

a previous screening. Compared with other European countries, screening by mammography in this age group was an infrequent practice in Galicia. We believe that mass screening is the most appropriate strategy to decrease mortality from breast cancer because it allows a high participation rate and an adequate radiological and clinical quality control system.

Study on Overexpression of P53 Protein in Multiple Familial Breast Cancer

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The expression of P53 and bcl-2 protein were detected in primary breast cancer patients with or without familial history, to explore the role of P53 gene in carcinogenesis of familial breast cancer. Twenty-three samples of primary breast cancer with family history in three generations and 314 samples without family history as controls, were derived from the first clinical hospital of China medical University (CMU). The P53 and bcl-2 proteins were detected by immunohistochemistry (ABC method). P53 protein over-expression in patients with family history (14/23, 60.9%) was significantly higher than those of control group (119/314, 37.9%), ($P < 0.05$). There was no significant difference in bcl-2 over-expression between familial breast cancer (9/23), 39.1% and control group 109/314, 34.7%). It implied that P53 gene taken as a more important role in familial breast cancer than in breast cancer without family history.

Improved Survival From Primary Breast Cancer with Tumour Sizes Detectable by Mammography

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Mammography permits the detection of smaller tumours to provide survival benefit. Presently, screening recommendations differ for women under 40, 40-49, 50-69, and 70 years of age and older. Mammography has been used routinely at Women's College Hospital for more than three decades: we investigated the effects of tumour size on survival from breast cancer for these four age groups. We studied data for 678 stage 1-3 primary invasive breast cancer patients from 1971 to 1990, and followed these patients to 1996. Factors available for multivariable investigations were age (years), tumour sizes (cm), nodal status (N-, Nx, N+), ER (fmol/mg protein), and PgR (fmol/mg protein). Forward stepwise multivariate regression with log-normal

survival analysis was used to examine the effects of these factors on disease-specific survival for each of the four age groups. Ten-year survival is reported for patients with tumours of sizes corresponding to clinical stage cut-points: T1A at 0.5 cm, T1B at 1.0 cm, T1C at 2 cm, and T2 at 5 cm. For women <40 years of age, the survival estimates at these tumour sizes are 0.77, 0.74, 0.67, and 0.44, respectively; for women 40-49, it is 0.92, 0.90, 0.85, and 0.62, respectively; for women 50-69, it is 0.81, 0.79, 0.75, and 0.62, respectively; for women over 70, it is 0.84, 0.81, 0.73, and 0.44, respectively. Survival is significantly better ($p \leq 0.05$) in all instances for women with smaller tumour sizes, including those under 40 and 40-49 years of age. For each of the four age groups, survival from breast cancer was significantly better with tumour sizes usually only detectable with mammography. The widespread regular use of screening mammography should continue to reduce breast cancer mortality. Future research should be directed toward developing all promising breast imaging modalities so those tumours at these small sizes can be detected routinely.

Electromagnetic Radiation and Cancer: Implications for Reducing Breast Cancer Risk

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When do We Use Drugs For Prevention?

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The Influence of Androgen Receptors on the Survival of Young Patients with Breast Cancer

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Breast cancer is the most common cancer in premenopausal women. In the past decade the incidence of breast cancer in young patients has increased, and the prognosis is still poor. An analysis of the influence of androgen receptors in tumours on the survival of young women with breast cancer was done using a comparative analysis of the basal secretion of androgens in the different phases of menstrual cycle under control. This study included 637 young patients (from 20 to 35 years old) with breast cancer. Testosterone levels were assayed at days 5-7 and 22-25 of the menstrual cycle (25- to 30-day cycle). The control group was composed of healthy women of corresponding ages. No correlation was found between survival and the presence or

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