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Younger Women Who Received Either Lumpectomy or Mastectomy Have Similar Risk of Recurrence and Lifespan [1]

Breast Cancer Symposium
September 6, 2011

Two recent studies showed that women younger than 40 with breast cancer who had a lumpectomy had a similar risk of recurrence (cancer that comes back after treatment) and lived as long as those who had a mastectomy. A lumpectomy (also called breast-conservation therapy or surgery) is the removal of the tumor in the breast and some of the surrounding healthy tissue. A mastectomy is the removal of the entire breast. Being diagnosed with breast cancer at a young age is considered a risk factor for breast cancer recurrence, and studies have shown that more young women are choosing mastectomy instead of lumpectomy even though research has not shown that women who choose mastectomy live longer than those who choose lumpectomy.

In the study on breast cancer recurrence, researchers analyzed medical records from 628 women age 40 and younger with breast cancer who either had a lumpectomy or a mastectomy and found almost no difference in the number of recurrences. For the women who had a lumpectomy, researchers found that 5% had a recurrence within five years and 13% had a recurrence within 10 years. For the women who had a mastectomy, 9% had a recurrence within five years and 11% had a recurrence within 10 years.

In the study that evaluated treatment and survival information from 14,760 women, ages 20 to 39, with early-stage breast cancer, researchers found that the women had similar survival rates about six years after treatment whether they received lumpectomy or mastectomy. Of these women, information from a smaller group of 4,644 women whose treatment was matched based on the size of the tumor, the grade of the tumor (how much the cancer cells look like normal cells), and the number of lymph nodes that had cancer also showed no difference in survival between the women who had lumpectomy or mastectomy. Specifically, after five years, 93% of the women who received a lumpectomy were alive, compared with almost 92% of the women who had a mastectomy. After 10 years, about 84% of women who received a lumpectomy and the women who received a mastectomy were alive. After 15 years, 77% of women who received a lumpectomy were alive, compared with 79% of women who received a mastectomy.

What this means for patients

?Previous research has suggested that breast-conserving therapy leaves women at greater risk for local recurrence. However, we found no significant difference in the rates of local recurrence between women who received breast-conserving surgery or mastectomy. These results suggest that advances in chemotherapy, imaging, and radiation have reduced local and distant recurrence risks and have made breast-conserving therapy a safe option for many young women,? said Julliette Buckley, MD, lead author of the study on breast cancer recurrence and a fellow in breast surgery at Massachusetts General Hospital in Boston.

Usama Mahmood, MD, lead author of the study on breast cancer survival and a fellow in radiation oncology at the University of Texas M.D. Anderson Cancer Center in Houston said, ?our findings show that breast-conservation therapy leads to similar survival rates as mastectomy. These findings can provide reassurance to younger women with early-stage breast cancer who are considering less aggressive surgery.?

Questions to ask your doctor

- What stage of breast cancer do I have? What does this mean?
- What is my prognosis (chance of recovery)?
- What are my treatment options?
- Can you explain the risks and benefits of lumpectomy and mastectomy?
- What is the chance that the cancer will recur?

For More Information

Guide to Breast Cancer [2]

Understanding Cancer Surgery [3]

Talking With the Doctor About Breast Surgery Options [4]

Coping With Fear of Recurrence [5]

Links:
[1] http://www.cancer.net/younger-women-who-received-either-lumpectomy-or-mastectomy-have-similar-risk-recurrence-and-lifespan
[2] http://dev-cancernet.asco.org/node/18618
[3] http://dev-cancernet.asco.org/node/24720
[4] http://dev-cancernet.asco.org/node/24393
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