

Obesity at Diagnosis Signals Worse Breast Ca Outcome

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CHICAGO — Women who are obese when they are diagnosed with early stage breast cancer have poorer outcomes than do women of normal weight—yet another reason for physicians to encourage weight control in their patients, according to Penny R. Anderson, M.D., a radiation oncologist at Fox Chase Cancer Center in Philadelphia.

"Obesity at the time of diagnosis significantly predicts poorer outcomes," she reported at the annual meeting of the Radiological Society of North America. "We found an increased risk of breast cancer death and distant metastases in obese women, compared with normal-weight patients, although they did not present with more advanced-stage disease."

The study included more than 2,000 women with stage I/II breast cancer who underwent lumpectomy, axillary dissection, and radiation therapy with or without systemic therapy.

The median age of the women was 58 years, with 22% considered normal weight, 43% considered overweight, and 35% considered obese.

The study, which had a median follow-up of 61 months, compared women in the three weight categories to determine independent predictors of local failure, distant metastases, cause-specific survival, and overall survival.

It found that the actuarial 5-year rates of distant metastases, cause-specific survival, and overall survival were the worst in obese women. (See table.)

There were some statistically significant baseline differences between the weight groups, with the obese group comprising more women who were older and postmenopausal. However, there were no statistically significant differences between the groups in terms of tumor size or number of involved lymph nodes, she said. In addition, the local failure rate was no worse in the obese women.

"Interventions to enhance weight control can have a beneficial effect on breast cancer outcome," she concluded. ■

MRI Better Detects Breast Cancers in High-Risk Groups

CHICAGO — Magnetic resonance imaging detects more breast cancers than mammography in high-risk women, according to the first international study comparing the two screening methods.

"Our results support the benefit of MRI screening, not as a replacement, but as a complement to mammography in high-risk women," said Constance D. Lehman, M.D., lead investigator of the International Breast Magnetic Resonance Consortium Trial. She presented the findings at the annual meeting of the Radiological Society of North America.

The study included 367 women aged 25 and older, with a mean age of 45, from 13 sites. The women were considered to be at high risk for breast cancer, with at least a 25% lifetime risk. They underwent a clinical breast exam, mammography, and MRI, within a 90-day period.

In 90% of the study population, the mammogram and MRI findings agreed. A total of 329 women had negative findings on both tests, and 1 woman had positive findings on both tests, resulting in a biopsy and detection of a cancer.

However, 8% (30 women) had negative mammograms but positive findings on MRI. Of these women, 23 had biopsies, and 3 cancers were detected.

In addition, 2% (or seven of the women) had positive mammograms but negative MRI findings. Of these, three had biopsies, and no cancers were detected.

Four cancers were detected in the study cohort—three infiltrating ductal carcinomas and one ductal carcinoma in situ—for a rate of 1.1% and a benign biopsy rate of 5%.

Although MRI alone had a diagnostic yield of 1.1%, meaning it could detect 11 cancers in 1,000 high risk women, the diagnostic yield of mammography alone was 0.3%, meaning it could detect only 3 cancers in this same group.

Although three of the four cancers were in women who had negative mammograms but positive MRIs, this does not weaken the value of mammograms, Dr. Lehman said.

"We're trying to encourage physicians not to trust a negative mammogram and thus rule out the need for a biopsy in this population," she said at a press briefing. "But we are

also not at the point where a negative MRI can overrule a positive mammogram. If we see calcification on a mammogram, there is a significant risk of cancer, even when the MRI is negative," said Dr. Lehman, director of breast imaging at the University of Washington, Seattle.

Dr. Lehman said there is no evidence that the benefits of combining MRI and mammography apply to the general population, in whom mammography performs well. But mammography is not optimal in younger women, who tend to have dense breast tissue—and high-risk women need to begin regular screening when they are young. ■

Results of an international study support the benefit of MRI screening, not as a replacement, but in addition to mammography in high-risk women.

Obese Women Have More Adverse Breast Cancer Outcomes

| | Distant Metastases | Cause-Specific Survival | Overall Survival |
|---------------|--------------------|-------------------------|------------------|
| Normal weight | 7% | 96% | 92% |
| Overweight | 6% | 95% | 92% |
| Obese | 10% | 93% | 88% |

Note: Based on actuarial 5-year rates.
Source: Dr. Anderson

Late Relapse a Concern in Tamoxifen/Radiotherapy Breast Cancer Trial

CHICAGO — Late breast cancer recurrence may be emerging as a new concern in patients participating in a study on tamoxifen versus tamoxifen plus radiotherapy treatment, according to a Canadian expert.

Researchers from Toronto's Princess Margaret Hospital recently showed that the 5-year breast cancer relapse rate was significantly lower in 386 women over age 50 who were treated with the combination of radiation and tamoxifen after lumpectomy, compared with 383 women who were treated with lumpectomy and tamoxifen alone (N. Engl. J. Med. 2004;351:963-70).

"But the 5-year results may not be the whole story," lead investigator Anthony W. Fyles, M.D., reported to colleagues at the annual meeting of the Radiological Society of North America.

A small cohort of the study subjects has been followed now for 8 years, and preliminary data from these 87 women suggest that late relapse rates may be creeping up in both treatment groups, said Dr. Fyles, professor of radiation oncology at the University of Toronto.

"It's quite a small number of women, and we need to follow more of them for longer lengths of time, but we are concerned that we are starting to see quite a few more relapses," Dr. Fyles told this newspaper.

The published study showed that at 5 years, the relapse rate was 0.6% in the combination therapy group versus 7.7% in the tamoxifen-only group. But the 8-year

data, although still showing a distinct advantage to the combination therapy, reveal increased relapse rates in both of the groups: 3.5% in the combination therapy group, compared with 18% in the tamoxifen-only group, he said.

Of concern in the 8-year follow-up are patients over age 70 with tumor sizes of 1-2 cm. In this group, women who received combination therapy had no relapses. But those who received tamoxifen alone had a relapse rate of 17.6%.

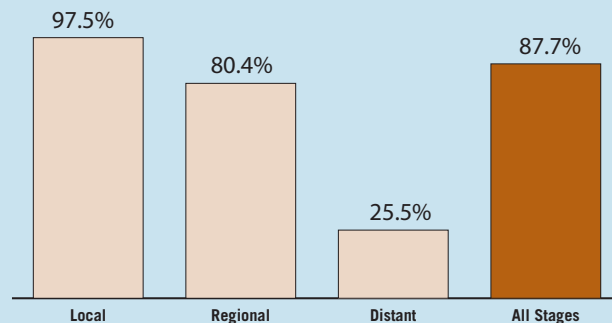
The study design involved treatment with tamoxifen for 5 years, and the sudden increase in relapses could be partly explained by the termination of tamoxifen therapy at the 5-year mark, Dr. Fyles said.

"Now what we do . . . is often we add an aromatase inhibitor after patients stop the tamoxifen. We

don't know yet whether this reduces the risk of relapse, but the available data on these agents suggest that they will lower the risk of late relapse," for breast cancer patients, Dr. Fyles said at the meeting. ■

DATA WATCH

Breast Cancer 5-Year Survival Rates by Stage at Diagnosis



Note: Rates are adjusted for normal life expectancy, and are based on cases diagnosed from 1995 to 2000 and followed through 2001.
Source: National Cancer Institute