

Threefold Increase in Breast Conservation (BC) in 4172 Patients Accrued During 15 Years of Trials Conducted by the ABCSG.

Sub-category:

Breast Cancer

Category:

Breast Cancer

Meeting:

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Author(s):

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Abstract:

It is well established that BC does not impair the prognosis of patients with breast cancer as compared with mastectomy. BC should thus be regarded as treatment of choice in stage I and II disease. For various reasons, however, BC has not been fully accepted in general practice. Between 1984 and 1998, 4172 patients with hormone-dependent breast cancer were randomized into 5 different trials conducted by the ABCSG. Two of these studies are still in progress: a direct comparison between tamoxifen and anastrozole (G1, 2) or addition of chemotherapy to tamoxifen. In the first study, postmenopausal patients received 5 years of tamoxifen. We selected three different patient groups: stage II (Group A); postmenopausal stage I (Group B); and postmenopausal stage II (Group C) - an analysis of BC rates over 15 years, separated for T1 and T2 lesions. In Group A, and within 3 time periods (1984-90, 1991-95, 1996-98) the BC rate (%) increased from 24 to 51 and 71 overall, from 33 to 61 and 83 for T1, and from 23 to 43, 56, and 63 for T2. These differences were highly significant in statistical terms ($p < 0.0001$). The local recurrence rate after 5 years was 1.5% in the 1984-90 time period and 5.1% in 1991-95. As to Group B, 1946 patients were randomized between mastectomy and BC. For all patients, the BC rate increased from 40 to 78% in total, from 50 to 84% for T1, and from 40 to 78% for T2 ($p < 0.0001$). The local recurrence rate after 5 years was 1.5%. In Group C, the BC rate (%) increased from 35 to 63, from 35, 56, 64 to 75 for T1, and 15, 31, 42 to 50 for T2 ($p < 0.0001$) within 4 time periods (1984-90, 1991-95, 1996-98). The local recurrence rate in this group was 7% for the 1984-90 time period and 3.4% for 1991-95. In conclusion, BC rates can be achieved of up to 80%, depending on tumor size, even in a multicenter setting. We believe this significant increase in the BC rate over 15 years of ABCSG trials, which is not counterbalanced by the low local recurrence rate, reflects an excellent level of surgical quality control. Especially in multi-institutional trials for patients with breast cancer, the BC rate should be given high priority.

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Session: Breast Cancer I (Poster Discussion Session)

2. Comparison Of Pre- Vs. Postoperative Chemotherapy In Breast Cancer Patients: Four-year Results Of Austrian Breast & Colorectal Cancer Study Group (abcs) Trial 7

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