information on the risk of recurrence was 'about right', 50.6% 'too little' and 0.6% 'too much'. 98 (53.8%) remembered being told this risk and 150 (82.4%) gave their own estimates. Patients' estimates and their expectations of the benefits of chemotherapy were compared with their actual risk as determined by the Early Breast Cancer Trialists' Collaborative Group overview.

Age	Nodal status	Est. % risk of rec. without chemo at 5 y (median)	Actual risk of rec. without chemo at 5 y	Est % risk of rec. with chemo at 5 y (median)	Actual risk of rec with chemo at 5 y
<50 y	Node −ve	50	34.1	15	24.7
N = 100	Node +ve	60	58.1	20	42.9
50–69 y	Node −ve	42.5	29.7	12.5	23.4
N = 50	Node +ve	62.5	46.7	20	40

When asked what degree of benefit they felt would make chemotherapy worthwhile, 71.1% of respondents would accept a reduction in the risk of recurrence at 5 y of ≤5%, (range 0.5 to 60%). In conclusion many patients overestimated both the baseline risk of recurrence and the potential benefit of chemotherapy. However, the majority would be prepared to accept similar treatment again for relatively modest benefit.

O-80. LIPSOME-ENCAPSULATED DOXORUBICIN (MYOCET) AND CYCLOPHOSPHAMIDE IS SUPERIOR TO EPIRUBICIN AND CYCLOPHOSPHAMIDE IN FIRST-LINE THERAPY OF METASTATIC BREAST CANCER

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We compared the efficacy and toxicity of liposome-encapsulated doxorubicin (Myocet) and epirubicin (EPI) when used in combination with cyclophosphamide (CPA) in first-line treatment of metastatic breast cancer (Metastatic Breast Cancer). 160 patients with Metastatic Breast Cancer and no prior anthracycline therapy were randomised to receive either Myocet (75 mg/m2) or EPI (75 mg/m2), in combination with CPA (600 mg/m2), every 3 weeks for a maximum of 8 cycles. The primary efficacy endpoints were response rate and time to progression. Responses were assessed by WHO criteria. Cardiac function was monitored by echocardiography. Median age was 54 in both treatment groups. Other prognostic factors were also balanced. Efficacy comparison showed superiority in favour of the MC combination. Overall response rate was 46% versus 39%, median time to disease progression was 7.7 versus 5.6 months (p = 0.02); median duration of response was 10 months versus 7.7 months (p = 0.005, median time to treatment failure was 5.7 months versus 4.4 months (p = 0.007). Mucositis was more common in patients who received the MC combination (grade 3: 7% versus 0% with EC). Cardiotoxicity was low in both treatment groups with no clinical. Heart failure reported it is of interest that was no grade 3/4 dermatitis reported with this liposome-encapsulated doxorubicin.

In this randomised prospective study, Myocet was superior to EPI in terms of time to disease progression when combined with CPA, but EPI may have had less acute toxicity in terms of stomatitis/mucositis.

O-81. CAPECITABINE NAMED PATIENT PROGRAM FOR PATIENTS WITH ADVANCED BREAST CANCER: THE UK EXPERIENCE

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102 patients with advanced breast cancer received capecitabine in a UK open access program and have been analyzed for response and toxicity. Median age was 53.2 (range 30–95). Patients had received between 0–4 prior chemotherapy regimens for advanced disease. 58% of patients had visceral disease and median number of sites of disease was 1. 60.8% had previously received anthracyclines, 25.5% taxoids and 6.9% infusional 5-FU. A median of 5 cycles were given.

Dose reductions occurred in 32.4% of patients (10.2% of cycles). The mean dose intensity was 95%. There were 3 complete responders, 17 partial responders, and the total objective response rate was 19%. Stable disease was achieved in 46% and progression was seen in 30%. Toxicity is tabulated.

Event	Grade 1 (%)	Grade 2 (%)	Grade 3 (%)	Grade 4 (%)
Neutropenia	2.0	1.0	2.0	1.0
Thrombocytopenia	3.9	2.0	1.0	0.0
Mucositis	1.0	2.9	2.0	0.0
Fatigue	12.7	3.9	2.9	1.0
PPE	15.7	11.8	7.8	0.0
Diarrhea	21.6	5.9	4.9	2.0
Nausea	23.5	5.9	1.0	0.0
Vomiting	11.8	2.9	2.0	0.0

We conclude that capecitabine was well tolerated and active in extensively pretreated patients with advanced breast cancer. Toxicity was manageable at the recommended dose of 1,250 mg/m^2 b.i.d. for 14 days q21 days.

O-82. THE ANTI-TUMOUR EFFECTS OF CONJUGATED LINOLEIC ACID IN BREAST CANCER ARE MEDIATED BOTH BY P-53 DEPENDENT AND INDEPENDENT APOPTOTIC PATHWAYS

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Aims: The anti-tumour effects of the dietary fatty acid, conjugated linoleic acid (CLA), may be mediated through enhanced apoptosis. However, the effects of CLA on genes involved in apoptosis are unknown and this study examines the effects of