For Early-Stage Breast Cancer, Lymph Node Radiation Therapy Works as Well as Surgery with a Lower Risk of Lymphedema

ASCO Annual Meeting
June 3, 2013

Results from a recent study show that directing radiation therapy to the underarm lymph nodes works as well as removing the lymph nodes with surgery and is less likely to cause lymphedema for women with early-stage breast cancer. Lymphedema is the abnormal buildup of fluid (lymph) in the arm, causing swelling that can be painful and limit a person?s movement. It is a common side effect from both surgery and radiation therapy to the underarm lymph nodes.

Because the first place breast cancer often spreads is the lymph nodes in the underarm, some of these lymph nodes are often removed to look for signs of cancer. This is called a sentinel lymph node biopsy. If cancer cells are found in the sentinel lymph nodes, it is considered a standard part of care to remove more lymph nodes in a procedure called an axillary (underarm) lymph node dissection.

In this study, 1,425 patients with signs of cancer in the underarm lymph nodes (seen with a sentinel lymph node biopsy) received either an axillary lymph node dissection or radiation therapy to the underarm lymph nodes. Researchers found that with both treatments, the risk of the disease coming back in the underarm lymph nodes was low?less than 1% of those who had an axillary lymph node dissection had the disease come back compared with about 1% of those who had radiation therapy. In addition, both groups of patients were equally likely to live for at least five years after treatment?about 93% of patients in both groups.

When researchers looked at how many patients developed lymphedema, they found a difference between the two groups of patients. In the first year after treatment, 40% of patients who received an axillary lymph node dissection had lymphedema, compared with 22% of those who received radiation therapy. In addition, at five years after treatment, 28% of those who received an axillary lymph node dissection still had lymphedema, compared with 14% of those who received radiation therapy.

What this means for patients

?I am sure these findings will lead many doctors to re-think their strategy for treating patients who have a positive sentinel lymph node biopsy,? said lead author Emiel J. Rutgers, MD, a surgical oncologist at the Netherlands Cancer Institute. ?Lymphedema is a serious concern for patients and a side effect that can affect their quality of life indefinitely.? Although it?s not possible to predict who will develop lymphedema, there are steps you can take to help reduce your risk, and, the condition can often be managed to help you feel more comfortable. Talk with your doctor for more information about preventing and managing lymphedema.

Questions to Ask Your Doctor

- What stage of breast cancer do I have? What does this mean?
- What are the results of my sentinel lymph node biopsy?
- What treatment plan do you recommend? Why?
- Will I need an axillary lymph node dissection? Radiation therapy?
- What can I do to help avoid lymphedema or manage the condition?

For More Information

Guide to Breast Cancer [1]

What to Know: ASCO?s Guideline on Sentinel Lymph Node Biopsy for Early-Stage Breast Cancer [2]

After Treatment for Breast Cancer: Preventing Lymphedema [3]

Understanding Radiation Therapy [4]

Links:
[1] http://www.cancer.net/node/18618
[2] http://www.cancer.net/node/25760
[3] http://www.cancer.net/node/24372
[4] http://www.cancer.net/node/24728