

CT Enteroclysis Finds Colorectal Endometriosis

BY PATRICE WENDLING
Chicago Bureau

CHICAGO — Multislice CT with enteroclysis is an effective method to detect colorectal involvement in patients with endometriosis, Dr. Ennio Biscaldi reported at the annual meeting of the Radiological Society of North America.

Women affected by pelvic endometriosis usually undergo surgery to detect bowel involvement. If intestinal loops are involved, a second surgery is then required to resect the involved loop.

The main advantage of CT enteroclysis over the standard of video laparoscopy is that it provides a good view of the intestinal wall and the depth of involvement of the bowel wall, allowing surgeons to determine before the intervention if an intestinal resection is needed.

"With our technique, surgeons have an instrument for

preoperative planning," Dr. Biscaldi said in an interview. "We detect the bowel involvement and evaluate the depth of loop infiltration to plan preoperatively if a nodulectomy or an intestinal resection is needed. The patient is informed in advance, and the abdominal surgeon, if needed, is called to operate with the gynecologist."

The disadvantages of the imaging technique are that it may underestimate submucosal involvement, may not always recognize very small nodules, and uses ionizing radiation in women of reproductive age, said Dr. Biscaldi, a radiologist with San Martino Hospital, Genoa, Italy.

Dr. Biscaldi and his colleagues reported preliminary results from a study in which 30 women, aged 27-40 years, with known ovarian endometriosis and symptoms of pelvic pain, dyspareunia, and tenesmus suggesting colorectal endometriosis were evaluated with a 16-slice CT scan. The colon was distended with a water enema before the contrast medium (iopamidol at 1.5 cc/kg of

body weight) was injected. Within 20 days of the exam, regardless of the scan findings, all women underwent laparoscopy.

In 28 patients, multislice CT enteroclysis detected the site of endometriosis and colorectal wall involvement. Deeper nodules had infiltrated the serosa in 9 patients, the muscularis in 16, and the submucosa in 3.

Endometriosis of the last ileal loop also was identified in one patient.

In seven patients (23%), small, 4- to 5-mm serosal nodules were detected near the colon. They had not infiltrated the intestinal loops and were easily removed, he said. Nine patients underwent nodulectomy, and 19 underwent intestinal resection.

Two patients had no bowel endometriosis.

There have been no false positives with the imaging technique, said Dr. Biscaldi, adding that larger studies are needed to validate the findings. ■

Genetic Assay Predicts Risk of Local and Regional Recurrence

BY BRUCE JANCIN
Denver Bureau

SAN ANTONIO — A commercially available genetic assay has proved to be a potent predictor of the risk of local and regional recurrence of breast cancer, Dr. Terry Mamounas reported at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

The predictive power of the Genomic Health 21-gene expression assay known as Oncotype DX with regard to local and re-



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DR. MAMOUNAS

gional cancer recurrence in women with lymph node-negative, estrogen receptor-positive early breast cancer turned out to be similar to that demonstrated for distant recurrence risk in an earlier large clinical validation study (N. Engl. J. Med. 2004;351:2817-26), added Dr. Mamounas, chair of the National Surgical Adjuvant Breast and Bowel Project (NSABP) breast committee and medical director of the Aultman Cancer Center, Canton, Ohio.

"These results expand the predictive value of Oncotype DX and could have clinical implications for the individualizing of locoregional therapy decisions," he said.

That proved to be the case in a separate study presented at the meeting by Dr. Ruth Oratz of New York University. She reported that knowledge of the recurrence risk based upon the gene expression test results caused four oncologists to alter their adjuvant therapy approach in one-quarter of 68 breast cancer patients.

The test results led to 3 patients being switched from planned adjuvant hormone therapy to chemotherapy, and 14 others who had been selected for chemotherapy

being switched to hormone therapy. The investigator-sponsored study was conducted while Dr. Oratz was at the Rocky Mountain Cancer Center in Denver.

The polymerase chain reaction-based Oncotype DX assay measures expression of 5 reference genes and 16 cancer genes that reflect the tumor's proliferation, invasion, and HER2 and estrogen receptor status.

Dr. Mamounas reported on the results of Oncotype DX testing in tumor samples obtained from 1,674 breast cancer patients in the previously reported NSABP B-14 and B-20 randomized clinical trials. In 895 tamoxifen-treated patients, the 10-year locoregional recurrence rate was 4.3% in the 473 women with a low-risk Oncotype DX score, 7.2% in the 194 with an intermediate score, and 15.8% in the 228 patients with a high-risk score. The gene expression assay also was a significant predictor of locoregional recurrence in the 424 women who received adjuvant chemotherapy plus tamoxifen—although their 10-year event rate was only one-half that of women treated with tamoxifen alone—as well as in placebo-treated patients.

In a multivariate analysis, the Oncotype DX recurrence score was a significant predictor of locoregional recurrence conferring a more than twofold higher risk independent of patient age and tumor size or grade.

Dr. Mamounas and Dr. Oratz are on the speakers' bureau for Genomic Health. ■

Value of Routine Radiotherapy Confirmed in Ductal Carcinoma

BY BRUCE JANCIN
Denver Bureau

SAN ANTONIO — Radiotherapy as part of breast-conserving treatment for patients with ductal carcinoma in situ reduced the 10-year risk of local recurrence by 47% in a large European randomized trial, Dr. Nina Bijker reported at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

For this reason, whole-breast radiation therapy remains the standard of care in women with ductal carcinoma in situ (DCIS), despite its problematic side effects and inconvenience, added Dr. Bijker of the Netherlands Cancer Institute, Amsterdam.

The sole patient subgroup in the European Organization for Research and Treatment of Cancer (EORTC) trial 10853 who were found to have a low risk of recurrence without radiotherapy was a small one: women over age 40 years with well-differentiated micropapillary or clinging-type DCIS lesions.



"In those lesions you could consider omitting radiotherapy. But that was the only group of patients that had a much lower risk of local recurrence. The cribriform lesions did as badly as the solid or comedo lesions," she added.

Dr. Bijker reported on 1,010 patients with DCIS who underwent local excision and randomization to no radiation or to 50 Gy of whole-breast radiotherapy delivered in

25 fractions. At a median 10.5 years' follow-up, the radiotherapy group had an 85% rate of freedom from local recurrence, compared with 74% in controls.

The magnitude of risk reduction with radiotherapy was similar for invasive recurrence and recurrent DCIS. However, there was no difference between the radiotherapy group and controls in terms of overall survival or the incidence of contralateral breast cancer.

Women aged 40 years or younger at diagnosis of DCIS had a dramatically increased risk of local recurrence: 34% at 10.5 years, compared with 19% in women beyond age 40.

The causes of this strong age effect are unclear, since younger and older patients had similar rates of poorly differentiated DCIS lesions as well as excision without free margins. The local recurrence rate in women age 40 or younger at the time of breast-conserving therapy was 23% with radiotherapy and 43% without it.

Among patients whose margins were not specifically reported free of tumor following local excision, the local recurrence rate was 39% among controls and a still substantial 24% in those who got radiotherapy.

"This indicates that radiotherapy does not compensate for involved margins," Dr. Bijker observed. ■

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