P10
Positive axillary lymph node metastases in T1–T3 breast cancer: prognostic value of extracapsular extension
S Maksimovic1, Z Gojkovic2, M Opric2
1General Hospital “Sveti Vraci” in Bijeljina, Bosnia and Herzegovina; 2Clinic for Oncology Clinical Center Banja Luka, Bosnia and Herzegovina; 3Clinical Center “Bezanijska Kosa” Belgrade, Serbia
Background Extracapsular extension (ECE) of axillary metastases has importance as a risk factor for local or distant recurrence. Poorer survival in breast cancer has been suggested, but its prognostic value has not been uniformly confirmed.
Methods From January 2000 to March 2007, 356 breast cancer patients were operated on in the Department of General Surgery of General Hospital “Sveti Vraci” in Bijeljina. We selected 173 (48.6%) cases with pT1–pT3 node-positive breast cancer. The prognostic significance of ECE of axillary metastases was evaluated with respect to disease-free survival, overall survival, and the patterns of disease recurrence. Such prognostic significance was then compared with that of other clinical and pathologic factors.
Results Ninety-five patients (26.68%) presented with ECE. Thirty patients (31.57%) were identified as having three or less lymph nodes involved, 26 patients (27.36%) patients four to six nodes, 18 patients (22.16%) patients 10 or more nodes, respectively. With a median follow-up of 86 months, factors with independent prognostic value for disease-free survival by multivariate analysis included absence of estrogen receptors (P < 0.05), pN category (< 0.01), presence of lymphovascular invasion (LVI; P < 0.005), and ECE (P < 0.001). An independent negative prognostic effect on overall survival was observed for absence of estrogen and progesterone receptors (P < 0.05), pN category (P < 0.05), and presence of LVI (P < 0.005) and ECE (P < 0.001).
Conclusion ECE demonstrated a stronger statistical significance in predicting prognosis than the pN category and was also related to an increased risk of distant recurrences. We suggest that the decision on adjuvant therapy should consider the presence of ECE of axillary metastases and peritumoral LVI as indicators of high biological aggressiveness. Balancing the risks and benefits of irradiation, we continue to recommend that complete axillary irradiation is not routinely indicated after adequate axillary dissection.

P11
Study of the combination gemcitabine and trastuzumab in the treatment of HER2+ metastatic breast cancer
S Menjón-Beltrán, R Olivencia, E Gonzalez
Unidad de Ginecología Oncológica, Hospital Universitario Virgen de las Nieves, Granada, Spain
 objective To study the efficacy of different regimens of treatment based on trastuzumab in patients with Her2+ metastatic breast cancer (MBC).
Patients and methods Medical records of 47 Her2+ MBC patients were retrospectively studied in our center between December 1999 and February 2004. The Her2 status was determined by immuno-histochemistry (Herceptest). FISH being used to discriminate the doubtful cases.
Results Forty-seven patients with MBC of bad prognosis treated previously have been evaluated, a complete response (CR) being observed in 30% of the cases with a response rate (RR) (CR + partial response (PR)) of 63%. The stable disease rate (SD) was 12%, which provides a clinical benefit (CR + RP + SD) of 78%. Thirteen of these patients received a new scheme of treatment based on trastuzumab after progression to the first regimen containing trastuzumab, 76% of RR (CR + PR) and 30% of CR being observed. Three of these patients received a third regimen of treatment with trastuzumab, still obtaining one CR (RR 33%), and one SD.
Conclusion The association of trastuzumab with chemotherapy constitutes a very active regimen in previously treated patients with MBC of poor prognosis. This activity even continues in patients who have already received a previous treatment based on trastuzumab.

P12
Clinical role of trastuzumab in metastatic breast cancer: experience of a center
S Menjón-Beltrán, R Olivencia, E Gonzalez
Unidad de Ginecología Oncológica, Hospital Universitario Virgen de las Nieves, Granada, Spain
Objective To study the efficacy of different regimens of treatment based on trastuzumab in patients with Her2+ metastatic breast cancer (MBC).
Patients and methods Medical records of 47 Her2+ MBC patients were retrospectively studied in our center between December 1999 and February 2004. The Her2 status was determined by immuno-histochemistry (Herceptest). FISH being used to discriminate the doubtful cases.
Results Forty-seven patients with MBC of bad prognosis treated previously have been evaluated, a complete response (CR) being observed in 30% of the cases with a response rate (RR) (CR + partial response (PR)) of 63%. The stable disease rate (SD) was 12%, which provides a clinical benefit (CR + RP + SD) of 78%. Thirteen of these patients received a new scheme of treatment based on trastuzumab after progression to the first regimen containing trastuzumab, 76% of RR (CR + PR) and 30% of CR being observed. Three of these patients received a third regimen of treatment with trastuzumab, still obtaining one CR (RR 33%), and one SD.
Conclusion The association of trastuzumab with chemotherapy constitutes a very active regimen in previously treated patients with MBC of poor prognosis. This activity even continues in patients who have already received a previous treatment based on trastuzumab.

P13
BRCA1a has antitumor activity in triple-negative breast cancers
C Yuli, N Shao, G Operea-Ilies, J Okoli, ESP Reddy, VN Rao
Cancer Biology Program, Department OB/GYN, Morehouse School of Medicine, Atlanta, GA, USA
Most BRCA1-related breast cancers are high-grade, basal-like, estrogen receptor (ER)-negative, progesterone receptor (PR)-negative, and Her2-negative. Triple-negative breast cancers are more common in younger black women than their white counterparts, have higher rates of distant metastasis, and currently there are no effective treatments against these cancers. We have previously characterized a splice variant of BRCA1 (BRCA1a/p110), which is expressed at reduced levels in several breast tumors. Stable expression of BRCA1a resulted in inhibition of growth in vitro of human breast, ovarian, prostate and colon cancer cells, and only those cells with wild-type Rb were sensitive to BRCA1a-induced growth suppression and the status of p53 did not affect the ability of BRCA1a to suppress growth of tumor cells. We have introduced BRCA1a into the CAL51 cell line, which is negative for ER and PR, and our results using semiquantitative immunocytochemistry show CAL51 to be negative for HER2. These transfectants were analyzed for BRCA1a protein expression by western blot analysis. The BRCA1a transfectants were slow growing and 98% inhibited in their growth in soft agar. BRCA1a also significantly inhibited CAL-51 triple-negative breast cancer xenografts in nude mice. These results suggest that the majority of exon 11 sequences lost in BRCA1a are not required for the tumor suppressor