Radiation: Best course for breast cancer?

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adiation treatment is being pursued for more and more breast cancer patients, including women who would have been told a few years ago that they could skip it.

The added therapy mostly affects those women who have mastectomy and chemotherapy, and have fairly good prognoses at who is called Stage 2 cancers.

But cancer experts and doctors are divided over whether those women really need radiation to improve their chances of survival. For some, radiation may enhance their prospects of preventing recurrence of breast cancer, but whether that translates into improved chances for long-term survival is not clear.

Some doctors are simply prescribing radiation, while others are still waiting for more evidence.

The debate does not concern breast cancer patients, who have lumpectomies or pectoralis operations who receive mastectomies and have more than three malignant lymph nodes. In those cases, experts generally agree that radiation after surgery increases the chances of survival.

Rather, it's about mastectomy patients who have one to three positive axillary, or subclavian, lymph nodes.

"Recommendations or not recommending radiation therapy has extremely significant consequences for women," said Patrick Bergen, chief of breast surgery at Memorial Sloan-Kettering Cancer Center in New York.

High-dose radiation is delivered to precise spots on the body through what looks like a large Scorpion machine. It is an ablative treatment delivered for a few minutes a day for six to eight weeks. While the tumors are gone, they cause fatigue and may produce side effects that can be severe.

Combined with removal of lymph nodes, radiation reduces the rate of lymphedema or permanent swelling of the limb. Radiation may increase the long-term risk of dying from cardiovascular disease, but in radiation therapy, these groups are greatly reduced in risk. In addition, radiation limits the chances that women have for metastatic progression, diminishing the overall risk of death from breast cancer.

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The studies done outside the United States showed higher recurrence rates for women in that category who did not receive radiation than for American women in similar circumstances.

Some experts say the differences emerged because of less aggressive surgical techniques in Europe. In the Dutch study, surgeons removed an average of seven lymph nodes; in the United States, they removed an average of 20 to 17 nodes.

Because American women have a lower local recurrence rate, the value of radiation therapy is less clear, Bergen explained.

"What's clear is that women with 20 to 30 percent risk of local recurrence can improve their chances of being cured by 10 percent," said Thomas Schmid, program director of breast radiation oncology at the University of Texas M.D. Anderson Cancer Center in Houston.

"The controversy is in 'Who has the risk?"" Not, he said, the women with the lowest risk of lymph node.

The argument for treating women is that it is quite possible that by reducing a local recurrence of a cancer 1 to 2 percent the survival rate might be improved. At Duke University, doctors use radiation on someone who has a single positive lymph node, said Lawrence Marks, professor of radiation oncology there.

"There have been several randomized studies and a survival advantage is seen in many of those," Marks said.

"People can poke holes in the studies, showing that it is a handful of studies with good trends in the same direction." None of the studies he mentioned were conducted in the United States.

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