ultrasonography is often performed to assess intermediate mammographical findings.

**Aim of the study:** To evaluate the diagnostic performance of ultrasonography as an adjunct to mammography in the detection of breast cancer and to identify clinical indications.

**Material and methods:** Records of women referred for breast imaging to the Regional Oncology Outpatient Unit in Gdansk from January 2001 to June 2001 were retrospectively analyzed. Results of mammography and ultrasonography were assessed using a 5-point grading scale of increasing suggestion of malignancy. Indications for referral, age, hormonal use and results of clinical examination were evaluated. Median age was 52 years (range 35–78). Median follow-up was 16 months (range 12–28). Detailed data will be provided at the conference.

**Results:** Out of 4600 consecutive patients in 80 (1.7%) mammography suggested breast cancer. Of the remaining 4520 patients in 830 cases ultrasonography was additionally performed following the suggestion of a radiologist. No additional malignancy was detected and neither were clinical indications for additional ultrasonography defined.

**Conclusions:** The role of additional ultrasonography performed as an adjunct to mammography in the detection of cancer is negligible. No subgroup of patients who would benefit this procedure was selected.

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POSTER

# **Routine mammograms in symptomatic women <50 yrs with normal physical examination: is it justified?**

H. Hamed, A. Kothari, S. Ibrahim, N. Beechey-Newman, I. Fentiman. Guy's Hospital, Academic Oncology, London, UK

**Introductory Sentence:** This unique abstract studies whether routine mammography is justified in "symptomatic" women under the age of 50 yrs who are found to have a normal clinical breast examination. As there is growing pressure to lower the age of entry into breast cancer screening programmes this study assumes significance.

**Introduction:** In the UK breast cancer screening is offered to all women between the ages of 50 and 69 yrs. There is little doubt that breast cancer screening enhances both early diagnosis and improves survival. It is also well accepted that a vast majority of breast cancers will be diagnosed in "symptomatic" women. This retrospective study looks into whether routine mammograms of "symptomatic" women below the age of 50 yrs with normal physical examination will significantly increase the number of breast cancers diagnosed. In addition we wanted to assess whether the current practice of referring women with unremarkable breast examination for routine mammograms is justified.

**Methods:** The mammogram results of 754 women below the age of 50 yrs referred on account of varied breast symptoms and found to have normal physical examination were analysed. Women who had any suspected abnormality on physical examination or recalled for further assessment for any reason were excluded. Only patients that the clinician was happy to discharge but arranged for routine mammograms to complete the assessment were included.

**Results:** The median age of the cohort was 44 years (range 35–50) and 61% were premenopausal. 6/754 (0.79%) of the women were recalled following routine mammograms. 3 of these were discharged after further imaging. The remaining 3 went on to have needle localised excision biopsies. 2 of those were invasive breast cancers and 1 was sclerosing adenosis. Routine mammography of our cohort therefore yielded only 2 breast cancers (2.6 per 1000) which would otherwise have been missed had these women not had routine mammograms.

**Discussion:** For a breast cancer programme to remain viable it is estimated that a diagnosis of 5 breast cancers per thousand women screened is to be achieved. There is also growing pressure to lower the age of entry into screening to 40 yrs. This study demonstrates that relying on clinical examination alone would be half as effective as in screening programmes. Our data do not support the current practice of carrying out