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Breast Cancer: Lots of Data, Steady but Slow Clinical Progress

EORTC Breast Cancer Working Conference, 3–6 September 1991, Pauscollege Leuven

BREAST CANCER is probably one of the most typical examples in the field of oncology where the management has switched in less than 2 decades from a very simple, straightforward approach, to a difficult and sophisticated domain.

Not so very long ago, all patients underwent mastectomy and the only pending question was whether postoperative radiotherapy was to be given. Even this last question was usually asked as a "black or white" problem with little discrimination for the different subgroups.

The development towards less aggressive local treatments with breast preservation and of different systemic modalities for advanced disease with also the concept of adjuvant treatments have led to a rapid expansion of the field of scientific topics which are studied in relation to the treatment of breast cancer. These go from the level of molecular biology and biochemistry, amongst other things trying to refine the insights of the biology of the individual tumours and therefore the prognosis of specific patients to which treatment can be tailored, over problems of health resources allotment to be covered in the assessment of effectiveness of screening and cost-benefit ratios of adjuvant treatment, to the specific problems of quality evaluation of the technical aspects of treatment and the assessment of "adequacy" of treatment indications and finally the psychological side effects and possible support of patients.

The rapid accumulation of scientific data in recent years has been fascinating. It is therefore sometimes slightly disappointing to compare the availability of data with the slow accrual of new facts in medical practice. This has to do with the complexity of the chain of events going from diagnosis to final outcome, and to the long time intervals which are necessary to have a final assessment of the impact of new modalities of policies but also to the shortage of structural organisation in clinical research. Still too many data are collected in studies which by their concept are doomed to lack the necessary power to draw any conclusion.

The Breast Cancer Working Conference in Leuven was again a typical mixture of this state of the field. With the active participation of over 700 enthusiastic scientists, very interesting basic data were presented and stimulating discussions were held, including clinical research where progress is however, much slower.

In the present package of papers, there are several "review articles", covering specific aspects, as they were presented during the conference. Also, a number of scientific papers which were presented in the different symposia and proffered paper-sessions have been collected and peer reviewed through the normal channels of the journal.

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Ductal Carcinoma *in situ* of the Breast: Do we Still Need Trials?

AT PRESENT there are several national and international trials examining aspects of the management of ductal carcinoma *in situ* (DCIS) of the breast. As more information becomes available, more rapidly, from non-randomised studies, will the trials become redundant? Emphatically no. In this issue Silverstein *et al.* (pp. 630–634) report a series of 227 patients with DCIS, largely diagnosed because of mammographical abnormalities. Their results raise as many questions as they answer.

98 patients (43%) were treated by mastectomy, the main indication being the extent of DCIS, mean pathological diameter of the lesions being 3.7 cm. 1 of these patients developed an invasive relapse. Wide excision and radiotherapy (with or without an interstitial boost) was used in 103 (45%). Average size of lesion was 1.4 cm, and 8 patients relapsed, 5 with DCIS and 3 with invasive disease. Wide excision, without radiotherapy, was used to treat 26 (average size 1 cm) and there were 2 relapses, 1 invasive and 1 non-invasive.

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