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## **ASCO Perspective on *JAMA* Breast Cancer Lymph Node Study Findings**

On February 9, 2011, *JAMA* published the results of a randomized clinical trial showing that performing an axillary dissection following a positive sentinel lymph node biopsy did not increase overall survival or lead to a reduction in axillary recurrences in breast cancer patients who underwent lumpectomy with radiation therapy to the breast. The findings, originally presented at the 2010 ASCO Annual Meeting, are important since axillary dissection is associated with significant side effects, including pain, restricted range of motion, discomfort and lymphedema in the affected arm.

The results currently apply only to early stage breast cancer patients with tumors smaller than five centimeters and no clinically evident nodal involvement, with one to two positive sentinel lymph nodes and no evidence of extracapsular extension, which taken together comprise as many as 15 to 20 percent of breast cancer cases. Women undergoing mastectomy were not included in the study. All patients received radiation therapy, and more than 95 percent received adjuvant systemic therapy.

Lynn Schuchter, MD, professor of medicine at the Abramson Cancer Center at the University of Pennsylvania and a member of the ASCO Board of Directors, calls the trial results “practice changing” and “in line with a recent trend of studies showing that less surgery may often be appropriate for many patients with cancer.”

Many oncologists and surgeons have already begun to implement changes. “Based on these results, we are no longer routinely recommending completion axillary lymph node dissection for certain early stage breast cancer patients, such as for women undergoing lumpectomy followed by radiation, with tumors less than five centimeters and no more than two positive sentinel lymph nodes,” said Julie Gralow, MD, professor of medical oncology at the University of Washington and associate editor of the breast cancer section of Cancer.Net, ASCO’s patient website. “However, in reviewing the Z0011 trial data, we have concerns about routinely omitting axillary dissection in younger women (under age 50), and cancers with particularly aggressive features, including those considered high grade.”

“It is important to note that while the study results are extremely promising for many women with early stage disease, they don’t apply to all patients with early

stage disease, especially those at high risk for recurrence. These may include, for example, women with three or more positive sentinel lymph nodes, larger tumors, or those who have already received preoperative chemotherapy,” said Gary Lyman, MD, professor of medicine and Director, Comparative Effectiveness and Outcomes Research at Duke University School of Medicine in Durham and Chair of the ASCO Sentinel Lymph Node Biopsy Guideline Panel. In some cases, additional information about possible remaining lymph node involvement will be necessary to make decisions about chemotherapy or radiation, and further surgery may still be warranted. In addition, the Phase III trial only followed patients for approximately six years; further follow-up is needed since early stage breast cancer can recur up to 10 or 15 years later.

The new findings reported in *JAMA* should encourage new and continuing dialogue between physicians and breast cancer patients and their families regarding the most appropriate treatment options available.

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