

Meditation May Ease Stress In Breast Cancer Survivors

BY BRUCE JANCIN
Denver Bureau

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, concern for their children and other family members, and difficulties reintegrating into work and family roles, explained Dr. Lengacher of the Lee Moffitt Cancer Center and Research Institute, University of South Florida, Tampa.

Because few clinical interventions addressing this challenging period are available to offer patients, Dr. Lengacher and her coworkers decided to do 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. Thirteen of the 17 patients kept a practice diary as requested. Diary entries showed they averaged 372 minutes per week in sitting meditation, 212 doing the body scan, 139 in walking meditation, and 123 minutes doing yoga.

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. Serial measures of anxiety, depression, and pain were obtained, but the results haven't yet been analyzed.

Patients reportedly found the 8-week course too great a time burden, though, so investigators have condensed it to 6 weeks. The shorter version has been very well accepted; all but 1 of the 50 patients who have enrolled since the switch was made have completed the program.

A randomized trial is planned. ■

Some DCIS Patients Do Well Without Postexcision Radiation

BY BRUCE JANCIN
Denver Bureau

SAN ANTONIO — Patients with low- to intermediate-grade ductal carcinoma in situ had an "acceptably low" 5-year local recurrence rate of 6% following excision without radiation therapy in a large prospective study, Dr. Lorie Hughes said at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

In contrast, the ipsilateral recurrence risk without radiotherapy jumped to 15% in women with high-grade ductal carcinoma in situ. That's a rate many physicians and patients would consider unacceptably high, added Dr. Hughes, a surgeon at Emory University, Atlanta.

Surgical excision and adjuvant radiotherapy has been considered the standard in breast-conserving therapy for ductal carcinoma in situ because randomized, controlled trials have demonstrated that irradiation reduces the local recurrence risk by 50%-75%, compared with excision alone. But many patients and physicians have wondered whether all women with DCIS truly need to undergo the expense, inconvenience, and risks of side effects entailed in radiotherapy.

Dr. Hughes presented the 5-year results of a National Cancer Institute-sponsored multicenter, prospective, observational study known as E5194. The study was designed to learn if a subgroup of ductal carcinoma in situ patients at low risk for local failure following excision without radiotherapy could be defined based on tumor grade, extent, and surgical margins.

The study involved two groups. One consisted of 572 women with low- to intermediate-grade DCIS no more than 2.5 cm in diameter and a minimum surgical margin of 3 mm. The

other included 99 patients with high-grade ductal carcinoma in situ at nuclear grade 3, with 2-3 mm of necrosis and 1 cm or less in size.

All participants underwent local excision without radiotherapy. Their median age was 60 years. Median tumor size was 6 mm in the low- to intermediate-grade group and 7 mm in the high-grade group.

Two-thirds of women in the low- to intermediate-grade group and three-quarters in the high-grade group had surgical margins of 5 mm or more.

With low- to intermediate-grade ductal carcinoma in situ, the 5-year relapse-free survival rate was 85%; in those with high-grade lesions, the rate was 79%.

The 6% ipsilateral recurrence rate at 5 years in the low- to intermediate-grade group involved invasive lesions in 52% of cases and DCIS only in 48%. The rate of new events in the contralateral breast was 4%.

Similarly, about half of the 15% ipsilateral recurrences in the high-grade group were invasive. The rate of new events in the opposite breast was 4%.

The 5-year relapse-free survival rate was 85% in women with low- to intermediate-grade ductal carcinoma in situ and 79% in those with high-grade lesions.

Adjuvant tamoxifen was taken by 31% of patients in each study arm. Their ipsilateral recurrence rate wasn't significantly different from that of patients who didn't take tamoxifen, in contrast to what has consistently been seen in placebo-controlled, randomized trials. However, this wasn't a randomized trial, and there was certainly room for selection bias among physicians and patients regarding who would receive the selective estrogen-receptor modulator, Dr. Hughes noted.

The investigators plan to follow the study participants for 10 years. ■

Diagnostic Mammography Use in United States Drops 39%

BY PATRICE WENDLING
Chicago Bureau

CHICAGO — The use of mammography has increased dramatically in the United States, but that growth has come in two distinctly different phases, Dr. David C. Levin said at the annual meeting of the Radiological Society of North America.

Between 1996 and 2004, the total utilization rate of mammography, both screening and diagnostic, increased 48% from 282 to 418 per 1,000 female Medicare beneficiaries. Virtually all growth occurred in the late 1990s when a number of public health initiatives were directed at women to increase the awareness of periodic breast cancer screening. But from 2000 to 2004, the growth trend essentially flattened.

This may reflect decreased access due to a shortage of breast imagers or the closure of breast imaging centers as a result of low reimbursement rates, said Dr. Levin, professor of radiology, Jefferson Medical College, Philadelphia. It could also be a result of fewer public health ini-

tiatives related to breast cancer detection.

"I think that the issue of why fewer radiologists are willing to do mammography is a multifaceted problem," he said in an interview. "The three main things are that



Meanwhile, from 1996 to 2004, breast ultrasounds more than doubled from 15 to 33 per 1,000 women.

DR. LEVIN

it is perceived as being poorly compensated, it has a high malpractice exposure, and [it] is a stressful environment."

While the use of screening mammography mirrored the overall growth trend, diagnostic mammography trended downward. From 1996 to 2004, the rate of utilization of diagnostic mammography dropped 39% from 153 to 93 per 1,000 women, while the rate for screening mam-

mography increased 157% from 113 to 291 per 1,000 women.

Coding changes demanded by the Health Care Financing Administration could explain the decline in diagnostic mammography claims, Dr. Levin said. In the late 1990s, there was a blurred distinction between screening and diagnostic mammograms in that a lot of radiologists were asking for additional views during a screening mammogram and coding those visits as diagnostic mammograms. But HCFA said if there are no signs or symptoms, it has to be coded as a screening mammogram, he said.

There has been a continued rise in use of breast ultrasound in the United States, such that it is now used more than once for every three diagnostic mammograms. From 1996 to 2004, the number of breast ultrasounds more than doubled from 15 to 33 per 1,000 women, reported Dr. Levin and colleagues who conducted their research through the university's Center for Research on Utilization of Imaging Services.

The use of breast magnetic resonance

imaging is very low, but it has begun to show an exponential growth trend in recent years. Just 0.02 per 1,000 women received a breast MRI in 1996, while 0.29 did so in 2004, a 1,350% increase.

The investigators calculated utilization rates based on CPT codes for mammography, breast ultrasound, and breast MRI in Medicare Part B databases for 1996 through 2004. During data tabulation, only global and professional claims were counted, but not technical claims, as this would have led to double counting, Dr. Levin said. Providers of all specialties were included. The analysis did not include the utilization of digital vs. film mammography, because specific codes were not available for digital mammography for the entire study period.

Radiologists continue to perform most (93%) breast imaging for women. Radiologists carried out 94% of mammograms, 89% of breast ultrasounds, and 93% of breast MRIs, according to the study, which was funded in part by the American College of Radiology. ■