without at present demonstration of improved therapeutic efficacy or better therapeutic index. The pure steroidal antiestrogen, ICI 182, 780, is in early phase of testing. Aside Aminoglutethimide (AG), newer non steroidal aromatase inhibitors (NSAI: Vorozole, Letrozole, Anastrozole) achieve a better estrogenic suppression; devoid of significant side-effects, they will supplant AG and progestins in second line. Liarozole, another triazolic NSAI, blocks the intracellular metabolism of retinoids and is currently under phase II testing. The steroidal aromatase inhibitors (Lentaron, Exemestane) irreversibly inactivate the enzyme by covalent binding; they display a weak androgenic activity and are devoid of cross resistance with NSAI. The role of these aromatase inhibitors in earlier line will depend on their effects on endometrial proliferation, lipids, coagulation and bone metabolism.

SY-8-3 New Drugs Other than Chemotherapeutic or Hormonal Agents: The Hope for Innovative Treatment Strategies Against Breast Cancer

M.J. Piccart. *Institut Jules Bordet, Brussels, Belgium*

Our growing knowledge of the molecular biology of breast cancer is beginning to translate into new forms of therapies, with specific molecular targets in the cancer cell. Differentiating agents, monoclonal antibodies directed towards tyrosine-kinase growth factor receptors and antigiogenic-antimetastatic drugs are undergoing clinical evaluation with encouraging preliminary results.

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The new compound liarozole has the unique potential of inhibiting breast cancer growth through aromatase inhibition *and* retinoic acid metabolism blockade. The EORTC-BCCG is conducting a phase II trial in 4 patient subsets characterized by a decreasing probability of response to conventional 2^{d} line endocrine therapy.

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A monoclonal antibody against erbB-2 or Neu has been selected for clinical development in view of its high affinity for the erbB-2 receptor, lack of cross reaction with other receptors, ability to inhibit the growth of a cell line overexpressing Neu, synergism with some cytotoxic agents such as doxorubicin, cisplatin or paclitaxel. Following objective responses in phase II trials, a large phase III study has been launched in Europe and in the US.

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Some specific and potent antiangiogenic and antimetastatic agents are under phase I/II evaluation: updated results on the matrix metalloproteinase inhibitor BB2516 will be presented.

Integration of these new agents into our classical drug armamentarium represents a real challenge to medical oncologists. The hope is that these new agents will be shown to impact on "time to progression" in metastatic disease and will then rapidly move to the adjuvant setting.

SY-8-4 New Bisphosphonates

R.E. Coleman. *YCRC Dept of Clinical Oncology, Weston Park Hospital, Sheffield, England*

The bisphosphonates, in conjunction with standard anticancer treatments, significantly reduce skeletal morbidity from breast cancer, while in about 50% of patients with disease which is refractory to standard therapies useful palliation of pain and improvement in quality of life are seen with intermittent intravenous treatment. Recently, a number of highly potent bisphosphonates have begun clinical testing in the hope that they may provide greater efficacy and/or enable more convenient administration. Ibandronate (BM 21.0955) and Zoledronate (CGP 42446) are of particular interest in oncology. Ibandronate may be given as a 5 minute i.v. injection or by mouth. With the latter, a dose dependent effect on bone resorption is seen with generally acceptable gastrointestinal toxicity at doses up to 50 mg/day. Data from the treatment of hypercalcaemia suggest the duration of action of a single dose is relatively short. Zoledronate may be given as an i.v. bolus while transdermal and subcutaneous formulations are in development. The efficacy of intravenous Zoledronate is being compared with pamidronate for the prevention of skeletal-related events, notably the need for radiotherapy, while intravenous ibandronate is being evaluated in placebo-controlled trials. Their effects on idiopathic and treatment related osteoporosis are also being assessed. Trials to test these compounds as adjuvant therapy to prevent bone metastases cannot realistically be conducted by the pharmaceutical industry alone, and will require a major committment from collaborative groups including the EORTC.

SY-9. Psychological Aspects of Breast Cancer (September 13)

SY-9-1 Patient's Perception

H. Thornton. *UK*

Abstract not available.

SY-9-2 Communication between Breast Cancer Patients and Physicians

L.J. Fallowfield. *CRC, Dept. of Oncology, University College London Medical School, U.K.*

Despite the considerable amount of research published about the psychological consequences of breast cancer, significant numbers of women feel that their information and other psychosocial needs are not met. A lack of information can cause anxiety, uncertainty, distress and dissatisfaction. Furthermore inadequate communication can lead to under-reporting of symptoms and side-effects and poor adherance to treatment regimens. Research shows that women with breast cancer who are dissatisfied with the communication at the time of diagnosis experience more adjustment disorders up to 3 years later than women who were satisfied. Many factors contribute to the problems including inadequate communication skills training. This paper reports an initiative in the U.K. aimed at helping senior oncologists improve their communication skills.

SY-9-3 Quality of Life of Women in EORTC Trials

G.M. Kiebert. *EORTC Quality of Life Unit, Data Centre, Av. Mounier, 1200 Brussels, Belgium*

Despite the fact that important progress has been made in the management of breast cancer, the age-adjusted overall survival of women with breast cancer has not been improved significantly during the past 20 years. This is one of the reasons that quality of life has become an increasingly important endpoint in cancer clinical trials.

The EORTC Breast Cancer Co-operative Group has included quality of life in many of its trials. The first study that included the measurement of some aspects of quality of life was study 10801, a randomised clinical trial for early breast cancer patients comparing radical surgery (mastectomy) versus breast conserving surgery followed by external irradiation as well as iridium implantation. One of the secondary outcomes in this study was to investigate the long term cosmetic results of breast conserving therapy followed by irradiation and the effect this has on their quality of life (in casu body image and fear of recurrence). Since this first study, quality of life has been a secondary endpoint in seven other studies: two in phase II and 5 in phase III studies.

This presentation will provide an overview of the studies that included (aspects of) quality of life as an endpoint and will include some results of the studies that have been analysed.

The EORTC policy and approach to measuring quality of life in cancer clinical trials will be discussed in a broad context as well as the procedures to build on consecutive trials.

SY-9-4 Aspects of Breast Reconstruction

M. Lehman. *France*

Abstract not available.