

**Conclusions:** a) Lower percentages of endometrial cancer were detected in comparison with other studies. b) The rate of endometrial was similar to that of ovarian cancer (0.47%), while in other studies it was described to be 1.23%. c) Dose and duration of treatment makes no deference to the second primary cancer development.

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POSTER

### Navelbine (NVB) and Doxorubicin (DX) both at 25 mg/m<sup>2</sup>, on days 1 & 8 for the management of advanced breast cancer (ABC)

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**Aim:** Promising results have previously been obtained with NVB 25 mg/m<sup>2</sup> on days 1 and 8, and DX 50 mg/m<sup>2</sup> on day 1, (q 21 days.) with 74% overall response rate (RR) and 21% CRs, mainly in visceral sites: (JCO, 1994). A phase II study was conducted to assess a new schedule of this combination: NVB + DX both at 25 mg/m<sup>2</sup> IV on days 1 & 8 (q 21 days.), for a maximum of 8 cycles, to improve the tolerance and to ease outpatient administration.

**Results:** 51 (50 eligible) chemotherapy-naïve patients (pts) have been included: median age 51 y (34–73), 46% premenopausal, 42% visceral involvement; 92% ≥ 2 organs affected; PS 0, 1 and 2: 48%, 42% and 10% respectively. 297 courses (median 7) were administered. WHO grade (G) 3–4 neutropenia: 24% of pts. Low incidence of episodes of infection (5 pts at G3). G3 nausea/vomiting 20% of pts (6% of cycles) G 4 constipation: 1 pt; G1 peripheral neuropathy: 6 pts; G3 alopecia: 68%. No cardiac impairment >G2 was observed. Overall RR: 75.5% (95%CI: 66–89%) with 18.3% CRs.

**Conclusion:** The excellent tolerance profile, particularly with regard to the low morbidity associated with the lack of anthracycline related cardiotoxicity and ease of outpatient administration suggest that this schedule of NVB+DX can be strongly recommended as front line management of ABC.

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### Radiation therapy of spinal metastases in breast cancer: A retrospective analysis of 108 patients

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**Purpose:** The retrospective analysis of the analgesic, remineralisation and decompressive effects of radiation therapy for spinal metastases in breast cancer.

**Patients and Methods:** From January 1990 to December 1992, 108 patients with breast cancer were treated at Bergonié Institute by irradiation for a first spinal metastasis. Three patients had previous surgery (laminectomy and Doves' frame). The indication of radiation therapy was analgesic (102 patients) or decompressive (6 patients). The usual schedule of irradiation is 30 Gy/10 fractions/2 weeks.

**Results:** The analgesic effect was considered as "complete" or "sub complete" (83%), "moderate" (13%) or absent (4%). The mean delay up to the maximum analgesic response was 35 days. The duration of the analgesic response and the remineralisation effect could not be retrospectively assessed due to a lack of data. The decompressive effect is complete for 5 cases and absent for 1 case. A second spinal radiation therapy were necessary 78 times (8 times in junction field within 6 months following the first treatment). A spinal cord compression occurred out of the irradiated field in 3 cases and within in 1 case.

**Conclusion:** The radiation therapy for spinal metastases in breast cancer remains a palliative, especially analgesic treatment. The decompressive indication is rare. However, the assessment of compressive "risk" leads to discuss the radiological staging (contribution of MRI) and a possible previous treatment (vertebroplasty or osteosynthesis).

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### Radiotherapy for choroidal metastases in breast cancer – Results of a prospective study of the ARO (ARO 95-08)

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**Purpose:** The primary tumor in most pts. with choroidal metastases is breast cancer. For symptomatic metastases (mts.) radiotherapy (RT) and/or chemotherapy (CT) are the treatment of choice. The best treatment for non symptomatic mts. is unknown.

**Material:** In 11/94 a prospective study of the ARO was started with 40 Gy in 20 fractions for pts. with symptomatic and non symptomatic choroidal mts. The endpoints of the study were tumor volume reduction, visual acuity and side effects. Until 12/96 18/30 pts. with 24 treated eyes had breast cancer as primary tumor. In 17 eyes (19 pts.) the mts. were symptomatic and in 7 eyes (6 pts.) non symptomatic. Additionally, 5/18 pts. had a CT following RT.

**Results:** With a median follow up of 10 months (range: 2–24 months), eight out of 18 patients were dead. All 12 symptomatic patients (n = 17 eyes) had at least a stabilization (n = 4, 24%), but in most cases a improvement in visual acuity (n = 13, 76%). A complete remission measured by ultrasound was seen in 50% (n = 12) of the treated eyes. The prominence regressed more than 50% in 25% (n = 6), less than 50% in 21% (n = 5) and was unchanged in 4% (n = 1). One patient developed a local recurrence without symptoms. One severe bilateral retinopathy following RT and later on CT and one asymptomatic opticus neuropathy was seen. The woman with the retinopathy had a decrease of visual acuity to 0.1 for both eyes after 4 months. Of the pts. with non symptomatic disease no one developed clinical signs of tumor progression.

**Conclusions:** RT with or without CT is highly effective in the treatment of symptomatic and non symptomatic choroidal mts. from breast cancer. However, "wait and see" and CT is another possible option for treating non symptomatic mts. The rate of severe late side effects is acceptable.

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### Prognostic significance of axillary lymph node histology (pN) after neoadjuvant therapy for locally advanced breast cancer (LABC)

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**Purpose:** To evaluate the prognostic significance of the histopathological status of the axillary LN after neoadjuvant chemotherapy or radiotherapy in LABC.

**Methods and Materials:** 75 patients with LABC treated with neoadjuvant FEC or FEC + RT 50 Gy had a surgical exploration of axilla. The following endpoints have been studied: local and distant control, overall survival (OS) and disease-free survival (DFS).

**Results:** For the groups pN0, 1–3 pN+ and \* 4pN+, the 5 yrs OS and DFS were 62, 67 and 22 per cent and respectively 47, 57 and 12% (p < 0.01). Patients operated after neoadjuvant FEC only, had a more favourable prognosis than those operated after FEC + RT who despite similar local control had a higher incidence of distant metastases (69 vs. 52 per cent).

**Conclusions:** Pathologic examination of axillary LN after neoadjuvant treatment for LABC offers important information by selecting a group of patients with favourable response to chemotherapy but this significance is lost after adding radiotherapy when the axillary control does not correlate with the risk of distant metastasis.

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### Efficacy of antibody treatment with 17/1A on reduction of MRD after completion of high dose chemotherapy with transplan- tation of in vitro tumor cell purged PBSC grafts in high risk breast cancer patients

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**Aim:** To evaluate efficacy of in vitro immunomagnetic removal of TuCe (purging) from autologous peripheral blood stem cell (PBSC) grafts of BrCa pts. and to evaluate efficacy of immunotherapy with monoclonal antibody