

(2) diffuse stromal infiltration with mononuclear cells and (3) sparse (<25%) necrosis. The tumors are further characterized by high histological grade (96% gr. III) and by predominance of estrogen receptor negativity (67%). Both factors normally indicate poor prognosis. However, this group of tumors has a significantly better overall survival and recurrence-free survival compared with a control group of infiltrating ductal carcinomas (IDC). Classical risk factors for breast cancer have a significantly different distribution and only minor prognostic importance in the group of MC compared with the control group of IDC.

According to the proposed definition, MC is biologically unique and the results indicate that the risk factors presently used for selecting breast cancer patients for systemic adjuvant treatment probably should be modified in MC.

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ORAL

APOPTOSIS ACCOUNTS FOR THE NECROSIS SEEN IN DCIS

S. Bodis^{1,2}, K.P. Siziopikou³, J.R. Harris¹, S.J. Schnitt¹, D.E. Fisher⁴

¹Joint Ctr Rad Ther

³Beth Israel Hospital

⁴Dana Farber Cancer Institute; Harvard Medical School, Boston, U.S.A.

²University Hospital, Zurich, Switzerland

The biology of DCIS is poorly understood and treatment highly controversial. Apoptosis, a genetically triggered death program has been described in the normal breast, possibly as a regulator of tissue homeostasis. To evaluate the presence of apoptosis in DCIS, we studied 25 cases of DCIS accessioned in 1993 and 1994. 10 patients presented with comedo DCIS, 9 with cribriform DCIS with intraductal necrosis, and 6 with cribriform or micropapillary DCIS without intraductal necrosis. All cases were stained for presence of apoptosis using the terminal transferase assay (TUNEL) staining free DNA ends. In all 19 cases with necrosis, TUNEL stain was positive. The 6 DCIS cases that lacked intraductal necrosis displayed no intraductal apoptosis by TUNEL assay. p53 analysis suggests that this apoptosis is independent of p53. For 2 additional cases with synchronous invasive cancer and DCIS with intraductal apoptosis, not included in this series, apoptosis was restricted to the DCIS tumor.

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ORAL

THE RELATION OF EXTENSIVE INTRADUCTAL CARCINOMA COMPONENT (EIC) WITH PROGNOSIS AND TREATMENT RESULTS OF PATIENTS (PTS) WITH PRIMARY BREAST CANCER

M.E. Meijer, M.P. Look, A.N. van Geel, C. Griep, S. Henzen-Logmans, J.A. Foekens, J.G.M. Klijn

Dr. Daniel den Hoed Kliniek, P.O. Box 5201, Rotterdam, The Netherlands

Within the context of a large retrospective study on a broad scale of prognostic factors we studied the clinical significance of EIC. In a series of 1064 primary infiltrating ductal breast carcinomas, 133 tumors appeared to contain EIC (>25% of the tumor being DCIS) as described in the pathology report. In general no significant differences in stage were found between the groups with and without EIC. Of the 133 pts with EIC 48 underwent breast conserving therapy (BCT) and 85 modified mastectomy (MM Patey). Of the 931 pts without EIC 462 underwent BCT and 469 MM Patey. After a follow-up of 7 years the 85 pts with EIC treated with MM Patey showed a better disease-free survival (DFS) than the 48 patients treated with BCT (difference 17.5%; $P = 0.07$). Within the whole group of 510 pts treated with BCT the 48 pts with EIC tended to show a worse prognosis as compared with pts without EIC (difference 9.5%; n.s.). The opposite was observed in the group of 554 pts treated with MM Patey, indicating that the 85 pts with EIC had a clearly better DFS (difference 27.9%; $P < 0.01$). With respect to overall survival only pts treated with MM Patey showed a better overall survival for pts with EIC as compared to pts without EIC (difference 31.5%; $P < 0.01$).

In conclusion: the results of this retrospective study suggest that modified mastectomy might be a safer treatment modality in patients with EIC (this study is supported by the Dutch Cancer Society, project DDHK 92-04).

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ORAL

CHANGES IN PROLIFERATION IN PRIMARY BREAST CANCERS DURING CHEMOENDOCRINE THERAPY

A. Makris, T.J. Powles, M. Dowsett, S. Ashley, S. Humphries, J. Titley, M.G. Ormerod

The Royal Marsden NHS Trust, London and Surrey, U.K.

The proliferation markers Ki67 and S-phase fraction (SPF) are important biological variables in determining the course of malignant disease. Changes in these variables may provide additional prognostic information.

We have studied changes in Ki67 (measured by immunocytochemistry using the Mib 1 antibody) and SPF (by flow cytometry) on samples obtained by FNA from patients with early breast cancer.

In a control group of 25 patients repeat FNAs were taken 2 weeks apart, with no intervening treatment, in order to determine the normal variation. For Ki67 the median % +ve for the first sample was 3.0% (range 0–23%) and the second was 4.0% (range 0–23%). For SPF the median for the first sample was 7.8% (range 1.5–21.8%) and for the second 10.3% (range 0.8–22.5%). This demonstrates (i) the good reproducibility of the technique and (ii) that FNA itself does not affect subsequent measurement of proliferation in the same tumour. In 24 patients repeat FNA was performed at 10 or 21 days after chemoendocrine therapy (CET) with Mitozantrone, Methotrexate and tamoxifen. Pre-CET the median Ki67 was 12.9% (range 1–37.7%) and post-CET 5.5% (range 0–14.7%), $P < 0.05$. Pre-CET the median SPF was 4.1% (range 0.9–27.7%) and the post-CET 3.2% (range 0.4–19.2%), $P = NS$.

These changes in Ki67 may be used as an intermediate marker of response to evaluate the effectiveness of different therapeutic agents in groups of patients. For individual patients change in relation to response to therapy needs to be evaluated with more patients. Additional quantitative measurement of apoptosis might enhance the biological and clinical significance of these measurements.

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POSTER

HORMONAL-METABOLIC STATUS IN SMOKING AND NON-SMOKING BREAST CANCER (BC) PATIENTS WITH NORMAL (N) AND EXCESSIVE (E) BODY MASS: POSSIBLE PROGNOSTIC SIGNIFICANCE

L. Bernstein, E. Tsyrlina, V. Semiglazov, V. Gamajunova, I. Kovalenko, O. Ivanova

Prof. N.N. Petrov Research Institute of Oncology, St. Petersburg 189646, Russia

Survival is decreased in smokers and obese patients with BC. We compared indices of hormonal-metabolic status in 118 pts with BC, 35 of whom smoked and 43 have had Quetelet index ≥ 32 . PreMP BC pts with E demonstrated greater than postMP pts increase in body fat content, LBM, waist/hip ratio, blood glucose and free cortisol excretion in relation to these values in pts with N. In postMP obese pts increase in reactive insulinemia and triglyceridemia was expressed more than in corresponding group of preMP pts. Smoking increased waist/hip ratio and decreased ER content in tumor tissue in greater degree in pre- and postMP pts with N than with E. The lowest level of FSH and LH and highest of estradiol in blood was discovered in smokers with E. Thus, different hormonal-metabolic mechanisms can mediate devastating effect of body mass excess and smoking on prognosis in pre- and postMP type of BC.

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POSTER

COMPUTER ANALYSIS OF BREAST CANCER CELL POPULATIONS IN ER AND PR POSITIVE AND NEGATIVE TUMOURS

D. Plegere, J. Berzins, Dz. Emzins, I. Zitare, I. Springis, G. Zeikate, I. Grabovska

Department of Medical Oncology, Latvian Oncology Center, Riga, Latvia

The ER and PR status are known to be one of the most significant prognostic factors for selection of adjuvant hormone and/or chemotherapy. It is regarded as the indicator of the malignancy of the tumour cell population. Therefore the cell population characteristics in tumors with positive or negative ER and PR is of utmost importance, allowing morphological prediction of possible malignancy of the process and prognosis of the survival of the cancer patients.

We have investigated routine stained cytological imprint slides from 34 breast cancer specimens obtained during operation. In the slide we