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PUBLICATION

IMPACT OF LOCAL RECURRENCE ON SURVIVAL OF PATIENTS AFTER CONSERVATIVE BREAST CANCER SURGERY

D. Eržen, J. Lindtner

Institute of Oncology, Ljubljana, Slovenia

Background: In majority of series local recurrence after conservative breast surgery did not influence significantly the 5 year survival. However, the impact on long term survival is unclear.

Aim: The aim of this study was to evaluate influence of local recurrence on long term survival.

Methods: In a retrospective study records of 259 patients treated with conservative breast surgery at the Institute of Oncology in the period from 1978–88 were evaluated. Kaplan Mayer method and long rank test were used for statistical analysis.

Results: Local recurrence developed in 40 patients. The survival of patients without recurrence was significantly better than that of patients with recurrence ($P = 0.01$). Survival at 5 years was 90% for patients without recurrence and 84% for patients with recurrence. At 10 years only 56% of patients with recurrence survived in comparison to 80% of patients without recurrence.

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PUBLICATION

RESPONSE TO PRIMARY CHEMOTHERAPY IN BREAST CANCER

A. Escobedo, E. Benito, D. Azpeitia, A. Moreno, M. Gil, B. Lloveras, C. Jimenez, L. Prieto, F. Moreno

Hospital Duran i Reynals, Ciutat Sanitària de Bellvitge, Barcelona, Spain

Objective: To assess the percentage of response to chemotherapy in patients with operable breast cancer of more than 3 cm.

Design: Longitudinal study.

Method: From January 1990, all patients younger than 66 years with breast cancer of more than 3 cm, in the mammography (T_{2-3} , N_{0-1}), were included in the study. All of them had a cytology or a minimal open biopsy. They were treated with CTX 600 mg/m², MTX 40 mg/m² and 5-FU 600 mg/m² on days 1 and 8, for three cycles. Response was assessed by mammography, and according to its result, conservative treatment or mastectomy were performed.

Results: 75 patients with a median age of 52 years (33–65) have been included; until today 63 are available. The median tumor diameter was of 4 cms. (3.1–7). Cytology was diagnostic in the 85%, and gave the same information as the biopsy. 3 pCR (4.5%), 34 PR (55%), 10 minor response (16%), and 13 SD (20%) were obtained. In three cases PD was documented (4.5%). In 44 cases conservative treatment was performed (70%).

Conclusions: 1. Primary chemotherapy obtained a 60% of global responses. 2. Only a 4.5% of pCR was obtained as in local advanced breast cancer. 3. Primary chemotherapy allows conservative treatment in patients with minor responses.

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PUBLICATION

BOOST DOSE AND NUMBER OF RISK FACTORS IMPACT ON LOCAL RECURRENCE IN CONSERVATIVE TREATMENT OF BREAST CANCER (CTBC)

B. Farrús, F. Ferrer, J. Casals, F. Cases, A. Rovirosa, M. Velasco, J. Pahisa, A. Biete

Department of Radiotherapy, Radiology, Gynaecology, Hospital Clinic, 08036 Barcelona, Spain

The real advantages achieved by the boost and the different boost doses on the tumor bed in CTBC are still under debate. In our Center after limited surgery received whole breast radiotherapy (46–50 Gy) and boost with dose intensification depending on the presence and intensity of risk factors (RF) for local recurrence (LB).

We analyzed 267 consecutive BC treated conservatively. 13 pTis, 192 pT1, 62 pT2. 79% ≥ 1 RF, 40% > 1 RF, 21% > 2 RF. No boost in 26 patients (pTis, EORTC protocol). Boost ≤ 15 Gy in 74 patients. Boost > 15 Gy in 167 patients. Actuarial local control (LC) was 95% (5 y), 97% for pT1 and 89% for pT2 (NSD). 94% for boost ≤ 15 Gy and 96% for > 15 Gy (NSD).

It seems that the prognosis of LC in presence of RF is equalized to without RF or with few intensity, when the intensification of boost dose is done.

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PUBLICATION

ESTHETIC RESULTS OF CONSERVATIVE TREATMENT OF BREAST CANCER

G. Moro

Department of Radiotherapy, Ospedale degli Infermi 13051 Biella Italy

This paper evaluates the esthetic result of 164 patients treated, between 1988 and 1992, by conservative surgery (quadrantectomy) plus radiotherapy (50 Gy on the whole breast plus 10 Gy on the tumor bed) for T1 and small T2 breast cancers. The median follow-up is 38 months. Objective evaluation is based on three criteria (asymmetry of the nipples, loss of volume, retraction), and the esthetic outcome ("excellent", "satisfactory", "poor") has been related by Stepwise Logistic Regression with age of the patients, size and site of neoplasia, concomitant chemotherapy and/or hormone therapy (administered in 45 and 74 respectively), axillary "en bloc" dissection and surgeon making intervention. The site in the lower external quadrant and the surgeon influence ($P < 0.01$) and concomitant treatment (CT alone or plus hormone) impairs significantly ($P < 0.05$) the esthetic outcome. This last factor involves important radiobiological and clinical problems.

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PUBLICATION

PROGNOSIS OF SIMULTANEOUS BILATERAL BREAST CANCER COMPARED TO METACHRONEOUS DISEASE

St. Mose, F. Saran, C. Thilmann, R. Pahnke, I.A. Adamietz, H.D. Böttcher

Department of Radiotherapy and Oncology, University Hospital Frankfurt/M, Germany

Purpose: Bilateral breast cancer is observed in 4–20% of breast carcinomas. It is not yet defined whether there are any prognostic differences between simultaneous and metachroneous bilateral disease. In a retrospective study treatment results of these two groups were analysed.

Patients: From 1977–1982 in 40 of 531 patients a bilateral breast cancer (Follow-up 5–12 years) was diagnosed simultaneously ($n = 10$) or metachroneously ($n = 30$). They were treated by mastectomy or conservative surgery both followed by postoperative radiotherapy (50 Gy, 2 Gy/day 5x/weekly; chest wall/breast and regional lymph nodes). Both groups were comparable with regard to age, treatment modalities and stage of the first tumor. However, stage of second tumor was significantly better in simultaneous carcinoma.

Results: In patients with simultaneous bilateral cancer 100% and 76% were alive after 5 and 8 years (metastatic-free 100% and 66%), respectively. Women with metachroneous disease survived in 80% and 69% (metastatic-free 83% and 75%), respectively. Local recurrences of the 1.tumor were seen in 0% in the simultaneously affected and in 26.6% in the other patients. In both groups the 2.tumor relapsed in 10%. All observed differences were without statistical significance.

Conclusions: Although the local control in the first tumor of metachroneous bilateral disease seems to be worse and the second tumor of simultaneous carcinoma was significantly of minor stage it can be concluded that there were no prognostic differences between these both groups.