Axillary surgery should be indicated for all patients following PCT regardless of clinical response.

O-77. A NOVEL GRADING SYSTEM TO ASSESS PATHOLOGICAL RESPONSE AND PREDICT SURVIVAL IN PATIENTS RECEIVING PRIMARY CHEMOTHERAPY FOR BREAST CANCER

K.N. Ogston, I. Miller, S. Payne, A.W. Hutcheon, T.K. Sarkar, S.D. Heys . *University of Aberdeen, UK*

Primary chemotherapy is used to treat large and locally advanced breast cancers. A complete pathological response has been shown to be a prognostic indicator, but only 20% have a complete response. The prognostic significance of lesser degrees of pathological response in terms of survival, is unclear. We have developed a novel grading system for assessing different degrees of pathological response to chemotherapy and have examined its prognostic significance.

Patients with large primary breast cancers received 6 pulses of CVAP chemotherapy. Pathological response was assessed in the breast tissue resected after completion of chemotherapy using a novel five point graded scale (1 = no response to 5 = complete response). All patients were followed up for 5 years. Survival and disease free intervals were compared to pathological responses using the log rank test.

176 patients were recruited into this study. The 5-year survival for these patients was 76% and 5-year disease free interval (DFI) 62%.

Grade of Response	5-year survival (%)	5-year DFI (%)
1	65	38
2	60	46
3	78	67
4	82	73
5	100	89
Log rank test	0.022	0.043

This novel method of assessing pathological response can be used to predict survival and disease-free interval in patients receiving primary chemotherapy for breast cancer.

O-78. BREAST CANCER PATIENTS USE OF A TOUCH SCREEN IN THE DAY TREATMENT AREA TO RECORD TOXICITY, HEALTH STATE AND QUALITY OF LIFE – A 12 MONTH EXPERIENCE

R.C.F. Leonard, B. Vickery, S. Povey. *Edinburgh Breast Unit, UK*

Between the start and end of 2000, 256 patients with breast cancer had complete treatment records against which to assess their recorded symptoms attributable to disease and the effects of treatment on their lives whilst attending the day treatment area for chemotherapy. They were asked to use a touch screen questionnaire at each attendance for chemotherapy and individuals used the screen from once to 12 times. The screen questionnaire was derived from standard recording systems to assess toxicity severity and duration (31 questions) with 3 added questions on the patient's assessment of her health state, global quality of life and performance status. In this report only the major features are shown from over 31000 data items thus obtained. The records obtained were from 928 'form' completions, 617 adjuvant or neoadjuvant and 311 metastatic. The data were stored in MS Access allowing ease use of data storage and analysis. The patient data were then matched to the department treatment booking database to link outcomes against disease stage and treatment given. The data are presented as percentage scores for selected items in the 2 groups, metastatic and secondly, adjuvant or neo adjuvant.

fatig	apptit	diarr	vom	naus	health	QL	PS	
11/8	89/64	80/71	91/86	54/38	**4/23**	**5/28**	44/23	**A**
30/28	**4/22**	13/20	6/11	32/39	12/32	38/29	35/32	**B**
41/43	**4/9**	5/7	2/2	7/17	56/44	28/38	**17/35**	**C**
18/21	**3/15**	2/2	1/1	7/6	**28/1**	**29/5**	4/10	**D**

Figures show % incidence metastatic/% incidence adjuvant. A = nil toxicity or best health state; B = mild toxicity/impairmen of state; C = moderate toxicity or impairment; D = severe toxicity or impairment

Bold figures indicate clinically important differences between groups, either direction

This is a rapid and accurate method to record toxicity, functional health state, formal performance status and quality of life in a self-report, real-time format. It is quick, patient-friendly and is an extremely powerful, inexpensive technique for recording auditable data for non-trial as well as trial patients at all stages of disease for patients on treatment. We have plans to extend its use to the OPD waiting area for patients who may be on oral or hormonal therapy.

O-79. PATIENTS' PERCEPTIONS OF THEIR PROGNOSIS AND THEIR EXPECTATIONS OF THE BENEFIT OF ADJUVANT CHEMOTHERAPY IN EARLY BREAST CANCER

H.E. Innes, C. Holcome, S.M. O'Reilly. *Royal Liverpool University Hospital, UK*

Women with early breast cancer, even those with relatively low risk of recurrence, are increasingly offered adjuvant chemotherapy. Patients are now encouraged to participate in the decision whether to have this treatment. To do this effectively they need to be given adequate information. This study explores the knowledge and understanding of a group of women who have completed adjuvant chemotherapy. We sent questionnaires to all 249 surviving patients who received adjuvant chemotherapy between 6/95 and 6/99 at the RLUH, all treated by the same Medical Oncologist. All had been told the size, grade and no. of involved nodes and had been advised of likely prognosis.

182 patients replied (73.1%), median age at diagnosis 47.5 (29 to 69). 22.5% were educated beyond O level. 48.8% felt that