

Role of Radiation Therapy for the Older Patient

Although little is known about the treatment of geriatric patients with breast cancer, the Cancer and Leukemia Group B (CALGB) trial 9343 evaluated locoregional treatment of invasive breast cancer in 631 women 70 years of age or older (Hughes KS et al. N Engl J Med 2004;351:971-977; Hughes KS et al. 2006 San Antonio Breast Cancer Symposium, December 14-17, 2006; San Antonio, Texas; Abstract 11). Eligibility requirements included axillary lymph node-negative disease, tumor size 2 cm, estrogen receptor-positive or indeterminate hormone receptor status, and lumpectomy with negative pathologic margins. Patients received whole-breast irradiation plus Tamoxifen or Tamoxifen alone.

With median follow-up of more than 8 years, there was an incremental benefit in terms of a decrease in locoregional tumor recurrence conferred by the addition of RT. In addition, there was no difference in the requirement for mastectomy in the two treatment arms, because most of the women who had ipsilateral breast tumor recurrence and had not received RT were able to undergo a second lumpectomy if needed, thereby avoiding the need for mastectomy. Perhaps the most important finding, according to Dr. Carlson, was the "overall survival was not different between the two treatment groups", with 75% of the patients alive at the time of this analysis and a breast cancer-related mortality of only 2%. Dr. Carlson considers this trial an important one because it indicates that for an older patient who has a small, axillary lymph node-negative, hormone receptor-positive tumor, breast conserving surgery without RT may be a "perfectly appropriate treatment".

Locoregional Tumor Recurrence After Mastectomy

The NCCN Task Force also addressed locoregional tumor recurrence after mastectomy. It considered data from a referral center where more than 2,300 women with invasive breast cancer who were older than age 50 underwent mastectomy without locoregional RT for invasive breast cancer (Truong PT et al. Eur J Cancer 2005;41:1267-1277). Like the CALGB trial, this study reflected a median follow-up of more than 8 years. They found that older women (70+ years) were more likely to receive hormone therapy alone and less likely to receive chemotherapy (alone or in combination with hormone therapy) than those between the ages of 50 and 69. The investigators discovered that tumor size and advanced axillary lymph node stage appear to be especially predictive for locoregional tumor recurrence in the older (70 years) subset of women.

Two Breast Cancer Screening Strategies Prove Effective

The typical U.S. breast cancer screening strategy results in women being tested twice as often as a different approach use in Norway, but both are equally good at detecting disease, a new report says.

A study in the July 29 online issue of the Journal of the National Cancer Institute finds that a traditional physician and self-referral screening strategy held up well against the Norway approach, in which the government sends letters to all women in a specific age range inviting them to have a screening mammogram. The Norway program aims for women to be screened every two years, while the U.S. based "opportunistic screening" strategies advise women to have annual screening mammograms.

In comparing the strategies as applied to 45,050 women in Vermont and 194,430 women in Norway from 1997 to 2003, the researchers found that the age-adjusted screening detection rate of cancers was similar between the two populations (2.77 per 1,000 woman-years in Vermont versus 2.57 in Norway).

However, more than three times as many women in Vermont were recalled for further examination than in Norway (9.8 percent versus 2.7 percent).

When all cancers detected during regular screening and between screening mammograms were combined, no substantial differences were found in the prognostic features of invasive cancers detected in the two populations.

Given the shorter interval between screenings, the report's authors hypothesized that "Vermont women and/or their health care providers may more readily pursue evaluation of symptoms and clinical findings than their Norwegian counterparts."

Once again we are in October, National Breast Cancer Awareness Month. We as health care providers should work to spread the word on the importance of finding breast cancer early. It is estimated by the National Cancer Institute that more than 180,000 women will be diagnosed with breast cancer this year. Studies show that regular mammograms can reduce breast cancer deaths by 20% for women ages 40-49, and 35% in women ages 50-59. Take the opportunity to discuss the benefits of a mammogram - it may save a life!

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Treatment Delays Result in Poor Outcomes For Men With Breast Cancer

Men who develop breast cancer are often not treated until the disease has spread to the point that treatment becomes difficult. Although most breast cancer patients are women, men make up roughly 1% of cases, Dr. Marina Garassino from the Orion Collaborative Group reported at the ESMO Conference Lugano (ECLU), organized by the European Society for Medical Oncology. Her group conducted a retrospective analysis of 146 men with invasive breast cancer who were diagnosed between 1990 and 2007 across the 12 institutions in the ORION collaborative group.

What they found was that the disease often had already reached an advanced stage when the men were diagnosed. In 50% of cases the cancer had already reached the lymph nodes, a development that increases the likelihood of metastatic spread to other parts of the body. All the men underwent surgery to remove their cancer. After surgery, 48 received radiotherapy and 100 received adjuvant chemotherapy or hormone therapy. After a median follow-up of 5.2 years, the estimated 10-year disease-free survival rates were 80% for men with the earliest stages of disease, and 44% for those with the largest tumors. When the researchers looked at the characteristics of the tumors, they found that 73% were positive for estrogen receptors and/or progesterone receptors. Among a sub-group of 41 patients, 48.7% had tumors that over-expressed the protein HER-2/neu, which is an indication of an aggressive tumor.

Male breast cancer is a rare disease and not well known, Dr. Garassino said. "It is treated the same way as female breast cancer, although our large retrospective series suggests that it has somewhat different histological characteristics". If treated early enough, the disease is highly responsive to hormone therapy. In those cases, the prognosis may even be better than in women. An ongoing case-control trial is examining this suggestion. What is important for people to know is that most of the patients in our study had a delay in their diagnosis due to the fact that a mass in their breast was misunderstood. Therefore, it is important that every mass in a man's breast must immediately be considered suspicious. Better understanding of male breast cancer will also provide better insights for treating these patients with modern targeted therapies.