

Putting the breaks on brachytherapy

By ACSH Staff — May 4, 2012

Over the course of the last decade, treating breast cancer with brachytherapy has become an increasingly common alternative to mastectomy and external radiation. This method, which involves placing a tiny radiation pellet inside the breast and adjacent to the cancer, irradiates less breast tissue and typically allows for a much shorter course of therapy. However, a population-based [study](#) [1] just published in the *Journal of the American Medical Association* [suggests](#) [2] that brachytherapy may not be a suitable option for older women with breast cancer.

To compare the effects of brachytherapy with the more conventional method of whole breast irradiation (WBI) in older breast cancer patients, researchers led by a specialist in radiation oncology at M.D. Anderson Cancer Center in Houston examined data from nearly 93,000 women aged 67 or older. All of these women had been diagnosed with invasive breast cancer between 2003 and 2007 and were followed until 2008. Following a lumpectomy, in which only the cancerous portion of the breast is removed, nearly 7,000 of these patients were treated with brachytherapy, while over 85,000 were treated with WBI.

The results were not favorable toward brachytherapy. The method was associated with significantly higher rates of subsequent mastectomy over the course of five years, as well as more complications, when compared to WBI. Furthermore, the rate of overall survival among brachytherapy patients at five years was not significantly different from that of women treated with WBI.

Although these results have yet to be validated by prospective studies or by long-term data from randomized trials, the researchers caution against widespread use of brachytherapy for older breast cancer patients. Their note of caution is especially relevant, given that the percentage of women in the Medicare population who chose brachytherapy rose from only 3 percent in 2003 to 12 percent in 2007.

After reading the study, ACSH's Dr. Gilbert Ross hopes that the results will check the current tendency of hospitals to promote brachytherapy as the next big thing. Like most treatments, it is not a one-size-fits-all panacea, he says. Doctors need to consider the risks and benefits within the context of the patient's history. And, evidently, most older breast cancer patients should not view this option the way that younger patients might. Of course, in selected circumstances, such as when a woman has a long distance to travel for radiation treatments, this compressed schedule may be the best choice. But hospitals with this capability should downplay the big sales pitch until studies show real benefit.

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Links

[1] <http://jama.ama-assn.org/content/307/17/1827.short>

[2] <http://www.medicalnewstoday.com/articles/244913.php>