Preop MRI in Breast Ca Patients Not Helpful

BY BRUCE JANCIN
Denver Bureau

SAN ANTONIO — Preoperative evaluation by breast MRI did not reduce reoperation or mastectomy rates following planned wide local excision for breast cancer in the randomized U.K. COMICE trial.

COMICE (the Comparative Effectiveness of Magnetic Resonance Imaging in Breast Cancer) was a large multicenter technology assessment study undertaken at the request of the U.K. National Health Service, which sought to determine whether preoperative MRI in patients diagnosed with breast cancer is cost effective.

"This was a simple study that asked a very simple question, and here is the answer: There was no reduction in reoperation rates. End of story," Dr. Phil Drew declared at the San Antonio Breast Cancer Symposium.

COMICE involved 1,623 breast cancer patients who were scheduled at 45 medical centers for wide local excision based upon standard triple assessment by physical exam, mammography, and ultrasound. On a randomized basis, half of them underwent preoperative contrast-enhanced MRI. Unlike prior retrospective studies of the utility of breast MRI for preoperative cancer staging, COMICE was an inclusive study not limited to specialized centers.

The reoperation rate within 6 months was 18.75% in the MRI group and closely similar at 19.33% in controls.

Preoperative MRI led to a change in management from the planned wide local excision to more extensive surgery in 6.1% of patients; however, 28% of these revised operations were found after the fact based upon pathology not to have been necessary, said Dr. Drew of at the University of Hull (England).

Disease-free survival at a median 3.1 years of follow-up was 93.9% in the MRI group and statistically similar at 96.5% in women who did not undergo MRI.

MRI had no net effect upon quality of life as reflected in formal assessment of patient distress. Thirty-four percent of patients found the experience of undergoing MRI to be anxiety provoking, but paradoxically an identical percentage of patients in the control group were anxious that they had not had an MRI.

Dr. Drew opined that the problem with MRI is not the technology itself, but rather the inability of surgeons to effectively translate the imaging information into the operating environment, where the goal is to take out just enough but not too much breast tissue the first time around rather than in two operations.

"I think we're missing something here. We don't really want to look at how we find the tumor, we want to look at how we remove it. We haven't changed how we take tumors out in 50 years," Dr. Drew said.

In her plenary lecture, Dr. Monica Morrow cited the COMICE findings in a multipronged argument that preoperative MRI is vastly overutilized in breast cancer patients.

"The routine use of MRI in cancer patients requires some evidence of clinical benefit. To date, this does not exist," said Dr. Morrow, chief of the breast service in the department of surgery at Memorial Sloan-Kettering Cancer Center, New York.

COMICE was funded by the U.K. National Institute of Health Research. Dr. Drew reported having no financial conflicts of interest. ■

Most Childhood Cancer Survivors Are Not Screened for Breast Cancer

BY MARY ANN MOON
Contributing Writer

Most young women who received chest radiation for childhood cancer are not being appropriately screened for breast cancer, despite their high risk, according to a recent report.

The primary barrier to screening is not a lack of medical contact; rather, it is that their physicians do not advise them to get mammography, most likely because the clinicians are not aware of these patients' high risk, said Dr. Kevin C. Oeffinger of Memorial Sloan-Kettering Cancer Center, New York, and his associates (JAMA 2009;301:404-14).

Experts recommend that women who were treated with moderate- to high-dose chest radiation for a pediatric malignancy initiate breast cancer surveillance starting at age 25 years, or 8 years after undergoing radiotherapy, whichever comes last. The median age of breast cancer diagnosis in these patients is 32-35 years, and their previous exposure to radiation or anthracycline limits their treatment options.

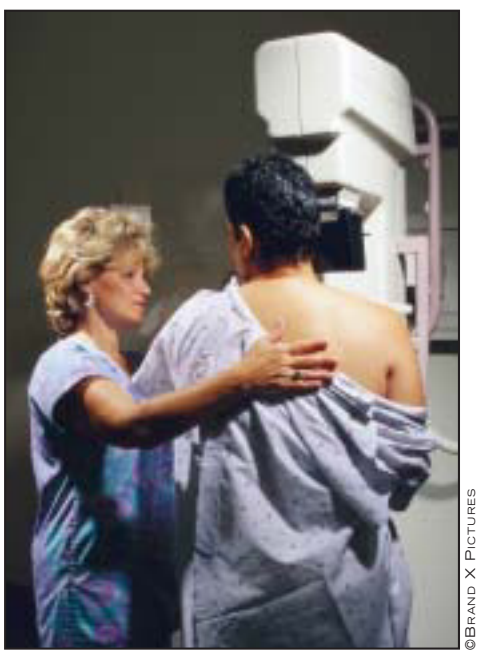
There are an estimated 20,000-25,000 such women in the United States, and as many as 20% of female cancer survivors worldwide fall into this category.

Dr. Oeffinger and his colleagues studied breast cancer surveillance using the large, geographically diverse population of women participating in the Childhood Cancer Survivor Study. This study follows more than 9,000 survivors who were diagnosed between 1970 and 1986 as having leukemia, brain tumors, Hodgkin's lymphoma, non-Hodgkin's lymphoma, renal tumors, neuroblastomas, soft-tissue sarcomas, or bone tumors.

A random sample of 551 CCSS participants now aged 25-50 years who received at least 20 Gy of chest radiation therapy as children were surveyed regarding breast cancer surveillance. Two comparison groups—561 CCSS subjects who had not undergone chest radiation and 622 siblings of CCSS subjects who had never had cancer—also were assessed.

Nearly half of the women under age 40 years who had been exposed to pediatric radiotherapy had never had a mammogram, and only 23% had undergone mammography within the preceding year. This "much lower than expected" rate was still somewhat higher than the rates in the CCSS siblings (11%) and the cancer survivors who had not undergone chest radiotherapy (15%).

Women in this age group who said their physicians had recommended mammography were three times more likely to undergo screening than were those who said their physicians had not recommended mammography. However, only one-third of these high-risk women said that their physicians had recommended mammography.



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Experts recommend these women start breast surveillance 8 years after radiotherapy or at age 25 years, whichever comes first.

The two most commonly reported barriers to screening in this age group were "doctor didn't order it" (31%) and "I'm too young" (30%).

Women aged 40-50 years who had been exposed to radiotherapy fared slightly better, but still only 53% engaged in regular breast cancer screening. In this age group, the most commonly reported barriers to screening were "put it off," "didn't get around to it," "too expensive," or "no insurance."

In contrast, nearly 90% of the study participants reported having a recent Pap smear, so medical access and knowledge of general women's health issues were not lacking. Instead, "one of the primary barriers is likely a lack of clinician familiarity with childhood cancer survivors and their risk of breast cancer," Dr. Oeffinger and his colleagues said. ■

Many Providers Postpone IUDs for Women With LSIL

RIO GRANDE, P.R. — A majority of health care providers said they would not insert an IUD before obtaining Pap test or colposcopy results in a recently postpartum woman with low-grade squamous epithelial lesions, according to results of a survey of nearly 300 participants.

Although evidence does not support a connection between IUDs and an increased risk of cervical dysplasia, many providers require screening tests before inserting IUDs, which may leave women vulnerable to unintended pregnancy, the researchers said.

To determine health care providers' attitudes about screening tests and IUDs, Dr. Tara Stein and Dr. Marji Gold of Albert Einstein College of Medicine, New York, surveyed 294 providers: 214 colposcopy providers and 80 providers who do not perform colposcopies. The average age of the participants was 44 years. Approximately half of the providers reported that they had inserted 1-20 IUDs during the past year. The participants were recruited for the survey while attending academic conferences, and the results were presented in a poster at the annual meeting of the North American Primary Care Research Group.

Overall, 88% of colposcopy providers and 90% of noncolposcopy providers said that they would insert an IUD without Pap test or colposcopy results if the patient were a 30-year-old woman whose last normal Pap was 2 years ago.

By contrast, 27% of colposcopy providers and 17% of noncolposcopy providers said that they would insert an IUD without Pap or colposcopy results if the patient were a 28-year-old woman who was 6 weeks post partum with a history of low-grade squamous epithelial lesions (LSIL) during pregnancy.

Although the presence of LSIL increases the risk of cervical dysplasia, only 1% of the survey respondents said they believed that the copper T 380 and levonorgestrel intrauterine systems worsen cervical dysplasia.

The researchers had no financial conflicts to disclose.

—Heidi Splete