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TREATMENT OF METASTATIC BREAST CANCER WITH TRIPLE M CHEMOTHERAPY.

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20 pts (mean age 52 years, 50% premenopausal women, 50% receptor negative patients), with metastatic breast cancer were enrolled.
The pts received 10 mg/m² mitoxantrone and 30 mg/m² methotrexate every 21 days and 10 mg/m² mitomycin every 42 days for at least 6 cycles.
Severe Leukocytopenia and trombocytopenia were observed in 5 pts (25%) wich needed special treatment with G-CSF. The response rate was 60% with a median remission time of 7 months.
In conclusion we found that triple M is an effective combined chemotherapy treatment for metastatic breast cancer with acceptable side effects.

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RELATIONSHIP BETWEEN MAMMOGRAPHIC AND HISTOLOGICAL FINDINGS IN 129 CASES OF BREAST LESIONS

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Among the currently available techniques for early detection of breast carcinoma, the most useful and reliable still is mammography. Goal of the present study is to re-evaluate radiological findings on a series of 129 patients who underwent biopsy because of carcinoma highly suggestive radiological findings. On the basis of histopathological diagnosis, radiological opacities and microcalcifications, if present, have been revisited. In 104 out of 129 (80.6%) radiologically malignant lesions did find histological confirmation while in 25 out of 129 (19.4%), the histopathological report was not conclusive for malignancy.
In conclusion, it is possible to point out a few "hallmarks" which occur more frequently in malignant lesions, but radiological findings alone do not seem to be able to make a differential between malignant and benign lesions.

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MITOMYCIN,METHOTREXATE AND MITOXANTRONE (3M) FOR THE SECOND LINE TREATMENT OF METASTATIC BREAST CARCINOMA.

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Since November 1991,18 patients (pts) afflicted by metastatic breast carcinoma have been treated with the following scheme:Mitomycin 7 mg/m^2 on day 1;Methotrexate 30 mg/m^2 on days 1-21; Mitoxantrone 12 mg/m^2 on days 1-21 ; this cycle has been repeated every 42 days.These drugs were administered i.v. (bolus injection) for 6 cycles.The features of the pts were:mean age 60,P.S. 60, seat of disease: bone 11,lung 7,liver 4,soft tissues and pleura 2. All the pts were valuated for the response : 2 RC (hepatic lesions) , 13 RP>50%, 3 NC. The toxicity was moderate:mucositis,nausea and vomiting (grade I-II) ; alopecia in 2 pts. We never found a case of cardiotoxicity.The obtained results suggest that this 3M scheme has an acceptable toxicity and it's possible to utilize it in a second line treatment.

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NATURAL HISTORY OF BREAST CANCER (NEW PROPOSALS TO EARLY DETECTION)

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To elaborate more effective programmes of primary prophylactics of breast cancer (BC) it is necessary to have a more precise idea on its natural history. In this work the reconstruction of the "natural history" of BC is made according to the 1) retrospective reanalysis of the mammograms and determination of the doubling time (DT) in 200 patients revealed in the screening (observed rate of the tumour growth), 2) 20-year results of follow-up of 300 patients with the carcinoma in situ and microinvasive cancer, 3) determination of K-67 in the primary tumours of BC patients. 4 groups of patients differed from each other by the tumour DT were distinguished: 1) DC < 30 days, 2) DC > 30-70 days, 3) DC > 70-100 days, 4) DC > 110 days. The tumours of the 1st group making up 25 % are not revealed even in the annually mammographical screening. In spite of the existing opinion it is shown that the percentage of both rapidly growing (DC < 30 days) and slowly growing (DC > 110 days) tumours does not correlate with the age though the frequency of both of these groups of tumours sharply increases in women elder than 50 years in comparison to the younger women. The success of the mammographical screening in women elder than 50 years must be connected not only with the detection of the prognostically favourable forms of tumours (as it is always considered) but on the contrary with the detection of relatively not favourable forms of BC determining the high rate of mortality of the population from BC in case of the absence of mammographical screening.

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CONCOMITANT ADJUVANT CHEMOTHERAPY WITH FNC REGIMEN AND RADIOTHERAPY FOR STAGE II BREAST CARCINOMA : A FEASIBILITY STUDY.

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The goals of concomitant adjuvant chemotherapy and radiotherapy is to reduce the total length of the adjuvant treatment after surgery. The objective of this study is to evaluate the feasibility of such a treatment with FNC regimen (F : fluorouracil : 500 mg/m², N : mitoxantrone : 10 mg/m², C : cyclophosphamide : 500 mg/m²), and an usual radiotherapy (50 Gy/25fractions/5 weeks. 15 Gy overdose when T > 10 mm). The chemotherapy is indicated in cases of N+ (6 cycles) or N- with poor prognosis : RH- or SBRIII (4 cycles). The radiotherapy indications are determined by the consensus of the "Société Française de Radiothérapie Oncologique" (SFRO). Between May 90 to december 93, 111 pts with stage II breast carcinoma received this concomitant treatment after conservative surgery (N : 68) or a mastectomy (N = 43). Characteristics are : mean age = 49,9 y (29-67), premenopausal = 55,8 %, post-menopausal = 34,2 %, ductal carcinoma = 83,7 %, lobular carcinoma = 7,2 %, SBRI = 1,8 %, SBRII = 28,8 %, SBRIII = 64,8 %, N- = 34, N+ = 77. 105 pts received a complete radiotherapy, 98 a total chemotherapy. On an interim analysis 369 cycles/75 pts of FNC have been administred. 85 % of pts full dose of 5FU, 80 % full dose of cyclophosphamide and 75 % full dose of mitoxantrone, the interval between 2 cycles was 21 days in 18 pts, 28 days in 35 pts, and upper than 28 days in 20 pts. The main toxicities (75 first pts) observed with this concomitant treatment were : gastro-intestinal grade III-IV = 34,5 %, dysphagia = 18 %, leucopenia grade II = 36 %, grade III-IV = 9 %, anemia grade II = 3 %, no thrombocytopenia was observed, cardiotoxicity = 3 low and reversible toxicity = 1 extrasystole and 2 pericarditis, the local toxicity was low = grade ≤ I = 76 %, grade II = 17 % and grade III = 70 %, no toxicity grade IV. In another hand, this treatment had no major repercussion on quality of life. These results are preliminar, and further analysis are planed. However the concomitant chemotherapy by FNC regimen and usual radiotherapy is feasible, and this feasability will be confirmed in a future randomized study comparing this concomitant regimen to a standard sandwich regimen.

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BREAST CANCER IN LESS THAN 36 YEARS OF AGE PATIENTS. CLINIQUE SAINTE-CATHERINE EXPERIENCE.

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Out of 2863 breast cancer patients (pts) treated in our institution between 1-83 and 12-83, 77 (2,7%) were less than 36 years of age.

Median age in this group was 32 years, (range, 18-35) with 17 pts (22%) being younger than 31.

Stage distribution was as follows : 34% stage I (n=26), 37% stage II (n=29), 17% stage III (n=13) and 10% stage IV (n=8).

Main histology was infiltrating ductal carcinoma 74% (n=57). There was 6% (n=7) of infiltrating lobular carcinomas, and 20% (n=13) of mixed or rare histologies.

We will report on epidemiological, clinical and pathologic data from these patients, and attempt to delineate specific prognostic factors in this subset of pts with a minimum follow up of 5 years.

We will also focus on treatment modalities and results.