sporadic endometrial carcinomas (ECs). Homozygous deletions at exon 1 was detected in 3 out of 50 (6%) samples. Direct DNA sequence analysis of SSCP-abnormal shift bands in endometroid-type EC revealed an exon 2, codon 70 (CCC->GCC) point mutation. A 1-bp-G-deletion in exon 2, between codons 59/60, and the lack of SSCP-product at exon 3, was also reported in another case. Two of 47 (4.2%) tumors exhibited methylation in 5'CpG islands of the p16INK4A TSG. Both methylation-positive cases represent advanced (stage Ia and IIa) endometroid-type endometrial carcinomas. An allelic loss of c5.1 marker was reported in 12 of 50 (24%) tumors. Generally, the incidence of allelic loss in advanced endometrial carcinomas was higher compared to early-staging uterine tumors, but this difference did not reach a significance (p < 0.05). However, loss of heterozygosity at 9p21 was significantly correlated with reduced nuclear p16INK4A expression immunohistochemically (r = -0.342, p = 0.015). Both hypermethylated ECs, whose showed reduced p16INK4A protein staining, exhibited concomitantly p16INK4A alterations (LOH1 and point mutation) as a second 'genetic hit'. There was a suggestive trend of correlation between p16INK4A inactivation and reduction or loss of protein immunoreactivity in endometrial carcinomas (r = -0.275; p = 0.053). Altogether, p16INK4A inactivation, by different genetic mechanisms, was detected in 14 of 50 (28%) sporadic ECs. Our data indicate that p16INK4A inactivation occurs in the subset of sporadic endometrial carcinomas, particularly in tumors exhibiting aggressive clinical behavior.

PO157
CONSERVATIVE TREATMENT OF ENDOMETRIUM CARCINOMA IN A WOMAN OF CHILDBEARING AGE: CASE REPORT AND REVIEW OF LITERATURE
J. Hauspy, K. Brack, W. Tjalsa
University Hospital Antwerp, Antwerp, Belgium

A patient who presented with primary infertility revealing an endometrial carcinoma is described. She received a non-surgical therapy, because of child wish. In this article we report the clinical findings of our case and we discuss the current literature of conservative, mostly progestagen containing, treatment in young patients with endometrial cancer.

PO158
THE PROGNOSTIC RELEVANCE OF STEROID RECEPTOR IMMUNOCYTOCHEMISTRY IN ENDOMETRIAL CARCINOMA
M.P.M.L. Snijders
Vicuuri Medisch Centrum, Venlo, Netherlands

Introduction: In endometrial cancer treatment more specific and objective criteria have to be introduced to discriminate between patient groups a priori differing in prognosis, so before treatment is planned. In this poster, all literature data on immunocytochemical analysis of estrogen receptor (ER-ICA) and progestogen receptor (PR-ICA) and their relation with other clinico-pathological prognostic factors and survival data are summarized.

Materials and Methods: A computerized literature search was conducted to identify all articles published on ER-ICA and/or PR-ICA and endometrial carcinoma between 1990 and 2000. All articles dealing with the correlation between steroid receptor expression and clinico-pathological prognostic factors and/or (disease-free) survival were extracted for this review.

Results: Negative (or very low) ER-ICA and/or PR-ICA results in the diagnostic (curettage/hysteroscopic) specimen of endometrial carcinoma appear strongly associated with unfavourable clinico-pathological factors. Furthermore, steroid receptor immunocytochemistry appears relevant for the prediction of survival of patients with endometrial carcinoma.

Conclusion: Apart from the assessment of histological grade and tumourtype, steroid receptor immunocytochemistry is valuable as a pre-operative, relatively cheap routine-procedure, with the potential of guidance of surgical staging.

PO159
PROGNOSTIC VALUE OF P-53, C-ERB-B2 AND MIB-1 IN ENDOMETRIAL CARCINOMA
G. Capobianco, P.L. Cherchi, P. Demurtas, S. Mesina, L. Nieddu, S. Dessole
Department of Pharmacology, Gynaecology and Obstetrics, University of Sassari, Sassari, Italy

Objective: To assess the immunohistochemical expression of p-53 protein, a tumour suppressor gene of the oncogene c-erb-B2 and MIB-1 proliferation marker (Ki-67 antigen) in endometrial carcinoma.

Methods: We studied 40 cases of endometrial carcinoma in which the p-53, c-erb-B2 and MIB-1/Ki-67 antigens were investigated by an immunohistochemical method. We evaluated the correlations among the immunohistochemical positivity and the grading, depth of myometrial invasion, stage of the neoplasia and follow-up.

Results: Both p-53 and c-erb-B2 were positive in 22 out of 40 cases (55%), whereas MIB-1 was positive in 26 out of 40 cases (65%). All these three antigens showed a positive correlation with the grading, myometrial invasion and FIGO stage. Regarding follow-up, p-53, c-erb-B2 and MIB-1 were, respectively, positive in 100%, 84% and 67% of neoplasias of patients died of disease whereas they were positive in 40%, 40% and 60%, respectively, of tumours of patients with no evidence of disease.

Conclusions: The overexpression of p-53, c-erb-B2 and MIB-1 seems to indicate a more malignant tumour phenotype.

PO160
WHICH FACTOR DOES PREDICT AXILLARY LYMPH NODE STATUS BEST IN OPERABLE BREAST CANCERS?
R. Vanspauwen1, S. Housmans1, Y. Moreau2, F. De Smet2, M. Drijkoningen1, F. Aman1, P. Berteloot1, I. Vergote1, M.-R. Christiaens1, P. Neven1
1UZ-KL Leuven, 2Esat, Leuven, Belgium

Purpose: To examine which factor, qualitative and quantitative, best predicts axillary lymph node (ALN) involvement in women with a primary operable breast cancer.

Methods: In a retrospective way, we examined case records of 300 consecutive women, all operated in 2001, with a primary operable breast cancer. The following factors that could predict ALN involvement were analysed in a univariate and multivariate way: the largest pathological tumour diameter, grade of tumour differentiation, histological type, quantitative steroid hormone receptor status, age, menopausal status and demographic parameters as height and weight.

Results: Univariate analysis identified tumour diameter, the absolute value for progesteron receptor (PR), PR more than 200 and degree of tumour differentiation as significant predictors of ALN involvement. Multivariate analysis only retained tumour diameter (Wald chi-square, p < 0.0001) and PR status exceeding 200 as predictors.

Conclusion: Although tumour diameter is the best predictor for ALN involvement, the absolute PR-expression does add to this prediction.