

The computer programme will be demonstrated during the meeting and will eventually be accessible on the EUSOMA website.

References: [1] Blamey RW et al., Reading the prognosis of the individual with breast cancer.

[2] Blamey RW et al., Improvement in case survival in breast cancer across the prognostic spectrum.

O-33. Validation of the Nottingham Prognostic Index (NPI) in a district general hospital (DGH) in the UK

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The NPI has been extensively validated as a predictor of outcome after treatment for breast cancer in Teaching and University Hospitals but has rarely been examined in a DGH setting. The NPI when accurate may be used to guide adjuvant treatments. This study examines prognosis in a consecutive series of 1061 patients presenting with operable primary breast cancer in whom the NPI was recorded after initial surgery. Patients of all ages were included in the study. All patients were under the care of a single surgeon, received treated according to protocols and were followed up on a long term basis at regular intervals by breast physicians in designated clinics. All data was stored prospectively on the BASO database by a data manager present in the clinics.

Results: Median age at presentation = 63 years. Median follow up = 49 months.

Grade	1	11	111
Patients	241	509	311
Lymph node status	1 (neg)	11 (1-3 pos)	111 (4+ pos)
Patients	624	285	152

NPI: 4 year survival (absolute)

	Patients studied	Deceased at 48/12	Alive at 48/12
Excellent	150	0	66 (100%)
Good	238	9	110 (92%)
Moderate	484	41	232 (85%)
Poor	189	50	59 (54%)

Analysis of Kaplan Meier survival curves for NPI using Log Rank (good and excellent combined); $p < 0.001$ (2df. Log Rank 85.09).

O-34. Young women with breast cancer; clinical, histopathological and prognostic considerations

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Breast cancer comprises 22% of all cancers affecting women in the UK. Only 2% of cases occur in those aged ≤ 35 , but the disease may be more aggressive in this age group.

We carried out a retrospective study of women presented to our hospital with breast cancer aged ≤ 35 years over 14 years considering mode of presentation, clinical staging, prognostic

indices, tumour histopathology including type, size, Bloom-Richardson grading, lymph-nodal status, vascular invasion, ER, NPI, treatment modalities and outcome.

A total of 75 patients with median age of 32 (18–35) were diagnosed. 68 (90%) presented with a palpable lump, three (4%) with inflammatory cancers, two (3%) with pain and two (3%) with distant metastasis. Clinical features were considered suspicious in 62 (83%) patients, indeterminate in 8 (10%) and benign in five (7%). 16 (21%) women had a family history of breast cancer. Median pathological tumour size was 22 (5–90) mm, 66 (88%) had Invasive Duct Carcinoma and 41 (55%) showed Grade III Tumour. During a mean follow up period of 43 months (12–132) distant spread occurred in 19 (25%) women. Mortality was 24% (18 patients). Mean metastatic-free survival was 48 (5–108) months. Tables 1 & 2 conclude results.

Table 1. Prognostic Indices

Size	Tumour		Nodal Status			Grade			NPI Score		
	Pt.	No. (%)	Nodes	Pt. No.	(%)	Gr.	Pt. No.	(%)	Score	Pt. No. (%)	
Tx	5	7%	0	29	39%	CIS	4	5%	≤ 3.4	6	8%
Tis	1	1%	1 to 3	28	37%	I	4	5%	≤ 4.4	13	17%
T1	27	36%	4 to 9	11	15%	II	26	35%	< 5.4	30	40%
T2	35	47%	≥ 10	7	9%	III	41	55%	> 5.4	26	35%
T3	3	4%									
T4	4	5%									

Table 2. Treatment Modalities

Treatment	Pt. No.	(%)	Treatment	No.	(%)
Mastectomy	41	55%	Wide Local Excision	34	45%
– No Rec.	11	15%	Chemotherapy		
– Immediate Reconst.	27	35%	– Neo-Adjuvant	4	5%
– Delayed Reconstruction	3	4%	– Post Operative	41	55%
Axillary Surgery	64	85%	Radiotherapy		
– Node Clearance	53	70%	– Post Operative	40	53%
– Node Sampling	11	15%	– Palliative	4	5%
			Hormonal	58	77%

Prompt diagnosis of breast cancer in younger women is not always straight-forward, moreover, in our experience they often present with grade III, lymph nodes presenting tumour with considerably poor NPI score. We concluded that breast Cancer in young Women is biologically aggressive. Diagnosis and treatment of such group remains a challenging prospect.

ER: Oestrogen Receptors, NPI: Nottingham Prognostic Index.

O-35. Young age is not an independent prognostic factor

Blamey RW, Mitchell MJ, Macmillan RD, Robertson JFR, Pinder SE, Ellis IO, Elston CW, Lee A. *Nottingham City Hospital*

A common contention is that breast cancers in young women have worse prognoses than similar tumours in older women. In a previous publication [1] we showed that poorer overall survival was due to the higher proportion of Grade III tumours. Once standard prognostic factors had been taken into account (by use of the Nottingham Prognostic Index – NPI) survival was no different from that in older women.

Survival has improved in all NPI groups in the last 15 years and the contention remains that young age is an adverse prognostic factor. A new study in tumours diagnosed 1990-99 is