

($QI > 25\%$) correlates with tumor progesterone receptor levels (above 100 fmol/mg protein). It suggests that women with overweight develop hormone responsive breast carcinoma more frequently than lean women.

PP-4-23 CA 15-3, CEA and TPS for Monitoring Metastatic Breast Cancer Patients — A Multicenter Study

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CA 15-3, CEA and TPS were determined in serum samples of breast cancer patients treated with hormonal and/or chemotherapy. Patients were divided into 4 groups according to UICC criteria: 1. After 3 months PR (SD) and 6 months PR (CR) ($n = 29$); 2. After 3 and 6 months SD ($n = 39$); 3. After 3 months PR (SD) and 6 months PD ($n = 27$) and 4. Anytime PD as the first follow-up assessment ($n = 34$). Initial elevation of CA 15-3 and TPS were of the same order and more often than CEA. TPS decreased ($> 50\%$) more often than CA 15-3 and or CEA (groups 1 + 2). This decrease was also reached for TPS with a significantly shorter median time. 40 patients in groups 1 + 2 (from 4 centers) were used for calculation of the marker increase ($> 25\%$) and 70% reached that level outside the reference range for one of the markers during the first 6 months. Extended clinical follow-up revealed that all these patients developed PD later on. The prognostic sensitivity for PD was 70%, 40% and 30%, respectively for TPS, CA 15-3 and CEA. The median lead-time was 8 months for CA 15-3 and CEA and 10 months for TPS. TPS increased more often than CA 15-3 and/or CEA (groups 3 + 4). There was no significant difference in the median time of this increase.

PP-4-24 Stereotaxic Large-Core Needle Biopsy of Breast Microcalcifications

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We report our first results with stereotaxic large-core needle biopsy (SLCNB) for diagnostic approach of microcalcifications.

90 SLCNB were performed from February 1994 till December 1995. We used a General Electric CGR stereotaxic device (Stereotix) attached to a DMR mammography unit, a biopsy gun (Biopsy Gun, Bard) and 14 gauge disposable biopsy needles (Biopsy Cut, Bard). Biopsies were performed with the patient lying on her side (50 cases) or sitting (40 cases). A mean of 5 cores was obtained per lesion. In 64 cases, at least one core sample contained microcalcifications visible on the radiography of the specimen. Histopathologic result was benign in 46 cases, malignant in 40 cases.

Four failures were noted, due to faintness or technical difficulties. Seven minor complications were encountered. No false negative occurred for SLCNB among the 36 lesions which underwent open surgical excision, but in 13 cases, the invasive nature was not specified by SLCNB which found only ductal carcinoma in situ.

Our first results are comparable to those published in the literature. With a precise technique and a cautious interpretation, SLCNB can bring useful information for the diagnosis and treatment of breast microcalcifications.

PP-4-25 Breast Screening: A 7-Year Experience in the Northeast of France

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Since 1989, during periodic health examinations, the Center of Preventive Medicine in Nancy has proposed a screening mammography to women aged over 50. They were examined with two-view mammography for the first pass, and one-view mammography for the others. Independent double reading by radiologists from Centre Alexis Vautrin was performed.

During a 7-year period, 10,949 screening examinations were performed, in 62% of the women aged over 50.

The recall rate for further examination was 6% (653 cases). Biopsy was recommended in 138 cases. Fifty-seven biopsies evidenced carcinoma. The number of breast cancers detected was 5.2 per 1,000 screenings.

The predictive positive value is 8.7%.

The authors have studied the annual trend of the results. This work has led them to develop a multidisciplinary experience that will allow to begin now a mass screening of breast cancer in the "Meurthe et Moselle" Department.

PP-4-26 Second Cancers after Breast Conservative Treatment (BCT)

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Material: From January 1980 to December 1990, 991 women with stage I-II BC (seven with bilateral BC) underwent conservative surgery and irradiation. The median age was 54 years. According to TNM classification we found 198 T0, 399 T1, 342 T2, 59 T3.

Treatment: Quadrantectomy, lumpectomy and axillary dissection were performed respectively in 764, 234 and 925 cases. All received breast irradiation by cobalt photons at 46–54 Gy, with a scar boost by electrons at 8–12 Gy. Supraclavicular and internal mammary nodes were treated in case of central/inner tumor or axillary involvement. 308 women received chemotherapy (CT), and 679 hormonal therapy (HT): 25 by radiotherapeutic castration (RC), 577 by Tamoxifen (T) and 77 by RC + T.

Results: With a median follow-up of 7 years, the overall and specific 10-years survival rates are 82% and 87%; 60 women developed local recurrences and 102 metastases. 19 women developed a contralateral BC (2%). Any had axillary involvement. Two died of metastases. We note respectively 1.3% and 2.5% of contralateral BC in women with and without CT, and 1.9% and 2.5% in women with and without HT. 41 women (4%) developed 43 second cancers: 7 endometrial carcinomas, all in group with HT (1.2%), 6 ovarian tumors, 11 digestive tumors (6 colorectal), 3 kidney adenocarcinoma, 3 melanoma, 2 vulvar ca, 2 parotid tumors, 2 NHL, one breast angiosarcoma, 2 A.M.L., 2 lung ca., one cervical ca., and one Waldenström disease.

Conclusion: Contralateral BC incidence is few influenced by adjuvant therapy. These BC have favourable prognosis. HT clearly increase the risk of endometrial carcinoma.

PP-4-27 Use of Prevention Modalities for Breast Cancer: Survey on 2889 Self-Administered Questionnaires

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Purpose: To assess the knowledge and real use of prevention modalities for breast cancer, such as mammography and self breast examination in a unselected population.

Patients and method: We distributed an self compilative questionnaire to people coming in several health units of different Italian regions.

We collected 2889 questionnaires. Of the women filling the questionnaire, 41% had less than 40 years, 41% were housework and 24% had a primary school degree.

Results: Ninety percent and 92% of the sample knew the aims of self-breast examination and mammography respectively. However only 80% was able to perform self-breast examination and only 49% performed it regularly. Of the women performing self-breast examination, only 22% performed it monthly while 55% did occasionally. Assessing the women who really carried out mammography, 52% of the sample did not undergo mammography in the last 5 years, 34% perform 1–2 mammographies and 11% more than 3 examinations.

Conclusion: The knowledge of prevention modalities for breast cancer in this population was high, but few women really carried out these techniques.

PP-4-28 Randomised Controlled Trial Comparing the Effectiveness of Rapid Diagnosis and Routine Outpatient Clinics

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Background: Women attending 'rapid diagnosis' or 'one stop' breast clinics are offered investigations (triple assessment) and definitive diagnosis in one visit. It is anticipated that these clinics are more acceptable and reduce costs. This study aims to evaluate the effectiveness and efficiency of this management policy.

Setting: Symptomatic breast clinics at South Manchester University Hospital Trust, Manchester, UK

Study Population: Women over 35 years of age with a breast lump.