

biochemical toxicity were controllable or tolerable, and several side effects were mild and tolerable. The combined chemoendocrine therapy with MIT is useful for anthracycline-resistant advanced or recurrent breast cancer.

PP-8-29 Initial Characteristics and Outcome of Infiltrating Lobular Carcinomas (ILC): A Retrospective Study about 737 Patients

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From January 1980 to September 1991, 737 women have been treated for an ILC at Institut Bergonié. Among them, 102 patients had metastatic recurrence and were compared with 224 patients treated for an infiltrating carcinoma of an other histologic type (non ILC) which were matched according to the year of diagnosis and to the TNM classification. The results show a difference between the two groups according to age of patients: women with ILC were older than those with non ILC (55 and 58 years old respectively, $p = 0.05$). Furthermore, ILC were more often N_0 than non ILC at initial examination (48% vs 34%, $p = 0.03$). At last, as expected from literature, a difference was noted for the histological Scarff-Bloom-Richardson grading: ILC are more often grade II and less often grade III than non ILC. On the contrary, no difference was observed about menopausal status, onset of the tumor (97% of breast cancer were found during clinical examination), clinical and histological size, tumor growth and hormonal receptor status. Treatment was the same in the two groups. Overall survival (median survival of four years) and survival after the first metastasis were not different in the two groups. Half of the patients have had a metastatic disease in the first 21 months. Metastatic localisations were the same in the two groups but we found lung metastasis more often for the non ILC (42% vs 19%, $p = 0.00006$). On the contrary, we noted peritoneal metastasis more often for the ILC (22% vs 6%, $p = 0.0001$). In conclusion, despite ILC are rather rare tumors (10% of non ILC), it is noteworthy to recognize their characteristics in order to improve their treatment.

PP-8-30 MRF (Mitomycin, Folinic Acid and 5FU) for Metastatic Breast Cancer — A Prospective Pilot Study

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From 6/1994–2/1996 20 patients with metastatic breast cancer were treated with Mitomycin C, Folinic acid and 5FU. 18 pts. were evaluable. The median age was 53.6 years. 16 pts had been pretreated with chemotherapy, 12 pts with hormone therapy. 4 pts were pre- and 14 pts postmenopausal.

The following regimen was used: Mitomycin C at 8 mg/m² D1, Folinic acid at 200 mg/m² D1–5 and 5FU at 375 mg/m² D1–5 every 4 weeks. A total of 43 courses had been given (2.3/patient).

Tumour response (according to WHO criteria): CR 1/18 (5.56%); PR 4/18 (22.22%) pts., NC 6/18 (33.33%) pts., PD 7/18 (38.89%) pts. Progression-free survival (Kaplan-Meier) was 4.64 months (PR 5.29; NC 4.01 months). Survival after therapy (K-M) was 5.69 months (PR 7.89; NC 7.31; PD 4.40 months).

Side effects of this treatment modality were moderate (WHO criteria): only 2 pts showed anemia grade II, grade III leucopenia occurred in 1 patient, grade III thrombopenia in 1 pts, vomiting/nausea grade II in 4 pts.

PP-8-31 Intra-Arterial Liver Chemoinfusion in Patients with Metastatic Breast Cancer

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From 8/1989–10/1995 48 patients with rapidly progressive liver metastases of breast cancer received palliative intra-arterial chemoinfusions (IAC). 36 pts. had been pretreated with systemic chemotherapy. 34 pts. had received previous hormonal treatments.

Using the Seldinger technique and digital subtraction angiography the catheter was placed with its tip in the proper hepatic artery (77.08%), right hepatic artery (16.67%), common hepatic artery (4.17%) and in celiac axis in 2.08%. A total of 99 treatment courses has been performed (2.1 courses/patient). The chemotherapeutic regimen consisted of 4-Epirubicin at 90 mg/m² over 2 hours, Folinic acid at 120 mg/m² over 30 minutes and 5-FU at 1.5 g/m² over 20 hours. **Results:** A CR was achieved in 2/48 pts. (4.17%), PR in 20/48 pts. (41.67%), MR in 9/48 pts. (18.7%), NC in 7/48 pts. (14.58%). 20.83% of the patients (10/48 pts.) showed PD.

The estimated mean progression-free survival (Kaplan-Meier) for local disease was 7.61 months (10.78 months for CR; 9.95 months for PR; 5.47 months for MR and 6.7 months for NC). The estimated mean survival (K-M) after IAC was 9.75 months (12.82 months for CR, 25.59 months for PR, 11.96 months for MR, 6.10 months for NC and 4.47 months for PD).

Side effects were well tolerated: only moderate myelosuppression and gastrointestinal toxicity. There were only five patients with Grade III thrombopenia, 10 pts grade III/IV leucopenia, 5 pts grade III anemia, no patients with grade III/IV infection and 14 patients with grade III vomiting. 19 patients had epigastric pain and in 7 pts (14.58%) stomach/duodenal ulcers were observed.

PP-8-32 EGR-R in Locally Advanced and Inflammatory Breast Carcinomas

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Aim: To investigate the prognostic role of EGF-R in locally advanced (LA) breast cancer (BC), its relation to other prognostic factors and SRs. **Patients:** A group of 40 LA BC pts consisted of clinical stages IIIa, IIIb and IV (11, 22 and 7 pts, respectively, the latter one having the minimal distant disease). Ten pts had inflammatory BC. All BCs were histologically confirmed and assayed for ER, PR and EGF-R in cytosol. The pts were then treated by primary breast irradiation (preoperative or radical), or CMF chemotherapy, alone or combined with breast irradiation. None of the pts received the endocrine therapy during the primary treatment. **Results:** In a whole group, there was no correlation of the EGF-R with the age, menopausal status, and SRs. In higher clinical stages a decreasing tendency of the ER, and an increasing tendency of the EGF-R were noted. Significantly lower ER, and a trend towards a higher EGF-R content, was found in inflammatory BC. No influence of ER, PR or EGF-R was found on the local response. However, EGF-R0, PR + tumors gave complete or partial regression frequently, than EGF-R0, PR0 ones (90% vs. 57%). **Conclusion:** Our results showed a certain degree of correlation between EGF-R and clinical stage, biological aggressiveness, and estrogen dependency, in LA BC. Their predictive significance for the local response could not be directly confirmed. It remains to be elucidated whether EGF-R content could be predictive for the overall disease response.

PP-8-33 Chemotherapy for Metastatic Breast Cancer: Ten Years Experience

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Since 1984 to 1994, 795 patients (pts) with breast cancer were admitted to our Department. Among these, 789 were treated with surgery, 6 were inoperable. After the elective therapy (according to the 1986/92 Consensus-Conferences guidelines) pts were followed up. During the last ten years, 184/795 pts (23%) went into progression. Sites of first event: 39 (28.5%) local relapse; 98 (71.5%) systemic: 47 (48%) bones; 51 (52%) visceral or soft tissues. Twenty pts (20.4%) showed multiple synchronous metastases. Menopausal state: post-104 pts (75%); pre-33 pts (25%). Surgery and local radiotherapy were performed in all 39 pts with local relapse; among these, only 5 were treated with chemotherapy. Bone metastases were treated with palliative radiotherapy in 21/47; 26/47 pts were treated with hormone therapy or supportive care. Visceral metastases (51 pts) were treated with chemotherapy as following: 18 (35%) with classic 6 CMF cycles; 13 (25%) with 6 CNF cycles; 9 (18%) with 6 FEC cycles; 5 (10%) with 3 HD-EPI (120 mg/sqm) cycles; 6 (12%) with different polychemotherapeutic schedules. We report responses and time to progression of the most representative groups:

Treatment	n° pts	PR	NC	PD	TTP mo. (range)
CMF	18	7 (39)	5 (28)	6 (33)	16 (1–78)
CNF	13	6 (46)	3 (23)	4 (31)	23 (2–84)
FEC	9	4 (44)	2 (23)	3 (33)	15 (6–48)

We obtained comparable responses using the three schedules; the introduction of Novantrone or Anthracycline allowed to obtain a better percentage of PR and a longer Time To Progression.