

Push Towards Less Aggressive Breast Cancer Treatment

By Susan Locke, M.D., Healthnetwork Medical Director

A recent study published in the Journal of the American Medical Association (JAMA) may change the way that early stage breast cancer is treated. In recent years, women undergoing lumpectomies had a “sentinel lymph node dissection” (SLND), removing 1-2 draining lymph nodes from the arm pits. If these nodes were negative, no further surgery was recommended. However, if a sentinel node was positive, the standard of care has been to remove 10 or more additional nodes in the armpit – known as axillary lymph node dissection (ALND). Both groups of women would then undergo chemotherapy, radiation and possibly hormonal therapy.

ALND can have short-term and long-term complications that can range from mild to disabling. Researchers set out to see if they could avoid ALND without effecting survival rates. The new study included 891 patients at 115 medical centers. All the patients had early clinical stage tumors less than three centimeters across. The study found that there was no difference in survival rates in women who underwent sentinel node dissection without ALND vs. those who underwent ALND.

To help us understand the implications of this study, I turned to Healthnetwork’s 2010 Service Excellence Award recipient **Joseph T. Ostroski, M.D., of Baptist Health South Florida.** Dr. Ostroski is a veteran surgeon who specialized in breast cancer surgery later in his career.



Dr. Ostroski was “not surprised by the findings in the JAMA article” and believes that it will change the way many surgeons operate. Dr. Ostroski and his colleague Robert Derhagopian, M.D., Director of the Baptist Health Breast Center, in recent years, have been advocating for a less aggressive surgical approach – eliminating ALND – in women who meet certain criteria.

The results of the JAMA study are very promising. When it comes to treatments plans, more isn’t necessarily better. Baptist Health, as well as MD Anderson Cancer Center and Memorial Sloan-Kettering Cancer Center are beginning to eliminate ALND among patients with positive sentinel lymph nodes if they are going to be treated with subsequent systemic therapies and whole-breast radiation therapy.

This spares the patient from unnecessary short-term or long-term complications that could result from ALND.

Dr. Ostroski feels that there is not a “one size fits all” approach to breast cancer treatment. There are variables other than the size of a tumor, like age and hormone receptor status, that a doctor needs to factor in when designing an individual treatment plan. Dr. Ostroski explains, “[as physicians] we try to tailor treatments and procedures to the person to cause the least morbidity, to get all of the cancer, to subject the patient and family to the least economic hardship and to provide a social and spiritual resource to those individuals involved in the person’s care.”

According to the American Cancer Society, there are 208,000 new cases of breast cancer each year, making it the second most common cancer and the leading cause of cancer death in women. If you or a loved one would like more information on breast cancer centers of excellence around the country, contact Healthnetwork today.

Prescription for a Better Life



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www.healthnetworkfoundation.org.

Have a health question you want to ask Dr. Locke? Send an email to help@healthnetworkfoundation.org. All inquiries are kept private and confidential.

If you have questions about Healthnetwork or you would like a referral to one of our centers of excellence, please call our office:
866-968-2467 or 440-893-0830.