

## Clinical tumour response:

Preoperative treatment	Complete response	Partial response	Stabilization	Progression
Paclitaxel + Doxorubicin (PD)	34.4%	51.7%	13.7%	0
FAC	10.7%	60.7%	28.5%	0

served in 8 pts (27.5%), received PD, and only 2 pts (7.1%), received FAC ( $P = 0.003$ ). Conservative surgery was realized in 10 pts (34.4%) in PD group and 8 pts (28.5%) in FAC group ( $P > 0.05$ ).

**Conclusion:** Primary treatment of locally advanced breast cancer with Paclitaxel + Doxorubicin more effective than FAC regimen in rate of clinical and pathological complete response. Study is ongoing.

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POSTER

### Sentinel nodes outside level I-II of the axilla and staging in breast cancer

R. Rönkä<sup>1</sup>, E. Leppänen<sup>2</sup>, L. Krogerus<sup>3</sup>, K. von Smitten<sup>1</sup>, M. Leidenius<sup>1</sup>.

<sup>1</sup>Helsinki University Hospital, Breast Surgery Unit, Helsinki, Finland;

<sup>2</sup>Helsinki University Hospital, Unit of Nuclear Medicine, Helsinki, Finland;

<sup>3</sup>Helsinki University Hospital, Department of Pathology, Helsinki, Finland

**Purpose:** In many centres preoperative lymphatic mapping and sentinel node biopsy has become a routine method for axillary staging in breast cancer. Previous studies have reported sentinel nodes outside level I-II of the axilla (ExAx) in approximately 20% of breast cancer patients. The role of ExAx sentinel node biopsy in staging of breast cancer is still obscure. The aim of the study was to evaluate the incidence of ExAx sentinel nodes in breast cancer patients. The other purpose was to evaluate the success rate and the complications of ExAx sentinel node biopsy. The third aim was to investigate the incidence of metastases in the ExAx and other hand in the axillary sentinel nodes.

**Patients and methods:** Between June 2000 and April 2001, 172 clinically node-negative T1-T2 breast cancer patients were submitted to lymphatic mapping and sentinel node biopsy. Lymphoscintigraphy was performed the day before surgery, four hours after intratumoral injection of 80-100 MBq 99m nanocolloid.

**Results:** Lymphoscintigraphy showed altogether 55 sentinel nodes outside level I-II of the axilla in 30 (18%) patients. Two (1%) patients had only ExAx sentinel nodes in the lymphoscintigraphy. The 55 ExAx nodes included 36 parasternal, 9 subclavicular, 7 intramammary and 1 interpectoral nodes. Altogether 39 (71%) extra-axillary nodes were harvested in 26 (87%) patients. Two (7%) of the 30 patients had metastases in ExAx sentinel nodes only, 3 (10%) in both ExAx and axillary nodes and 9 (30%) in axillary nodes only while 16 (53%) patients had metastases in neither axillary nor in ExAx sentinel nodes. Minimal perforation of parietal pleura occurred in three (10%) patients. They recovered uneventfully without pleural drainage.

**Conclusions:** Harvesting of the ExAx sentinel nodes is technically more demanding compared to the axillary ones, but does not seem to carry considerable risks for the patients. The ExAx sentinel node biopsy is a potential tool for more accurate staging in breast cancer, because it provides more information compared to axillary staging alone.

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### A phase III trial of taxotere and doxorubicin (AT) versus 5-fluorouracil, doxorubicin and cyclophosphamide (FAC) in patients with unresectable locally advanced breast cancer: an interim analysis

K. Bouzid<sup>1</sup>, J. Vinholes<sup>2</sup>, F. Salas<sup>3</sup>, E. Mickiewicz<sup>4</sup>, S. Valdivia<sup>5</sup>, V. Ostapenko<sup>6</sup>, E. Baltali<sup>7</sup>, N. Ghilezan<sup>8</sup>, A.L. Courtin<sup>9</sup>, N. Badri<sup>10</sup>. <sup>1</sup>Pierre et Marie Curie Centre, Algiers, Algeria; <sup>2</sup>Santa Casa de Misericordia de Porto Alegre Hospital, Porto Alegre, Brazil; <sup>3</sup>IPSS-Guillermo Almenara Irigoyen Hospital, La Victoria, Peru; <sup>4</sup>Angel Rolo Institute, Buenos Aires, Argentina; <sup>5</sup>Neoplasia National Institute, Lima, Peru; <sup>6</sup>Lithuanian Oncology Centre, Vilnius, Lithuania; <sup>7</sup>Hacettepe University, Medical oncology, Ankara, Turkey; <sup>8</sup>Napoca Radiotherapy Oncology, Bucarest, Romania; <sup>9</sup>C&AC, Le Kremlin-Bicêtre, France; <sup>10</sup>Aventis pharma International, Antony, France

**Aim:** This study evaluated the efficacy and safety of AT versus FAC, as neo-adjuvant therapy in patients (pts) with stage IIIA T3 or IIIB unresectable locally advanced breast cancer.

**Methods:** Between February 1999 and September 2000, 407 chemo-naïve patients were randomly assigned to either doxorubicin 50mg/m<sup>2</sup>/

15min followed by taxotere 75mg/m<sup>2</sup>/1h or 5-fluorouracil 500 mg/m<sup>2</sup>/bolus, doxorubicin 50 mg/m<sup>2</sup>/15min and cyclophosphamide 500 mg/m<sup>2</sup>/bolus, given every 3 weeks for 4 cycles. Clinical and pathological responses, and safety were assessed.

**Results:** To date, interim data are available for 362 patients treated with AT (n=198) or FAC (N=164). Pts in both arms were well balanced for known prognostic factors; median age was 48 years [range: 23 - 75] and median WHO PS was 0 [range: 0 - 1]. A total of 1380 cycles were administered; median number of cycles was 4 [range: 1 - 4] in both arms, and median Relative Dose Intensity was = or > 98.9% for all drugs. In the 362 patients analysed, the overall response rate was 72% for AT [95% CI: 65 - 78] and 64% for FAC [95% CI: 56 - 71]: 11% CR with AT versus 9% with FAC; 61% PR with AT versus 55% with FAC (p=0.11). Information available for 170 patients (AT: 100 pts, FAC: 70 pts) indicate that 92% of AT pts and 89% of FAC underwent surgery. Analyses on pathological response rates are ongoing. Median progression free survival, at the time of this analysis, was 8.3 months for AT [95% CI: 6.2 - 9.1], and 6.9 months for FAC [95% CI: 4.3 - 12.9]. Main treatment-related toxicities seen respectively in AT/FAC arms (% of pts): Grade 3/4 neutropenia (71/25); febrile neutropenia (10/0); Grade 3/4 nausea (6/5); Grade 3/4 vomiting (6/8); Grade 3/4 diarrhea (7/1); Grade 3 stomatitis (2/0); Grade 3/4 infection (3/0); Grade 3 asthenia (3/1).

**Conclusion:** The safety profile is favourable in both arms. Neutropenia was the most common adverse event but was predictable and manageable. Interim efficacy data are encouraging, suggesting that taxotere and doxorubicin is a potentially valuable combination in neo-adjuvant therapy of breast cancer.

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### Phylloide tumours of the breast 36 year revision based on clinical experience

C. Cruz<sup>1</sup>, M. Pereira<sup>1</sup>, P. Messias<sup>3</sup>, N. Cunha<sup>2</sup>, J. Ganho<sup>1</sup>.

<sup>1</sup>IPOFG/CROC, Surgery, Coimbra, Portugal; <sup>2</sup>IPOFG/CROC, Clinical

Pathology, Coimbra, Portugal; <sup>3</sup>HDF, Surgery, Figueira da Foz, Portugal

The authors realized a 36 year retrospective study of phylloide breast tumours treated at the Portuguese Oncological Institute - Coimbra, based on clinical diagnosis, histopathological and therapeutical aspects.

The study took place during 2 distinctive periods, the first during 1995 - 2001, where 113 clinical cases were analysed. The second during 1965 - 1995, where after careful revision and update of the new histopathological criteria of tumours of 113 patients, only 82 were selected; totalising a final number of 195 patients. The histopathological criteria used to classify and select the tumours were those proposed by Page et al.

**Results:** Of the 195 patients selected, 68.4% had benign tumours, 25.4% borderline tumours and 6.2% malignant tumours. The study showed that the age of primary occurrence was greatest at the following age groups [16-25 yrs] 30% and [30-50 yrs] 43%. The onset period of time was 14.31 months (SD ± 22.15). On average the tumours measured [2-3 cm] 27% and [4-6 cm] 17%. The tumour lateralization was not statistically significant. In 93% of the cases there were associated fibroadenomas. FNAB was positive for phylloides tumors in 20.9% of the cases.

Of the different surgical approaches studied, wide local excision was by far the most preferred (96.5%), followed by Modified Radical Mastectomy (1.8%), Simple Mastectomy (0.9%) and finally Quadrantectomy (0.9%). The reiterative operations were performed, 3 operations (2.6%), 2 operations (6.1%) and single operation (91.2%). The recurrence rate studied was 13.4% and the free period of disease was 39.19 months (SD ± 19.94). As far as the parity we verified that 42% were nullipare and 58% primipare and multipare.

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### Testosterone, an hormonal marker for breast cancer in postmenopausal women (PM); preliminary results of a case-control study in Montreal

J. Latreille<sup>1</sup>, M. Falardeau<sup>2</sup>, G. Martin<sup>2</sup>, A. Robidoux<sup>2</sup>, J.M. Ekoe<sup>2</sup>, J. Cantin<sup>2</sup>, E. Nassif<sup>2</sup>, M. Poljicak<sup>2</sup>, M. Dumont<sup>3</sup>, P. Ghadirian<sup>2</sup>.

<sup>1</sup>cim-Hopital Charles LeMoine, Greenfield Park; <sup>2</sup>CHUM, centre de recherche, Montréal; <sup>3</sup>Corev, Outremont, Qc, Canada

**Purpose:** Breast cancer is a major health problem associated with a high morbidity in many of the more developed countries of the world. It seems that environmental risk factors and lifestyle play important role in the etiology of this disease. We have yet to find a marker that will have an impact in the prediction of breast cancer occurrence. Methods: In a case-control study in Montreal, a total of 70 newly diagnosed PM with breast cancer and