

# Technique May Reduce Biopsies in Early Breast Ca

BY SHERRY BOSCHERT

Adding ultrasound examination of axillary nodes and fine-needle aspiration of suspicious nodes prior to lumpectomy in women with early-stage breast cancer spared 17 (30%) of 57 women the need for sentinel node biopsy and a second surgery, a study of 274 patients found.

The 17 patients with cancerous lymph cells on axillary ultrasound and fine-needle aspiration cytology (AUS-FNAC) underwent axillary clearance at the same time as lumpectomy, Dr. Bedanta Baruah reported Oct. 6 in a press briefing sponsored by the American Society of Clinical Oncology.

Traditionally, women with a suspicious breast lump undergo FNAC or core needle biopsy to determine malignancy. Those with malignancies usually undergo sentinel lymph node biopsy at the time of lumpectomy and, in many parts of the world, results of the sentinel node biopsy are not available for several days, necessitating a second surgery for those with positive lymph nodes. At Dr. Baruah's institution, Cardiff (Wales) University, sentinel node biopsy results are available 3 days after surgery.

"Even in the [United States] and other centers where results of the sentinel biopsy are usually available at the time of initial surgery, using this technique would still prevent a very high number of unnecessary sentinel node biopsies," he said. "We therefore recommend that all patients who are due for a lumpectomy should have this procedure before the formal surgery."

Dr. Baruah reported having no conflicts

of interest related to this study.

Dr. Lori Pierce, moderator of the press briefing and professor of radiation oncology at the University of Michigan, Ann Arbor, commented, "Patients diagnosed with early-stage breast cancer should discuss with their doctors the best method of determining whether cancer cells have gone

to their lymph nodes under the arm."

All patients who were scheduled to undergo breast conservation surgery in the Cardiff breast unit in 2007 and 2008 underwent AUS-FNAC at the time of initial diagnostic breast biopsy. Those with positive axillary nodes underwent axillary clearance at the time of lumpectomy, and those with negative nodes on AUS-FNAC underwent sentinel lymph node biopsy

during lumpectomy.

In all, 57 patients (21%) had nodal macrometastases on final histology. The 17 identified by AUS-FNAC gave the procedure a sensitivity of 30%, a specificity of 100%, a positive predictive value of 100%, and a negative predictive value of 84%, with an overall accuracy of 84%.

Previous studies used ultrasound alone to try and detect axillary metastases, which resulted in many false positives; the addition of FNAC eliminated false positives, he noted. Micrometastases in seven patients went undetected by AUS-FNAC, however, so any patient with normal results on AUS-FNAC still should undergo sentinel node biopsy, Dr. Baruah suggested. The importance of detecting micrometastases is not clear, Dr. Baruah said, but his unit offers patients with micrometastases axillary clearance, to be safe. ■

**Even when sentinel biopsy results are available at the time of initial surgery, using this technique would still prevent a very high number of unnecessary biopsies.**

# Polypharmacy Seems Common Among Breast Ca Survivors

BY DOUG BRUNK

SAN DIEGO — Breast cancer survivors are taking an average of eight medications or supplements, results from a survey of nearly 400 women showed.

"This study shows that there is a need to evaluate medications women are taking prior to the start of cancer treatment to promote discussion and education about drug-drug interactions that can impact treatment," Julie L. Otte, Ph.D., said in an interview after her poster presentation at the annual meeting of the North American Menopause Society.

To date, the majority of research in the medical literature has focused on diseases and medications that are related to the prevalence of cancer, said Dr. Otte, a nurse who is a postdoctoral fellow focussing on behavioral oncology at Indiana University School of Nursing, Indianapolis. "However, there is little research in the field of pharmacogenetics regarding drug-drug interactions and cancer treatment and survivorship," she said.

To investigate the association, she and her associates reviewed prescription, herbal, and over-the-counter medications reported in baseline questionnaire data from the COBRA (Consortium on Breast Cancer Pharmacogenomics) randomized clinical trial that evaluated the pharmacogenetics and toxicities of exemestane and letrozole for the treatment of breast cancer. The sample included 389 female breast cancer survivors with a mean age of 59 years and a mean body mass index of 37 kg/m<sup>2</sup>.

The top five noncancer comorbid conditions reported by the study par-

ticipants were drug allergies (50%), high or low blood pressure (41%), high cholesterol (38%), a history of bone fracture (34%), and arthritis (29%).

The women reported that they were taking an average of eight medications or supplements per day. The five most common therapeutic categories represented were vitamins and herbal supplements (39%), cardiac drugs (16%), medications for pain and inflammation (13%), other (9%), and drugs for psychological conditions (6%).

"Although we expected the number of comorbid conditions to increase with age, requiring several prescription medications, it was interesting that the majority of medications reported were over-the-counter" herbals or supplements, and not prescriptions, Dr. Otte commented. Because these data were collected before the patients started a clinical trial, it is unclear whether patients would divulge the same information to their practitioners who prescribe routine medications. The extent of polypharmacy and the number of practitioners prescribing medications are also unclear.

"All of these questions prompt the need for further investigation and study to better educate patients on the possible harm of certain drug interactions," Dr. Otte said. She said the study had certain limitations, including the potential for underreporting of prescription and over-the-counter medications by some participants. "In addition, it is unclear if these results can be generalized to a noncancer population of women or other cancer populations." Dr. Otte reported that she had no conflicts of interest related to the study, which was funded by the National Cancer Institute. ■

# No Evidence of Mastectomy Overuse Found in Large Survey

BY ROBERT FINN

More than three-quarters of women newly diagnosed with intraductal or stage I or II breast cancer elected breast-conserving surgery as their initial surgical therapy, according to a survey of nearly 2,000 women.

"For about the past 20 years, there have been concerns that mastectomy has been overutilized," said Dr. Monica Morrow during a press briefing. "What we concluded from this study is that most surgeons in two large, diverse urban areas appropriately recommended surgical options for breast cancer treatment."

The survey of 1,984 patients in Los Angeles and Detroit between June 2005 and February 2007 revealed that 66% of the women said their first surgeon

recommended breast-conserving surgery (BCS). Only 17% reported that their surgeon recommended mastectomy, and another 17% reported that their surgeon did not recommend one procedure over the other, Dr. Morrow and her associates reported (JAMA 2009;302:1551-6).

"From a practical point of view, what these results imply is that if we are interested in decreasing the mastectomy rate, approaches which have been advocated—such as more extensive and expensive preoperative evaluations with additional imaging modalities, such as magnetic resonance imaging—are unlikely to have an impact on the mastectomy rate," noted Dr. Morrow, the lead author of the study and a surgeon

at Memorial Sloan-Kettering Cancer Center, New York.

The study, funded by the National Cancer Institute, involved women aged 20-79 years with



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DR. MORROW

newly diagnosed ductal carcinoma in situ or invasive breast cancer in stages I or II. Women were identified through reports to NCI's Surveillance, Epidemiology, and End Results (SEER) registries for the metropolitan areas of Los Angeles and Detroit. In-

vestigators sent surveys to 3,133 women, and 2,290 returned the completed surveys for a response rate of 73%. Of the returned surveys, 306 were excluded.

Of the 341 patients whose surgeons recommended mastectomy, 67% reported that they had a contraindication to BCS.

Of the 19% of patients who sought a second opinion, differing recommendations were relatively uncommon. Only 20% of patients whose first surgeon recommended mastectomy received a recommendation for BCS from the second surgeon. Only 12% of patients whose first surgeon recommended BCS received a recommendation for mastectomy from the second surgeon, noted

Dr. Morrow, who said she had no financial disclosures regarding the study.

The women tended to follow their surgeons' recommendations. Of the patients who did not get a second opinion, only 2.1% received mastectomy when their surgeon recommended BCS, and 89% of patients received mastectomy when their surgeon recommended it. Only 1.9% of patients received mastectomy when two surgeons recommended BCS, and 78% of patients received mastectomy when both surgeons recommended it.

Of patients who received BCS as initial therapy, 62% received no further surgery, 26% underwent reexcision only, 4% received reexcision followed by mastectomy, and 8% received mastectomy only. ■