retrospective clinical study the recurrency rate up to now, the cosmetic outcome and the influence of overall BCT-rate were evaluated.

Results: Out of 353 tumours with stage T2 ore more 143 (40.5%) were treated by a breast conserving procedure, 126 of them (88%) using an oncoplastic technique. The frequency of BCT in this tumour-groupe rose from 8% in 1987–1989 up to 70% in 1997, the overall BCT-rate from 14% to 72%, in case of T1-tumour from 31% to 74%. Until now 5 local-recurrencies were observed. The cosmetic outcome was in 66% good or very good, 9 times (6%) unsatisfactory.

Conclusion: By using oncoplastic operation techniques the rate of BCT can be improved without the loss of oncologic safety or of good cosmetic results. This makes it possible to operate larger tumours in smaller breasts with a satisfactory outcome.

218 POSTER

conservative treatment of stage II breast cancer patients with simultaneous mammoplastic operations

V. Ostapenko, T. Pipirienė, K. Valuckas. *Lithuanian Oncology Center, Lithuania*

Purpose: The aim of this abstract was to evaluate the role of neoadjuvant chemotherapy, plastic quadrantectomy in conservative treatment of stage II breast cancer patients.

Methods: Since 1994 03 01 till 1998 02 01 – 124 stage II (T_2N_{0-1}) breast cancer patients, aged 28–66 years, with "T" 2 cm < T < 5 cm, were treated by conservative treatment. 94 patients were premenopausal and 30 patients – postmenopausal. Tumour size 3 cm < T < 5 cm was founded in 74 patients and 2 cm < T < 3 cm – 50 patients. Patients were randomized into 2 groups. Group one (50 patients): 2 cycle of primary chemotherapy (CMF), plastic quadrantectomy (wide quadrantectomy + intraoperative tumor and margins examination + simultaneous modified "lateral" or "inferior pedicle".mammoplasty), irradiation, adjuvant chemohormonotherapy. Group two (74 patients): 2 cycle of primary chemotherapy (CMF), modified radical mastectomy ± irradiation, adjuvant chemohormonotherapy.

Results: In 25% of patients group I was detected partial or complete tumor response and in group II -in 19.5% of patients. The results of 3.5 years follow-up are: in group I local recurrence was detected in 2 patients (T_2N_{0-1}) – 4%, distant metastases were diagnosed in 2 patients (T_2N_{0-1}) – 4%. In group II: local recurrence was diagnosed in 1 patient (T_2N_0) – 1.4%, distant metastases – in 4 patients (T_2N_0 – 2 patients and T_2N_1 – 2 patients) – 5.4%.

Conclusion: According to our preliminary data, primary chemotherapy and plastic quadrantectomy prolongs disease free and overall survival for stage II breast cancer patients.

219 POSTER

Conservative surgery without radiation for the patients with the negative surgical margin of the early breast cancer – Significance of two stage treatment

M. Kimura[1], T. Koida[1], Y. Yanagita[1], A. Ogawa[1], S. Sugihara[2]. *[1]Department of Surgery; [2]Department of Pathology, Gunma Cancer Center, Gunma, Japan*

Purpose: To establish the modality of conservative breast surgery without radiation, the treatment results of conservative surgery without radiation to the patients with the negative surgery margin of the early breast cancer have been investigated.

Methods: One hundred and five breast cancer patients with the TMN classification of N0-N1a, M0 (tumor size ≤ 2.5 cm) and pathologically negative margins were treated by the conservative breast surgery alone during the period from April 1978 to March 1997. The sectorial partial resection with axillar dissection as a rule up to level II has been performed as the conservative surgery. In the event of local recurrence cases, in principle, lumpectomy with radiation (salvage conservative breast treatment) was carried out.

Result: The cumulative survival rate and disease-free survival for 10 years of 105 patients treated by the conservative breast surgery without radiation were 100% and 90%, respectively. During the mean follow up of 46 months, five local recurrence (4.8%, 5/105) and two distant metastases (bone: 1, pleura: 1) have been observed. Three out of 5 local recurrent cases were treated by the salvage conservative breast treatment (lumpectomy with radiation) as the second treatment. No recurrence after the second treatment has been observed.

Conclusion: The result of conservative surgery without radiation for the patients with the negative surgical margin of the early breast cancer was good. In the event of the local recurrence, the salvage conservative breast treatment by lumpectomy with radiation can be conducted as the second treatment. This Two-Stage treatment is thought to be a significant suggestion for the modality of conservative surgery.

220 POSTER

A clinical comparative study of adjuvant therapy after breast conserving surgery for early breast cancer

T. Tominaga, H. Koyama, Y. Nomura, S. Miura, T. Morimoto. *(Cooperative Study Group for Breast Conserving Therapy), Japan*

Twenty-one centers collaborated in a prospective randomized comparative study and also partly in a retrospective study on adjuvant therapy after breast conserving surgery for breast cancer in a period from August 1989 to August 1991. The subjects were patients with tumours of ≤2 cm in diameter. They underwent partial mastectomies (2 cm from the outer rim of the tumor) with axillary lymph node dissections. A total of 112 patients were randomized either to receive tamoxifen (20 mg/day) for two years after surgery (Group T) or not to receive any adjuvant therapy (Group C). At the median follow-up of 72 months, there was no significant difference in five-year disease-free survival rate between the two groups: 78.5% (n = 53) and 86.0% (n = 56) in Groups T and C, respectively (p = 0.308 by log-rank test). The five-year survival rate was not significantly different, either, as indicated by 94.3% for Group T and 92.5% for Group C (p = 0.745 by log-rank test). Stratified analyses by menopausal state, lymph znode metastases and ER status resulted in no significant difference between the two groups with regard to five-year disease-free survival or five-year survival. Meanwhile, although not included in the above randomized comparative study, 235 patients met the same inclusion criteria in the same study period, and 70 of them received breast conserving surgery which was followed by adjuvant radiotherapy. To assess the efficacy of adjuvant radiotherapy these 70 patients (Group R) were retrospectively compared with all patients from Groups T and C (Group T + C) in the above study. At the median follow-up of 71 months, the five-year disease-free survival rates for Group R and Group T + C were 86.6% (n = 70, 9 recurrent cases) and 82.2% (n = 112, 20 recurrent cases) respectively, which were not significantly different (p = 0.352 by log-rank test). The hazard ratio was 0.72 with a 95% confidence interval of 0.33–1.59. Because of a favorable prognosis resulting in a relatively small number of recurrent cases in these study populations, it was unable to demonstrate equivalence. These results, however, suggest that adjuvant radiotherapy after breast conserving surgery may not always be necessary in patients like those included in this study.

221 POSTER

Breast conserving operations, frequency of vessels invasion, and disease free survival of the breast cancer $T_{1-2}N_{0-1}N_0$ patients

S.M. Portnoj, K.P. Lactionov, A.I. Barcanov, V.D. Ermilova, I.V. Koptiaeva, G.V. Balakireva, M.Sh. Akhmetov. *N.N. Blokhin Cancer Research Centre RAMS, Moscow, Russia*

1417 breast cancer $T_{1-2}N_{0-1}M_0$ not screening detected tumour patients are analysed retrospectively. The radical resection (RR, 165 patients) was composed from resection of 1/3–1/4 of breast volume and axillary dissection *en bloc*. The sector resection + axillary lymphadenectomy (SRLE, 101 patients) was performed from a different incisions, volume of breast tissue removing was less, then in RR. Breast conserving operations were added by irradiation. The modified radical mastectomy (MRME) was performed in 1151 patients.

The tumor cells in a lymphatic or in a blood vessels were observed in MRME group in 6%, in RR group – in 13%, and in SRLE group – in 17% (p < 0.05); in patients with relapse of disease: 7%, 29% and 32% accordingly.

The local recurrences were detected: after MRME – in 2.4%, after RR – in 5.5%, and after SRLE – in 4.0% (NS). In $T_1N_0M_0$ and $T_2N_0M_0$ patients treated by SRLE were reviewed decreasing of the actuarial disease free survival (but not overall survival) in comparison with the $T_1N_0M_0$ and $T_2N_0M_0$ MRME patients groups (p = 0.007015 and p = 0.01079 accordingly).

Our results in comparative analyses (not randomised) of breast conserving operations do not coincidence with the world wide experience (EBCTCG, 1995) and it is reason for this paper.