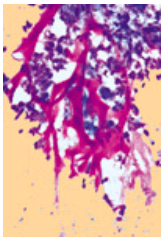

TEN BEST READINGS

BREAST CANCER

Susan E. Minton, DO

Comprehensive Breast Program, H. Lee Moffitt Cancer Center & Research Institute, Tampa, Fla

The ten best articles in the medical literature relating to breast cancer are reviewed here.

Early Breast Cancer Trialists' Collaborative Group. Tamoxifen for early breast cancer: an overview of the randomised trials. *Lancet*. 1998;351:1451-1467.

In the trials of approximately five years of adjuvant tamoxifen, the absolute improvements in 10-year survival were 10.9% (SD 2.5) for node-positive (61.4% vs 50.5% survival) and 5.6% (SD 1.3) for node-negative (78.9% vs 73.3% survival). These benefits appeared to be largely irrespective of age, menopausal status, daily tamoxifen dose (which was generally 20 mg) and whether chemotherapy had been given to both groups.

Early Breast Cancer Trialists' Collaborative Group. Polychemotherapy for early breast cancer: an overview of the randomised trials. *Lancet*. 1998:352;930-942.

For recurrence, polychemotherapy produced substantial and highly significant proportional reductions both among women aged under 50 at randomization (35%; SD 4) and among those aged 50 to 69 (20%; SD 3). Few women aged 70 or older had been studied. For mortality, the reductions were also significant both among women aged under 50 (27%; SD 5) and among those aged 50 to 69 (11%; SD 3).

Fisher B, Costantino JP, Wickerham DL, et al. Tamoxifen for prevention of breast cancer: report of the National Surgical Adjuvant Breast and Bowel Project P-1 Study. *J Natl Cancer Inst*. 1998;90:1371-1388.

Tamoxifen reduced the risk of invasive breast cancer by 49%, with cumulative incidence through 69 months of follow-up of 43.4 vs 22.0 per 1,000 women in the placebo and tamoxifen groups, respectively. The decreased risk occurred in women aged 49 years or younger (44%), 50 to 59 years (51%), and 60 years or older (55%). Risk was also reduced in women with a history of lobular carcinoma in situ (56%) or atypical hyperplasia (86%) and in those with any category of predicted five-year risk.

Hortobagyi GN, Theriault RL, Lipton A. Long-term prevention of skeletal complications of metastatic breast cancer with pamidronate. Protocol 19 Aredia Breast Cancer Study Group. *J Clin Oncol*. 1998; 16:2038-2044.

As in the first year of treatment, the proportion of patients with any skeletal complication was significantly less for the pamidronate group than for the placebo group at 15, 18, 21, and 24 months. The proportions of patients with any pathologic fracture (ie, vertebral and nonvertebral fractures), the need for radiation or surgery to treat bone complications, and hypercalcemia were also statistically less for the pamidronate than for the placebo group.

Diel IJ, Solomayer EF, Costa SD, et al. Reduction in new metastases in breast cancer with adjuvant clodronate treatment. *N Engl J Med*. 1998;339;357-363.

Distant metastases were detected in 21 patients in the clodronate group and in 42 patients in the control group. The incidence of both osseous and visceral metastases was significantly lower in the clodronate group than in the control group for both osseous and visceral metastases. Six patients in the clodronate group died vs 22 in the control group.

Schreiber RH, Pendas S, Ku NN, et al. Microstaging of breast cancer patients using cytokeratin staining of the sentinel lymph node. *Ann Surg Oncol*. 1999;6:95-101.

Cytokeratin immunohistochemical staining of sentinel lymph nodes shifted 9.4% of patients from stage I to stage II. There was a significant upstaging influence noted in patients with tumor sizes under 2 cm. This microstaging shift or upstaging may account for the significant proportion of stage I breast cancer treatment failures.

Overgaard M, Hansen PS, Overgaard J, et al. Postoperative radiotherapy in high-risk premenopausal women with breast cancer who receive adjuvant chemotherapy. Danish Breast Cancer Cooperative Group 82b Trial. *N Engl J Med*. 1997;337:949-955.

The addition of postoperative irradiation to mastectomy and adjuvant chemotherapy reduces locoregional recurrences and prolongs survival in high-risk premenopausal women with breast cancer.

Baselga J, Norton L, Albanell J, et al. Recombinant humanized anti-HER2 antibody (Herceptin) enhances the antitumor activity of paclitaxel and doxorubicin against HER2/neu overexpressing human breast cancer xenografts. *Cancer Res.* 1998;58:2825-2831.

The combination of paclitaxel and rhuMAb HER2 resulted in the highest tumor growth inhibition and had a significantly superior complete tumor regression rate when compared with either paclitaxel or rhuMAb HER2 alone. Clinical trials that are built on these results are underway.

Pegram MD, Lipton A, Hayes DF, et al. Phase II study of receptor-enhanced chemosensitivity using recombinant humanized anti-p185HER2/neu monoclonal antibody plus cisplatin in patients with HER2/neu-overexpressing metastatic breast cancer refractory to chemotherapy treatment. *J Clin Oncol*. 1998;16:2659-2671.

The use of rhuMAb HER2 in combination with cisplatin in patients with HER2/neu-overexpressing metastatic breast cancer results in objective clinical response rates higher than those reported previously for cisplatin alone or for rhuMAb HER2 alone. In addition, the combination results in no apparent increase in toxicity.

Delmas PD, Bjarnason NH, Mitlak BH, et al. Effects of raloxifene on bone mineral density, serum cholesterol concentrations, and uterine endometrium in postmenopausal women. *N Engl J Med*. 1997;337:1641-1647.

Daily therapy with raloxifene increases bone mineral density, lowers serum concentrations of total and low-density lipoprotein cholesterol, and does not stimulate the endometrium.

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