Proffered papers

Breast cancer—local treatment

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DUCTAL CARCINOMA *IN SITU* (DCIS) OF THE MALE BREAST: ANALYSIS OF 23 CASES

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Material: From 1960 to 1990, 581 cases of male breast cancer (MBC) were reviewed in 19 Cancer Institutes in France. 23 (4%) were pure DCIS. The median age was 56.5 years (ext. 26–77). Five patients had less than 40 years (22%). Gynecomastia was found in 10 out of 23 patients (43%). Three had family history of B.C. According to TNM classification, we found 6 impalpable lesions (T0) discovered by serosanguineous nipple discharge, 7 T1, 6 T2, and 4 Tx.

Treatment: The surgery consisted of 3 lumpectomies, 16 modified, 2 subcutaneous and 2 radical mastectomies. 16 patients had axillary dissections and 6 irradiation on the chest wall.

Histology: All cases were pure DCIS: in 14 the subtype was clearly identified: papillary (4), papillary intracystic (3), mixed papillary and cribriform (3), comedocarcinoma (2), cribriform (1), apocrine (1).

Three patients had local recurrences: two occurred in the patients initially treated by lumpectomy alone: the first was again a DCIS, but the second was an infiltrating carcinoma; this patient died by metastases. The last relapse occurred on the chest wall in a patient treated by mastectomy. One patient developed a contralateral DCIS. Two patients developed a lung and kidney cancer respectively.

In the literature the rate of DCIS in man varies from 0 to 16%. The serosanguineous nipple discharge seems a frequent symptom, especially in young men. The main histologic subtype is papillary (pure or intracystic). Mastectomy is the treatment of choice.

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PREOPERATIVE AND PATHOLOGICAL INDICATORS OF EXCISION MARGINS POSITIVITY IN BREAST CONSERVATIVE SURGERY

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Positive margins (PM) may have an important role in predicting intramammary recurrences after conservative treatment of breast cancer (BC). We analyzed a variety of preoperative and pathologic factors to determine their association with the occurrence of PM. 1148 BC cases observed from 1980 to 1994 were reviewed. All patients had undergone wide excision of the tumour and 1108 had axillary dissection. Age ranged from 23 to 87 (mean 56). pT category was pT1 in 908, pT2 in 225, and pT4b in 15 cases, respectively. pN category was pN0 in 799, pN1 in 309, and pNx in 40 cases, respectively. PM were observed in 94 (8.2%) cases (intraductal = 56, invasive = 38). PM were significantly associated with a variety of factors, namely: a) age < 40 years (13.4% vs. 7.6%, $P = 0.03$); b) microcalcifications vs. opacities at mammography (12.9% vs. 6.6%, $P = 0.001$); c) pT2 vs. pT1 (11.5% vs. 7.3%, $P = 0.04$); d) pN1 vs. pN0 (11.6% vs. 7%, $P = 0.01$); e) extensive intraductal component (EIC) or multifocality (24.2% or 17.5% vs. 3.3%, $P < 0.001$). No association was found between PM and histologic type or grading, evidence of necrosis and inflammation, or type of tumour growth.

Our experience suggests that in younger patients with microcalcifications at mammography, T2, EIC and multifocality, a wider excision of the tumour is necessary to obtain tumor free resection margins.

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INFLUENCE OF LOCAL CONTROL ON SURVIVAL IN CONSERVATIVE TREATMENT OF BREAST CANCER

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We have reviewed the evolution of our patients experiencing a local relapse after conservative treatment.

Population: 1183 pts have been treated with a combination of limited surgery and radiotherapy. 89 local relapses (LR) have been observed, for a 10-years local control rate of 83%. All the LR except two were invasive. 11% were inflammatory, 4 pts have metastasis at the time of LR diagnosis. Only 15 pts have had an axillary dissection, 10 pts with positive nodes. An extensive intraductal component was found in 46% of cases, vascular invasion in 35%. In 64% of cases, location of the LR was in the same quadrant as the initial tumor. 86% of the pts have been treated with a mastectomy; for 3 pts a second conservative treatment have been attempted; 45% of the pts have received chemotherapy.

Results: Survival for the whole population was 94% and 87% at 5 and 10 years. For patients experiencing a LR, 91% and 76% ($P = 0.005$). More metastatic disease occurred in the patients with a LR (36% vs 13%; $P < 0.001$). Due to the small number of patients, no prognostic indicators could be found: there is no influence of nodal status, site of relapse, type of salvage surgery or adjuvant chemo or hormonotherapy over long-term survival. However, early LR (before two years after initial tumorectomy) have a statistically worst prognosis than the others: survivals at 5 and 10 years were 81% and 57% for the early LR against 87% and 75% for late LR.

Conclusion: Local relapse after breast conservative treatment is an indicator for a future metastatic dissemination. Early local relapse seems to have an especially bad prognostic, and are good candidates for adjuvant chemotherapy.

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AXILLARY SURGERY CAN BE AVOIDED IN SELECTED BREAST CANCER PATIENTS: ANALYSIS OF 401 PATIENTS

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Until now axillary, dissection has been considered an integral part of breast cancer treatment and is routinely carried out even after the introduction of breast conserving surgery into clinical practice. However we believe that axillary surgery can be avoided in selected breast cancer patients. In this perspective we have analyzed 401 breast cancer patients who underwent breast surgery without axillary dissection from January 1986 to June 1994. In these patients axillary dissection was spared in consideration of some reasons, principally age, small breast cancer and previous contralateral tumor. 323 (81%) patients were in post-menopausal whereas 78 (19%) in pre-menopausal status and the mean age was 62.9 years (range 30–83). No patients had clinically involved nodes in homolateral axilla, and 312 patients (78%) had no palpable node. 216 out of 401 patients (53.6%) had a pathological tumor diameter ≤ 1 cm, 133 (33.6%) were between 1 and 2 cm, whereas 38 (9.5%) had a tumor size > 2 cm. The remaining 4 patients had no evaluable diameter due to previous incisional biopsy. The histological diagnosis was ductal infiltrating carcinoma in 188 cases (46.9%), associated to DCIS in 73 cases (18.2%) or to lobular infiltrating carcinoma (LIC) in 17 cases (4.2%). LIC was present only as histotype in 59 cases (14.7%). Breast conservative surgery was performed in 383 patients (95.6%) and only 18 patients (4.4%) underwent total mastectomy in consideration of the presence of extensive intraductal component. 257 patients (64.1%) received radiotherapy to the operated breast. In elderly patients an adjuvant hormonotherapy was preferred considering the hormonal receptorial status.