

etc.) are important prognostic factors – there were cases of cancer relapses and metastasises in those patients.

**Conclusion:** Value of temperature gradient above tumor in thermographical examination of breast cancer patients is reliable index of malignant process, i. e. important prognostic factor.

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POSTER

### Histopathologic basis for axillary sampling

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**Purpose:** Axillary sampling as a diagnostic procedure has its proponents and opponents. This is a retrospective study on surgical pathology material to test the probability of predicting a correct qualitative axillary nodal status with non blind sampling, on the basis of lymph node size (and possibly consistency).

**Methods:** Slides from 499 axillary dissection specimens for symptomatic breast cancers diagnosed as pN1 or pN0 between 1991 and 1996 were reviewed. Lymph nodes were regularly processed by cutting them through their largest dimension. Nodes were ranked in descending order on the basis of their estimated size. In case of similar size several nodes were assigned to the same category. The qualitative axillary nodal status gained from the clearance specimen was compared with the axillary status gained from the first 3 to 6 largest nodes.

**Results:** 265 axillary clearance specimens were positive. Concordance rates with the qualitative axillary nodal status gained from the sample of the 3 to 6 largest nodes were compared to this number (A) and all the 499 specimens (B).

	3 nodes	4 nodes	5 nodes	6 nodes
Positive axillas	236–246	250–257	253–259	258–261
% (A) only positives	89–93%	94–97%	95–98%	97–98%
% (B) all	94–96%	97–98%	98–99%	99%

**Conclusion:** Sampling the 4 largest (firmest) nodes seems to give a reliable approximation of the qualitative axillary nodal status for symptomatic breast cancer.

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POSTER

### DNA flow cytometry in breast carcinoma (BC): Comparison with clinical outcome

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The aim of this study was to assess the prognostic value of data obtained from DNA analysis of tumor by means of flow cytometry in BC.

Nuclear DNA content was measured in 268 radical treated BC  $T_{1-4}N_{0-2}M_0$  patients. 27% of a tumours were diploid and 73% – were aneuploid ones. TNM advancing and frequency of diploid T were correlated: in  $T_1N_0M_0$  patients it was 41%, in  $T_2N_0M_0$  – 34%, in  $T_{1-2}N_1M_0$  – 25%, and in  $T_{3-4}N_{0-2}M_0$  &  $T_{1-2}N_2M_0$  – 15%. Frequency of lymph nodes lesion in patients having tetraploid tumours was equal as in patients having diploid tumours; in patients having aneuploid non tetraploid tumours it was in 1.5 time higher ( $p < 0.05$ ) and in patients having multiclonal aneuploid tumours – in 2.0 times higher ( $p < 0.05$ ) in comparison with the patients having diploid tumours. Overall survival (OS) and disease free survival (DFS) in patients group with diploid and with tetraploid tumours were identical; its were better than OS and DFS in patients groups with aneuploid non tetraploid tumours and with multiclonal aneuploid tumours ( $p < 0.05$ ). In BC  $T_{1-2}N_0M_0$  patients flow cytometry can differ groups with 10-year DFS:  $88 \pm 7\%$  – patients with diploid tumours and low part of proliferated ( $S + G2 + M < 30\%$ ) cells;  $59 \pm 15\%$  – patients with aneuploid non tetraploid tumours and low part of proliferated ( $S + G2 + M < 30\%$ ) cells;  $29 \pm 14\%$  – patients with aneuploid non tetraploid tumours and large part of proliferated ( $S + G2 + M > 30\%$ ) cells.

DNA-flow cytometry parameters have the prognostic importance in BC.

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POSTER

### Breast cancer under age 35 – In what way should we treat the patients

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Young age is obviously find as a risk factor which can deteriorate the prognosis in breast cancer patients. The aim of the study was to analyse the consecutive series of 77 patients up to 35 years of age operated in Clinical Oncology Unit in Lodz between 1977 and 1992 and compare this group of patients with 376 older patients. We estimated overall survival and relapse free survival in both groups. Log-rang test was in use. The effectiveness of the treatment in the aspect of overall survival was the same in both groups, disease free survival was slightly better in the group of older patients ( $p = 0.049$ ) but only in the first 5 years and only in the N positive subgroup of patients. The results of the study do not stimulate us to treat young patients in the more aggressive way.

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POSTER

### Prognostic factors in patients with recurrent breast cancer following mastectomy

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**Purpose:** Optimal management of recurrent breast cancer disease is a matter of debate. The establishment of some prognostic variables may help to make decision about the therapy in these patients.

**Methods:** Between 1983 and 1991, 93 patients (median age 44 years, range: 20–80 years) who had loco-regional recurrence or distant metastasis following curative mastectomy + adjuvant chemotherapy and/or hormonal therapy, + adjuvant radiotherapy were treated. Menopausal status, the number of positive axillary lymph nodes (ALN) in diagnosis, relapse free survival (RFS), sites of relapse, number of metastatic sites and prior adjuvant therapies were reviewed to find out the prognostic factors following relapse.

**Results:** The median follow-up was 85 months (range: 64–132). The following patient characteristics were found significant with univariate analysis:

Patient Characteristics	Median Survival (months)	P
Premenopausal	53	
Postmenopausal	41	0.64
ALN 1–3	64	
ALN 4 and more	38	0.0002
RFS < 1 year	33	
RFS 1 and more year	55	0.0003
Soft tissue relapse	56	
Other sites relapse	38	0.0002
Metastasis site = 1	74	
Metastasis sites > 1	42	0.0001

When a multivariate analysis was performed, 4 and more positive axillary lymph nodes involvement and more than one metastatic sites were found significant. In this study, estrogen receptor status, histologic grade and other prognostic factors were not analyzed.

**Conclusion:** The results suggest that the number of positive ALN of initial disease have to be considered in addition to other prognostic factors in the patients with breast cancer following relapse.

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POSTER

### The use of p65 in generating the prognosis in female breast cancer

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A 65 kDa tumour-associated phosphoprotein p65 has been isolated from a conditioned medium of the transplantable rat hepatocellular carcinoma as well as from MCF-7 human breast cancer cell lines. Paraffin-embedded tissue slides from 89 infiltrating ductal breast carcinomas, 20 cases of fibrocystic disease and 20 fibroadenoma were assessed immunohistochemically with the usage of monoclonal and polyclonal antibodies against human p65 antigen. In benign tumours only one case of fibrocystic disease with large epithelioplasia was p65 positive showing a cytoplasmatic reaction in some proliferating cells of ducts. The chi-square method showed no correlation between malignant tumour size and expression p65. A statistically significant