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Axillary Lymph Node Removal May Benefit Patients With a High Risk of Breast Cancer Remaining in the Lymph Nodes After Surgery

Breast Cancer Symposium
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A new simulation study indicates that women with stage II breast cancer who have a high risk of the cancer remaining in their axillary (underarm) lymph nodes after treatment, called residual nodal disease, may benefit from having these lymph nodes removed in a procedure called an axillary lymph node dissection. Women who have more cancerous lymph nodes in the underarm generally have a higher risk of residual nodal disease. Cancer in this area is found through a sentinel lymph node biopsy. A sentinel lymph node biopsy is the removal of one or a few lymph nodes in the underarm to look for cancer cells. If cancer cells are found, additional treatment may be needed.

In this study, researchers pulled together information from previous studies on women with stage II breast cancer to estimate the risk of residual nodal disease in the axillary lymph nodes, lymphedema (swelling of the arm), and quality of life after having either a lumpectomy with radiation therapy or a lumpectomy with radiation therapy and an axillary lymph node dissection. A lumpectomy is the removal of the tumor and some of the surrounding tissue during an operation.

Through this simulation, researchers found that 38% of the women with a high estimated risk (about 30% to 60% of women) of residual nodal disease who have lumpectomy plus radiation therapy would live at least 20 years after diagnosis, compared with 42% of those who also have an axillary lymph node dissection. Researchers were also able to show that women with a high estimated risk of the disease returning have a better quality of life for longer when axillary lymph node dissection is added to treatment.

What this means for patients

?This simulation may help inform what options doctors discuss with their patients and give doctors a basis for considering axillary lymph node surgery for patients with a high risk of recurrence in the axillary lymph nodes,? said lead author Monica Shalini Krishnan, MD, a resident in the Harvard Radiation Oncology Residency Program. Talk with your doctor about the procedures you need to learn more about the cancer, and what the results may mean for your treatment and recovery.

Questions to ask your doctor

- What type of breast cancer do I have? What is the stage?
- What are my treatment options?
- What is the risk of the disease returning?
- What were the results of my sentinel lymph node biopsy? What do the results mean?
- Will an axillary lymph node dissection be needed? What are the risks and benefits?

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]

Understanding Radiation Therapy [3]

Coping With Fear of Recurrence [4]

Links:
[1] http://dev-cancernet.asco.org/node/18618
[2] http://dev-cancernet.asco.org/node/29806
[3] http://dev-cancernet.asco.org/node/24728
[4] http://dev-cancernet.asco.org/node/25241