SURVIVAL FOLLOWING LOCOREGIONAL RECURRENT BREAST CANCER - RESULTS FROM A PROSPECTIVE STUDY WITH MORE THAN 10 YEARS OF FOLLOW-UP.

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We evaluated prognostic factors for survival after locoregional recurrence (SAR) in 140 patients (pts) with breast cancer. The patients were entered in a staging protocol for pts with first recurrence of breast cancer in the period 1983-85. If possible, the pts received local treatment (surgery or radiotherapy). The aim was to identify pts with long survival by relating the duration of SAR to therapeutic, demographic, biological and pathological variables. Local treatment was given to 99 pts. As of Feb. 1995, 78 pts had developed distant metastases and 93 pts had died. The median SAR was 67 months and 30% were alive after 10 years (38% for local and 18% for systemic therapy, p=0.004). Nine potential prognostic factors for SAR (p<0.25) were included in Cox analyses. S-lactate dehydrogenase (LDH) and the number of positive regional nodes (Npos) were significant independent prognostic factors. A prognostic index with 3 groups showed the following survival rates at 10 years; 49% (normal LDH and Npos=0); 29% (normal LDH and Npos=0 or elevated LDH and Npos=0); 12% (elevated LDH and Npos=0). The study showed that one third of the pts was alive and without distant metastases ten years after locoregional recurrence. SAR can be estimated by level of LDH and regional node status. These variables may be used to stratify pts in future studies evaluating locoregional treatments.

RADIOTHERAPY AFTER OPERATION OF BREAST CANCER: THE QUESTION OF "SAFE OMISSION"

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Background: Till now there has been no consensus on the use of post-mastectomy adjuvant irradiation. Even the usefulness of radiotherapy (RT) after breast conserving surgery has been discussed recently, and omission is suggested in early cases. Purpose: The aim of this study is to define which patients need or do not need adjuvant RT. Patients and Methods: In this study between 1983 and 1988, 1040 women were surgically treated by mastectomy (826) or by sector resection (214) and in both of these cases axillary dissection was performed. For statistical analysis, patients with the same pTnpN status were assigned to subgroups according to whether they received adjuvant RT or not. The impact of intraductal components on the local relapses was also analysed. Results: 1/ Mastectomy group: Patients with pT1pN0 status after RT had a 2% chest wall-scar relapses and the rate of recurrence was 5% in the untreated cases. Irradiated women with pT2pN0 status had significantly better results than unirradiated ones. The relapse rate was 5% and 10% respectively. 2/ Breast conserving group: with pT1-2N0 status the percentage of tumor-bed relapses was 10% in the irradiated and 31% in the untreated group. However the rate of relapse was the highest with pT1b status in both groups, 13% and 45% respectively. One possible explanation for this is that the extended intraductal component was most frequently found in this status and therefore had an impact on tumor-bed relapses. The recurrence rate was 43% with extensive intraductal component and 7% without. Conclusion: After mastectomy the cut off tumor diameter of local relapses was > 2 cm. Under this tumor size the recurrence rate was ≤ 5% in both groups. After breast conserving surgery there is not a cut off tumor diameter in the invasive breast cancer. Irradiation cannot be safely omitted even with minimal < 1 cm. breast cancer.

CONSERVATIVE TREATMENT OF BREAST CANCER: MORBIDITY OF RADIOTHERAPY

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Purpose: To assess the morbidity of radiotherapy in women with breast conservative treatment.

Methods and Materials: Medical records of 1047 women with stage I and II breast cancer who were treated in our Institution from 11/1982 to 12/1995 have been analyzed. All women received limited RT plan (LE), surgical dissection and radiation therapy (RT). The mean age was 52 years (r23-86). Ductal infiltrant carcinoma was present in 94% of the patients; other types were found in 6%. After LE, the mean dose administrated to the whole breast was 50 Gy in the whole breast and 18 Gy in the tumor bed as a boost irradiation. Adjuvant chemo-hormonotherapy was administrated to 47% of the patients.

Results: a) edema was present in 5.6% of the cases, brachial plexopathy in 1%, neoplastic in 0.9% and unresolved skin changes in 25%; infectious mastitis was observed in 1.8% of the patients and after radiotherapy.

Conclusions: our incidence of neumonitis was 0.9% and unresolved skin changes in 25%; infectious mastitis was observed in 1.8% of the patients and after radiotherapy.