

days). Patients seen as an interval referral had had symptoms of recurrence for a median time of 3 weeks (range 2 days–1 year) before consulting a doctor. This compared with a median of 4 weeks (range 2 days–4 months) for those attending routinely.

Discussion: Our experience established that recurrent breast cancer is rarely detected as the result of routine clinic examination. Surveillance imaging also has a low yield. In our practice most recurrent disease is detected as the result of an interval appointment made by patient. Routine hospital-based follow-up of breast cancer patients appears to be inefficient and unnecessary. We believe that given adequate preparation and education an improved system should be implemented whereby patients are discharged to their GPs upon completion of their treatment, with immediate access to specialist clinic review should the need arise.

O-97. SHOULD WE FOLLOW BREAST CANCER PATIENTS

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It has been routine practice for breast cancer patients in this country to be followed up in breast clinics regularly in order to detect locoregional recurrence and distant metastases.

Aim: To review breast cancer recurrences and see whether they are detected in routine follow up clinics.

Methods: Retrospective study based on 238 consecutive patients of breast cancer treated in 1995 in our hospital. These patients have now been followed up for at least 5 years.

Results: Operation was performed in 195 followed by radiotherapy, chemotherapy, Tamoxifen alone or combination of these. A total of 51 (21%) were found to have local recurrence or metastatic disease. 30 (12%) had locoregional recurrence, 11 (4.6%) of these were subsequently found to have distant metastases. 17 of 30 were detected at a routine visit on clinical examination and subsequently confirmed by further investigations. 21 (9%) developed distant metastases only. 9 of 21 were diagnosed at a routine clinic visit.

There was an association between metastatic disease and younger age, higher grade of primary tumour and advanced stage of disease, at first presentation. This was however not the case with locoregional recurrences.

Conclusion: A significant percentage of breast cancer recurrences, both locoregional and distant, are detected at routine follow up clinics. The ideal frequency of follow up visits to the clinic is not known, but sub groups of patients should be identified, based on age and histopathological characteristics, who would benefit from more frequent follow up.

O-98. INCIDENCE OF LYMPH NODE METASTASES IN INFILTRATING BREAST CANCERS OF LESS THAN 10 MM

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Background: Axillary clearance carries with it significant morbidity. Some studies have suggested that axillary surgery may be avoided in women with invasive cancers of 5 mm or less as the incidence of node positivity in this group is small.

Methods: 412 patients with invasive cancers less than 10 mm treated between 1995 and 2000 were identified from the prospective Greater Glasgow Health Board Audit of Operable breast cancer. The incidence of lymph node metastases in relation to tumour size, grade and ER status was examined.

Results:

Grade	5 mm (node +ve)	6–9 mm (node +ve)
1	5.9%	7%
2	11%	12.9%
3	27.8%	31.7%
Total	11.4%	12.4%

There was no significant difference in the incidence of nodal metastases between cancers of 5 mm and those of 6–9 mm ($p > 0.1$). High nuclear grade was associated with an increased risk of nodal spread ($p < 0.001$), as was a negative ER status ($p < 0.01$).

Conclusions: Our data demonstrates that grade 1 tumours of 10 mm or less have a very low incidence of nodal metastases and should therefore undergo a less radical axillary staging procedure, such as sentinel node biopsy, which would spare 95% of women an unnecessary axillary clearance.

O-99. USE OF HORMONAL REPLACEMENT THERAPY (HRT) DOES NOT ADVERSELY AFFECT SURVIVAL FROM SCREEN DETECTED BREAST CANCER

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Background and Aim: HRT increases the incidence of breast cancer but its effect on mortality from breast cancer remains controversial. To determine mortality in HRT users who developed screen detected cancers between 1991–97 we collected HRT history indicating duration, dose and type of HRT and present follow up of 589 women.

Methods and Study: A total of 589 patients with prevalent and first incident screen detected cancers between 1991–97 were studied. Of the total, 417 patients had never used HRT and 172 patients had a history of HRT. Women on HRT developed well differentiated tumours $p \leq 0.02$ but node status and tumour size did not differ between HRT users and non-users. The median follow up was 5 years and 11 months.

Results are summarised in the table.