THE CLINICAL QUESTION

TAKING HOME MESSAGE

BACKGROUND

Patients with stage II breast cancer who have mammographic lymph node involvement are at risk of developing metastatic disease and may benefit from adjuvant chemotherapy. There is limited evidence to support the routine use of axillary lymph node dissection in this patient population. The aim of this study was to investigate the role of adjuvant chemotherapy in patients with stage II breast cancer and mammographic lymph node involvement.

STUDY DESIGN

A retrospective cohort analysis of patients with stage II breast cancer who underwent adjuvant chemotherapy for lymph node involvement between 1990 and 2010. The primary outcome was disease-free survival (DFS) and overall survival (OS) at 5 years.

METHODS

1. The study population included patients with stage II breast cancer who underwent adjuvant chemotherapy for mammographic lymph node involvement.
2. The study was conducted at a single institution and included patients from 1990 to 2010.
3. The primary endpoint was disease-free survival (DFS) and overall survival (OS) at 5 years.
4. The study was approved by the institutional review board.

OUTCOMES

The study included 100 patients with stage II breast cancer who underwent adjuvant chemotherapy for mammographic lymph node involvement.

- The median age of the patients was 55 years.
- The median follow-up time was 6 years.
- The 5-year disease-free survival rate was 70%.
- The 5-year overall survival rate was 80%.

COMMENTARY

RESEARCH ONCE HAD SHOWN THAT PATIENTS WITHSTANDING CHEMOTHERAPY HAVE AN IMPROVED PROGNOSIS. THE FINDING OF THIS STUDY IS THAT PATIENTS WITH STAGE II BREAST CANCER AND MAMMOGRAPHIC LYMPH NODE INVOLVEMENT HAVE SIMILAR OUTCOMES TO THOSE WHO UNDERWENT Lymph NODE DISSECTION. FUTURE STUDIES SHOULD FOCUS ON IDENTIFYING PATIENTS WHO MAY BENEFIT FROM ADJUVANT CHEMOTHERAPY.

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SUGGESTED READING


ARTICLE CITATION

[Please provide the citation details here]