

# FEC VS HIGH DOSE FEC IN THE TREATMENT OF ADVANCED BREAST CANCER

Brugnattelli S., Giordano M., Ucci G., Jemos V., Scabini M., Epifani C., Riccardi A.

Medicina Interna ed Oncologia Medica e Patologia Chirurgica I<sup>a</sup> and II<sup>a</sup> University and IRCCS Policlinico S. Matteo, Pavia; Oncologia Medica Ospedale S. Anna, Como; Italy.

In order to verify whether higher dose of anthracycline can improve clinical results in advanced breast cancer, we prospectively compared the efficacy and toxicity of the standard FEC regimen (5-Fluorouracil 600 mg/mq, Epirubicin 75 mg/mq, Cyclophosphamide 600 mg/mq, every three weeks for 6 courses) with that of an equal regimen with increased doses of epirubicin (HD-FEC, epirubicin 100 mg/mq). Between April 1991 to April 1993, 67 previously untreated patients with advanced breast cancer were randomly assigned to initial treatment with standard FEC (37 pts) or HD-FEC (34 pts). The two groups were comparable for age (median 60 vs 55 yrs), menopausal status (premenopause 19 vs 15%), disease free interval (39 vs 33 mos) as well as performance status and sites of metastatic disease.

On the whole, HD-FEC induced more responses (56 vs 50% p ns) with significantly higher complete response rate (38% vs 22% p<0.5) and longer overall survival (median 20 vs 13 mes. p<0.5). HD-FEC was well tolerated with a slightly higher rate of hematologic toxicity. All patients remained ambulatory but in 15% of the courses of HD-FEC (but only in 4% of those of standard FEC) hemopoietic growth factors were administered to prevent complications of leucopenia. HD-FEC can improve clinical results in advanced breast cancer without additional toxicity.

# CONSERVATIVE TREATMENT FOR IN SITU DUCTAL CARCINOMA

Candiani E., Roncadin M., Massarut S., Arcicasa M., Bortolus R., Perin T., Morassut S., Carbone A., Rossi C., Trovò MG. \*Surgical Oncol., Radiotherapy, +Radiology and \*Pathology Divisions, C.R.O. Aviano (PN) - Italy.

From Jan. 1984 to Dec. 1992, 48 pts with DCIS were treated at the C.R.O. (Aviano-PN). Out of this group, 12 pts (25%) underwent mastectomy, 6 (12.5%) conservative surgery (CS) and 30 (62.5%) CS plus radiotherapy (RT). Axillary dissection was performed in 37 pts (77%); none had positive nodes. At a median follow-up of 10.2 mos (3.3-43.2) none of the mastectomy-treated pts showed local or distant recurrences. However, at a median follow-up of 31 mos (2.8 - 88), 5 (16.6%) of the 30 pts managed by CS plus RT and 2 (33%) of the 6 pts treated with CS alone had local recurrences. At histology, 4 recurrences were DCIS and 3 were infiltrating ductal carcinomas. According to histology, 6 (26%) relapses were detected in the comedocarcinoma type (23 pts) and only 1 (7.6%) among the other subtypes (13 pts). A longer follow-up is needed to evaluate the incidence of recurrence.

# HIGH DOSE EPIRUBICIN (HD-Epi) AND CYCLOPHOSPHAMIDE (CTX) EVERY TWO WEEKS + r-met-HuG-CSF IN LOCALLY ADVANCED (LABC) AND METASTATIC BREAST CANCER (MBC).

Del Bianco S., Scinto A.F., Cercato M.C., Ferrarese V., Pasquali Lasagni R., Conte E., Secchi I., Giannarelli D., Campioni N. & Cognigni E. - Istituto Regina Elena per lo Studio e la Cura dei Tumori - Rome, Italy.

Since April 1992, 36 patients: 17 with LABC (IIB: 2, IIA: 9, IIIB: 6) and 19 with MBC (dominant site: soft tissue 3, bone 5, lung 2, liver 9) were treated with a combination of HD-Epi (120 mg/m<sup>2</sup>) and CTX (600 mg/m<sup>2</sup>) given every two weeks, plus G-CSF (5 mcg/kg/d s.c. d 1-12). Total numbers of cycles were 8 in LABC pts. (respectively 4 pre- and 4 post-surgery), and 6-8 in MBC pts.

G3-4 toxicities (WHO) were as follows: Leucopenia: 69% of pts. (with G3/4-neutropenia in 20% of cycles, and neutropenic fever in 5% of cycles); thrombocytopenia: 11%; anemia: 33%; mucositis: 3%. Cycles delayed because of toxicity were 9.9%.

Results in term of response rate in 32 evaluable patients were: LABC (16 pts): OR = 100% (37% CR, 44% PR-80%, 19% PR-80%). MBC (16 pts): OR 13/16 = 81% (37% CR, 44% PR), SD 3/16 = 19%.

Relative Dose Intensity (RDI): Actual/projected ratio has been 58/60 (mg/m<sup>2</sup>/w) for Epi and 290/300 for CTX = 0.97 for both drugs.

We have already reported in our previous experience (Eur. J. Cancer Clin. Oncol., in press.), that the same combination of HD-Epi (120 mg/m<sup>2</sup>) plus CTX (600 mg/m<sup>2</sup>) given every three weeks (without G-CSF) was highly effective against both LABC and MBC with an overall response rate of 88% (36% CR, 24% pCR) in 25 evaluable patients with LABC and of 65% (22% CR) in 23 evaluable MBC-patients. Toxicity was acceptable with neutropenia (grade 3-4 in 47% of cycles) being the main reason of treatment delay (41/271 cycles, 15%). In the current study in spite of 63% increase in Actual Dose Intensity toxicity was acceptable, with lower incidence of neutropenia (p<0.0001) but higher incidence of anemia (p=0.01).

We can conclude that: a) Activity of this regimen is impressively high; b) this schedule may be delivered over multiple cycles with acceptable clinical tolerance (lower incidence of neutropenia but higher incidence of anemia); c) G-CSF allows dose-intensification of drugs (63% increase of Actual D.I. for both drugs).

# NEOADIUVANT CHEMOTHERAPY WITH EPIH<sup>2</sup> IN INFLAMMATORY BREAST CANCER

Butera A., Di Girolamo G., Giresi A., Pizza J., Scianna C., Vitello S. and Di Carlo A.

Medical Oncology Hospital "M. Ascoli" - Palermo (Ita.)

From December 91 to November 93 fourteen women with inflammatory breast cancer, not amenable to surgery, received high-dose epirubicin administered at 75mg/m<sup>2</sup> days 1, 2 (infusion three hours) every three-four weeks. Pts characteristics: Median Age 41 years (37-45y); PS(WHO): 0 (12 Pts) 1 (2 Pts). Axillary involvement was seen in 12 Pts. The cardiac monitoring included echocardiography before each course. Toxicity: Neutropenia Gr2 (78%) Gr 3 (22%). Thrombocytopenia Gr0 (40 %) Gr1 (60 %). Alopecia Gr3 (100%). Nausea/vom.: Gr2(78%) Gr3(22%). Mucositis Gr1(80%) Gr2(20%). 1 Pts presented phlebitis in site of infusion. No cardiac acute events were observed. After four courses of chemotherapy 10 Pts presented a complete disappearance of inflammatory sings. 2 Pts were amenable to surgery, 12 Pts to radiotherapy. In conclusion: these results support the value and tolerability of EPIHD. Prolonged follow-up need to evaluate possible effect on survival.

# THE INFLUENCE OF PROGESTERON RECEPTORS UPON THE SURVIVAL OF YOUNG BREAST CANCER PATIENTS

N.S.Chobanyan, N.E.Kushlynski  
Institute of Medical Radiology, Yerevan, Armenia

Cancer Research Center, Moscow, Russia  
In this research we have dealt with the analysis of the influence of the steroid hormone receptor within the tumour upon the survival of 637 young breast cancer patients (from 20 to 35 years old), and the comparative analysis of the basal secretion of sex steroid hormones in the different phases of the menstrual cycle under control. We have achieved a correlation dependence of the surviving ability not only upon the presence or absence of the progesteron receptors (PR) in the tumour, but also upon their level. In the follicular phase of the menstrual cycle we have found a statistically valid increase of the progesteron concentration as compared with the control and in the follicular and lutein phases a testosterone secretion increase. In conclusion, only the progesteron receptors have influence upon the survival of the young breast cancer patients. The young patients' disease is accompanied with hyperandrogenia.

# ECOGRAPHIC EVALUATION OF CAPSULE THICKNESS AFTER RADICAL MASTECTOMY WITH PROSTHETIC RECONSTRUCTION FOR BREAST CANCER

Cressa, C.; Della Corte, S.; Dell'Antonio, A.; Obersnu, F.; Sasso, F.; Tendella, E.  
Istituto di Semeiotica Chirurgica, Istituto di Radiologia, Trieste, Italy.

**Introduction.** Prosthetic reconstruction of the breast performed concurrently with mastectomy gives rise to the development of a scar reaction capsule, which in serious instances produces a 'tennis ball' effect, and in yet more extreme cases calls for a second operation. Purpose: to find a method to evaluate and predict capsule thickness, and, if possible, to arrest its progression.

**Procedures.** Over the last 3 years radical mastectomies with prosthetic reconstruction were performed on 36 patients, of whom 17 were randomly selected for inclusion in our study. An initial ecography was performed six months after surgery, with another ecography performed one year later (eighteen months after surgery). During the examination capsule thickness was evaluated at three points on the breast.

**Results.** Capsule thickness varied from 0.3 to 2.3 mm for the 17 patients. In one case a capsule thickness of 3 mm, resulting in severely impaired arm functionality, required prosthesis removal. The second ecography showed capsule thickness to have increased by 50% for 10 patients and by 100% for 2, while for 5 it remained constant—these latter having been more scrupulous in moving their reconstructed breasts after a proscribed fashion as a means to forestall capsule growth. The 5 who had non-silicon and textured prostheses developed a capsule at a rate analogous with the others.

**Conclusions.** The capsule develops around all types of prosthesis. There seems to be a correlation with capsule thickness, patient discomfort, and the risk of prosthesis rejection. Early individuation of capsule thickness coupled with a specific rehabilitation program can lessen the need for second operations.