

## 52. DEVELOPMENT OF NETWORK OF CANCER FAMILY SYNDROME REGISTRIES IN EASTERN EUROPE

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It has been proven that organizing the registries of families affected by CFS is very helpful in research leading to: 1. Identification of new genes of CFS, 2. Better knowledge of correlations in CFS, 3. Identification of external factors having impact on mutated genes, 4. Description of mutation characteristic for particular populations.

Thus, development of CFS registries is very important for increasing pre-clinical and clinical research facilities. Direct positive consequence will also be the improvement of quality of life by better management of patients affected by CFS. Without registries these patients are very often not identified and deprived of appropriate recommendations concerning prophylactics, surveillance and treatment. Development of CFS registries leads also to further improvement of quality of life by progress in management in families with these tumours which can be achieved by better organizing of research on CFS. Better management in CFS families decreases also health-care costs by lowering the number of cancers and increasing the number of tumours detected at their earliest clinical stage when the treatment is less expensive.

The scientific objectives of the project include:

- elaboration of standards for a model cancer family syndrome registries in Eastern Europe
- registration of ~ 2000 families with different types of CFS in populations of East European countries (Czech, Hungary, Latvia, Lithuania, Poland)

- initiation of European collaborative studies with the use of material collected by East European CFS registries.

## 53. POSTMASTECTOMY RADIOTHERAPY (PMRT)

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The role of PMRT in breast cancer patients has been controversial. The early clinical trials demonstrated improvement of local-regional control but failed to show an improvement in survival. Recently three randomized trials demonstrated significant improvement of overall survival with the use of PMRT in high risk breast cancer patients who were also treated with systemic adjuvant therapies. On the other hand in several studies and in meta-analysis an excess of non cancer, especially cardiovascular, deaths was documented. These deaths were probably related to high dose of radiation given to heart and great vessels with the use of outdated radiotherapy techniques. With the modern radiotherapy planning it is possible to reduce the dose to these structures. Duration of follow-up of patients treated with contemporary techniques is still limited however so far no increase of cardiovascular deaths was found. Great numbers of new technical solution in PMRT has been recently published. According to the available evidence PMRT should be recommended to node positive breast cancer patients and combined with adjuvant systemic therapy. Chest wall and regional lymph nodes should be irradiated with the dose of 50 Gy in 25 fractions and effort should be made to minimize dose to heart, great vessels and lung. The discussion on the optimal use of PMRT continues in the literature and most important issues include:

- 1) patients selection,
- 2) coordination of PMRT with systemic adjuvant therapies
- 3) technical aspects of radiotherapy like target volume definition, total dose, fractionation schedule and shielding of critical organs and tissues. Some of this questions are addressed by randomized studies that are presently underway.