HRT use	Current (n = 172)	Never (n = 417)	Total (n = 589)
Recurrence present	N = 22 (3%)	N = 41 (6%)	P = 0.3816
Survival (10 years)	91%	88%	P = 0.8495

Conclusion: Overall screen detected breast cancers have good prognosis. Prior HRT use does not adversely affect survival after diagnosis of breast cancer.

O-100. IS HORMONE REPLACEMENT (HRT) – RELATED BREAST CANCER MORE FAVOURABLE? A CASE-CONTROL STUDY

H. Khan, S. Bendall, P. Sinha, T. Bates. *William Harvey Hospital, Ashford, UK*

Prolonged use of HRT increases the risk of developing breast cancer but it has been suggested that HRT-related breast cancer may carry a better prognosis since there is no increase in breast cancer deaths. The prognostic risk factors and outcome in patients who had ever taken HRT have been compared with those who had not, in a case-control study.

All women with primary breast cancer 1980–1999 (n = 1887) prospectively completed a detailed questionnaire on the duration and timing of hormonal therapy.

Patients who had ever used HRT (n = 388) were compared with the same number of never-users who were matched for age and age at diagnosis. The tumour size & grade, the number of positive nodes, the presence of vascular invasion and the oestrogen receptor status were compared between cases and controls. The Nottingham Prognostic Index (NPI) was estimated for both groups and absolute survival was compared by life table analysis (Kaplan Meier).

The mean duration of HRT in the ever-users was 3.7 years. The mean length of follow-up was 68 months. The mean age at diagnosis was 56 in the HRT users and 55 in controls. There was no difference between the 5 prognostic factors & there were similar numbers of cases and controls in each of the NPI prognostic groups: e.g. score < 3.4:43% v. 43%. There was a non-significant trend to a survival advantage in the control patients who had never received HRT. Log rank test (p = 0.57)

There was no evidence that HRT-related breast cancer has a more favourable outcome.

O-101. THE EFFECT OF FAMILY HISTORY ON PROGNOSIS IN BREAST CANCER

L. Ahmed, P.P. Tekkis, T. Bates. *William Harvey Hospital, Ashford, UK*

Introduction: Patients with strong family history of breast cancer are more likely to develop a second cancer in the other breast and it is possible that they may have a worse prognosis. The aim of this study was to investigate the effect of family history (FH) on the pathological features of the breast cancer, bilaterality, recurrence-free interval and overall survival.

Method: All (122) patients under the age of 60 years with operable breast cancer and had an FH of one or more first-degree relatives were compared with (244) patients without an FH, matched for age and date of presentation. Tumour size, histological grading, vascular invasion, lymph node status and Nottingham Prognostic Index (NPI) were compared between the two groups. The incidence of synchronous and metachronous tumours in the other breast, disease-free interval and overall survival in each group were compared by life-table analysis.

Results: The pathological features in the two groups were very similar and both groups received similar surgical and adjuvant treatment. The mean follow up for patients with and without FH was 8.9 years and 8.7 years respectively. Patients with an FH had a non-significant trend to develop a metachronous cancer (9.8 v. 5.7%, p = 0.19). There was also a trend towards an overall survival advantage for patients with an FH but this was not statistically significant (p = 0.11).

Conclusion: Patients with a family history of breast cancer may have an increased incidence of a metachronous tumour in the contralateral breast but there is no evidence of worse prognosis.

O-102. C-erbB-2 IN LYMPH NODE NEGATIVE BREAST CANCER: PROGNOSTIC SIGNIFICANCE IN UNIVARIATE AND MULTIVARIATE ANALYSES

R.S. Rampaul, S.E. Pinder, P.M. Wencyk, C. Paish, J.A. Bell, R.W. Blamey, J.F.R. Robertson, C.W. Elston, I.O. Ellis. *Nottingham City Hospital, UK*

Although the prognostic value of C-erbB-2 in invasive breast cancer patients who are node-positive is established, the data in node-negative patients is inconclusive. We have evaluated the prognostic significance of C-erbB-2 overexpression in a cohort of node-negative patients, none of whom received systemic adjuvant therapy.

Paraffin-embedded node negative primary breast cancers from 678 patients, treated at Nottingham City Hospital were studied immunohistochemically. C-erbB-2 staining was scored as 0, 1, 2, 3; scores of 2 and 3 were classified as positive. Univariate analysis was performed with chi-squared tests to compare immunoreactivity with known pathological and patient variables. Cox regression analysis was performed to evaluate C-erbB-2 over-expression as an independent prognostic factor.

40% (n = 254) of specimens showed overexpression of C-erbB-2. These patients had a worse disease-free interval (p = 0.008) and overall survival (p = 0.044). A significant relationship was also observed with high grade (p < 0.001), ER negativity (p < 0.001), young age (p = 0.028) and Nottingham Prognostic Index (NPI) (p < 0.001). No association was seen with menopausal status, vascular invasion or tumour size. In multivariate analysis for survival, when included with tumour size