conducted a phase II study of docetaxel (D) and trastuzumab (H) as preoperative treatment for locally advanced HER2-overexpressing breast cancer to evaluate the clinical response, pathological complete response (pCR), safety, and to perform a subset analysis based on tumor biomarkers.

Patients and Methods: 25 pts with HER2+ (3+ by IHC), locally advanced breast cancer were enrolled in this multicenter phase II study by the Tokai Breast Cancer Clinical Research Group (TBCRG) in Japan. Patients were treated with a combination of D (75 mg/m^2 every 3 weeks) and H (4 mg/kg loading dose and thereafter 2 mg/kg weekly). Four cycles of chemotherapy were repeated every 3 weeks and followed by surgery. P27, PTEN and IGF-IR were examined by IHC in core needle biopsy specimens.

Results: The median age was 54 years (range, 32−72) and median tumor size was 63 mm (range, 22–110). PS (ECOG): 0/1 (25/0). Clinical nodal status: N1/N2/N3 (15/5/5), Stage: IIIB/IIIC (21/4), Hormone receptor status: ER+ and or PgR+/ER−PgR− (11/14), Menopausal status: post/pre/unknown (17/7/1). The overall clinical response rate was 68% [95% CI: 47−85%].The pCR rate was 24% [95% CI: 9−45%]. The clinical response rate and the pCR rate of patients with ER− and PgR− tumors were 79% and 36%, respectively. On the other hand, the clinical response rate and the pCR rate of the patients with ER+ and/or PgR+ tumors were 55% and 9%, respectively. The most common Grade 3 or 4 adverse events were leukopenia 40%, neutropenia 58% and febrile neutropenia 20%. Non-hematological toxicities, including AST elevation, nausea, vomiting, and fatigue, were manageable. One patient developed interstitial pneumonia.

Conclusion: The combination of D and H produced a high clinical and pathological response. Subgroup analysis suggests that ER/PgR negative tumors might be correlated with pathological response in locally advanced breast cancer. Analyses of specific predictive biomarkers for D and H combination therapy are ongoing.

299 Poster

High-dose radiotherapy treatment for locally advanced breast carcinoma

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Introduction: Chemotherapy followed by surgery, radiotherapy and hormonal treatment (if ER positive) is considered the treatment of choice in patients with locally advanced breast Carcinoma (LABC).

Once in a while we are confronted with a patient with a locally (very) advanced breast cancer (L.(v.)A.B.C.), consisting of ulcerating tumour frequently with satellite tumours and skin infiltration. Most of the patients are aware of the serious situation and afraid for the diagnose breast cancer and the treatment of it. They refused medical help other than an event mostly bleeding of the tumour.

The aim of this study is to investigate the results of primary radiotherapy treatment in combination with hormonal therapy (pending on ER status)

Material and Methods: In the period February 1982 until December 2005 a total of 40 patients were identified in this situation. A surgeon, a radiation oncologist and a medical oncologist saw the patients.

The mean age was 76.5 years (48−92). This is less than 1.0% of the totally seen breast cancer patients seen in the radiotherapy department in Bronovo hospital.

It took mostly more than two contacts to assure the patient of treatment need. Trust was gained by, explanation of the results of radiotherapy cleaning the ulcer by H2O2 1.5% and absorbing gauze.

All patients were treated with megavolt (Cobalt or 6MV photons). Standard is a fractionation scheme of 2.0 Gy 5 times a week. If the condition of the patient is not well enough 4.0 Gy 2 times a week.

After 50.0 Gy a pause of 2 weeks was build in. The total treatment volume is reduced following the reduction of the tumour. The total dose depends on the condition of the patient and the treatment volume. Mostly more than 74.0 Gy (52.0−80.0 Gy) on the standard scheme and 60.0 Gy (48.0−60.0) on the alternative scheme are applied. The aim of the treatment is locally control of the tumour during the rest of life.

During and after treatment patient followed intensively.

Results: Median survival of the whole group is more than 5 years. (0−14.9 years; one patient died during treatment of metastasised breast cancer.)

Patients who received a Biological Equivalent Dose (B.E.D) of more than 115 Gy local control is over 85% during life time, while if B.E.D. less than 115 Gy local control is <38%.

Conclusions: In patients with L.(v).A.B.C. (mean age 76.5 years) treated with high dose radiotherapy (BED > 115) the local control is excellent (>85% during lifetime). The median survival is over 5 years.

300 Poster

A low recurrence rate in patients treated for breast cancer in China

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Background: To assess the relation between patient and treatment characteristics and recurrence rate in patients treated for breast cancer in Tianjin (China), where the incidence of breast cancer is about 20 per 100,000 per year.

Methods: A random selection was made of 1,197 records out of 5,987 patients diagnosed with breast cancer between 1995 and 2000. Patient and treatment characteristics were registered. As a part of the follow-up all patients were yearly contacted by telephone to assess survival status or disease status.

Results: For 1,086 patients baseline information was available, for 830 patients 5-years follow-up and for 178 patients 10-years follow-up information was available, The median age at diagnosis of patients (all females) was 48.0 years (range 19−80 years). 59% of the patients (645) had a T2 tumour, and 48% of the patients (521) were in N1−3 stage. Most women (1041; 96%) underwent mastectomy; 588 (54%) received radiotherapy; 896 (82%) chemotherapy; and 374 (43%) endocrine therapy. The 10-years local recurrence rate was 4.1% (95% CI: 2.7−5.6); the 10-years contra-lateral recurrence rate was 0.1% (95% CI: 0.0−0.3), and the 10-years distant metastasis rate was 9.5% (95% CI: 7.1−11.9). Main predictor for recurrences was T-stage.

Conclusions: In this area without breast cancer screening the treatment for breast cancer was more aggressive than is common in Western countries. The overall recurrence rate was very small. This can be caused by treatment factors or genetic and environmental factors.

301 Poster

Complications of surgery in management of locally advanced breast carcinoma

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In developed world, patients with locally advanced breast cancer represent a small subset of patients presenting with carcinoma of breast, seldom exceeding 5% in most of the series but same is not true for developing world. The management of locally advanced breast carcinoma provides a unique challenge to physicians. The role of surgery is limited and incidences of complications are quite high.

This study was done in university hospital of central India. Duration of study was 5 years from Jan 2003 to Dec 2007. All retrospective records of locally advanced breast carcinoma reviewed.

Locally advanced breast carcinoma comprises of 51.8% of all cases of breast carcinoma and 37.7% cases were below the 45 years of the age. 62.9% of cases of locally advanced breast carcinoma patients belong to T4bN1M0 stage; out of this approximately half below 45 years of age. All patients received anterior chemotherapy followed by surgery except 11 cases of T3N1M0 stage. Incidence of surgical complications is much higher in locally advanced breast carcinoma patients. Incidence of flap necrosis was very higher up to 14.5% patients. Other early complications hemorrhage, wound infection and seroma were 7%, 2% and 4% respectively. Incidence of local recurrence was 17% in present series.

In developing countries locally advance breast carcinoma is still present in larger group and incidence of complications of surgery much higher in these patients.