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PRIMARY MEDICAL (NEOADJUVANT) CHEMOTHERAPY WITH CONTINUOUS INFUSIONAL 5-FU (F), EPIRUBICIN (E) AND CISPLATIN (P) FOR LARGE OPERABLE BREAST CANCER: A VERY ACTIVE NEW REGIMEN

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We are investigating a novel primary medical chemotherapy (PMC) regimen using long term (6 month) continuous infusional F 200 mg/m²/day by ambulatory pump and Hickman line, with E 50 mg/m² iv q 3 weekly bolus and P 60 mg/m² q 3 weekly for 6 months in patients with large early breast cancer potentially operable by mastectomy. Since January 1991 34 patients, median age 44 (range 26-57) years, median tumour diameter 5.4 (range 3-12)cms have been entered and are evaluable for response (>2 courses). All patients have achieved an objective response including 22 (65%) complete remissions (95% CI 41-80%). The median time to response was 25 (range 12-109) days. Subsequent treatment included mastectomy and 15 wide local excisions and all 34 patients had radical radiotherapy and adjuvant tamoxifen. Major histological downgrading is seen after 1 course of ECF although at surgery (16 patients) residual tumour was seen in 11 patients (68%). So far there have been no relapses. WHO Grade 3/4 toxicity was as follows: leucopenia 31%; anaemia 0%; thrombocytopenia 0%; emesis 20%; alopecia 30%; stomatitis 3%; plantar palmar rash 11%; neuropathy 0%; Hickman line complications 15%. Nineteen patients have had dose reductions for toxicity and 8 have had dose delays. Infusional ECF is a very active regimen for PMC in breast cancer and warrants comparison with conventional regimens as PMC or adjuvant therapy in high risk women.

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AXILLARY NODAL METASTASES FROM AN OCCULT PRIMARY CONSISTENT WITH BREAST ORIGIN.

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The records of 15 patients presenting with metastases in axillary lymph nodes consistent with breast carcinoma were analysed. All patients had a mammography as part of their work-up, but no tumour was detected. Investigative procedures in an attempt to uncover an extramammary primary site were also unsuccessful. Nine patients underwent complete axillary clearance; in six patients the clinical mass was excised only. Radiotherapy to the axilla and supraclavicular area was given in 8 patients. One patient underwent mastectomy but no tumour was found in the breast. In 14 patients the breast was left completely untreated. Three patients died of recurrent disease at 16, 50 and 56 months. One patient is alive with systemic recurrence at 42 months. In two of these patients the tumour in the breast became apparent prior to other metastases. Eleven patients are alive without evidence of disease with a median survival time of 92 months (range 18-144 mo). The follow-up results indicate that in many patients the breast primary remains clinically occult. Since the prognosis of the patient group is at least comparable to that reported for Stage II breast carcinoma, a wait-and-see policy for the breast may be warranted.

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CONSERVATION THERAPY IN PRIMARY BREAST CANCER:

THE EXPERIENCE OF NORTHERN ISRAEL ONCOLOGY CENTER 1981-1988

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We continue to update our data on 200 pts with primary breast cancer treated with breast conservation between 1981 and 1988. The mean age of the pts was 54±14 years and the median follow up 70 months. 32% of the pts had path St I, 61% path St II,3.5% path St III and 3.5% had clinical St I-II disease. Level II lymph node dissection was performed in 193pts (96.5%). Adjuvant therapy consisting of combination chemotherapy and\or hormons was given to 105 pts(52.5%). Radiotherapy consisted usually of 50 Gy tangential photon irradiation to the whole breast followed by an electron or photon "boost" to the tumor bed in 105 pts(52,5%);the majority of pts received 20 Gy. Most node positive pts received 50 Gy to the lymphatic drainage. One year after completion of radiotherapy the commetic result was rated as "good" in 166/173 (96%) and "moderate" 7/173(4%) with no "poor" ratings. The 5 year actuarial survival was 90% for St I and 71% for St II pts. 20 patients (10%) developed breast reocurrence; 6 of these pts (3%) had simultaneous distant metastases. 3 pts (1,5%) developed supraclavicular lymph nodes metastases and a total of 48 (22%) developed distant metastases. The satisfactory level of local control achieved in our pts is attributed to the high doses of radiation administered (up to 70 Gy) total tumor dose in high risk lesions.

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THE TREATMENT OF PHYLLODES TUMOR OF THE BREAST: EXPERIENCE OF 286 CASES.

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From 1968 to 1990, 286 women (mean age 42 years, range from 9 to 84 ys) with phyllodes tumor of the breast underwent surgery at the Istituto Nazionale Tumori of Milan. Two hundred and twelve patients (74.1%) were pre-menopausal and 74 (25.9%) in post-menopause. For the 189 benign tumors, 65 enucleations, 64 enucleoresections, 56 wide resections and 4 mastectomies were performed. The 39 malignant lesions were treated with 3 enucleations, 2 enucleoresections, 14 wide resections and 8 mastectomies. The 58 borderline cases received 2 enucleations, 14 enucleoresections, 34 wide resections and 8 mastectomies. There were 33 relapses: 15 (7.9%) in benign, 8 (20.5%) in malignant and 10 (17.2%) in borderline cases. The average disease-free intervals were 31 months for benign, 26 months for malignant and 19 months for borderline phyllode tumors. The mean follow up period is of 93 months. From our series, which is the largest in the literature, it is concluded that a wide resection in healthy tissue is indispensable for malignant and borderline phyllode tumors, while, where benign phyllode tumor is encountered unexpectedly, even if a limited resection was performed, a wait and see policy is justified.

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HYPERTHERMIA IN THE CHEST WALL RECURRENCE IN BREAST CANCER

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From Nov.'89 to Feb.'93(39 mths), 23 patients affected by local recurrence of breast cancer were treated with external Hyperthermia (HT) alone or associated with chemo therapy (CT) and/or radiotherapy (RT). Particulary care was taken in evaluating of the external HT plus CT with 3M regimen (15 pts). At the beginning of the study,12 pts had already been treated with CT and/or RT with poor or no results. HT proved to be an excellent therapeutic choise, even in these patients, providing positive results in 19 of cases, with a 51% complete resolution of nodular lesions and marked improvement of carcinomatous lymphangitis of the chest wall. Our data,acquired so far,seems to demostrate that the association of HT plus CT (3M) apparently gives lower results in the resolution of nodular lesions in comparison with other protocols (33% complete response versus 51.5%).

KEYWORDS: Hyperthermia, Chest wall recurrences, Chemotherapy

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CONSERVATIVE TREATMENT OF INFRACLINICAL BREAST CANCER : ANALYSIS OF 184 CASES

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From 1980 to 1990, 988 women underwent radiosurgical conservative treatment (C.T.) for stage I - II breast cancer (B.C.). 184 (18.6 %) had infraclinical lesions (T0).
The mean age was 53 years (range 29-85). 63 % of the women were postmenopausal. Family history of B.C. was found in 21 % of the cases. Four had previous and eight synchronous contralateral B.C. (2 T0). Mammography showed microcalcifications, round or starry opacity and architectural distortion in 45.6 %, 47.3 and 4.3 % of cases respectively. In 2.7 % of cases another aspect was found. 35 women underwent quadrantectomy and 149 lumpectomy. 148 had axillary dissection. All received breast irradiation at 46 - 50 Gy, with a scar boost of 10-14 Gy. Regional lymph nodes were treated according to topography and pN status. 64 % of the women received hormonal therapy and 7 % chemotherapy. Histology showed ductal infiltrating carcinomas (D.I.C.) in 121 cases (66 %). 30, 40 and 4 tumors were respectively SBR I, II and III. 23 other D.I.C., with predominant intraductal component, were not classified according to SBR. We noted also 14 lobular infiltrating carcinomas (L.I.C.) and 10 lesions of various types (especially tubular). Among the 63 in situ carcinomas (34 %), we found 57 D.C.I.S. and 6 L.C.I.S. For the I.C., the histological size was in 51.3 % less than 10 mm, in 32.2 % varying from 11 to 20 mm, and only in 4 % larger than 20 mm. Only 14 out of 121 I.C. were pN+ (11.6 %), with only one involved node in 10 cases. With a median follow up of 38 months, we noted 4 (2.2 %) local recurrences (L.R.), 2 (1.1) regional recurrences (R.R.) and 2 (1.1) metastases (M.). Only one woman died of B.C. These results confirm the good prognosis of the infraclinical lesions and stimulate to continue the screening programs.

Key words : Breast Cancer - Infraclinical tumors - Screening