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Study: Preventive mastectomy doesn't benefit most Research finds that removing the unaffected breast helps only small subset of patients

By **TODD ACKERMAN**
HOUSTON CHRONICLE
Feb. 26, 2010, 12:19AM

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Breast cancer patients are increasingly having preventive surgery to remove the unaffected breast, but a new study suggests it's not beneficial for the vast majority of women who undergo it.

Researchers at the University of Texas M.D. Anderson Cancer Center on Thursday reported that an analysis of the records of more than 100,000 patients revealed a survival benefit in 6 percent of those who opted to have a double mastectomy. Most who benefited fit a particular profile that doctors can easily identify at diagnosis.

"It's important for women to understand that, except for one subset of breast cancer patients, they don't need to do this," said Dr. Isabelle

Bedrosian, an M.D. Anderson professor of surgical oncology and one of the study's two lead authors. "Hopefully, it'll reassure patients wondering if they should."

The observational study, which was published online Thursday in the Journal of the National Cancer Institute, found a double mastectomy offers a slight but real benefit to patients 50 and younger whose cancer is estrogen receptor negative and in the early stages. The study is the first to find such an association between the procedure and survival.

The study found no benefit among patients 60 or older undergoing a double mastectomy and murky results among those aged 50 to 60.

Women diagnosed with breast cancer are known to have an increased risk of developing breast cancer in the opposite breast. But the study found that preventive surgery on the opposite breast had little survival benefit, save for the inherited risk they face; and better plastic surgery techniques that make reconstructive surgery more appealing than it once was.

Surgeries increasing

The number of double mastectomies has grown dramatically in recent years. Many patients who choose that option say they do so because it gives them peace of mind.

Previous studies have found that the number more than doubled from 1998 to 2003, and Bedrosian said based on her experience the trend has seemingly continued to escalate. Statistics from 2003 show 11 percent of women having a mastectomy opted for one in their disease-free breast as well.

The increase is attributed to scans that can detect smaller, earlier cancers; genetic tests that can warn women of the inherited risk they face; and better plastic surgery techniques that make reconstructive surgery more appealing than it once was.

Bedrosian's team identified 107,106 women in the National Cancer Institute's Surveillance, Epidemiology and End Results registry who had a mastectomy to treat Stage I to Stage III breast cancer. Among that group, 8,902 women also had their unaffected breast removed.

At a five-year follow-up, 88.5 percent of those who had the elective mastectomy were alive, compared to 83.7 of those who didn't.

After controlling for different variables, the M.D. Anderson team found that the younger women with early-stage tumors not fueled by estrogen had a survival benefit of 4.8 percent at five years, meaning for every 100 patients, fewer than five who would have died without the additional surgery were still alive. The prognosis is usually poorer for estrogen receptor-negative patients.

No other group showed a clear benefit.

One expert's response to the data was to recommend that any woman requesting an elective mastectomy wait a year before having it done.

"In a younger woman with (estrogen receptor)-negative disease, an (elective) mastectomy may be considered," said Dr. Victor Vogel, national vice president for research at the American Cancer Society. "In the vast majority of women older than 50 with ER-positive disease, prudent waiting is probably the most appropriate."

Information for patients

One of Bedrosian's patients was happy to have the data. Diagnosed in December with Stage II estrogen receptor-negative breast cancer, the 33-year-old woman hadn't thought of a double mastectomy until learning of her particular susceptibility to the disease spreading.

"For me, it was a very matter-of-fact decision," said Rachel Jackson, an Austin triathlete who has yet to schedule

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either mastectomy. "I'm planning to live to 70 or 80."

Nearly 200,000 U.S. women are diagnosed with breast cancer every year, and 40,000 die of it. The majority do not have mastectomies.

Bedrosian emphasized that the study findings should not be interpreted as "a uniform mandate."

"This is still a decision to be made by the patient after talking with her doctor," Bedrosian said. "A younger woman with early-stage ER-negative breast cancer might have good reason not to want a (double) mastectomy, and an older woman — say, with a significant family history — might have good reason to want one."

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myRomeow wrote:

How odd. My mom was 75 and had cancer in one of hers twice and they removed it after the second time. She begged them to remove the other one too since breast cancer runs in the family and she'd already had it twice. Medicare and the Dr. refused to remove it and now there is a tumor just behind that one too. Some need it and don't get it and others dont need it and get it. It is a judgement call where lots of info is needed to make the correct decision.

2/25/2010 4:27:47 PM

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SigSaucer wrote:

hautedame wrote:

Try this: The benefit is psychological. It helps who it helps. Please don't take it off the table as an option.

~~~~~

Futhermore - why take the chance? Peace of mind is far more healthy than most people realize.

2/25/2010 4:14:45 PM

Recommend: (37) (9)

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**dbeck** wrote:

It is ridiculous that this procedure was unnecessary for NINETY-FOUR percent!!! That's what keeps health care costs climbing so high - expensive procedures done for the wrong reason. Ridiculous.

2/25/2010 4:02:25 PM

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**hautedame** wrote:

Try this: The benefit is psychological. It helps who it helps. Please don't take it off the table as an option.

2/25/2010 3:58:11 PM

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**SigSaucer** wrote:

Something that this article is not telling you. When a woman goes in for the biopsy, they keep her under until the results come back telling the Dr if it is cancerous. It DOES NOT tell you at that time if it is estrogen receptive. If it comes back that it is cancer, then they immediately remove the breast. The decision to remove BOTH breasts is made BEFORE the biopsy. It is only AFTER the tumor has been analyzed that they can determine if it is estrogen receptive. If you only have the one breast removed, and then it comes back that it is estrogen receptive, you have to go back and have the other removed - which is far more costly than if you had both removed at the same time.

2/25/2010 4:26:42 PM

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**TheSmartGuy** wrote:

<http://www.vitamindcouncil.org/cancerTreatment.shtml>

2/26/2010 7:26:17 AM

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**The SmartGuy** wrote:

<http://www.vitamindcouncil.org/cancerBreast.shtml>

2/26/2010 7:22:01 AM

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(9)



**The SmartGuy** wrote:

Making sure your vitamin D blood level is at 50-80 nl/ml may be the greatest preventive you can have for cancers.

<http://www.vitamindcouncil.org/cancerMain.shtml>

2/26/2010 7:16:26 AM

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(14)

**cfisd4change** wrote:

1. Just because you have been told you have breast cancer, you may or may not. Mom was told she had breast cancer. 14 years later, I took my mom's report to my doctor, they wanted to see her charts. She had skin cancer on her breast and the doctor recommended radical mastectomy. Was it needed??? My mom is still alive today.  
 2. Men get breast cancer too. While I was a patient at MDA, my radiation oncologist had 134 men he was treating for breast cancer.

2/26/2010 12:06:48 AM

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