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 60,000 women per year in the United States. It is treated according to Dr. Hwang's study was supported by the University of Louisville (Kentucky).

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Breast Cancer Recurrence May Be Tied to Biopsy Type, Narrow Surgical Margin

BY MITCHELL L. ZOLER
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PALM BEACH, Fla. — Narrow surgical margins and use of core-needle biopsy appeared to correlate with recurrent breast cancer in a series of 223 women with ductal carcinoma in situ who were treated with skin-sparing mastectomy.

The series included seven patients with local recurrences (3%). The seven local recurrences were not found until they were palpable masses detected by the patients themselves, and six of the seven local recurrences were invasive cancers, Dr. Grant W. Carlson said at the annual meeting of the Southern Surgical Association. When the primary tumor was noninvasive, a ductal carcinoma in situ (DCIS), having six of seven local recurrences develop into invasive cancers is “unsettling,” said Dr. Carlson. “This is a potentially curable disease,” he added.

He and his colleagues reviewed the outcomes of all women with DCIS who were treated at Emory University in Atlanta with skin-sparing mastectomy and immediate reconstruction between 1991 and 2003. The average follow-up was 82 months, said Dr. Carlson, a professor of surgery at the university. None of the patients received adjuvant radiation therapy.

During the first phase of the series, suspected tumors were confirmed with a wire-localization biopsy. The most recent 59 patients were diagnosed with stereotactic core-needle biopsy. A total of 11 patients (5%) had recurrences. Seven of the recurrences were local, two were regional, and two were at distant sites.

The absence of local recurrences and of local recurrences was similar to rates previously reported for women with DCIS who underwent conventional mastectomy.

Dr. Carlson and his colleagues explored a possible link between local recurrence and several potential risk factors. The only significant association they found was between biopsy type and local recurrence. Among women with local recurrences, 71% had undergone a core-needle biopsy, compared with 25% of core-needle biopsies in women without recurrences, Dr. Carlson said.

The investigators did not find a statistically significant link between recurrence and other potential risk factors, including age of 50 or less, tumor size of 40 mm or more, tumor grade, or presence of necrosis in the tumor, although each of these markers was associated with a nonsignificant increase in the incidence of local recurrence.

A greater, nonsignificant link was seen between a narrow surgical margin and recurrence. Surgical margins of 1 mm or less occurred in 29% of women who had local recurrences, compared with 9% of women who did not have recurrences. As a result of this experience, Dr. Carlson now recommends that women treated with skin-sparing mastectomy for DCIS undergo some form of routine follow-up imaging. Mammography is useful when the images are read by an experienced mammographer who is not misled by the artifacts of a reconstructed breast. An alternative is MRI, which makes it easier to find recurrent tumors early in women with reconstructive implants.

Other measures that Dr. Carlson has instituted are to seriously consider using radiation adjuvant therapy in women whose tumor excisions had narrow surgical margins of less than 1 mm, and to test the track from the core-needle biopsy to remove any tumor cells that may have leaked into the track.

This report is important because it includes more patients than all of the previous reports on DCIS recurrences combined, commented Dr. Kelly M. McMasters, chairman of the department of surgery at the University of Louisville (Kentucky).

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 many drugs, Dr. Launay-Vacher noted.

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