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### Arm morbidity in 131 women with small breast tumours (up to 10 mm) who all had level 2 axillary clearance

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We report the arm morbidity in 131 patients with small breast cancers up to 10 mm in size and who had an identical level 2 axillary clearance between 12 and 132 months previously. 19 patients (15%) were node positive. None had radiotherapy to the axilla. 71 had non palpable tumours which were localised preoperatively. 23 had a mastectomy and 108 had breast conserving surgery. 83 had radiotherapy to the breast. Sequential circumferential measurements were made and arm volumes calculated on both the operated and the normal side. Shoulder movements were measured and subjective symptoms recorded by questionnaire.

9 (7%) women had objective swelling of the arm. 24 (18%) had some restricted arm movement. There was no association between objective morbidity and possible causative factors including time since surgery, the operating surgeon, the handedness of the patient, smoking, number of nodes removed or involved, age, body mass index.

Although objective morbidity is low, most women reported feeling swelling, stiffness, discomfort or numbness. 30 patients said symptoms restricted normal activity in some way. There was no association between objective and subjective swelling and joint mobility. The morbidity in this study is more likely to be due to surgery rather than axillary disease. Objective morbidity is low but subjective symptoms require further study.

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### Breast sarcoma and carcinosarcoma in the material of Cancer Center-Institute in Warsaw, Poland

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**Purpose:** The analysis of the treatment methods and results in the patients with breast sarcoma (S) and carcinosarcoma (CS).

**Material:** The group of 113 females with mesenchymal, malignant neoplasm's of the breast were treated in Cancer Center-Institute in Warsaw from 1949 till 1997.

**Results:** S was recognized in 83 patients (73%) and CS in 30 cases (27%). The average of patients age was 52 years. The size of tumors was from 3 to 35 cm. In this material the tumors below 5 cm in diameter constituted 27% in S group and 50% CS group. The surgery as a primary treatment was performed in 96%. In a few cases the primary treatment was radiotherapy 3 (4%). The local recurrences after the surgical treatment were observed similar proportion in both groups (S-24%, CS-29%). The time of manifestation of 50% recurrences in both groups was 4 months. The distant metastases occurred in 31 (39%) S patients and in 16 (57%) CS patients. The most frequent in both groups were lungs 65% vs. 73%, bones 32% vs. 33%, liver 23% vs. 7%. Among 46 patients with metastases, 45 died during ten to twenty months since recognition, regardless the kind of treatment. Total survivals of 5, 10-, 20-years in the S and CS groups differed significantly and constituted respectively 55%, 48%, 38% in S group and 39%, 29%, 13% in CS group (p0.02). The survival free of disease of 5-, 10-, 20-years constituted respectively in S group 49%, 45%, 35%, in CS group 34%, 30%, 15% (p0.057).

**Conclusion:** In the case of the patients with malignant, mesenchymal neoplasm's of the breast the probability of the recurrence and distant metastases, is the biggest during the first two years since diagnosis. The patients survive 5 years without the symptoms of neoplasm, have very little probability of local recurrence and spread of disease during 20 years of observation.

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### Plastic procedures in conservative surgery for breast cancer

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**Purpose:** Breast conservation surgery currently plays a major role in the treatment of breast cancer, although the cosmetic result isn't always satisfactory. The Authors propose the use of some plastic surgery techniques in the conservative treatment of those breast cancer patients who could have poor cosmetic result after "traditional" quadrantectomies.

**Methods:** From July 1, 1994 to February 28, 1998, 329 consecutive breast cancer patients were surgically treated. Two hundred and one patients had a breast conservation surgery: 176 patients (88%) were treated with a "traditional" quadrantectomy, while 35 patients (12%) were treated with a plastic procedure (reductive mastopasty, more frequently according to Ribero-Robbins or Strombeck technique, in 15 monolateral cancer cases; the same procedures plus a symmetrization technique of the contralateral breast in 15 monolateral cancer cases and in 5 bilateral cancer cases).

**Results:** No mortality and morbidity were observed in the 35 breast cancer cases treated with plastic surgery techniques. No local recurrency and/or distant metastasis have been so far recorded. The average operative time was 40 to 80 minutes longer than the one of a "traditional" quadrantectomy. Cosmetic result was considered satisfactory in all 35 cases.

**Conclusion:** The Authors' experience suggests that the employment of plastic procedures in some breast cancer patients certainly improves the cosmetic result and enhances the already positive psychological impact with breast conservation surgery. A longer follow-up period is however requested in order to better evaluate long term survival rate and recurrency rate of this group of patients.

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### The dominant sentinel node in breast cancer: A new technique

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The sentinel lymph node (SN) depends on the lymph flow to a single node and on the tumor implantation without skip metastases. Implementation of SN need a) surgeons' success in finding SN, b) SN false negative rate and c) cost and pts acceptance. The radionuclide method, hot node (HN), finds SN most successfully. The cost and concerns for radioactivity lends HN impractical on routine basis. The Dominant Sentinel Node (DN) is new and simple. DN is palpated for the largest and/or most indurated node in the axilla. DN can be done with HN or blue node (BN).

**Results:** Seventy consecutive patients were reviewed, T size: T1A 6 pts (8%), T1B 16 (23%), T1C 20 (29%), T2 20 (29%) and T3 8 (11%). SN was done in 32 pts (46%); DN 29 pts, BN 13 and HN 3 pts.

	n	N1	N0	SN+	Predictive Value
DN	29	16	(55%)	13	81%
BN	13	10	(76%)	3	40%
HN	3	0	3	0	-

DN and HN were found in all pts, BN was found in 76% pts. The average size of DN was 1.7 cm and it was the largest axillary node in 66%. DN consisted of two nodes in 10% and of a single node in 90%.

**Conclusions:** DN may be a practical method for SN. BN is technique dependent.

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### Multifocality in intraductal carcinoma of breast in young Chinese

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**Purpose:** In Chinese breast cancer, patients age are younger than western country. Evaluation the incidence of multifocality in intraductal carcinoma of breast in these young females, to determine what kind of patients are suitable to treat with breast conserving surgery, or even wide excision alone.

**Methods:** We collected 56 mastectomy specimens from 1991 to 1995, patients age were from 18 to 40, these patients all were treated in our hospital. The primary tumor were reexamined and proved to intraductal carcinoma by pathologists. Patients with diffuse microcalcification, previous breast cancer history, bilateral breast cancer all were excluded from this study. The specimens were oriented and each section was made by 2-5 mm interval at 2 cm distance from the primary tumor, and 1 cm interval at the distance of greater than 2 cm. The distance of residual tumors to primary lesion were recorded. We also detect the ER, PR, p53 expression with immunohistochemical technique and flow cytometry.

**Conclusions:** 1. The prevalence of multifocality in intraductal carcinoma in young female are 69.6%. 2. 92.3% cases the residual lesions are within 2 cm from primary tumor.