basis of the extent of tumour bed positivity. Mastectomy was performed in 33 patients and a further wider excision in 12. At a mean follow-up of 4.8 years there have been 6 local recurrences (2.2%) and 24 (8.8%) distant recurrences in the 267 patients whose final treatment was breast conservation. Tumour bed positivity was not associated with tumour or lumpectomy size but was associated with high grade tumours and those with EIC. Pre-operative factors which predicted tumour bed positivity included dense mammographic pattern, casting type calcification and absence of a mammographic tumour nidus.

This study demonstrates that disease is frequently more widespread than anticipated. Tumour bed analysis and selective re-excision results in a low local recurrence rate which may in turn reduce the rate of distant disease.

1332

Prostate cancer: Need for local control

Fritz H. Schöder. *Professor and Chairman, Department of Urology, Erasmus University and Academic Hospital Rotterdam, The Netherlands*

Locally confined prostate cancer is potentially curable. Failure of controlling the disease locally will provided an aggressive natural course lead to metastatic disease and an uncontrollable clinical situation.

Local control can be achieved by means of surgery and radiotherapy. There is no prospective randomized comparison available. Historical comparison points toward an advantage of local control by surgery. The impact of improved radiotherapeutic techniques (conformational radiotherapy) is at this moment still unknown.

Neoadjuvant endocrine management may improve the opportunity for local control by shrinking the primary tumor by about 30%. While in combination with surgery the proportion of patients who have positive margins of resection can be decreased, this is not reflected in an advantage in time to PSA progression. The situation seems to be more favourable for neoadjuvant endocrine treatment followed by radiotherapy.

1333

Radical surgery and preservation of sphincter function in rectal cancer

R. Schiessel, K. Renner, H.R. Rosen, G. Novi, N. Hölbling. *Dept. of Surgery, Dunauspital Vienna, Austria*

Sphincter preservation and the cure of cancer are the two most important goals in the treatment of rectal cancer.

The application of advanced techniques of sphincter preservation such as intersphincteric resection and coloanal anastomosis allow sphincter salvage in 80% of cases with rectal cancer. For the remaining 20% the restoration of the sphincter is possible. We use for this purpose dynamic graciloplasty. In this method the gracilis muscle is transposed to the perineum and stimulated with an implanted pacemaker.

Continence is achieved by activating the pacemaker.

In a prospective study in 140 patients we could show that in an elective and curative situation no patient with rectal cancer needed a permanent colostomy.

1334

The role of local control for soft tissue sarcoma

Alberto Azzarelli. *Musculo-Skeletal Tumor Section, Istituto Nazionale Tumori, Via Venezian 1, 20133 Milano, Italia*

In soft tissue sarcoma (STS) there are no proofs that local recurrence (LR) has a direct effect on survival rate (SR). STS are a difficult model for investigation, because of the variety of clinico-pathological entities and the quality of local treatment is not yet standardized. Out of 1232 primary STS, operated in our Institute, the event of LR and SR were reviewed stratifying the series according to many factors. LR occurred after inadequate operations and adequately reoperated had no effect on SR, but those following operations performed after so-called adequate surgery had a worsening impact on SR: cause/effect relationship or case selection? All the patients definitely cured (free-disease interval >5 yrs) had the primary mass defitely controlled, and conversely all the patient who complained unmeanageable LR or persistent lesion died for disease. Between these two definitive points we traced a theoretical model evualting the impact of LR on SR. The curves suggest that for a range of LR between 0% and 30% the expected impact of LR on SR is only few % points, statistically irrelevant. In planning the treatment, it is for that demanded that surgery and radiotherapy should together provide a good level of LR (at least 70% as final actuanal value). Once reached this level of local control any further extension of surgical margins, if ever possible (i.e. amputation versus wide excision), will not improve the rate of cured patients, due to the development of metastatic disease, not influenced by the quality of local control. In conclusion: the local treatments should provide the best quality of local control, but when LR are reduced below 30% of operated cases, any extended operation which affects the quality of life or increases the risks for the patient is no longer justified.