to their autocrine control of breast cancer growth. In a prospective study, we examined the response of 66 recurrent or metastatic breast cancer cases to therapy on the basis of the primary tumor EGFR status and ER status. Twenty eight patients received hormonal therapy in the form of tamoxifen and 38 received CEF (patients that had visceral metastasis or failure to previous hormonal therapy). The median age was 45.5 y. in the hormonal group (range 30 to 65) and that in the chemotherapy group was 42 y (range 29 to 65). RR was 60.7% and 68.4% in the hormonal and chemotherapy groups respectively. In the group receiving hormonal therapy, 83.3% of the ER +ve cases responded while 30.8% of ER −ve cases responded. Also, 73.7% of EGFR −ve cases responded compared to 0% of the EGFR +ve cases. In the group receiving chemotherapy 94.4% of ER +ve cases responded while 58.3% ER −ve cases did, also, 90.5% of EGFR −ve cases responded while only 55.6% EGFR +ve did. Follow up was done for a period of 3.5 years. Time to progression and overall survival for patients treated with hormonal therapy or chemotherapy stratified by EGFR and ER was calculated. In conclusion, EGFR status appears to be useful marker for lack of response to endocrine therapy and chemotherapy giving complementary information to ER.

| PP-6-10 | **Diabetes Mellitus — A Prognostic Factor in Breast Cancer?** |

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A retrospective study, including 752 patients with breast cancer showed a highly significant correlation ($p < 10^{-5}$) between diabetes mellitus (DM) and metastatic disease. In order to confirm these interesting data, we carried out a prospective study including 747 patients with breast cancer. Documented were tumorrelated data like tumor growth, nodal involvement, histological grading, rezeptorstatus, patientrelated data like age, menopausal status and the body mass index (BMI), data about the carbohydrate metabolism (fasting and postprandial blood sugar and plasma insulin).
Results: There was no difference between patients with and without DM related to tumor growth, nodal involvement, grading and rezeptor status. Patients with DM were older and had a higher BMI than patients without DM. In contrast to the results of the retrospective study metastatic disease was not correlated with DM. According with the results of the retrospective stuy were highly significant correlations between tumor growth, nodal involvement and grading with metastatic disease.
Conclusion: The classical risk factors (tumor growth and nodal involvement predominate in the first years after primary therapie. The possible risk factor DM seems to be of importance later. The time of observation in the prospective study is with 24 months significantly shorter compared with the retrospective study with 50 months.

| PP-6-11 | **Prognostic Significance of P53 Protein Accumulation in Male Breast Cancer (MBC)** |

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p53 abnormalities are frequently (20–40%) reported in female breast cancer (FBC) and often correlated with poor prognosis. Relatively few are the studies on its expression and mutation and correlation with prognosis in MBC. However, while some data (ASCO 1994, 1276) indicate that MBC rarely overexpress p53 protein, others support that it is similar to the female (Cancer 1995, 75, 2233). Twenty-nine consecutive non metastatic MBC were studied for prognostic factors (size, nodes, grading, ER, PgR, Ki-67 L.I./PCNA) and (in 21 pts) for monoclonal mouse anti-human p53 protein (DAKO-p53, D07) on formalin-fixed-embedded tissue sections. Staining was assessed by the number of cells and the intensity of the cells staining. Positivity was considered when > 20% of cells stained. The median pt age was 65 years; there were 23 infiltracting ductal (79.3%), 3 1obular (10.3%), 2 tubular (6.9%) and 1 apocrine (3.4%); 17 (58.6%) pts have LN involvement. All pts underwent mastectomy (radical in 24 pts). Of the 21 pts, 6 (28.6%) were positive for p53 and there was a trend for p53 positivity to be N+ and ER − and no correlation for size, grading and Ki-67 L.I. For the entire group five- and 10-year Kaplan-Meier time to progression rates were 45% and 30% and overall survival 55% and 40% respectively. No significant differences in DFS and OS were found with respect to size ($p = 0.46$; $p = 0.35$), grading ($p = 0.54$; $p = 0.24$), ER ($p = 0.64$; $p = 0.23$), PgR ($p = 0.54$; $p = 0.11$) and p53 ($p = 0.83$; $p = 0.49$) while at 5-year follow-up, node and Ki-67 L.I. negative group had a statistically significant higher DFS ($p = 0.02$)

and OS ($p = 0.007$) than the positive group. At 10-year only the Ki-67 L.I. was predictive of DFS ($p = 0.027$) and OS ($p = 0.007$). At least in this series the incidence of p53 positivity is concordant with the FBC and, moreover, our data did not provide the p53 a useful predictor of disease-specific-and overall survival. Nodes and Ki-67 L.I. were significant predictors in worse survival.

| PP-6-12 | **Histopathological Characteristics of Ductal Carcinoma in Situ (DCIS) of the Breast. A Comparison before and after the Introduction of Mammographic Screening** |

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The incidence of DCIS has increased from a few percent up to and over 20% of all breast cancers since mammographic screening started.
Aim: To investigate if there is any morphological differences between pre-screening respectively post screening DCIS.
Material: Patients operated at the University Hospital in Lund, 1978–1982 (pre-screening) 36 cases and 1990–1994 (post screening) 97 cases were included.
Method: Pre-screening as well as post screening DCIS were retrospectively and blindly evaluated by one pathologist (11) according to a previously presented standardised protocol using the original hematoxylin-erythrosin stained slides.
Results: There were no statistically significant differences in histopathological pattern considering aggressive characters as comedo head type, nuclear grade III, necrosis and diffuse growth pattern between pre and post-screening DCIS.
Conclusion: DCIS detected before and after the introduction of mammographic screening showed similar histopathological patterns. The results suggest that screening detected DCIS has similar malignant potential as non-screening detected DCIS.

| PP-6-13 | **Significance of Some Morphological Signs for Treatment Results in Breast Cancer T1-2N0M0 Patients** |

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836 T1-2N0M0 breast cancer patients were operated by the modified radical mastectomy or by the breast conserving operations +/− irradiation. Majority of patients (646) was not undergone to any adjuvant treatment. Disease free survival (DFS) and overall survival (OS) were estimated by Kaplan Meier life table method, the significance of the differences was evaluated by means of the log rank test and considered significant at $p < 0.05$. Results. Patients with ductal and lobular cancer had identical course of disease, but both groups had significantly lower DFS in comarison with rare forms (mucous, papillary, medullary and tubular invasive cancer) patients group. Decreasing of the risk of disease relapse were reviewed in mucous cancer − in 1.2 times, in medullary cancer − in 1.6 times, in papillary cancer − in 2.3 times, and in tubular cancer − in 2.4 times in comparison with the hole patients group. Presence of the tumor cells in a lymphatic or in a blood vessels was a factor of a bad prognosis. DFS and OS in this patients group are decreased significantly, and risk of relapse was increased in 1.8 times. The 1-st grade of ductal cancer was a factor of the good prognosis, the curves of DFS and OS were significantly higher, than in patients groups with 2-nd and 3-d grade, the risk of disease relapse was 2.1 times lower. Early breast cancer can beseparated in some groups with different prognosis by means of morphological investigation.

| PP-6-14 | **32P Relative Uptaking by a Tumor (32PRUT) is a Factor of Prognosis in Breast Cancer (BC) Patients** |

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The use of needleform semiconductor beta-detector has given the possibility to measure 32PRUT by intratissual technique, this 32PRUT in an o... more than one was measured on a tumor surface. 32PRUT was detected in primary tumor of 130 BC patients. 55 T1-2N0-1M0 patients were operative