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PROGESTERONE RECEPTOR POSITIVITY IN MALIGNANT BREAST TUMOURS IS RELATED TO THE REPRODUCTIVE STATUS OF A WOMAN AT TUMOUR INITIATION- RESULTS FROM CASES WITH POSSIBLY RADIATION INDUCED TUMOURS.

H. Olsson, H. Sigurdsson, Å. Borg, M. Fernö.
Department of Oncology, University Hospital, Lund S-221 85, Sweden.

Women, with a history of prior irradiation towards the breast after the first full term pregnancy, who later develop postmenopausal breast cancer, significantly more often showed progesterone receptor positive tumours, compared with tumours in other postmenopausal women occurring after irradiation before the first full term pregnancy or in nulliparous women.
Estrogen receptor content did not show a similar dependence on the reproductive status of the woman at initiation, but was instead related to the age of the woman at irradiation with more receptor positive tumours occuring in young irradiated women than in older women.
The findings suggest that initiation of a breast tumour after a first full term pregnancy is associated with development of progesterone receptor positivity in the tumour. Possibly then the tumour develops from a more differentiated epithelium. It also supports the view that at least partly the hormonal milieu at the time of initiation can be detected decades later in the tumour biology. As in the normal breast epithelium estrogen receptor positivity in tumours occurs at younger ages of initiation before progesterone receptor positivity.
Age at diagnosis did not affect the results when the reproductive status at initiation was known.

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MEGESTROL ACETATE IN ADVANCED BREAST CANCER.

P.Pronzato, D.Amoroso, G.Bertelli, F.Brema, R.Rosso. Ist.Naz.Ricerca Cancro.V.Benedetto XV 10 16132. GENOVA, ITALY

Megestrol Acetate (MA) is commonly used in advanced breast cancer (BC). We performed a phase II study in 69 BC pts with MA at the dose of 160 mg p.o. once daily.
Characteristics of pts were : median age 64 years (range 32-75); all postmenopausal; dominant site of metastases was bone in 33 pts, liver in 11 pts, lung in 12 pts and soft tissue in 12; all pts were pretreated with chemotherapy and/or hormonetherapy.
63 pts were evaluable for response. We observed 2 Complete Responses and 12 Partial Responses (Response rate: 22%).The median duration of response was 7 months. A stable disease was observed in 46% of pts.
Major toxic effects were : weight gain (median 2 kgs; range 1-7) in 36% of pts; mild nausea in 8%. No pt discontinued treatment because of toxicity.
Our study confirms that sngle daily administration of MA is an effective and safe regimen especially in pts who need palliative treatment after Tamoxifen therapy.

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WEIGHT GAIN AFTER MEGESTROL ACETATE INTAKE IN CACHECTIC PATIENTS WITH NON-HORMONSENSITIVE CANCER

W. Skorek, E. J. Borghardt

Megestrol acetate (MA) is a semisynthetic progesterone which possesses an intense anabolic effect besides its antiestrogenic and antiandrogenic effects on hormonsensitive tumors. This side effect can lead also in cachectic patients with non-hormonsensitive tumors to increased appetite and weight gain.

45 patients with advanced non-hormone responsive tumors (head and neck N = 29, GI N = 12, lung N = 3 and sarcoma N = 1), receiving no antineoplastic treatment entered the study until now. All of them had lost more than ten percent of their normal body weight. Mean age was 60 years, mean Karnofsky-index was 70 %. Patients received MA 160 mg/day for 4 - 8 weeks and were then checked for response. In case of weight gain patients were allowed to continue the drug intake out of study control.

18 patients (50 %) out of the currently evaluable 36 patients showed increased appetite with a mean weight gain of 3,4 kg. Response rate was highest in head and neck cancer patients with 74 %. There were no measurable edema or other side effects detectable. The subjective indices like activity level and well-being improved in almost 60 % of responders.

Regarding 50 % of responders in end-stage cachectic tumor patients and reflecting the problems of higher dosages as costs, patient compliance, side effects, MA 160 mg/day seems to be sufficient for the purpose of weight gain and should be recommended as an early supportive therapy, probably starting already during antineoplastic treatment especially in head and neck cancer patients.

Dep. of Hematology/Oncology (Tumor-Center Hannover) Med. Clinic I, Deister-Süntel-Kliniken, D-3252 Bad Münder 1)

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ACTIVITY OF ALTERNATED TAMOXIFEN (TMX)-MEDROXIPROGESTERONE ACETATAE (MPA) IN POSTMENOPAUSAL/ELDERLY (PE) PATIENTS WITH PRIMARY BREAST CANCER(PBC).

A.ANTON(*),E.ARANDA,J.JIMENO,R.GONZALEZ,J.BELON(*), J.DIAZ-FAES. From C.S.Capitan Cortés-Dpto. of Medical Oncology (Jaén), Spain and members of Collaborative Group(Córdoba. Madrid. León) Spain

PE patients (P) with PBC not suitable to surgery because age, locally advanced disease or intercurrent disease are being entered in a confirmatory phase II study with TMX 30mg/day, days 1-14 and MPA 1000mg/day orally, days 16-30.P are evaluated at 2 and 4 months from the start of TMX-MPA: consecutive therapy was stated in a P individual basis as investigator discretion. 19 consecutive P have been included: mean age=72 (57-82), median ECOG=1, the median Tumoral stage (T) at entry was T4b (range T2-T4c) with a distribution as follows: T2/1P, T3A/1P, T4A/4P, T4B/11P, T4C/2P. Response (RE) data to TMX-MPA is: complete response (2P), partial response (12P), No Change (5P). Thus this program is able to induce major response in 74% of the P with PBC (95% c.l. 49-91). The median time to observe RE was 8 weeks (4-20). The median T at evaluation was T3(T0-T4b) with the following T distribution: T0/2P, T1/3P, T2/1P, T3/7P, T4a/5P and T4b/1P. 3 and 2 P with RE underwent Radical surgery and Radiotherapy respectivily. 6 out the 14 P with RE have relapsed. The median time to progression of all entered P is 40 weeks (13-131). No P had severe toxicity. TMX-MPA activity in P with PBC is high and associated with very low toxicity.