

distant metastasis mean time was 61 months. Disease free-survival was 83% (243 pts). Cosmetic outcome: excellent 152 (52%) good 96 (34%), poor 35 (14%).

Cosmetic side effect: breast symmetry 206 (70.3%); fibrosis 24 (8.1%), nipple asymmetry 31 (10.5%), breast deformity 42 (14.3%), breast oedema 15 (5.1%), skin changes 8 (2.7%). Functional sequelae: breast inflammation 7 (2.3%), radiofibrosis 24 (8.1%), muscle paralysis 9 (3.5%), neuropathy 4 (1.3%), limited mobility of arm 30 (10.2%), lymphoedema of arm 7 (2.3%).

Conclusion: BPT plays important role in local and distant control of disease. Good cosmetic effects and minimal functional sequelae give chance to patients for satisfying long term quality of life.

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Successes and relapses in breast conserving therapy (bct) in early breast cancer on the base of 17 years own experiences

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From March 1981 to December 1997, 194 patients with early breast cancer with tumour up to 3 cm in maximum diameter and no palpable axillary lymph nodes were treated conservatively in Clinical Oncology Unit of Medical University of Lodz. The procedure consisted of QUART technique, that means quadrantectomy, axillary dissection and radiotherapy (50 Gy by Cobalt 60). In all N(+) cases adjuvant systemic treatment (6 cycles of CMF) was given. The analysis was performed for cases with minimum 5-years of follow-up with the comparison of group of patients treated by mastectomy. The aim of the study was to estimate successes and relapses in our patients treated by BCT in the aspect of overall survival, cosmetics effect and patient's viewpoint. Long-term results, that is overall survival, noted in 88% of cases, and relapse free survival, in 83% of cases, were comparable with the results in patients after mastectomy (82.5% and 77%). The problem of arm oedema was the same in both groups of patients. The problem of early and late complications after irradiation was more expressed in BCT group of patients. But good cosmetic results, obtained in 70% of cases, as well as better psychological status of treated women means that conservative treatment in early breast cancer can be safe and acceptable alternative to mastectomy.

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Non-palpable breast lesions

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The very wide use of mammography for diagnosis and screening programs has led to check a high number of non-palpable breast lesions by time. The problems which arise from are to obtain a correct differential diagnosis distinguishing between benign and malignant lesions and to reach a precise pre-operative localization. During the period January '88–February '98 we have checked 300 women for breast pathology, without symptoms, in whom after performing a screening mammography there had been found 307 radiologically suspected lesions. The pre-operative localization of the lesions was obtained by positioning a metallic reference under stereotaxic guide in 292 cases and ultrasound guide in 15 cases. Surgical approach has been carried out with local anesthesia and subsequent radiological exam of the excised mass was performed to verify the correctness of surgery. We have observed 127 cases (41.3%) of malignant neoplasms and 180 (58.7%) of benign lesions. Of the malignant tumours 68 (53.5%) were infiltrating carcinomas and 59 (46.5%) were in situ carcinomas. Fourteen patients (11%) had lymphnodes infiltration. The authors emphasize the importance of the surgical biopsy after having localized the non-palpable masses using a metallic reference, because at present, this is an elective method to specify the histological type of the sub-clinical lesions. In fact, this approach which could be performed without discomfort for patients, allows a minimal excision of breast tissue avoiding any mutilation in the case of eventually benign lesion and providing the pathologist precise indications about the site of the mass which should be examined.

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Breast conserving therapy in stage I and II breast cancer

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The aim of our work was to compare effects of modified radical mastectomies (Madden, Patey) and breast conserving therapy on breast recurrence and overall survival.

Over the 5-year period from 1988 to 1992 at Surgical Clinic in Niš 142 women were treated for T₁ and T₂ breast cancer. Of the 142 women 94 were treated by modified radical mastectomy and 48 had received breast conserving therapy. These women were separated into two groups. There were no significant differences between the groups in tumor size, incidence of axillary node involvement, histologic grading ($p > 0.05$). In general women treated for breast cancer with breast conserving therapy were younger, 42 years to 48 years treated by modified radical mastectomy.

Five of 48 (10.41%) patients had locoregional recurrence: three of them at or near the primary tumor site, the other at the site separate from the primary site in the breast (histologic lobular type contrary to prior ductal carcinoma and was treated with radical mastectomy-modification Madden), and fifth one in regional nodal area. Four of 94 patients who received modified radical mastectomy had locoregional recurrence, all of them on the chest wall.

The overall survival rates in modified radical mastectomy patients and breast conserving group were 89.3% and 91.1% respectively.

The results indicate that there were no significant differences between two groups in locoregional recurrence and overall survival in T₁ and T₂ breast cancer.

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Surgical treatment of breast carcinoma. A study of 460 cases

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Purpose: The present study investigates the evolution of the concept regarding the surgical treatment of breast cancer in our clinic.

Methods: We present, retrospectively, 460 cases with noninflammatory breast tumors in different stages, which were operated on in our Division of Gynecologic Oncology between May 1992 and March 1998. The following aspects have been analysed: age, menopausal status, stage of disease, diagnosis methods, neoadjuvant treatment, surgical treatment, adjuvant treatment. The number of cases treated 5 years ago or more than that is too small to permit us to make prognostic evaluations.

Results: The surgical protocol consisted in various techniques. Halsted mastectomy (a total of 93 cases) was used less and less frequently (1995–7 cases, 1996–2, 1997–3, 1998–1). Most frequently we used radical modified mastectomy (136 cases, 29.5%) and simple mastectomy with axillary dissection (156 cases, 33.9%). Partial mastectomy with axillary dissection was used in 43 cases (9.3%).

Conclusions: Halsted operation, traditionally used in our clinic, is employed now very rarely (in cases with large tumors). The most frequently used technique is simple mastectomy with axillary lymphadenectomy made by separate incision. We consider the partial mastectomy with axillary clearing and postoperative radiotherapy to be a good alternative. This method was used in 43 cases (9.3%). The frequency of this method could be much higher. The main reason for its not being even more frequently used is the lack of mammary screening in our territory and, obviously, the small number of cases diagnosed in early stage.