

Interval post-treatment mammogram not needed for breast cancer patients

April 29 2011

An annual mammogram is sufficient follow-up after breast conserving therapy (BCT) for breast cancer patients, according to a study presented today, at the Cancer Imaging and Radiation Therapy Symposium in Atlanta. This symposium is co-sponsored by the American Society for Radiation Oncology (ASTRO) and Radiological Society of North America (RSNA).

In this study, researchers wanted to determine the clinical relevance and utility of an interval mammogram (IM) after BCT. BCT is when a patient is treated with a <u>lumpectomy</u> and radiation rather than a mastectomy for early-stage <u>breast cancer</u>.

According to the study, annual mammograms are frequently conducted after BCT; however, some radiologists recommend an IM to take place at six months after the first post-treatment mammogram (five months after the completion of <u>radiation treatment</u> on average) to ensure stability, to check for recurrence or to check for any new cancers.

For this trial, 88 out of 467 BCT patients from Abington Memorial Hospital in Abington, Pa., received an IM. The IM led to four biopsies that yielded no recurring or new breast cancers. Patients returned to receiving their annual <u>mammograms</u> after receiving the IM.

Researchers determined that eliminating the IM would result in lower health care costs without a significant impact on the outcome of the patient.



"We continually see post-BCT patients get an IM and it is always normal," Scott Herbert, MD, senior author of the study and a clinical associate professor of <u>radiation oncology</u> at Drexel University in Philadelphia, said. "I think this will prompt physicians to reconsider the recommendation for an IM, which will ultimately save the medical community and the patients money, in addition to decreasing patient stress and minimizing unnecessary biopsies."

More information: The abstract, "Utility of the Interval Mammograms after Breast Conserving Therapy," will be presented at 4:30 p.m. Eastern time on April 29, 2011.

Provided by American Society for Radiation Oncology

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