



New study shows less radical surgery works for women with early stage breast cancer.

To date all of the “ask the doctors” reports have dealt with early detection and prevention, but the March issue will focus on an exciting new report that proves that many women with early breast cancer can avoid radical lymph node surgery.

One of the standard components of traditional breast cancer treatment was the removal of lymph nodes in the arm pit. Studies at the turn of the 19th century suggested that breast cancer spread first to the under arm lymph nodes, and then spread to the rest of the body. The theory for the radical mastectomy was that if all involved lymph nodes could be removed, that cancer would be cured.

More recent studies show that this is not the case, except for a very small subgroup of patients. Currently the primary reason for removing the nodes is to stage the cancer so that prognosis and appropriate aggressiveness of treatment can be defined.

Until the 1990’s we would routinely remove all the nodes in the arm pit area. In the majority of cases the nodes would be negative (i.e. no cancer). This of course, would be good news in that the patient would have a much better prognosis. However, these patients were at risk for delayed arm swelling, a condition called lymphedema. Removal of the under-arm lymph nodes results in a back up of protein rich tissue fluids. The arm swells as a result of fluid accumulation. The proteins in the fluid cause an inflammatory response making the swelling permanent if aggressive treatment is not started immediately.

In the mid 1990’s a new procedure was introduced that markedly lowered a woman’s risk of getting lymphedema. The procedure was called sentinel node biopsy. In essence, it is a process for identifying the first node(s) that the tumor cells would go to when they spread from the breast. The nodes are identified by placing a radio-active material under the nipple a few hours before the surgery. At the time of the surgery the nodes are easily identified by using a miniature Geiger counter to detect the radioactivity in armpit lymph nodes.

These nodes are removed and tested under the microscope while the patient is still asleep. In the past it was standard to remove the remaining nodes if the sentinel nodes contained cancer. Those women with negative sentinel lymph nodes were spared the added surgical trauma associated with a full lymph node dissection. The women whose lymph nodes showed no tumor did not have the remaining nodes removed. They had a much lower risk of lymphedema than those women who had all arm pit nodes removed.

A new study by the American College of surgeons looked at a large group of women who had positive sentinel lymph nodes. Half of the study groups had standard removal of the remaining arm pit lymph nodes and the other half had no further surgery. Most surgeons expected that women with positive nodes would have an increased risk of cancer recurrence in the arm pit as compared to those whose node did not contain cancer, but that was not the case. In fact, the actual recurrence rate at 5 years was less than 1% for both groups. Breast cancer survival was also equal for both groups.

Thus, we can now conclude that women with limited lymph node involvement do not benefit from removal of all the arm pit nodes. By avoiding this more aggressive surgery, many women will recover faster and will be at lower risk of developing lymphedema. This is just one of the many important steps in our journey to provide our patients with the most effective treatments with the fewest possible side effects.

If you have any questions, you can Ask The Doctor your question, or you can contact us.