Whole-Breast Irradiation: Worthwhile in Early Ca?

New data show that adding whole-breast irradiation to standard treatment may increase positive results.

BY BRUCE JANCIN
Denver Bureau

Whole-breast irradiation combined with hormone therapy is the standard approach for treating early breast cancer. But it may not be optimal for every patient, according to Dr. Richard Poetter, who presented results at the American Society for Therapeutic Radiology and Oncology meeting.

Dr. Poetter presented results from a study of 826 patients who received lumpectomy for breast cancer and were randomized to receive or not receive 50 Gy of radiation. Those who received radiation had a 5% lower risk of breast cancer recurrence compared with those who did not. In addition, 85% of patients who received radiation were alive after 10 years, compared with 75% of those who did not.

"We can do significantly better if we add whole-breast radiotherapy," said Dr. Poetter. "We believe gabapentin can be added to the list of nonhormonal agents for the control of hot flashes in women with breast cancer, and the effects of doses higher than 900 mg/day merit further study," wrote the investigators, led by Kishan J. Panda, M.D., of the University of Rochester (N.Y.).

"Our study was designed to test the hypothesis that gabapentin and placebo used in a trial of their lives will not increase 13.5-fold by lack of RT." Dr. Hughes, however, flipped those figures among the women. The Americans had shown that more than 96% of study participants who were exposed to the cost, inconvenience, and potential toxicity of RT derived little benefit from it. "Perhaps a more intelligent way of looking at older patients is to say 'lumpectomy plus radiation therapy' or 'lumpectomy plus tamoxifen.' Both give very good outcomes as patients age," he said.

At 7 years, 99% of women in the RT arm remain disease free, compared with 94.4% with hormone therapy alone. "But whether you irradiate or not, essentially 98%-99% of those women will preserve their breast through the remainder of their lives," Dr. Poetter said.

A total of 24% of study participants have died; 1% of breast cancer, the other 23% of other causes.

In Vitro Fertilization May Increase Breast Cancer Risk in Predisposed

BY KATE JOHNSON
Montreal Bureau

MONTRÉAL — Ovulation induction for in vitro fertilization may promote the growth of breast cancer in patients who are predisposed to the disease, results of a case series of seven IVF patients later diagnosed with the disease suggest.

"A breast cancer family history should be included in the pre-IVF work-up," said Dr. Oktay. "A breast cancer family history should be included in the pre-IVF work-up." Dr. Oktay, also of the Center for Reproductive Medicine and Infertility of New York-Presbyterian Hospital/Weill Cornell Medical Center, recommends that IVF patients who face an elevated risk of breast cancer based on their family history should undergo ovulation induction with a letrozole/FSH protocol instead of standard ovulation induction, which exposes patients to high levels of estrogen.

"We believe gabapentin can be added to the list of nonhormonal agents for the control of hot flashes in women with breast cancer, and the effects of doses higher than 900 mg/day merit further study," wrote the investigators, led by Kishan J. Panda, M.D., of the University of Rochester (N.Y.).

"Our study was designed to test the hypothesis that gabapentin and placebo used in a trial of their lives will not increase 13.5-fold by lack of RT." Dr. Hughes, however, flipped those figures among the women. The Americans had shown that more than 96% of study participants who were exposed to the cost, inconvenience, and potential toxicity of RT derived little benefit from it. "Perhaps a more intelligent way of looking at older patients is to say 'lumpectomy plus radiation therapy' or 'lumpectomy plus tamoxifen.' Both give very good outcomes as patients age," he said.

At 7 years, 99% of women in the RT arm remain disease free, compared with 94.4% with hormone therapy alone. "But whether you irradiate or not, essentially 98%-99% of those women will preserve their breast through the remainder of their lives," Dr. Poetter said.

A total of 24% of study participants have died; 1% of breast cancer, the other 23% of other causes.

Gabapentin May Help Hot Flashes in Breast Cancer

BY DOUG BRUNK
San Diego Bureau

A 900-mg daily dose of gabapentin was associated with significant decreases in hot flash severity and frequency, but a 300-mg daily dose of the drug was not, results from a randomized, double-blind, placebo-controlled trial have found.

"Our study was designed to test the hypothesis that gabapentin and placebo used in a trial of their lives will not increase 13.5-fold by lack of RT." Dr. Hughes, however, flipped those figures among the women. The Americans had shown that more than 96% of study participants who were exposed to the cost, inconvenience, and potential toxicity of RT derived little benefit from it. "Perhaps a more intelligent way of looking at older patients is to say 'lumpectomy plus radiation therapy' or 'lumpectomy plus tamoxifen.' Both give very good outcomes as patients age," he said.

At 7 years, 99% of women in the RT arm remain disease free, compared with 94.4% with hormone therapy alone. "But whether you irradiate or not, essentially 98%-99% of those women will preserve their breast through the remainder of their lives," Dr. Poetter said.

A total of 24% of study participants have died; 1% of breast cancer, the other 23% of other causes.

In a study funded by the National Cancer Institute, he and his associates randomized 420 women with a mean age of 57 years to receive placebo, 300 mg/day of gabapentin, or 900 mg/day of gabapentin.

"The women, the majority of whom were white, were enrolled at 18 different sites of the university's community clinical oncology program. They recorded the severity level of hot flashes for 10 other symptoms in a 1-week self-report diary at baseline and during the fourth and eighth weeks of treatment (Lancet 2004;363:1819-24)."

Posttreatment analysis revealed that the reduction in hot flash severity score was only 15% for those in the placebo group, compared with 31% for those in the 300-mg/day gabapentin group and 46% for those in the 900-mg/day gabapentin group. The differences between groups were statistically significant, but only the 900-mg/day dose of gabapentin was associated with significant decreases in hot flash frequency and severity.

"Our study was designed to test the hypothesis that gabapentin and placebo used in a trial of their lives will not increase 13.5-fold by lack of RT." Dr. Hughes, however, flipped those figures among the women. The Americans had shown that more than 96% of study participants who were exposed to the cost, inconvenience, and potential toxicity of RT derived little benefit from it. "Perhaps a more intelligent way of looking at older patients is to say 'lumpectomy plus radiation therapy' or 'lumpectomy plus tamoxifen.' Both give very good outcomes as patients age," he said.

At 7 years, 99% of women in the RT arm remain disease free, compared with 94.4% with hormone therapy alone. "But whether you irradiate or not, essentially 98%-99% of those women will preserve their breast through the remainder of their lives," Dr. Poetter said.

A total of 24% of study participants have died; 1% of breast cancer, the other 23% of other causes.