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Expert Perspective from ASCO on the Removal of Lymph Nodes for Breast Cancer

On February 9, 2011, the *Journal of the American Medical Association* (*JAMA)* published the results of a randomized clinical trial showing that axillary dissection (the removal and analysis of the lymph nodes under the arm) for patients with breast cancer did not increase overall survival or lead to fewer recurrences (return of the cancer after treatment). All patients who participated in this study had a lumpectomy (removal of the tumor and a small cancer-free margin of tissue), radiation therapy, and a sentinel lymph node biopsy that showed cancer cells in one or two underarm lymph nodes.

What This Means for Patients

This study shows that a specific group of patients with breast cancer may safely avoid a full axillary lymph node dissection. This is important because this procedure has significant side effects, including pain, restricted range of motion, discomfort, and lymphedema (excess fluid in the arm that causes swelling).

Many oncologists and surgeons have already begun to implement changes. ?Based on these results, we are no longer routinely recommending complete axillary lymph node dissection for some patients with early-stage breast cancer, 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 for breast cancer for Cancer.Net . ?However, in reviewing these 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.

For some patients, additional information about possible cancer in the lymph nodes will be necessary to make decisions about chemotherapy or radiation therapy, and further surgery may still be necessary. In addition, this study 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.

What to Ask Your Doctor

- What are the results of the sentinel lymph node biopsy? What does this mean?
- Do you recommend an axillary lymph node dissection?
- What are the side effects of these procedures? Can they be prevented or minimized?
- What is the benefit of having more lymph nodes removed?
- What is the chance that the breast cancer will spread?
- What are my treatment options?

For More Information

Removing More Lymph Nodes May Not Increase Survival for Women With Breast Cancer [1]

Guide to Breast Cancer [2]

After Treatment for Breast Cancer: Preventing Lymphedema [3]

Links:
[1] http://www.cancer.net/node/24665
[2] http://www.cancer.net/node/18618
[3] http://www.cancer.net/node/24372