214 N/T quotient. A new predictive factor of the evolution of disease in patients with breast cancer

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Introduction. Breast cancer has a heterogeneous evolution. For the same stage, some patients have an evolution faster than others. Maybe, this different evolution, is due to different subtypes of breast cancer. One of the possible markers of this evolution is the relation between the tumour size and the number of metastatic lymph nodes. It would be reasonable to think that those little tumours with lymph node involvement have a more aggressive behaviour than those tumours higher with the same lymph node affectation. Although, this has not been demonstrated before. Objective: To know the usefulness of the quotient in which we divided the number of affected lymph nodes into tumour size in centimetres. (N/T quotient). Material and methods: In 265 patients with breast cancer that have relapsed we calculated the N/T quotient. We have studied the correlation with overall survival (SV1), survival after the recurrence (SV2) and the disease free survival (DFS). For the statistical analysis we used the SPSS software. We performed the correlation test of Pearson. We had established a cut-off point in N/T under or above 2. We have analysed its predictive power using the Kaplan Meier method. The multivariate analysis (Cox regression) independent value as predictive factor of the evolution Results and conclusions. We have found negative correlation between the N/T quotient and SV1, SV2 and DFS with statistical significance. Those patients with N/T quotient higher than 2 have shorter SV1, SV2 and DFS. When we chose only those patients with 4 or more metastatic lymph nodes, we still found statistically significant differences.

	N/T>2	N/T≤2	p
SV1	45.7	79.3	<0.001
SV2	20.3	33.8	<0.01
DFS	21.2	32.9	<0.01

Note: Median-Kaplan Meiers (months)

215 Retrospective analysis of continuing use of Herceptin after disease progression in women with HER2-positive metastatic breast cancer (MBC) initially treated with Herceptin plus a taxane

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Background: Women with HER2-positive MBC obtain benefit from Herceptin administered until disease progression. Prospective clinical trial data to support continuation or discontinuation at progression are not available. However, preclinical data suggest that absolute resistance to Herceptin is rare and reversible in HER2+ cell lines. Methods: Charts of eligible women with HER2-positive disease who had received at least 2 Herceptin-containing regimens were retrospectively reviewed. No limit was placed on the number of prior regimens MBC. Results for patients who received Herceptin plus a taxane first line are reported. Results: Data were collected for 105 women; 104 were eligible. The median survival duration was 29.0 months (95% CI 22.7-56.0). 19 women received first-line Herceptin plus a taxane (11 docetaxel, 8 paclitaxel); 13 had IHC HER2 3+, 2 HER2 2+, 3 HER2-positive, and one FISH-positive. 15/19 received adjuvant anthracyclines and 1/19 adjuvant paclitaxel. Seven patients had pretreatment factors increasing their risk for cardiotoxicity. The response rate was 36.9% (5 PR, 2 CR); median TTP was 25 (6-72) weeks. At progression, various Herceptin regimens were employed: Herceptin plus vinorelbine (10), plus taxane (3), plus other agents (3), Herceptin monotherapy (3). One cardiac event occurred, but did not necessitate Herceptin withdrawal. In the group treated with Herceptin plus vinorelbine, the response rate was 20% (2 PR) and median TTP was 14.5 (1-36) weeks. Responses were observed with Herceptin monotherapy and Herceptin /docetaxel. Conclusions: Continued Herceptin after disease progression is feasible with no increase cardiotoxicity in this small retrospective analysis. Responses are seen. These data support randomised studies to fully define the risk/benefit ratio of Herceptin therapy beyond disease progression.

216 Valvular, systolic and diastolic cardiac function in metastatic breast cancer patients, receiving combination of trastuzumab and non-anthracycline chemotherapy treatment - 1 year follow up

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Purpose: to asses cardiotoxic risk profile of combined treatment with trastuzumab and chemotherapy in metastatic breast cancer patients (pts). Patients and methods: 28 pts: 12 recruited in our centre to BICRG 101 trial, treated with combination of trastuzumab 2 mg/kg 1-weekly and chemotherapy consisting of docetaxel 75 mg/m^2 and cisplatin 75 mg/m^2 every 3 weeks and 16 receiving trastuzumab and cisplatin or vinorelbine were evaluated clinically, by ECG and by Doppler echocardiography at baseline(I), in 2nd (II), 4th (III), 6th (IV) month of chemotherapy and up to 1 year follow-up (V) thereafter. Valvular function, resting left ventricular ejection fraction (LVEF), LV and LA diameters, diastolic and systolic LV function were determined. 12/28 pts were anthracycline pre-treated to maximum cumulative dose 300 mg/m^2. Results: trace mitral insufficiency (MI) was observed at baseline in 12 pts, in 1 patient MI was moderate. During treatment there was progression of pre-existing MI from trace to moderate in 4 pts. MI did not progress in 8 pts and the only case of baseline significant MI did not show important progression upon observation. 3 pts presented trace aortic insufficiency (AI) at baseline without progression during treatment. No statistically significant changes were found for mean left ventricular ejection fraction (LVEF): I - 69.5%, II - 66.4%, III - 67.2%, IV - 66.3%, V - 67. 0%, mean LV end-diastolic diameter (LVED) I - 4.47 cm, II - 4.62 cm, III - 4.63 cm, IV - 4.68 cm, V- 4.74 cm, mean isovolumetric relaxation time (IVRT) I - 85.6 ms, II - 91.8 ms, III - 85.3 ms, IV - 89.8 ms, V - 97.5 ms, mean LA diastolic dimension (LA) I - 3.44 cm, II - 3,55 cm, III - 3,72 cm, IV - 3,73 cm, V 3,86 cm. In 1 anthracycline naïve patient 1 year after beginning of trastuzumab treatment moderate global hypokinesis was observed (EF - 59%). Conclusion: echo-doppler imaging during herceptin and chemotherapy combination treatment revealed progression of mitral regurgitation in some patients. The changes of other parameters do not substantiate an important deterioration of LV systolic and diastolic function, thus calling for larger number of patients to be evaluated.

217 Utility of intra-operative frozen section of sentinel nodes to predict final histology in patients with breast cancer

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BACKGROUND : Routine histology of sentinel nodes reliably predicts axillary node status in patients with breast cancer. Frozen section of sentinel nodes is not routinely used to determine the positivity or the nodes intra-operatively. PURPOSE: To determine if frozen section of sentinel nodes intra-operatively is reliable compared with paraffin histology and thus to determine if it is predictive of axillary node status. METHODS: Retrospective study of 32 patients with proven invasive breast cancer who had a sentinel node biopsy which was analyzed by