Research Highlights Treatment Advances, Including Surgery, For Breast Cancer

Four new studies on the treatment of early breast cancer, spanning from diagnosis through surgery, were released today in advance of the 2012 Breast Cancer Symposium. The Symposium will take place September 13-15, 2012, at the San Francisco Marriott Marquis in San Francisco. Four major studies were highlighted:

- A new device may reduce the need for follow-up surgeries after lumpectomy, helping preserve the cosmetic appearance of the breast: A large clinical trial determined that an investigational device that helps ensure sufficient tissue is removed during a lumpectomy results in fewer additional surgeries, without the cost of having to remove larger amounts of tissue.
- Another study refines risk of recurrence and death in patients with estrogen-receptor positive breast cancer that has spread to axillary lymph nodes: The study showed that a 21-gene recurrence score predicts favorable and unfavorable outcomes after chemotherapy and adjuvant hormonal therapy, which helps with tailoring the dose of adjuvant therapy and selecting patients who might benefit from novel therapies.
- Routine screening using liver ultrasound, bone scan and chest X-ray is of little value for detection of breast cancer metastasesm. A comprehensive literature review found that the three radiological tests detect metastases very rarely, raising concerns about their continued use in routine screening, particularly for patients with early-stage breast cancer.
- Women with stage II breast cancer who are at high risk of residual nodal disease may benefit from axillary lymph node removal. Results of a study simulating axillary recurrence risk, lymphedema and quality of life determined that women may want to consider axillary lymph node removal if they are at high risk of residual nodal disease after breast conserving surgery and treatment with whole-breast radiation.

"Advances in precision medicine have lead to identifying the best course of treatment for each individual patient. The research presented today adds to this growing knowledge base by confirming which patient populations are most likely to benefit from screening interventions and surgical procedures," said Andrew Seidman, MD, American Society of Clinical Oncology Cancer Communications Committee member. "These studies will help physicians feel more confident in their treatment decisions while maximizing the benefits to patients."

An estimated 226,870 new cases of invasive breast cancer are expected to occur in women in the United States, and another 2,190 cases are expected in U.S. men in 2012. An additional 63,300 cases of in situ (non-invasive) breast cancer are

expected to occur in U.S. women as well, totaling more than 290,000 new cases.

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