Newer Radiotherapy Txns Linked to Less CV Risk

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SAN ANTONIO — The considerable excess of cardiovascular mortality caused by older radiotherapy regimens for breast cancer appears to be greatly diminished as compared with new radiotherapy regimens. However, definitive evidence is lacking.

To shed light on the issue, investigators from the North Central Cancer Treatment Group conducted a study in which 842 patients undergoing breast cancer surgery at 103 sites were categorized as to menstrual cycle phase both by biochemical determination of men- strual phase based upon hormone levels at the time of surgery demonstrated that reliance upon last reported menstrual period only resulted in misclassification of 29% of women, a finding that casts doubt upon the validity of much of the prior work in this area.

Locally Recurrent Breast Ca Called ‘Life-or-Death Problem’

SAN ANTONIO — The improved loco- control of breast cancer achieved via radiotherapy translates into a significant reduction in mortality due to the malig- nancy that becomes apparent only late, at 10 and 15 years’ follow-up. Sir Richard Peto, Ph.D., reported at a breast cancer symposium sponsored by the Cancer Therapy and Research Center. That’s the good news regarding radiotherapy from a new meta-analysis of the world’s total randomized clinical trial experience in early breast cancer. The bad news: This reduction in breast cancer mortality is essentially canceled out—and even in some subgroups out- weighed—by a radiation-induced excess in late deaths due to cardiovas- cular disease.

“The big thing about radiotherapy is that it causes deaths from heart disease, not in the first decade after treatment, but in the second,” said Dr. Peto, professor of medical statistics and epidemiology at the University of Oxford (England). Still, the central point remains: Local control of breast cancer matters. And if preliminary evidence turns out to be correct in suggesting modern radio- therapy techniques achieve it with much less cardiotoxicity than the radio- therapy of the 1980s, then physi- cians can expect to see a continued decline in overall mortality in breast cancer patients in the decade beginning in 2010, he said.

“Local recurrence is not a cosmetic problem, it’s a life-or-death problem,” he said. “Breast cancer is a disease where you’ve really got to think of what you’re achieving on a time scale of decades, not years. The question is not 5-year survival, the question for a mid-aged woman is what is the 20-year survival?”

Dr. Peto presented a metaanalysis of data from the Early Breast Cancer Tri- als’ Collaborative Group (EBCTCG) involving 24,000 women randomized to radiotherapy or no radiotherapy in 46 clinical trials that enrolled patients in the mid-1980s.

Menstrual Timing of Breast Ca Surgery Doesn’t Affect Prognosis

SAN ANTONIO — The timing of breast cancer surgery with respect to menstrual cycle phase failed to affect prognosis in two large multicenter prospective observa- tional studies presented at the annual breast cancer symposium sponsored by the Cancer Therapy and Research Center. This has been a longstanding controver- sy. Since 1980, roughly two dozen surgical studies have examined the issue. Close to half have reported a survival advantage for breast cancer patients who undergo their surgery during the luteal phase of the menstrual cycle. The remaining studies concluded timing of surgery had no im- pact upon disease-free or overall survival.

But most prior studies involved a few hundred patients or less, many were sin- gle-center retrospective series, and nearly all relied upon patients’ recall of the last menstrual period, which has the potential for inaccuracy.

To shed light on the issue, investigators from the North Central Cancer Treatment Group conducted a study in which 842 pa- tients undergoing breast cancer surgery at 103 sites were categorized as to menstrual cycle phase both by biochemical determini- nation of menstrual phase and by recall of last menstrual period, explained Clive S. Grant, M.D., professor of surgery at the Mayo Clinic, Rochester, Minn.

Five-year disease-free survival in 231 women operated on during the luteal phase was 81.9%, not significantly differ- ent than the 82.2% rate among 364 women in the follicular phase or the 79.1% rate in women in an indeterminate men- strual phase. Nor did overall survival differ between the groups.

Biochemical determination of men- strual phase based upon hormone levels at the time of surgery demonstrated that reliance upon last reported menstrual period only resulted in misclassification of 29% of women, a finding that casts doubt upon the validity of much of the prior work in this area.

In a separate presentation, Richard Sainsbury, M.D., reported on 412 women fol- lowed for a median 9 months after un- dergoing breast cancer surgery in a multicenter study. The 3-year overall sur- vival of 90.7% wasn’t affected by timing of surgery in relation to menstrual cycle.

The initial data analysis relied upon pa- tient report of last menstrual period. Hormone levels at the time of surgery were also measured, however, and in the near future the data will be reanalyzed using those measurements to categorize patients’ menstrual status, according to Dr. Sains- bury, professor of surgery at University of Leeds (England).