

preservation, distant metastases, death from breast cancer, or all-cause mortality.

Of the study participants, 29% were dead by 8.2 years, but only six in the radiotherapy arm and five in the no-radiotherapy arm actually died of breast cancer.

"In this population, breast cancer is not the major issue these people are facing," Dr. Hughes noted.

Audience member Dr. Laura J. Esserman hailed CALGB 9493 as "a great study." "I hope everyone heard the results and is offering these choices to their patients," added Dr. Esserman, professor of surgery and director of the breast care center at the University of California, San Francisco.

Another surgeon observed that if the more generous lumpectomies that are now standard had been the norm in the 1990s when study participants had their surgery, their locoregional recurrence rate with tamoxifen alone would likely be even lower than it was in the study.

But other audience members noted that the overview analysis presented by the Oxford, England-based Early Breast Cancer



Trialists' Collaborative Group at the San Antonio meeting 2 years ago concluded that a survival advantage for radiotherapy becomes significant at 15 years. What good are 8.2-year follow-up data, they asked, when a physician is faced with an otherwise healthy 70-year-old who might well live for another 15-20 years?

"We have to look at physiologic age as well as chronologic age," Dr. Hughes

replied. "As patients are physiologically older, I think we'd all agree that radiation becomes unnecessary. What we argue about is, [at what point do] patients become physiologically older."

He added that he's not convinced the overview analysis findings apply to the type of patients in CALGB 9493. "What critics have brought up before is the idea that, as we [do more] follow-up, we'll see more and more in-breast recurrences in the group that didn't have radiotherapy. I think it's just as likely we'll see more in-breast recurrences in the arm that had radiation. I don't think we can predict what will happen beyond this point." ■

Meditation Eases Stress in Breast Cancer Survivors

SAN ANTONIO — The mindfulness-based stress reduction program developed by Jonathan Kabat-Zinn, Ph.D., appears to be beneficial to patients with early-stage breast cancer in the immediate posttreatment period as they transition to survivorship, Cecile Lengacher, Ph.D., reported at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

This transition is an underappreciated period of high risk for emotional distress. Many patients experience fear of recurrence while also coming to grips with changes in body image, and concern for their children and other family members, explained Dr. Lengacher of the Lee Moffitt Cancer Center and Research Institute, University of South Florida, Tampa.

Dr. Lengacher and her coworkers conducted a nonrandomized pilot feasibility study of mindfulness-based stress reduction, the structured program developed by Dr. Kabat-Zinn of the University of Massachusetts, Worcester. The program is designed to teach patients to self-regulate their arousal to stress through awareness of their thoughts and feelings during stressful circumstances. The program emphasizes regular practice of four meditation techniques: sitting meditation, body scan, gentle Hatha yoga, and walking meditation. The formal program entails eight 2-hour weekly group sessions, along with a minimum of 45 minutes per day 6 days per week practicing the various forms of meditation individually outside of class.

Investigators offered the program to 58 women who had undergone lumpectomy plus radiotherapy and/or chemotherapy. Thirty-one agreed to attend an orientation session. Nineteen of the 31 consented to participate in the program, and 17 completed the classes.

Compliance was excellent. Fifteen of the 17 patients reported that they found the program beneficial, and 13 said they had a greater ability to handle stress and improved coping skills. Measures of anxiety, depression, and pain were obtained, but the results haven't yet been analyzed.

Patients found the 8-week course too great a time burden, though, so investigators have condensed it to 6 weeks. The shorter version has been well accepted. A randomized trial is planned.

—Bruce Jancin

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