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HIGH DOSE ESTROGEN IN REFRACTORY METASTATIC CARCINOMA OF THE BREAST
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In Phase II trial, pts with refractory Ca of the breast were treated with high dose stilbestrol.
Methodology: All patients with metastatic Ca breast refractory to conventional therapy are eligible to enter. Stilphostrol(150mg/m^2) IV in 250cc of N/S on day 1/day 2.
Medroxyprogesterone 10mg PO/day, day 25 to day 30 to protect endometrium.
Pts with measurable or non-measurable diseases are included.
Results:

3 post-menopausal
1 pre-menopausal

All 3 post-menopausal pts responded, both objective & subjective improvement noted with increase performance status. One of three with liver metastasis has a complete response, the other two had skeletal involvement with total disappearance of pain.
Toxicity:

1)vaginal bleeding
2)minimal fluid retention

Impression: High dose stilbestrol improves survival and quality of survival in refractory Ca of the breast.

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PATHOLOGY OF THE UTERUS AND THE PROGNOSIS OF PATIENTS WITH ADVANCED BREAST CANCER.
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Ninety-six of 557 (17%) patients with advanced breast cancer had coexisting uterine pathology (endometrial hyperplasia, cancer or myomatosis). The median survival times from the detection of metastasis of patients with and without these abnormalities were 25 and 34 months respectively ($p<0.02$). Estradiol receptor (ER) activity of the tumor was known in 439 of 557 patients. In the group of 274 patients with ER positive tumors (62%) the median survival times for patients with (n=37, 14%) and without known pathology of the uterus were 25 and 38 months respectively ($p<0.01$). The figures for pre and postmenopausal patients with ER positive tumors were essentially the same. The difference in survival time could not be explained by differences in other prognostic factors as progesterone receptor activity (PgR), localisation of first metastasis, age and Quetelet index. In a stratified analysis uterine pathology was an independently operating prognostic factor besides PgR activity and site of metastases. In the group of 165 patients with ER-negative tumors no statistically significant difference in survival time between women with and without uterine pathology was found. These results indicate that (previous) uterus pathology, related to inappropriate estrogen stimulation is correlated with decreased survival times of patients with ER pos. advanced breast cancer. This might be explained by an increased rate of dedifferentiation of tumor cells through enhanced stimulation by estrogens.

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HORMONTHERAPY OF METASTATIC BREAST CANCER
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At present in the Gyneacological University Hospital Erlangen patients suffering from metastatic breast cancer are treated in a prospective randomized study with two different hormonal therapy-scheduled. There are two different arms of therapy: Sequential therapy: Long term treatment with Nolvadex (Tamoxifen) 30 mg/die. In case of progression after initial response a long term therapy with Clinovir (MPA) 1000 mg/die will follow. Patients in a new progression will be excluded from study. Intervall Therapy: Nolvadex (Tamoxifen) 30 mg/die for 4 weeks, 4 weeks pause, Clinovir (MPA) 1000 mg/die for 4 weeks, 7 day pause; start from the beginning. In case of progression patients will be excluded from study. To be included in the study positiv or unknown hormone-receptors as well as local relapse or distant metastases are demanded. Both treatment strategies were proved concerning response and side effects. Till now 81 patients are evaluable. In both therapy arms there is an objective remission of 45% (CR+PR) and a response of 75% (CR+PR+NC). The duration of remission still cannot be judged. In patients with Intervalltherapy we had slightly more side effects. Patients in Intervalltherapy welcomed the treatment pauses. Especially concerning the increasing quality of life this schedule seems to be quite well acceptable.
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HORMONAL TREATMENT OF PLEURAL METASTASES IN ADVANCED BREAST CANCER PATIENTS
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A subgroup of 22 postmenopausal breast cancer (BC) pts. with pleural metastatic involvement was selected for hormonal systemic treatment according to clinical criteria for hormonodependency. Steroid receptors were determined in pleural fluid cells in 8 pts. After simple evacuation of the malignant pleural exudates, Tamoxifen was administered to 14 pts, either as primary hormonotherapy or secondary to castration; since other 8 pts had previously been treated with Tam, 5 of them received progestins, 1 Aminoglutethimide and 2 androgens. The therapeutic response(as objective regression or absence of pleural fluid reaccumulation within at least 2 mos) was observed in 16/22 pts (72%) and maintained for 2+ to 21+ mos, including 3 complete remissions. The % of response was slightly lower in pts previously receiving adjuvant chemotherapy. In conclusion, it has been shown that some of advanced BC pts, even with visceral metastases in pleura, may benefit from hormonal treatment with regard to RR and quality of life.The use of clinical criteria in pts selection seems to be satisfactory.