6.

THE IMPORTANCE OF THE FAMILY HISTORY IN BREAST CANCER.

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Pedigree data are systematically collected from patients with newly diagnosed malignant diseases in hospital services and private practice in Basel. A registry for cancer-prone families is established.

An excessive accumulation of breast cancer was observed in the families of 3 of 30 interviewed female breast cancer patients. In 2 other families breast cancer was associated with adenocarcinomas of different organs. Healthy female relatives of breast cancer patients have repeatedly consulted us for advice on the value and risk of prophylactic mastectomy.

Our preliminary data are in agreement with the results reported by Dr. H.T. Lynch who has shown that a family history coupled with histologic verification can provide the physician a powerful tool for the identification of patients genetically susceptible to cancer (JAMA 242: 1268-1272, 1979).

7.

HISTOPATHOLOGICAL RISK EVALUATION IN BREAST CANCER.
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The diagnosis "breast cancer" as such does not suffice for clinicopathological evaluation since it covers different diseases in different stages of development. In fact, inherent pathological and biological characteristics of various types of mammary cancer are not only of importance for prognosis; in at least a number of cases they can also influence the therapist's management. Pathological parameters determining prognosis comprise: degree and pattern of spreading, in particular to regional lymph nodes; primary tumor size; differentiation (i.e. histological and nuclear grade); histological type of the tumor, tumor necrosis, border (circumscribed or stellate) and vascular invasion; primary site; "biochemical" character (including hormonal responsiveness); multicentricity etc. Current classifications of breast cancer are based on morphologic descriptive and/or presumed histogenetic criteria. Several reports attest the favorable clinical course of certain histologic types, viz. medullary, tubular, mucinous, comedo and adenoid cystic carcinomas as compared to other types. The significance of so-called carcinomas in situ is still disputed. Risk evaluation seems to be more reliable if histological typing and grading are combined with parameters mentioned above, particularly on the extent of the disease. Additional parameters such as cellular kinetics, cell sizing, elastosis in the tumor bed, tumor-host interactions (including specific immune reactions and non-specific host resistance) have met with increasing interest in recent years. The prognostic usefulness of some of these complementary parameters remains to be examined in more detail.

8.

INFLUENCE OF THE INTERNAL MAMMARY LYMPHNODES (IML) ON LONG TERM SURVIVAL (20 & 25 YEARS) IN WOMEN WITH BREAST CANCER.
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A series of 784 patients with breast cancer who underwent extended radical mastectomy is presented. Most often the tumor was located either in the inner quadrants (88 %) or central (8 %). A postsurgical analysis of the axillary lymphnodes (AL) and the IML revealed that the AL were positive in 44 % of all the cases and the IML in 30 %. In 15 % the IML were found to be involved by metastatic spread when the AL were negative. 155 pts were eligible for a 25 year survival analysis; of these 50 % died of disease (DOD) and 22 % were still alive without any signe of disease (NED) 25 years after the operation. 327 pts were available for a 20 year survival analysis; of these 43 % were DOD and 30 % NED.

A careful analysis of the survival rates with regard to lymph-node involvement shows the following result :

	25 years		20 years	
	NED	DOD	NED	DOD
AL neg/IML neg	33 %	33 %	44 %	28 %
AL pos/IML neg	21 %	53 %	21 %	44 %
AL neg/IML pos	11 %	56 %	30 %	48 %
AL pos/IML pos	12 %	73 %	13 %	74 %

Today we depend for the treatment (adjuvant or complementary) on an exact staging of the AL. But where is the place of the surgico-pathological staging of the IML ? Is there the missing link that would explain the decrease in expected survival rates for low stage breast cancer ?

9.

PROGNOSTIC FACTORS FOR THE COURSE OF METASTATIC BREAST CANCER. K.W.Brunner, M.F.Fey, Institute for Medical Oncology, Inselspital, CH-3010 Bern.

Various factors determining total survival from the time of initial diagnosis, the median survival after appearance of metastases and survival from the onset of chemotherapy were studied in 405 patients treated in SAKK protocols between 1968 and 1976. The site of the first metastatic lesion seems to be an important factor in regard to overall survival from the time of diagnosis. Four categories of metastatic types could be established with significantly different median survival times. According to the category, total survival varied from 19 to 58 months.

Differences in survival times after appearance of the first metastasis, or following institution of chemotherapy were much less pronounced. These were determined primarily by 3 types of metastases as well as the time interval from the very first treatment to the first metastasis, but especially by the response to treatment in the metastatic phase of disease. Factors which clearly influenced the course of metastatic disease in the past are rapidly losing their significance in the face of modern chemotherapy. It appears that the most important effect of chemotherapy is to improve the median survival of prognostically unfavorable cases so the course approaches that of patients with a spontaneous favorable course of disease.

10.

OESTROGEN AND PROGESTERONE RECEPTORS IN BREAST CANCER CLINICAL CORRELATION AND PROGNOSTIC SIGNIFICANCE AFTER 3 YEARS EXPERIENCE. G. Rosset, C. Depierre, C. Guelpa and R. Egeli, Hôpital Cantonal UNiversitaire, 1211 Geneva 4, Switzerland.

The interest for hormonal receptors measurements in selecting patients for endocrine therapy is well established. Several authors have also reported on the relation between absence of receptors and bad prognosis.

We measured oestrogen and progesterone receptors in 600 patients with breast cancer for the last three years. The method used was the Dextran-coated charcoal assay.

Survival rate without relapse in patients with oestrogen receptors is 87 % with a follow up period ranging from 12 to 36 months. In the absence of oestrogen receptors the survival rate without relapse falls to 65 % for the same period of observation, regardless of TNM staging.

In our series death rate of patients without oestrogen receptors is 23 % compared to only 4 % in patients with oestrogen receptors.

Relations between presence or absence of hormonal receptors regarding to clinical staging, tumor histology, menopausal status have also been analysed. This study was partly supported by the Geneva League Against Cancer and by the Swiss Group (SAKK).