

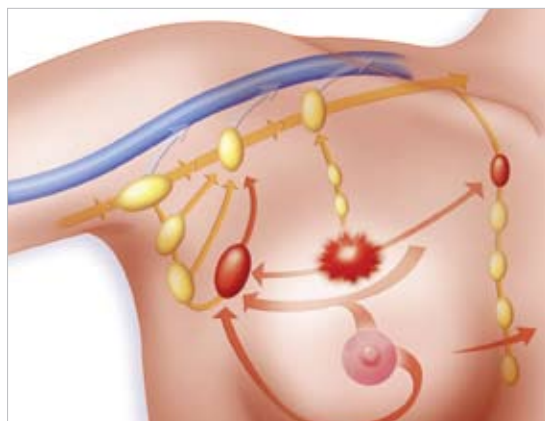
## Lymphedema fear is greater than risk

DESPITE the low risk of lymphedema after sentinel lymph node biopsy (SLNB), most women worry about this complication and practice risk-reducing behaviors to avoid it, researchers have found.

Lymphedema will typically occur within 3 years of breast cancer treatment, if it occurs at all, according to information from the American College of Surgeons (ACS). Approximately 20% of women who have had axillary lymph node dissection (ALND) will be affected, compared with about 5% of those undergoing SLNB. ALND is a more extensive procedure, involving the removal of an average of 10 to 20 lymph nodes from the armpit to assess for the presence of cancer. In SLNB, only a few lymph nodes closest to the breast are removed for analysis.

Women are often advised to take such preventive measures as avoiding needle punctures, blood draws, or blood pressure readings in the affected arm and using compression garments.

However, “Clinicians don’t really know what causes lymphedema, and there is an overall lack of data supporting or refuting these risk-reducing practices,” acknowledged Sarah McLaughlin, MD, in the ACS statement.



To evaluate the trends in lymphedema development, patient worry, and risk-reduction behaviors, McLaughlin, an assistant professor of surgery at the Mayo Clinic in Jacksonville, Florida, led a prospective study of 120 women, age 52 to 68 years, who underwent SLNB (67 patients) or ALND (53 patients) as part of their breast cancer treatment.

The investigators assessed for lymphedema by upper-extremity volume preoperatively and at 6 months and 12 months postoperatively, defining lymphedema as a volume change of more than 10% from baseline relative to the contralateral upper extremity. During their postoperative visits, study participants completed questionnaires regarding their lymphedema risk-reduction behaviors and were assessed for

**Illustration of relationship of lymph nodes to a breast cancer tumor (starlike shape in upper region of breast)**

their fear and worry toward developing the condition.

McLaughlin’s team reported the following main findings in *Journal of the American College of Surgeons* (2013;216[3]:380-389):

- Overall, 75% of the ALND patients and 50% of the SLNB patients had persistent worry about lymphedema at follow-up.
- At 12 months, only 19% of the ALND patients and 3% of the SLNB patients had actually developed lymphedema. (Lymphedema occurrence was similar between the two groups at the 6-month mark.)
- At 12 months, the extent of axillary surgery was the only significant risk factor for developing lymphedema.
- Among the women with volume change of 0% to 9% at 6 months, 22% had progressive swelling, and 18% resolved their volume changes at 12 months.
- No differences existed in the number of risk-reducing behaviors practiced by the two groups. The majority adopted as many as five precautionary behaviors as early as 6 months after their surgery and maintained these behaviors long term.

Future research should focus on better predicting which women will develop lymphedema, thus allowing for targeted prevention and intervention strategies as well as individualized plans for risk-reducing behaviors, contended McLaughlin and colleagues. ■

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FDA Update

The new therapy **Kadcyla (ado-trastuzumab emtansine)** has been approved under the FDA's priority review program for use in persons with HER2-positive, metastatic breast cancer who previously received the anti-HER2 therapy trastuzumab and taxanes.

The FDA has expanded the approved use of **Stivarga (regorafenib)** to the treatment of advanced gastrointestinal stromal tumors (GIST) that cannot be resected or that have metastasized and no longer respond to imatinib or sunitinib

**Pomalidomide (Pomalyst)** is approved by the FDA for the treatment of advanced multiple myeloma in persons who received at least two prior therapies and have demonstrated disease progression on or within 60 days of completion of the last therapy. Pomalidomide is contraindicated during pregnancy and can cause blood clots.

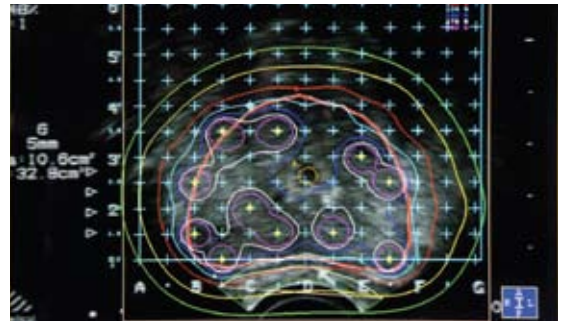
**Lymphoseek (technetium Tc99m tilmanocept) Injection**, a radioactive diagnostic imaging agent, has been approved by the FDA to help clinicians locate lymph nodes in persons with breast cancer or melanoma who are undergoing surgery to remove tumor-draining lymph nodes.

# Prostate cancer options equal

RESULTS of the first study to analyze 25 years' worth of follow-up data after radiation therapy for men with prostate cancer indicated that late recurrence (after 10-year follow-up) is rare if prostate-specific antigen (PSA) is less than 0.2 ng/mL, the surgical PSA definition of cancer control, 15 years after treatment.

"This study ... confirms that results from this program are equal to that of radical prostatectomy, thus giving men a choice of treatment," noted Frank A. Critz, MD, in a statement issued by Radiotherapy Clinics of Georgia (RCOG) in Atlanta. Critz, the founder and medical director of RCOG, was one of the four RCOG physicians conducting the study, which appeared in *The Journal of Urology* (2013;189[3]:878-883).

From 1984 to 2000, 3,546 consecutive hormone-naïve men with prostate cancer received 125I prostate seed implants (initially retropubic, later transperineal) followed by external beam radiation. Median follow-up was 11 years;



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**Seed implant followed by external beam radiation therapy is as effective a treatment as radical prostatectomy.**

longest time to recurrence was at the 15.5-year follow-up.

The 10-, 15-, 20-, and 25-year disease-free survival (DFS) rates were 75%, 73%, 73%, and 73%, respectively. These rates were comparable to those in two previous studies of patients undergoing radical prostatectomy, demonstrating that seed implant followed by external beam radiation therapy is as effective a treatment as radical prostatectomy.

In 313 men with recurrence who had undergone radiation 16 to 25 years earlier, 5% of recurrences were late. In men implanted via transperineal method since 1995, the 15-year DFS rate was 79%. ■

ONA ASKS ...



Do you use a closed system to administer chemotherapy?

Go online to answer our poll question. We'll publish the results and a new question in the next issue.

**...AND YOU ANSWERED** In the last issue we asked which aspect of the ACA you think would have the greatest impact on cancer care. No respondents selected covering routine costs in clinical trials as having the greatest impact.

67% Eliminating restrictions

11% Expanding Medicaid

22% Reducing "donut hole"