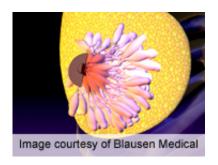


Lymphovascular invasion is independent predictor of survival

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In patients with invasive breast cancer, lymphovascular invasion is a strong and independent predictor of both breast cancer-specific survival and distant metastasis-free survival, according to a study published in the Aug. 1 issue of *Cancer*.

(HealthDay) -- In patients with invasive breast cancer, lymphovascular invasion (LVI) is a strong and independent predictor of both breast cancer-specific survival (BCSS) and distant metastasis-free survival (DMFS), according to a study published in the Aug. 1 issue of *Cancer*.

To assess the prognostic value of definite LVI in clinically and molecularly relevant staging subgroups, Emad A. Rakha, F.R.C.Path., of the Nottingham University Hospital National Health Service Trust in the United Kingdom, and colleagues conducted a study based on a series of 3,812 consecutive patients who had operable (pathologic T1 [pT1]-pT2, pathologic N0 [pN0]-pN3, M0) breast cancer.



The researchers found that, in the entire series and in different subgroups, LVI was a strong and <u>independent predictor</u> of BCSS and DMFS. In multivariate analysis, LVI independently predicted BCSS and DMFS in patients with operable breast cancer; in the pT1a-pT1c/pN0 and pT2/pN0 subgroups; in estrogen receptor (ER)-positive and ER-negative tumors; and in human epidermal growth factor 2 (HER2)-negative and triple-negative tumors. In patients with lymph-node negative tumors, LVI was associated with a survival disadvantage similar to that of having one or two involved lymph nodes (pN0 to pN1) or a one size category (pT1 to pT2).

"LVI has independent prognostic significance particularly in the low-risk pT1-pT2/N0 subgroup," the authors write. "We advocate the incorporation of LVI status into <u>breast cancer</u> staging systems."

More information: Abstract

Full Text (subscription or payment may be required)

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