807 POSTER

Tamoxifen (T) vs tamoxifen + uracil-ptegafur (T + UFT) in the adjuvant treatment of postmenopausal women with node positive breast cancer

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The Grupo Oncológico de Sevilla reported on a randomized trail in which (T), 10 mg twice a day for a year was compared against (T) given at the same dose plus UFT, 400 daily in two divided doses for 24 weeks. They didn't find any clear benefit for the combination, although there were some hints about a better outcome in disease free survival (DFS) and overall survival (OS) for the patients with greater than 4 involved nodes. (Oncology. 1997. 11 (9 suppl 10). 74–81).

Now we review, after a seven-year follow up, the outcome of the patients that were included in this trial in our Hospital. They were 113 postmenopausal women, 54 in the arm (T) and 59 in the arm (T + UFT), and there weren't sifnificant differences in their clinical characteristics.

The results are similar to the ones reported previously, even though now the better outcome appears mainly in the DFS, and its significance is lesser.

We conclude that the possibility of a better outcome for the patients with worst prognostic factors, when (T + UFT) is used, still could be held although the drawbacks of our study are clear.

808 POSTER

The boost with IORT in the treatment of breast cancer

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Purpose: We have a linear accelerator dedicated to intraoperative radiation therapy (IORT) which enables us to make a study oriented to consider the validity, in terms both of local control of the disease and tolerance towards the treatment, of a single dose of 1000–2000 cGy intraoperative, to the tumor bed, in place of boost on the surgical scar normally used in the QUART sequence. This technique would allow a reduction of the dose with external beam to 4000 cGy.

Methods: It is used a non isocentric dedicated linear accelerator, mounted on a robotic arm, Novac 7. Four electrons energy steps are available, ranging from 3 to 9 (3–5–7–9) nominal MeV. The robotic arm has movements on 3 arcs of rotation not coplanars; perspex cylindrical collimators have termination (end) flat or 22°–45° bevelled; the maximum diameter of the circolar colllimator is 10 cm (minimum 4 cm). Absolute dosimetry has been performed by Fricke dosimeters; relative dosimetry together with beam profile and PDD noticed by means of dosimetry in water fantom with ionisation chambers (Markus) and radiografic films. By means of 7.5 MHz ecografic sound it is displayed the depth of the mammary parenchyma at open quadrants after a quadrantectomy or tumorectomy but before time of reconstruction. Basing on the depth energy is chosen, in consideration also both the incidence and the clinic axis of the beam. Dummy run has been performed on 3 cases. Criteria are: cT_1, cN_0; informed consent.

Results and Conclusion: Dummy run showed: docking time variable from 10 to 15 minutes; high possibility of using orthogonal collimators; utility of the use of collimators closed with myllard in order to homogenise the depth; homogeneity of dose in the target volume of 15%.

809 POSTER

One year experience with sentinel node in breast cancer

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Background: The increasing popularity of sentinel lymph node dissection (SLND) in breast cancer, proposed as an alternative to standard axillary lymphadenectomy (ALND), require a strict quality control of the technique.

Methods: During 1998 we enrolled 60 patients with T1–T2 monofocal breast cancer, candidates to radical surgery. The tecnique involved was radio-isotopic. The isolated SN was examinated by hematoxylin-cosin staining and immunohistochemistry assay. All the patients underwent a standard ALND.

Results: The overall identification rate of the SN was 86.6% identification rate. In 48 pts (92.3%) the SN was at the first level; in 3 pts (5.7%) at the second; in one patient (1.9%) outside the axilla, into the thoracic lateral group. The mean number of SN removed was 1.4 per patient. The SN was metastatic in 17 pts or 32.7%. It was the only positive node in 11 pts (64.7%). Tumoral involvement was micrometastatic and detected only by IHC in 7 pts (41.2%). The SN was negative in 35 pts or 67.3%. In 31 cases the correspondence between SN and axilla was complete, while in 4 pts the SN was negative but others axillary nodes were metastatic. The overall false-negative (FN) rate was therefore 7.69%. If we just consider the N+ pts the FN rate was 19%. The most important variables related to the FN cases were peritumoral vascular invasion and G3 tumor differentiation, found in 3 out of 4 pts.

Conclusions: SLND looks a promising alternative to ALND. IHC on SN increases the sensitivity of axillary staging- SLND is still an experimental procedure and needs to be confirmed by further multicentric trials.

810 POSTER

First experience with the detection and removal of the sentinel lymph node (SLN) in breast cancer

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Introduction: The first data on sentinel node biopsy in breast cancer was published by Giuliano et al. in 1994. Meanwhile several other studies have been published. The objective of the study is to identify and remove the SLN and therefore to predict the axillar nodal status of patients with breast cancer.

Methods: Between May 98 and November 98 49 patients with newly diagnosed breast cancer were enrolled in the study. 45–50 MBq of technetium 99 (Nanocoll) were injected around the tumor. Hot spots were identified with the gammaprobe (C-Trak, Care Wise Medical Products). SLNs were removed, followed by a complete axillary dissection.

Results: The overall rate of identification of hot spots was 91.8% (in 45 of 49 patients). The sensitivity of the method was 94.1%. The specifity of the method was 100%. The negative predictive value (npv) was 96.5% (28/29). The false negative rate was 5.9% (1/17). The SLN was negative and the following axillary dissection was negative in 28 patients. The SLN was positive and the axillary dissection was positive in 16 patients. The SLN was negative and the axillary dissection was positive in 1 patient.

Conclusion: Biopsy of sentinel lymph node can predict the axillary nodal status in patients with breast cancer. Sentinel lymph node biopsy could be an alternative to complete axillary dissection in patients with breast cancer to reduce morbidity of axillary dissection.

811 POSTER

Pain in patients with breast cancer during radiation

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Purpose: radiation therapy of breast cancer is known to be well tolerated without many side-effects. At present, there are only few empirical data about pain management during treatment. We evaluated a group of 60 patients undergoing radiation therapy after breastconserving surgery with a new short questionnaire.

Methods: during six weeks, the patients received a 22 item, likert skaled pain questionnaire which was easy to answer by the patients themselves. Main topics of our analyses were: numbers of patients who reported pain, pain attribution, frequency of pain, intensity of pain, subjective evaluation and how far the patients were handicapd due to therapy in their daily routine. Furthermore, we evaluated the side effects of radiation and the pain medication the patients received.

Results: only 20 patients were free from pain while undergoing therapy. Most patients considered the treatment responsible for their pain. More than 50% of the patients reported pain during the whole treatment (six weeks). Pain was considered light to moderate and present in most cases on every day of the treatment. Most of patients did not receive pain medication and refused to take medicaments.

Conclusion: pain is a common symptom in patients receiving radiation therapy of breastcancer even if the therapy is considered better tolerated than other radiotherapy protocols. Accordingly, pain should be regarded with attention.