Conclusion: When BCT performed on DCIS consists of lumpectomy alone, BCT is feasible when the tumor size is 1.1–2.0 cm, without extensive microcalcification on mammography. However, BCT for comedo carcinoma should be approached with caution because of its malignant behavior, although there was no difference in histological extension between comedo and noncomedo carcinoma.

28 POSTER

Apoptosis in ductal carcinoma in situ of the breast: its relationship to prognostic markers

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Purpose: Programmed cell death (apoptosis) may play a role in tumor development and progression. We evaluated the number of apoptotic cells in subgroups of ductal carcinoma in situ and correlated it with several prognostic markers and expression of genes related to apoptosis regulation.

Methods: In a series of 58 DCIS, immunohistochemical staining was performed for hormone receptors, c-erbB2, p53, bcl-2 and Ki-67 (MIB-1). DNA content was measured by image cytometry. Microvessels were identified by reaction with the Ulex Europaeus I lectin and counted. Apoptosis was detected by the TUNEL (TdT-mediated dUTP-biotin neck end labelling) technique.

Results: High apoptotic index (greater than 3/HPF) is related to high tumor grade, negative hormone receptors, c-erbB2 overexpression, aneuploidy, lack of bcl-2 immunohistochemical stain and angiogenesis. Apoptosis is not related to p53 and high proliferative index expressed by Ki-67 (MIB-1) expression.

Conclusion: Our results agree with previously reported findings in infiltrating breast cancer. The apoptotic index is not influenced by p53 status. A common way for stimulation of both apoptosis and angiogenesis seems to exist.

29 POSTER

Ductal carcinoma in situ: A revision of 43 cases

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Purpose and Methods: We analyse epidemiological variables, clinical behaviour and possible therapeutic implications of DCIS. We have performed a retrospective study using the case-histories of 43 patients with DCIS during the periods 1975–1993 and 1995–1996.

Results: There is a family history of breast neoplasms in 17.5% of cases and digestive cancers in 15%. Three patients have a medical history of breast neoplasm and one patient of endometrial adenocarcinoma; also, three patients have a contralateral breast neoplasm at the same time. The mean age is 55.6 years. We can observe two peaks of incidence: the maximum between 41 and 50 years and the other at the seventh decade of life. Neither the menarche was premature (13.11 yr.) nor the menopause was late (47.17 yr.). 60% of patients are in menopause. 16.7% had no gestation. Breastfeeding occurred in 70.6% of patients. Women consult us because of a mammographic finding in 47.6% of cases. 65% have non-palpable lesions. 53.8% of lesions are localised in the left breast. The main distribution in the breast is in the upper outer quadrant area (63.8%). Microcalcifications are the most frequent mammographic finding (53.7%). In 19% there are not any findings in the mammography or they are benign. Initial treatment has always been surgical. When we have performed axillary lymph node dissection we have not obtained any positive node results. In recent years we have drastically decreased the realisation of axillary lymphadenectomies. Recurrences have been 6.98% of total.

Conclusions: The fifth decade of life is the age of major incidence. Incidence of bilateral breast neoplasm in our cases is 14%, emphasising that nobody had taken tamoxifen as coadjuvant treatment of their preceding neoplasm. The main distribution of DCIS is the same as in invasive ductal carcinoma. Microcalcifications found in a screening mammography are one of the most important factors in the diagnosis of DCIS. In none of the cases where we have done an axillary lymphadenectomy there were positive nodes; this supports a less aggressive surgical procedure than in the invasive carcinoma. All our recurrences occurred after a breast-conserving surgery.

30 POSTER

Local recurrence in women with ductal carcinoma in situ (DCIS) according to the treatment

G. Limite, U. Pace, C. Pizzi, A. Riccardi, M. Imbriaco, M. Di Maio, G. Petrella, G. Pettinato, A. Sodano, A. Contegiacomo, P. Forestieri. *Cattedra Oncologia Chirurgica, Chirurgia Generale ed Oncologia, Via Pansini 5, I-80131 Naples, Italy*

There is still much controversy regarding the most appropriate therapy for patients with ductal carcinoma in situ (DCIS) of the breast. This study was undertaken to evaluate the clinical outcome in 38 patients with DCIS treated at the University "Federico II" of Naples, Italy between 1989 and 1998. The age of the patients ranged from 29 to 74 years. Pathologic evaluation included the size or extent of the lesions and the margin width. Tumor size was <15 mm, 16–40 mm and >40 mm in 9, 9 and 4 cases respectively. In 16 cases the tumor size was not available. Widely clear tumor margins were detected in 35/38 (92%) of the cases, while infiltrated margins were detected in 3/38 (8%) of the cases. Breast conserving therapy (BCT) including excisional biopsy and quadrantectomy was performed in 18 of the 38 patients (47%), of which 9 patients received postoperative radiotherapy (RT). The remaining 20 patients were treated with mastectomy on the basis of the presence of multifocal DCIS at the excisional biopsy. After a median follow up of 46 months (range: 3–104), three (8%) local recurrences were observed: in 2 cases the patients were treated by BCT with or without RT, in the remaining case mastectomy was performed.

Wednesday, 30 September 1998 16:00-18:00

PARALLEL SESSION

Locally advanced and locally recurrent breast cancer

31 INVITED

Locally advanced and metastatic breast cancer

R.D. Rubens. *Guy's Hospital, London, UK*

In locally advanced breast cancer, the high incidence of subsequent distant metastases and poor survival has led to the use of systemic treatment as part of management, both as an adjunct to radiotherapy and as primary systemic treatment. High response frequencies to chemotherapy are achieved, although complete pathological response is infrequent emphasising the importance of adequate locoregional treatment. Survival advantages from this approach remain to be demonstrated.

In metastatic disease the development of new agents continues to provide increasing treatment options. Of particular current interest are new aromatase inhibitors for endocrine treatment and taxoids for chemotherapy. New immunological approaches entail antibody administration and vaccines (active specific immunotherapy).

Recognition that osteolytic bone destruction in the skeleton is mediated by osteoclasts stimulated by tumour-derived cytokines has led to the therapeutic use of bisphosphonates. These agents have become the treatment of choice for hypercalcaemia; they also reduce pain and the incidence of pathological fracture.

32 ORAL

^{99m}Tc-MIBI scintigraphy evaluates response to neoadjuvant chemotherapy in locally advanced breast cancer

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Purpose: This study evaluates 99mTc-MIBI scintigraphy for the assessment of breast tumor response to neoadjuvant chemotherapy in locally advanced breast cancer (LABC).

Methods: 99mTc-MIBI scintigraphy, clinical and mammo-graphic evaluations were performed in 29 patients with LABC before and after neoadjuvant chemotherapy. Scintigraphic studies were obtained in supine and prone lateral views after 740 MBq 99mTc-MIBI (Cardiolite, Dupont) i.v. injection.