

10%. Severe late side effect were radiation ulcer 8%, brachial plexopathy 6% and ribnecrosis 6%.

Discussion: Interpretation of these results is difficult due to the heterogeneity of the group. The combination of removal of macroscopic tumour, re-irradiation and hyperthermia appears to achieve a good loco-regional control, with an acceptable risk of side effects.

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Poster

Radical breast cancer surgery and its complications

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Aim: Although complications after radical breast cancer surgery are cut to minimum rate by performing modified radical mastectomy, they are still observed and affect mostly quality of life and duration of post operative recovery.

Patients and Methods: During the years 2003 and 2004 total of 1310 modified radical mastectomies were performed at the Institute of Oncology and Radiology of Serbia, in Belgrade. We analyzed the group of 479 breast cancer patients who had modified radical mastectomy during that period. We observed the following complications in patients who had modified radical mastectomy: mortality, infections, bleeding, seroma, neuropathy, lymphoedema of the arm.

Results: The data we obtained showed that these were the complications our patients had after modified radical mastectomy: mortality – none (0%), infection – 35 patients (7.3%), hematoma – 48 patients (10.0%), seroma – 209 patients (43.6%), neuropathy – 57 patients (11.9%), lymphoedema – 14 patients (2.9%) and no complications in 116 patients (24.3%).

Conclusion: We are still not satisfied with relatively high percentage of post operative seroma, which could be explained by the large number patients who had axillary lymphadenectomy.

This might be avoided by performing sentinel lymph node biopsy (SLNB) and limited axillary dissection of level I and II only.

Thursday, 23 March 2006

16:00–16:45

POSTER SESSION

Metastatic disease

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Poster

Limited improvement in the prognosis of patients with primary metastatic breast cancer between 1975 and 2002: a population-based analysis

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Background: About 3%-10% of all breast cancer patients have distant metastases at initial presentation. In the last few decades the treatment of metastatic breast cancer has undergone considerable changes. The aim of this population-based study was to investigate if these changes have improved the prognosis of patient with primary metastatic breast cancer.

Methods: In the period 1975–2002 the population-based Eindhoven Cancer Registry recorded 21,522 patients with primary breast cancer. Metastatic disease at initial presentation was detected in 1089 of these patients (5%). Patients were divided into three groups, according to their date of diagnosis: 1975–1984, 1985–1994 and 1995–2002. This division largely corresponds with the changes in the systemic treatment of metastatic breast cancer. Follow-up was completed until 1 January 2005.

Results: The proportion of patients with primary metastatic breast cancer decreased from 6.0% in the period 1975–1984 to 4.5% in the period 1995–2002. The median survival rates for patients with primary metastatic disease were 18, 17 and 20.5 months respectively for patients diagnosed in the periods 1975–1984, 1985–1994 and 1995–2002 ($p=0.04$). A multivariate analysis, including age, tumor size and information on the localization of metastatic disease and the number of metastatic sites,

showed that patients diagnosed in the period 1995–2002 had a 18% lower death risk (95% confidence interval 4–30) compared to those diagnosed in the period 1985–1994. A stratified analysis according to age group showed a significant improvement in the period 1995–2002 for patients younger than 50 ($p=0.03$), which appeared to be limited to patients who had survived the first 2 years after the diagnosis of metastatic disease. Improvements were much smaller and not significant for the patients aged 50–69 years or 70 years and older.

Conclusion: The prognosis of patients with primary metastatic breast cancer started to improve after 1994. The observed improvement was only significant for patients younger than 50 years of age. Considering the recent developments in the treatment of metastatic disease, especially the increased use of taxanes and aromatase inhibitors and the introduction of trastuzumab in human epidermal growth factor 2 (HER-2)-positive patients, the full impact of these drugs on a population-based level should become evident in the next few years.

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Poster

Phase II study of Docetaxel, Carboplatin, and Trastuzumab (THC) as first-line treatment in patients with HER-2 amplified advanced breast cancer. Changes in circulating tumor cells (CTC), total plasma DNA and Circulating HER-2 ECD

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Introduction: Preclinical and clinical data suggest that docetaxel, platinum salts in combination with the anti-HER2 antibody trastuzumab act synergistically. Results from clinical studies in patients with metastatic breast cancer and in the adjuvant setting corroborate these data. In this phase II study the activity of this regimen was related to changes in circulating biomarkers.

Methods: This ongoing study has enrolled patients with metastatic breast cancer with demonstrated, FISH+ HER2 amplification treated with first line chemotherapy. Patients received TCH on day 1 of a 21 day cycle consisting of Docetaxel 75 mg/sqm, Carboplatin AUC 6 mg/mL.min, and trastuzumab 6 mg/kg (loading schedule in cycle 1). Six cycles were intended, to be followed by trastuzumab until progression. No prophylactic G-CSF or antibiotics were administered. Measurement of total plasma DNA, circulating ECD HER2 and circulating tumor cells (RT-PCR for mammaglobin and CK-19) was done prior to and after the first cycle, and after every three cycles. Radiological tumor measurement was scheduled every three cycles using RECIST criteria. A cardiac evaluation using MUGA was performed every three cycles.

Results: 34 patients were enrolled with a median age 52 years (40–72), with 26 (76%) patients having visceral disease. All patients had measurable disease. 27 had received prior anthracycline containing adjuvant chemotherapy, none had received previous taxane therapy. After a median of six cycles 7 patients obtained a CR and 18 a PR for a RR of 73%, with 8 patients obtaining stable disease and 1 patient suffering from progression. Median duration of response has not been reached. Two patients experienced one episode each of grade 4 neutropenia with fever. In total 190 cycles were administered (1 pts received 5 cycles, 3 pts received 9 cycles and one 8 cycles). No clinical cases of CHF was noted, six patients had a decrease of > 15% from base line LVEF. Tumor response was observed after a median after 3 cycles, but a rapid decrease in both CTC, plasma DNA and circulating ECD HER-2 after cycle 1 was observed in the majority of responding patients.

Conclusion: THC was confirmed to be a very active combination as a first line treatment for taxane-naïve patients with HER2 amplification and important visceral disease. All three biomarkers showed a rapid decrease after one cycle in responding patients. Toxicity was manageable. Cardiac toxicity did occur as measured by LVEF, but was clinically of minor importance.