

Surgery Sans Radiation Deemed an Option in DCIS

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HOLLYWOOD, FLA. — All women with ductal carcinoma in situ should have the choice of foregoing radiation therapy, according to updated breast cancer guidelines announced at the annual conference of the National Comprehensive Cancer Network.

Previously, the guidelines distinguished between the majority of women who have a typical ductal carcinoma in situ (DCIS) and the few women who have a very small DCIS that is less than 0.5 centimeters, unicentric, and of low grade, said Dr. Stephen B. Edge.

For that small subset of women, the guidelines had stipulated treatment by lumpectomy alone with omission of radiation therapy. All other women with

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DCIS were to be treated with total mastectomy without lymph node dissection or by lumpectomy plus radiation therapy.

The updated guidelines incorporate lumpectomy without radiation therapy as an option of for

all women with DCIS. "This is a major change," said Dr. Edge, interim chair of the department of surgical oncology, and chair of the department of health services and outcomes research at Roswell Park Cancer Institute in Buffalo, N.Y.

The three treatment options for early stage DCIS with no nodal involvement now comprise:

- ▶ Lumpectomy without lymph node surgery, plus whole breast radiation therapy (offered as a category 1 recommendation).
- ▶ Total mastectomy with or without sentinel node biopsy, and with or without breast reconstruction.
- ▶ Lumpectomy alone, with no lymph node surgery and no radiation therapy (offered as a category 2b recommendation).

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diation therapy for DCIS, said Dr. Edge, who is also a professor of surgery at the State University of New York at Buffalo.

They also make recommendations about postmastectomy radiation, an issue neglected in past years. The breast cancer guidelines committee now urges the use of radiation therapy for women who have 1-3 positive nodes, although it stopped short of making this a category 1 recommendation.

"Previously we said patients should consider this, now we've gone so far as to say

women should strongly consider radiation therapy after mastectomy," Dr. Edge said.

Also new are recommendations on the use of breast reconstruction. The guidelines now warn that reconstruction has the potential to affect delivery of radiation therapy. In one study, 52% of women who received radiation after reconstruction had some compromise in the application of radiation, either in terms of the field or the dosing to underlying structures (Int. J. Radiat. Oncol. Biol. Phys. 2006;66:76-82).

In general, women undergoing autologous tissue reconstruction should strongly consider delaying reconstruction until after radiation, because reconstruction before radiation may lead to a worse cosmetic outcome. The guidelines advise that reconstruction before radiation can spare expansion of nonirradiated skin, but they also caution that radiation may lead to capsular contraction.

Dr. Edge said he had no financial conflicts of interest to disclose. ■



Millions of patients with mixed dyslipidemia are at risk for cardiovascular (CV) disease^{1,2}

Expand your focus beyond LDL-C to include HDL-C and triglycerides



* This remaining risk may be further reduced, but not completely eliminated.

¹ Elevated non-HDL-C (total C minus HDL-C) is a secondary lipid target for persons with high TGs. The non-HDL-C goal is 30 mg/dL higher than the LDL-C goal.²

References: 1. Data on file, Abbott Laboratories. 2. National Cholesterol Education Program. Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report. National Heart, Lung, and Blood Institute. <http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf>. September 2002. Accessed September 18, 2007. 3. Grundy SM, Cleeman JI, Merz CNB, et al, for the Coordinating Committee of the National Cholesterol Education Program. Implications of recent clinical trials for the National Cholesterol Education Program Adult Treatment Panel III guidelines. *Circulation*. 2004;110:227-239.

Think and manage comprehensively

Lowering LDL-C can decrease CV risk by 30% to 40%, but many patients continue to be at risk for development or progression of CV disease.^{2,3} This remaining risk or, "residual risk," involves many nonlipid and lipid risk factors.* **Low HDL-C and high triglycerides (TGs)** are also important risk factors for CV disease.²

Address LDL-C, plus HDL-C and TGs[†]

Only 20% of patients with lipid levels not at their targets have an isolated LDL-C elevation; the remaining 80% have HDL-C and/or TG abnormalities beyond LDL-C.¹ There is an urgent need to think comprehensively and address the entire lipid profile. The end goal? Help achieve recommended lipid targets to reduce cardiovascular risk.

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