

IMMUNE COMPLEXES AND BREAST CANCER : INFLUENCE OF RADIOTHERAPY AND PROGNOSTIC IMPLICATIONS. J-M. Deneufbourg and J. Salmon. Radiother. Dept. and Immun. Lab. Dept. of Med. Liège Univ. Belgium.

Circulating immune complexes (IC) were measured by Clq binding test among 248 breast cancers prior to radiotherapy, during and after treatment. The operable disease group consists of 193 patients having undergone mastectomy. 30% are positive (IC > 9, 4) while being without clinically evident disease. There is no significant correlation according to tumour size and nodes histology. Prognosis at 2 years minimum of 123 T2+T3 is not modified by presence (IC+) or absence (IC-) of immune complexes : metastatic evolution in 30% of each group. Under irradiation, a transitory positivation is observed in 44% of IC- and 62% of IC+ return to normal level. A prognostic signification can be attributed to the radio-induced modifications (T2+T3, 2 years minimum) : 18% metastatic evolution for stable IC-, 38% for IC- becoming positive ($p < 0.05$) ; 10% metastatic evolution for stable IC+, 42% for IC+ becoming negative ($p < 0.05$). The non-operable disease group consists of 55 patients with clinically evident major disease. 24% have IC at the time of diagnosis, without correlation with disease evolution 2 years later. Radio-induced modifications are also present but numbers of patients do not allow clear-cut conclusions.