Ten Best Readings Relating to Breast Cancer


Everolimus combined with an aromatase inhibitor improved progression-free survival in patients with hormone-receptor–positive advanced breast cancer previously treated with nonsteroidal aromatase inhibitors.


Treatment-related toxicities 6 years after treatment with accelerated partial breast irradiation using the MammoSite device are similar to those reported with other forms of accelerated partial breast irradiation with similar follow-up.


Factors that may influence choice of contralateral prophylactic mastectomy included preoperative MRI, history of prior breast biopsies, immediate reconstruction, nipple preservation, family history, and BRCA status. Those who chose contralateral prophylactic mastectomy did not have improved survival.


Among patients with limited sentinel lymph node metastatic breast cancer treated with breast conservation and systemic therapy, the use of sentinel lymph node dissection alone compared with axillary lymph node dissection did not result in inferior survival.


Annual surveillance with MRI is associated with a significant reduction in the incidence of advanced-stage breast cancer in BRCA1 and BRCA2 carriers.


The trends demonstrate the increasing acceptance of nipple-sparing mastectomy as a prophylactic procedure as well as for therapeutic purposes. Although nipple-sparing mastectomy is not standard, this group’s experience supports the selective use of nipple-sparing mastectomy in both prophylactic and malignant settings.


The combination of pertuzumab plus trastuzumab plus docetaxel, as compared with placebo plus trastuzumab plus docetaxel, when used as first-line treatment for HER2-positive metastatic breast cancer, significantly prolonged progression-free survival, with no increase in cardiac toxic effects.


Physical examination and multimodal imaging in combination are useful for preoperative axillary staging and treatment planning. However, they remain inadequate definitive predictors of axillary lymph node involvement.


Whereas the majority of patients had image-detected breast cancer, a significant number of imagescreened patients presented with palpable disease, which were more aggressive cancers. Until imaging techniques are refined, self breast examination and clinical breast examination remain important for breast cancer diagnosis.


Tumor progression was observed in a substantial proportion of the cohort, but only a small number of patients died of breast cancer. Further research is needed on the safety and effectiveness of PET for elderly women with breast cancer to justify the current widespread use.