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Valdes EK, Boolbol SK, Cohen JM, et al. Clinical experience with mammary ductoscopy. *Ann Surg Oncol.* 2006 Jul 29; Epub ahead of print.

Mammary ductoscopy is a potentially useful tool in the evaluation of patients with spontaneous nipple discharge. This is a well-tolerated office procedure with minimal risks and complications.

Vogel VG, Constantino JP, Wickerham DL, et al. Effects of tamoxifen vs raloxifene on the risk of developing invasive breast cancer and other disease outcomes: The NSABP Study of Tamoxifen and Raloxifene (STAR) P-2 trial. *JAMA.* 2006;295:2727-2741. Epub 2006 Jun 5.

Raloxifene is as effective as tamoxifen in reducing the risk of invasive breast cancer and has a lower risk of thromboembolic events and cataracts but a nonstatistically significant higher risk of noninvasive breast cancer. The risk of other cancers, fractures, ischemic heart disease, and stroke is similar for both drugs.

Yen TW, Hunt KK, Ross MI, et al. Predictors of invasive breast cancer in patients with an initial diagnosis of ductal carcinoma in situ: a guide to selective use of sentinel lymph node biopsy in management of ductal carcinoma in situ. *J Am Coll Surg.* 2005;200:516-526.

Sentinel lymph node biopsy should not be performed routinely for all patients with an initial diagnosis of ductal carcinoma in situ. Risks and benefits should be discussed with patients who are younger, are diagnosed by core-needle biopsy, or have large or high-grade ductal carcinoma in situ.

Goss PE, Ingle JN, Martino S, et al. A randomized trial of letrozole in postmenopausal women after five years of tamoxifen therapy for early-stage breast cancer. *N Engl J Med.* 2003;349:1793-1802. Epub 2003 Oct 9.

Compared with placebo, letrozole therapy after the completion of standard tamoxifen treatment significantly improves disease-free survival.

Sacchini V, Pinotti JA, Barros AC, et al. Nipple-sparing mastectomy for breast cancer and risk reduction: oncologic or technical problem? *J Am Coll Surg.* 2006;203:704-714. Epub 2006 Sep 11.

The risk of local relapse was very low in this series of nipple-sparing mastectomies performed for ductal carcinoma in situ or invasive cancer. Nipple-sparing mastectomy in the risk-reducing and breast cancer-treatment settings might be feasible in selected patients and should be the subject of additional prospective clinical trials.

Van Zee KJ, Manasseh DM, Bevilacqua JL, et al. A nomogram for predicting the likelihood of additional nodal metastases in breast cancer patients with a positive sentinel node biopsy. *Ann Surg Oncol.* 2003;10:1140-1151.

The authors have developed a user-friendly nomogram that uses information commonly available to the surgeon to easily and accurately calculate the likelihood of an individual patient of having additional non-sentinel lymph node metastases.

Chen PY, Vicini FA. Partial breast irradiation. *Front Radiat Ther Oncol.* 2007;40:253-271.

Results of partial breast irradiation show excellent control rates with mild toxicities. Cosmetic outcomes are good to excellent in the vast majority of patients.

Robert N, Leyland-Jones B, Asmar L, et al. Randomized phase III study of trastuzumab, paclitaxel, and carboplatin compared with trastuzumab and paclitaxel in women with HER-2-overexpressing metastatic breast cancer. *J Clin Oncol.* 2006;24:2786-2792.

The addition of carboplatin to paclitaxel and trastuzumab improved objective response rate and progression-free survival in women with HER-2-overexpressing metastatic breast cancer. This well-tolerated regimen represents a new therapeutic option.

Overgaard M, Nielsen HM, Overgaard J. Is the benefit of postmastectomy irradiation limited to patients with four or more positive nodes, as recommended in international consensus reports? A subgroup analysis of the DBCG 82 b&c randomized trials. *Radiother Oncol.* 2007;82:247-253. Epub 2007 Feb 15.

The survival benefit after postmastectomy radiation therapy was substantial and similar in patients with 1-3 and 4+ positive lymph nodes. It was not

strictly associated with the risk of locoregional recurrence, which was most pronounced in patients with 4+ positive nodes. Therefore, indication for radiation therapy seems to be at least equally beneficial in patients with 1-3 positive nodes, and future consensus should be modified accordingly.

Paik S, Shak S, Tang G, et al. A multigene assay to predict recurrence of tamoxifen-treated, node-negative breast cancer. *N Engl J Med.* 2004;351:2817-2826. Epub 2004 Dec 10.

The recurrence score has been validated as quantifying the likelihood of distant recurrence in tamoxifen-treated patients with node-negative, estrogen-receptor-positive breast cancer.