

Results: 338 pts in 4 trials (60, 46, 144, 88) were treated and evaluated. Very good response was observed in 75%.

Conclusion: We consider the enzyme therapy to be an indispensable in the current complex of prophylactics and treatment of the arm lymphoedema significantly improving quality of life of these pts. The authors stress out a necessity of an early beginning of the drug administration.

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POSTER

Danazol versus cabergolina for the treatment of cyclic mastalgia

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Purpose: Although a single mechanism has not been defined for cyclic mastalgia, may hormonal disfunctions are correlated with this syndrome. An endocrine mechanism is confirmed as this syndrome frequently subsides after menopause. Previous treatment studied reported controversial results in terms of efficacy and side effects. Amongst used drugs, dopamine-agonists showed the highest efficacy.

Method: To evaluate the efficacy of danazol and of cabergolina we performed study of 50 consecutive patients, aged 25–45 years, with normal cycles, free of hormone therapy with cyclic mastalgia of intermediate-severe degree since three months at least. Patients were allocated (non random) to two treatment arms; a) cabergolina 0.25 mg twice a week, for 4 months and b) danazol 200 mg/die for 4 months. Women were followed up at month 0, 2, 4, 6 and 12. Mastalgia was measured through a visual analogue scale.

Results: Women in the two arms showed no significant difference by age, parity and other variables. Mastalgia was reduced in both arms, but reduction was greater in group a) ($p < 0.005$) with than in group; b) ($p < 0.05$). Cure rate in the two arms was 80% or 65% at 2 months, 98% or 80% at 4 months, and 86% or 55% at 12 months. Side effects never caused treatment interruption.

Conclusions: Cabergolina effective in the treatment of cyclic mastalgia, still with good results 6 months after treatment and more effective than danazol. Side effect were irrelevant. Although the cost of such a treatment is higher than other drugs it may be acceptable in view of the therapeutic benefit.

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POSTER

Subjective effects of pamidronate on pain, in patients with symptomatic bone metastases in advanced breast cancer

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Since 1989 F.A.R.O. (Oncological Research and Care Foundation) followed in home care service 243 patients with breast cancer in advanced phase. Bone metastases are common (211) and frequently lead to serious skeletal related morbid complications, including fractures, functional disability, hypercalcemia, epidural compression and pain.

31 women with symptomatic pain were treated with pamidronate (60–90 mg intravenous, over 3 hours, every 28 days, for a maximum of 6 infusions) and no adverse side effects were observed.

On 31 patients in treatment, 29 described after 1–7 days their pain as moderate or less, independently of the number of bone metastases and also of infusion rate.

No other systemic chemotherapy was allowed.

These findings indicate that pamidronate has a beneficial effect on pain, very well tolerated with no toxicities reported.

Control of pain without indeliberate effects and quality of life constitute simple parameters of response of therapy, very important in home care service.

Friday, 2 October 1998

16:00-18:00

POSTERS ONLY

Breast cancer in the elderly

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POSTER

Breast cancer in the elderly. The impact of histological features on the prognosis and survival

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The prognosis of breast cancer in elderly patients is often uncertain in consequence of higher co-morbidity. Earlier studies proved that the Nottingham Prognostic Index (NPI) -taking account tumour size, grade and lymph node involvement – correlates with the occurrence of later metastases and overall survival. The aim of this study was to determine other histological factors that could have influence on the survival of elderly patients with breast malignancy.

In the last 5 years 560 patients were operated on for breast tumour, 38.57% of them were 65 or older. The NPI was computed for each patient of the two age groups (older vs. younger than 65 yrs.), the differences were compared statistically. A retrospective analysis was performed, the histological type of the tumour, the presence of excessive intraductal component (EIC), blood- and lymphatic vessel invasion, necrosis and elastosis were re-evaluated.

Infiltrating ductal carcinoma was the most common pathological subtype in both age groups (75.2574.5%). NPI values indicated slightly, but not significantly better prognosis in the elderly group (mean:3.89 vs. 4.31). The same distribution was observed concerning the presence of EIC (7.21 vs. 9.96%), blood vessel invasion (2.70 vs 3.83%), lymphatic vessel invasion (11.71 vs.17.45%) and necrosis (11.71 vs. 9.79%), showing similar occurrence in both age groups. These factors were more often positive when the NPI was over 5.41 (poor prognosis). The only significant difference between the two age groups was the higher presence of elastosis in the elderly (44.32 vs 29.01%). On the other hand, elastosis has changed depending on the NPI: the better the prognosis was, the higher grade of elastosis occurred.

In conclusion, the presence of EIC, blood- and lymphatic vessel invasion and necrosis indicate worse prognosis, but does not change depending on the age. Elastosis correlates with better prognosis and markedly expressed in the elderly. The background of this observation and the determination of its prognostic value need further investigation.

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POSTER

Long term survival in elderly breast cancer patients treated with tamoxifen (TAM) alone vs surgery followed by TAM

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Patients aged 70 or over with surgically resectable cancer of the breast M0 were randomised to receive either tamoxifen (TAM) 160 mg on day 1 followed by 10 mg twice daily or surgery (mastectomy or quadrantectomy) as initial therapy followed by TAM 10 mg twice a day. The aim of the study was to evaluate the effectiveness of hormone therapy in keeping the tumor under control. From April 1987 to June 1991 75 patients were enrolled in the protocol: 36 entered TAM arm and 39 entered surgery arm. In the Tam arm we observed an objective clinical response in 33.3% of pts., a stable disease in 14 pts and a local progression in the remaining 10 pts. In the surgery arm 4 local relapses were observed. There was not a significant difference between the two arms in terms of site of initial metastatic disease and overall survival. At present time 17 patients died of metastatic disease, equally balanced between the two arms (bone and liver metastases were more frequently observed); 9 patients died for diseases not related to breast cancer. No endometrial cancer was observed.