and/or PR-negative disease. The results presented in this analysis are from a single centre study on 11,273 partients with primary breast cancer treated in several hospitals in Croatia during the period of 15 years.

Methods: Patients tumour specimens were collected from 1990 and were analysed on ER and PR receptors in the Laboratory of the Department of Medical Oncology, University Hospital Zagreb.

Results: In univariate analysis, the proportion of ER+PR+, ER+PR−, ER−PR+, and ER−PR− tumours among our patients were 34%, 20%, 18% and 28%, respectively.We observed overall increase in proportion of ER+PR+ and ER+PR− tumours from 37% to 38% and 15% to 24%, respectively over 15 years. ER+PR+ tumours increased only among 20- to 49-years-olds and aged 80 and older. The proporton of women diagnosed with PR+ tumours, as well their number, decreased over the study period (56% vs 53%).

Conclusions: In this study we observed ER+ tumours increased with age, continously, with highest percentage in the age group of 70 to 79 years. Similarly, proportion of PR+ tumours was higher in the older age groups, being the highest between 40 and 49 years. During 15 years of the study we detected the trend of increase in frequency and proportion of ER+ tumours (for 10%) and the decrease of PR+ tumours (for 3.5%).

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76   Poster

Long term results of breast cancer (BC) treatment (tt) in elderly patients (pts)

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Purpose: To evaluate retrospectively the characteristics and tt of BC in elderly.

Patients and Methods: Analysis of 617 pts ⩾70 yrs treated for non-metastatic BC between 1995 and 1999 with a median follow-up of 91 months (3–146). Clinicopathologic characteristics and locoregional tt were analysed using Khi2 or Kruskal Wallis tests. Cause specific survival (CSS) and distant recurrence free interval (DRFI) were estimated by Kaplan–Meier and compared by Log Rank test; multivariate analysis used Cox regression.

Results: 3 groups (grp) were compared: I (330 pts; ⩾70–<75 yrs), II (173 pts; 75−79 yrs), III (114 pts; ⩾80 yrs). T1 tumors in the 3 grps were resp. 40.3%, 34.7%, 27.2% (p < 0.0001). Histology, hormonal receptors and SBR grading were not significantly different. In the 3 grps respectively, surgery was undergone in 99.1%, 94.2%, 75.4% of pts (p < 0.0001): 15.6%, 7.4%, 22.4% underwent conservative surgery without axillary node dissection (AND); 58.4%, 59.5%, 36.5% with AND, and 25.7%, 33.1%, 41.2% mastectomy and AND (p = 0.004). Neoadjuvant hormonal therapy (HT) was prescribed in 7.3%, 15.6%, 36.8% of pts (p < 0.0001); adjuvant (adj) HT in 46.1%, 59%, 52.8% (p = 0.001); adj. chemotherapy in 4.5%, 2.9%, 0.9% of pts (NS). At 7 yrs: CSS was: 0.91 [0.87−0.94] for grp I, 0.86 [0.81−0.92] and 0.85 [0.77−0.93] for II and III (NS); the DRFI was resp.: 0.88 [0.85−0.92] for I, 0.85 [0.79−0.91] − II; 0.86 [0.78−0.94] − III (NS). At 7 yrs the local control was 91.9%, 91.7% and 90.3% in the 3 grps. In multivariate analysis, the stage, oestrogen receptors and SBR grade remained prognostic for cause specific death risk and the stage, oestrogen receptors and clinical node involvement for distant recurrence risk adjusted on the other prognostic factors.

Conclusions: In our study the long term results of BC in elderly is identical to reported results for younger pts. It can be hypothesised that CSS could be improved by BC screening in elderly pts in order to detect more early T1 tumors.

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The GISS Trial: A pilot phase randomized prevention trial of screening plus goserelin plus ibandronate, versus screening alone in premenopausal women at high risk of breast cancer

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Introduction: The availability of genetic testing for inherited mutations in breast cancer genes 1 and 2 provides valuable information on women at increased risk for breast and/or ovarian cancer. However, premenopausal women with increased risk in breast cancer have few clinical management options to reduce their risk without having surgical intervention.

Material: The GISS trial, a randomized, multi-center, open phase II trial assessed the feasibility of a preventive treatment with goserelin and ibandronate for premenopausal women at increased risk for breast cancer. The primary endpoints were the refusal to undergo randomization and the discontinuation of treatment; the secondary endpoints were safety, quality of life, sexual activity, cancer worry scale and changes in bone and breast density.

Results: Between 2001 and 2003, 31 out of 322 eligible women participated in the trial in 11 centers. One woman withdrew her consent after randomization; 15 participants received only screening and 15 received goserelin, ibandronate plus screening. Treatment was planned for 24 months, but after 12 months less than 50% of all randomized women participated. No difference in the agreement to randomization and compliance was assessed between the groups. After 12 months of treatment no significant differences were observed in severe side-effects, excepting hot flushes, headache and vaginal dryness. In breast tissue density, cancer incidence and quality of life evaluation no differences were evaluated between the two groups.

Conclusion: In conclusion, the treatment with GnRH analogues might offer a non-surgical option in the prevention of breast cancer when applied to premenopausal women, if efficacy can be proven in a larger population. To enhance the participation better information about health care is sorely needed.

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ONCOPOOL – A European Dataset of 17,600 cases of breast cancer

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Objectives: To assemble a clinical reference database, recording tumour characteristics and pathology/biology, treatments, and follow-up outcomes compared with SEER.

Entry: From 12 European Breast Cancer Units. Primary Invasive, surgery first line, <5 cm, age <70. Consecutive cases diagnosed in each unit in periods in 1990's

Data: Retrieved and analysed for each unit and combined:

1. Size. Mean diameter all cases 18.0 cm (range of means by unit 17.0–20.7)
2. LN status, All Cases: neg 66%, 1−3 pos 24%, 4+pos 10%. Figures consistent across units. Negative rates were in "sampling units" (2 units, 67%) and "clearance units" (10 units, 64%)
3. LN status. v. size. Second order polynomial functions have been fitted (R2's all >0.9)
4. Grade. 87% graded. Average from 7 most consistent units: G1 23%, G2 41%, G3 86%
5. ER + 73%
6. Clinical outcomes and prognosis were reported in a separate paper

ONCOPOOL is European based, data direct from units with high rates of retrieval, large range of variables, long term follow up, outcomes follow up from modern treatment protocols.

ONCOPOOL now represents the standard dataset for breast cancer.