Breast Density Predicts Recurrence After DCIS

BY BRUCE JANCIN
Denver Bureau

SAN ANTONIO — Women who are treated for ductal carcinoma in situ are threefold more likely to develop invasive breast cancer in the other breast if their breasts are mammographically dense, Dr. E. Shelley Hwang said at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

The clinical implication of this new observation is that women undergoing treatment for ductal carcinoma in situ (DCIS) are particularly likely to benefit from preventive strategies aimed at contralateral breast risk reduction—such as adjuvant systemic hormone therapy with tamoxifen—if they have high breast density, according to Dr. Hwang of the University of California, San Francisco.

DCIS affects roughly 50,000 women per year in the United States. It is treated aggressively because it is considered a preinvasive, a ductal carcinoma in situ (DCIS) with a heritable component that explains 60% of individual variation; exposure to endogenous and exogenous hormones also plays an important role.

To examine the relationship between breast density and invasive recurrence risk following local therapy for DCIS, Dr. Hwang studied 3,274 women diagnosed with DCIS as a result of screening mammography conducted at a National Cancer Institute Breast Cancer Screening Consortium site. They were followed for a mean of 42 months following lumpectomy plus adjuvant radiotherapy or lumpectomy alone. During that time, there were 133 invasive recurrences.

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DR. HWANG

Among women with local recurrences, 71% had undergone a core-needle biopsy, compared with 25% of women without recurrences.

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Women with high breast density were 3.1 times more likely to develop contralateral invasive cancer than were those with BIRADS scores of 1 or 2. This increased risk remained stable over time, contradicting the notion that a masking phenomenon was at work.

The increased risk of contralateral invasive recurrence in DCIS patients with high breast density was present regardless of whether the women received adjuvant radiation. Patients with BIRADS scores of 3 or 4 who received radiotherapy were 3.6 times more likely to experience contralateral invasive cancer than were those with BIRADS scores of 1 or 2.

Similarly, women who did not receive radiotherapy were 2.7-fold more likely to develop contralateral invasive cancer if they had high breast density compared with low breast density.

Dr. Hwang’s study was supported by the National Institutes of Health.

Many Breast Ca Patients Have Renal Impairment: Watch for Nephrotoxicity

SAN ANTONIO — Renal insufficiency is extremely common in breast cancer patients—and so is the use of potentially nephrotoxic anticancer drugs, Dr. Vincent Launay-Vacher reported at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

He presented the results of a large multicenter French observational study that sounded a cautionary note regarding the heightened potential for adverse renal effects in patients undergoing cancer treatment.

The French IRMA study included all patients with solid cancers who presented to 15 participating cancer centers during two designated 15-day periods in 2004. Of the 4,684 cancer patients, 1,898 had breast cancer.

Fifty-two percent of the breast cancer patients had renal impairment as defined by a creatinine clearance of less than 90 mL/minute by the Cockcroft-Gault formula, as did 51% by the Modification of Diet in Renal Disease (MDRD) Study formula.

Ten percent of the breast cancer patients weren’t on any anticancer drugs at the time of the study. Ninety percent of the rest were on at least one anticancer drug requiring a dose adjustment in the setting of renal impairment or for which no data are available regarding use in renal impaired patients. Seventy-seven percent of women received at least one potentially nephrotoxic drug, according to Dr. Launay-Vacher of Salpetriere Hospital, Paris.

Moreover, 44% of recipients of potentially nephrotoxic drugs had a serum hemoglobin level below 12 g/dL, and 21% had a hemoglobin of less than 11 g/dL. This becomes clinically relevant because anemia magnifies the nephrotoxicity of the physiologic stress of the disease.

The findings in the overall IRMA study population were similar to those in the subgroup with breast cancer. Overall, 60% of cancer patients had a creatinine clearance of less than 90 mL/minute. Eighty percent of cancer patients were receiving one or more nephrotoxic drugs.

—Bruce Jancin

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